

Hospital EARC (Enhanced At-Risk Criteria) INITIAL Certification Training



NJ DIVISION OF AGING SERVICES

HOSPITAL EARC AND
EARC PORTAL OVERVIEW

NOVEMBER 2022



2022 Training Agenda



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1. 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 hospital discharge to 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 EARC Screeners with a valid certification.
 - If authorized, allows for Medicaid reimbursement for up to 180 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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- Once authorized, a Hospital EARC is valid for 10 days for discharge to NF.
- Allows for nursing facility admission within 10 days with potential Medicaid reimbursement from date of admission.
- Failure to obtain an EARC for a potential Medicaid recipient delays OCCO authorization and may result in inability to bill Medicaid for NF days.
- If discharge to the NF does not occur within 10 days of EARC authorization date, a new EARC must be submitted for OCCO Review.



Authorized Hospital EARC Validity (Revised 11/2022)

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- A Hospital EARC is valid for NF readmission following a hospitalization directly from NF as long as:
 - EARC is not older than 6 months; **and**
 - ✦ REMINDER: EARC serves as a placeholder until OCCO assessment completed within 90 days of referral. Once OCCO clinical assessment (PAS) is completed, the EARC is no longer in use.
 - No break in service from original admitting NF
 - ✦ 'No break in service' identifies a NF resident who is hospitalized for fewer than 10 days and is returning to the same NF.
 - ✦ If the bed-hold days are exhausted, then a new EARC must be conducted.
- **IMPORTANT:** The hospital must be in communication with the NF to determine EARC and clinical assessment status and whether a new EARC is required.



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); **and**
2. New admission to a Medicaid Certified NF or Vent SCNF with an expectation of billing Medicaid for all or part of their stay:

NOTE: Includes NF residents who have exhausted the 10-day bed hold and will be returning to the same NF upon discharge.

 - a. Currently Medicaid eligible but not yet enrolled in NJ FamilyCare with a Managed Care Organization (MCO); **or**

NOTE: MCO enrollment cannot be initiated or changed during hospitalization. The enrollment at time of hospital admission is continued; scheduled enrollment change is deferred to 1st of month after D/C from hospital setting.
 - 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;
 - o **Remember:** Only Vent SCNF transfers are appropriate for Hospital EARC. All other SCNFs require onsite OCCO clinical assessment.
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 (full clinical eligibility for Medicaid);
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. Individuals pending Medicaid with a valid EARC within last 180 days (6 months) (see Slide 6) and are returning to the same NF within the 10-day bed hold time period.
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



2. Responsibilities for the Hospital EARC Process

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



Hospital EARC Screener Responsibilities

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- If patient admitted from NF, outreach facility to determine expiration of 10-day bed hold and expectation to return to same NF.
- Determine eligibility for EARC and whether valid EARC or PAS on file.
- Conduct Options Counseling with patient/legal representative prior to initiation of EARC.
- Fully complete and submit the Hospital EARC with the required PASRR attachments when applicable for OCCO processing via the EARC Screener Portal
- Respond timely to OCCO requests as applicable.
 - Inappropriate Referral-Incorrect Data **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, OCCO SS will determine if the EARC submission is appropriate by considering the following:

OCCO PROCESSING CONSIDERATIONS	EXPECTED ACTIONS
Is there a valid clinical eligibility assessment (PAS) on file?	If YES , EARC not required as clinical eligibility already established for given time-period; expect Inappropriate Referral status update by OCCO, referral closed.
Is the individual MCO enrolled?	If YES , EARC not appropriate; Requires direct contact with MCO for authorization of discharge to NF; Inappropriate Referral status update by OCCO, referral closed.
Is demographic data correct?	If NO , requires updated demographics or confirmation that demographics as documented are correct; Inappropriate Referral status update by OCCO with expected resubmission by EARC screener for continued processing.
Other considerations?	As documented by OCCO SS; Inappropriate Referral status update by OCCO, referral closed.



OCCO SS Responsibilities

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- If the EARC referral is appropriate, SS will update status to '**Assigned**', and refer for OCCO review and final determination.
- Following 'OCCO Determination' status update by OCCO Reviewer, SS will conduct final processing and update the case 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 to 'RFI' and returns to Screener for additional action as applicable.
 - Coding discrepancy; need for required PASRR or other documentation, or other identified issues.
- If a final determination can be made, updates status to 'OCCO Determination'
 - Authorized, Not Authorized, Referral Dismissed



3. 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 excluded from Hospital EARC process; inform of initiation of EARC.
 - Inform patient/legal representative of Medicaid programs and required process to obtain full Medicaid eligibility – financial and clinical.
 - Provide alternatives to NF placement – discharge to community with supportive services, AAA-ADRC referral to explore other community programs and services.



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)**
 - Area Agency on Aging (AAA)-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>



(Refer to training handouts)



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

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- Multiple Medicaid 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
- **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.
 - In some counties, also 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 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.
- Information specific to QIT can be found at <https://www.state.nj.us/humanservices/dmahs/clients/mtrusts.html>
- Refer patient/legal representative to CWA for additional information.



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.
- 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 in MLTSS, 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 11 counties – contact information is available online at <https://www.state.nj.us/humanservices/doas/services/pace/index.html>.

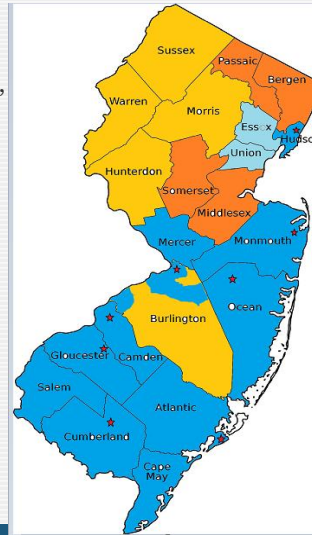


PACE Service Area Status: 2022

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★ Active Coverage (Blue)

- Atlantic, Burlington (partial), Camden, Cape May, Cumberland, Gloucester, Hudson, Mercer, Monmouth, Ocean, Salem
- **Under Development (Light Blue)**
 - Essex, Union
- **Request for Application/Awards Pending (Orange)**
 - Bergen, Passaic, Middlesex, Somerset
- **Expansion Pending (Gold)**
 - Burlington (partial), Hunterdon, Morris, Sussex, Warren



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.
 - *An 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>



4. Item by Item Review of the Hospital EARC

SECTION BY SECTION;
ITEM BY ITEM REVIEW



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
- (Review/Edit)
- Attestation



EARC Section: Acknowledgement

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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.

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

32

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)

33

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

Identification

* Patient Last Name:	<input type="text" value="Stevenson"/>
* Patient First Name:	<input type="text" value="Rachel"/>
* Social Security Number:	<input type="text" value="123-45-6789"/> <small>ex: XXX-XX-XXXX</small>
* Date of Birth:	<input type="text" value="2/6/1974"/>
Patient Age:	<input type="text" value="45"/>
* Gender:	<input type="text" value="Female"/>
* Where did patient live at time of admission:	
	<input type="text" value="Homeless"/>
* Address 1:	120 Quakerbridge Road
* City:	Hamilton
* State:	NJ
* Zip Code:	08610
* County:	MERCER

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.



EARC Section: HOSPITAL EARC ELIGIBILITY (a)

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NAVIGATION:

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

HOSPITAL EARC ELIGIBILITY

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

EARC Section: HOSPITAL EARC ELIGIBILITY (b)

36

- 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)

37

- 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)

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- Identify if PATIENT'S FUNDS EXPECTED TO LAST LESS THAN SIX (6) MONTHS in a nursing facility?
 - This identifies individuals who may be in a Medicaid 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)

(39)

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

FINANCIAL ELIGIBILITY INFORMATION

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/cbss/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

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)

(40)

- 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)

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- Identify patient's MONTHLY INCOME:
 - NJ FamilyCare Special Medicaid Program's maximum at or below [current Medicaid guidelines];
 - Medicaid Institutional cap at or below [current Medicaid guidelines];
 - OR**
 - Potentially eligible for a Medicaid Qualified Income Trust [current Medicaid guidelines].
- 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.

