



# LOCERI User Guide

*Navigating the Level of Care Review Instrument  
(LOCERI) Portal*

**For All User Roles**

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*Table 1: Revision History*

Revision History			
Version	Date	Additions/Modifications	Prepared By
1.0	8/13/2021	Initial Draft	Briljent/Jason Skocilich
2.0	09/08/2021	Beta Draft	Briljent/Jessica Porter
3.0	09/24/2021	GOLD Draft	Briljent/Jason Skocilich
4.0	12/27/2021	GOLD FINAL	Briljent/ Jason Skocilich
5.0	01/21/2022	FINAL	Briljent/Lorrie Wood

### HIPAA

All users of the Level of Care Review Instrument (LOCERI) assessment portal must comply with HIPAA and laws protecting personal health information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA – Public Law 104-191) and the HIPAA Privacy Final Rule 1 provides protection for personal health information. The regulations became effective April 14, 2003. HIPAA Privacy Policies and Procedures were developed to ensure operations are compliant with the legislative mandate.

Protected health information (PHI) includes any health information – whether verbal, written, or electronic that is created, received, or maintained. It is health care data, plus identifying information that allows someone using the data to tie the medical information to a particular person.

The Privacy Rule permits a covered entity to use and disclose PHI within certain limits and providing certain protections for treatment, payment, and health care operations activities. It also permits covered entities to disclose PHI without authorization for certain public health and workers' compensation purposes, and other specifically identified activities.

#### **Protected Health Information (PHI)**

PHI relates to the past, present, and future physical or mental health of any individual or recipient; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. Claims data, prior authorization information, and attachments such as medical records and consent forms are all PHI.

### LOCERI Introduction

The Level of Care Review Instrument (LOCERI) portal is the web-based tool that assists in documenting a Level of Care Review which determines if an individual continues to meet the level of care provided for members that reside in the Commonwealth Coordinated Care Plus Waiver. The LOCERI portal is located on the Virginia Medicaid System (MES) in the Care Management Solutions (CRMS) module.

This user guide outlines the steps for navigating, creating, and managing assessments in the LOCERI portal in MES, including the following tasks:

- Accessing and logging in
- Navigating LOCERI features and functions
- Searching for existing Medicaid members and assessments
- Creating and submitting annual and discharge LOCERI assessments
- Resolving pre- and post-submission assessment errors
- Managing assessment status
- Reviewing submitted LOCERI assessments

The audience for the *LOCERI User Guide* is those conducting Level of Care assessments as well as staff who support and manage the assessments.

### System Requirements

To successfully use all MES features, ensure that your computer system meets the following minimum requirements:

- Reliable internet connection
- Latest version of your web browser
- Enabled pop-ups to view detail and attachment windows
- Adobe® Acrobat Reader

### Registration and Access

Prior to accessing LOCERI, providers, delegates, and authorized administrators must be registered for the Virginia MES Provider Portal. In this process, users will receive their MES Provider access credentials through two distinct emails.

Instructions for registration and access to the Virginia MES Provider Portal can be found on the *MES Provider Training Page*: <https://vamedicaid.dmas.virginia.gov/training/provider>.

## LOCERI User Access Roles

Once registered for MES, LOCERI users are issued role-based access for LOCERI. Users only have access to the features and functionality that are associated with the role(s) they are assigned.

There are four Authorized User roles for LOCERI:

- Viewer
- Creator
- Reviewer
- Admin

Each role has distinct security accessibility levels associated with it (Table 2).

*Table 2: LOCERI User Access Roles*

	Viewer	Creator	Reviewer	Admin
Users (Providers/MCOs and/or DMAS)	All	Providers/MCOs	DMAS	DMAS
View/Print	✓	✓	✓	✓
Create New Renewal/Discharge	N/A	✓	N/A	✓
Cancel Assessment	N/A	✓	N/A	✓
Void Assessment	N/A	✓	✓	✓
Add Secondary Review Comments	N/A	N/A	✓	✓
View Secondary Review Comments	✓	✓	✓	✓

### Logging In

Use your MES credentials to log into and access your authorized functionality in LOCERI.

To access LOCERI functions (Figure 1):

1. Navigate to the *MES Secure Log in* page at:  
<https://login.vamedicaid.dmas.virginia.gov/SecureISS/landingpage>
2. Enter your Username.
3. Enter your Password.
4. Select the **SIGN-IN** button.

*Figure 1: MES Secure Log In Page*



The screenshot displays the MES Secure Log In page. On the left, the 'mes' logo is at the top. Below it, the 'Log in' section contains a 'Username' field with the text 'JoseDavis@dmas.virgin' (marked with a blue circle '2'), a 'Password' field with masked characters (marked with a blue circle '3'), and links for 'Forgot password? Reset password' and 'Having trouble logging in?'. A blue 'SIGN-IN' button is at the bottom of the form (marked with a blue circle '4'). The background of the page features a photograph of two healthcare professionals, a man and a woman, both wearing white lab coats and stethoscopes, looking at a tablet. The page footer includes a 'Select Language' dropdown menu on the left, the copyright notice 'DMAS Copyright © 2020 All Rights Reserved' in the center, and the 'DMAS' logo on the right.

### Forgot Password

To reset a forgotten password:

1. Select the *Reset Password* link on the *MES Secure Log In* page (Figure 2).

*Figure 2: MES Secure Log In Page - Reset Password Link*



2. Follow the **Forgot Password** instructions (Figure 3).

*Figure 3: Forgot Password*



The screenshot shows a web interface for the 'mcs' system. On the left, there is a 'Forgot Password' form with an orange border. The form includes the 'mcs' logo at the top left, a text input field for 'Enter your E-mail:', a checkbox for 'I'm not a robot' with a reCAPTCHA icon, and a blue 'Submit' button. The background of the page features a photograph of two healthcare professionals, a man and a woman, both wearing white lab coats and stethoscopes, looking at a tablet. The footer of the page is dark blue and contains the text 'DMAS Copyright © 2020 All Rights Reserved' and the 'DMAS' logo.

mcs

**Forgot Password**

Enter your E-mail:

☐ I'm not a robot

reCAPTCHA  
Privacy - Terms

Submit

DMAS Copyright © 2020 All Rights Reserved

DMAS  
Digital Medical Access System

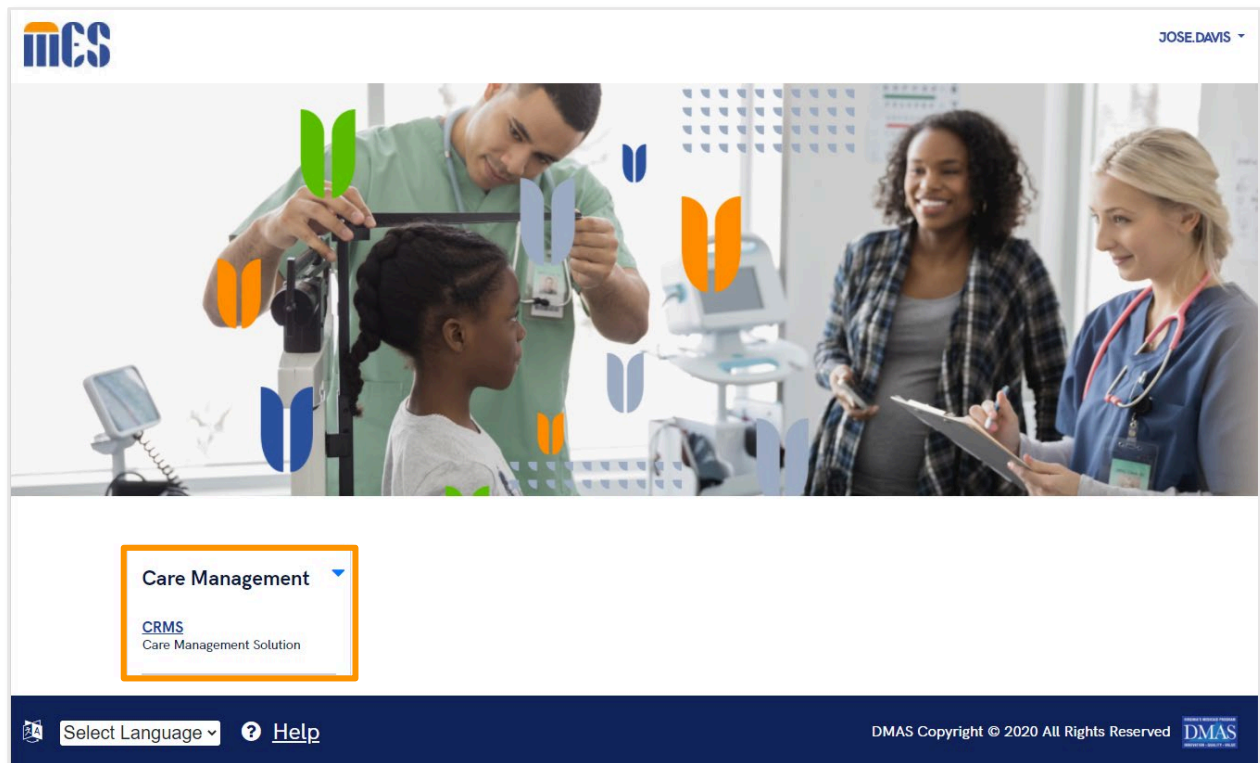
### Access MES Modules

Once you are signed into MES, the MES landing page displays the modules available to you.

To access LOCERI (Figure 4):

1. Select the **Care Management** drop-down arrow.
2. Select the **CRMS** link to access LOCERI.

*Figure 4: MES Landing Page/Care Management Tile*





## General Navigation and Functions

When you log into and access the Care Management Solution (CRMS) portal, you will always start on the *CRMS* Home page, also known as the *Dashboard* page (Figure 5).

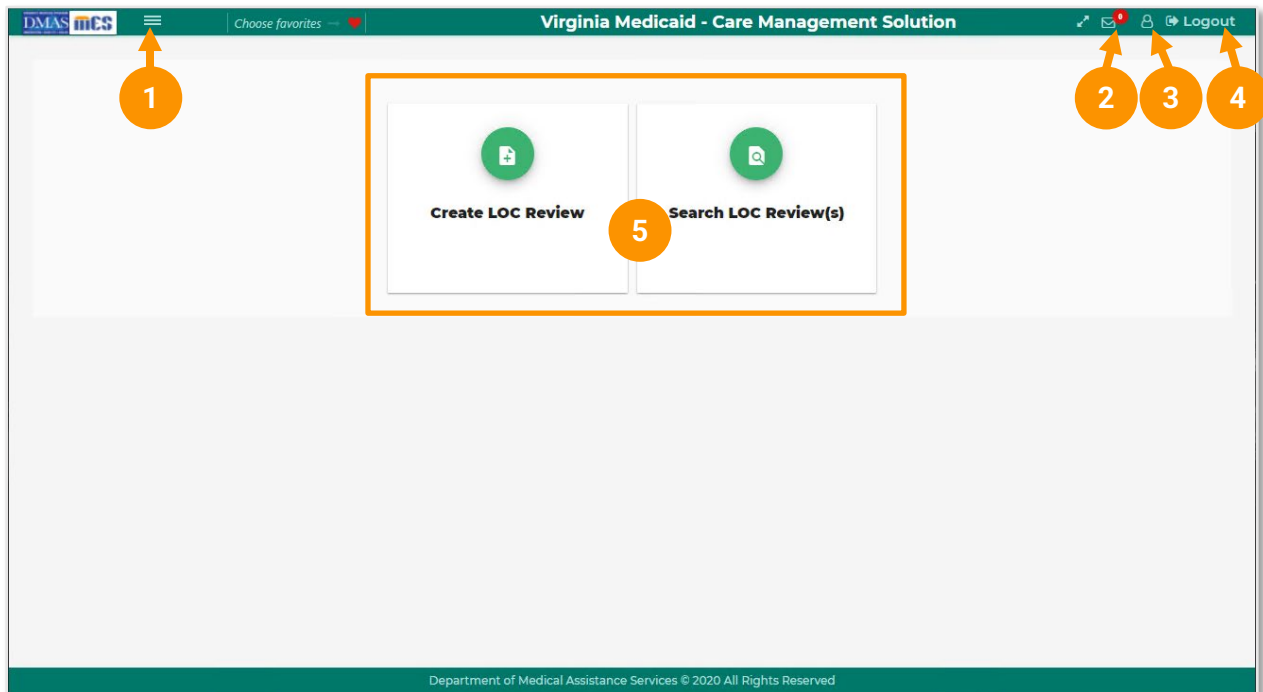
This page consists of:

1. **Collapsible Menu** – used to access functions when not on the *Dashboard* page.
2. **Mailbox Link** – used to access messages within your CRMS mailbox.
3. **User Profile Link** – used to see for which provider's behalf you are currently working.
4. **Logout Function** – used to log out of the CRMS portal.
5. **Assessment Function Tiles** – used to access the assessment functions.



**IMPORTANT:** Only applicable navigation tiles display, based on your assessment role permissions.

Figure 5: CRMS Home (Dashboard) Page



## Accessing the Collapsible Menu Bar

When you are on any page other than the *Dashboard* page, you can access the *Dashboard* page, assessment functions, provider selection, and Mailbox from the collapsible menu.

To access these items:

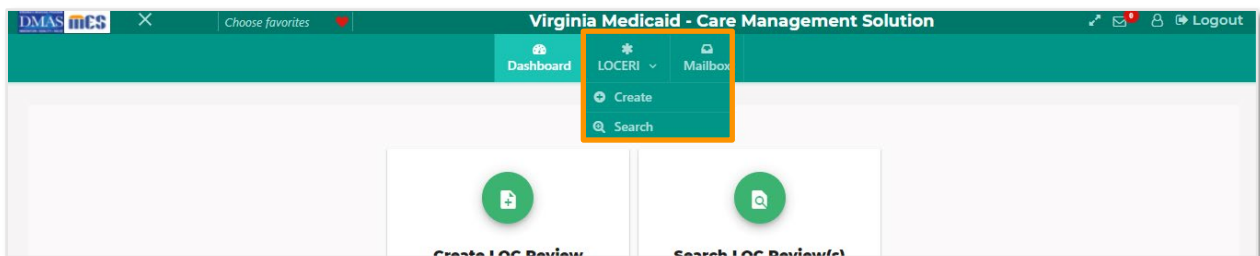
1. Select the **menu** icon (Figure 6).

*Figure 6: Collapsible Menu Bar – Hidden*



2. Select an item to display the function or select an option by using the drop-down arrow when applicable (Figure 7).

*Figure 7: Collapsible Menu Bar – Expanded*



**NOTE:** When the collapsible menu bar is expanded, the **menu** icon changes from three horizontal lines to an "X." Select the "X" to hide the collapsible menu bar.

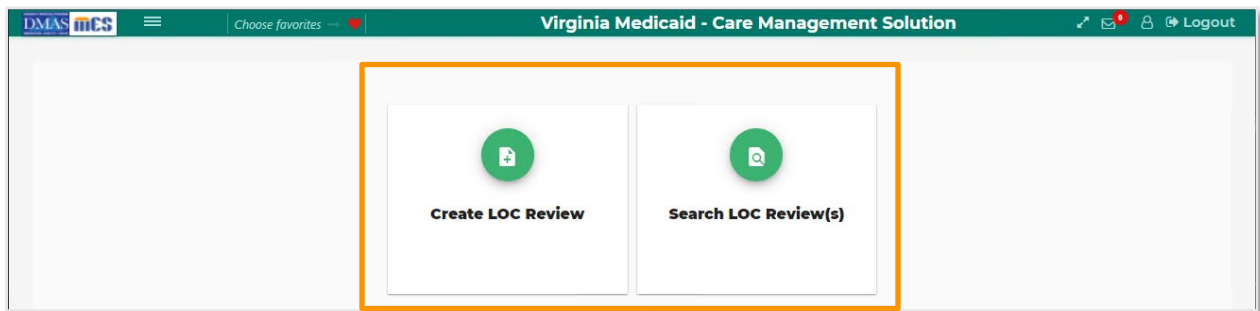
## Accessing Assessment Functions

Depending on your LOCERI role permissions, you will have access to one or more of these assessment functions:

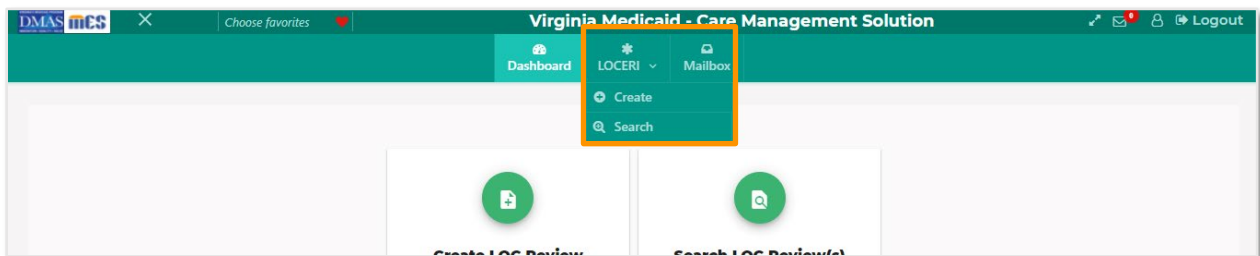
- **Create LOC Review** – used to begin a new Level of Care (LOC) assessment for renewal or discharge.
- **Search LOC Review(s)** – used to search for LOC assessments based on search criteria.

These functions can be accessed from the tiles on the *Dashboard* page (Figure 8) or the collapsible menu options (Figure 9).

*Figure 8: Dashboard Page – Assessment Function Tiles*



*Figure 9: Collapsible Menu Bar – Assessment Function Options*



## Searching for Existing Assessments

You can search for assessments that are in any status. However, you can only view assessments that you have access to through your provider number.

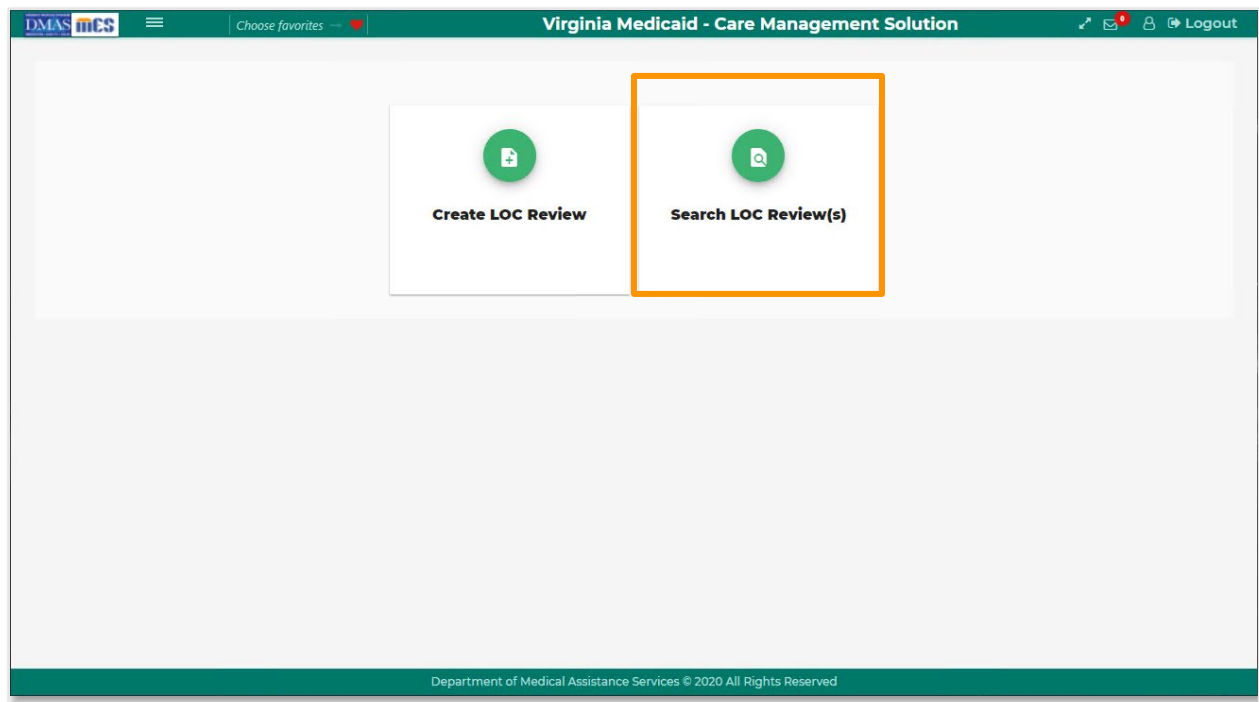
To search for an existing assessment:

1. Select the **Search LOC Review(s)** tile from the *Dashboard* page (Figure 10).



**NOTE:** You can also access this function from the collapsible menu bar by selecting “Search” from the **LOCERI** drop-down list.

