

LTC-2E, NF Clinical Screening

Phase II Implementation

Training Objectives

- Overview of LTC-2B
 - Request Types; Criteria; Ineligibility
- Overview of LTC-2E (NFCS)
 - Criteria, Exclusions and General Considerations
 - NF User Responsibilities
- Options Counseling Considerations
- LTC-2E Sections, Items and Definitions
- LTC-2E Workflow and Navigation
 - NF Processing
 - OCCO Processing





LTC-2B Request for Clinical Eligibility Assessment

Overview- Reasons Ineligibility Revised Criteria

LTC-2B, Request for Clinical Assessment OVERVIEW

Submission of the LTC-2B, Request for Clinical Assessment is utilized by any user to request an on-site OCCO clinical assessment only when the LTC-2E is not indicated. Formerly referred to as a Request for PAS.

LTC-2B Request Types:

☐Out of State Admission with OCCO Authorization

□SCNF Admission without prior clinical eligibility

□ Change in Level of Care (NF to SCNF, SCNF to NF, or SCNF to SCNF)

☐ Hospice eligibility or Hospice Revoked

☐MCO or PACE Disenrollment (Temporary until LTC-2C available in Phase III)

□CSSA (formerly CWA) CP-2 Referral Received, Scheduled for OCCO Onsite Assessment

Utilized by OCCO only. Not visible to NF user when creating NEW LTC-2B.



FINAL

LTC-2B, Request for Clinical Assessment: CRITERIA

- An LTC-2A, Notice of Admission has been submitted prior to the LTC-2B, Request OCCO Clinical Assessment submission; and
- The resident requires clinical eligibility for Medicaid FFS billing; or
 - May also be requested as a change in prior level of care determination (i.e. NF to SCNF placement) or a prior level of care determination has expired.
 - NOTE: Clinical eligibility by OCCO (PAS) is valid for up to one year. If clinical eligibility was previously established, a new LTC-2B submission is only permissible if the prior clinical eligibility assessment (PAS) is expiring within 45 days and is not eligible for the LTC-2E, NFCS.
- The resident appears to be Medicaid eligible or will become eligible within 180 days of admission and there is no MCO enrollment at the time of the request.

Important: The LTC-2B is not permitted for involuntary transfer requests. The NF must submit a "Notice of Intent to Discharge" letter to DoAS and follow current standard operating procedures (SOP).



LTC-2B Request for Clinical Assessment EXCLUSION

Residents who may be Medicaid eligible within 180 days

- Resident's within this category will now be required to have the LTC-2E, Nursing Facility Clinical Screen completed/submitted from day 30 to 60 of NF admission.
- The LTC-2E, Nursing Facility Clinical Screen will serve as a 180-day authorization for NF placement from date of admission, which is contingent upon full clinical and financial Medicaid eligibility within a 180-day timeframe as per NJ.A.C. 10:166-1.8(b.1).
 - If submitted after day 60, the 180-day authorization will begin from the date of the LTC-2E submission.

NOTE: This ineligibility is a significant change from what is occurring today.





LTC-2E, Nursing Facility Clinical Screen (NFCS)

Overview

Criteria

Exclusions

General Considerations

NF User Responsibilities

LTC-2E, Nursing Facility Clinical Screen Overview

Required for individuals residing in a Medicaid Certified Nursing Facility (NF) with an <u>expectation of billing NJ Medicaid</u> for all or part of their stay who meets the identified target criteria, and who was *not admitted with a valid EARC or valid PAS*, *or, whose prior LTC-2E, NFCS/EARC expiring within 30 days*.

- Once AUTHORIZED, serves as a 180-day authorization for continued NF placement from date of admission; contingent upon full clinical and financial eligibility.
- If no EARC upon admission, the LTC-2E must be submitted <u>after 30 days of admission and up</u> through day 60 of admission.
 - · Any LTC-2E submitted after day 60 of admission will be valid from the date of submission through 180 days.
- If valid EARC upon admission, the LTC-2E may be submitted by 150 180 days of the EARC valid through date if Medicaid eligibility not yet established.
 - The NF is encouraged to request an EARC for any new admission being discharged from an acute care hospital.
- If valid PAS expiring within 45 days and Medicaid not yet established
 IMPORTANT: The LTC-2E is not to be confused with an approved clinical eligibility assessment!