* (See handout for current Medicaid Guidelines)



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 [current Medicaid guidelines] (plus \$1500 burial fund).
 - If spouse in the community, resources at or below [current Medicaid guidelines] (plus \$1500 burial fund).
 - Considered as Medicaid spend-down if no spouse in the community and resources at or below [current Medicaid guidelines].
- 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)

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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? YES

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

Respiratory Insufficiency

3. * Is the patient ventilator dependent? NO




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.
 - Written diagnosis required - *ICD codes are not appropriate.*



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)

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Financial Eligibility ✔

Medical-PASRR

Cognition and ADL Self Performance

Options Counseling

Attachments

Review

Attestation

Confirmation

3. * Is the patient ventilator dependent? NO

Pre-Admission Screening Resident Review (PASRR)

Federal law (Title 42L463 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)

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- 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.
 - PASRR requirement reinstated in November 2021
 - Access PASRR specific information and training resources made available by DoAS and the NJ 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)

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- 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)

50

- If '**PASRR not applicable**' is 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)

51

- 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)

52

- **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

53

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)

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.

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

54

- 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 appear to meet Medicaid clinical eligibility as defined by N.J.A.C. 8-85-2.1

COGNITION



DEFINE ITEMS AND CODING; CONSIDERATIONS



COGNITION

56

Overview:

- To determine the individual's actual performance in remembering, making decisions, and organizing daily self-care activities.
- Areas of Cognition considered for Hospital EARC authorization:
 - DAILY DECISION MAKING
 - SHORT-TERM MEMORY
 - MAKING SELF UNDERSTOOD



COGNITION: Daily Decision Making

57

- **DEFINITION:**
 - How patient makes decisions about organizing the day.
- **CONSIDERATIONS:**
 - Record individual's *actual performance* in making everyday decisions about tasks or ADLs.
 - Determine if mismatch between abilities and current level of performance.
- **EXAMPLES:**
 - Choosing items of clothing; Knowing when to eat meals; Using environmental cues to organize and plan the day; Awareness of strengths and limitations; Making prudent decisions of how to respond to an emergency and/or the need to use assistive devices appropriately.



COGNITION: Daily Decision Making

58

- Requires full understanding of individual's involvement with day-to-day activities/decisions.
 - Interview and observe the individual, consult with caregiver or direct care staff, review available medical records.
 - Questions asked during interaction will greatly assist Screener in understanding decision making ability.



CODING for Daily Decision Making

59

- Independent
- Modified Independence
- Minimally Impaired
- Moderately Impaired
- Severely Impaired
- No Discernable Consciousness, Coma



Independent with Daily Decision Making

60

- **DEFINITION:**
 - **Decisions consistent, reasonable, and safe.**
- **CONSIDERATIONS:**
 - There is no need for others to make decisions or provide cues/supervision as there are no safety concerns. Decision making ability fully intact.



Modified Independence with Daily Decision Making

61

- DEFINITION:
 - **Some difficulty in new situations only.**

- CONSIDERATIONS:
 - Patient may be challenged with decision making only when faced with new situations but is still capable of making sound decisions in most instances.



Minimally Impaired with Daily Decision Making

62

- DEFINITION:
 - **In specific recurring situations, decisions become poor or unsafe; cues/supervision necessary at those times.**

- CONSIDERATIONS:
 - Due to cognitive issues, may have an increased incidence of making poor decisions, requiring cues/supervision only on occasion with different circumstances. May be independent with some areas of decision making but not all.



Moderately Impaired with Daily Decision Making

63

- **DEFINITION:**
 - **Decisions consistently poor or unsafe, cues/supervision required at all times.**

- **CONSIDERATIONS:**
 - Due to cognitive issues the decisions made by the patient at all times are not safe; therefore the patient requires cues/supervision to ensure safety.



Severely Impaired with Daily Decision Making

64

- **DEFINITION:**
 - **Never or rarely makes decisions.**

- **CONSIDERATIONS:**
 - There is no occurrence of any decisions being made by the patient. Essentially all decisions are being made by another individual.



No Discernable Consciousness, Coma with Daily Decision Making

65

- **DEFINITION:**
 - The person is nonresponsive.
- **CONSIDERATIONS:**
 - The person is unable to be involved in any decisions making processes.
 - If this coding is utilized, expect all ADLs to be coded as **‘Total Dependence’** or **‘Activity Did Not Occur’** where applicable
 - ✦ E.g. Locomotion



Cognition: Short Term Memory

66

- **DEFINITION:**
 - **Seems/Appears to recall after 5 minutes.**
- **CONSIDERATIONS:**
 - How is the individual responding through the assessment process?
 - ✦ Not remembering appointment; repeating self; answering questions inappropriately; or not remembering your name?
 - Conduct a structured test of short-term memory.
 - ✦ Ask the individual to remember three unrelated items and then have them repeat the items back after 5 minutes.



CODING for Short-Term Memory

67

SHORT-TERM MEMORY: Can patient recall 3 items from memory after 5 minutes?

- **YES: Short-term Memory OK**
 - **Patient able to recall** details as provided within a short window of time. Events of yesterday or failure to conduct a task outside of 5 minutes should not be considered as a memory problem.
- **NO: Short-term Memory problem**
 - **Patient unable to recall** details within 5 minutes. This may be realized by asking patient to remember 3 items and then repeat within 5 minutes, or taking into account the patient's repeated questions for information previously shared in a short time span but not recalled.



Cognition: Making Self Understood

68

- **DEFINITION:**
 - How well does patient express or make self-understood (expressing information content, however able)?
 - ✦ **Ability to express or communicate requests, needs, opinions, and urgent problems and to engage in social conversation**
- **CONSIDERATIONS:**
 - Can be via speech, writing, sign language, or a combination of these
 - Not meant to address differences in language understanding
 - Observation of interaction during interview necessary



CODING for Making Self Understood

69

- Understood
- Usually Understood
- Often Understood
- Sometimes Understood
- Rarely or Never Understood



Understood (Making Self Understood)

70

- DEFINITION:
 - Expresses ideas clearly without difficulty.
- CONSIDERATIONS:
 - Able to communicate without any question of what is being expressed. No need for others to prompt or anticipate needs.



Usually Understood (Making Self Understood)

71

- DEFINITION:
 - **Difficulty finding the right words or finishing thoughts (resulting in delayed responses), BUT if given time, requires little or no prompting.**
- CONSIDERATIONS:
 - May be challenged to a small degree to express self but ultimately able to be understood with little or no prompting. If utilizing assistive device to communicate or speaking in another language they are usually understood.



Often Understood (Making Self Understood)

72

- DEFINITION:
 - **Difficulty finding words or finishing thoughts, prompting usually required.**
- CONSIDERATIONS:
 - May be able to initiate communication but has difficulty fully expressing thoughts without prompting.
 - If utilizing assistive device for communication or speaking in another language they are understood after being prompted.



Sometimes Understood (Making Self Understood)

73

- DEFINITION:
 - **Limited ability, but is able to express concrete requests regarding at least basic needs (food, drink, sleep, and toilet).**
- CONSIDERATIONS:
 - Patient only able to communicate basic needs, and/or utilizing noises or hand gestures to make self-understood.
 - If utilizing assistive device to communicate or speaking in another language they are sometimes understood.



Rarely or Never Understood (Making Self Understood)

74

- DEFINITION:
 - **At best, understanding is limited to interpretation of highly individual, person-specific sounds or body language.**
- CONSIDERATIONS:
 - Patient not actively and/or effectively communicating. For those instances where expression may have occurred, unable to comprehend what is being expressed.
 - ✦ Caregiver has learned to interpret person signaling the presence of pain or need to toilet.



Activities of Daily Living (ADLs)



DEFINE ITEMS AND CODING; CONSIDERATIONS



Activities of Daily Living (ADLs)

76

- **OVERVIEW:**
 - To determine what an individual is able to do for him/herself (self performance) and the support provided by others over the **last 3 days**
- ADLs considered for Hospital EARC authorization:
 - BED MOBILITY
 - TRANSFER
 - LOCOMOTION
 - DRESSING (upper and/or lower)
 - EATING
 - TOILETING (toilet use and/or toilet transfer)
 - BATHING (*consider last 7 days*)

▪ For each item, consider all sub-tasks involved.