*Figure 10: Dashboard Page*



2. Select one or more criteria (Table 3) to narrow the search results (Figure 11).
3. Select the **Search** button.

*Figure 11: Assessment Search Criteria Page*

The screenshot shows the 'LOCERI Search Review' page in the 'Virginia Medicaid - Care Management Solution'. The search criteria section includes three fields: 'Medicaid ID' (with a red error message 'Medicaid Id required field'), 'Status' (a dropdown menu with 'Please Select'), and 'Assessment Type' (a dropdown menu with 'Please Select'). A 'Search' button is located below the fields. The page is annotated with orange circles and numbers: '2' is next to the 'Assessment Type' dropdown, and '3' is next to the 'Search' button.

*Table 3: Assessment Search Criteria Fields*

Field Name	Required Field	Field Details
Medicaid ID	Yes	The member's Medicaid ID
Status	No	<p>The status of the assessment currently. Status options include:</p> <ul style="list-style-type: none"> <li>• Approved</li> <li>• Cancelled</li> <li>• Denied</li> <li>• DMAS Review</li> <li>• In Correction</li> <li>• In Progress</li> <li>• Void</li> </ul>
Assessment Type	No	<p>The assessment type you are looking for. Options include:</p> <ul style="list-style-type: none"> <li>• Renewal</li> <li>• Discharge</li> </ul>

- Refine the search results by entering additional details in the text box filter (Figure 12).



**NOTE:** Use the page navigation at the bottom of the page when multiple pages of results are displayed after refining the search results.

*Figure 12: Example Search Results*

The screenshot shows the 'LOCERI Search Review' page. At the top, there are search filters: 'Medicaid ID' (text box), 'Status' (dropdown), and 'Assessment Type' (dropdown). Below these are buttons for 'Search', 'Reset', and 'Download Report (1)'. A green banner indicates '2 record(s) retrieved using the search criteria.' Below this is a search filter text box containing 'Search assessments with Screening Id, Last Name, First Name, DOB, Gender, etc.' which is highlighted with a red circle and the number 4. Below the filter are two result cards. The first card is labeled 'Cancelled' and the second is labeled 'In Progress'. Both cards show fields for Last Name, First Name, Date of Birth, Medicaid ID, SSN, and NPI, with a green checkmark indicating a match. Each card has a 'View' button.

## Downloading a Copy of Search Results

To download a copy of search results to an Excel file, select the **Download Report** button (Figure 13).

*Figure 13: Downloading Search Results to Excel*

This screenshot is identical to Figure 12, showing the 'LOCERI Search Review' page with search filters and results. In this version, the 'Download Report (1)' button is highlighted with a red rectangle, indicating how to download the search results to an Excel file.

## Viewing Assessment Summaries

To view the assessment and summary:

1. Locate the screening record.



**NOTE:** Use the page navigation at the bottom of the page when multiple pages of results are displayed after refining the search results.

2. Review the information on the LOC assessment card you located (Figure 14).



**NOTE:** This side of the assessment card includes the member's first and last name, date of birth, and Medicaid ID SSN; the screener's NPI; and the assessment status.

3. Select the assessment status (Figure 14) to the left of the 3 green bars to view additional details for the assessment (Figure 15).

*Figure 14: Search Result Assessment Card - Front Side*

**Approved**

7

Last Name:

First Name:

Date of Birth:

Medicaid ID:

SSN:

NPI:

Void View

- Examine the additional details (Figure 15) to verify this is the assessment you want to view.



**NOTE:** This side of the assessment card includes the member's screening date, who updated the card last, the date the card was last updated, who is actively editing the card (if applicable); and the assessment status.

**Figure 15: Search Result Assessment Card - Back Side**



**NOTE:** To return to the other side of the card, select the **X** next to the assessment status on the green bar.

- Select the **View** button on the assessment card (Figure 15) to view the assessment forms (Figure 16).

**Figure 16: Assessment Forms**

To view the *Summary* page of the assessment, select the **Summary** tab (Figure 17).

**Figure 17: Assessment Summary**

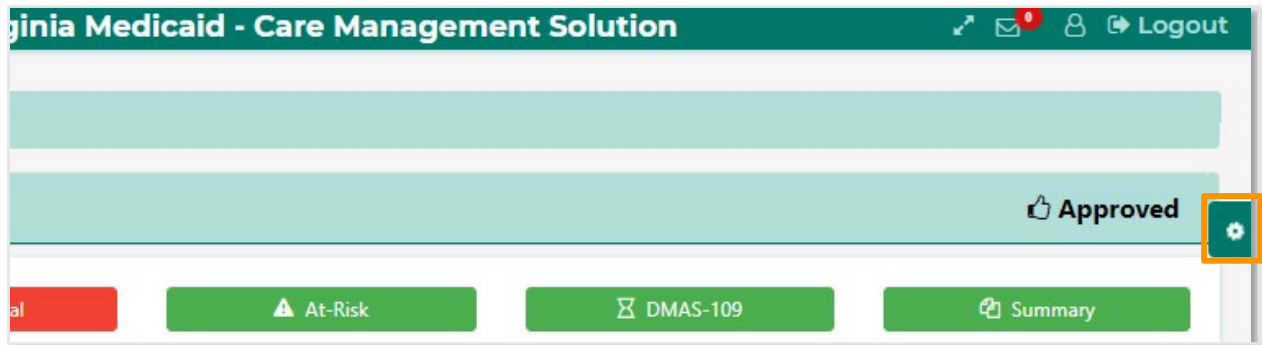


## Printing Assessments

To print an assessment:

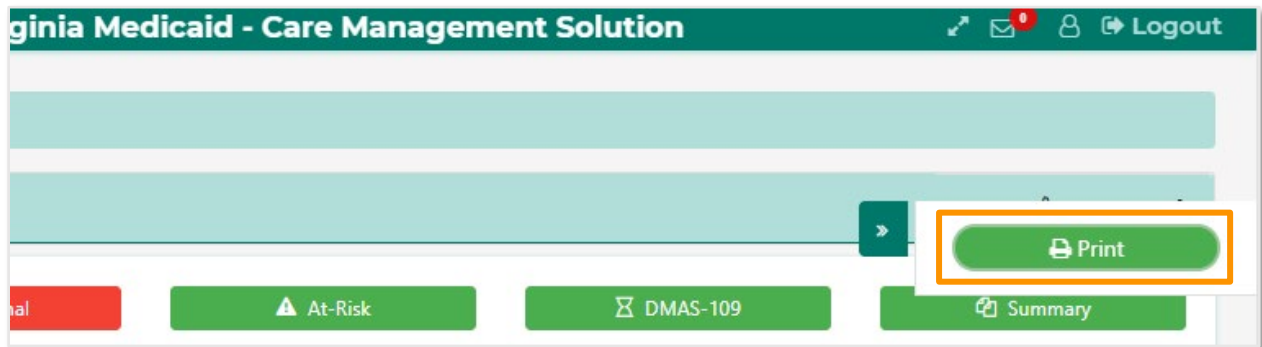
1. Select the **gear** icon (Figure 18).

Figure 18: Gear Icon



2. Select the **Print** button (Figure 19).

Figure 19: Gear Icon Pop-up Box



**NOTE:** Your browser will download a PDF file of the assessment that you can open and print from your computer.

## Navigating the Assessment Pages

The layout of the LOCERI interface makes it easy to complete the necessary information for the appropriate forms.

### Tabs

The LOCERI assessment form is divided into five tabs: **Provider**, **Personal**, **Functional**, **At-Risk**, and **Summary** (Figure 20). Each tab includes specific details about the assessment. Additional forms include one or more tabs for CCC Plus Waiver Private Duty Nursing (PDN) (Figure 21).



**IMPORTANT:** You must complete the required information in each tab before you can move to the next tab. After you have completed a tab, you can revisit it at any point in the assessment process by selecting it.

Figure 20: Assessment Form Tabs



### Pages

Within each tab, there are pages (Figure 21) to further group information related to those tabs.



**IMPORTANT:** You must complete the required information, indicated by a red \*, in each page before you can move to the next page or tab. Like tabs, you can revisit a page at any point in the assessment by selecting it.

Figure 21: Assessment Form Pages



### Sections

Within some pages, there are sections (Figure 22) that group similar content.



**NOTE:** These sections within a page do not need to be completed in a particular order, but information you provide at the start of a section may prompt additional fields to display. Best practice is to complete the section fields on the page in the order they are presented.

Figure 22: Assessment Form Sections

Provider
Personal
**Functional**
At Risk
DMAS: 109
Summary

FUNCTIONAL STATUS

PHYSICAL HEALTH

MEDICAL NURSING NEEDS

Functional Information

ADLS

Bathing \*

Please Select

Bathing required field

Tolleting \*

Please Select

Tolleting required field

Eating/Feeding \*

Please Select

Eating required field

Dressing \*

Please Select

Dressing required field

Transferring \*

Please Select

Transferring required field

Continence

Bowel \*

Please Select

Bowel required field

Bladder \*

Please Select

Bladder required field

Ambulation

Walking \*

Please Select

Walking required field

Stair Climbing \*

Please Select

Stair Climbing required field

Wheeling \*

Please Select

Wheeling required field

Mobility \*

Please Select

Mobility required field

IADLS

Meal Preparation \*

☐ No Help
☐ Yes Assistance

Meal Preparation required field

House Keeping \*

☐ No Help
☐ Yes Assistance

House Keeping required field

Laundry \*

☐ No Help
☐ Yes Assistance

Laundry required field

Money Management \*

☐ No Help
☐ Yes Assistance

Money Management required field

Transport \*

☐ No Help
☐ Yes Assistance

Transport required field

Shopping \*

☐ No Help
☐ Yes Assistance

Shopping required field

Using Phone \*

☐ No Help
☐ Yes Assistance

Using Phone required field

Home Maintenance \*

☐ No Help
☐ Yes Assistance

Home Maintenance required field

Comments

250 Characters remaining

Back
Save & Continue

## Additional Forms

Depending on the information provided, you may be required to complete one or more supplemental electronic forms. The system automatically identifies these forms and displays them, when needed (Figure 23). Each of these forms may have one or more pages of information to complete.

*Figure 23: Additional Assessment Forms*



## Form Completion Indicators

As you progress through these forms, the system indicates where you are in the assessment through color coding and completion checkmarks (Figure 24).

- **Green** tabs and pages indicate areas you have already completed.
- **Red** tabs and pages indicate information is missing from areas of the assessment you have started. It also indicates the tab you are currently viewing when revisiting tabs.
- **Gray** tabs and pages indicate areas that you have not yet viewed.

*Figure 24: Form Completion Indicators*



**IMPORTANT:** You must complete the required information, indicated by a red asterisk (\*), in each page before you can move to the next page or tab.



**NOTE:** Checkmarks are currently only present for pages, not tabs.

## Required Fields

As you work through the assessment, the system indicates required fields with a red asterisk (\*) to the right of the field name and red descriptive text below the field (Figure 25).



**NOTE:** After you enter information in a required field, the red instructional text below that field disappears.

*Figure 25: Required Field Indicators*

The screenshot shows the 'Provider' tab selected. Under the 'Provider' section, there are two fields: 'Screening Date' and 'Renewal Due Date'. The 'Screening Date' field is highlighted with a red box and has a red asterisk next to it. Below the field, a red message states 'Screening Date required field'. The 'Renewal Due Date' field is also marked with a red asterisk and displays the date '05/02/2021'.



**IMPORTANT:** Information fields that used to be optional may now be required and vice versa. Become familiar with the updated requirements.

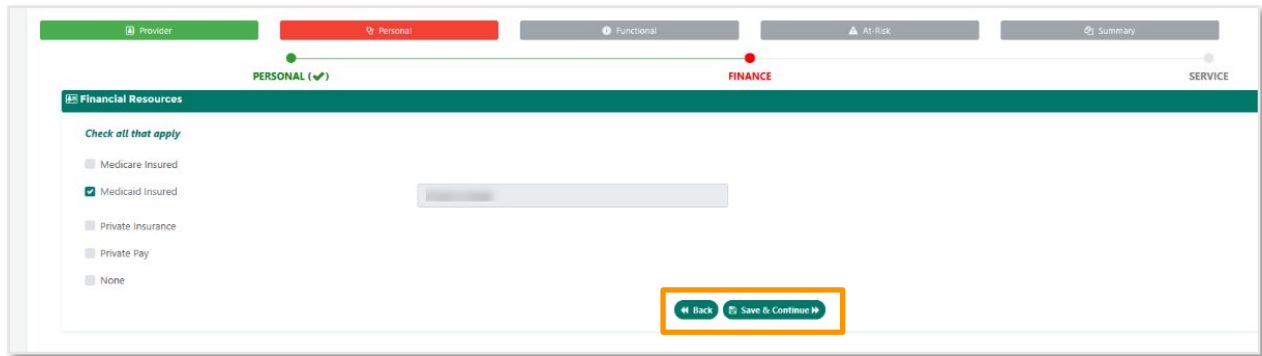


**IMPORTANT:** Some required fields are conditional. When you select certain criteria, additional fields display.

## Save and Resume

LOCERI allows you to save the information you have entered and resume the assessment later. On each page, when you select the **Save & Continue** button (Figure 26), the system saves the information you entered. This safeguards the information you have completed from being lost.

*Figure 26: Save & Continue Button*



The screenshot displays the LOCERI assessment interface. At the top, there is a navigation bar with tabs: Provider (green), Personal (red), Functional (grey), At-Risk (grey), and Summary (grey). Below this, a progress bar shows 'PERSONAL (✓)' in green and 'FINANCE' in red. The main content area is titled 'Financial Resources' and contains a section 'Check all that apply' with the following options: Medicare Insured (checkbox), Medicaid Insured (checkbox, checked), Private Insurance (checkbox), Private Pay (checkbox), and None (checkbox). At the bottom right, there is a button labeled 'Save & Continue' with a right arrow, which is highlighted by an orange rectangle. To its left is a 'Back' button with a left arrow.



**NOTE:** If your session times out, or you close the browser tab, you will be able to search for the assessment using the **Search LOC Review(s)** function to find the “In Progress” assessment and resume it.



**IMPORTANT:** LOCERI assessments that are “In Progress” will remain in that status for five business days. After that timeframe, the assessments will revert back to the original “Due” or “Overdue” status with the applicable days due or overdue. Assessment information previously entered to the version that was “In Progress” will not be saved and will need to be re-entered.

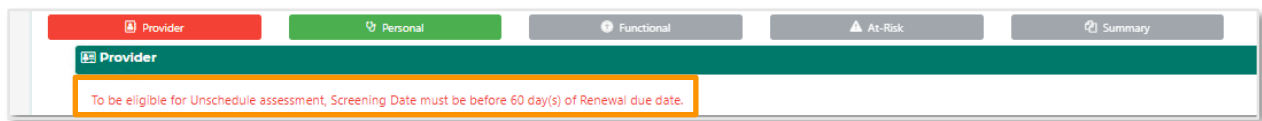
## Error Messages

When information entered does not align with accepted data formatting or conflicts with other field information, the form displays an error message (Figure 27) with details explaining the error.



**NOTE:** These errors must be corrected before you can save and continue within the assessment. This enhancement reduces the number of errors that have historically occurred with assessment submissions.

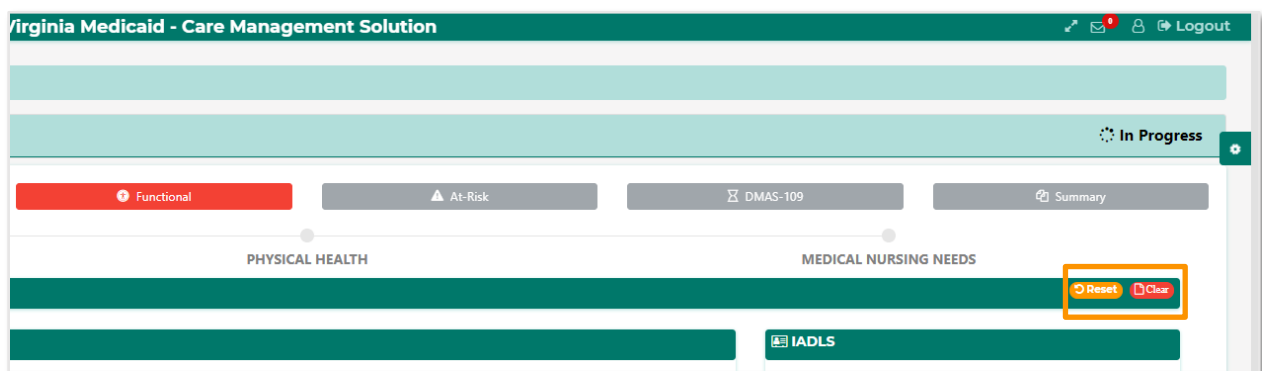
*Figure 27: Error Message*



## Clearing and Resetting Data

On each page, there are two buttons: the **Clear** button and the **Reset** button (Figure 28).

*Figure 28: Clear and Reset Buttons*



## Clearing Field Data

When you are completing information for the first time on a page, you can select the **Clear** button to clear all data from the fields on that specific page. It will not clear data from other pages you have saved.

## Reverting Changes

You can make corrections to a page that has information that was previously saved. When making corrections to saved data and you want to revert to the previously saved information, select the **Reset** button. Any new corrections will be removed, and previously saved information will populate.

## Assessment Criteria Snapshot

An extremely beneficial feature of LOCERI is the **Assessment Criteria Snapshot**, which helps quickly identify the areas where the member is meeting versus not meeting the LOC criteria.

### Accessing the Snapshot

Select the **plus** icon next to the assessment number (Figure 29) to display details about the assessment.

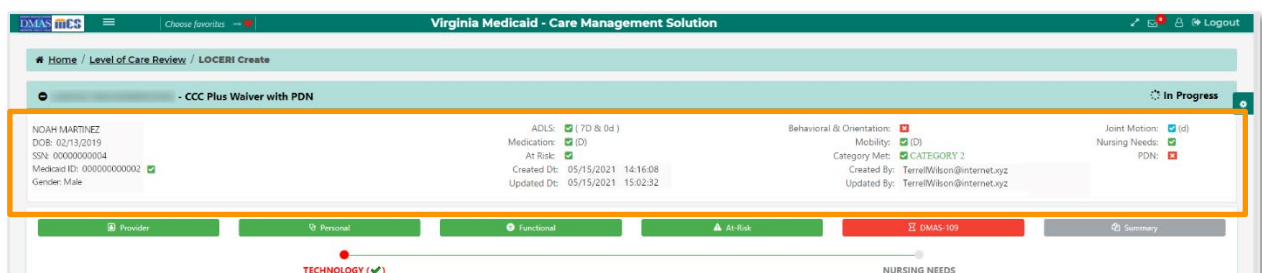
*Figure 29: Assessment Criteria Snapshot - Plus Icon*



### Reviewing the Assessment Criteria Snapshot

This **Assessment Criteria Snapshot** (Figure 30) provides indicators to let you know when specific criteria are met for the needs of the member you are assessing. It updates in real-time as you enter and save new information for each page.

*Figure 30: Assessment Criteria Snapshot*





## Level of Care Assessment

This section details how to locate due and overdue LOCERI assessments, create an annual LOC assessment, and create a discharge assessment using the required forms.



**IMPORTANT:** It is important to include as much information in the forms as possible, even when it is not required. This additional information helps the assessment to properly process.



**IMPORTANT:** There are several information fields that used to be optional that are now required in LOCERI assessments and others that were required but are now optional. Become familiar with the updated requirements.

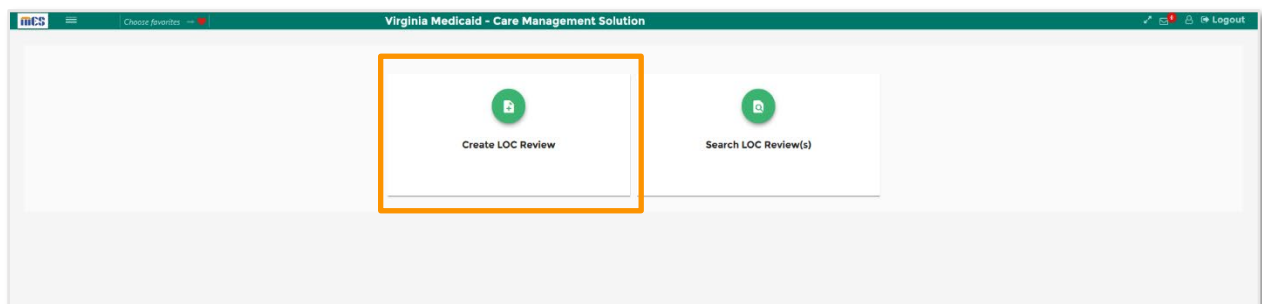


**IMPORTANT:** Remember that you are now able to save your work when completing each page. Make sure you have all required information prior to completing a page and if information is needed, you can come back later to that page to complete the assessment.

