

# Hospital Enhanced At-Risk Criteria Screening Process



**2019 CERTIFICATION TRAINING AND  
OVERVIEW OF ONLINE PORTAL**

**TRAINING DATES:  
SEPTEMBER 26; OCTOBER 1; OCTOBER 2, 2019**

**(REVISED DECEMBER 2019)**



## 1. Welcome and Introductions



## Welcome and Introductions

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- **Theresa Edelstein**
  - Vice President, Post-Acute Care Policy & Special Initiatives
  - New Jersey Hospital Association
- **Elizabeth Brennan**
  - Director, Long Term Services and Supports
  - NJ Division of Aging
- **Deanna Freundlich**
  - Lead Trainer, Office of Community Choice Options
  - NJ Division of Aging



## 2019 Training Agenda

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1. Welcome and Introductions
2. Hospital EARC: Overview and Target Criteria
3. Responsibilities for the Hospital EARC Process
4. Options Counseling related to the Hospital EARC
5. Item by Item Review of the Hospital EARC
6. Introduction and Overview of the Hospital EARC Portal and EARC Record
7. Creating a New Hospital EARC
8. Workflow and Processing of the Hospital EARC
9. Hospital EARC Certification Process
10. Next Steps
11. Questions and Answers (as time allows)



## 2. Hospital EARC: Overview and Target Criteria

- **HOSPITAL EARC AND MEDICAID**
- **AUTHORIZED HOSPITAL EARC LOGISTICS**
  - **TARGET POPULATION**
  - **EXCLUSIONS: REQUIRES ONSITE OCCO CLINICAL ASSESSMENT**
- **OTHER EXCLUSIONS: NO EARC OR ONSITE ASSESSMENT**



## Hospital EARC and Medicaid

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- **Hospital Enhanced At-Risk Criteria Screening Tool**
  - Utilized for individuals seeking NF that meet identified target population with an expectation of billing Medicaid for all or part of their stay.
  - Completion and submission of the Hospital EARC by Hospital EARC Screeners with a valid certification.
  - If authorized, provides Medicaid reimbursement for up to 90 days, which is contingent upon full clinical and financial Medicaid eligibility.
    - ✦ Requirement for clinical eligibility to be determined for Medicaid reimbursement covered in regulation - N.J.A.C. 8:85-1.8(b1).
    - ✦ Nursing facility services; clinical eligibility requirements covered in regulation - N.J.A.C. 8:85-2.1.



## Authorized Hospital EARC Logistics

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- An authorized Hospital EARC is valid for one hospital admission.
  - Any EARC conducted prior to 2015 is valid as long as there has been no break in service from original admitting NF.
- Once authorized, a Hospital EARC is valid for 10 days; allowing for nursing facility transfer with potential Medicaid reimbursement.
- If discharge to the NF does not occur within that timeframe, a new EARC must be submitted for OCCO Review.



## TARGET POPULATION

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The Hospital EARC process is indicated for individuals:

1. Discharging from:
  - a. An acute, non-psychiatric hospital setting; or
  - b. A Long Term Acute Care Unit (LTAC);
2. Entering a Medicaid Certified Nursing Facility or Vent SCNF with an expectation of billing Medicaid for all or part of their stay:
  - a. Currently Medicaid eligible but not yet enrolled in NJ FamilyCare with a Managed Care Organization (MCO); or  
**NOTE:** MCO enrollment cannot be initiated during hospitalization, deferred to 1<sup>st</sup> of month after D/C.
  - b. Potentially Medicaid eligible within 180 days.



## EXCLUSIONS:

### Requires Onsite OCCO Clinical Assessment

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1. Individuals who are being referred for placement in a Special Care Nursing Facility (SCNF): AIDS, Behavioral, Huntington's, Neurologically Impaired, Pediatric or TBI;
2. Individuals who are in a Psychiatric Hospital or Psychiatric Acute Care Unit.

**NOTE:** Requires submission of the completed LTC-4, Referral for Onsite OCCO Clinical Assessment form, available from the DoAS forms website at: <https://www.state.nj.us/humanservices/doas/home/forms.html>.



## OTHER EXCLUSIONS:

### Not Eligible for Hospital EARC or Onsite OCCO Clinical Assessment

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1. Individuals who are seeking Home and Community Based Waivers returning to the community;
2. Individuals who would not qualify for Medicaid within 6 months of NF placement who would be considered private pay;
3. Individuals who have a valid PAS on file;
4. Individuals enrolled in NJ FamilyCare with a MCO upon entrance to hospital;

**NOTE:** If MCO enrolled, an authorization for NF placement must be obtained from the MCO.



## OTHER EXCLUSIONS:

Not Eligible For Hospital EARC or Onsite OCCO Clinical Assessment (CONT.)

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5. Medicaid Fee-For-Service (FFS) individuals admitted from and returning to the same NF;  
**NOTE:** Medicaid FFS represents individuals residing in a nursing facility enrolled in Medicaid prior to July 1, 2014. These individuals are not MCO enrolled.
6. Individuals whose PASRR Level II determination indicates “Requires Specialized Services”;
7. Individuals who are medically unstable, including those in the Emergency Room;
8. Individuals who are not in a NJ hospital.



## Situations Outside Eligibility Parameters

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Outreach to the applicable Regional OCCO via telephone is recommended for situations outside the parameters of the identified target population or exclusion criteria.

### **Northern Regional Office of Community Choice Options (NRO OCCO):**

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

### **Southern Regional Office of Community Choice Options (SRO OCCO):**

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



### 3. Responsibilities for the Hospital EARC Process

- **HOSPITAL EARC SCREENER**
- **OCCO SUPPORT STAFF AND**
  - **OCCO REVIEWER**



### Hospital EARC Screener Responsibilities

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- **Conduct Options Counseling with patient/legal representative.**
  - Determine if patient meets target population or is excluded from the process.
- **Fully complete and submit the Hospital EARC with the required PASRR attachments when applicable for OCCO processing via the EARC Screener Portal – status automatically updated to “Submitted”.**
  - Requires completion of full Pre-Admission Screen Resident Review (PASRR) Level 1 and when applicable, Level 2 processes.
    - ✦ PASRR Training and related resources are available at: <https://www.state.nj.us/humanservices/doas/services/pasrr/>
- **Respond timely to OCCO requests as applicable.**
  - Inappropriate Referral **or** RFI (Request for Information) statuses
- **Proceed with discharge planning as applicable to outcome.**
  - Nursing facility or community discharge



## OCCO Support Staff (SS) Responsibilities

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- Upon receipt of submitted EARC, OCCO SS will validate referral demographics and target population.
  - If unable to process, status updated to “Inappropriate Referral”
    - ✦ If “Incorrect Data” indicated, Screener may make corrections as indicated and resubmit for processing within one (1) business day.
  - If referral appropriate, SS will update status to “Assigned”, and refer for OCCO review and final determination.
- Following “OCCO Determination” status, SS will conduct final processing and update status to “Complete”



## OCCO Reviewer Responsibilities

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- Reviews Hospital EARC within one (1) business day of receipt of assigned referral:
  - Request Type: Applicable to NF or Vent SCNF
  - PASRR: Ensures attachments have been submitted as applicable to the Level 1 outcome and Level 2 determination.
  - Clinical Eligibility: Considers Cognition and ADL coding and other relevant information for OCCO determination.
- If unable to make a final determination, updates status and returns to Screener for additional action as applicable.
  - RFI: Requires submission of PASRR or other document attachments
  - Inappropriate Referral with reason of “Other” due to coding or other identified issues.
- If a final determination can be made, updates status to “OCCO Determination”
  - Authorized, Not Authorized, Referral Dismissed



## 4. Options Counseling (OC) Related to the Hospital EARC

- OC DEFINITION AND PURPOSE
- INFORMATION TO BE SHARED
- MEDICAID PROGRAMS AND FINANCIAL ELIGIBILITY
- AGING AND DISABILITY RESOURCE CONNECTION (ADRC) AND COMMUNITY RESOURCES



## Options Counseling (OC)

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- **Definition:**
  - Options Counseling is a person-centered, interactive, decision-support process whereby individuals receive assistance in their deliberations to make informed long-term support choices in the context of their own preferences, strengths, and values.
- **Purpose of OC related to Hospital EARC Screening:**
  - Dialogue allows screener to determine if patient meets target criteria or if excluded from Hospital EARC process.
  - Intended to inform patient/legal representative of Medicaid programs and required process to obtain full Medicaid eligibility – financial and clinical.



## Information to be Shared

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- **Medicaid - NJ FamilyCare Aged, Blind, Disabled (ABD) Programs**
- **Medicaid Financial Eligibility**
  - County Welfare Agency (CWA) contact information
    - ✦ <https://www.state.nj.us/humanservices/dfd/programs/njsnap/cbss/index.html>
    - ✦ Need to initiate/complete application for financial eligibility
    - ✦ Handout: What You Need to Know About When Applying for Medicaid
- **Medicaid Long-Term Services and Supports**
  - Handout: PACE Flyer (Program of All Inclusive Care for the Elderly)
  - Handout: MLTSS Brochure (Managed Long Term Services and Supports)
- **Community Resources related to Long-Term Services and Supports (LTSS)**
  - Aging and Disability Resource Connection (ADRC)
  - A Guide to Community-Based Long Term Care in New Jersey
  - <https://www.state.nj.us/humanservices/doas/documents/ADRC%20Guide%202015%20Revisions.pdf>



## NJ FamilyCare Aged, Blind, Disabled (ABD) Programs - Overview

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- Multiple programs for people who need access to health care services in the community or in long-term care facilities.
- [https://www.state.nj.us/humanservices/dmahs/clients/medicaid/abd/ABD\\_Overview.pdf](https://www.state.nj.us/humanservices/dmahs/clients/medicaid/abd/ABD_Overview.pdf)
- **Eligibility:**
  - NJ resident,
  - Citizen of the United States or a Qualified Immigrant,
  - Individuals 65 or older, **OR** determined by the Social Security Administration or by the NJ Division of Medical Assistance and Health Services (DMAHS) as blind or disabled
  - Income and Resources (varies by program; updated annually)
- **Medicaid financial eligibility categories:**
  - Supplemental Security Income (SSI)/Medicaid Only
  - New Jersey Care, Special Medicaid Program – A
    - ✦ Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)
  - Institutional Level (Long Term Services and Supports (LTSS))
  - Others



## Medicaid Financial Eligibility

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- County Welfare Agencies (CWA) conduct the financial eligibility process for Medicaid.
  - May also be referred to as Board of Social Services (BOSS).
- Patient/legal representative/designated authorized representative must work directly with CWA to establish financial eligibility .
  - An in person interview is not required.
  - Online: [www.njfamilycare.org](http://www.njfamilycare.org) or mail in application
- Gross monthly income and resources are evaluated
  - If in need of Long Term Services and Supports (LTSS), may require a 5 year look-back of finances related to resources.
- See handout: Medicaid Income Eligibility Standards
  - Also available at: <https://www.state.nj.us/humanservices/dmahs/info/resources/medicaid/>
- Qualified Income Trust (QIT)



## Qualified Income Trust (QIT)

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- Individuals in need of LTSS whose gross monthly income exceeds the Institutional income limit can establish and fund a QIT with the excess income that is above the limit.
  - Must also meet clinical eligibility and not exceed the resource limit with a five year look-back.
- A QIT is a written trust agreement used to establish a dedicated bank account.
  - Monthly income over the monetary limit for eligibility is deposited into this account and not counted as income to enable Medicaid financial eligibility. A trustee is required and use of funds are restricted.
- Refer patient/legal representative to CWA to investigate.
- Information specific to QIT can be found at <https://www.state.nj.us/humanservices/dmahs/clients/mtrusts.html>



## Managed Long Term Services and Supports (MLTSS)

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- Refers to the delivery of long-term services and supports for individuals at-risk of nursing facility placement. Managed care organizations coordinate all services.
  - Initiated July 1, 2014
- Designed to expand home and community-based services
  - Supplements the assistance already being provided by family, friends, and neighbors; strengthens the ability of caregivers to continue their role.
- Provides services and supports at home, assisted living (AL), community residential services (CRS), or in a nursing facility (NF)/Special Care Nursing Facility (SCNF).
- Once enrolled, all services are authorized by the MCO
  - Patients already enrolled are ineligible for Hospital EARC.
  - An online listing of MCOs is available at <https://www.state.nj.us/humanservices/dmahs/clients/medicaid/hmo/index.html>



## Program of All-Inclusive Care for the Elderly (PACE)

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- A comprehensive Medicare/Medicaid program that provides individuals age 55 and older with customized care that is planned and delivered by a coordinated, interdisciplinary team of professionals.
- Individuals must meet nursing facility level of care but be able to live safely in the community at the time of enrollment and reside in the service area of a PACE organization.
- There are 6 PACE Organizations serving zip codes in 10 counties – contact information is available online at <https://www.state.nj.us/humanservices/doas/services/pace/index.html>.