ADL: Bed Mobility

77

- DEFINITION:
 - How individual moves to and from lying position, turns side to side, and positions body while in bed.
 - ✦ **EXCLUDES** transfers in/out of bed (considered in ADL – Transfer)
- CONSIDERATIONS:
 - Includes alternative sleeping locations (e.g., lounge or geri-chair, etc.)
 - Subtasks may include:
 - ✦ Lift self-up in bed; Reach/use trapeze; Raise/lower side rails; Managing bed controls; Move bed linens (sheet, cover); Prop pillows
 - Level of support required:
 - ✦ Self initiating, cues/reminders/oversight, placing necessary items within reach, physical support in any subtask for bed mobility?

ADL: Transfer

78

- DEFINITION:
 - How individual moves to and between surfaces, including to/from bed, chair, wheelchair, standing position.
 - ✦ **EXCLUDES** transfer to/from bath (considered in ADL – Bathing) or transfer to/from toilet (considered in ADL – Toileting)
- CONSIDERATIONS:
 - Subtasks may include:
 - ✦ Positioning of individual in preparation of transfer; ensuring the presence of necessary equipment, and locks brakes when assistive device used
 - Level of support required:
 - ✦ Self initiating, cues/reminders/oversight, placing necessary assistive devices within reach, physical support in any subtask to transfer safely?

ADL: Locomotion

79

- **DEFINITION:**
 - **How individual moves between locations on same floor (walking or wheeling).**
 - ✦ If in wheelchair, self sufficiency once in chair
- **CONSIDERATIONS:**
 - Subtasks may include:
 - ✦ Availability and use of assistive device if necessary; maintaining a steady gait/balance if walking
 - Level of support required:
 - ✦ Self initiating, cues/reminders/oversight, placing assistive devices within reach, physical support in any way to assist with locomotion?



ADL: Dressing

80

- **DEFINITION:**
 - **Includes Upper and Lower Body Dressing**
 - **How individual dresses/undresses (e.g., hospital gown, street clothes, underwear), including prostheses, orthotics, fasteners, pullovers, etc.**
 - ✦ **EXCLUDES** adjusting clothes before/during/after toileting (*considered in ADL - Toileting*)
- **CONSIDERATIONS:**
 - Subtasks may include:
 - ✦ Gathering appropriate articles of clothing, ability to dress/undress, and handle buttons/fasteners/zippers/prosthesis
 - Level of support required:
 - ✦ Self initiating, cues/reminders/oversight, placing clothing items within reach, physical support in any subtask of dressing?



ADL: Eating

81

- **DEFINITION:**
 - **How individual eats and drinks (regardless of skill)**
 - **Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration).**
- **CONSIDERATIONS:**
 - Subtasks may include:
 - ✦ Opening containers, cutting food, bringing food to mouth or other means of obtaining nutrition; monitoring for safety
 - Level of support required:
 - ✦ Self initiated, cues/reminders/oversight with eating, need for assist with cutting food or opening containers, assist initiating task or any level of physical support with any subtask related to eating?



ADL: TOILETING (toilet use and/or transfer)

82

- **DEFINITION:**
 - **How moves on and off toilet or commode**
 - **How uses toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes bed pad, manages ostomy or catheter, adjusts clothes.**
- **CONSIDERATIONS:**
 - Subtasks may include:
 - ✦ Gathering toileting items, adjusting clothing for toileting purposes, changing pad/under garments.
 - Level of support required:
 - ✦ Self initiating, cues/reminders/oversight, placing toileting items within reach, physical support in any subtask for toilet transfer/use?



ADL: Bathing

83

- DEFINITION:
 - How individual takes full-body bath or shower. Includes how **transfers in and out of tub or shower** AND **how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area. (7 day look-back).**
 - ✦ **EXCLUDES** washing of back and hair .
- CONSIDERATIONS:
 - Bathing locations may include tub, shower, basin/sink, bed bath
 - Subtasks may include:
 - ✦ Gathering items, safety getting into/out of bath (shower), physical process of washing and drying body, overall safety awareness.
 - Level of Support required:
 - ✦ Self initiating, cues/reminders/oversight, placing items within reach, physical support in any subtask of bathing?



Coding for ADLs

84

- Independent
- Set-up Help Only
- Supervision
- Limited Assistance
- Extensive Assistance
- Maximal Assistance
- Total Dependence
- Activity Did Not Occur



ADL Coding: Independent

85

- **No help, setup, or oversight**
 - NO LOOK, NO TALK, NO TOUCH
 - ✦ Individual is not instructed, cued or assisted with the task in any way.
 - ✦ Individual does all parts of the activity alone.



ADL Coding: SET-UP Help ONLY

86

- **Article or device provided within reach of individual**
- NO LOOK, NO TALK, NO TOUCH
- Examples:
 - Cutting up meat
 - Providing grooming articles
 - Retrieving clothing
 - Providing wash basin and other bathing necessities
 - Providing incontinence supplies
 - Raising a bed rail
 - Handing a walker or other assistive device



ADL Coding: Supervision

87

- **Oversight, encouragement or cueing**
 - LOOK and/or TALK, NO TOUCH
 - ✦ Oversight for safety considerations
 - ✦ Individual is prompted, provided instructions or cueing, but does not receive physical (hands on) assistance.



ADL Coding: Limited Assistance

88

- **Individual is highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance.**
 - TALK and TOUCH
 - ✦ Individual may be given instruction or cues **but** requires others to touch (physically assist); can be as simple as putting a hand on individual's back or holding his/her elbow while walking.
 - ✦ Contact Guard or Hands-on Assist but **NO weight-bearing support**



- **Guided Maneuvering:** physically directing individual in completing task without weight bearing assistance.



ADL Coding: Extensive Assistance

89

- **Weight-bearing support (including lifting limbs) by 1 helper where individual still performs 50% or more of subtasks.**
 - TALK, TOUCH, and LIFT or SHIFT
 - ✦ 1 helper provided **weight-bearing support** for all or part of the activity;
 - ✦ Individual highly involved in the activity (50% or more of subtasks).



NJ Division of
Aging Services



State of New Jersey
DHS
Department of
Human Services

ADL Coding: Maximal Assistance

90

- **Weight-bearing support (including lifting limbs) by 2+ helpers; OR**
- **Weight-bearing support for more than 50% of subtasks**
 - TALK, TOUCH, and LIFT or SHIFT
 - ✦ Individual minimally involved in activity (others completing 50% or more of subtasks)



NJ Division of
Aging Services



State of New Jersey
DHS
Department of
Human Services

ADL Coding: Total Dependence

91

- **Full performance of the activity by another.**
 - ALL ACTION BY OTHERS
 - ✦ Individual does not participate in any part of the activity being done for him/her (consider all subtasks)
 - ✦ If individual performed ANY part of the activity (was involved at any level), then total dependence cannot be coded.



ADL Coding: Activity Did Not Occur

92

- **The ADL activity was not performed by the individual or others (regardless of ability) during entire period.**



- **Keep in mind:** When coding 'Activity did not occur', you lose consideration of that ADL for potential authorization.



