



# Centennial Care Reporting Instructions

## Level of Care – Report #8

### Report Objective

To capture data regarding the Nursing Facility Level of Care - CNA NF LOC Assessment and NF LOC Determination process including timeframes, activities of daily living, and care settings.

### General Instructions

The managed care organization (MCO) is required to submit the Level of Care report on a quarterly basis. This report is due on April 30, July 30, October 30, and January 30 of each year. If a report due date falls on a weekend or a State of New Mexico holiday, receipt of the report the next business day is acceptable. Please adhere to the following reporting periods and due dates.

Quarter	Reporting Period	Report Due Date
Annual Supplement	January 1 – December 31 (Prior Year)	April 30
1	January 1 – March 31	April 30
2	April 1 – June 30	July 30
3	July 1 – September 30	October 30
4	October 1 – December 31	January 30 of Subsequent Year

The annual supplemental report submission serves as a restatement of the most recently completed twelve-month calendar year-ended reporting cycle. The annual supplement report will differ from the fourth quarter submission in that it will include the benefit of additional information that has become available after the 4th quarter report submission.

An Excel workbook is provided as a separate attachment for submission. Quantitative data and any qualitative data must be entered in the Excel workbook. The MCO must ensure data is entered in all fields in the current and previous month/quarter/YTD time periods. The report will be considered incomplete if any field is left blank in the current reporting period. The MCO can enter zero (“0”) in the current quarter reporting period which represents either zero or No Data (ND). If the New Mexico Human Service Department (HSD) has questions related to the zero entries, HSD may question the MCO regarding reasons. No entries are required in future reporting months/quarters until they occur. All formulas provided in the workbook are locked and shall not be altered by the MCO. An electronic version of the report in Excel must be submitted to HSD by the report due date listed above. The report shall be submitted via the State’s secure DMZ FTP site. The date of receipt of the electronic version will serve as the date of receipt for the report.

The MCO shall submit the electronic version of the report using the following file labeling format: MCO.HSD8.Q#CY##.v#. The “MCO” part of the labeling should be the MCO’s acronym for their business name. With each report submission, change the quarter reference (Q# - e.g., Q1), the calendar year (CY## - e.g., CY20), and the version number (v# - e.g., v1), as appropriate. The version number should be “1” unless the MCO is required to resubmit a report for a specified quarter. In those instances, the MCO will use “2” and so on for each resubmission. The MCO shall submit the electronic version of the annual supplemental report with the file name: MCO.HSD8.ASCY##.v#.

The Reporting Period, MCO Name, and Report Run Date must be entered in the fields provided at the very top left corner of the first worksheet in the Report. Using the format illustrated below, enter the start and end dates for the Reporting Period. The MCO Name should be the MCO’s full business name. Using the format



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illustrated below, enter the Report Run Date. The Report Run Date refers to the date that the data was retrieved from the MCO’s system. All dates and the MCO name entered on the first worksheet will automatically populate the top of all other worksheets in the report.

Reporting Period	MM/DD/YYYY	through	MM/DD/YYYY
MCO Name	MCO's Full Name		
Report Run Date	MM/DD/YYYY		

### **Reporting Data**

Data for monthly and quarterly numbers should be reflected as of the last day of each period counting unique members only one time. HSD is looking for a "snapshot" of data at the end of each month and at the end of each quarter since membership is a fluid number. Count unique members only one time.

The tabs capture data by month and quarter for the current calendar year and the final quarter of the previous year. The final quarter of the previous year can be updated once when current year Quarter 1 data is entered and data must equal the data submitted in the Annual Supplement. If any new data/information becomes available in subsequent quarters for previously reported data for the current year, the MCO must update data for prior quarters within the current quarter report submission. Where indicated, data should not be refreshed. (EX. Section VI – ADL).

The month/quarter/year labels are all auto-populated based on the reporting period end date entered in the top portion of the first worksheet in the report. The worksheet is formatted to capture monthly and quarterly data starting with the final Annual Supplement (AS) YTD total of the previous year and each month/quarter in sequence of the current year. The reporting period end date establishes the quarter/year that will correspond to the most recently completed quarter for the particular report submission. The Year to Date (YTD) columns capture data for the current calendar year and do not include data from the AS YTD total of the previous year.