## Community Resources Related to Long-Term Services and Supports

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- Aging and Disability Resource Connection (ADRC)
  - A business process which is integral to the 21 county Area Agencies on Aging (AAA).
    - ✦ Conducts screening to determine potential financial and clinical eligibility for Medicaid; and other community-based programs and services.
  - Appropriate referral for patients not eligible for Hospital EARC Screening and/or NF transfer.
  - Online resource:
    - ✦ <https://adrcnj.org/>
  - Listing of 21 County ADRC/AAAs:
    - ✦ <https://www.state.nj.us/humanservices/doas/home/saaaa.html>



## 5. Item by Item Review of the Hospital EARC

SECTION BY SECTION;  
ITEM BY ITEM REVIEW



## Revised - Hospital EARC Screening Tool SECTIONS

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- Acknowledgement
- Hospital Admission
- Request Type
- Identification
- Hospital EARC Eligibility
- Financial Eligibility Information
- Medical
- Pre-Admission Screening Resident Review (PASRR)
- Cognition and ADL Self-Performance
- Options Counseling
- Attachments
- Attestation



## EARC Section: Acknowledgement

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**HOSPITAL EARC - ENHANCED AT-RISK CRITERIA** Help | Logout (▲ Deanna Freundlich)

Complete all the steps... 0% Complete

**NAVIGATION:**

- Start
- Hospital Admission & Request Type
- Identification
- Hospital EARC Eligibility
- Financial Eligibility
- Medical-PASRR
- Cognition and ADL

**Acknowledgement**

The Hospital Enhanced At-Risk Criteria (EARC) screening tool is to be used **only** for those acute care or long-term acute care (LTAC) hospital patients who meet the target criteria and are being discharged to a Medicaid certified Nursing Facility (NF) or ventilator SCNF with the expectation of billing Medicaid for all or part of their stay. Only discharge planners who have undergone training and who have been certified by the Department of Human Services can complete and submit this tool.

The Hospital EARC Screening Tool, once authorized, is valid for 10 days and authorizes up to 90 days of NF Services, which is contingent upon full clinical and financial Medicaid eligibility within 90 days of admission to the NF as per N.J.A.C. 8:85-1.8(b-1). If the patient is not discharged to a NF within 10 days of the authorization date as identified through OCCO authorization, the EARC is then invalid, and a NEW EARC must be submitted when the patient is ready for discharge. The admitting NF is responsible to submit the Notice of NF Admission (LTC-2) within two business days of admission as per N.J.A.C. 8:85-1.8(c).

The Hospital EARC Screening Tool and all PASRR documents must accompany the patient to the NF to be permanently filed in their NF medical record.

By proceeding with this screening tool, you acknowledge that all requirements are met.

**Aging Services** | **Department of Human Services**

## EARC Section: HOSPITAL ADMISSION (a)

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NAVIGATION:

- Start ✔
- Hospital Admission & Request Type
- Identification
- Hospital EARC Eligibility
- Financial Eligibility
- Medical-PASRR
- Cognition and ADL Self

**Hospital Admission**

\* Date of Admission:  ⓘ

"An individual in a non-admission status including those in the Emergency Room or observation Only are ineligible for the EARC-PAS Process. Forward the Hospital Preadmission Screening Referral form(LTC-4) to request an OCCO onsite PAS."

Hospital: EARC/OCCO State Hospital

Branch:  ▼

County:

"If on Managed Care Medicaid, Stop. No EARC required. Refer to the Medicaid MCO for Authorization. If individual is on Medicaid not yet enrolled in MCO then EARC is required if criteria is met."

\* **Request Type**

## EARC Section: HOSPITAL ADMISSION (b)

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- **DATE OF ADMISSION**
- **NAME OF HOSPITAL**
  - Auto-populates from profile.
- **BRANCH**
  - Select from drop-down.
- **COUNTY**
  - Auto-populates as applicable to location of hospital/branch selected from dropdown.



## EARC Section: REQUEST TYPE

31

Identifies expected facility type to be discharged to:

- NF (Nursing Facility) or
- Vent SCNF (Ventilator Special Care NF)
  - If Vent SCNF selected, Ventilator Dependency must be selected as “Yes” in Medical section.
  - Any other type of SCNF placement requires a request for an on-site OCCO clinical assessment.
  - Submit Referral for Onsite OCCO Clinical Assessment (LTC-4) form.



## EARC Section: IDENTIFICATION (a)

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## EARC Section: IDENTIFICATION (b)

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- **Input legal NAME OF INDIVIDUAL and other demographics as requested.**
  - Ensure information is accurate and complete to avoid delays in OCCO processing.
- **Identify WHERE PATIENT LIVED at time of referral.**
  - Must select one.
  - If facility selected, include name.
  - If homeless, address will auto-populate to hospital.
- **Identify ADDRESS OF RESIDENCE prior to hospital admission.**
  - If residing in facility, identify facility address.
  - Address verification occurs.



## EARC Section: HOSPITAL EARC ELIGIBILITY (a)

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### HOSPITAL EARC ELIGIBILITY

NAVIGATION:

- Start ✔
- Hospital Admission & Request Type ✔
- Identification ✔
- Hospital EARC Eligibility**
- Financial Eligibility
- Medical-PASRR
- Cognition and ADL Self Performance
- Options Counseling

**Patient:** Rachel Stevenson

Refer to Hospital EARC - General Instructions document for target population and exclusion criteria.

\* Is Medicaid expected to pay for any of the cost of the nursing facility stay?

YES
▼

\* Did patient apply for Medicaid and is application pending?

YES
▼

Date of Application

Unknown
▼

ex: MM/DD/YYYY or Unknown

\* Will the patient's funds last less than six (6) months in a nursing facility?

YES
▼

Previous
Save
Save and Next
Cancel Screening

2019 Hospital EARC Certification and EARC Portal Overview 12-2019

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## EARC Section: HOSPITAL EARC ELIGIBILITY (b)

35

- Identify if **MEDICAID IS EXPECTED TO PAY FOR ANY COST OF NF STAY**
  - If “Yes” selected, it is necessary to inform the patient and/or legal representative that Medicaid financial eligibility is required to be established.
  - If “No” selected, a prompt will appear to inform that the “Hospital EARC is targeted to an individual that may be Medicaid eligible, not yet enrolled with an MCO, or who may be in a Medicaid spend-down.”



## EARC Section: HOSPITAL EARC ELIGIBILITY (c)

36

- Identify if patient **APPLIED FOR MEDICAID AND APPLICATION PENDING**
  - If “Yes” selected, identify date of application if known; identify “Unknown” if date not readily available.
    - ✦ Date must be inputted manually; no calendar date entry available.
  - If “No” selected, ensure patient or legal representative have been informed to contact County Welfare Agency to initiate financial eligibility application for Medicaid.



## EARC Section: HOSPITAL EARC ELIGIBILITY (d)

37

- Identify if **PATIENT’S FUNDS EXPECTED TO LAST LESS THAN SIX (6) MONTHS** in a nursing facility.
  - This identifies individuals who may be in spend-down status.
  - **IMPORTANT:** Encourage patient or legal representative to contact CWA to ensure understanding of appropriate spend-down considerations to avoid Medicaid penalties.



## EARC Section: FINANCIAL ELIGIBILITY INFORMATION (a)

38

### FINANCIAL ELIGIBILITY INFORMATION

NAVIGATION:

- Start ✔
- Hospital Admission & Request Type ✔
- Identification ✔
- Hospital EARC Eligibility ✔
- Financial Eligibility**
- Medical-PASRR
- Cognition and ADL Self Performance
- Options Counseling
- Attachments
- Review
- Attestation
- Confirmation

Patient: Rachel Stevenson

Any questions related to financial eligibility should be directed to the County Welfare Agency. CWA contact information can be found at: <https://www.nj.gov/humanservices/dfd/programs/njsnap/cbas/index.html>

**INCOME**

• CHECK ONE 1

Patient's monthly income is at, or below, the current NJ Care Special Medicaid Program's maximum monthly income limit of \$1,041

Patient's monthly income is at, or below, the current Medicaid institutional cap of \$2,313

Patient's monthly income above \$2,313, potential eligibility for Medicaid Qualified Income Trust

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**ASSETS**

The following conditions could indicate that the patient may become Medicaid Eligible within the next (6) months by spending down assets in nursing facility as private pay

• CHECK ONE 1

Patient has no spouse in the community and resources no greater than \$4,000 (plus \$1,500 burial fund)

Patient has no spouse in the community and resources at or below \$53,000 (plus \$1,500 burial fund)

Patient has a spouse in the community with combined countable resources at or below \$128,420 (plus \$1,500 burial fund)

Previous
Save
Save and Next
Cancel Screening



## EARC Section: FINANCIAL ELIGIBILITY INFORMATION (b)

39

- Identify financial eligibility information as requested.
  - Requires direct communication with patient and/or legal representative as part of the options counseling process.
  - Any questions from the patient and/or legal representative related to financial eligibility should be directed to the County Welfare Agency.
    - ✦ CWA contact information can be found at:  
<https://www.nj.gov/humanservices/dfd/programs/njsnap/cbss/index.html>



## EARC Section: FINANCIAL ELIGIBILITY INFORMATION (c)

40

- Identify patient's MONTHLY INCOME:
  - NJ FamilyCare Special Medicaid Program's maximum (at or below \$1041/month);
  - Medicaid Institutional cap (at or below \$2313/month); **or**
  - Potentially eligible for a Medicaid Qualified Income Trust (above \$2313/month).
- **INCOME** includes earned (receiving a pay check), or unearned (receiving interest from an investment account) income such as Social Security, pension, earnings, salaries, tips, interest, dividends, and rental income.



## EARC Section: FINANCIAL ELIGIBILITY INFORMATION (d)

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- Identify patient’s spousal status (married or single) and current resource (asset) value
  - If no spouse in the community (single), resources at or below \$4,000 (plus \$1500 burial fund).
  - If spouse in the community, resources at or below \$128,420 (plus \$1500 burial fund).
  - Considered as Medicaid spend-down if no spouse in the community and resources at or below \$53,000.
- ASSETS (aka Resources) include anything that can be converted to cash such as checking or savings accounts, certificates of deposit, retirement accounts and cash value life insurance.