ADL Self-Performance: CODING GUIDELINES

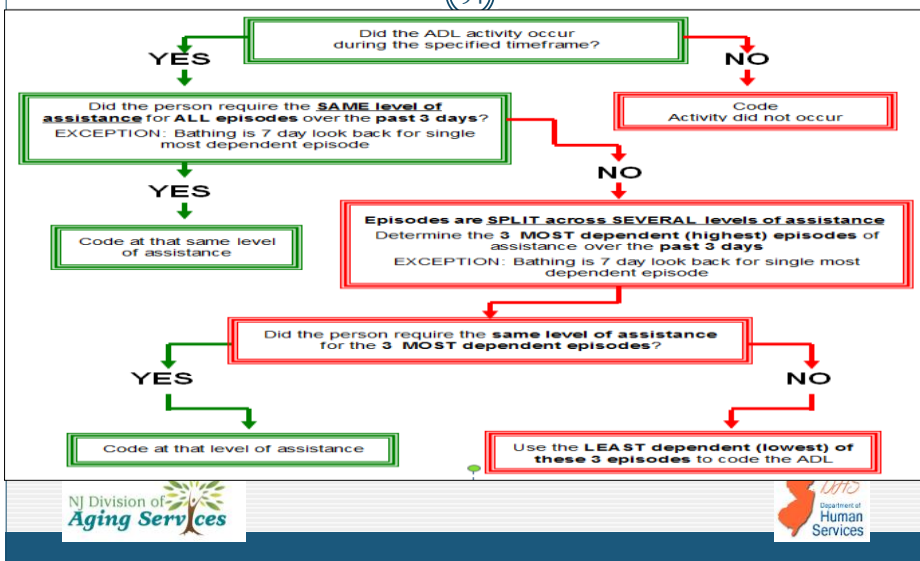
93

- Assess the patient’s ADL self performance during the **LAST 3 DAYS** (*except bathing, during last 7 days*) considering all episodes of these activities (including sub-tasks).
 - 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

94



ADL Coding Guidelines: EXAMPLE

95

- 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

96

- 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 for coding ADL:
 - **Limited**

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



EARC Section: OPTIONS COUNSELING (a)

97

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, NF Preadmission 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

NJ Division of  **Aging Services**

 **DHS** Department of Human Services

EARC Section: OPTIONS COUNSELING (b)

98

- 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)

99

- 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)

100

- **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)

101

- 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 in open text box.
 - ✦ 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.



EARC Section: ATTACHMENTS

102

NAVIGATION

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

ATTACHMENTS

Patient: Rachel Stevenson

No.	Type	Status	Attach
1	PASRR Level I Attachment	Pending	Attach
2	PASRR Level II Attachment - MI	Pending	Attach
3	Other	Pending	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

103

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

NF: Vent: SCNF:

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 for screener to review and edit information as necessary.
- Functionality to be covered later in training.



EARC Section: ATTESTATION (a)

104

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:



EARC Section: ATTESTATION (b)

(105)

- 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
 - Hospital EARC Screener Certification No.
 - Telephone Number
 - Comments
 - ✦ Utilized to expand on information not covered within the screen.
 - ✦ Not required.
 - NF Discharge Location
 - ✦ If known prior to EARC submission.
 - ✦ Not required.



5. Introduction and Overview of the Hospital EARC Portal and EARC Record

(106)

- **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

107

- 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.
 - Beginning in July 2022, OCCO implemented a NF Portal for nursing facilities to submit LTC-2, Notice of Admission and other NF specific request types via the Salesforce Portal.
 - ✦ Requires NF to search for a valid EARC (admission to NF within 10 days of authorized determination) to link to the new NF LTC2 record.



Salesforce Security Standards

108

1. The EARC Portal is built and maintained on the Salesforce Government Cloud.
 - Salesforce Government cloud is HIPAA compliant , 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 EARC application have a role based security from ground up which ensures users only see information created by their organization.



Internet Browser Considerations

109

- **Important:** This application is web-based, requiring a browser page refresh to view most current activities – status updates.
- The EARC Screener Portal may be accessed through the following browsers:
 - Recommended:
 - ✦ Google Chrome
 - ✦ Microsoft Edge
 - Not Recommended/Supported:
 - ✦ Internet Explorer
 - ✦ Other browser types
- If using Google Chrome, turn off '**Save and fill addresses**' in browser settings.
- Turn off '**Pop-Up Blockers**' from browser settings



Portal Access and Login

110

- Access to EARC Screener Portal is processed by DoAS:
 - Requires valid Hospital EARC Certification.
 - Submission of required Portal User Access Request Form (SF-2) emailed to EARCRegistration@dhs.nj.gov.
- Initial Access/Welcome email notification sent directly to user, includes individualized EARC Screener Portal link and user name.
 - Email sent from: Worker Portal <NJSave.noreply@dhs.nj.gov>.

NOTE: Link expires within 24 hours if not accessed within that timeframe.
 - Check junk mail folder if not received before contacting EARCRegistration@dhs.nj.gov to request a new link.
- Users accounts where there is no activity within 120 days will be deactivated, requiring resubmission of a new SF-2.
 - Required to maintain HIPAA compliance & manage license distribution.



SAMPLE: Portal Access Welcome Email

111

[EXTERNAL] **Welcome** to Worker Portal

WP noreply@salesforce.com on behalf of Worker Portal <njsave.noreply@dhs.state.nj.us>
To: Freundlich, Deanna Wed 9/21/2022 11:18 AM

*** CAUTION ***

This message came from an EXTERNAL address (njsave.noreply@dhs.state.nj.us_1kzbtb2meuznyhmw@hioqfkryxir6.t-tzcaeaw.na214.bnc.salesforce.com). **DO NOT** click on links or attachments unless you know the sender and the content is safe. **Suspicious?** Forward the message to spamreport@cyber.nj.gov.



Hi Deanna,

Welcome to Worker Portal! Please find below the initial access link to establish your Salesforce portal profile, as well as identification of your portal account and user ID.

INITIAL PORTAL ACCESS LINK: https://njdoas-ua.force.com/wp/login?c=IMEi7ZANi4rPKFE9yPdQHOqjGcLVOT7mKjaOILS1d.yCvMnut_w6xL60VSo9xX73JzXLAjKFAFY6gZn6ZVZ1iYFMblTX3dH6PBn11wlpJWfUJt8.WBI5iVFGG8lo9gVirF7ampywa.AmlJlaHvKnXpoOxjvi9gE5L5vRq4hKtws4Kogn6ThymCefV2.ZiISKSxMotTyZPjIhEWLFrzBvlQDsrRkXYg%3D%3D

- This access link is intended for initial access only and is active for 24 hours. Therefore, it is requested you take immediate action to establish your user password for access to the portal.

PORTAL ACCOUNT/ORGANIZATION: OCCO Nursing Facility

Generic Portal Login

112

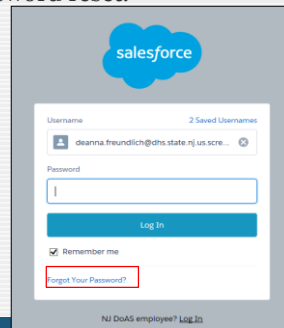
- **Generic Portal Login link:**
 - <https://njdoas-ua.force.com/wp/login>
 - ✦ **SAVE LINK TO FAVORITES**
 - Utilized by all users following initial login/password reset links provided in email
 - ✦ These links are intended for a single use
 - **IMPORTANT:** Do not utilize any emailed links to access the portal as full functionality will not be present.



User Password Considerations

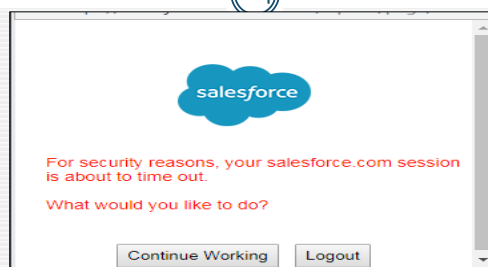
113

- After three (3) failed attempts to log into the portal, user is locked out for 15 minutes before another login attempt can be made.
 - Requests for password resets are conducted via hyperlink at login page; requires user to input **User email**, select applicable user ID, then await email from Salesforce to include a link for a password reset.
- Password reset required every 45 days.



Application Time-Out

114



- Application Time-Out Messaging appears after a 15 minute period of inactivity.
 - Pop-up blockers must be turned off to view timeout dialogue windows.
 - If warning missed, application will not function as expected
 - ✦ Conduct Browser Refresh to determine if still active



If timed out, user will be brought back to login screen



EARC Portal Navigation Presentation Style

115

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 Landing Page(a)

116

EARC Screener Portal Main Landing Page (b)

117

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

1. EARC Screen and EARC Instructions launch button – to initiate a new screen or to obtain instruction document and available resources
2. Case Status Tabs – to filter cases by outcomes
3. App Type – ‘Hospital EARC’
4. Search By – to access individual records, limited to last 2500 portal records
5. EARC Deep Search – searches entire EARC portal for all records
6. Grid Columns – quick reference to basic demographics for each record, including current case status and last update.