Criteria for Submission of the LTC-2E, Nursing Facility Clinical Screen

The NF Clinical Screen process is indicated for a NF resident who is residing in a Medicaid Certified Nursing Facility, admitted within the last 30 to 60 days, or had a prior NF Clinical Screen, valid EARC or

PAS completed which is set to expire within 30 days, and:

- 1. Has an expectation of billing Medicaid for all or part of their stay, and
- 2. Is not currently enrolled in a Medicaid MCO or PACE program, and
- 3. The provider has submitted the LTC-2A, Notice of Admission via the LTC-2 (NF) Portal.

NOTE: A resident admitted to the NF who was eligible for MCO enrollment during a hospitalization will be enrolled with a MCO the 1st of the month following hospital discharge, and is not eligible for the LTC-2E, NF Clinical Screen.



Exclusions – NOT ELIGIBLE FOR NF CLINICAL SCREEN, ONSITE OCCO CLINICAL ASSESSMENT REQUIRED

The following scenarios require submission of the LTC-2B, Request for Clinical Assessment:

- Residents requiring Special Care Nursing Facility (SCNF) placement:
 - AIDS, Behavioral, Huntington's, Neurologically Impaired, Pediatric, Vent or TBI
- Residents who are seeking transfer from a NF/SCNF to another NF/SCNF and require FFS Medicaid billing.



Other Exclusions – NOT ELIGIBLE FOR NF CLINICAL SCREEN or ONSITE OCCO CLINICAL ASSESSMENT

- Residents who will not qualify for Medicaid within 6 months of NF placement. These individuals
 are considered private pay.
 - Private pay individuals may have a clinical screening completed 4 months in advance of expected Medicaid eligibility.
- · Residents who have a valid clinical eligibility assessment (a.k.a. PAS) or valid EARC on file;
 - These residents will be identified by OCCO upon submission of the NF clinical screening.
 - The NF will be advised of the valid EARC or current clinical eligibility status.
 - The NF must ensure a valid clinical eligibility prior to NF admission.
- Residents enrolled in NJ FamilyCare with a MCO upon NF admission;
- Residents whose Pre-Admission Screening Resident Review (PASRR) Level II determination indicates "Requires Specialized Services";
- Residents who are seeking Home and Community Based Waivers returning to the community;
- · Residents who are not in a NJ Medicaid Certified Nursing Facility.



Questions Regarding Situations Outside of Identified Target Population or Exclusion Criteria

Northern Regional Office of Community Choice Options

(NRO OCCO):

- Counties: Bergen, Essex, Hudson, Hunterdon, Middlesex, Morris, Passaic, Somerset, Sussex, Union and Warren
- Phone: (732)777-4650

Southern Regional Office of Community Choice Options

(SRO OCCO):

- Counties: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Monmouth, Ocean and Salem
- Phone: (609)704-6050



LTC-2E General Considerations

- Billing Agents are not appropriate to complete/submit the LTC-2E due to need for direct access to MDS and communication with resident/legal representative for purposes of determining financial status for potential Medicaid application and providing counseling on next steps.
- · Verification of resident information is required
- Many items in the NF Clinical Screen are from the MDS 3.0 assessment that is conducted by the NF as required by CMS.
 - NF users must review the MDS 3.0 and input the values in the NF Clinical Screen where applicable.
 - For any MDS item in the LTC-2E, the coding values are the same.
- · All items are required unless a skip pattern is identified.
- The .pdf, BLANK LTC-2E, NF Clinical Screen can be utilized to gather detail for later input.
- Full completion and timely submission is required. *Incomplete LTC-2E, NF Clinical Screens not submitted within 5 days will be systematically purged.*

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NF User Responsibilities with the LTC-2E, NF Clinical Screening Process

The NF user must:

- · Be onsite at nursing facility.
- Have direct access to resident's NF medical record, including access to latest MDS data.
 - Any coding applied to the LTC-2E, NF Clinical Screen must match identified MDS utilized for all MDS correlated items, where applicable.
- Have direct communication with resident and/or responsible party to allow discussion of the need for, and the process related to the LTC-2E, NF Clinical Screen, including:
 - Determine need for Medicaid eligibility
 e.g., If resident is admitted for short-term placement or over income/resources, the LTC-2E is not indicated.
 - Discuss Medicaid eligibility process to ensure timely Medicaid application and other relevant options counseling dependent upon the LTC-2E determination.
 - Resident/Responsible Party consents to proceed with this screening process.