## Locating Due and Overdue LOC Assessments

1. To locate LOC assessments due in the next 60 days and overdue assessments, from the *CMS Home Dashboard*, select the **Create LOC Review** tile (Figure 31).

*Figure 31: Create LOC Review Tile*



**NOTE:** You can also access the Create LOC Review function from the collapsible menu bar by selecting "Create" from the **LOCERI** drop-down list.

The LOCERI search results page displays, showing LOC review cards for members who have a LOC assessment that has a due date no greater than 60 days from today including LOC assessments that are overdue (Figure 32).

The cards will display one of the following:

1. A status of “In Progress,” “In Correction,” or “DMAS Review” which indicate that the LOC assessment has been started.
2. A status of “Renewal” with a Due By date, and either the number of days until the Due By date or the number of days overdue.

**Figure 32: LOCERI Create LOC Review Search Results Page**

DMAS **LOCERI** Choose Favorites Virginia Medicaid - Care Management Solution Logout

Home / Level of Care Review / LOCERI Create

LOCERI Renewal Due Members Search

Medical ID

Assessments Due In ☐ 30 Days ☒ 60 Days ☐ 180 Days ☐ 365 Days ☐ Custom Dates

20 record(s) retrieved using the search criteria.

Search Members...

<p><b>1</b></p> <p>Last Name: [REDACTED] First Name: [REDACTED] Date of Birth: [REDACTED] Medical ID: [REDACTED] SSN: [REDACTED] NPI: [REDACTED]</p> <p><input type="button" value="Edit"/> <input type="button" value="View"/></p> <p><b>In Progress</b></p>	<p><b>Due By: 04/21/2021 (24d Overdue)</b></p> <p>Last Name: [REDACTED] First Name: [REDACTED] Date of Birth: [REDACTED] Medical ID: [REDACTED] SSN: [REDACTED] NPI: [REDACTED]</p> <p><input type="button" value="Renewal"/> <input type="button" value="Discharge"/></p> <p><b>Renewal</b></p>	<p><b>2</b></p> <p><b>Due By: 06/02/2021 (Due in 18 Days)</b></p> <p>Last Name: MARTINEZ First Name: NOAH Date of Birth: 02/13/2019 Medical ID: 000000000002 SSN: 0000000004 NPI: 000000000012</p> <p><input type="button" value="Renewal"/> <input type="button" value="Discharge"/></p> <p><b>Renewal</b></p>
<p>Last Name: [REDACTED] First Name: [REDACTED] Date of Birth: [REDACTED] Medical ID: [REDACTED] SSN: [REDACTED] NPI: [REDACTED]</p> <p><input type="button" value="Edit"/> <input type="button" value="View"/></p> <p><b>In Progress</b></p>	<p><b>Due By: 04/24/2021 (21d Overdue)</b></p> <p>Last Name: [REDACTED] First Name: [REDACTED] Date of Birth: [REDACTED] Medical ID: [REDACTED] SSN: [REDACTED] NPI: [REDACTED]</p> <p><input type="button" value="Renewal"/> <input type="button" value="Discharge"/></p> <p><b>Renewal</b></p>	<p><b>Due By: 06/02/2021 (Due in 18 Days)</b></p> <p>Last Name: MILLER First Name: LUIS Date of Birth: 02/15/1996 Medical ID: 000000000003 SSN: 0000000009 NPI: 000000000012</p> <p><input type="button" value="Renewal"/> <input type="button" value="Discharge"/></p> <p><b>Renewal</b></p>

« Previous 1 4 Next »

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## Filtering and Downloading Renewal Due Member Search Results

Use the **LOCERI Renewal Due Members Search** filter to narrow or broaden your list of assessment cards. You can filter by Medicaid ID or by assessments that are due in 30, 60, 180, or 365 days. You can also choose assessments due between two custom dates.

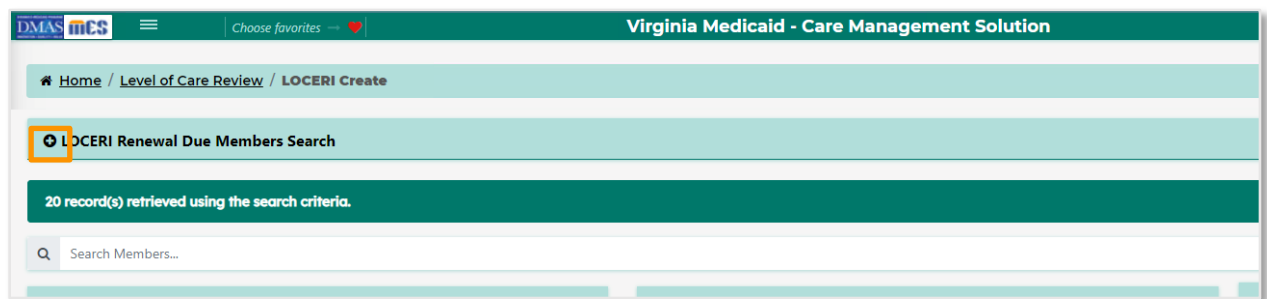
There is also a function to download the list of assessment cards as an Excel file.

### Filtering

To filter the renewal due list:

1. Select the **plus** icon next to the page title to open the filters (Figure 33).

*Figure 33: Renewal Due Member Search Filter*

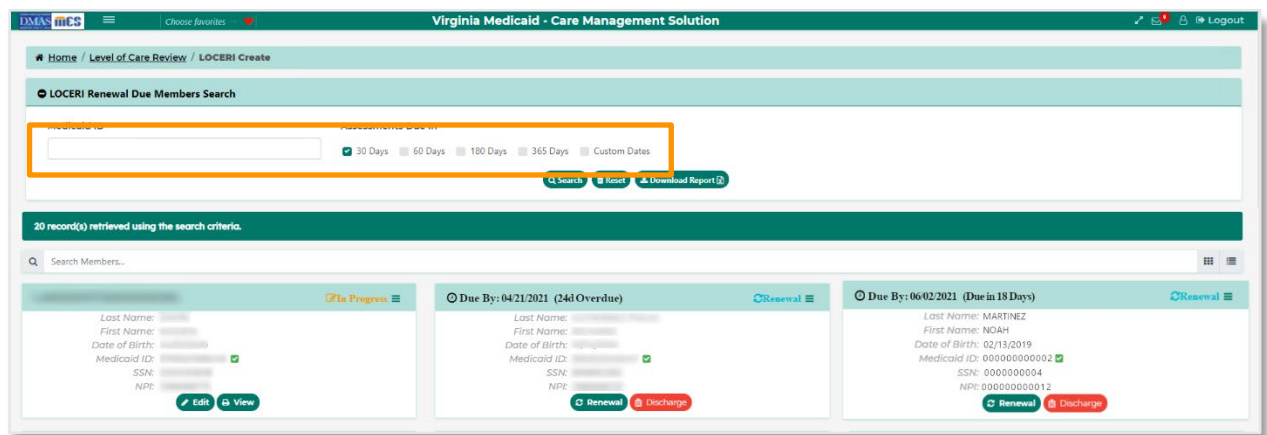


2. Select the filters to apply (Figure 34).



**NOTE:** Upon selecting any filters, the assessment cards that display will disappear from the page until the next step is complete.

*Figure 34: Renewal Due Member Search Filters Expanded*



3. Select the **Search** button to apply the filter (Figure 35).

*Figure 35: Renewal Due Member Search Button*

The screenshot shows the 'LOCERI Renewal Due Members Search' interface. At the top, there's a header with 'Virginia Medicaid - Care Management Solution' and a 'Logout' link. Below the header, there's a navigation bar with 'Home / Level of Care Review / LOCERI Create'. The main section is titled 'LOCERI Renewal Due Members Search'. It includes a 'Medicaid ID' input field and a filter for 'Assessments Due In' with options: 30 Days, 60 Days (selected), 180 Days, 365 Days, and Custom Dates. A 'Search' button is highlighted with an orange box, along with 'Reset' and 'Download Report' buttons. Below the search bar, a green banner states '20 record(s) retrieved using the search criteria.' The results are displayed in a grid of six cards. Each card shows member information (Last Name, First Name, Date of Birth, Medicaid ID, SSN, NPI) and a status (e.g., 'Due By: 04/21/2021 (24d Overdue)'). Each card has 'Edit' and 'View' buttons. The bottom of the grid has a pagination bar with 'Previous', '1', '4', and 'Next'.

## Downloading Results

To download a copy of search results to an Excel file:

1. Select the **Download Report** button (Figure 36).

*Figure 36: Renewal Due Member Search Download Report Button*

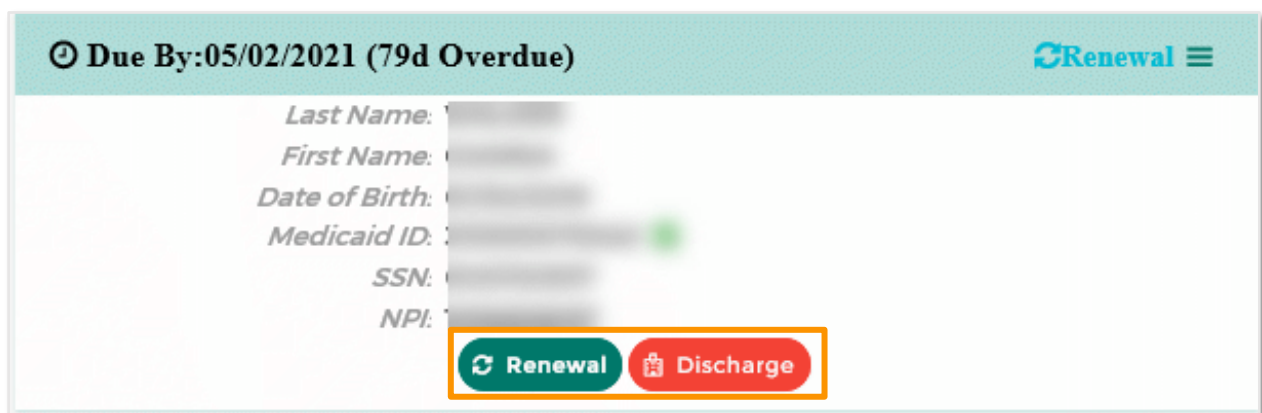
This screenshot is identical to the one in Figure 35, showing the same search results. However, the 'Download Report' button is highlighted with an orange box instead of the 'Search' button.

## Initiating a Renewal or Discharge Assessment

LOC Assessment cards that show a “Renewal” status will have a **Renewal** button and **Discharge** button (Figure 37).

- For Renewal LOC assessment instructions, refer to the **Creating Annual Level of Care (LOC) Assessments** section of this document.
- For Discharge LOC assessment instructions, refer to the **Creating Discharge LOCERI Assessments** section of this document.

*Figure 37: Renewal and Discharge Buttons*



The screenshot shows a user interface for a LOC Assessment card. At the top, a teal header bar contains a clock icon and the text "Due By:05/02/2021 (79d Overdue)" on the left, and a "Renewal" button with a circular arrow icon on the right. Below the header, the card displays personal information fields: "Last Name:", "First Name:", "Date of Birth:", "Medicaid ID:", "SSN:", and "NPI:". Each field has a corresponding input area, some of which are blurred. At the bottom of the card, there are two buttons: a green "Renewal" button with a circular arrow icon and a red "Discharge" button with a trash can icon. These two buttons are highlighted with an orange rectangular border.

## Creating Annual Level of Care (LOC) Assessments

This section outlines the steps for creating a LOCERI assessment to submit a member's annual LOC that was completed.

- To create a LOCERI assessment, after locating the appropriate assessment card, select the **Renewal** button (Figure 38).

Figure 38: LOCERI Assessment Card – Renewal Button

The screenshot shows a card for a LOCERI assessment. At the top, it says "Due By: 05/02/2021 (79d Overdue)". Below this, there are fields for Last Name, First Name, Date of Birth, Medicaid ID, SSN, and NPI. At the bottom right, there are two buttons: "Renewal" (green with a circular arrow icon) and "Discharge" (red with a trash can icon). The "Renewal" button is highlighted with an orange rectangular box.

- After confirming this is the member you want to create a LOCERI assessment for, select the **Yes** button to confirm the assessment (Figure 39).

Figure 39: Renewal Assessment Confirmation

The screenshot shows the "Virginia Medicaid - Care Management Solution" interface. A "Screening Renewal Confirmation" dialog box is open in the center. It displays member information: Last Name: MARTINEZ, First Name: NOAH, Date of Birth: 02/13/2019, Gender: Male, SSN: 000000000004, Medicaid ID: 000000000002, Initial Request Date: N/A, and Screening Date: N/A. Below this information, it asks "Are you sure you want to renew the screening?". There are two buttons: "YES" (green with a checkmark icon) and "NO" (red with an X icon). The "YES" button is highlighted with an orange rectangular box. In the background, there is a table of members with columns for Last Name, First Name, Date of Birth, Medicaid ID, SSN, NPI, and Due By. The table shows three members: MARTINEZ, NOAH; MILLER; and LUIS. Each member has a "Renewal" button and a "Discharge" button.

## Completing Provider Information

The **Provider** tab includes information about the organization/agency or individual provider associated with the assessment (Figure 40). This tab includes the *Provider* page.

**Figure 40: Renewal - Provider Tab - Provider Page**

The screenshot displays the 'Provider' tab in a web application. The top navigation bar includes tabs for 'Provider', 'Personal', 'Functional', 'At-Risk', and 'Summary'. The 'Provider' tab is active, showing a form for provider information. The form includes the following fields and options:

- Screening Date \***: A date input field with a calendar icon, showing 'MM/DD/YYYY'. Below it, a red error message reads 'Screening Date required field'.
- Renewal Due Date \***: A date input field showing '06/02/2021'.
- Provider ID \***: A text input field with a red error message 'Provider ID required field' below it.
- Provider Name \***: A text input field.
- Provider Phone \***: A text input field with a red error message 'Provider Phone required field' below it.
- Provider's Address Line1 \***: A text input field with a red error message 'Address Line 1 required field' below it.
- Address Line2**: A text input field.
- Provider's City \***: A text input field with a red error message 'City required field' below it.
- Provider's State \***: A dropdown menu with 'Please Select' as the current selection.
- Provider's ZipCode \***: A text input field with a red error message 'Zip Code required field' below it.
- Provider's Email Address \***: A text input field with a red error message 'Email Address required field' below it.
- Program Type \***: Two radio buttons: 'CCC Plus Waiver' (selected) and 'CCC Plus Waiver with PDN'. Below them is a red error message 'Program Type required field'.

At the bottom center of the form is a green button labeled 'Save & Continue'.

To complete this page:

1. Include information in the required fields and other fields (Table 4).
2. Select the **Save & Continue** button.

*Table 4: Renewal – Provider Tab - Provider Page Fields*

Field Name	Required Field	Field Details
<b>Screening Date</b>	Yes	Enter or select the date of the assessment being used to complete this form in MM/DD/YYYY format.
<b>Provider Phone</b>	Yes	Enter the phone number associated with the provider's servicing address. The phone number should be in either of the following formats: 9999999999 or 999-999-9999.
<b>Provider's Address Line1</b>	Yes	Enter the street address associated with the provider's servicing address.
<b>Address Line2</b>	Yes	Enter additional address information (if needed).
<b>Provider's City</b>	Yes	Enter the city associated with the provider's servicing address.
<b>Provider's State</b>	Yes	Select the state associated with the provider's service address.
<b>Provider's ZipCode</b>	Yes	Enter the zip code associated with the provider's service address.
<b>Provider's Email Address</b>	Yes	Enter the email address of the servicing provider.
<b>Program Type</b>	Yes	<p>Select the program/waiver type.</p> <p><b>Note:</b> If you select <i>CCC Plus Waiver</i>, the <b>Service Delivery Method</b> field displays and is required. Select "Agency Directed" or "Consumer Directed" as appropriate. The <b>Enrollment Type</b> field also displays and is required. Selected "Unscheduled Assessment" or "Annual Assessment" as appropriate.</p> <p><b>Note:</b> If you select <i>CCC Plus Waiver with PDN</i>, the <b>Enrollment Type</b> field displays and is required. Select "Unscheduled Assessment" or "Annual Assessment" as appropriate.</p>



## Completing Personal Information

The second tab for the renewal assessment is **Personal**.



NOTE: The **Provider** tab is now green to indicate it is complete and the **Personal** tab is now red to indicate it is active.

This tab includes the following pages:

1. Personal
2. Finance
3. Service

## Personal Page

The *Personal* page (Figure 41) includes the member's demographic information.

*Figure 41: Renewal - Personal Tab – Personal Page*

The screenshot shows the 'Personal Page' form with the following fields and their status:

- SSN \***: Required field, currently empty.
- Medicaid ID \***: Required field, currently empty.
- Date of Birth \***: Required field, currently empty.
- Age**: Currently 2.
- Last Name \***: Required field, currently empty.
- First Name \***: Required field, currently empty.
- MI**: Required field, currently empty.
- Gender \***: Currently Female.
- Member's Address Line1 \***: Required field, currently empty.
- Address Line2**: Currently empty.
- City \***: Required field, currently empty.
- State \***: Required field, currently empty.
- ZipCode \***: Required field, currently empty.
- FIPS Code**: Currently 197.
- Phone Number \***: Required field, currently empty.
- Marital Status \***: Required field, currently empty.
- Race \***: Required field, currently empty.
- Housing \***: Required field, currently empty.
- Name of Unpaid Primary Caregiver \***: Required field, currently empty.
- Advance Directive \***: Required field, currently empty.
- APS/CPS Referral \***: Required field, currently empty.
- History of Substance Abuse \***: Required field, currently empty.

At the bottom of the form, there are buttons for 'Back' and 'Save & Continue'.

To complete this page:

1. Include member demographic information in the required fields and other fields (Table 5).
2. Select the **Save & Continue** button.

*Table 5: Renewal – Personal Tab – Personal Page Fields*

Field Name	Required Field	Field Details
Member's Address Line1	Yes	Enter the member's building number and street address of residence.
Address Line2	No	Enter additional address information (if needed).
City	Yes	Enter the member's city of residence.
State	Yes	Select the state abbreviation of the member's residence.
Zip Code	Yes	Enter the member's five-digit zip code of residence.
Phone Number	No	Enter the member's mobile phone number in 9999999999 or 999-999-9999 format.
Marital Status	Yes	Select the member's marital status from the drop-down list: <ul style="list-style-type: none"> <li>• Married</li> <li>• Widowed</li> <li>• Separated</li> <li>• Divorced</li> <li>• Single</li> <li>• Unknown</li> </ul>
Race	N/A	A non-editable field containing the member's race. <ul style="list-style-type: none"> <li>•</li> </ul>
Housing	Yes	Select the member's applicable residency from the drop-down list: <ul style="list-style-type: none"> <li>• ALF</li> <li>• Apartment</li> <li>• Live w/Family</li> <li>• Nursing Facility</li> <li>• Other</li> <li>• Own House</li> <li>• Rent House</li> <li>• Rented Room</li> </ul>
Name of Unpaid Primary Caregiver	Yes	Enter the name of the unpaid person giving care to the individual receiving services.
Advance Directive	Yes	Select the <b>Yes</b> or <b>No</b> button to indicate whether the member has an advance directive.

Field Name	Required Field	Field Details
APS/CPS Referral	Yes	Select the <b>Yes</b> or <b>No</b> button to indicate whether the member has an APS/CPS Referral.
History of Substance Abuse	Yes	Select the <b>Yes</b> or <b>No</b> button to indicate whether the member has a history of substance abuse.

## Finance Page

The *Finance* page (Figure 42) includes information about the member's financial resources.