## EARC Section: MEDICAL (a)

42

Complete all the steps...
40% Complete

**NAVIGATION:**

- Start
- Hospital Admission & Request Type
- Identification
- Hospital EARC Eligibility
- Financial Eligibility
- Medical-PASRR**
- Cognition and ADL Self

+ **Medical**

Patient: Rachel Stevenson

1. \* Does the patient have catastrophic illness, a debilitating and/or a chronic illness affecting functional status that may require long term nursing facility stay?

2. \* Diagnoses (identify a minimum of one diagnosis):

- 
- 
- 
- 

3. \* Is the patient ventilator dependent?




## EARC Section: MEDICAL (b)

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- Identify if the patient has a **CATASTROPHIC ILLNESS, A DEBILITATING AND/OR CHRONIC ILLNESS AFFECTING FUNCTIONAL STATUS** that may require long term nursing facility stay.
  - “Yes” or “No”
- Identify a **minimum of one DIAGNOSIS** (up to a maximum of five) **impacting the individual’s functional status** requiring transfer to a nursing facility.
  - Not required to be the reason for the hospital admission.



## EARC Section: MEDICAL (c)

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- Identify if patient is **VENTILATOR DEPENDENT**.
  - If “Yes” selected and the request type is identified as “NF”, a note will be displayed to indicate the request type as NF, providing an opportunity for the Screener to return to modify if necessary.



## EARC Section: PRE-ADMISSION SCREENING RESIDENT REVIEW (PASRR) (a)

(45)

Financial Eligibility

**Medical-PASRR**

Cognition and ADL Self Performance

Options Counseling

Attachments

Review

Alteration

Confirmation

3. \* Is the patient ventilator dependent? NO

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### Pre-Admission Screening Resident Review (PASRR)

Federal law (Title 42:483.100-138) mandates that all Medicaid-Certified Nursing Facilities (NF) may not admit an individual with serious mental illness (MI), intellectual, developmental disability (ID/DD) or a related condition (RC) unless the individual has been properly screened, evaluated, and determined to be appropriate for NF placement regardless of payment source.

1. Date of Level I PASRR Screen:   
[ 9/24/2019 ]

PASRR Not Applicable

1a. Level I Screen Outcome:

\*If positive, the Level I PASRR must be attached at the time of the EARC-PAS submission along with notification to the Level II Authority(ies) for notification of a Physician Certified 30-Day Exempted Hospital Discharge or referral for a Level II Evaluation and Determination.

2. Did physician certify NF placement as 30-day exempted hospital discharge? NO

3. Date of MI Level II determination:   
[ 9/24/2019 ]

3a. MI Level II determination:

3b. MI Categorical determination:




## EARC Section: PRE-ADMISSION SCREENING RESIDENT REVIEW (PASRR) (b)

(46)

- Federal law (Title 42:483.100-138) mandates that all Medicaid-Certified Nursing Facilities (NF) may not admit an individual with serious mental illness (MI), intellectual, developmental disability (ID/DD) or a related condition (RC) unless the individual has been properly screened, evaluated, and determined to be appropriate for NF placement regardless of payment source.
- Access PASRR specific information and training resources made available by DoAS and the Level II Authorities at <https://www.state.nj.us/humanservices/doas/services/pasrr/>.




## EARC Section: PRE-ADMISSION SCREENING RESIDENT REVIEW (PASRR) (c)

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- Screener is required to complete the PASRR Level I Screen (LTC-26) for all new NF admissions prior to initiation of the EARC.
  - Individuals returning to the same NF do not require a new PASRR Level I.
  - The most current version of the PASRR Level I Screen (LTC-26) and instructions can be found at the following website  
<https://www.state.nj.us/humanservices/doas/home/forms.html>.



## EARC Section: PRE-ADMISSION SCREENING RESIDENT REVIEW (PASRR) (d)

48

- Identify DATE AND OUTCOME OF PASRR LEVEL I SCREEN (Required field)
  - If outcome selected as “Negative”, no other PASRR input required (skip pattern).
  - If outcome selected as “Positive MI”, “Positive ID/DD/RC” or “Positive Both MI & ID/DD/RC” proceed to next item.
- **NOTE:** Any instance of a positive PASRR Level I Screen outcome requires the PASRR Level I form to be attached at time of submission of the Hospital EARC to OCCO for processing and determination.



## EARC Section: PRE-ADMISSION SCREENING RESIDENT REVIEW (PASRR) (e)

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- If “PASRR not applicable” selected, will auto-populate with “Returning to same NF – PASRR on file at NF”.
  - No other PASRR input required (skip pattern).
    - ✦ This is the only instance in which the PASRR would not be applicable.
    - ✦ The facility and the address listed in the identification section must coincide with the facility the patient is expected to be returning to.



## EARC Section: PRE-ADMISSION SCREENING RESIDENT REVIEW (PASRR) (f)

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- Identify if physician certified NF placement as a **30-DAY EXEMPTED HOSPITAL DISCHARGE**.
  - If “Yes”, identify date that the Level I PASRR was forwarded to the Level II Authority.
    - ✦ Not required to undergo a PASRR Level II evaluation and determination  
**NOTE:** A copy of the positive PASRR Level I must be attached to the Hospital EARC at time of submission to OCCO.
  - If “No”, respond to remaining PASRR Level II determination items as applicable.



## EARC Section: PRE-ADMISSION SCREENING RESIDENT REVIEW (PASRR) (g)

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- **DATE AND LEVEL II DETERMINATION**

**NOTE:** A copy of the positive PASRR Level I and the Level II determination(s) must be attached to the Hospital EARC at time of submission to OCCO. If these documents are not attached, OCCO will update status to “RFI”, requesting Screener to attach required PASRR documents followed by returning the EARC to OCCO as a “RFI Response”.

- If positive MI, document applicable items.
  - ✦ If categorical determination, identify outcome.
- If positive ID/DD/RC, document applicable items.
  - ✦ If categorical determination, identify outcome.
- If positive both MI & ID/DD/RC, document both items.
  - ✦ If categorical determination, identify outcome where applicable.



## EARC Section: COGNITION AND ADL SELF PERFORMANCE

52

**NAVIGATION:**

- Start ✔
- Hospital Admission & Request Type ✔
- Identification ✔
- Hospital EARC Eligibility ✔
- Financial Eligibility ✔
- Medical-PASRR ✔
- Cognition and ADL Self Performance**
- Options Counseling
- Attachments
- Review
- Attestation
- Confirmation

### COGNITION and ADL SELF PERFORMANCE

Patient: Rachel Stevenson

1. * Daily Decision Making: How well does patient make decisions about organizing the day (e.g. when to eat, choose clothes, when to go out)?	Minimally Impaired	ⓘ
2. * Short-term Memory: Can patient recall 3 items from memory after 5 minutes?	NO	ⓘ
3. * Making Self Understood: How well does patient express or make self understood (expressing information content, however able)?	Sometimes Understood	ⓘ
4. * ADL Self Performance (score over past 3 days) <small>Assess the individual's ADL Self Performance during the LAST 3 DAYS (except bathing, during last 7 days) considering all episodes of these activities. Determine the 3 most dependent episodes of assistance, then code using the least dependent of those 3 episodes.</small>		
4a. Bed Mobility	Maximal Assistance	ⓘ
4b. Transfer	Limited Assistance	ⓘ
4c. Locomotion (indoor/outdoor)	Extensive Assistance	ⓘ
4d. Dressing (Upper and/or Lower Body)	Maximal Assistance	ⓘ
4e. Eating	Extensive Assistance	ⓘ
4f. Toileting (toilet use and/or toilet transfer)	Maximal Assistance	ⓘ



## EARC Section: COGNITION AND ADL SELF PERFORMANCE

53

- Both cognition and ADL self-performance are considered for potential clinical eligibility for Hospital EARC authorization.
  - The Screener must fully investigate these required items and code based on what is actually occurring.
    - ✦ Screener is encouraged to review all available documentation and communicate with applicable disciplines (physician, PT/OT/ST, nursing, aides, etc.) to gain an understanding as to the patient's cognition and ADL self-performance over the last 3 days.
- A skilled need alone (i.e., IV antibiotics) does not make an individual clinically eligible.
  - Must meet Medicaid clinical eligibility as defined by N.J.A.C. 8-85-2.1.



## COGNITION

54

- Areas of Cognition considered for Hospital EARC Authorization:
  - DAILY DECISION MAKING
  - SHORT-TERM MEMORY
  - MAKING SELF UNDERSTOOD



## COGNITION: DAILY DECISION MAKING

55

- How well does patient make decisions about organizing the day? (e.g., when to eat, choose clothes, when to go out)
- *Coding selections for Daily Decision Making:*
  - INDEPENDENT: Decisions consistently reasonable
  - MODIFIED INDEPENDENCE: Some difficulty in new situations only
  - MINIMALLY IMPAIRED: In specific situations, decisions become poor or unsafe and cues/supervision necessary at those times
  - MODERATELY IMPAIRED: Decisions consistently poor or unsafe, cues/supervision required at all times
  - SEVERELY IMPAIRED: Never/rarely makes decisions



## COGNITION: SHORT-TERM MEMORY

56

- Can patient recall 3 items from memory after 5 minutes?
- *Coding selections for Short-term memory:*
  - YES: Short-term Memory OK
  - NO: Short-term Memory problem



## COGNITION: MAKING SELF UNDERSTOOD

57

- How well does patient express or make self-understood (expressing information content, however able)?
  - **NOTE:** This item includes expressing information content – both verbal and non-verbal. It is not intended to address differences in language understanding, such as only speaking in a language not familiar to the screener.



## COGNITION: MAKING SELF UNDERSTOOD (cont.)

58

- *Coding selections for Making Self Understood:*
  - UNDERSTOOD: Expresses ideas without difficulty
  - USUALLY UNDERSTOOD: Difficulty finding words or finishing thoughts, BUT if given time, little or no prompting required
  - OFTEN UNDERSTOOD: Difficulty finding words or finishing thoughts, prompting usually required
  - SOMETIMES UNDERSTOOD: Ability is limited to making concrete requests
  - RARELY OR NEVER UNDERSTOOD



## ACTIVITIES OF DAILY LIVING (ADLs)

59

- ADLs considered for Hospital EARC authorization (ADL Self-performance OVER THE LAST 3 DAYS):
  - BED MOBILITY
  - TRANSFER
  - LOCOMOTION
  - DRESSING (upper and/or lower)
  - EATING
  - TOILETING (toilet use and/or toilet transfer)
  - BATHING (consider for 7 days)
- Consider all sub-tasks involved for each ADL.



## ADL: BED MOBILITY

60

- How the person moves to and from a lying position; turns from side to side, and positions his or her body while in bed.
  - EXCLUDES transfer out of bed
    - ✦ This is considered in the TRANSFER ADL.
- Self-performance over the last 3 days.



## ADL: TRANSFER

61

- How the person transfers to/from bed, chair, wheelchair, standing position.
- Includes moving to and between surfaces.
  - EXCLUDES to/from bath and toilet.
- Self-performance over the last 3 days.



## ADL: LOCOMOTION

62

- How the person moves between locations on the same floor (walking or wheeling).
- If the person uses a wheelchair, this measures self-sufficiency once he or she is in the chair.
- Includes both indoor and outdoor locomotion.
- Self-performance over the last 3 days.



## ADL: DRESSING (upper and/or lower)

63

- How the person dresses and undresses (street clothes, underwear).
- Includes prostheses, orthotics, pullovers, belts, pants, skirt, shoes, fasteners, etc.).
- Self-performance over the last 3 days.