Searching for Records (a)

118

App Type: Hospital EARC Unfinished Logout

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

Search By: Confirmation Number

EARC Deep Search: First Name Test DOB - MMDD/YYYY Submission Date: From - MMDD/YYYY To - MMDD/YYYY

Branch County Branch Name Assigned Clinician

Show 10 entries

App Type	Confirmation	Submitted Date	Last Name	First Name	DOB	County	Attachments?	EARC Screener	App Status	OCCO Determination	Date of OCCO Determination
EARC	EARC-A15879	07/05/2022	Testing	Final	11/24/1998	Mercer	YES	Deanna Freundlich	Complete	Authorized	07/05/2022

- If current status unknown select ‘Search All’ to create a listing of EARC records. If necessary, select criteria for search, and then click ‘Search All Statuses’. Click record in grid listing to open.

- Select ‘Clear Search’ or conduct a browser refresh to conduct a new search.



Searching for Records (b)

119

1. **Case Status:** Each EARC will have its own record and will be stored under a specific status tab based on current processing. 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

120

- Following the selection of a status tab and/or use of a search, EARC records will appear in the grid listing and display information specific to each EARC record.
 - Any column may be sorted in an ascending or descending order.
- Each listing within the grid represents one Hospital EARC.
 - 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, although the default of 10 records will occur following a page refresh.
- To access a specific record click on the record line to open.

App Type	Confirmation	Submitted Date	Last Name	First Name	DOB	County	Attachments?	EARC Screenshot	App Status
EARC	EARC-40017	08/13/2019	Sevenson	Rachel	03/01/1983	Bergen	NO	Deanna Freundlich	Submitted



EARC Record (a)

(121)

Application View | Application Update | Attachments View | OCCO Determination

Confirmation Number: EARC400017	Patient: Rachel Stevenson	Provider OCCO State Branch 2	Application Type EARC
------------------------------------	------------------------------	---------------------------------	--------------------------

Application Info

Date EARC Completed	09/13/2019	Application Status	Submitted
Application Type	EARC	Last Modified By/Date	Deanna Freundlich - 09/13/2019



Hospital Admission

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"/>

Identification Info

Date of Birth	03/02/1993	Gender	Female
---------------	------------	--------	--------

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





EARC Record: Application View (b)


(122)

- Provides detail of information inputted by Screener; reviewed by OCCO Support Staff for processing and OCCO Reviewer for EARC determination.
- Read-only access following submission *except* for instances of:
 - **INAPPROPRIATE REFERRAL – Incorrect Data** - Only the demographic detail is open for edits if this status update occurs; requires Screener to save changes (must scroll down to bottom of page to access the save button).
 - **RFI** – All coding fields open for potential modification.

NOTE: Once changes are saved and record closed, all previously opened fields will be closed for further edits.



Save



EARC Record: Application Update (a)

123

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

Confirmation Number: EARC-A00760 Patient: Myra Jones Provider: OCCO State's Hospital Branch Application Type: EARC

App Status

App Status: OCCO Determination OCCO Clinician Assigned: Deanna Freundlich

Showing Page # 1 of 2

App Status	Changed By	Changed Date/Time
OCCO Determination	Deanna Freundlich	09/28/22 11:47 AM
RFI Response	Deanna Freundlich	09/28/22 11:43 AM
RFI	Deanna OCCO Support Staff	09/28/22 10:37 AM
Assigned	Deanna OCCO Support Staff	09/28/22 10:30 AM
Hold	Deanna OCCO Support Staff	09/28/22 10:23 AM

- **Areas of focus:** App Status; Status history; *RFI Info*; *Inappropriate Referral Info.* (not visible in screenshot)

NJ Division of **Aging Services** State of New Jersey **DHS** Department of Human Services

EARC Record: Application Update (b)

124

- **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.
- Any update requires Screener to Save changes.

NJ Division of **Aging Services**

Save

State of New Jersey **DHS** Department of Human Services

EARC Record: Attachments View

125

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

Confirmation Number: EARC-A15979 Patient: Final Testing Provider: OCCO State Branch 1 Application Type: EARC

Attach File: * No file chosen

Description: *

Name	Description	Created Date
AppConfirmation.pdf	Confirmation PDF	10/05/2022

- Provides listing of and makes available documents submitted with EARC; as well as both the submitted and finalized EARC with OCCO Determination.
 - Provides ability to attach additional documents when requested.
- NOTE: PDF files required**



EARC Record: OCCO Determination (a)

126

date Attachments View **OCCO Determination**

Confirmation Number: EARC-A90337 Patient: Rachel Stevenson Provider: EARC/OCCO State Hospital Application Type: EARC

OCCO Determination

Authorized NF Vent SCNF

Date of Authorization: _____ Valid Through: _____ 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. 8:85-1.8(b).

Not Authorized
OCCO to schedule on-site clinical assessment.

Referral Dismissed Referral Dismissed Reason: _____

Comments: _____

Name of OCCO Reviewer: _____



EARC Record: OCCO Determination (b)

127

- 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.
- 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.
 - Portal generated email to Screener.




6. Creating a New Hospital EARC

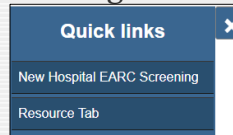
- ACCESSING INSTRUCTIONS
 - CREATING A NEW EARC
- SECTIONS OF THE HOSPITAL EARC
 - FULL COMPLETION AND NAVIGATION CONSIDERATIONS



Hospital EARC Instructions/Help

129

- Instructions are available through the EARC Portal Landing Page-Quick Links  and include information relevant to target criteria, individual items and coding definitions located in the resource tab.



- Other areas of information throughout EARC; made available by clicking the 'i' icon next to various items.



Creating a New Hospital EARC (a)

130

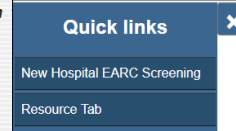
The screenshot shows the EARC Screener Portal interface. On the left is a 'Quick links' sidebar with 'New Hospital EARC Screening' highlighted. The main area has a header with the NJ Division of Aging Services logo and 'EARC Screener Portal'. Below the header, there are filters for 'App Type' (Hospital EARC) and 'Unfinished'. A 'Case Status' bar includes buttons for Submitted, Hold, Inappropriate Referral, Assigned, RFI, RFI Response, OCCO Determination, and Complete. A 'Search By' section has a dropdown for 'Confirmation Number' and a search input field. Below this is an 'EARC Deep Search' section with fields for First Name, Last Name, DOB, Submission Date, Branch County, Branch Name, and Assigned Clinician. At the bottom, there is a table with columns: App Type, Confirmation, Submitted Date, Last Name, First Name, DOB, Hospital Branch, County, Attachments?, EARC Screener, and Region. The table currently shows 0 entries.



Creating a New Hospital EARC (b)

131

- From the Portal Landing Page, after clicking the Quick Links button, the Hospital EARC can be initiated by clicking the 'New Hospital EARC Screening'



- Once initiated, Hospital EARC opens in a 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

132

- The Screener must check the box preceding the Acknowledgement Statement.



Hospital EARC Sections: Left Navigation Bar

133

- 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)

134

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?

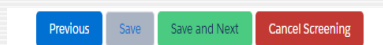
* Will the patient's funds last less than six (6) months in a nursing facility?



Hospital EARC Sections: Navigation Buttons (b)

135

- **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. Once cancelled, the EARC will be deleted.
 - **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.



Hospital EARC: Data Entry Guidelines

136

- **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

137

- 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 errors are resolved.

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 Sections: Attachments (a)

138

- If required for submission, a listing of required PASRR documents will be provided.