*Figure 42: Renewal – Personal Tab – Finance Page*

The screenshot displays the 'Finance' page within the 'Renewal – Personal Tab'. At the top, a horizontal navigation bar shows five tabs: 'Provider' (green), 'Renewal' (red), 'Functional' (grey), 'At-Risk' (grey), and 'Summary' (grey). Below this, a progress bar indicates the current step is 'PERSONAL (✓)', with 'FINANCE' and 'SERVICE' marked as upcoming steps. The main content area is titled 'Financial Resources' and includes a section 'Check all that apply' with the following options: 'Medicare Insured' (unchecked), 'Medicaid Insured' (checked), 'Private Insurance' (unchecked), 'Private Pay' (unchecked), and 'None' (unchecked). At the bottom of the form, there are two buttons: 'Back' and 'Save & Continue'.

To complete this page:

1. Include information about the member's financial resources available in the required fields and other fields (Table 6).
2. Select the **Save & Continue** button.

*Table 6: Renewal – Personal Tab – Finance Page Fields*

Field Name	Required Field	Field Details
Financial Resources	No	<p>Select all options that apply to the member's health insurance. Insurance types listed include:</p> <ul style="list-style-type: none"> <li>• Medicare</li> <li>• Medicaid</li> <li>• Private Insurance</li> <li>• Private Pay</li> <li>• None</li> </ul> <p><b>NOTE:</b> Depending on the option selected, there may be an additional required field to complete.</p> <ul style="list-style-type: none"> <li>• <b>Medicare</b> – Enter the member's 10-digit Medicare ID number.</li> <li>• <b>Medicaid</b> - If the member exists within MES, this data is automatically populated.</li> <li>• <b>Private Insurance</b>– If the member has private insurance, enter the <b>Company</b> and <b>Policy #</b>.</li> </ul>

## Service Page

The *Service* page (Figure 43) includes information about the services the member currently receives while in the CCCP Waiver. The member's primary language is also documented here.

*Figure 43: Renewal – Personal Tab – Service Page*

The screenshot displays the 'Service Page' within the LOCERI system. At the top, a navigation bar shows four tabs: 'Provider', 'Personal', 'Functions', and 'At Risk', with a 'Summary' button on the right. Below this, a progress bar indicates the status of three sections: 'PERSONAL' (checked), 'FINANCE' (checked), and 'SERVICE' (active, highlighted in red). The 'SERVICE' section is titled 'Service Info' and includes a 'Check all that apply' section with checkboxes for Personal Care, Private Duty Nursing, DME, Home Health, Home Delivered Meals, Respite Care, Adult Day Care, Personal Emergency Response System (PERS), and Rehab At Center. There is also a 'Languages Spoken' section with checkboxes for English and Other, and a note that at least one language option is required. At the bottom, there are 'Back' and 'Save & Continue' buttons.

To complete this page:

1. Include information about the member's current services and primary language in the required fields and other fields (Table 7).
2. Select the **Save & Continue** button.

*Table 7: Renewal - Personal Tab – Service Page Fields*

Field Name	Required Field	Field Details
<b>Services</b>	No	<p>Select all options that apply to services being received by the Member. Service options include:</p> <ul style="list-style-type: none"> <li>• Personal Care</li> <li>• Respite Care</li> <li>• Private Duty Nursing</li> <li>• Adult Day Care</li> <li>• DME</li> <li>• Home Delivered Meals</li> <li>• Personal Emergency Response System (PERS)</li> <li>• Home Health</li> <li>• Rehab At Center</li> </ul> <p><b>NOTE:</b> Depending on the option selected, additional fields may be required.</p> <ul style="list-style-type: none"> <li>• <b>Personal Care</b> – Enter the number of hours per day this service is provided.</li> <li>• <b>Respite Care</b> – Enter the number of hours per day this service is provided.</li> <li>• <b>Private Duty Nursing</b> – Enter the number of hours per day this service is provided.</li> <li>• <b>Adult Day Care</b> – Enter the number of hours per day this service is provided.</li> <li>• <b>Home Health</b> – Select all Home Health services the member receives.</li> <li>• <b>Rehab At Center</b> – Select all Rehab At Center services the member receives.</li> </ul>
<b>Communication of Needs</b>	No	<p>Select all options from the drop-down list that apply to the member's communications mechanism(s). Options include:</p> <ul style="list-style-type: none"> <li>• Select All</li> <li>• Unselect All</li> <li>• Speech</li> <li>• Hearing Impaired</li> <li>• Visually Impaired</li> </ul>
<b>Languages Spoken</b>	Yes	<p>Select the language(s) spoken by the member. Options include:</p> <ul style="list-style-type: none"> <li>• English</li> <li>• Other</li> </ul> <p><b>NOTE:</b> Selecting other displays an additional required field to complete where you may type the additional language.</p>

### Completing Functional Information

The third tab for the renewal assessment is **Functional**.



**NOTE:** The **Personal** tab is now green to indicate it is complete and the **Functional** tab is now red to indicate it is active.

This tab includes the following pages:

1. Functional Status
2. Physical Health
3. Medical Nursing Needs

## Functional Status Page

The *Functional* Status page (Figure 44) includes information about the member's daily living activities.

The *Functional* page includes the following sections:

1. ADLS
2. Continence
3. Ambulation
4. IADLS

Figure 44: Renewal - Functional Tab – Functional Status Page

The screenshot displays the 'Functional Status' page within a web application. The top navigation bar includes tabs for 'Provider', 'Personal', 'Functional' (highlighted in red), 'At-Risk', 'DMAS-109', and 'Summary'. Below the navigation bar, the page is divided into four main sections, each with a green header and a list of activities with dropdown menus and radio buttons. The sections are: 1. ADLS (Activities of Daily Living), 2. Continence, 3. Ambulation, and 4. IADLS (Instrumental Activities of Daily Living). Each section contains multiple items, each with a 'Please Select' dropdown and a 'required field' message. The IADLS section also includes a 'Comments' text area at the bottom. The page is annotated with orange circles and numbers 1 through 4, corresponding to the sections listed in the text above.

**FUNCTIONAL STATUS**

**FUNCTIONAL INFORMATION**

**ADLS**

**Bathing \***  
Please Select  
Bathing required field

**Toileting \***  
Please Select  
Toileting required field

**Eating/Feeding \***  
Please Select  
Eating required field

**Dressing \***  
Please Select  
Dressing required field

**Transferring \***  
Please Select  
Transferring required field

**Continence**

**Bowel \***  
Please Select  
Bowel required field

**Bladder \***  
Please Select  
Bladder required field

**Ambulation**

**Walking \***  
Please Select  
Walking required field

**Stair Climbing \***  
Please Select  
Stair Climbing required field

**Wheeling \***  
Please Select  
Wheeling required field

**Mobility \***  
Please Select  
Mobility required field

**IADLS**

**Meal Preparation \***  
No Help Yes Assistance  
Meal Preparation required field

**House Keeping \***  
No Help Yes Assistance  
House Keeping required field

**Laundry \***  
No Help Yes Assistance  
Laundry required field

**Money Management \***  
No Help Yes Assistance  
Money Management required field

**Transport \***  
No Help Yes Assistance  
Transport required field

**Shopping \***  
No Help Yes Assistance  
Shopping required field

**Using Phone \***  
No Help Yes Assistance  
Using Phone required field

**Home Maintenance \***  
No Help Yes Assistance  
Home Maintenance required field

**Comments**  
250 Characters remaining

To complete this page:

1. Include ADLS (activities of daily living) information in the required fields (Table 8).

*Table 8: Renewal - Functional Tab – Functional Status Page – ADLS Fields*

Field Name	Required Field	Field Details
<b>Bathing</b>	Yes	<p>Select the member's bathing level from the drop-down list:</p> <ul style="list-style-type: none"> <li>• Needs No Help</li> <li>• Mechanical Help Only</li> <li>• Human Help – Supervision</li> <li>• Human Help – Physical Assistance</li> <li>• MH &amp; HH – Supervision</li> <li>• MH &amp; HH – Physical Assistance</li> <li>• Performed By Others</li> <li>• Is Not Performed</li> </ul>
<b>Dressing</b>	Yes	<p>Select the member's dressing level from the drop-down list:</p> <ul style="list-style-type: none"> <li>• Needs No Help</li> <li>• Mechanical Help Only</li> <li>• Human Help – Supervision</li> <li>• Human Help – Physical Assistance</li> <li>• MH &amp; HH – Supervision</li> <li>• MH &amp; HH – Physical Assistance</li> <li>• Performed By Others</li> <li>• Is Not Performed</li> </ul>
<b>Toileting</b>	Yes	<p>Select the member's toileting level from the drop-down list:</p> <ul style="list-style-type: none"> <li>• Needs No Help</li> <li>• Mechanical Help Only</li> <li>• Human Help – Supervision</li> <li>• Human Help – Physical Assistance</li> <li>• MH &amp; HH – Supervision</li> <li>• MH &amp; HH – Physical Assistance</li> <li>• Performed By Others</li> <li>• Is Not Performed</li> </ul>



Field Name	Required Field	Field Details
<b>Transferring</b>	Yes	<p>Select the member's transferring level from the drop-down list:</p> <ul style="list-style-type: none"> <li>• Needs No Help</li> <li>• Mechanical Help Only</li> <li>• Human Help – Supervision</li> <li>• Human Help – Physical Assistance</li> <li>• MH &amp; HH – Supervision</li> <li>• MH &amp; HH – Physical Assistance</li> <li>• Performed By Others</li> <li>• Is Not Performed</li> </ul>
<b>Eating/Feeding</b>	Yes	<p>Select the member's eating/feeding level from the drop-down list:</p> <ul style="list-style-type: none"> <li>• Needs No Help</li> <li>• Mechanical Help Only</li> <li>• Human Help – Supervision</li> <li>• Human Help – Physical Assistance</li> <li>• MH &amp; HH – Supervision</li> <li>• MH &amp; HH – Physical Assistance</li> <li>• Spoon Fed</li> <li>• Syringe/Tube Fed</li> <li>• Fed by IV</li> </ul>

2. Include Continence information in the required fields (Table 9).

*Table 9: Renewal - Functional Tab – Functional Status Page – Continence Fields*

Field Name	Required Field	Field Details
<b>Bowel</b>	Yes	<p>Select the member's bowel level from the drop-down list:</p> <ul style="list-style-type: none"> <li>• Needs No Help</li> <li>• Incontinent – Less than weekly</li> <li>• External Device/Indwelling/Ostomy (Self Care)</li> <li>• Incontinent – Weekly or More</li> <li>• Ostomy (Not Self Care)</li> </ul>
<b>Bladder</b>	Yes	<p>Select the member's bladder level from the drop-down list:</p> <ul style="list-style-type: none"> <li>• Needs No Help</li> <li>• Incontinent – Less than weekly</li> <li>• External Device/Indwelling/Ostomy (Self Care)</li> <li>• Incontinent – Weekly or More</li> <li>• External Device (Not Self Care)</li> <li>• Indwelling Catheter Not Self Care</li> <li>• Ostomy (Not Self Care)</li> </ul>

### 3. Include Ambulation information in the required fields (Table 10).

*Table 10: Renewal - Functional Tab – Functional Status Page – Ambulation Fields*

Field Name	Required Field	Field Details
<b>Walking</b>	Yes	<p>Select the member's walking level from the drop-down list:</p> <ul style="list-style-type: none"> <li>Needs No Help</li> <li>Mechanical Help Only</li> <li>Human Help – Supervision</li> <li>Human Help – Physical Assistance</li> <li>MH &amp; HH – Supervision</li> <li>MH &amp; HH – Physical Assistance</li> <li>Performed By Others</li> <li>Is Not Performed</li> </ul>
<b>Wheeling</b>	Yes	<p>Select the member's wheeling level from the drop-down list:</p> <ul style="list-style-type: none"> <li>Needs No Help</li> <li>Mechanical Help Only</li> <li>Human Help – Supervision</li> <li>Human Help – Physical Assistance</li> <li>MH &amp; HH – Supervision</li> <li>MH &amp; HH – Physical Assistance</li> <li>Performed By Others</li> <li>Is Not Performed</li> </ul>
<b>Stair Climbing</b>	Yes	<p>Select the member's stair climbing level from the drop-down list:</p> <ul style="list-style-type: none"> <li>Needs No Help</li> <li>Mechanical Help Only</li> <li>Human Help – Supervision</li> <li>Human Help – Physical Assistance</li> <li>MH &amp; HH – Supervision</li> <li>MH &amp; HH – Physical Assistance</li> <li>Performed By Others</li> <li>Is Not Performed</li> </ul>
<b>Mobility</b>	Yes	<p>Select the member's mobility level from the drop-down list:</p> <ul style="list-style-type: none"> <li>Needs No Help</li> <li>Mechanical Help Only</li> <li>Human Help – Supervision</li> <li>Human Help – Physical Assistance</li> <li>MH &amp; HH – Supervision</li> <li>MH &amp; HH – Physical Assistance</li> <li>Confined – Moves About</li> <li>Confined – Does Not Move About</li> </ul>

4. Include IADLS (instrumental activities of daily living) information in the fields (Table 11).
5. Select the **Save & Continue** button.

*Table 11: Renewal - Functional Tab – Functional Status Page – IADLS Fields*

Field Name	Required Field	Field Details
Meal Preparation	Yes	Select the appropriate <b>Yes Assistance</b> or <b>No Help</b> button.
House Keeping	Yes	Select the appropriate <b>Yes Assistance</b> or <b>No Help</b> button.
Laundry	Yes	Select the appropriate <b>Yes Assistance</b> or <b>No Help</b> button.
Money Management	Yes	Select the appropriate <b>Yes Assistance</b> or <b>No Help</b> button.
Transport	Yes	Select the appropriate <b>Yes Assistance</b> or <b>No Help</b> button.
Shopping	Yes	Select the appropriate <b>Yes Assistance</b> or <b>No Help</b> button.
Using Phone	Yes	Select the appropriate <b>Yes Assistance</b> or <b>No Help</b> button.
Home Maintenance	Yes	Select the appropriate <b>Yes Assistance</b> or <b>No Help</b> button.
Comments	No	Enter any additional comments related to the member's Instrumental activities of daily living using up to 250 characters, which can include letters, numbers, or special characters.

## Physical Health Page

The *Physical Health* page (Figure 45) includes the member's physical and nutritional information.

*Figure 45: Renewal - Functional Tab – Physical Health Page*

The screenshot displays the 'Physical Health' page within the 'Functional' tab. The page features a progress bar at the top with three segments: 'FUNCTIONAL STATUS (✓)' in green, 'PHYSICAL HEALTH' in red (the active segment), and 'MEDICAL NURSING NEEDS' in grey. Below the progress bar, the 'Physical Health' section is highlighted with a green header. It contains four required fields, each with a dropdown menu and a red error message: 'Joint Motion \*' (Please Select, Joint Motion required field), 'Orientation \*' (Please Select, Orientation required field), 'Medicine Administration/Take Medicine \*' (Please Select, Medicine Administration required field), and 'Behavior \*' (Please Select, Behavior required field). At the bottom of the form are two buttons: 'Back' and 'Save & Continue'.

To complete this page:

1. Include joint motion, medication administration, orientation, and behavior information in the required fields and other fields (Table 12).
2. Select the **Save & Continue** button.

*Table 12: Renewal – Functional Tab – Physical Health Page Fields*

Field Name	Required Field	Field Details
<b>Joint Motion</b>	Yes	<p>Select the member's joint motion from the drop-down list:</p> <ul style="list-style-type: none"> <li>• Within normal limits or instability corrected</li> <li>• Limited Motion</li> <li>• Instability uncorrected or immobile</li> </ul>
<b>Medicine Administration/Take Medicine</b>	Yes	<p>Select the member's capability level for taking medicine from the drop-down list:</p> <ul style="list-style-type: none"> <li>• Without Assistance</li> <li>• Administered/Monitored by Lay Person</li> <li>• Administered/Monitored by Professional Nursing Staff</li> </ul>
<b>Orientation</b>	Yes	<p>Select the member's orientation level from the drop-down list:</p> <ul style="list-style-type: none"> <li>• Oriented</li> <li>• Disoriented – Some spheres, some of the time</li> <li>• Disoriented – Some spheres, all of the time</li> <li>• Disoriented – All spheres, some of the time</li> <li>• Disoriented – All spheres, all of the time</li> <li>• Semi-Comatose/Comatose</li> </ul>
<b>Behavior</b>	Yes	<p>Select the member's behavior level from the drop-down list:</p> <ul style="list-style-type: none"> <li>• Appropriate</li> <li>• Wandering/Passive – Less than weekly</li> <li>• Wandering/Passive – Weekly or more</li> <li>• Abusive/Aggressive/Disruptive – Less than weekly</li> <li>• Abusive/Aggressive/Disruptive – Weekly or more</li> <li>• Semi-Comatose/Comatose</li> </ul>

## Medical Nursing Needs Page

The *Medical Nursing Needs* page (Figure 46) includes the member's diagnosis, medication, and nursing needs.

*Figure 46: Renewal - Functional Tab – Medical Nursing Needs Page*

Provider Personal **Functional** At-Risk Summary

FUNCTIONAL STATUS (✓) PHYSICAL HEALTH (✓) **MEDICAL NURSING NEEDS (✓)**

**Medical Nursing Needs** Reset Clear

**Diagnosis \***  
*Please check all that apply*  
 At least one Diagnoses option is required

☐ Diabetes ☐ COPD ☐ Cancer ☐ Congestive Heart Failure  
☐ Dementia ☐ Alzheimer's ☐ ID/DD ☐ Mental Health  
☐ Other

**Medication(s) \*** **Current Health Status/Condition/Comments \***

100 Characters remaining 450 Characters remaining  
 Medications required field Current Health Status required field

**Current Medical Nursing Need(s) \***  
☒ No ☐ Yes

Back Save & Continue

To complete this page:

1. Include Medical Nursing Needs information in the required fields and other fields (Table 13).
2. Select the **Save & Continue** button.

*Table 13: Renewal - Functional Tab – Medical Nursing Needs Page Fields*

Field Name	Required Field	Field Details
<b>Diagnosis</b>	Yes	<p>Select all options that apply to the member's diagnoses. Diagnoses listed include:</p> <ul style="list-style-type: none"> <li>• Diabetes</li> <li>• COPD</li> <li>• Cancer</li> <li>• Congestive Heart Failure</li> <li>• Dementia</li> <li>• Alzheimer's</li> <li>• ID/DD</li> <li>• Mental Health</li> <li>• Other</li> </ul> <p><b>NOTE:</b> When selecting Other, an Other Diagnosis field appears for you to enter the diagnosis.</p>
<b>Medications</b>	Yes	Enter the medications currently being used by the member.
<b>Current Health Status/Conditions/Comments</b>	Yes	Enter any health-related status, conditions, or comments applicable to the member.
<b>Current Medical Nursing Needs</b>	Yes	<p>Select the appropriate <b>Yes</b> or <b>No</b> button to indicate if the member has current medical nursing needs.</p> <p><b>NOTE:</b> When selecting yes, you will then need to select at least one medical nursing need option that appears.</p> <p><b>NOTE:</b> When selecting Other, a field appears for you to specify the medical nursing need.</p>



## Completing At Risk Information

The **At-Risk** tab (Figure 47) requires you to explain why the member is at risk.

This tab includes the *At Risk* page.

*Figure 47: Renewal - At Risk Tab – At Risk Page*

The screenshot shows the 'At Risk' tab selected in a navigation bar. The main content area has a green header with 'At Risk' and 'Reset' and 'Clear' buttons. The question is: 'In the absence of long term services and supports, is this individual at risk of needing the level of care provided in a hospital or nursing facility within the next 30 days? \*'. Below the question are two radio buttons: 'No' and 'Yes'. A red error message 'At Risk required field' is displayed below the radio buttons. At the bottom of the form are two buttons: 'Back' and 'Save & Continue'.

To complete this page:

1. Include information in the required fields and other fields (Table 14).
2. Select the **Save & Continue** button.

*Table 14: Renewal - At Risk Tab – At Risk Page Fields*

Field Name	Required Field	Field Details
In the absence of long-term services and supports, is this individual at risk of needing the level of care provided in a hospital or nursing facility within the next 30 days?	Yes	<p>Select the <b>Yes</b> or <b>No</b> button.</p> <p><b>NOTE:</b> If you select the <b>Yes</b> button, the <b>Comments</b> field displays and is required. Enter why the member is at risk using up to 100 characters, which can include letters, numbers, or special characters.</p> <p><b>NOTE:</b> This area is a section all its own and is critical for processing the assessment. State in a few sentences exactly what is going on with the member.</p>

## Completing Additional LOC Forms (DMAS-108, DMAS-109)

Depending on the information provided, one of the following forms may display as an additional tab in the assessment. When displayed, the form is required.