## ADL: EATING

64

- How the person eats and drinks (regardless of skill).
- Includes intake of nourishment by other means (such as tube feeding or total parenteral nutrition).
- Self-performance over the last 3 days.



## ADL: TOILETING (toilet use and/or transfer)

65

- How the person moves on and off the toilet or commode; uses the toilet room (or commode, bedpan, urinal), cleanses him- or herself after toilet use or incontinent episode(s), changes bed pad, manages ostomy or catheter, adjusts clothes.
- Self-performance over the last 3 days.



## ADL: BATHING (consider last 7 days)

66

- How the person takes a full-body bath or shower (includes bed bath).
- Includes transfers in and out of tub or shower and how each part of the body is bathed: arms, upper and lower legs, chest, abdomen and perineal area.
  - EXCLUDES washing of back and hair.
- Self-performance over the last 7 days.



## CODING SELECTIONS for ADL Self-Performance

67

- **Code over the last 3 days, considering all sub-tasks.**
  - ✦ *Exception – Bathing over last 7 days*
  - INDEPENDENT: No help, setup or oversight
  - SETUP HELP ONLY: Article or device provided within reach of individual
  - SUPERVISION: Oversight, encouragement or cueing
  - LIMITED ASSISTANCE: Individual is highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance
  - EXTENSIVE ASSISTANCE: Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
  - MAXIMAL ASSISTANCE: Weight-bearing support (including lifting limbs) by 2+ helpers – OR – Weight-bearing support for more than 50% of subtasks
  - TOTAL DEPENDENCE: Full performance of the activity by another.



## ADL Self-Performance: CODING GUIDELINES

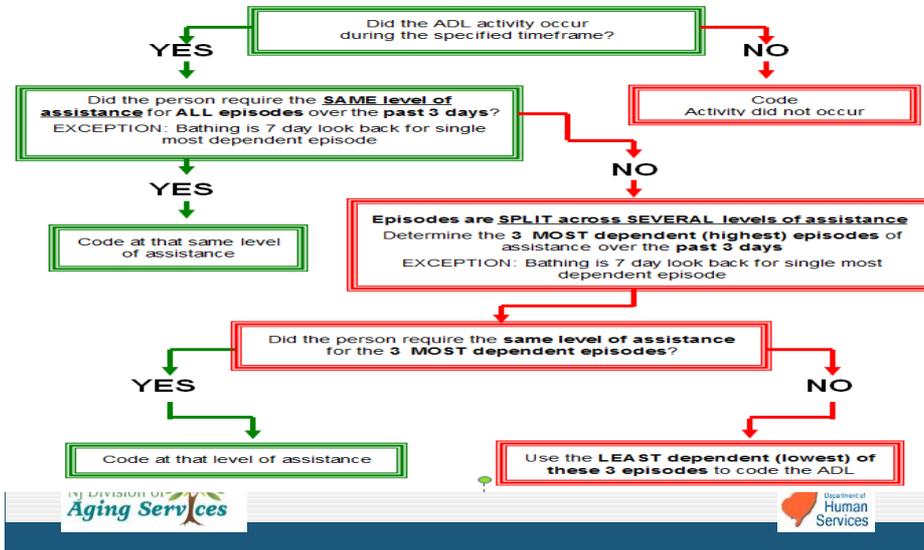
68

- **Assess the patient's ADL Self Performance during the LAST 3 DAYS (except bathing, during last 7 days) considering all episodes of these activities.**
  - If the person requires the same amount of assistance for an ADL on all 3 days, then code at that level;
  - Otherwise, determine the 3 most dependent episodes of assistance, then code using the least dependent of those 3 episodes.



## ADL CODING GUIDELINES: DECISION TREE

(69)



## ADL Coding Guidelines: EXAMPLE

(70)

- 10 episodes of transfer over the last 3 days – six (6) episodes patient required no assistance (Independent), three (3) episodes patient required contact guard (Limited Assistance), and one (1) instance in which weight bearing support by one staff (Extensive Assistance) was required.
- Consider all instances. Determine the 3 most dependent episodes of assistance, then code using the least dependent of those 3 episodes.

## ADL Coding Guidelines: EXAMPLE

71

- Ten total episodes
  - 6 at Independent
  - 3 at Limited
  - 1 at Extensive
- Three most dependent episodes are
  - 1 Extensive
  - 2 Limited
- Use least dependent of the three
  - Limited

(Refer to Handout: *Practice Activities-ADL Coding* for additional guidance with ADL coding requirements.)



## EARC Section: OPTIONS COUNSELING (a)

72

**NAVIGATION:**

- Start ✔
- Hospital Admission & Request Type ✔
- Identification ✔
- Hospital EARC Eligibility ✔
- Financial Eligibility ✔
- Medical-PASRR ✔
- Cognition and ADL Self Performance ✔
- Options Counseling**
- Attachments
- Review
- Attestation
- Confirmation

**Options Counseling**

Patient: Rachel Stevenson

**Patient and/or Patient's family or authorized representative(s) has been provided with information and counseling about:**

- Long term care supportive services including discharge to community with supportive services, referral to ADRC/AAA and placement in Nursing facility/Sub-Acute.
- How to submit an application to determine financial eligibility for Medicaid benefits.
- Medicaid eligibility dependent upon both clinical and financial eligibility. NJ Pre-admission Screening (PAS) utilized to determine clinical eligibility following NF admission.

**\* Patient Choice of Setting:**

Nursing facility - Long Term

Sub-Acute Nursing Facility Placement - Short Term

Provider feels there is a Potential for discharge of the patient to the Community in the future? YES

Patient/Family expresses an interest in returning to community? YES

Was a referral made to County ADRC/AAA? YES

**\* Check One:**

Patient

Authorized Representative




## EARC Section: OPTIONS COUNSELING (b)

73

- Options counseling (OC) with the patient, family or authorized representative is essential to the Hospital EARC process to ensure the Screener is appropriately identifying the target population;

**NOTE:**

For those instances where OC cannot be conducted these items may be left blank.

(i.e., due to patient cognition and/or lack of family/legal representative involvement; pending legal guardianship, etc.)



## EARC Section: OPTIONS COUNSELING (c)

74

- Allows for patient, family or authorized representative to be informed of the completion and submission of the Hospital EARC for potential Medicaid eligibility, allowing for:
  - Understanding that the Hospital EARC is only a screening tool for potential Medicaid clinical eligibility to enable NF transfer;
  - Understanding the requirements for full Medicaid eligibility:
    - ✦ The need to complete an application for Medicaid financial eligibility with the County Welfare Agency;
    - ✦ The need for a full clinical assessment for Medicaid clinical eligibility following NF admission that is approved by the Office of Community Choice Options.



## EARC Section: OPTIONS COUNSELING (d)

75

- **PATIENT CHOICE OF SETTING** must be identified to indicate either:
  - Nursing Facility – Long Term (Custodial care expected) **or**
  - Sub-Acute Nursing Facility Placement – Short Term
    - ✦ If selected, respond (“Yes” or “No”) to required sub-items:
      - Provider feels there is **POTENTIAL FOR DISCHARGE** to community in the future?
      - Patient/family expresses **INTEREST IN RETURNING TO COMMUNITY?**
      - Was a **REFERRAL MADE TO COUNTY ADRC/AAA?**



## EARC Section: OPTIONS COUNSELING (e)

76

- Identify if OC occurred with **PATIENT** or **AUTHORIZED REPRESENTATIVE**
  - Identify **NAME OF INDIVIDUAL** and **DATE OF OC DISCUSSION**
    - ✦ If patient selected, name will auto-populate.
  - **For those instances where OC cannot be conducted, select “Unable to conduct OC” and identify reason.**
    - ✦ Must be a valid reason.
      - i.e., due to patient cognition and lack of family/legal representative involvement; pending legal guardianship, etc.
    - ✦ Remaining selections are left blank.
    - ✦ **NOTE: EARC Portal enhanced 12/2019 to enable this documentation when OC is not conducted.**



## EARC Section: ATTACHMENTS

77

NAVIGATION:

- Start
- Hospital Admission & Request Type
- Identification
- Hospital EARC Eligibility
- Financial Eligibility
- Medical-PASRR
- Cognition and ADL Self Performance
- Options Counseling
- Attachments**
- Review
- Attestation
- Confirmation

**ATTACHMENTS**

Patient: Rachel Stevenson

No.	Type	Status	Attach
1	PASRR Level I Attachment	Pending	<input type="button" value="Attach"/>
2	PASRR Level II Attachment - MI	Pending	<input type="button" value="Attach"/>
3	Other	Pending	<input type="button" value="Attach"/>

- Utilized to attach documents required for EARC processing.
  - Positive PASRR Level I, PASRR Level II determination; Other
- Functionality to be covered later in training.
  - **NOTE:** PDF files required

## EARC Section: REVIEW

78

NAVIGATION:

- Start
- Hospital Admission & Request Type
- Identification
- Hospital EARC Eligibility
- Financial Eligibility
- Medical-PASRR
- Cognition and ADL Self Performance
- Options Counseling
- Attachments
- Review**
- Attestation
- Confirmation

**REVIEW**

Patient: Rachel Stevenson

**Hospital Admission**

Date of Admission: 9/20/2019      Name of Hospital: EARC/OCCO State Hospital

Branch: EARC/OCCO State Hospital      County: Mercer

**Request Type Information**

MI:       Vent SCNP:

**Identification Information**

Patient First Name: Rachel      Patient Last Name: Stevenson

SSN: 123-45-6789      Date of Birth: 2/4/1974      Gender: Female

Where did patient live at time of admission? Homeless

Patient Address: 120 Quakerbridge Rd, Hamilton, NJ 08610

**Hospital EARC Eligibility Information**

- Provides opportunity to review and edit information as necessary.
- Functionality to be covered later in training.

## EARC Section: ATTESTATION (a)

(79)

NAVIGATION:

- Start
- Hospital Admission & Request Type
- Identification
- Hospital EARC Eligibility
- Financial Eligibility
- Medical-PASRR
- Cognition and ADL Self Performance
- Options Counseling
- Attachments
- Review
- Attestation**
- Confirmation

Attestation

Patient: Rachel Stevenson

By submitting this Hospital EARC Screening Tool, I attest that the information represented is accurate to the best of my knowledge. I have provided counseling to the individual and/or their legal representative on the need to seek Medicaid eligibility at the CWA and discussed discharge options. I also understand that if discharge occurs prior to OCCO authorization date, then the Hospital EARC is not valid.

Name of Certified Hospital EARC Screener:

Hospital EARC Screener Certification No.:

Telephone Number of Screener:

Comments:

Discharge Location:

Previous
Save
Save and Submit
Cancel Screening





## EARC Section: ATTESTATION (b)

(80)

- Intent is for the Screener to attest to the information provided within the submitted EARC form.
- Complete the attestation by identifying:
  - Hospital EARC Screener Name,
  - Certification No.,
  - Telephone Number
  - Comments
    - ✦ Utilized to expand on information not covered within the screen.
    - ✦ Not required.
  - Discharge Location
    - ✦ If known at time of EARC submission.
    - ✦ Not required.



## 6. Introduction and Overview of the Hospital EARC Portal and EARC Record

81

- SALESFORCE AND SECURITY STANDARDS
- INTERNET BROWSER CONSIDERATIONS
  - PORTAL ACCESS AND LOGIN
  - PASSWORD CONSIDERATIONS
    - APPLICATION TIMEOUT
  - EARC PORTAL MAIN SCREEN
  - SEARCHING FOR RECORDS
    - EARC RECORD



## EARC Screener Portal Platform and Security

82

- The DHS is utilizing a software platform - Salesforce to enable web based portal functionality for many current processes.
  - The Hospital EARC is considered Phase I of an expanding project to assist OCCO to integrate all business processes into this platform.