Options Counseling Considerations

Counseling Residents and Families About NJ Medicaid Eligibility

Importance of Options Counseling

- Options Counseling is vital to ensure the resident and/or representative is aware of the importance of obtaining both Medicaid financial and clinical eligibility when applicable, and initiating the Medicaid financial application timely to avoid billing issues.
- If financial application is not initiated and finalized, any valid clinical assessment is not relevant to assist in providing coverage for a residents NF stay.
- Expectation is that the resident and/or representative is aware of and consents to the submission of any LTC-2 requests to OCCO in the portal.
 - If Medicaid application is not expected, no LTC-2 requests should be made to OCCO.

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Options Counseling-Resource Documents

- NJ County Listing for Area Agencies on Aging
 - Useful for those residents requiring discharge and in need of supportive services.
- DMAHS 2025 Income Standards (updated yearly)
 - For informational purposes only. Program specific eligibility standards can be verbally shared with resident and/or representative.
- DoAS Programs Side By Side (updated yearly)
 - For informational purposes only. Provides a listing of DoAS specific programs, including MLTSS and State specific programs.
- NJ FamilyCare Aged, Blind, Disabled Programs 2025
 - https://www.nj.gov/humanservices/dmahs/clients/medicaid/abd/NJFC-ABD-BRO-E-2025.pdf
 - Provide to residents and/or representative so they can begin to understand what is required when applying for Medicaid.
- Recoveries from Estates of Deceased/Former Medicaid Beneficiaries
 - If questions about estate recovery arise, provide to resident and/or representative and direct them back to the CSSA for in-depth discussion. Ultimately, the CSSA should provide counseling on this potential during the application process.

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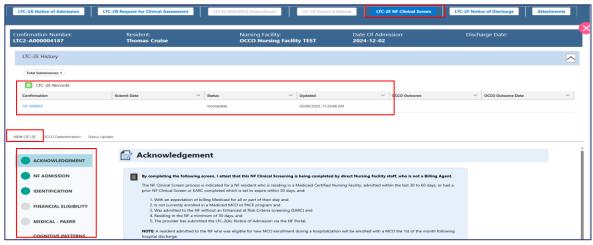


LTC-2E Nursing Facility (NF) Clinical Screen

Sections

Items and Definitions

NEW LTC-2E NF Clinical Screen



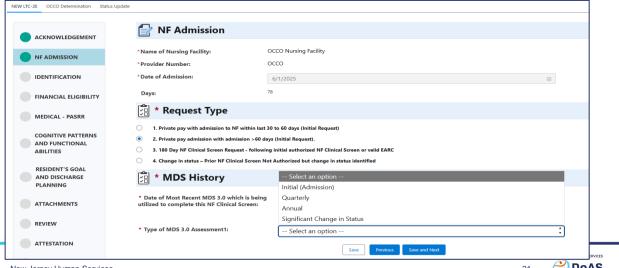
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NEW LTC-2E NF Clinical Screen SECTIONS

1.	Acknowledgement (Reiterates criteria for LTC-2E; Serves as reminder)	7. Communication/Cognitive Patterns (Item coding must match identified MDS assessment)
	NF Admission (Auto-populates)	8. Functional Abilities (Item coding must match identified MDS assessment)
3.	Request Type (System logic guides request type)	9. Resident's Goal and Discharge Planning (Item coding must match identified MDS assessment)
4.	EARC/MDS History (Date of MDS must identify latest MDS assessment)	10. Attachments (Required when changed from Negative to Positive PASRR)
	Financial Eligibility (Requires verbal discussion)	11. Attestation
6.	Medical	12. Confirmation

NEW LTC-2E NF Clinical Screen



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NEW LTC-2E NF Admission and MDS Assessment

Auto-populates admission detail that was included when the LTC-2A, Notice of Admission was submitted through the portal. NF user is unable to modify.

- Date of Admission
 - · Days (in facility) displayed for user reference
- Name of NF
- Provider Number
 - REMEMBER: Any provider updates require submission of the SF-3, Provider Profile Change Request



NEW LTC-2E Request Types

	Private pay	with	admission	to l	٧F	within	last	30	to	60	days	(Initial	Request)
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- ☐ Private pay with admission greater than >60 days (Initial Request) Includes Residents with prior, valid PAS, expecting to expire within 45 days
- ☐ 180 Day NF Clinical Screen Request following initial authorized NF Clinical Screen or valid EARC (expiring within 30 days)
- □ Change in status Prior NF Clinical Screen Dismissed (Eligibility criteria not met) but change in status identified (NEW MDS required)

IMPORTANT: System logic included to only allow request type and full completion of new LTC-2E based on various criteria. *No LTC-2E is expected prior to at least day 30 of resident admission.*

• e.g., Days of Admission, Valid EARC or LTC-2E, MCO or PACE enrollment, etc.