- DMAS-108
- DMAS-109



**NOTE:** These forms are conditionally required. The order LOCERI displays these tabs are between the **At-Risk** tab and the **Summary** tab (Figure 48).

*Figure 48: Renewal - DMAS-108 or DMAS-109 Tab Location*

The screenshot displays the LOCERI assessment interface. At the top, there is a horizontal navigation bar with several tabs: 'Provider', 'Personal', 'Functional', 'At-Risk', 'DMAS-108', and 'Summary'. The 'DMAS-108' tab is highlighted with an orange border. Below the navigation bar, the main content area is titled 'REFERRAL INFORMATION' and 'TECHNOLOGY/SKILLED CARE'. The 'Technology Assisted Waiver - Referral Info' section contains four required fields: 'Referral Source', 'Referral's Phone', 'Form Completed By', and 'Screener's Phone'. Each field has a red asterisk and a red error message below it: 'Referral Source required field', 'Referral Phone required field', 'Form Completed By required field', and 'Screener Phone required field'. There is also a 'Screener's Email' field with a red error message 'Screener Email required field'. At the bottom of the form, there are two buttons: 'Back' and 'Save & Continue'.

## Completing DMAS-108 – CCC Plus Waiver with PDN (Adult Referral) Form

The *DMAS-108 – CCC Plus Waiver with PDN (Adult Referral)* form is used to provide assistance to adults (age 21 years or older) that meet Medicaid specialized care criteria and need a medical device based on specified requirements.

The **DMAS-108** tab includes the following pages:

1. Referral Information
2. Technology/Skilled Care

## Referral Information Page

The *Referral Information* page (Figure 49) includes information about the person referring the member's services.

*Figure 49: Renewal - DMAS-108 Tab – Referral Information Page*

The screenshot displays the 'Referral Information' page within the DMAS-108 tab. The navigation bar at the top includes tabs for 'Provider', 'Personal', 'Functional', 'At-Risk', 'DMAS-108' (which is the active tab), and 'Summary'. Below the navigation bar, the page is divided into two main sections: 'REFERRAL INFORMATION' and 'TECHNOLOGY/SKILLED CARE'. The 'REFERRAL INFORMATION' section contains a form titled 'Technology Assisted Waiver - Referral Info'. This form has five input fields: 'Referral Source', 'Referral's Phone', 'Form Completed By', 'Screener's Phone', and 'Screener's Email'. Each field is marked with a red asterisk and has a red error message below it: 'Referral Source required field', 'Referral's Phone required field', 'Form Completed By required field', 'Screener's Phone required field', and 'Screener's Email required field'. At the bottom of the form, there are two buttons: 'Back' and 'Save & Continue'.

To complete this page:

1. Include information in the required fields and other fields (Table 15).
2. Select the **Save & Continue** button.

*Table 15: Renewal - DMAS-108 Tab – Referral Information Page Fields*

Field Name	Required Field	Field Details
Referral Source	Yes	Enter the first and last name of the source referring the member for services.
Referral's Phone	Yes	Enter the referral source's phone number in 9999999999 or 999-999-9999 format.
Form Completed By	Yes	Enter the first and last name of the person completing the <i>DMAS-108</i> form.
Screener's Phone	Yes	Enter the screener's phone number in 9999999999 or 999-999-9999 format.
Screener's Email	Yes	Enter the screener's email address.

## Technology/Skilled Care Page

The *Technology/Skilled Care* page (Figure 50) includes information related to the technology and skilled care that the member needs.

The Technology/Skilled Care page includes the following sections:

1. Criteria Group A – Ventilator
2. Criteria Group B – Complex Tracheostomy



**NOTE:** The Criteria Group B section is initially hidden on this page. If the criteria for Group A is not met, the Criteria Group B section will display for you to complete.

*Figure 50: Renewal - DMAS-108 Tab – Technology/Skilled Care Page*

Virginia Medicaid - Care Management Solution

Home / Level of Care Review / LOCERI Create

LAR - CCC Plus Waiver with PDN

Provider Personal Functional At-Risk **DMAS-108** Summary

REFERRAL INFORMATION (✓)

TECHNOLOGY/SKILLED CARE (✓)

Technology/skilled Care (Adults 21 years or older must meet either Criteria Group A (Ventilator) OR all Criteria Group B (Complex Tracheostomy) to qualify for CCC Plus Waiver with PDN)

Criteria Group A - Ventilator

Ventilator Dependent at least a portion of the day?

☐ No ☐ Yes

Ventilator Dependent required field

Back Save & Continue

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To complete this page:

1. Include information in the required fields (Table 16).
2. Select the **Save & Continue** button.

*Table 16: Renewal - DMAS-108 Tab – Technology/Skilled Care Page – Criteria Group A Fields*

Field Name	Required Field	Field Details
Criteria Group A - Ventilator	N/A	If you select the <b>No</b> button in the <b>Criteria Group A – Ventilator</b> section, the <b>Criteria Group B – Complex Tracheotomy</b> section displays. If you select the <b>Yes</b> button, the <b>Document Ventilator Orders</b> field displays and is required. Enter the ventilator orders using up to 100 characters, which can include letters, numbers, or special characters. By selecting “Yes,” Criteria Group B will not display.
Ventilator Dependent at least a portion of the day?	Yes	Select the <b>No</b> or <b>Yes</b> button.
Criteria Group B – Complex Tracheotomy	N/A	If you select the <b>No</b> button in the <b>Criteria Group A-Ventilation</b> section, the <b>Criteria Group B – Complex Tracheotomy</b> section displays. <b>NOTE:</b> Select at least one or more criteria under the Adult Complex Trach section. Individuals must meet all criteria under the Adult Complex Trach category in order to qualify for CCC Plus Waiver with PDN. If criteria are not met, this document will be forwarded to DMAS for higher level review.
Has a tracheostomy with the potential for weaning or documentation of the inability to wean?	Yes	Select the <b>No</b> or <b>Yes</b> button.
Requires nebulizer treatments and chest physiotherapy (PT) at least four times per day OR nebulizer treatments at least four times a day provided by a licensed nurse or respiratory therapist?	Yes	Select the <b>No</b> or <b>Yes</b> button. <b>NOTE:</b> If you select the <b>Yes</b> button, the <b>Document Treatment Orders</b> field displays and is required. Enter the treatment orders using up to 100 characters, which can include letters, numbers, or special characters.
Requires pulse oximetry monitoring at least every shift due to demonstrated unstable oxygen saturation levels?	Yes	Select the <b>No</b> or <b>Yes</b> button. <b>NOTE:</b> If you select the <b>Yes</b> button, the <b>Document Treatment Orders</b> field displays and is required. Enter the treatment orders using up to 100 characters, which can include letters, numbers, or special characters.

Field Name	Required Field	Field Details
Requires respiratory assessment and documentation every shift by a licensed nurse or respiratory therapist?	Yes	Select the <b>No</b> or <b>Yes</b> button. <b>NOTE:</b> If you select the <b>Yes</b> button, the <b>Document Treatment Orders</b> field displays and is required. Enter the treatment orders using up to 100 characters, which can include letters, numbers, or special characters.
Has a physician's order for oxygen therapy with documented usage?	Yes	Select the <b>No</b> or <b>Yes</b> button. <b>NOTE:</b> If you select the <b>Yes</b> button, the <b>Document Treatment Orders</b> field displays and is required. Enter the treatment orders using up to 100 characters, which can include letters, numbers, or special characters.
Requires tracheostomy care at least daily?	Yes	Select the <b>No</b> or <b>Yes</b> button. <b>NOTE:</b> If you select the <b>Yes</b> button, the <b>Document Treatment Orders</b> field displays and is required. Enter the treatment orders using up to 100 characters, which can include letters, numbers, or special characters.
Has a physician's order for tracheal suctioning as needed?	Yes	Select the <b>No</b> or <b>Yes</b> button.
Is deemed at risk of requiring subsequent mechanical ventilation?	Yes	Select the <b>No</b> or <b>Yes</b> button.



## Completing DMAS- – CCC Plus Waiver with PDN (Pediatric Referral) Form

The *DMAS-109 – CCC Plus Waiver with PDN (Pediatric Referral)* form is used to provide assistance to children (under age 21) that meet Medicaid specialized care criteria and need a medical device based on specified requirements.

This tab includes the following pages:

1. Technology
2. Nursing Needs

### Technology Page

The *Technology* page (Figure 51) includes information related to the technology that the member needs.

The *Technology* page includes the following sections:

1. CCC Plus Waiver with PDN –Referral Information
2. Technology Needs

Figure 51: Renewal - DMAS-109 Tab – Technology Page

The screenshot displays the 'DMAS-109' tab in the 'Renewal' section. The page is divided into two main sections: 'TECHNOLOGY' and 'NURSING NEEDS'. The 'TECHNOLOGY' section is highlighted with an orange border and contains two sub-sections: 'CCC Plus Waiver with PDN - Referral Information' and 'Technology Needs (Children must receive a minimum score of 50 points (Total score Technology and Nursing Needs) to be enrolled as CCC Plus Waiver with PDN)'. The 'Referral Information' section includes fields for 'Referral Source', 'Referral's Phone', 'Form Completed By', 'Screener's Phone', and 'Screener's Email'. The 'Technology Needs' section includes dropdown menus for 'Ventilator', 'NG Tube', 'C-PAP, BIPAP', 'Peritoneal Dialysis', 'IV Therapy', 'Tracheostomy', 'Continuous Oxygen', and 'J/G Tube'. A 'Technology Score' field is also present. The 'NURSING NEEDS' section is currently empty. The page has a green header bar with navigation tabs: 'Provider', 'Personal', 'Functional', 'At-Risk', 'DMAS-109', and 'Summary'. The 'DMAS-109' tab is selected. The page also features a 'Back' button and a 'Save & Continue' button at the bottom.

**TECHNOLOGY**

**CCC Plus Waiver with PDN - Referral Information**

Referral Source \*  
Referral Source required field

Referral's Phone \*  
Referral Phone required field

Form Completed By \*  
Form Completed By required field

Screener's Phone \*  
Screener Phone required field

Screener's Email \*  
Screener Email required field

**Technology Needs (Children must receive a minimum score of 50 points (Total score Technology and Nursing Needs) to be enrolled as CCC Plus Waiver with PDN)**

Ventilator \*  
Please Select  
Ventilator required field

NG Tube \*  
Please Select  
Ng Tube required field

C-PAP, BIPAP \*  
Please Select  
Cpap Bipap required field

Peritoneal Dialysis \*  
Please Select  
Peritoneal Dialysis required field

IV Therapy \*  
Please Select  
Iv Therapy required field

Tracheostomy \*  
Please Select  
Tracheostomy required field

Continuous Oxygen \*  
Please Select  
Continuous Oxygen required field

J/G Tube \*  
Please Select  
Jg Tube required field

Technology Score  
0

Back Save & Continue

To complete this page:

1. Include Referral information in the required fields and other fields (Table 17).

*Table 17: Renewal - DMAS-109 Tab – Technology Page – Technology Assisted Waiver–Referral Info Fields*

Field Name	Required Field	Field Details
Referral Source	Yes	Enter the first and last name of the source referring the member for services.
Referral's Phone	Yes	Enter the referral source's phone number in 9999999999 or 999-999-9999 format.
Form Completed By	Yes	Enter the first and last name of the person completing the <i>DMAS-109</i> form.
Screener's Phone	Yes	Enter the screener's phone number in 9999999999 or 999-999-9999 format.
Screener's Email	Yes	Enter the screener's email address.

2. Include Technology Needs information in the required fields and other fields (Table 18).



**IMPORTANT:** Children must receive a minimum score of 50 points (Total score Technology and Nursing Needs) to meet the criteria for CCC Plus Waiver w/PDN.

3. Select the **Save & Continue** button.

*Table 18: Renewal - DMAS-109 Tab– Technology Page – Technology Needs Fields*

Field Name	Required Field	Field Details
Ventilator	Yes	Select the appropriate ventilator option from the drop-down list: <ul style="list-style-type: none"> <li>• Not Applicable (0 points)</li> <li>• Intermittent (45 points)</li> <li>• Continuous (50 points)</li> </ul>
NG Tube	Yes	Select the appropriate NG tube option from the drop-down list: <ul style="list-style-type: none"> <li>• Not Applicable (0 points)</li> <li>• Bolus (25 points)</li> <li>• Continuous (40 points)</li> </ul>
C-PAP, BIPAP	Yes	Select the appropriate C-PAP, BIPAP option from the drop-down list: <ul style="list-style-type: none"> <li>• Not Applicable (0 points)</li> </ul>

Field Name	Required Field	Field Details
		<ul style="list-style-type: none"> <li>• Applicable (25 points)</li> </ul>
<b>Peritoneal Dialysis</b>	Yes	Select the appropriate peritoneal dialysis option from the drop-down list: <ul style="list-style-type: none"> <li>• Not Applicable (0 points)</li> <li>• Applicable (45 points)</li> </ul>
<b>IV Therapy</b>	Yes	Select the appropriate IV therapy option from the drop-down list: <ul style="list-style-type: none"> <li>• Not Applicable (0 points)</li> <li>• Continuous (40 points)</li> </ul>
<b>Tracheostomy</b>	Yes	Select the appropriate tracheostomy option from the drop-down list: <ul style="list-style-type: none"> <li>• Not Applicable (0 points)</li> <li>• Tracheostomy (43 points)</li> </ul>
<b>Continuous Oxygen</b>	Yes	Select the appropriate continuous oxygen option from the drop-down list: <ul style="list-style-type: none"> <li>• Not Applicable (0 points)</li> <li>• Child requires continuous oxygen a minimum of 8 out of 24 hours (15 points)</li> <li>• Child is dependent on oxygen 24 hours/day – unstable (35 points)</li> </ul> <p><b>Note:</b> If you select <i>Child is dependent on oxygen 24 hours/day – unstable</i>, an additional field displays to select conditions related to this selection.</p>
<b>J/G Tube</b>	Yes	Select the appropriate J/G tube option from the drop-down list: <ul style="list-style-type: none"> <li>• Not Applicable (0 points)</li> <li>• Child has continuous J/G tube feedings (15 points)</li> <li>• J/G tube continuous with reflux (35 points)</li> </ul> <p><b>Note:</b> If you select <i>J/G tube continuous with reflux</i>, an additional field displays to select conditions related to this selection.</p>
<b>Technology Score</b>	No	This field automatically populates with the total of all technology scores in this section.

## Nursing Needs Page

The *Nursing Needs* page (Figure 52) includes the member's skilled nursing needs.

**Figure 52: Renewal - DMAS-109 Tab – Nursing Needs Page**

**Nursing Needs**

**Tracheal Suctioning \***

Please Select

Tracheal Suctioning required field

**Enteral Feedings \***

Please Select

Enteral Feedings required field

**Intermittent Catheter \***

Please Select

Intermittent Catheter required field

**Sterile Dressings/Wound Care (Stage 2, 3 or 4 Wounds) \***

Please Select

Sterile Dressings required field

**Daily Medications (Excluding Nebulizers) \***

☐ Not Applicable (0 points)  
☐ Simple Medication - 3 or less medications (2 points)  
☐ Moderate Medications - 4 or 5 medications (4 points)  
☐ Complex Medications - 6 or more medications (8 points)

Daily Medications required field

**Tracheostomy Care \***

☐ Not Applicable (0 points)
 ☐ Applicable (5 points)

Tracheostomy Care required field

**Specialized I/O Monitoring \***

☐ Not Applicable (0 points)
 ☐ I and O results require action by a nurse to make adjustments in tube feeding amounts or IV fluid rate (5 points)

IO Monitoring required field

**Note:** Children with needs that are not covered within this form should be discussed with DMAS staff. Please contact [screeningassistance@dmas.virginia.gov](mailto:screeningassistance@dmas.virginia.gov).

**Nursing Score** 0

**Total Score** 180

[Back](#) [Save & Continue](#)



**IMPORTANT:** Children with needs that are not covered within this form should be discussed with DMAS staff. Contact [screeningassistance@dmas.virginia.gov](mailto:screeningassistance@dmas.virginia.gov).

To complete this page:

1. Include information in the required fields and other fields (Table 19).
2. Select the **Save & Continue** button.

*Table 19: Renewal - DMAS-109 Tab – Nursing Needs Fields*

Field Name	Required Field	Field Details
<b>Tracheal Suctioning</b>	Yes	<p>Select the appropriate tracheal suctioning option from the drop-down list:</p> <ul style="list-style-type: none"> <li>• Not Applicable (0 points)</li> <li>• Q4 hrs (2 points)</li> <li>• Q1 - 4 hrs (3 points)</li> <li>• Greater than Q1 hr (5 points)</li> </ul>
<b>Enteral Feedings</b>	Yes	<p>Select the appropriate enteral feedings option from the drop-down list:</p> <ul style="list-style-type: none"> <li>• Not Applicable (0 points)</li> <li>• Q4 hrs (2 points)</li> <li>• Q3 hrs (3 points)</li> <li>• Q2 hrs (4 points)</li> <li>• Continuous (5 points)</li> </ul>
<b>Intermittent Catheter</b>	Yes	<p>Select the appropriate intermittent catheter option from the drop-down list:</p> <ul style="list-style-type: none"> <li>• Not Applicable (0 points)</li> <li>• Q Day or PRN (2 points)</li> <li>• Q12 hrs (4 points)</li> <li>• Q8 hrs (6 points)</li> <li>• Q4 hrs (8 points)</li> </ul>
<b>Sterile Dressings/ Wound Care (Stage 2, 3, or 4 Wounds)</b>	Yes	<p>Select the appropriate sterile dressings/wound care option from the drop-down list:</p> <ul style="list-style-type: none"> <li>• Not Applicable (0 points)</li> <li>• &gt; Q8 hrs (2 points)</li> <li>• Q8 hrs or less (3 points)</li> </ul>
<b>IV Hyperal</b>	Yes	<p>Select the appropriate IV hyperal option from the drop-down list:</p> <ul style="list-style-type: none"> <li>• Not Applicable (0 points)</li> <li>• Less than 4 hrs (2 points)</li> <li>• 4 - 7 hrs (4 points)</li> <li>• 8 - 16 hrs (6 points)</li> <li>• Continuous (8 points)</li> </ul>
<b>Special Treatments (such as nebulizers, chest PT)</b>	Yes	<p>Select the appropriate special treatment option from the drop-down list:</p> <ul style="list-style-type: none"> <li>• Not Applicable (0 points)</li> <li>• Q Day (2 points)</li> </ul>

Field Name	Required Field	Field Details
		<ul style="list-style-type: none"> <li>BID (4 points)</li> <li>TID (6 points)</li> <li>QID (8 points)</li> </ul>
<b>Daily Medications/ Excluding Nebulizers</b>	Yes	Select the appropriate option. Options include: <ul style="list-style-type: none"> <li>Not Applicable (0 points)</li> <li>Simple Medication – 3 or less medications (2 points)</li> <li>Moderate Medications – 4 or 5 medications (4 points)</li> <li>Complex Medications – 6 or more medications (8 points)</li> </ul>
<b>Tracheostomy Care</b>	Yes	Select the appropriate option. Options include: <ul style="list-style-type: none"> <li>Not Applicable (0 points)</li> <li>Applicable (5 points).</li> </ul>
<b>Specialized (I/O Monitoring)</b>	Yes	Select the appropriate option. Options include: <ul style="list-style-type: none"> <li>Not Applicable (0 points)</li> <li>I and O results require action by a nurse to make adjustment in tube feeding amounts or IV fluid rate (5 points)</li> </ul>
<b>Nursing Score</b>	No	This field automatically populates with the total of all nursing needs scores in this section.
<b>Total Score</b>	No	This field automatically populates with the total of all scores in the Technology and Nursing Needs sections.

## Completing Summary Information

The fifth tab for the assessment is **Summary**.



NOTE: The tab you were previously on (**At-Risk, DMAS-108, or DMAS-109**) is now green to indicate it is complete, and the **Summary** tab is now red to indicate it is active.

This tab includes the *Summary Info* page.

## Summary Info Page

The *Summary Info* page (Figure 53) includes information for indicating who completed the assessment as well as an acknowledgement of the validity of entries for the assessment.