## Salesforce Security Standards

83

1. The EARC Portal and application is built and maintained on Salesforce Government Cloud.
  - Salesforce Government cloud is HIPAA , NIST SP , ISO 27018 and PCI DSS certified and is strictly for State and Federal agencies.
2. The Division's Cloud infrastructure is a platform encrypted environment; data at rest and transit are both encrypted.
3. The Portal is part of the Division of Aging's Cloud infrastructure which is a FedRAMP certified environment. Access to the EARC application through the Portal is secured by a TLS 1.2 security layer.
4. Both the EARC Portal and application have a role based security from ground up which ensures users only see information created by their organization.



## Internet Browser Considerations

84

- **Important:** This application is web-based, requires page refresh in browser to view most current activities – status updates.
- The EARC Screener Portal may be accessed through the following browsers:
  - Recommended:
    - ✦ Internet Explorer
    - ✦ Google Chrome
  - Not Recommended/Supported:
    - ✦ Microsoft Edge
    - ✦ Other Browsers
- If using Google Chrome, turn off “Save and fill addresses”



## Portal Access and Login

85

- Access to EARC Screener Portal is processed by DoAS:
  - Requires valid Hospital EARC Certification.
  - Submission of valid Access User Request form (EARC-2) to [EARCRegistration@dhs.state.nj.us](mailto:EARCRegistration@dhs.state.nj.us).
- Email notification sent directly to user, includes individualized EARC Screener Portal link and user name.
  - Email sent from: Worker Portal<[NJSave.noreply@dhs.state.nj.us](mailto:NJSave.noreply@dhs.state.nj.us)>.
 

**NOTE:** Link expires within 24 hours if not accessed within that timeframe.
  - Check junk mail folder if not received before contacting [EARCRegistration@dhs.state.nj.us](mailto:EARCRegistration@dhs.state.nj.us) to request a new link.
- Users accounts where there is no activity within 30 days will be deactivated, requiring resubmission of EARC-2.
  - Required to maintain HIPAA compliance & manage license distribution.



## User Password Considerations

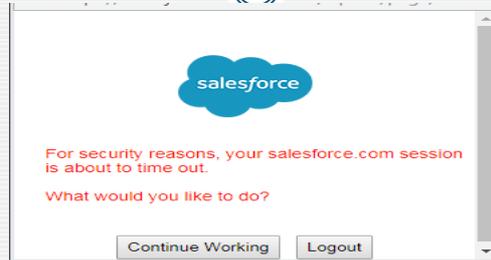
86

- After three (3) failed attempts to log into the portal, user is locked out for 15 minutes before another attempt can be made.
  - Requests for password resets made via hyperlink at login page.
- Password reset required every 45 days.



## Application Time-Out

(87)



- Application Time-Out Messaging appears after a 15 minute period of inactivity.
  - Pop-up blockers must be turned off to view timeout dialogue windows.



## EARC Portal Navigation Presentation Style

(88)

Many of the following slides present content in 2 versions:

- Slide “a” presents a visual of the portal.
- Slide “b” presents written details.

Slides with these markers are intended to be used in tandem to gain a full understanding of the portal navigation.



## EARC Screener Portal Main Screen (a)

(89)

EARC Screener Portal

Case Status: Assigned Complete Inappropriate Referral OCCO Determination RFI RFI Response **Submitted**

Logged In as Deanna Freundlich Logout

App Type: Hospital EARC  Unfinished

Search By: Confirmation Number Search Deep Search Clear Search

Show 10 entries

App Type	Confirmation	Submitted Date	Last Name	First Name	DOB	County	Attachments?	EARC Screener	App Status	OCCO Determination	RFI Requested
EARC	EARC-420017	09/13/2019	Stevenson	Rachel	03/02/1983	Bergen	NO	Deanna Freundlich	Submitted		

Showing 1 to 1 of 1 entries (Filtered from 13 total entries)

Previous 1 Next

NJ Division of Aging Services DHS Department of Human Services

## EARC Screener Portal Main Screen (b)

(90)

Upon entry into the portal, your main screen includes the following components:

1. EARC Screen and EARC Instructions launch button – to initiate a new screen or obtain instruction document
2. Case Status Tabs – to filter cases by outcomes
3. App Type – Only Hospital EARC currently
4. Search By – to access individual records
5. Grid Columns – quick reference to basic demographics for each record



## Searching for Records (a)

91

Case Status: **Assigned** Complete Inappropriate Referral OCCO Determination RFI RFI Response Submitted

App Type: Hospital EARC  Unfinished

Search By: Last Name Confirmation Number Last Name First Name Application Date County

Show 10 entries

App Type Confirmation Submitted Date Last Name First Name DOB County Attachments? EARC Screener App Status

EARC	EARC-A00017	09/13/2019	Stevenson	Rachel	03/02/1993	Bergen	NO	Deanna Freundlich	Submitted
------	-------------	------------	-----------	--------	------------	--------	----	-------------------	-----------

- If current status unknown select all tabs, select criteria for search, and then click “Deep Search”.
- When complete, clear search.




## Searching for Records (b)

92

1. **Case Status:** Each EARC will have its own record and will be stored under a specific status tab. You will start by highlighting the status tab where the record will be located. If the status is unknown, highlight all tabs.
2. **Search By:** Utilized to select a category to search by including Name, Confirmation Number, Date.
3. **Deep Search:** Used when more than one case status tab is highlighted for searching.
4. **Unfinished:** Must be selected (check off box) to enable the Incomplete Tab.



## Accessing the EARC Record

93

- Following the use of a search, EARC records will appear in the grid columns and display information specific to each EARC record.
  - A column may be sorted in an ascending or descending order.
- Each listing within the grid represents a Hospital EARC dependent upon the status tab selected.
  - The number of records for any given patient will coincide with the number of created EARCs.
  - User can customize the number of records that will be displayed.
- To access a specific record click on the record line.

App Type	Confirmation	Submitted Date	Last Name	First Name	DOB	County	Attachments?	EARC Screener	App Status
EARC	EARC-400017	09/13/2019	Stevenson	Rachel	03/02/1993	Bergen	NO	Deanna Freundlich	Submitted



## EARC Record (a)

94

Application View | Application Update | Attachments View | OCCO Determination

Confirmation Number: EARC-400017		Patient: Rachel Stevenson	Provider: OCCO State Branch 2	Application Type: EARC
<b>Application Info</b>				
Date EARC Completed	09/13/2019	Application Status	Submitted	
Application Type	EARC	Last Modified By/Date	Deanna Freundlich - 09/13/2019	
<b>Hospital Admission</b>				
Date of Hospital Admission	09/03/2019			
Name of Hospital	OCCO State Hospital			
Branch	OCCO State Branch 2	County	Bergen	
Request Type:				
NF	<input checked="" type="checkbox"/>	Vent SCNF	<input type="checkbox"/>	
<b>Identification Info</b>				
Date of Birth	03/02/1993	Gender	Female	

- **EARC Record Tabs:** Application View; Application Update; Attachments View; OCCO Determination



## EARC Record: Application View (b)

95

- Provides detail of information inputted by Screener; reviewed for OCCO Support Staff processing and OCCO Reviewer determination.
- Read-only access following submission except for instances of Inappropriate Referral – Incorrect Data.
  - Only the demographic detail is open for edits; requires Screener to save changes (must scroll down to bottom of page to access the save button).

Save



## EARC Record: Application Update (a)

96

Home View Application Update Attachments View OCCO Determination

Confirmation Number: EARC-AD0017	Patient: Richard Stevenson	Provider: OCCO State Branch 2	Application Type: EARC
-------------------------------------	-------------------------------	----------------------------------	---------------------------

App Status

App Status: Submitted

OCCO Clinician Assigned:

Status	Last Modified By	Last Modified Date/Time
Incomplete	Deanna Freundlich	9/13/2019 2:29 PM
Submitted	Deanna Freundlich	9/13/2019 3:08 PM

Inappropriate Referral Assigned

RFI

RFI Response

OCCO Determination Complete

RFI Info

Request For Information (RFI) RFI Comments

Original Screener: Deanna Freundlich RFI Response:

- **Areas of focus:** App Status; Status history; RFI Info; Inappropriate Referral Info.



## EARC Record: Application Update (b)

97

- **App Status:** Identifies most current status. If assigned for OCCO review, will identify OCCO Clinician.
- **Status History:** Identifies last update to each status.
  - If multiple instances of a particular status, identifies most recent.
- **RFI (Request for Information) Info:** Identifies RFI with comments providing for related detail specific to request.
  - Original Screener identified; RFI Respondee to identify self at time of response.
- **Inappropriate Referral Info:** Identifies Reason with comments providing for related detail.
- Screener required to Save changes.

Save



## EARC Record: Attachments View

98

View Application Update **Attachments View** OCCO Determination

Confirmation Number: EARC-A00137 Patient: Rachel Stevenson Provider: EARC/OCCO State Hospital Application Type: EARC

Attach File:  Browse...  
 Description:   
 Save Attachments

Name	Description	Created Date	
Stevenson6789-7.15.2019PSRI.pdf	Corrected PASRR Level I	09/03/2019	<a href="#">View</a>
Stevenson6789-7.24.2019PSRII.pdf	PASRR Level II Attachment - MI	08/30/2019	<a href="#">View</a>
Stevenson6789-7.15.2019PSRI.pdf	PASRR Level I Attachment	08/30/2019	<a href="#">View</a>

- Provides listing of and makes available documents submitted with EARC.
- Provides ability to attach additional documents when requested. **NOTE: PDF files required**



## EARC Record: OCCO Determination (a)

99

Update Attachments View OCCO Determination

Confirmation Number: EARC-A00137	Patient: Rachel Stevenson	Provider: EARC/OCCO State Hospital	Application Type: EARC
<b>OCCO Determination</b>			
<input type="checkbox"/> Authorized	<input type="checkbox"/> NF	<input type="checkbox"/> Vent SCNF	
	Date of Authorization Valid Through		Valid for this Hospital Admission only.
<p><b>IMPORTANT: If discharge occurs prior to OCCO authorization date, then the Hospital EARC is not valid. OCCO authorization of this Hospital EARC is not a guarantee of Medicaid payment. Medicaid payment is contingent upon full clinical and financial eligibility within 90 days of admission to the Nursing Facility as per N.J.A.C. 8:85-1.8(b).</b></p>			
<input type="checkbox"/> Not Authorized	OCCO to schedule on-site clinical assessment.		
<input type="checkbox"/> Referral Dismissed	Referral Dismissed Reason		
Comments:	<input type="text"/>		
Name of OCCO Reviewer			

## EARC Record: OCCO Determination (b)

100

- Detail inputted by OCCO Reviewer following full review and final determination:
  - Authorized (including date and valid through date);
  - Not Authorized – OCCO to schedule on-site clinical assessment;
  - Referral Dismissed with identification of reason.
- Includes comments as indicated and identification of the OCCO Reviewer.
- Read-only access for Screener.
- Once identified with OCCO Determination, no additional Reviewer or Screener action required for processing.



## 7. Creating a New Hospital EARC

- ACCESSING INSTRUCTIONS
- CREATING A NEW EARC
- SECTIONS OF THE HOSPITAL EARC
- FULL COMPLETION AND NAVIGATION CONSIDERATIONS



## Hospital EARC Instructions/Help

102

- Instructions are available through the EARC Portal Main Screen and include information relevant to target criteria, individual items and coding definitions.