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NEW LTC-2E MDS History

The LTC-2E, NF Clinical Screen requires input of MDS data coded by the Nursing Facility. Therefore, the following identifies when the MDS was completed and the type of MDS assessment.

- Date of Most Recent MDS 3.0 which is being utilized to complete this NF Clinical Screen: MM/DD/YYYY
- Type of MDS Assessment:
 - Initial (Admission)
 - · Quarterly
 - Annual
 - · Significant Change in Status



NEW LTC-2E Verification Sections

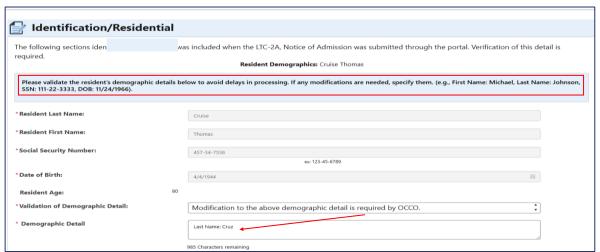
The following sections auto-populate information that was included when the LTC-2A, Notice of Admission was submitted through the portal. Verification of this detail is critical to allow for prompt processing. User must identify if detail matches NF record or if changes made where applicable.

- Resident Demographics
 - No direct demographic modification can occur: Detail requiring modification must be identified by NF user for OCCO to then update LTC-2A record demographics upon receipt.
 - Intended to limit Inappropriate Referral updates related to incorrect demographics.
- Responsible Party Contact Information
 - NF user can modify detail directly within each Responsible Party item, which updates the LTC-2A record detail.
- PASRR Status
 - · NF user can modify detail directly within each PASRR item, which updates the LTC-2A record detail.
 - If PASRR detail updated from negative to positive, the required documents must be attached to record prior to submission of the LTC-2E. (PASRR Level I and Level II Determination)



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NEW LTC-2E Identification



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NEW LTC-2E Responsible Party Contact Info

- Requires review of resident's NF record. If necessary, modify to match record.
 No Billing Agent should be identified here.
 - · If changes required, complete all required fields.
 - Indicate whether information matched resident's NF record or if an update has occurred.

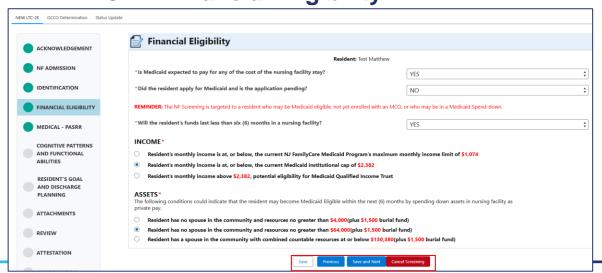


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NEW LTC-2E Financial Eligibility



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NEW LTC-2E Medical



- 1. When seeking Medicaid (Aged, Blind and Disabled for MLTSS enrollment), individuals are expected to have a "YES" response.
- 2. Identify a minimum of 1 diagnosis to support current functional status and need for NF placement.
 - · Free text, allows up to 100 characters



NEW LTC-2E, Pre-Admission Screening Resident Review (PASRR)

PASRR detail will auto-populate from LTC-2A. Determine if the initial input was correct or not; or whether a more recent PASRR was conducted. Revise and complete all required fields if necessary. Identify applicable verification selection. If indicating a NEW positive Level I, PASRR documentation is required.