**Figure 53: Renewal – Summary Tab – Summary Info Page**

The screenshot displays the 'Summary Info' page within the LOCERI application. At the top, a navigation bar contains four tabs: 'Provider', 'Personal', 'Discharge', and 'Summary'. The 'Summary' tab is highlighted in red, indicating it is the active section. Below the navigation bar, the 'Summary Info' section is visible. It includes three main input fields: 'Individual Name', 'Completed By', and 'Submit Date'. The 'Completed By' field is currently empty and has a red border, with a red error message 'Completed By required field' displayed below it. The 'Submit Date' field shows the date and time '07/17/2021, 12:34:14 PM'. Below these fields, there is a checkbox with the text 'I acknowledge that by entering my name as the RN, Service Facilitator, Health Plan Care Coordinator or PACE Staff completing this form it will be considered an official signature attesting that all information entered is accurate and correct.' Below this text, a red error message 'Acknowledgement required field' is shown. At the bottom of the form, there are two buttons: 'Back' and 'Submit'.

To complete this page:

1. Include summary acknowledgement information in the required fields (Table 20).
2. Select the **Submit** button to save the information and submit the assessment.

*Table 20: Renewal – Summary tab - Summary Info Page Fields*

Field Name	Required Field	Field Details
Individual Name	Yes	This field is automatically populated by LOCERI with the member's name. <b>NOTE:</b> Verify this is the correct name before submitting. If it is not the correct name, cancel the assessment.
Completed By	Yes	Enter the name of the RN, Service Facilitator, or PACE Staff completing the form.
I acknowledge that by entering my name as the RN, Service Facilitator, Health Plan Care Coordinator or PACE Staff completing this form it will be considered an official signature attesting that all information entered is accurate and correct.	Yes	Select the checkbox to indicate you have read and acknowledge the statement.

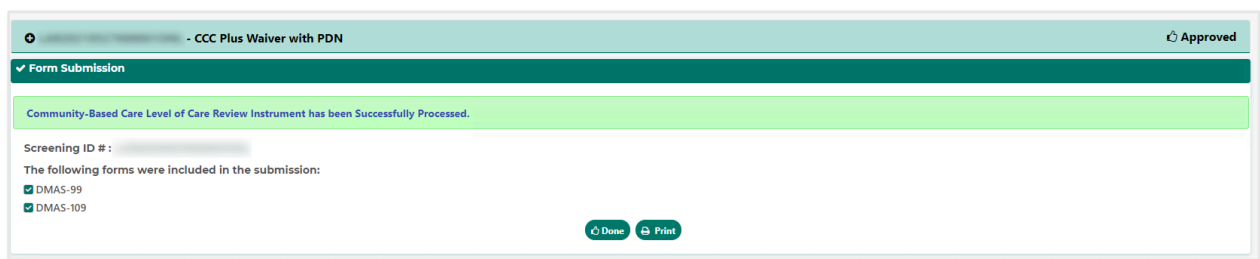


## Submitting an Assessment

Once you submit the assessment (Figure 54):

1. The system displays a confirmation of the completed forms.
2. The assessment status changes from “In Progress” to either “Approved” when all criteria are met or “DMAS Review” if not all criteria are met.
3. The **Print** button displays, allowing you to print the submitted assessment.
4. The **Done** button displays, allowing you to close out of the assessment.

*Figure 54: Renewal – Form Submission Page*



CCC Plus Waiver with PDN Approved

✓ Form Submission

Community-Based Care Level of Care Review Instrument has been Successfully Processed.

Screening ID #: [REDACTED]

The following forms were included in the submission:

- ☒ DMAS-99
- ☒ DMAS-109

Done Print

## Creating Discharge LOCERI Assessments

This section outlines the steps for creating a discharge LOCERI assessment for a member.

1. To begin a new LOC discharge assessment, after locating the appropriate assessment card, select the **Discharge** button (Figure 55).

Figure 55: LOCERI Assessment Card – Discharge Button

The screenshot shows a LOCERI Assessment Card. At the top, it says "Due By: 05/02/2021 (79d Overdue)" and has a "Renewal" button. Below this, there are fields for "Last Name:", "First Name:", "Date of Birth:", "Medicaid ID:", "SSN:", and "NPI:". At the bottom, there are two buttons: "Renewal" and "Discharge". The "Discharge" button is highlighted with an orange rectangular box.

2. After confirming this is the correct member needing to be discharged, select the **Yes** button to confirm assessment discharge (Figure 56).

Figure 56: Discharge Assessment Confirmation

The screenshot shows the LOCERI Search results page. A dialog box titled "Screening Discharge Confirmation" is open in the center. It displays member information: Last Name: MILLER, First Name: LUIS, Date of Birth: 02/13/1996, Gender: Male, SSN: 0000000009, Medicaid ID: 0000000003, Initial Request Date: N/A, and Screening Date: N/A. Below this information, it asks "Are you sure want to discharge the screening?" and has two buttons: "YES" and "NO". The "YES" button is highlighted with an orange rectangular box. The background shows a list of assessment cards with "Renewal" and "Discharge" buttons.

## Completing Provider Information

The **Provider** tab (Figure 57) includes information about the organization/agency or individual provider associated with the assessment.

*Figure 57: Discharge - Provider Tab - Provider Page*

The screenshot displays the 'Provider' tab in the LOCERI system. The form is organized into several sections:

- Screening Date:** A date picker field showing 'MM/DD/YYYY' with a calendar icon. Below it, a red message states 'Screening Date required field'.
- Renewal Due Date:** A text field showing '05/02/2021'.
- Provider ID:** A text field with a red asterisk, followed by a red message 'Provider ID required field'.
- Provider Name:** A text field with a red asterisk, followed by a red message 'Provider Name required field'.
- Provider Phone:** A text field with a red asterisk, followed by a red message 'Provider Phone required field'.
- Provider's Address Line1:** A text field with a red asterisk, followed by a red message 'Address Line 1 required field'.
- Address Line2:** A text field with a red asterisk, followed by a red message 'Address Line2 required field'.
- Provider's City:** A text field with a red asterisk, followed by a red message 'City required field'.
- Provider's State:** A dropdown menu with 'Please Select' as the current selection, followed by a red message 'State required field'.
- Provider's ZipCode:** A text field with a red asterisk, followed by a red message 'Zip Code required field'.
- Provider's Email Address:** A text field with a red asterisk, followed by a red message 'Email Address required field'.
- Program Type:** A section with two radio button options: 'CCC Plus Waiver' and 'CCC Plus Waiver with PDN'. Below it, a red message states 'Program Type required field'.

At the bottom of the form, there is a green button labeled 'Save & Continue'.

To complete this page:

1. Include information in the required fields and other fields (Table 21).
2. Select the **Save & Continue** button.

*Table 21: Discharge – Provider Tab - Provider Page Fields*

Field Name	Required Field	Field Details
<b>Screening Date</b>	Yes	Enter or select the date of the assessment being used to complete this form in MM/DD/YYYY format.
<b>Provider Phone</b>	Yes	Enter the phone number associated with the provider's servicing address. The phone number should be in either of the following formats: 9999999999 or 999-999-9999.
<b>Provider's Address Line1</b>	Yes	Enter the street address associated with the provider's servicing address.
<b>Address Line2</b>	Yes	Enter additional address information (if needed).
<b>Provider's City</b>	Yes	Enter the city associated with the provider's servicing address.
<b>Provider's State</b>	Yes	Select the state associated with the provider's service address.
<b>Provider's Zip Code</b>	Yes	Enter the zip code associated with the provider's service address.
<b>Provider's Email Address</b>	Yes	Enter the email address of the servicing provider.
<b>Program Type</b>	Yes	<p>Select the program/waiver type.</p> <p><b>Note:</b> If you select <i>CCC Plus Waiver</i>, the <b>Service Delivery Method</b> field displays and is required. Select Agency Directed or Consumer Directed as appropriate. The <b>Enrollment Type</b> field also displays and is required. Selected <i>Unscheduled Assessment</i> or <i>Annual Assessment</i> as appropriate.</p> <p><b>Note:</b> If you select <i>CCC Plus Waiver with PDN</i>, the <b>Enrollment Type</b> field displays and is required. Selected <i>Unscheduled Assessment</i> or <i>Annual Assessment</i> as appropriate.</p>

## Completing Personal Information

The second tab for the discharge assessment is **Personal**.



NOTE: The **Provider** tab is now green to indicate it is complete and the **Personal** tab is now red to indicate it is active.

This tab includes the following pages:

1. Personal
2. Finance

## Personal Page

The *Personal* page (Figure 58) includes the member's demographic information.

*Figure 58: Discharge - Personal Tab – Personal Page*

The screenshot shows the 'Personal' tab selected in the top navigation bar. The form is titled 'Personal Info' and contains various fields for demographic information. The 'Provider' tab is green, and the 'Personal' tab is red. The 'Discharge' and 'Summary' tabs are grey. The form fields are organized into columns and rows, with some fields having red error messages. The 'Back' and 'Save & Continue' buttons are at the bottom.

Field	Value	Required
SSN	[Redacted]	Yes
Medicaid ID	[Redacted]	Yes
Date of Birth	[Redacted]	Yes
Age	2	Yes
Last Name	[Redacted]	Yes
First Name	[Redacted]	Yes
MI	[Redacted]	Yes
Gender	Male	Yes
Member's Address Line1	[Redacted]	Yes
Address Line2	[Redacted]	Yes
City	[Redacted]	Yes
State	Please Select	Yes
ZipCode	[Redacted]	Yes
PIPS Code	089	Yes
Phone Number	[Redacted]	Yes
Marital Status	Please Select	Yes
Race	Please Select	Yes
Housing	Please Select	Yes
Name of Unpaid Primary Caregiver	[Redacted]	Yes
Advance Directive	No	Yes
APS/CPS Referral	No	Yes
History of Substance Abuse	No	Yes

To complete this page:

1. Include member demographic information in the required fields and other fields (Table 22).
2. Select the **Save & Continue** button.

*Table 22: Discharge – Personal Tab – Personal Page Fields*

Field Name	Required Field	Field Details
<b>Member's Address Line1</b>	Yes	Enter the member's building number and street address of residence.
<b>Address Line2</b>	No	Enter additional address information (if needed).
<b>City</b>	Yes	Enter the member's city of residence.
<b>State</b>	Yes	Select the state abbreviation of the member's residence.
<b>Zip Code</b>	Yes	Enter the member's five-digit zip code of residence.
<b>Phone Number</b>	No	Enter the member's mobile phone number in 9999999999 or 999-999-9999 format.
<b>Marital Status</b>	Yes	Select the member's marital status from the drop-down list: <ul style="list-style-type: none"> <li>• Married</li> <li>• Widowed</li> <li>• Separated</li> <li>• Divorced</li> <li>• Single</li> <li>• Unknown</li> </ul>
<b>Race</b>	Yes	Select the member's race from the drop-down list: <ul style="list-style-type: none"> <li>• White</li> <li>• Black/African American</li> <li>• American Indian</li> <li>• Oriental/Asian</li> <li>• Alaskan Native</li> <li>• Unknown</li> </ul>
<b>Housing</b>	Yes	Select the member's applicable residency from the drop-down list: <ul style="list-style-type: none"> <li>• ALF</li> <li>• Apartment</li> <li>• Live w/Family</li> <li>• Nursing Facility</li> <li>• Other</li> <li>• Own House</li> <li>• Rent House</li> <li>• Rented Room</li> </ul>

Field Name	Required Field	Field Details
<b>Name of Unpaid Primary Caregiver</b>	Yes	Enter the name of the unpaid person giving care to the individual receiving services.
<b>Advance Directive</b>	Yes	Select the <b>Yes</b> or <b>No</b> button to indicate whether the member has an advance directive.
<b>APS/CPS Referral</b>	Yes	Select the <b>Yes</b> or <b>No</b> button to indicate whether the member has an APS/CPS Referral.
<b>History of Substance Abuse</b>	Yes	Select the <b>Yes</b> or <b>No</b> button to indicate whether the member has a history of substance abuse.

## Finance Page

The *Finance* page (Figure 59) includes information about the member's financial resources.

*Figure 59: Discharge – Personal Tab – Finance Page*

To complete this page:

1. Include information about the member's financial resources available in the required fields and other fields (Table 23).
2. Select the **Save & Continue** button.

*Table 23: Discharge - Personal Tab – Finance Page Fields*

Field Name	Required Field	Field Details
<b>Financial Resources</b>	No	<p>Select all options that apply to the member's health insurance. Insurance types listed include:</p> <ul style="list-style-type: none"> <li>• Medicare</li> <li>• Medicaid</li> <li>• Private Insurance</li> <li>• Private Pay</li> <li>• None</li> </ul> <p><b>NOTE:</b> Depending on the option selected, there may be an additional required field to complete.</p> <ul style="list-style-type: none"> <li>• <b>Medicare</b> – Enter the member's 10-digit Medicare ID number.</li> <li>• <b>Medicaid</b> - If the member exists within MES, this data is automatically populated.</li> <li>• <b>Private Insurance</b>– If the member has private insurance, enter the <b>Company</b> and <b>Policy #</b>.</li> </ul>



## Completing Discharge Information

The third tab for the discharge assessment is **Discharge**.



NOTE: The **Personal** tab is now green to indicate it is complete and the **Discharge** tab is now red to indicate it is active.

This tab includes the *End of Service* page.

### End of Service Page

The *End of Service* page (Figure 60) includes information about the member's last day of service.

**Figure 60: Discharge – Discharge Tab – End of Service Page**

To complete this page:

1. Include member end of service information in the required fields (Table 24).
2. Select the **Save & Continue** button.

**Table 24: Discharge – Discharge Tab - End of Service Page Fields**

Field Name	Required Field	Field Details
If the individual has moved out of the state or expired-please enter the last date of service	Yes	Enter or select the last date of service if the individual moved out of state or expired. The date format needs to be MM/DD/YYYY.
Please provide the service authorization number(s) issued for your Provider ID	No	Enter the 11-digit numeric service authorization.
Please select appropriate reason	Yes	Select the member's applicable discharge reason: <ul style="list-style-type: none"> <li>• Moved – Out of State</li> <li>• Expired</li> </ul>

## Completing Summary Information

The fourth tab for the discharge assessment is **Summary**.



NOTE: The **Discharge** tab is now green to indicate it is complete and the **Summary** tab is now red to indicate it is active.

This tab includes the *Summary Info* page.

### Summary Info Page

The *Summary Info* page (Figure 61) includes information for indicating who completed the assessment as well as an acknowledgement of the validity of entries for the assessment.

**Figure 61: Discharge – Summary Tab – Summary Info Page**

To complete this page:

1. Include summary acknowledgement information in the required fields (Table 25).
2. Select the **Submit** button to save the information and submit the assessment.

**Table 25: Discharge – Summary Tab - Summary Info Page Fields**

Field Name	Required Field	Field Details
Individual Name	Yes	This field is automatically populated by LOCERI with the member's name. <b>NOTE:</b> Verify this is the correct name before submitting. If it is not the correct name, cancel the assessment.
Completed By	Yes	Enter the name of the RN, Service Facilitator, or PACE Staff completing the form.
I acknowledge that by entering my name as the RN, Service Facilitator, Health Plan Care Coordinator or PACE Staff completing this form it will be considered an official signature attesting that all information entered is accurate and correct.	Yes	Select the checkbox to indicate you have read and acknowledge the statement.

## Submitting the Discharge Assessment

Once you submit the assessment (Figure 62):

1. The system displays a confirmation of the completed forms.
2. The assessment status changes from “In Progress” to “Approved.”
3. The **Print** button displays, allowing you to print the submitted assessment.
4. The **Done** button displays, allowing you to close out of the assessment.

*Figure 62: Discharge – Form Submission Page*

The screenshot shows a web interface for form submission. At the top, a green header bar contains the text "✓ Form Submission". Below this, a light green banner displays the message: "Community-Based Care Level of Care Review Instrument has been Successfully Processed." Underneath the banner, the text "Screening ID # :" is followed by a greyed-out input field. Below that, the text "The following forms were included in the submission:" is followed by a list item: "☑ DMAS-99". At the bottom right of the form area, there are two buttons: "Done" with a checkmark icon and "Print" with a printer icon.

## DMAS Secondary Review Assessment –Viewing and Addressing Comments

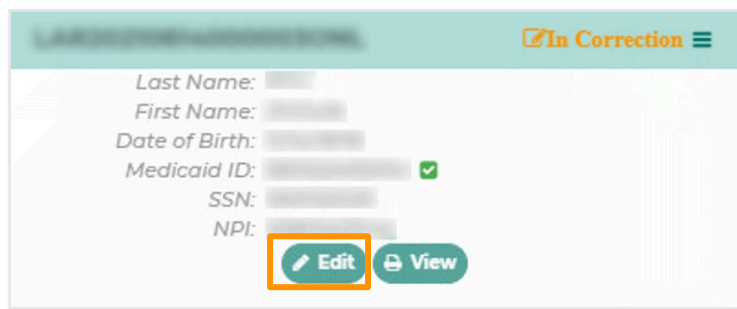
During DMAS Secondary Review, the DMAS Reviewer can return a submitted assessment back to the provider for updates or corrections. When the assessment is returned to the provider, the status changes from “DMAS Review” to “In Correction.” This will also include comments that indicate what updates or additional corrections are needed before the assessment can be accepted.

### Viewing Existing Comments for a Returned Assessment

Existing comments can be accessed for viewing when making changes to assessments that are in a correction status.

1. To access comments, first search for an assessment “In Correction” status, and on the search result card, select the **Edit** button (Figure 63).

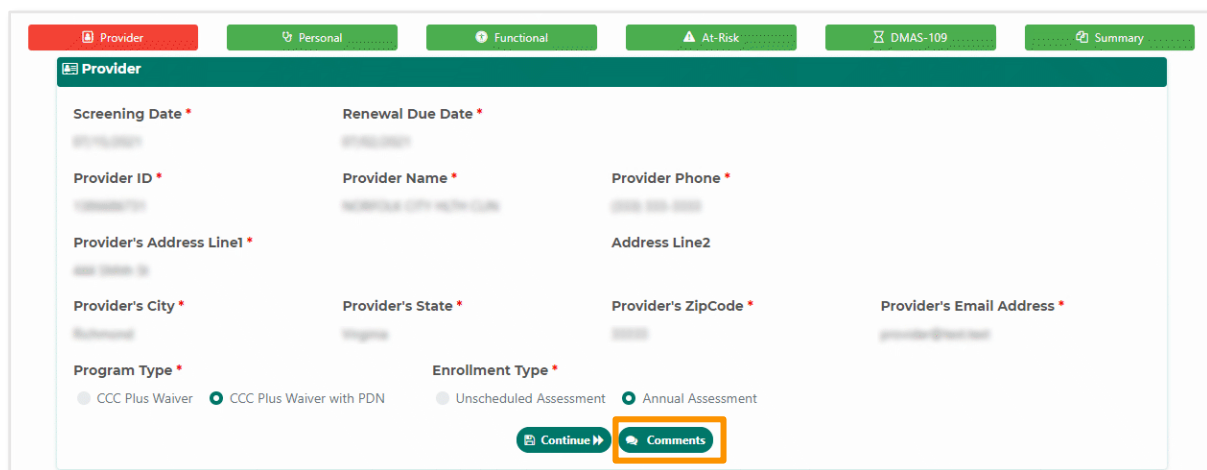
Figure 63: Search Result Card



The image shows a search result card for an assessment. At the top right, there is a status indicator 'In Correction' with a checkmark icon. Below this, the card displays a list of fields: Last Name, First Name, Date of Birth, Medicaid ID (with a green checkmark), SSN, and NPI. At the bottom of the card, there are two buttons: 'Edit' (highlighted with an orange box) and 'View'.

2. From any page within the assessment, select the **Comments** button (Figure 64).

Figure 64: Comments Button



The image shows a screenshot of the assessment form. At the top, there is a navigation bar with tabs: Provider, Personal, Functional, At-Risk, DMAS-109, and Summary. The 'Provider' tab is selected. Below the navigation bar, the form contains various fields for provider information, including Screening Date, Renewal Due Date, Provider ID, Provider Name, Provider Phone, Provider's Address Line1, Address Line2, Provider's City, Provider's State, Provider's ZipCode, and Provider's Email Address. At the bottom of the form, there are two buttons: 'Continue' and 'Comments' (highlighted with an orange box). The 'Enrollment Type' section shows 'CCC Plus Waiver with PDN' selected.

A page with the comment displays (Figure 65).

*Figure 65: Comments Page*

Reviewer Comments Reset

1 comment(s) retrieved for the assessment.

[+ Add New Comment](#)

Comment ID	Created By	Created At	Last Updated By	Last Updated At
1				

Nurse Comments for comment ID# 1

Comments \*

Comments should be entered here with maximum of 1000 characters.

[Back](#)

## Changes After Submission

After you view the comments indicating updates or corrections that need to be made, you can proceed.