- Other areas of information available throughout active screen; made available by clicking the “i” icon next to various items.



## Creating a New Hospital EARC (a)

103

The screenshot shows the EARC Screener Portal interface. On the left is a dark blue sidebar with buttons for 'New Hospital EARC', 'Screening', 'Hospital EARC', 'Screening', and 'Instructions'. The main content area has a header with the NJ Division of Aging Services logo and 'EARC Screener Portal'. Below the header, there are tabs for 'Assigned', 'Complete', 'Inappropriate Referral', 'OCCO Determination', 'RFI', 'RFI Response', and 'Submitted'. A 'Logged In as Deanna Freundlich Logout' link is visible. The 'App Type' is set to 'Hospital EARC' with an 'Unfinished' checkbox. A search section includes a 'Search By:' dropdown set to 'Confirmation Number', a search input field, and 'Deep Search' and 'Clear Search' buttons. Below the search is a table with columns: App Type, Confirmation, Submitted Date, Last Name, First Name, DOB, County, Attachments?, EARC Screener, App Status, OCCO Determination, and RFI Requested. One entry is shown: EARC-400017, 09/13/2019, Stevenson, Rachel, 03/02/1953, Bergen, NO, Deanna Freundlich, Submitted. At the bottom, there are logos for NJ Division of Aging Services and DHS Department of Human Services.

## Creating a New Hospital EARC (b)

104

- From the Portal Main Screen, the Hospital EARC can be initiated by clicking the “New Hospital EARC Screening” button.

New Hospital EARC

Screening

- Once initiated, Hospital EARC opens in new browser tab.
- Requires full completion of Hospital EARC with required PASRR and other documentation as applicable prior to submission for OCCO review.
  - If unable to complete when initially created, may return to incomplete (unfinished) EARC and fully complete for submission.



# Hospital EARC Sections: Acknowledgement

105

NAVIGATION:

- Start
- Hospital Admission & Request Type
- Identification
- Hospital EARC Eligibility
- Financial Eligibility
- Medical-PASRR
- Cognition and ADL Self Performance
- Options Counseling
- Attachments
- Review
- Attestation
- Confirmation

**Acknowledgement**

The Hospital Enhanced At-Risk Criteria (EARC) screening tool is to be used **only** for those acute care or long-term acute care (LTAC) hospital patients who meet the target criteria and are being discharged to a Medicaid certified Nursing Facility (NF) or ventilator SCNF with the expectation of billing Medicaid for all or part of their stay. Only discharge planners who have undergone training and who have been certified by the Department of Human Services can complete and submit this tool.

The Hospital EARC Screening Tool, once authorized, is valid for 10 days and authorizes up to 90 days of NF Services, which is contingent upon full clinical and financial Medicaid eligibility within 90 days of admission to the NF as per N.J.A.C. 8:85-1.8(b.1). If the patient is not discharged to a NF within 10 days of the authorization date as identified through OCCO authorization, the EARC is then invalid, and a NEW EARC must be submitted when the patient is ready for discharge. The admitting NF is responsible to submit the Notice of NF Admission (LTC-2) within two business days of admission as per N.J.A.C. 8:85-1.8(c).

The Hospital EARC Screening Tool and all PASRR documents must accompany the patient to the NF to be permanently filed in their NF medical record.

By proceeding with this screening tool, you acknowledge that all requirements are met.

Save
Save and Next

# Hospital EARC Sections: Left Navigation Bar

106

- The Navigation Bar allows Screener to visualize all sections of EARC.
- Screener must fully complete a section prior to advancing to next section.
- A section identified with a check represents a completed section with no errors identified.

NAVIGATION:

- Start ✔
- Hospital Admission & Request Type ✔
- Identification ✔
- Hospital EARC Eligibility
- Financial Eligibility
- Medical-PASRR
- Cognition and ADL Self Performance
- Options Counseling
- Attachments
- Review
- Attestation
- Confirmation



## Hospital EARC Sections: Navigation Buttons (a)

107

NAVIGATION:

- Start
- Hospital Admission & Request Type
- Identification
- Hospital EARC Eligibility**
- Financial Eligibility
- Medical-PASRR
- Cognition and ADL Self Performance

### HOSPITAL EARC ELIGIBILITY

Patient: Inappropriate Referral Test NRO

[Refer to Hospital EARC - General Instructions document for target population and exclusion criteria.](#)

\* Is Medicaid expected to pay for any of the cost of the nursing facility stay?

\* Did patient apply for Medicaid and is application pending?

\* Will the patient's funds last less than six (6) months in a nursing facility?

[Previous](#) [Save](#) [Save and Next](#) [Cancel Screening](#)

NJ Division of Aging Services

DHS Department of Human Services

## Hospital EARC Sections: Navigation Buttons (b)

108

- **Previous:** Returns user to previous section without a validation check being conducted of the current section.
- **Save:** Allows application to conduct a validation check related to required and inputted data, and allows the user to save data for current section without advancing to the next section.
- **Save and Next:** Allows application to conduct a validation check related to required and inputted data, followed by advancing to the next section if no validation errors are present.
- **Cancel Screening:** Allows a user to cancel a screen that is actively being completed for a variety of reasons. This is important for instances of PASRR Level II determinations that indicate a patient “Requires Specialized Services”; who would then be ineligible for full completion and submission of the Hospital EARC.
  - **Confirm the Cancellation:** For any instance in which the user attempts to cancel a screening, the user must respond to the prompt to agree to cancel the screening.



Previous

Save

Save and Next

Cancel Screening



## Hospital EARC: Data Entry Guidelines

109

- Date Fields: May input manually, use visible current date or via calendar.
  - Use of calendar for Date of Birth requires month and year input first, followed by day.
  - Date of Medicaid Application requires free text entry.
- Dashes (SSN) and Slashes (Dates) insert automatically
- Drop-down data selections vs. free text entry
- Auto-population
  - County for Hospital/Branch (Hospital Admission Section)
  - Where patient lived at time of admission= Homeless, will auto-populate with hospital address (Identification Section).



## Hospital EARC: Validation Checks and Error Messages

110

- Occurs for each section following **“SAVE”** or **“Save and Next”**. If required data is missing or any logic error is identified, a validation error will result, not allowing the user to proceed to the next section until corrections are made.

**HOSPITAL EARC ELIGIBILITY**

**Errors**  
Please answer if the funds for the patient will last less than six (6) months in a nursing facility

**Patient:** Rachel Stevenson

\* Is Medicaid expected to pay for any of the cost of the nursing facility stay?

\*Reminder: Hospital EARC is targeted to an individual who may be Medicaid eligible, not yet enrolled with an MCO, or who may be in a Medicaid Spend-down.

\* Did patient apply for Medicaid and is application pending?

Date of Application   
ex: MM/DD/YYYY or Unknown

\* Will the patient's funds last less than six (6) months in a nursing facility?

\*Reminder: The Hospital EARC is targeted to an individual who may be Medicaid eligible, not yet enrolled with an MCO, or who may be in a Medicaid Spend-down.

Previous
Save
Save and Next
Cancel Screening

## Hospital EARC: Address Verification and Error Messages

111

### Identification

Patient address is verified.  
 Please click on Save and Next to continue with the application.  
 Home Address is verified and corrected. Please verify the address changes.  
 The patient address is verified and corrected. Please verify the address changes.

- Address verification is built into the system.
  - Verification occurs at point of “Save” or “Save and Next”.
  - Corrects to closest match – if invalid address then RED text identifies correction, while BLUE text identifies verified address.
  - If address verified, will only see BLUE text indicating the verified address.



## Hospital EARC Sections: Attachments (a)

112

NAVIGATION:

- Start ✔
- Hospital Admission & Request Type ✔
- Identification ✔
- Hospital EARC Eligibility ✔
- Financial Eligibility ✔
- Medical-PASRR ✔
- Cognition and ADL Self Performance ✔
- Options Counseling ✔
- Attachments**
- Review
- Attestation
- Confirmation

### ATTACHMENTS

Patient: Inappropriate Referral Test NRO

No.	Type	Status	Attach
1	PASRR Level I Attachment	Pending	<a href="#">Attach</a>
2	Other	Pending	<a href="#">Attach</a>

Previous
Save and Next
Cancel Screening

- If required for submission, a listing of required PASRR documents will be provided.
  - The Type of “Other” will always be present (not required)



# Hospital EARC Sections: Attachments (b)

(113)

**NAVIGATION**

- Start
- Hospital Admission & Request Type
- Identification
- Hospital EARC Eligibility
- Financial Eligibility
- Medical-PASRR
- Cognition and ADL Self Performance
- Options Counseling
- Attachments**
- Review
- Attestation
- Confirmation

**ATTACHMENTS**

Patient: Rachel Stephenson

No.	Type	Status	Attach
1	PASRR Level I Attachment	Pending	<a href="#">Attach</a>
<div style="border: 1px solid #ccc; padding: 5px;"> <p>Description* <span style="float: right;">PASRR Level I Attachment</span></p> <p>Descriptor* <span style="float: right;"> <input type="text" value="Select PASRR Level I"/> </span></p> <p>Attach File* <span style="float: right;"> <input type="text" value="Browse..."/> <span style="margin-left: 20px;"><a href="#">Attach</a></span> <span style="margin-left: 10px;"><a href="#">Cancel</a></span> </span></p> </div>			
2	Other	Pending	<a href="#">Attach</a>

[Previous](#)
[Save and Next](#)
[Cancel Screening](#)



(continued)



# Hospital EARC Sections: Attachments (c)

(114)

**ATTACHMENTS**

Patient: Rachel Stevenson

No.	Type	Status	Attach
1	PASRR Level I Attachment	Attached	<a href="#">Attach</a>
2	PASRR Level II Attachment - MI	Attached	<a href="#">Attach</a>
<div style="border: 1px solid #ccc; padding: 5px;"> <p>Description* <span style="float: right;">PASRR Level II Attachment - MI</span></p> <p>Descriptor* <span style="float: right;"> <input type="text" value="PASRR Level II Attachment - MI"/> </span></p> <p>Attach File* <span style="float: right;"> <input type="text" value="Choose File"/> No file chosen                     <span style="margin-left: 20px;"><a href="#">Attach</a></span> <span style="margin-left: 10px;"><a href="#">Cancel</a></span> </span></p> </div>			
3	Other	Pending	<a href="#">Attach</a>

Name	Description	Created Date	Status	Delete
Stevenson6789-7 15.2019PSRI.pdf	PASRR Level I	07/25/2019	Attached	<a href="#">🗑️</a>
Stevenson6789-7 24.2019PSRII.pdf	PASRR Level II Attachment - MI	07/25/2019	Attached	<a href="#">🗑️</a>





## Hospital EARC Sections: Attachments (d)

115

1. From the attachments section, click the “Attach” button for the specific document type identified:
  - ✦ PASRR Level I, PASRR Level II or Other
2. Once open, from the drop-down, select the descriptor of the document to be attached (if other, free text).
3. Click “Choose File” to browse computer to locate specific document to be attached. Once found, highlight and then click “open” button in the open dialogue box.
  - ✦ **NOTE:** PDF documents required.
4. Once identified, click “Attach”
  - ✦ Status will automatically update from “Pending” to “Attached”; as well as being listed at the bottom of the open window – able to View and Delete.
5. Repeat steps for next document if required.
6. Click “Save and Next” navigation button to proceed to next section.



## Hospital EARC Sections: Final Review

116

- Provides opportunity for Screener to verify inputted detail and apply edits if necessary.
  - To edit click within review vs. specific section from navigation menu.
  - Any changes must be saved, followed by returning to Review section.