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NEW LTC-2E COMMUNICATION/COGNITIVE PATTERNS

Individual	: Cruise Thomas
1.*Was the Brief Interview for Mental Status Conducted? (MDS C0100):	YES ‡
2.* Brief Interview for Mental Status (BIMS) Summary Score (MDS C0500):	8-12: Moderately Impaired 🛟
3.* Makes Self Understood: Ability to express ideas and wants, consider both verbal and	
3.* Makes Self Understood: Ability to express ideas and wants, consider both verbal and	nonverbal expression (MDS B0700): Usually Understood
3.* Makes Self Understood: Ability to express ideas and wants, consider both verbal and 4.* Short-term Memory OK: Seems or appears to recall after 5 minutes (MDS C0700)	

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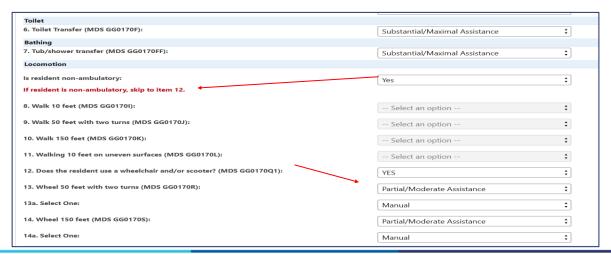
NEW LTC-2E FUNCTIONAL ABILITIES



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NEW LTC-2E FUNCTIONAL ABILITIES





NEW LTC-2E FUNCTIONAL ABILITIES – Mobility

(continued)

- Locomotion
 - Is resident non-ambulatory? (Not an MDS item) If YES, skip pattern. If NO, code the following items
 - Walk 10 feet (MDS GG0170I) ***
 - Walk 50 feet with two turns (MDS GG0170J) ***
 - Walk 150 feet (MDS GG0170K) ***
 - Walking 10 feet on uneven surfaces (MDS GG0170L) ***
 - Does the resident use a wheelchair and/or scooter? (MDS GG0170Q6) If NO, skip pattern
 - Wheel 50 feet with two turns (MDS GG0170R) **
 - Manual
 - Motorized
 - Wheel 150 feet (MDS GG0170S) **
 - Manual
 - Motorized



NEW LTC-2E: Potential Nursing Facility Level Of Care

Following input of coding for Functional Status items, an automated level of care prompt will result to indicate the <u>potential</u> NF Level of Care. **THIS IS NOT A FINAL DETERMINATION!**

- YES Resident appears to meet NF Level of Care
 - Full completion of remaining items is required for submission.
 - Final OCCO Determination required upon receipt if request valid (e.g., No prior clinical eligibility or other identified reason.
- NO Criteria for 3 ADLs IS NOT CODED
 - Resident does not appear to meet NF Level of Care. Following submission and OCCO processing, see LTC-2E OCCO Determination for initial ineligible determination, which may be modified or invalidated upon receipt or following a full audit.

IMPORTANT: No OCCO onsite assessment will be conducted in either instance until receipt of the CP-2 from the County Social Service Agency (CSSA, formerly CWA).

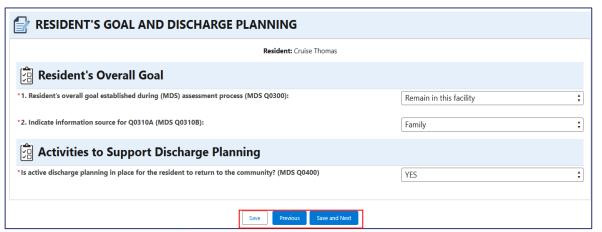
The NF user must fully commit and submit the LTC-2E, regardless of Potential NF Level of Care indicated.

LTC-2E potential nursing facility level of care

YES - Resident appears to meet NF Level of Care.

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NEW LTC-2E: Participation In (MDS) Assessment and Goal Setting



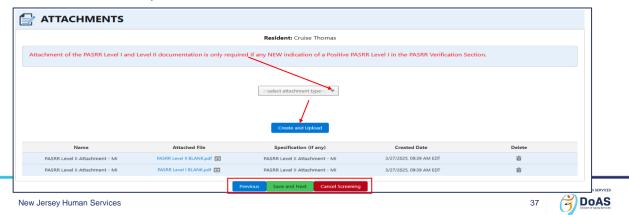
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NEW LTC-2E: Attachments

PASRR documents are only required if modification is made where a new positive PASRR Level I is indicated, requiring both the Level I and Level II as applicable.

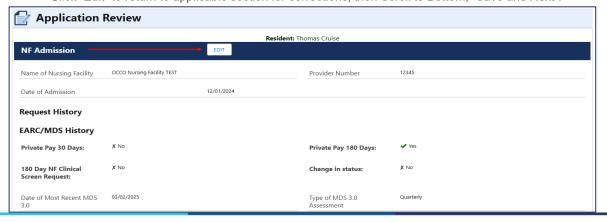
· The attachment process is the same as indicated in the LTC-2A.