1. Make updates to the necessary field(s).
2. Navigate to the end of the assessment and select the **Submit** button to submit the updated assessment.



**NOTE:** After submitting changes, the status will change to “Approved” if the member’s information now meets the CCCP Waiver criteria. If the member’s information still does not meet this criteria, the status changes back to “DMAS Review” and is sent back to the DMAS Reviewer.

## Assessment Errors

Some common assessment errors include:

- Missing/Invalid/Incorrect Required Information
- Incorrect Member Identified
- Duplicate Assessment Started/Submitted

Errors are resolved based on their type and assessment status (Table 26).



**NOTE:** Assessments cannot be cancelled or voided while in “DMAS Review” or “Denied” status.

*Table 26: Error Resolutions*

Resolution Type	Prior to Submission	After Submission (in “Correction” status)	After Submission (in “Approved” status)
<b>Cancellations</b>	<ul style="list-style-type: none"> <li>• Incorrect Individual Identified</li> <li>• Duplicate Screening Started Using Different Dates</li> </ul>	<ul style="list-style-type: none"> <li>• Incorrect Individual Identified</li> <li>• Duplicate Screening Started/Submitted Using Different Dates</li> <li>• A field or fields within the assessment has incorrect information</li> </ul>	N/A
<b>Voids – Deletion</b>	N/A	N/A	<ul style="list-style-type: none"> <li>• Incorrect Individual Identified</li> <li>• Duplicate Screening Started/Submitted Using Different Dates</li> </ul>
<b>Void – Correction</b>	N/A	N/A	<ul style="list-style-type: none"> <li>• A field or fields within the assessment has incorrect information</li> </ul>
<b>Voids – Other</b>	N/A	N/A	<ul style="list-style-type: none"> <li>• As instructed by DMAS</li> </ul>

## Cancellations

You can cancel an assessment when you realize the assessment was started in error, data was for a different member, or at the direction of DMAS.



**NOTE:** You can only cancel an assessment when it is in the “In Progress” or “In Correction” status.

To cancel an assessment:

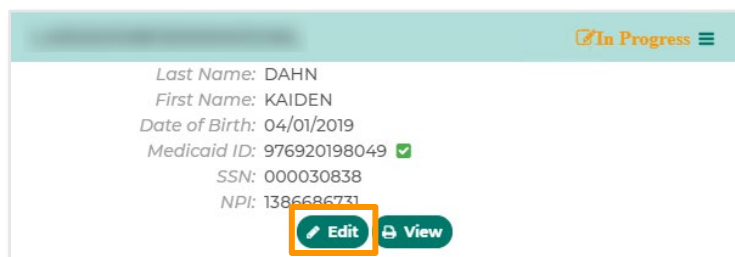
1. Locate the assessment record using the Search function. See the **Searching for Existing Assessments** section in this user guide for step details.



**NOTE:** To search more quickly for your assessment, use the appropriate option in the **Status** field to narrow search results.

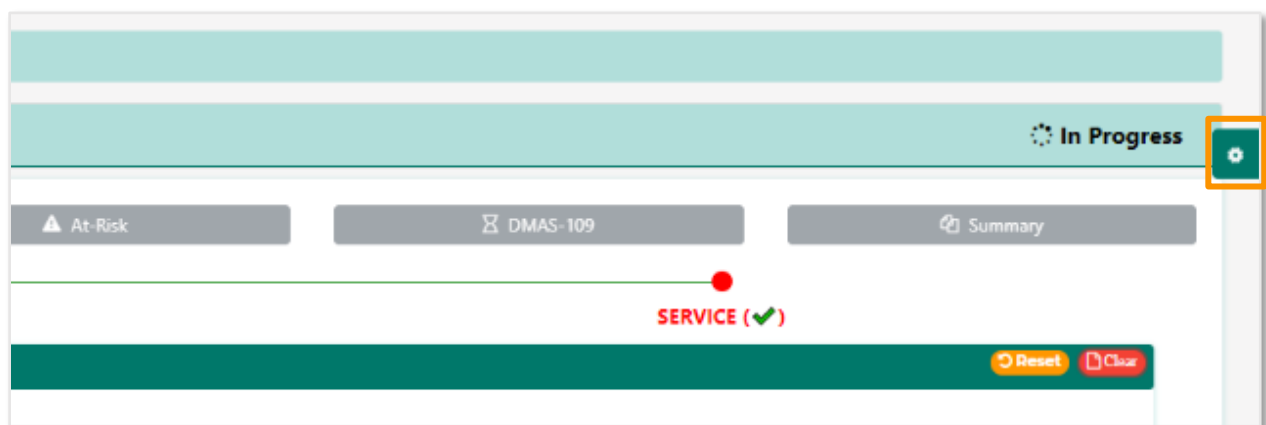
2. Select the **Edit** button (Figure 66) on the assessment card.

Figure 66: Search Result Card - Edit Button



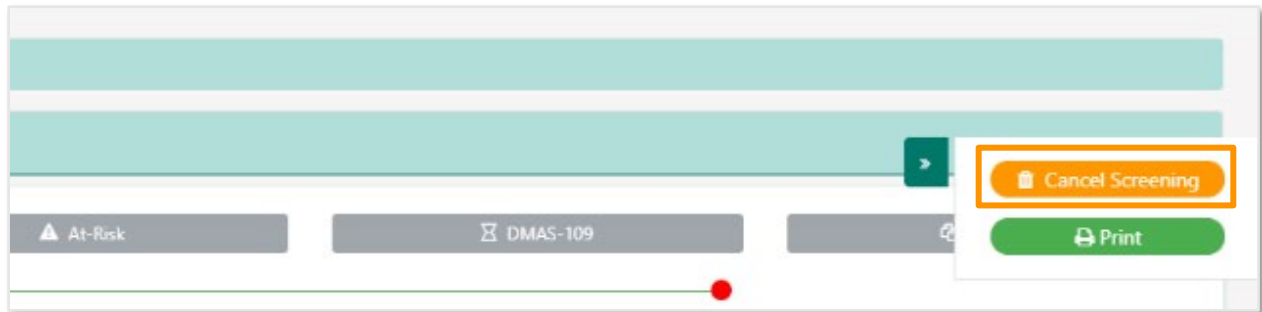
3. Select the **gear** icon (Figure 67).

Figure 67: Gear Icon



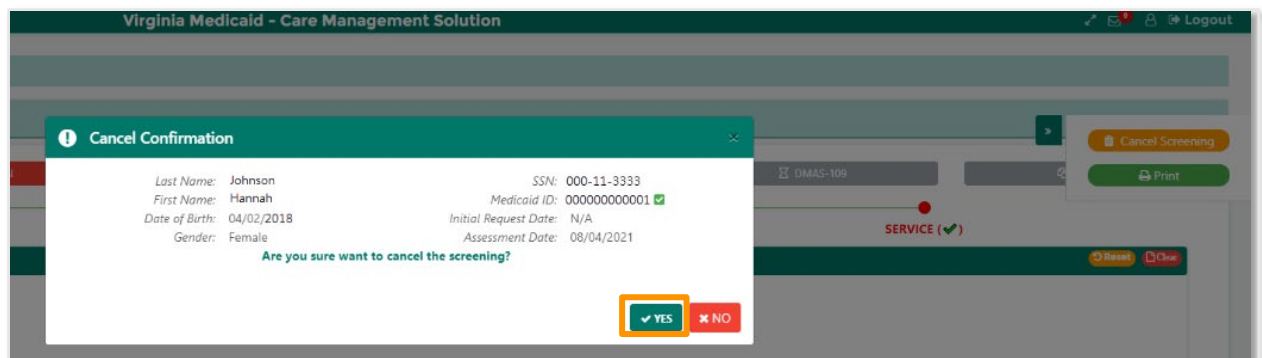
4. Select the **Cancel Screening** button (Figure 68) in the gear pop-up box.

Figure 68: Gear Icon Pop-up Box



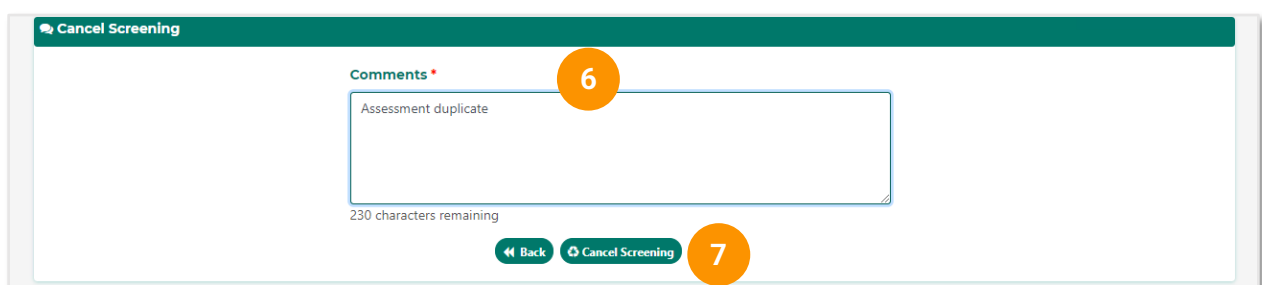
5. Select the **Yes** button (Figure 69) to confirm the assessment cancellation.

Figure 69: Cancel Confirmation Box



6. Enter the reason for the cancellation in the **Comments** field (Figure 70).
7. Select the **Cancel Screening** button.

Figure 70: Cancel Assessment Page





8. Select the **Yes** button (Figure 71) to confirm the assessment cancellation again.



**IMPORTANT:** This action cannot be undone. After you confirm the cancellation this time, you must create a new assessment if one is needed.

*Figure 71: Final Assessment Cancel Confirmation*

9. A cancellation page displays, and the status is changed to "Cancelled" (Figure 72).

*Figure 72: Cancellation Successful Page*

## Voids

There are three types of voids that can be performed when an assessment is in “Approved” status and it has occurred within the last 30 days.

- Void – Deletions
- Void – Corrections
- Void – Other



**IMPORTANT:** For audit purposes, it is imperative that you follow the steps for the appropriate void type.

### Void – Correction

Use this option when a field or fields within a completed and approved assessment has incorrect information.



**NOTE:** This type of void allows you to restart the annual LOC assessment again to give you an opportunity to correct errors. Information you completed previously can be referred to by searching for and viewing the voided assessment.

To void an approved assessment for the purpose of submitting a new corrected assessment:

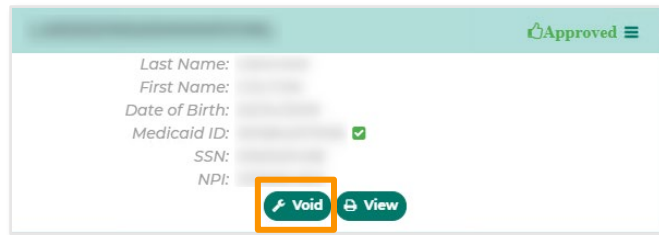
1. Locate the assessment record using the Search function. See the **Searching for Existing Assessments** section in this user guide for step details.



**NOTE:** To search more quickly for your assessment, use the “Approved” option in the **Status** field to narrow search results.

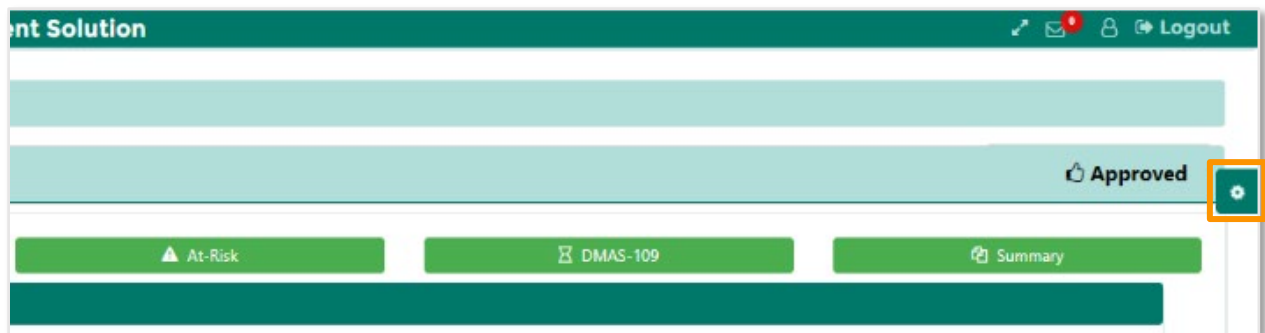
2. Select the **Void** button (Figure 73) on the assessment card.

*Figure 73: Search Result Card – Void Button*



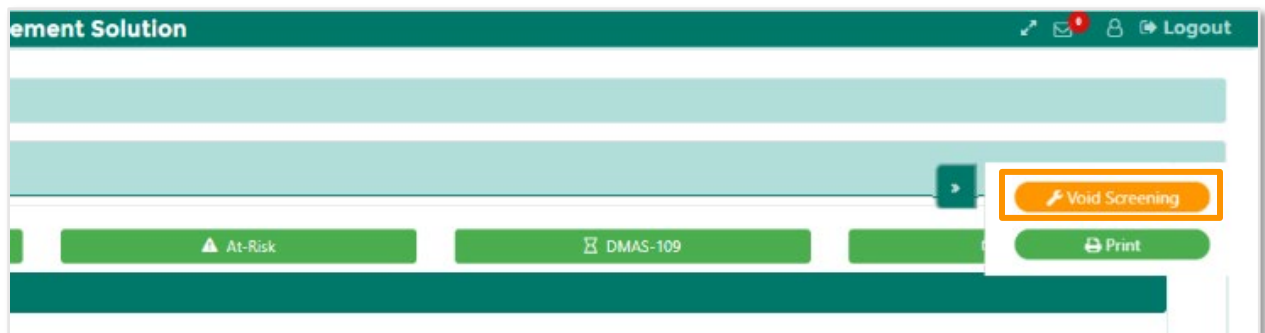
3. Select the **gear** icon (Figure 74).

*Figure 74: Gear Icon*



4. Select the **Void Screening** button (Figure 75) in the gear pop-up box.

*Figure 75: Gear Icon Pop-up Box – Void Screening Button*



5. Select the **Yes** button (Figure 76) to confirm the void.

*Figure 76: Void Confirmation Box*

The dialog box is titled "Void Confirmation" with a close button (X) in the top right corner. It displays the following patient information:

Last Name:	MCINTOSH	SSN:	000-00-0000
First Name:	TIMOTHY	Medicaid ID:	00-000000000 ✓
Date of Birth:	06/21/1978	Initial Request Date:	NA
Gender:	Male	Screening Date:	07/15/2021

Below the information, the text "Are you sure want to void the screening?" is displayed. At the bottom right, there are two buttons: a green "✓ YES" button and a red "✗ NO" button. The "YES" button is highlighted with an orange border.

6. Select "Correction" in the **Void Reason** drop-down list (Figure 77).

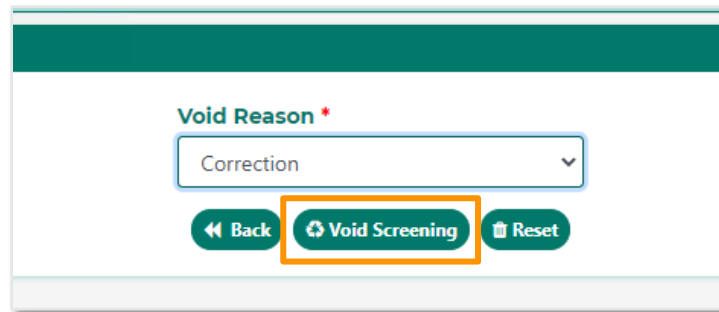
*Figure 77: Void Reasons Drop-down List*

The "Void Reason \*" label is in red. Below it is a drop-down menu with the following options:

- Please Select (highlighted with a blue background)
- Deletion
- Correction (highlighted with an orange border)
- Appeal

7. Select the **Void Screening** button (Figure 78).

*Figure 78: Void Reason - Correction*



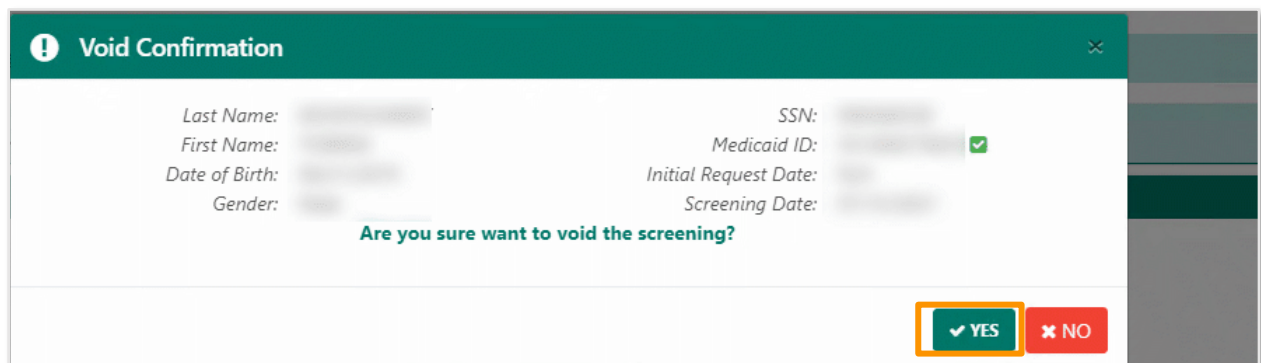
The screenshot shows a web form titled 'Void Reason' with a red asterisk indicating a required field. Below the title is a dropdown menu currently displaying 'Correction'. At the bottom of the form are three buttons: 'Back' (with a left arrow icon), 'Void Screening' (with a circular arrow icon and highlighted by an orange rectangle), and 'Reset' (with a trash can icon).

8. Select the **Yes** button (Figure 79) to confirm the void.



**IMPORTANT:** This action cannot be undone. After you confirm the void this time, you must submit a corrected assessment.

*Figure 79: Final Assessment Void Confirmation*



The screenshot shows a 'Void Confirmation' dialog box. At the top is a green header bar with a white exclamation mark icon and the text 'Void Confirmation'. Below the header, patient information is displayed in two columns: Last Name, First Name, Date of Birth, Gender, SSN, Medicaid ID, Initial Request Date, and Screening Date. The Medicaid ID field has a green checkmark icon. Below the patient information, the question 'Are you sure want to void the screening?' is displayed. At the bottom right of the dialog are two buttons: 'YES' (green with a white checkmark icon and highlighted by an orange rectangle) and 'NO' (red with a white X icon).

9. Follow the instructions in the **Locating Due and Overdue LOC Assessments** section to find the annual LOC assessment and refer to the voided assessment as needed.
10. Complete the assessment and select the **Submit** button to submit the new corrected assessment.

## Void – Deletions

Use this option to delete an assessment record that has data for a different member after the assessment has been approved or when a duplicate assessment has been submitted for the same member in error.



**IMPORTANT:** Assessments cannot be cancelled or voided while in “DMAS Review” or “Denied” status.

To delete a record with the wrong member’s data or a duplicate assessment:

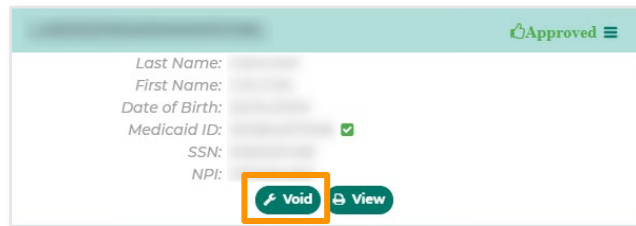
1. Locate the assessment record using the Search function. See the **Searching for Existing Assessments** section in this user guide for step details.



**NOTE:** To search more quickly for your assessment, use the appropriate option in the **Status** field to narrow search results.

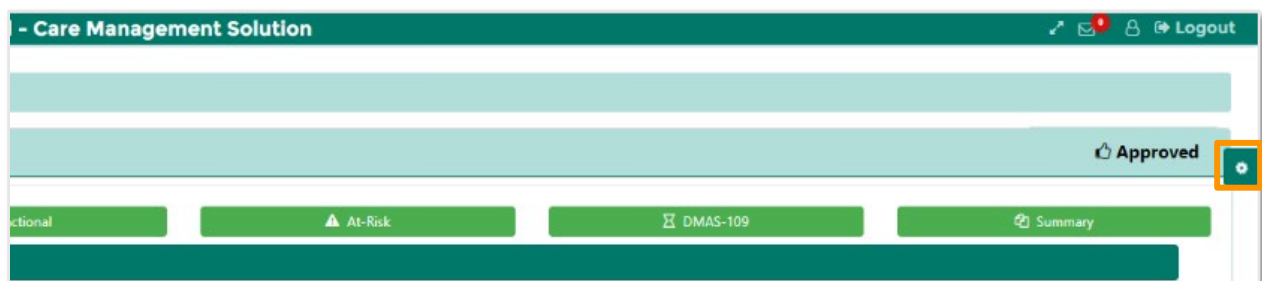
2. Select the **Void** button (Figure 80) on the assessment card.