NAVIGATION:

- Start
- Hospital Admission & Request Type
- Identification
- Hospital EARC Eligibility
- Financial Eligibility
- Medical-PASRR
- Cognition and ADL Self Performance
- Options Counseling

REVIEW
Patient: Rachel Stevenson

Hospital Admission
EDIT

Date of Admission	9/3/2019	Name of Hospital	OCCO State Hospital
Branch	OCCO State Branch 2	County	Bergen

Request Type Information

NF	<input checked="" type="checkbox"/>	Vent SCNF	<input type="checkbox"/>
----	-------------------------------------	-----------	--------------------------

Identification Information
EDIT

Previous
Save
Save and Next
Cancel Screening

## Hospital EARC Sections: Screener Attestation (a)

(117)

NAVIGATION:

- Start ✔
- Hospital Admission & Request Type ✔
- Identification ✔
- Hospital EARC Eligibility ✔
- Financial Eligibility ✔
- Medical-PASRR ✔
- Cognition and ADL Self Performance ✔
- Options Counseling ✔
- Attachments ✔
- Review ✔
- Attestation
- Confirmation

**Attestation**

Patient: Rachel Stephenson

By submitting this Hospital EARC Screening Tool, I attest that the information represented is accurate to the best of my knowledge. I have provided counseling to the individual and/or their legal representative on the need to seek Medicaid eligibility at the CWA and discussed discharge options. I also understand that if discharge occurs prior to OCCO authorization date, then the Hospital EARC is not valid.

Name of Certified Hospital EARC Screener:

Hospital EARC Screener Certification No:

Telephone Number of Screener:

Comments:

Discharge Location:

Previous
Save
Save and Submit
Cancel Screening





## Hospital EARC Sections: Screener Attestation (b)

(118)

- Spelling of name and certification # must match established profile.
  - From portal: Logged In as Deanna Freundlich Logout From open EARC: Logout ( Deanna Freundlich )
  - Certification # typically utilizes the first 3 characters of last name followed by three to four digits.
- Input telephone contact information.
- Include comments where applicable to provide relevant information not included within EARC.
- Input anticipated Discharge Location if known at time of EARC completion.
- Click “Save and Submit” to initiate EARC referral to OCCO for processing and determination.

## Hospital EARC Submission Confirmation

(119)



### Confirmation Page

**YOUR APPLICATION HAS BEEN SUCCESSFULLY SUBMITTED**

**Patient:** Rachel Stevenson

**Note:** You may print a copy of the application for your records by clicking on the button below.

Submission of this application does not mean you have immediate coverage.

Your application was submitted on 09/13/2019

Your Confirmation Number is EARC-A00017

Print Application

Complete

- Upon submission, the confirmation page will be displayed.
  - Provides a confirmation number, date of submission.
  - May be printed.
  - **Submission notification email sent to Screener.**
- Click “Complete” to close out and return to Main Screen.



## Return to Main Screen

(120)

- Once Screener indicates “Complete” from the confirmation page, the Hospital EARC tab will close and the screener will be returned to the Main Screen.
  - User must refresh browser to see new activity.
    - ✦ This is a required action for any instance of activity updates.
  - EARC Record will be located within Submitted status tab following browser refresh.



## 8. Workflow and Processing of the Hospital EARC

- EARC MAIN SCREEN: STATUS TABS
  - CASE STATUSES
  - EMAIL NOTIFICATIONS



### EARC Main Screen: Status Tabs (a)

122

The screenshot displays the EARC Screener Portal interface. On the left is a dark blue navigation sidebar with the following menu items: "New Hospital EARC", "Screening", "Hospital EARC", "Screening", and "Instructions". The main content area features the "EARC Screener Portal" title and the "NJ Division of Aging Services" logo. Below the title is a row of status tabs: "Assigned", "Complete", "Inappropriate Referral", "Incomplete", "OCCO Determination", "RFI", "RFI Response", and "Submitted" (which is highlighted in blue). Underneath the tabs, there are filters for "App Type" (set to "Hospital EARC") and "Unfinished" (checked). A search section includes a "Search By:" dropdown (set to "Last Name"), a search input field, and "Deep Search" and "Clear Search" buttons.

- Operates as a web-based application requiring browser refresh to view updates within status tabs.
  - Following any refresh, defaults to “Submitted” status.



## EARC Main Screen: Case Status (b)

123

- The case status tabs hold EARC records to coincide with current EARC processing:
  - Incomplete
  - Submitted
  - Inappropriate Referral
  - Assigned
  - RFI (Request for Information)
  - RFI Response
  - OCCO Determination
  - Complete



## Case Status: Incomplete (a)

124

- To access, screener must check “Unfinished”, wait for page refresh and then open “Incomplete” status tab to access previously initiated Hospital EARC.

### EARC Screener Portal

Case Status: Assigned Complete Inappropriate Referral Incomplete OCCO Determination RFI Response Submitted

App Type: Hospital EARC  Unfinished

Search By: Last Name  Deep Search Clear Search

Show 10 entries

App Type	Last Name	First Name	DOB	App Status
EARC	test	occo	02/06/2002	Incomplete

**NOTE:** Incomplete tab is only visible when “Unfinished” checked.



## Case Status: Incomplete (b)

125

- A Hospital EARC initiated but not submitted for one reason or another.
  - Includes instances of a system timeout while creating a new screen.
- Prior data inputs maintained.
- Once complete, Screener can then submit to OCCO for processing and determination.
  - Be mindful of prior coding – ensure inputted detail accurately reflects current patient scenario.
  - An incomplete EARC may be finalized by another Screener other than originating screener.
    - ✦ At point of submission, requires attestation by the submitting Screener.



## Case Status: Submitted (a)

126

- Once submitted, the confirmation page will be visible and an email notification will be sent to the Screener.

Completed

NAVIGATION:

- Start ✔
- Hospital Admission & Request Type ✔
- Identification ✔
- Hospital EARC Eligibility ✔
- Financial Eligibility ✔
- Medical-PASRR ✔
- Cognition and ADL Self Performance ✔
- Options Counseling ✔
- Attachments ✔
- Review ✔
- Attestation ✔
- Confirmation ✔

**Confirmation Page**

Patient: Rachel Stevenson

**YOUR APPLICATION HAS BEEN SUCCESSFULLY SUBMITTED**

Note: You may print a copy of the application for your records by clicking on the button below.

Submission of this application does not mean you have immediate coverage.

Your application was submitted on 07/25/2019

Your Confirmation Number is EARC-A00029

Print Application
Complete



## Case Status: Submitted (b)

127

- A fully completed Hospital EARC submitted to OCCO.
- Status will update automatically to “Submitted” following full completion and submission by Screener.
  - Becomes ‘read only’ following submission;
  - EARC record accessible from Submitted status tab
    - ✦ Detail submitted seen within Application View.
- **Submission notification email sent to Screener.**
- Submitted status will remain until OCCO Support Staff (SS) action is taken.



## Case Status: Inappropriate Referral (a)

128

Application View Application Update Attachments View OCCO Determination OCCO Review

- Scroll down to see detail:

### Inappropriate Referral Info

Reason for Inappropriate Referral: MCO Enrolled

Inappropriate Referral: MCO Enrolled with Aetna.

- If no action needed, EARC will remain in this status.



## Case Status: Inappropriate Referral (b)

129

- Any EARC submitted but not processed by OCCO SS for various reasons as identified:
  - Valid Clinical Assessment on File (*No EARC resubmission*)
  - MCO Enrolled (*No EARC resubmission*)
  - Other: (specifics to be identified – *No EARC resubmission*)
    - ✦ Also utilized by Reviewer for coding error or other identified reason.
  - Incorrect Data: (specifics to be identified – *EARC resubmitted*)
- **Inappropriate Referral notification email sent to Screener.**
- From Inappropriate Referral status tab, locate/open record and access Application Update tab to review reason for Inappropriate Referral status and related detail as provided by OCCO.



## Case Status: Inappropriate Referral – Incorrect Data (c)

130

Application View	Application Update	Attachments View	OCCO Determination	OCCO Review
Identification Info				
Patient First Name	John	Patient Last Name	Matthew	
Date of Birth	2/3/1948	Gender	Male	
Patient Age	71	SSN	738-99-8757	
Where did the patient live at time of admission?	Homeless	Facility		
Address				
Address 1	852 White Horse Pike			
Address 2 / Apt #				
City	Hammononton			
State	NJ			
Zip Code	08037			
County of Residence	Atlantic			
				Save



## Case Status: Inappropriate Referral – Incorrect Data (d)

(131)

- If *Incorrect Data* identified, update demographic detail as requested from Application View.
  - Requires Screener response within one (1) business day to be eligible for resubmission.
- **Important:**
  1. Screener must save changes, followed by closing record and returning to the main screen. Save close
  2. The Screener must then immediately reopen record from main screen and then return to Application Update.



## Case Status: Inappropriate Referral – Resubmission (e)

(132)

Application Update
Attachments View
OCCO Determination
close

Confirmation Number: EARC-400017	Patient: Rachel Stevenson	Provider: OCCO State Branch 2	Application Type: EARC
-------------------------------------	------------------------------	----------------------------------	---------------------------

App Status		
App Status	Submitted	OCCO Clinician Assigned:

Status	Last Modified By	Last Modified Date/Time
Incomplete	Deanna Freundlich	9/13/2019 2:29 PM
Submitted	Deanna Freundlich	9/19/2019 12:54 PM
Inappropriate Referral	Deanna Freundlich	9/19/2019 12:52 PM

3. From Application Update tab, change status to submitted followed by saving and closing the record to return to the main screen. Save
  - EARC returns to OCCO for initial processing.
  - Resets submission date.
  - **Submission notification email sent to Screener.**

## Case Status: Assigned

133

- Hospital EARC that has been accepted for OCCO Review.
  - No apparent exclusion criteria or demographic errors noted.
- OCCO SS will assign to OCCO Clinician for determination
  - Status is updated from “Submitted” status to “Assigned”.
- No Screener action required; waiting final OCCO determination.



## Case Status: RFI (Request for Information) (a)

134

Application Update | Attachments View | OCCO Determination | OCCO Review

Clinician Assigned: \_\_\_\_\_

Status	Last Modified By	Last Modified Date/Time
Incomplete	Deanna Freundlich	8/30/2019 9:20 AM
Submitted	Deanna Freundlich	8/30/2019 9:20 AM
Inappropriate Referral		
Assigned	Deanna Freundlich	8/30/2019 9:31 AM
RFI	Deanna Freundlich	8/30/2019 9:31 AM
RFI Response		
OCCO Determination		
Complete		

**RFI Info**

Request For Information (RFI)      RFI Comments: Level I not certified for 30-day, submit Level II determination

Original Screener: Deanna Freundlich      RFI Respondee: \_\_\_\_\_

RFI Date/Time: 8/30/2019 9:31 AM      RFI Response Date/Time: \_\_\_\_\_

- From RFI status tab, open record and access Application Status tab to review detail related to RFI; scroll down to view detail.



## Case Status: RFI (b)

135

- Reviewer identifies a **coding error** or need for PASRR/ other documentation as required prior to making a final OCCO determination.
  - **Beginning 12/2019 RFI status expanded to include coding errors which requires a Screener response.**
- **RFI notification email sent to Screener.**
- Requires Screener response within one (1) business day of “RFI” status update.
  - If no response, Reviewer will provide a final OCCO Determination of “Referral Dismissed”, requiring completion of a new Hospital EARC if still indicated.