NEW LTC-2E Application Review

NF user is provided an opportunity to review LTC-2E prior to submission.

· Click "Edit" to return to applicable section for corrections; then Scroll to Bottom, "Save and Next".

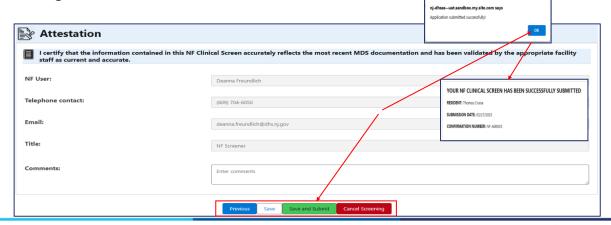


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NEW LTC-2E Attestation and Confirmation

The following items auto-populate from user profile, except "Comments". No changes can be made to this detail. Click "Save & Submit".



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NF Processing

NEW, Incomplete, and Submitted

OCCO Initial Processing

Inappropriate Referral, RFI (Request for Information), and RFI Response

OCCO Determination / Administrative Action

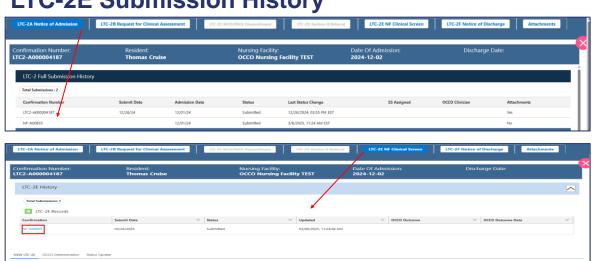
LTC-2E Workflow – NF Processing

LTC-2E ACTIVITY / STATUS	DESCRIPTION	ACTIVITY INITIATED BY	ELECTRONIC NOTIFICATION	NOTES
New (LTC-2E) NF Clinical Screening	LTC-2E required when resident meets criteria and eligible for NF Clinical Screen (Refer to LTC-2 process document). • Admission 30-60 days without valid PAS; • Admission >60 days (including expiring PAS within 45 days); • Prior LTC-2E or EARC expiring within 150-180 days; • Prior dismissal with change in condition.	NF user	N/A	 LTC-2E tab opens to new LTC-2E if none previously submitted. Requires NF user to fully complete LTC-2E for submission to OCCO. If a new positive PASSR documents is indicated, must be attached to record prior to submission of the LTC-2E.
(LTC-2E) Incomplete (Unfinished)	LTC-2E initiated but not submitted with confirmation. UC-2E Records Confirmation Submit Date	NF user	N/A V Updated 03,06(2025, 112.040 AM	 If not submitted when initiated, NF user must click into LTC-2E tab, then click Confirmation # to open incomplete screen. Any unfinished LTC-2E >5 days will systematically be purged.
(LTC-2E) Submitted	A fully completed LTC-2E submitted to OCCO.	NF user	N/A (Confirmation received at time of submission)	Status will remain until OCCO action taken. 41

LTC-2E Submission

- Any incomplete LTC-2E will be systematically purged if >5 days.
 - · Search status column for INCOMPLETE.
- Authorization date dependent on LTC-2E Request Type.
 - · Submission between 30-60 days of admission
 - · Beyond 60 days: Date of submission
- Regardless of Potential NF Level of Care Statement at time of completion, the final OCCO Determination will be finalized by OCCO if appropriate submission, or indicated as Inappropriate Referral.
- LTC-2E submission identified in main grid (following browser refresh, LTC-2 record submission history identified in LTC-2A, and LTC-2E record tab.
- To access any LTC-2E, click the confirmation # to enable view of submitted detail or access Status Update or OCCO Determination sub-tabs to view OCCO processing.