- The Type of 'Other' will always be present (not required)

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 1 Attachment	Pending	<input type="button" value="Attach"/>
2	Other	Pending	<input type="button" value="Attach"/>

Previous
Save and Next
Cancel Screening



Hospital EARC Sections: Attachments (b)

139

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	Attach
<div style="border: 1px solid #ccc; padding: 5px;"> <p style="margin: 0;">Description* PASRR Level I Attachment</p> <p style="margin: 0;">Descriptor* <input type="text" value="Select PASRR Level I"/> </p> <p style="margin: 0;">Attach File* <input type="button" value="Browse..."/> <input type="button" value="Attach"/> <input type="button" value="Cancel"/> </p> </div>			
2	Other	Pending	Attach



(continued)



Hospital EARC Sections: Attachments (c)

140

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	Attached	Attach
2	PASRR Level II Attachment - MI	Attached	Attach
<div style="border: 1px solid #ccc; padding: 5px;"> <p style="margin: 0;">Description* PASRR Level II Attachment - MI</p> <p style="margin: 0;">Descriptor* <input type="text" value="PASRR Level II Attachment - MI"/> </p> <p style="margin: 0;">Attach File* <input type="button" value="Choose File"/> No file chosen <input type="button" value="Attach"/> <input type="button" value="Cancel"/> </p> </div>			
3	Other	Pending	Attach

Name	Description	Created Date	Status	Delete
Stevenson6789-7_15_2019PSRI.pdf	PASRR Level I	07/25/2019	Attached	✕
Stevenson6789-7_24_2019PSRII.pdf	PASRR Level II Attachment - MI	07/25/2019	Attached	✕

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Hospital EARC Sections: Attachments (d)

141

1. From the attachments section, click the '**Attach**' button for the specific document type identified:
 - ✦ PASRR Level I, PASRR Level II (as applicable) or Other
2. Once open, from the drop-down, select the applicable '**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 the secondary '**Attach**' button
 - ✦ 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

142

- 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	✓	Vent SCNF	<input type="checkbox"/>
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Identification Information EDIT

Previous
Save
Save and Next
Cancel Screening

Hospital EARC Sections: Screener Attestation (a)

143

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)

144

- 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 NF 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

(145)



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 and return to Main Landing Page.



Return to Main Landing Page

(146)

- Once Screener indicates '**Complete**' from the confirmation page, the Hospital EARC tab will close and the screener will be returned to the main landing page.
 - 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 until receipt and processing by OCCO.



7. Workflow and Processing of the Hospital EARC

- EARC MAIN LANDING PAGE: STATUS TABS
 - CASE STATUSES
 - EMAIL NOTIFICATIONS



EARC Main Landing Page: Status Tabs (a)

148

The screenshot shows the EARC Screener Portal interface. At the top, there is a navigation menu with a hamburger icon. The main header includes the NJ Division of Aging Services logo and the text 'EARC Screener Portal'. Below the header, there is a section for 'App Type' with a dropdown menu set to 'Hospital EARC' and a checkbox for 'Unfinished'. A red box highlights the 'Case Status' tabs: Submitted, Hold, Inappropriate Referral, Assigned, RFI, RFI Response, OCCO Determination, and Complete. Below the tabs, there is a 'Search By' section with a dropdown menu set to 'Confirmation Number' and a search input field. At the bottom, there is an 'EARC Deep Search' section with multiple input fields for First Name, Last Name, DOB, Submission Date, Branch County, Branch Name, and Assigned Clinician, along with buttons for 'Search Current Status', 'Search All Statuses', and 'Clear Search'.

- Operates as a web-based application requiring browser refresh to view updates by selecting applicable status tabs.
 - Following a browser refresh no case status will be highlighted, requiring user to select desired case status or to conduct a search to display records.



EARC Main Landing Page: Case Status (b)

149

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



Automated Email Notifications to Screener (c)

150

- Email notifications related to EARC workflow are system generated for various status updates:
 - Submitted
 - Inappropriate Referral
 - RFI (Request for Information)
 - OCCO Determination (Administrative Action-Modified 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.nj.gov> and are not to be replied to. Any required OCCO contact related to EARC processing should occur via telephone.



Case Status: Incomplete (a)

151

- 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.
 - Unfinished EARCs are purged from the system after 10 days.
- 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: Incomplete (b)

152

- To access, screener must check '**Unfinished**', wait for page refresh and then click '**Incomplete**' status tab, then click '**Search All**' to access previously initiated Hospital EARC.

App Type: Hospital EARC Unfinished Logout

Case Status: **Incomplete**

Search By: Last Name

Show 10 entries

App Type	Initiated Date	Last Name	First Name	DOB	App Status	County
EARC		Boykin	Kevin	04/17/1945	Incomplete	Mercer
EARC		Charlie	Day	05/02/1956	Incomplete	Mercer

NOTE: 'Incomplete' tab is only visible when 'Unfinished' checked followed by an automatic page refresh.



Case Status: Submitted (a)

153

- Once the EARC is fully completed and submitted, the confirmation page will be visible and an automated portal generated email notification will be sent to the Screener.
 - Case status auto-updated to 'Submitted'

The screenshot displays the 'HOSPITAL EARC - ENHANCED AT-RISK CRITERIA SCREENING' portal. The page is marked as 'Completed' and '100% Complete'. A navigation sidebar on the left lists various steps with green checkmarks: Start, Hospital Admission & Request Type, Identification, Hospital EARC Eligibility, Financial Eligibility, and Medical-PASRRR. The main content area is titled 'Confirmation Page' and contains the following text:

YOUR APPLICATION HAS BEEN SUCCESSFULLY SUBMITTED Patient: Myra Jones
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: 09/13/2022
 Your Confirmation Number is: EARC-400758

At the bottom of the confirmation message, there are two buttons: 'Print Application' and 'Complete'.

Logos for 'NJ Division of Aging Services' and 'DHS Department of Human Services' are visible at the bottom of the page.

Case Status: Submitted (b)

154

- 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 following a browser refresh
 - Detail submitted seen within Application View of record.
- Submitted status will remain until OCCO Support Staff (SS) action is taken.

SAMPLE: Submission Email (c)

155

[EXTERNAL] Sandbox: **EARC APPLICATION SUBMISSION NOTIFICATION RE: EARC-A00760**

noreply@salesforce.com on behalf of NJSave NoReply <njsave.noreply@dhs.state.nj.us>
 To: Freundlich, Deanna Wed 9/28/2022 10:17 AM

***** CAUTION *****



This message came from an **EXTERNAL** address (njsave.noreply@dhs.state.nj.us__0-8vcjhh27uowgkv@fhvlvrd6sicgd.r-12z9eai.cs32.bnc.sandbox.salesforce.com). **DO NOT** click on links or attachments unless you know the sender and the content is safe. **Suspicious?** Forward the message to spamreport@cyber.nj.gov.

Thank you for your submission of the Hospital EARC for **Myra Jones: EARC-A00760**. 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.

Case Status: Hold (a)

156

- Case status updated by OCCO when additional research is required prior to processing.
- No automated email notification to screener
- Once processing can occur, the status will be updated as applicable to either **‘Inappropriate Referral’** or **‘RFI’**.

App Type: Hospital EARC Unfinished



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

Search By: Confirmation Number Search All Clear Search

EARC Deep Search: First Name Last Name DOB - MM/DD/YYYY Submission Date: From - MM/DD/YYYY To - MM/DD/YYYY
 Branch County Branch Name Assigned Clinician Search Current Status Search All Statuses Clear Search

Show 10 entries

App Type	Confirmation	Submitted Date	Last Name	First Name	DOB	Hospital Branch	County	Attachments?	EARC Screener	Region	App S
EARC	EARC-A00760	09/28/2022	Jones	Myra	11/24/1966	OCCO State's Hospital Branch	Mercer	YES	Deanna Freundlich	SRO	Hold

Case Status: Hold (b)

157

- The '**Hold**' case status is visible in the main grid listing following a search.
- The status is also visible directly within the EARC record in the '**Application Update**' tab of the record.

The screenshot shows the 'Application Update' tab for an EARC record. The 'App Status' is set to 'Hold'. Below this, a table shows the history of status changes:

App Status	Changed By	Changed Date/Time
Hold	Deanna OCCO Support Staff	09/28/22 10:23 AM
Submitted	Deanna Freundlich	09/28/22 10:17 AM



Case Status: Inappropriate Referral (a)

158

- Any EARC submitted but not accepted for processing by OCCO SS for various reasons as identified:
 - Valid Clinical Assessment on File (*Record closed, No EARC resubmission*)
 - MCO Enrolled (*Record closed, No EARC resubmission*)
 - Other: (specifics to be identified – *Record closed, No EARC resubmission*)
 - Incorrect Data: (specifics to be identified – **EARC resubmitted**)
- Inappropriate Referral notification email sent to Screener.
- From '**Inappropriate Referral**' status tab or other search method, locate/open record and access '**Application Update**' tab then scroll to bottom of page to review reason for Inappropriate Referral status and related detail as provided by OCCO.