## Case Status: RFI – Coding Error (c)

(new slide added 12/2019 to coincide with system enhancements)

136

- If *RFI – Coding Error* identified, update application detail as requested from Application View.
  - Requires Screener response within one (1) business day to avoid referral being dismissed.
- **Important:**
  1. Screener must save changes, followed by closing record and returning to the main screen.  
  2. The Screener must then immediately reopen record from main screen and then return to Application Update for RFI Response.



## Case Status: RFI – Adding Attachments (d)

(137)

Application View   Application Update   **Attachments View**   OCCO Determination

Confirmation Number: EARC-A00137	Patient: Rachel Stevenson	Provider: EARC/OCCO State Hospital	Application Type EARC
-------------------------------------	------------------------------	---------------------------------------	--------------------------

Attach File: \*  Browse...

Description: \*

[Save Attachments](#)

Name	Description	Created Date	
Stevenson6789-7.15.2019PSRI.pdf	Corrected PASRR Level I	09/03/2019	<a href="#">View</a>
Stevenson6789-7.24.2019PSRII.pdf	PASRR Level II Attachment - MI	08/30/2019	<a href="#">View</a>
Stevenson6789-7.15.2019PSRI.pdf	PASRR Level I Attachment	08/30/2019	<a href="#">View</a>




## Case Status: RFI – Adding Attachments (e)

(138)

- If a new attachment is required, open Attachments View tab from open record and insert new attachments as required.
  - Browse computer and select applicable file.
  - Include description of new document.
  - Click “Save Attachments”.
- Listing will include all attachments specific to EARC.




## Case Status: RFI Response (a)

(139)

Application Update | Attachments View | OCCO Determination | OCCO Review

Confirmation Number: EARC-A00329    Patient: Rachel Stevenson    Provider: NJ State Hospital - CH    Application Type: EARC

App Status: RFI Response    OCCO Clinician Assigned: Deanna Freundlich

Status	Last Modified By	Last Modified Date/Time
Incomplete	Deanna Freundlich	8/30/2019 9:20 AM
Submitted	Deanna Freundlich	8/30/2019 9:20 AM
Inappropriate Referral		
Assigned	Deanna Freundlich	8/30/2019 9:31 AM
RFI	Deanna Freundlich	8/30/2019 9:31 AM
RFI Response	Deanna Freundlich	8/30/2019 9:55 AM
OCCO Determination		
Complete		

RFI Info

Request For Information (RFI)    RFI Comments: Level I not certified for 30-day, submit Level II determination

Original Screener: Deanna Freundlich    RFI Respondee: Deanna Freundlich

RFI Date/Time: 8/30/2019 9:31 AM    RFI Response: 8/30/2019 9:55 AM

## Case Status: RFI Response(b)

(140)

- Following coding corrections or attaching documents, 1) open Application Update tab and 2) change App Status to “RFI Response”, 3) include your name in RFI Respondee field, followed by saving and closing the record.
- RFI Response entered by Screener alerts OCCO Reviewer that response to RFI is provided; waiting OCCO review and final determination.
  - If all information is provided as requested, Reviewer will provide final OCCO determination, updating status to “OCCO Determination”.
  - If requires additional response OCCO Reviewer will return status to “RFI” for additional Screener action.

## Case Status: OCCO Determination (a)

141

- View OCCO Determination tab from within record; print determination if Authorized:

Application View Application Update Attachments View **OCCO Determination**

Confirmation Number: EARC-420289 Patient: Priscilla Anderson Provider: EARC/OCCO State Hospital Application Type: EARC

**OCCO Determination**

Authorized  NF  Vent SCNF

Date of Authorization: 7/31/2019  
Valid Through: 8/10/2019 Valid for this Hospital Admission only.

**IMPORTANT: If discharge occurs prior to OCCO authorization date, then the Hospital EARC is not valid. OCCO authorization of this hospital EARC is not a guarantee of Medicaid payment. Medicaid payment is contingent upon full clinical and financial eligibility within 90 days of admission to the nursing facility as per N.J.A.C. 9:85-1.8(b).**

Not Authorized  
OCCO to schedule on-site clinical assessment.

Referral Dismissed  
Referral Dismissed Reason:

Comments:

Name of OCCO Reviewer: Deanne Freundlich  
Date of Review: 8/2/2019

[Print Determination](#)

NJ Division of Aging Services NJ Department of Human Services

## Case Status: OCCO Determination (b)

142

- Identifies a final determination made by OCCO Reviewer:
  - Authorized
    - Valid for NF discharge up to 10 days from authorized date.
  - Not Authorized
  - Dismissed
- OCCO Determination notification email sent to Screener.**

**IMPORTANT:** If discharge occurs prior to OCCO authorization date, then the Hospital EARC is not valid. OCCO authorization of this hospital EARC is not a guarantee of Medicaid payment. Medicaid payment is contingent upon full clinical and financial eligibility within 90 days of admission to the Nursing Facility as per N.J.A.C. 9:85-1.8(b)



## Case status: OCCO Determination (c)

143

- Screener to proceed with next steps as applicable to final OCCO Determination:
  - AUTHORIZED
    - ✦ Proceed with hospital discharge for NF transfer; provide printed copies of – the EARC with OCCO Determination, and PASRR Level I and Level II determination when applicable.
  - NOT AUTHORIZED
    - ✦ Await onsite OCCO clinical assessment to be conducted within three (3) business days of EARC submitted date.
  - REFERRAL DISMISSED
    - ✦ Determine reason for dismissal – no response to RFI; target criteria not met or other reasons as identified.
    - ✦ If EARC still indicated, requires Screener to initiate and submit a new EARC; otherwise, no action required by Screener.



## Case Status: Complete

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- Status updated by OCCO SS following data entry processing of OCCO Determination.
- Screener may access record to view OCCO determination in either the OCCO Determination or Complete status tabs.
  - The tab the record sits in has no bearing on outcome and discharge planning can proceed as appropriate.
- No additional updates to record expected.



## Automated Email Notifications to Screener (a)

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### EARC APPLICATION SUBMISSION NOTIFICATION RE: EARC-A00024

noreply@salesforce.com on behalf of DoAS OCCO <doas.occo-earc@dhs.state.nj.us>

Sent: Wed 9/25/2019 9:34 AM

To: Deanna Freundlich

Thank you for your submission of the Hospital EARC for Rachel Stevenson; EARC-A00024. No additional information can be added to this referral. If you need to provide additional information, please outreach the respective OCCO to discuss.

**NORTHERN REGIONAL OCCO:** (737)777-4650

**County coverage area:** Bergen, Essex, Hudson, Morris, Passaic, Sussex, Warren, Hunterdon, Middlesex, Somerset, Union

**SOUTHERN REGIONAL OCCO:** (609)704-6050

**County coverage area:** Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Monmouth, Ocean, Salem

If the referral is unable to be processed by OCCO you will be notified of the inappropriate referral. If any additional information is requested (RFI) you will receive notification of the RFI and must respond within one (1) business day of the request. If no response, the referral will be dismissed.



## Automated Email Notifications to Screener (b)

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- Email notifications related to EARC workflow are system generated for various status updates:
  - Submit
  - Inappropriate Referral
  - RFI (Request for Information)
  - OCCO Determination
- Email directs Screener back to the EARC Record and includes the following information:
  - Subject: Identifies status
  - Body of email includes: Name of Patient; Confirmation #; General detail and instruction required specific to status
- Emails will be sent from DoAS OCCO <[Doas.OCCO-EARC@dhs.state.nj.us](mailto:Doas.OCCO-EARC@dhs.state.nj.us)> and are not to be replied to. Any required OCCO contact related to EARC processing should occur via telephone.



## 9. Hospital EARC Certification Process

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- **HOSPITAL EARC SCREENER CREDENTIALS**
  - **INITIAL AND RECERTIFICATION REQUIREMENTS**
  - **COMPETENCY EXAMINATION**



## Hospital EARC Screener: Credentials

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- To be certified as a Hospital EARC Screener, eligible hospital discharge planners must be:
  - Social Worker: BSW, CSW, LSW, MSW, LCSW
  - Registered Nurse: RN, MSN, APN
- It is the responsibility of the agency to validate the required credentials of individuals who seek Hospital EARC Certification.



## Hospital EARC Initial and Recertification

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- This training serves as both the initial and recertification training for those individuals requiring EARC Certification.
  - This training will be available online and may be accessed at any time for hospital employed individuals who require new certification.
- EARC Certification is valid for a period of three (3) years.
  - Certified EARC Screeners must attend the recertification training as provided by the DoAS every three years.
  - An individual may leave a hospital system and seek employment with another hospital system and maintain a valid Hospital EARC Certification as long as it is within the three year timeframe and there is a recent history of completing a Hospital EARC within a 6 month timeframe.
- OCCO retains the right to revoke a Hospital EARC Certification for those individuals not meeting quality assurance standards for accuracy.



## Competency Examination

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- Examination conducted through Survey Monkey.
- Direct email will be forwarded to training participants who registered for any one of the live training sessions.
  - Participants who did not register for the training or are accessing this as a recorded training must send an email request to:
    - ✦ [EARCRegistration@dhs.state.nj.us](mailto:EARCRegistration@dhs.state.nj.us)
    - ✦ Include subject line – EARC Certification, Request for Competency Exam
    - ✦ Include full name, hospital system employer, and name of supervisor
- Participants must complete the examination in full.
- Participants may only access the examination once.
- Requires 79% proficiency to be processed for a valid certification.
  - If less than 79%, retesting is required and a link will be forwarded.



## 10. Next Steps

- EMAIL AND COMPLETION OF EARC COMPETENCY EXAMINATION
- ESTABLISHING EARC SCREENER PORTAL ACCESS
  - GO LIVE DATE
- NAVIGATION QUESTIONS AND ISSUES REPORTING



## Next Steps

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- Email notification related to EARC Certification – Completion of Competency Examination, will be sent to training participants who registered for the live training provided by DoAS.
  - If a participant did not register for the training or accessed the training as a recording, the participant must send an email and request link for competency exam.
    - × [EARCRegistration@dhs.state.nj.us](mailto:EARCRegistration@dhs.state.nj.us)
    - × Subject Line: Request for EARC Certification Competency Exam
    - × Email Body: Full name, hospital employer name, supervisor name



## Next Steps

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- **Establish EARC Screener Portal Access**
  - Each hospital is required to complete required forms to gain access to the portal available at <https://www.state.nj.us/humanservices/doas/home/forms.html>
    - ✦ *Information Security Representative Request (ISR) Form (EARC-1)*
      - Identifies individuals responsible for submission of Access Request Forms and other related duties (see instructions included following form). One ISR form submitted per hospital.
    - ✦ *Access Request Form for Salesforce Government Cloud (EARC-2)*
      - Requires submission for any Certified EARC Screener who requires access to the portal.
- Following completion of the Hospital EARC Certification and processing of EARC Portal Access documents, an email will be forwarded directly to EARC Screener/User.
- **Remember:** User login required within 24 hours of email receipt.



## Next Steps

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- **Go LIVE Date: Immediately once portal access obtained.**
  - Certifications will be issued once user access forms are received and processed.
  - Upon receipt of portal access link, users are expected to use the portal for all EARC submissions and outcomes. Facsimile submission is to be discontinued for these users.
- **For navigation questions or to report issues, send email to**
  - [EARCregistration@dhs.state.nj.us](mailto:EARCregistration@dhs.state.nj.us)
  - Include name, hospital and as much detail surrounding issue as possible.
  - Encouraged to review training material and seek support from other users within your organization to provide for direction and to assist with issues prior to DoAS outreach.



# 11. Questions and Answers

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• **THANK YOU!**