LTC-2E Submission History

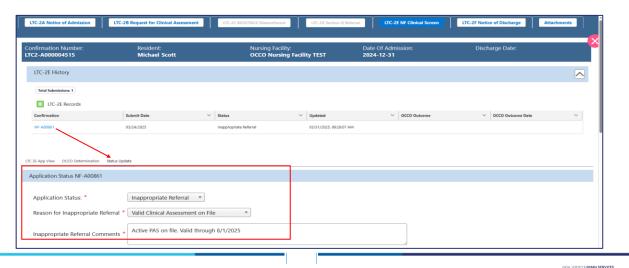


LTC-2E Workflow – OCCO Initial Processing

LTC-2E ACTIVITY/ STATUS	DESCRIPTION	ACTIVITY INITIATED BY	ELECTRONIC NOTIFICATION	NOTES
(LTC-2E) Hold	LTC-2E received by OCCO, but requires additional processing prior to assignment.	OCCO Support Staff (SS)	N/A	OCCO research or action required prior to proceeding with LTC-2E request.
(LTC-2E) Inappropriate Referral	LTC-2E will not be processed due to: Not Eligible for NF Clinical Screen Valid Clinical Assessment on File MCO Enrolled PACE Enrolled Other (specify)	OCCO SS	Activity email to NF/NF user.	 Specifics related to rejected referral will be provided in comments. LTC-2E request is closed as no further action is required by OCCO or the NF user. If LTC-2E still indicated, a new LTC-2E must be created/submitted.



LTC-2E Workflow – INAPPROPRIATE REFERRAL



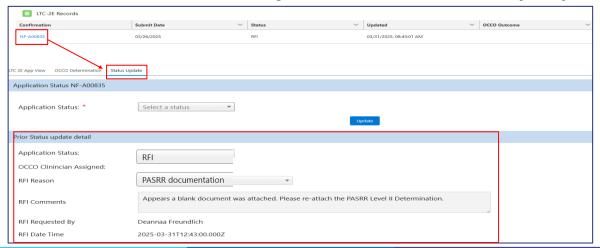
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LTC-2E Workflow – RFI and RFI Response

LTC-2E ACTIVITY / STATUS	DESCRIPTION	ACTIVITY INITIATED BY	ELECTRONIC NOTIFICATION	NOTES
(LTC-2E) RFI (Request for Information)	Submitted LTC-2E where an issue is identified, which may include: PASRR documentation Incorrect demographics Other (specify) Requires NF user RFI Response to rectify issue with resubmission for continued processing.	occo ss	Activity email to NF/NF user	 Specifics related to request will be provided in comments. Requires NF user to review details of RFI in LTC-2E and then modify detail as applicable. NF user must respond to RFI within 5 business days to avoid the LTC-2E, NF Clinical Screen from being dismissed. Search Main Grid for LTC-2E and RFI case status.
(LTC-2E) RFI Response	Alerts OCCO SS that response is provided. RFI Response Type: Demographics validated as correct; no changes required Demographic updates are required (specify in comments) PASRR documents attached Other (specify in comments)	NF user	N/A	 If all issues resolved, OCCO to proceed with determination, or OCCO may return to "RFI" status where additional coding or attachments are required. NF user must respond as above.

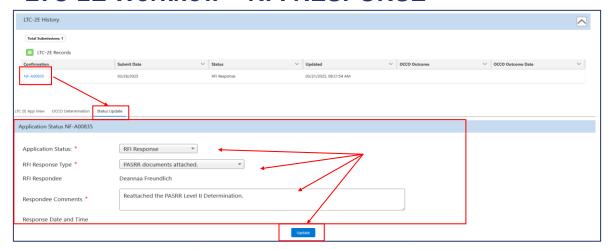
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LTC-2E Workflow – Request for Information (RFI)



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LTC-2E Workflow - RFI RESPONSE



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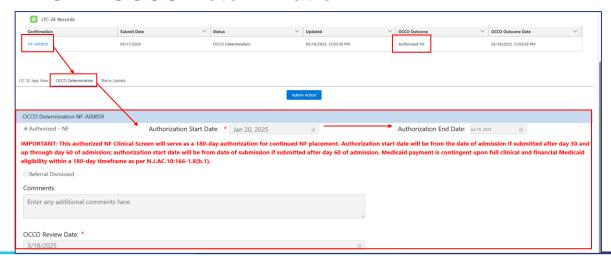
Division of Aging Services