SAMPLE: Inappropriate Referral Email (b)

159

[EXTERNAL] Sandbox: EARC APPLICATION INAPPROPRIATE REFERRAL RE: EARC-A00759

noreply@salesforce.com on behalf of NJSave NoReply <njsave.noreply@dhs.state.nj.us>
 To: Freundlich, Deanna Thu 9/15/2022 2:41 PM

*** CAUTION ***

This message came from an EXTERNAL address (njsave.noreply@dhs.state.nj.us__Shq9qgw/fqhe0g5x@o5wq0xdylyim.r-12z9eal.cs32.bnc.sandbox.salesforce.com). **DO NOT** click on links or attachments unless you know the sender and the content is safe. **Suspicious?** Forward the message to spamreport@cyber.nj.gov.



This notice is to inform you that the Hospital EARC submitted for **Myra Jones: Confirmation EARC-A00759** cannot be processed at this time. Please proceed to the EARC Screener Portal to review the reason the referral cannot be processed and to determine if any action is required.

If corrections to the original Hospital EARC are necessary and appropriate, you may make corrections followed by resubmission to OCCO.

Should you have any questions, 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

Case Status: Inappropriate Referral (c)

160



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

- From the **'Application Update'** tab of the record, scroll down to see detail:

Inappropriate Referral Info

Reason for Inappropriate Referral:	MCO Enrolled	Inappropriate Referral Comments:	MCO Enrolled with Aetna.
------------------------------------	--------------	----------------------------------	--------------------------

- If no EARC Screener action required (valid PAS on file, MCO enrolled, other), the EARC will remain in this status; no further Screener action required.

Case Status: Inappropriate Referral Incorrect Data (d)

161

- If **'Incorrect Data'** identified, requires screener to review and update demographic detail (if applicable) from the **'Application View'** tab of record.
 - Requires Screener response within one (1) business day to be eligible for resubmission.
- **Important:**
 1. If changes are necessary, update demographic detail in **'Application View'** tab and **'Save'** changes.
 2. Click **'Reload'** to refresh record (*new, located at top of page*).
 3. Return to **'Application Update'** tab to then update the case status to **'Submitted'** and **'Save'** changes for resubmission to OCCO.
 1. If no demographic changes required after verification, include an **'Inappropriate Referral Comment'** prior to saving status update.



Case Status: Inappropriate Referral Incorrect Data – Application View (e)

162

- Demographic fields visible and open for edits. **'Save'** changes followed by clicking **'Reload'** at top of page.

The screenshot displays the 'Application View' tab of a case management system. The 'Application View' tab is highlighted with a red box. The form contains the following fields:

Identification Info			
Patient First Name	John	Patient Last Name	Matthew
Date of Birth	2/3/1948	Gender	Male
Patient Age	71	SSN	738-99-8737
Where did the patient live at time of admission?	Homeless	Facility	
Address			
Address 1	852 White Horse Pike		
Address 2 / Apt #			
City	Hammonton		
State	NJ		
Zip Code	08037		
County of Residence	Atlantic		

A blue 'Save' button is located at the bottom right of the form.

Case Status: Inappropriate Referral Application Update for Resubmission (f)

163

- Update **App Status** to **'Submitted'**, insert **Inappropriate Referral Response Comments** if necessary, followed by clicking **'Save'**.
- EARC returns to OCCO for initial processing; Resets submission date.

App Status

App Status: Submitted

OCCO Clinician Assigned:

App Status	Changed By	Changed Date/Time
Submitted	Deanna Freundlich	10/27/22 10:20 AM
Inappropriate Referral	Deanna OCCO Support Staff	10/27/22 10:09 AM

Inappropriate Referral Info

Reason for Inappropriate Referral: Incorrect Data

Inappropriate Referral Comments: Please review SSN and update if necessary.

Inappropriate Referral Response Comments: SSN validated as correct, no changes conducted.

Save

Case Status: ASSIGNED

164

- 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.

Application View: Application Update | Attachments View | OCCO Determination | OCCO Overwrite

Confirmation Number: EARC-402760 | Patient: Mike Jones | Provider: OCCO State's Hospital Branch | Application Type: EARC

App Status

App Status: Assigned

OCCO Clinician Assigned: Deanna Freundlich

App Status	Changed By	Changed Date/Time
Assigned	Deanna OCCO Support Staff	09/28/22 10:30 AM
Hold	Deanna OCCO Support Staff	09/28/22 10:23 AM
Submitted	Deanna Freundlich	09/28/22 10:17 AM

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

165

- Status update by OCCO Reviewer when coding error or need for PASRR/other documentation is required prior to making a final OCCO determination.
- 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.



Sample: RFI Email Notification (b)

166

[EXTERNAL] Sandbox: EARC Application Request For Information (RFI) Notification RE: EARC-A00760

no-reply@salesforce.com on behalf of NJSave NoReply <njsave.noreply@dhs.state.nj.us>
To: Doucet, Nicole; Freundlich, Deanna Wed 9/28/2022 10:37 AM

*** CAUTION ***

This message came from an EXTERNAL address (njsave.noreply@dhs.state.nj.us_0-6ftlg9psvbxnec@iby2usjcye8dc.r-12z9eai.cs32.bnc.sandbox.salesforce.com). **DO NOT** click on links or attachments unless you know the sender and the content is safe. **Suspicious?** Forward the message to spamreport@cyber.nj.gov.

This notice is to inform you that the Hospital EARC submitted for **Myra Jones: Confirmation EARC-A00760** requires additional information as requested by the OCCO Reviewer. Please proceed to the EARC Screener Portal to review the details of this request for information (RFI).

This RFI must be responded to within one (1) business day. If no response, the EARC referral will be dismissed, at which point you will receive a notification of dismissal. If a Hospital EARC is still required, it will be necessary to submit a new EARC.

Should you have any questions, 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



Case Status: RFI (c)

167

App Status	Changed By	Changed Date/Time
RFI	Deanna OCCO Support Staff	09/28/22 10:37 AM
Assigned	Deanna OCCO Support Staff	09/28/22 10:30 AM
Hold	Deanna OCCO Support Staff	09/28/22 10:23 AM
Submitted	Deanna Freundlich	09/28/22 10:17 AM

RFI Info

Request For Information (RFI)

RFI Comments: ADL coding issue identified. Please review and modify if necessary, otherwise, include comment with response to identify coding validated as entered.

Original Screener: Deanna Freundlich

RFI Responsee:

- From **'RFI'** status tab or following a search, open record and access **'Application Update'** tab to review detail related to RFI; scroll down to view **'RFI comments'** as documented by OCCO Reviewer.



Case Status: RFI Coding Error – Application View (d)

168

- If *RFI – Coding Error* identified, update application detail as requested from **'Application View'**, save changes followed by clicking **'Reload'** located at top of page to refresh record.

Modified Independence

YES

Usually Understood

4a. Bed Mobility: Limited Assistance

4b. Transfer: Limited Assistance

4c. Locomotion (Indoor/outdoor): Limited Assistance

4d. Dressing (Upper and/or Lower Body): Limited Assistance

4e. Eating: Limited Assistance

4f. Toileting (toilet use and/or toilet transfer): Limited Assistance

4g. Bathing (over last 7 days excluding washing of back and hair): Limited Assistance

Reload

Options Counseling Info

Long term care supportive services including discharge to community with supportive services, referral to ADRC/AAA and

Case Status: RFI – Adding Attachments (e)

169

- If a new attachment is required, open '**Attachments View**' tab from open record and insert new attachments as required.
 - Click '**Choose File**' to browse computer and select applicable file.
 - Include a '**Description**' of new document. (e.g. PASRR Level I)
 - Click '**Save Attachments**'.
 - Click '**Reload**' to refresh record
- Attachments grid listing will include all attachments specific to EARC.