*Figure 80: Search Result Card – Void Button*



3. Select the **gear** icon (Figure 81).

*Figure 81: Gear Icon*



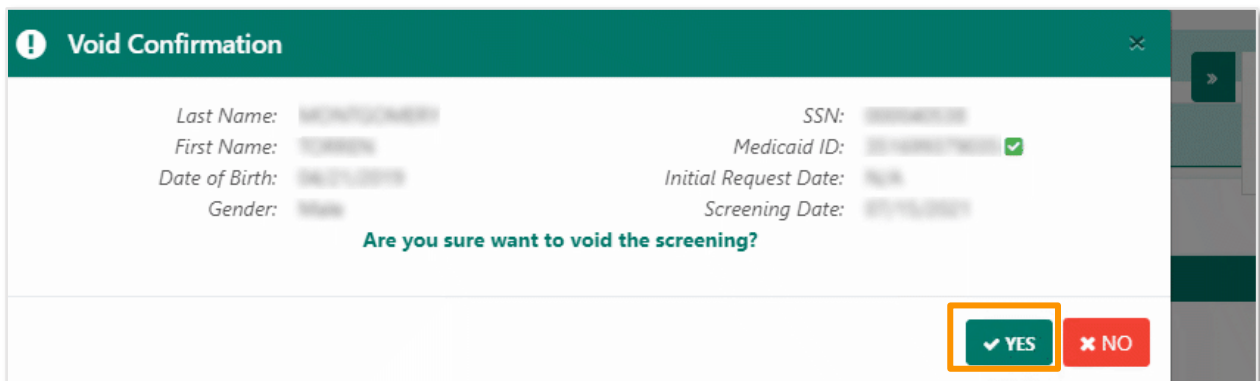
4. Select the **Void Screening** button (Figure 82) in the gear pop-up box.

*Figure 82: Gear Icon Pop-up Box – Void Screening Button*



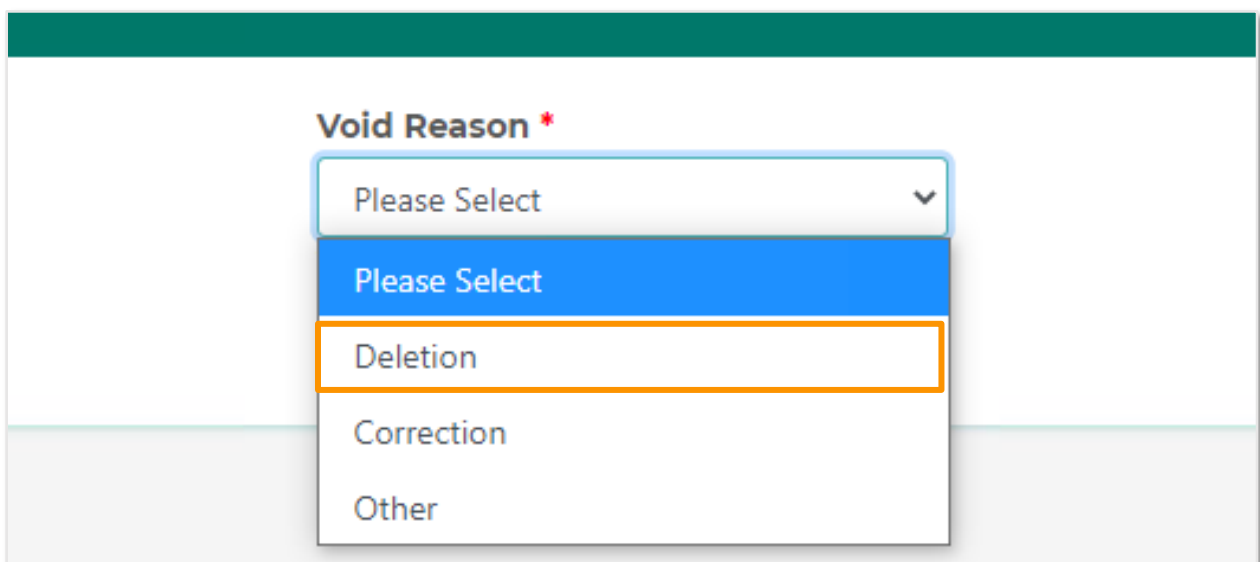
5. Select the **Yes** button (Figure 83) to confirm the assessment void.

*Figure 83: Void Confirmation Box*



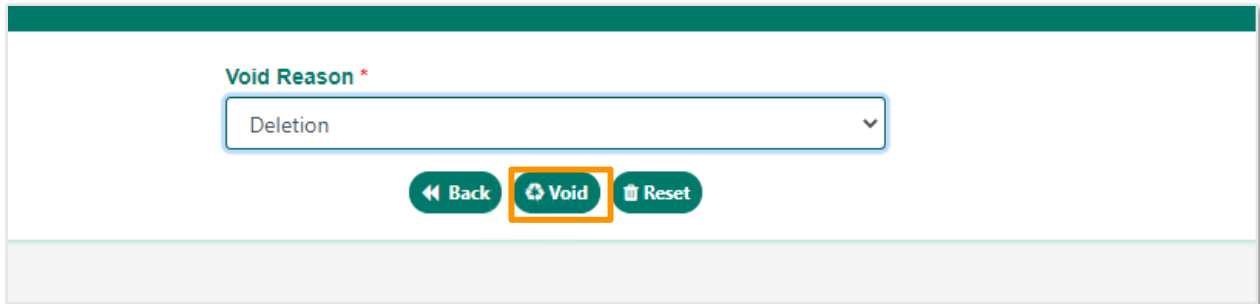
6. Select "Deletion" in the **Void Reason** field (Figure 84).

*Figure 84: Void Reasons Drop-down List*



7. Select the **Void** button (Figure 85).

*Figure 85: Void Button for Void Delete*



Void Reason \*

Deletion

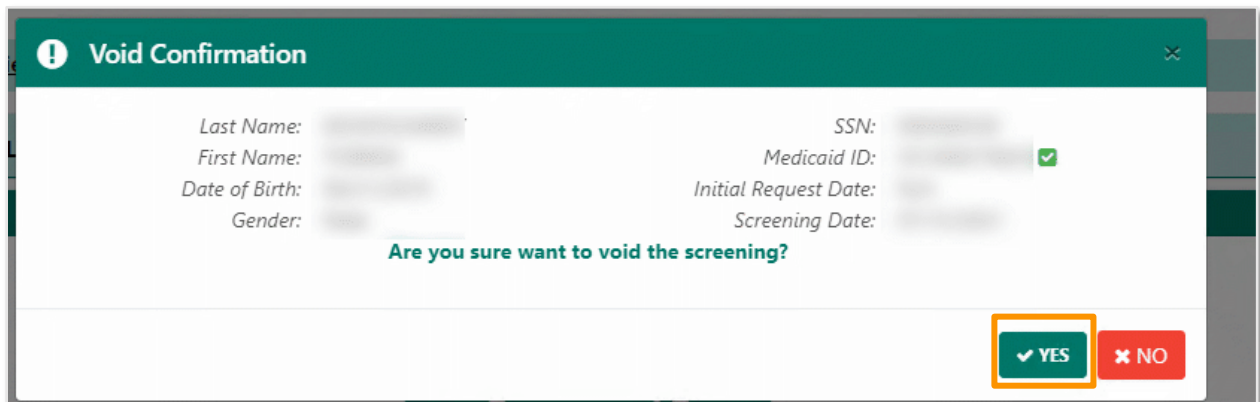
Back Void Reset

8. Select the **Yes** button (Figure 86) to confirm the assessment voided.



**IMPORTANT:** This action cannot be undone. After you confirm the void this time, you must submit a new assessment if one is needed.

*Figure 86: Void Deletion Confirmation*



**Void Confirmation**

Last Name: [Redacted] SSN: [Redacted]

First Name: [Redacted] Medicaid ID: [Redacted] ✓

Date of Birth: [Redacted] Initial Request Date: [Redacted]

Gender: [Redacted] Screening Date: [Redacted]

Are you sure want to void the screening?

YES NO



## Void – Other

Use the “Other” option to void an assessment record that does not meet the void correction or void deletion definitions or at the direction of DMAS.



**IMPORTANT:** Use the Cancel function (not the Void function) to void a record when an assessment is in an “In Progress” or “In Correction” status.

To void an assessment using “Other” as the reason:

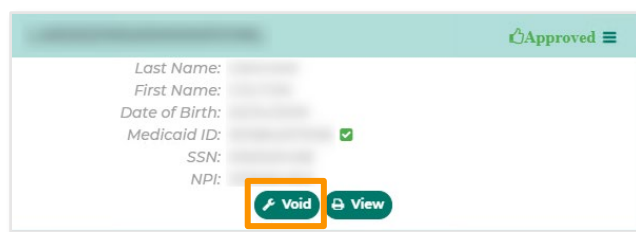
1. Locate the assessment record using the Search function. See the **Searching for Existing Assessments** section in this user guide for step details.



**NOTE:** To search more quickly for your assessment, use the appropriate option in the **Status** field to narrow search results.

2. Select the **Void** button (Figure 87) on the assessment card.

*Figure 87: Search Result Card – Void Button*



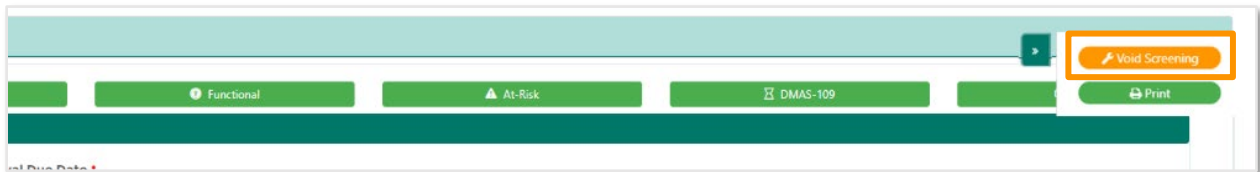
3. Select the **gear** icon (Figure 88).

*Figure 88: Gear Icon*



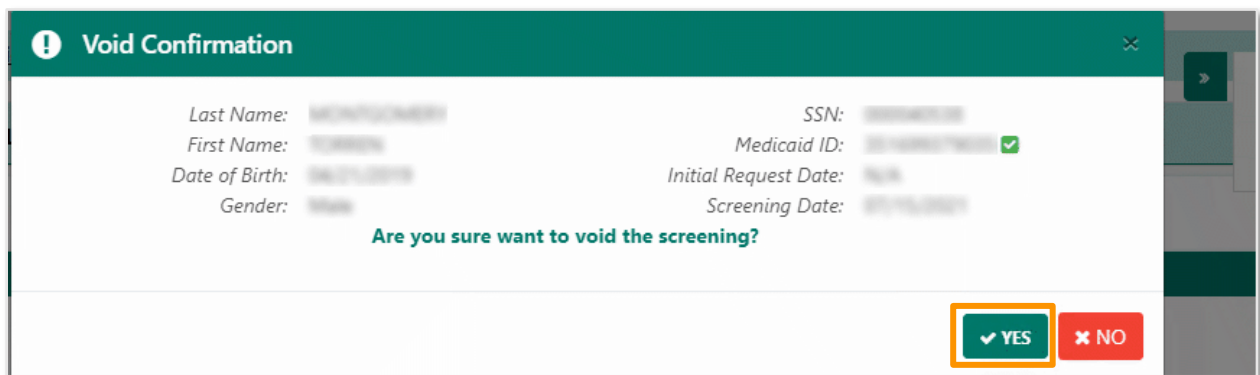
4. Select the **Void Screening** button (Figure 89) in the gear pop-up box.

*Figure 89: Gear Icon Pop-up Box – Void Screening Button*



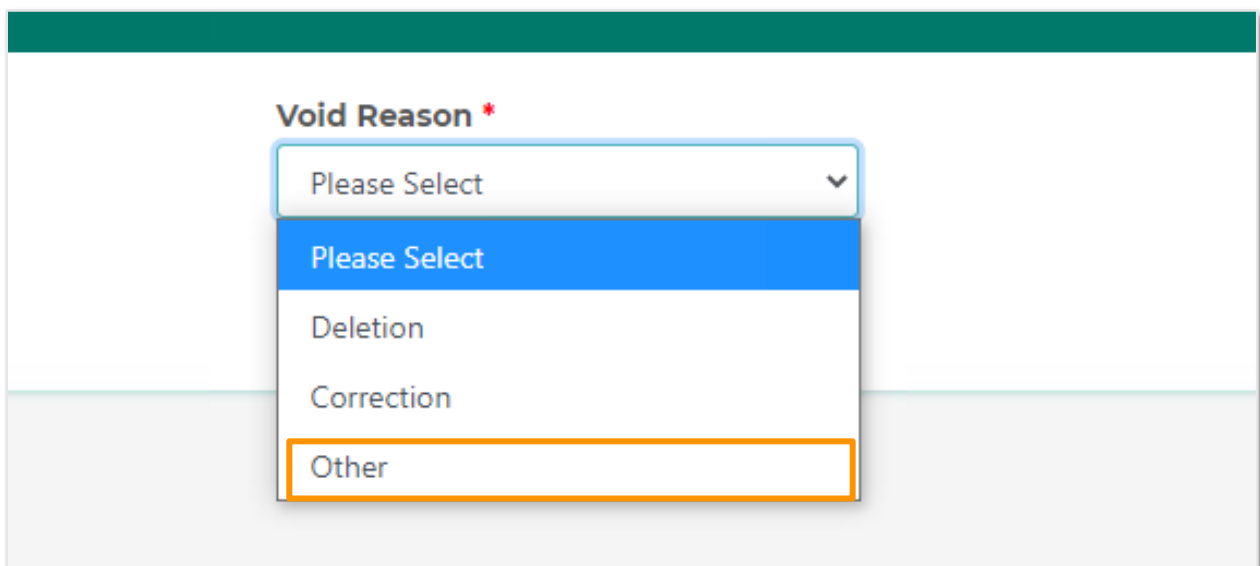
5. Select the **Yes** button (Figure 90) to confirm the assessment void.

*Figure 90: Void Confirmation Box*



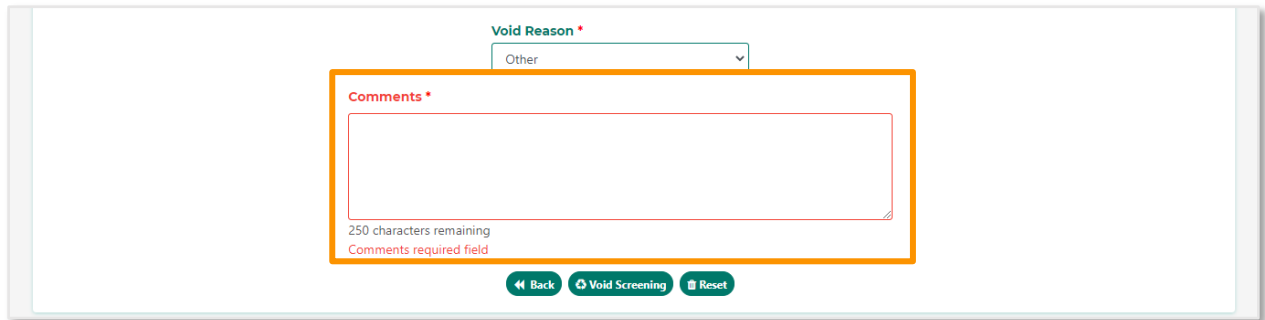
6. Select "Other" in the **Void Reason** field (Figure 91).

*Figure 91: Void Reasons Drop-down List*



7. Enter a comment that explains the reason for the void (Figure 92).

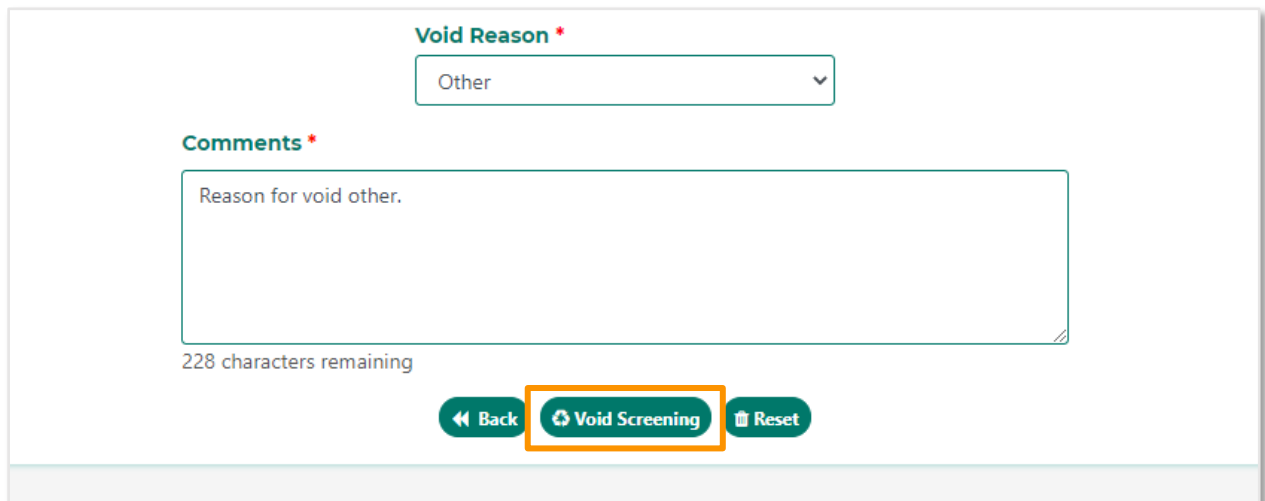
*Figure 92: Comments for Void Other*



The screenshot shows a web form titled 'Void Reason \*'. Below the title is a dropdown menu with 'Other' selected. Below the dropdown is a text area labeled 'Comments \*'. The text area is highlighted with an orange border. Below the text area, it says '250 characters remaining' and 'Comments required field'. At the bottom of the form are three buttons: 'Back', 'Void Screening', and 'Reset'.

8. Select the **Void Screening** button (Figure 93).

*Figure 93: Void Screening Button for Void Other*



The screenshot shows the same web form as Figure 92, but now the 'Comments' text area contains the text 'Reason for void other.' and the character count is '228 characters remaining'. The 'Void Screening' button at the bottom is highlighted with an orange border.

9. Select the **Yes** button (Figure 94) to confirm the assessment void.



**IMPORTANT:** This action cannot be undone. After you confirm the void this time, you must submit a new assessment if one is needed.

*Figure 94: Void Other Confirmation*

**Void Confirmation**

Last Name: [Redacted] SSN: [Redacted]  
 First Name: [Redacted] Medicaid ID: [Redacted] ✓  
 Date of Birth: [Redacted] Initial Request Date: [Redacted]  
 Gender: [Redacted] Screening Date: [Redacted]

Are you sure want to void the screening?

✓ YES ✗ NO

## Appendix A – Glossary of Terms

Term	Definition
<b>ADL</b>	Activities of Daily Living
<b>Authorized User</b>	The staff that is responsible for performing provider support functions
<b>CCC Plus Waiver</b>	Commonwealth Coordinated Care Plus Waiver
<b>DMAS</b>	Department of Medical Assistance Services
<b>IADLs</b>	Instrumental Activities of Daily Living scale
<b>LOC</b>	Level of Care
<b>DMAS 108 Form</b>	CCC Plus Waiver w/PDN Adult Form
<b>DMAS 109 Form</b>	CCC Plus Waiver w/PDN Child Form
<b>Medicaid ID</b>	Unique 12-digit number assigned to a Medicaid Member
<b>MH</b>	Mental Health
<b>NPI</b>	National Provider Identifier
<b>Organization Administrator</b>	The person/people who can also establish the Authorized User role and can reset the passwords, activate and deactivate users and lock and unlock user IDs for Authorized Users
<b>Screening</b>	The combination of all completed forms required by the Medicaid LTSS Screening Manual, Chapter IV for an individual's LTSS screening
<b>SSN</b>	Social Security Number
<b>PDN</b>	Private Duty Nursing