LTC-2E Workflow – OCCO Determination

LTC-2E ACTIVITY / STATUS	DESCRIPTION	ACTIVITY INITIATED BY	ELECTRONIC NOTIFICATION		NOTES
(LTC-2E) OCCO Determination	Documents the final OCCO determination for the NF Clinical Screen:	OCCO SS	Activity email to NF/NF user	1.	NF to proceed with next steps as applicable to final OCCO determination.
(OCCO Outcome)	 Authorized – NF: (Valid for 180 days; if Medicaid not Clinical Screen). NF Clinical Screen valid date identified in OCC NOTE: An authorized NF Clinical Screen is not to be Assessment (aka PAS), which is valid for one (1) year 	NF to ensure resident or responsible party finalizes all required Medicaid financial eligibility processes. Upon receipt of CP-2 from CSSA, OCCO to conduct onsite clinical eligibility assessment.			
	 Referral Dismissed: Not Eligible for NF Clinical Scree 	1.	No onsite OCCO assessment indicated. If Medicaid financial eligibility initiated, CSSA submits CP-2 prompting an onsite OCCO clinical assessment at that time.		
	Referral Dismissed RFI not responded to Other: [specify]				Review LTC-2E Status Update record tab to determine reason for dismissal. If NF questions remain related to reason for dismissal, direct contact with the respective OCCO should occur.
	 Administrative Action: Modification to a previously reasons, where Additional information has been received, re Determination; or The determination was documented in error, appropriate OCCO Determination. 	quiring modification to	the final OCCO	2.	Modification to original OCCO determination. user receives URGENT email notification and must proceed with processing outcome as indicated above. It is the responsibility of each entity that utilized and shared the prior determination information to notify al involved parties of the modified and updated determination.

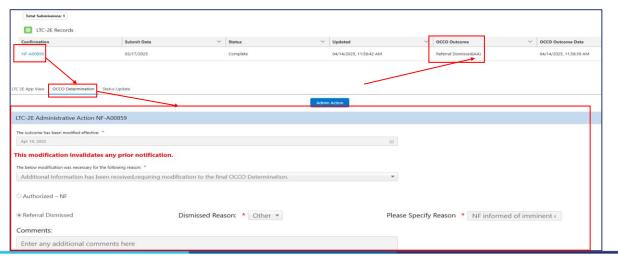


LTC-2E OCCO Determination



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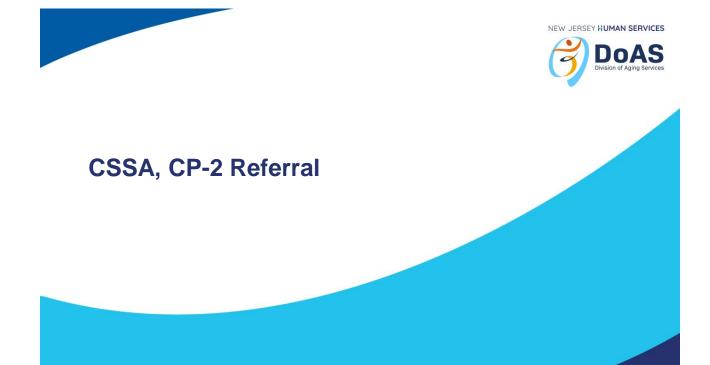
LTC-2E Administrative Action



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CP-2 Referral from County Social Service Agency

- Regardless of the final determination of the LTC-2E, NF Clinical Screen, no onsite OCCO assessment expected until receipt of the CP-2 referral.
- OCCO will initiate an LTC-2B, Request for Clinical Assessment via the portal to inform the NF of the scheduled onsite assessment.
 - OCCO will conduct a full assessment and make a final clinical eligibility determination.
 - If resident meets both, Medicaid clinical and financial eligibility, Medicaid eligibility will go back to the date where both clinical and financial eligibility are identified.
 - The NF is responsible to check MEVS to determine current Medicaid status.







Important Points & Reminders: LTC-2E, NF Clinical Screen

- Only NF users will have access to submit the LTC-2E. Ensure NF Portal access prior to Phase II implementation for any new NF user. GO LIVE date is Tuesday, 9/2/2025.
 - NF user must fully understand the NF Clinical Screening process. Refer to available training material.
- Recommendation to require an Authorized EARC if any new resident admission being discharged from acute care hospital.
 - The EARC delays need for submission of the LTC-2E, NF Clinical Screen until 150–180 days of admission.
- NF user must have access to MDS assessment data, and provide options counseling to resident/responsible party to discuss Medicaid application process, the need for completion of the LTC-2E and next steps required following the final OCCO Determination.
- The final OCCO Determination is provided at point of OCCO processing regardless of Potential Level of Care statement displayed at time of LTC-2E completion.
- Quality monitoring of this LTC-2E process is expected and will require the NF to provide copies of MDS assessments when requested by OCCO.

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LTC-2E, Nursing Facility Clinical Screen

QUESTIONS?

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