Case Status: RFI – Adding Attachments (f)

170

e **Attachments View** OCCO Determination

Confirmation Number: EARC-A00774 Patient: William Bradley Provider: OCCO State's Hospital Branch Application Type: EARC

Attach File: * No file chosen

Description: *

Name	Description	Created Date
AppConfirmation.pdf	Confirmation PDF	10/27/2022
ffc-2b.pdf	PASRR Level I	10/27/2022

Case Status: RFI Response (a)

171

- Following coding corrections or attaching documents:
 - Open **'Application Update'** tab of record, and
 - Change App Status to **'RFI Response'**,
 - Include your name in **'RFI Respondee'** field, followed by clicking **'Save'**.
- **IMPORTANT:** If coding valid as documented and no changes have occurred, include **'RFI Respondee Comment'** to indicate such for communication with OCCO Reviewer.
- RFI Response status update alerts OCCO Reviewer that response to RFI is provided; waiting OCCO review and final determination.
 - If all information is provided as requested, Reviewer will update the EARC with a final OCCO determination, updating status to **'OCCO Determination'**.



Case Status: RFI Response (b)

172

RFI Info

<p><input checked="" type="checkbox"/> Request For Information (RFI)</p> <p>Original Screener: Deanna Freundlich</p>	<p>RFI Comments: Verify ADL coding as correct.</p> <p>RFI Respondee: <input style="border: 1px solid #ccc;" type="text" value="Deanna Freundlich"/></p> <p>RFI Respondee History: ADL coding verified as documented, no changes. Added By- Deanna Freundlich</p> <p>RFI Respondee comments: <input style="border: 1px solid #ccc; height: 30px;" type="text"/></p>	
<p>RFI Date/Time: 10/27/2022 10:33 AM</p>	<p>RFI Response Date/Time: 10/27/2022 10:51 AM</p>	



Save



Case status: OCCO Determination (a)

173

- Documents outcome of OCCO Review; Portal generated email to Screener; 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.



SAMPLE: OCCO Determination Email (b)

174

[EXTERNAL] Sandbox: EARC FINAL OCCO DETERMINATION NOTIFICATION RE: EARC-A00760



noreply@salesforce.com on behalf of NJSave NoReply <njsave.noreply@dhs.state.nj.us>
To: Freundlich, Deanna

Wed 9/28/2022 11:47 AM

*** CAUTION ***

This message came from an **EXTERNAL** address (njsave.noreply@dhs.state.nj.us__0-1db5jzaq9rd9h)@mv47so5t5gvfvj.r-12z9eai.cs32.bnc.sandbox.salesforce.com). **DO NOT** click on links or attachments unless you know the sender and the content is safe. **Suspicious?** Forward the message to spamreport@cyber.nj.gov.

This notice is to inform you that the Hospital EARC submitted for **Myra Jones**; Confirmation **EARC-A00760** has been reviewed by OCCO and a final determination provided. Please proceed to the EARC Screener Portal to review the final OCCO determination so that you may conduct next steps related to this patient's discharge planning.

Should you have any questions, please outreach the respective OCCO to discuss.

NORTHERN REGIONAL OCCO: (732)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



Case Status: OCCO Determination (c)

175

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

Administrative Action: Modified OCCO Determination (a)

176

- An **Administrative Action** may occur for which select OCCO management may modify a previously inputted OCCO Determination for one of two reasons:
 - Additional information has been received, requiring modification to the final OCCO Determination; or
 - The determination was documented in error, requiring modification to reflect the appropriate OCCO Determination.
- This administrative action will prompt an URGENT portal generated email notification to the EARC Screener to inform of this administrative action.



SAMPLE: URGENT (Admin Action) Email (b)

177

[EXTERNAL] Sandbox: **URGENT: Notification of Modified OCCO Determination**

DF noreply@salesforce.com on behalf of Deanna Freundlich <deanna.freundlich@dhs.state.nj.us>
To: Doucet, Nicole; Freundlich, Deanna Wed 9/28/2022 12:13 PM

***** CAUTION *****

This message came from an EXTERNAL address (deanna.freundlich@dhs.state.nj.us_34wkqg9k4by7poi9@85z6w0245g2p.r-12z9eai.cs32.bnc.sandbox.salesforce.com). **DO NOT** click on links or attachments unless you know the sender and the content is safe. **Suspicious?** Forward the message to spamreport@cyber.nj.gov.

IMPORTANT: This email is to inform you that the OCCO Determination for **Myra Jones**, Confirmation Number **EARC-A00760** has been modified to reflect a new determination.

This modification invalidates any prior notification of an OCCO Determination. It is important that you return to the EARC portal to review the related detail. If notification to other parties of the prior OCCO Determination has occurred, it is your responsibility to notify those parties of this modification.

Any questions should be directed to the respective OCCO:

NORTHERN REGIONAL OCCO: (732)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

Administrative Action: Modified OCCO Determination (c)

178

- The EARC Screener must locate and open the applicable record and view the updated determination in the 'OCCO Determination' tab of the record.
- It is important to note that this action is a final OCCO Determination and invalidates any prior notification. It is the responsibility of each entity that utilized and shared the prior determination information to notify all involved parties of the **modified and updated determination.**

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

OCCO Determination Updated

OCCO DETERMINATION UPDATED:
The OCCO Determination has been modified effective 09/28/2022. This modification invalidates any prior notification.

Authorized - Valid through NF Void SCMF

Not Authorized

Referral Dismissed - Reason:

This modification was necessary for the following reason:

Additional information has been received, requiring modification to the final OCCO Determination.
 The determination was documented in error, requiring modification to reflect the appropriate OCCO Determination.

NOTE: This modification is the final OCCO Determination and invalidates any prior notification. It is the responsibility of each entity that utilized and shared the prior determination information to notify all involved parties of the modified and updated determination. Any questions should be directed to the respective OCCO Office.

Name of OCCO Administrator Deanna Freundlich
9/28/2022 12:13 PM

Case Status: Complete

179

- 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.



8. Hospital EARC Certification Process and Initial Portal Access

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



Hospital EARC Screener: Credentials

181

- 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

182

- This training serves as the INITIAL EARC Certification training.
 - Available online and accessed at any time for hospital employed individuals who require new certification to conduct the EARC Screening.
- EARC Certification is valid for a period of three (3) years.
 - Certified EARC Screeners must access 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.
- OCCO retains the right to revoke a Hospital EARC Certification for those individuals not meeting quality assurance standards for accuracy.



Next Steps: EARC Competency Examination

183

- Competency exam conducted through Survey Monkey.
 - Requires submission of the SF-2, Portal Access Request form to the following email.
 - ✦ EARCRegistration@dhs.nj.gov
 - Include subject line – *EARC Certification, Request for Competency Exam*
 - ✦ Include *full name and email of Screener, hospital system employer, name of supervisor, and date INITIAL EARC Certification training was accessed.*
 - Upon receipt with all required detail, a Survey Monkey link will be emailed directly to pending EARC Screener.
- 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.



Next Steps: EARC Certification Processing

184

- Upon successful completion of the competency exam, the EARC Registration team will send an email directly to the newly certified EARC screener
 - Identification of the EARC Certification # (required for input into all EARCs at point of attestation prior to submission)
 - EARC Certification # is typically the first three digits of the last name followed by four digits.
 - ✦ E.g., FRE9999



Next Steps: EARC Screener Portal Access

185

- Once EARC Certification has been achieved, the request for portal access will be forwarded to Salesforce
 - New EARC Screeners can expect receive the initial access/welcome email the next business day.
 - ✦ Requests sent on Friday will not be processed until the following Monday
 - Initial link expires within 24 hours so immediate action is required upon receipt.
 - ✦ Initial Access/Welcome email contains the User ID and a link to establish the user's portal password.
 - ✦ Link is for a 'one time use'
 - ✦ Subsequent EARC Portal logins require use of generic link:
<https://njdoas-ua.force.com/wp/login>.



9. Portal Support

186



Portal Support

187

- Review training material and seek support from power users within your organization to provide for direction and to assist with issues prior to DoAS outreach.
- For navigation questions or to report issues, send email to
 - EARCRegistration@dhs.nj.gov
 - Include name, hospital and as much detail surrounding issue as possible. A screenshot of the issue is also helpful to better understand what is occurring for the user.
- EARC processing questions shall be directed to respective OCCO.
 - NRO: 732-777-4650 / SRO: 609-704-6050



The End



THANK YOU