### **Attestation and Penalties**

The MCO shall ensure that all data is accurate and appropriately formatted in each of the tabs prior to submitting the Report. Per Sections 4.21 and 7.3 of the Centennial Care contract, failure to submit accurate reports and/or failure to submit properly formatted reports may result in monetary penalties of \$5,000 per report, per occurrence.

The MCO shall include a signed Centennial Care Report Attestation Form with each Report submitted. Failure to submit a signed attestation form by the Report due date will result in the entire Report being late. Per Sections 4.21 and 7.3 of the Centennial Care contract, failure to submit timely reports may result in monetary penalties of \$1,000 per report, per calendar day. The \$1,000 per calendar day damage amounts will double every ten calendar days.



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#### Related Contract Requirements

1. Section 4.21 – Reporting Requirements
2. Section 7.3. – Failure to Meet Agreement Requirements
3. Section 4.1.2 – Level Of Care Determinations for Not Otherwise Medicaid Eligible Individuals
4. Section 4.4 – Care Coordination
5. Section 4.4.5.7 – Nursing Facility Level of Care

#### Definitions

<b>Activities of Daily Living (ADLs)</b>	ADLs such as eating, dressing, maintaining oral hygiene, bathing, ensuring mobility, toileting, grooming, taking medications, transferring from a bed to a chair and walking, consistent with HSD regulations.
<b>Anchor Date</b>	Report counts in the month, quarter, YTD period which corresponds to the due date of the NF LOC Determination. By using the anchor date methodology, the report allows the user to clearly identify the outcome or status as of the report date of every CNA/NF LOC Determination that was required to be completed in the month/Qtr./YTD time period.
<b>Appeals</b>	A request by a member for a review by the MCO based on a decision or action taken by the MCO.
<b>Comprehensive Needs Assessment (CNA)</b>	An assessment of the Member's physical, behavioral health, and long-term care needs; it will identify potential risks and provide social and cultural information. The results of the CNA will be used to create the care plan which is based on the Member's assessed needs. The CNA may also include a functional assessment, if applicable. The MCO shall schedule a CNA within 14 calendar days of completion of the HRA and complete the CNA within 30 calendar days of completion of the HRA unless the member is in a model approved for delegated care coordination functions with other State-approved guidelines.
<b>Change in Functional or Medical Status for Nursing Facility (NF) Level of Care (LOC)</b>	A resident who switches from High NF to Low NF or Low NF to High NF.
<b>Existing Medicaid Members Whose Needs Have Changed</b>	A member who does not have a NF LOC who has experienced a change in condition impacting functional capabilities and may now qualify for NFLOC pending evaluation (example would include a healthy dual eligible that now meets NF LOC).
<b>Existing Nursing Facility (NF) Residents</b>	A resident of a NF who has been deemed Medicaid eligible who previously met NF LOC criteria.



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<b>Existing Agency-Based Community Benefit (ABCB)</b>	A member who has been and is currently receiving community benefit with an ADB (Agency-Directed Benefit) or ANW (Agency-Directed No Waiver) setting of care.
<b>Existing Self-Directed Community Benefit (SDCB)</b>	A member who has been and is currently receiving community benefit with a SDB (Self-Directed Benefit) or SNW (Self-Directed No Waiver) setting of care.
<b>Fair Hearings</b>	An administrative decision-making process that requires aggrieved individuals be given an opportunity to confront the evidence against them and have their evidence considered by an impartial finder of fact in a meaningful time and manner.
<b>Initial Comprehensive MDS</b>	The MDS (Minimum Data Set – standardized comprehensive needs assessment of residents in Medicare/Medicaid) completed for a newly admitted NF Resident.
<b>Initial Not Otherwise Medicaid Eligible (NOME)</b>	An applicant who for the first time is applying for waiver services and has received a waiver allocation (COE: 091, 093 or 094). These individuals do not financially qualify for full Medicaid and require an allocation to obtain Medicaid eligibility. Initial NOMEs do not go through the appeal process with the MCO for a NF LOC denial, only a fair hearing. Initial NOMEs become either Existing ABCB or Existing SDCB members once they have qualified for either program and are enrolled.
<b>Late NF LOC Assessments/Determinations</b>	For all NF LOCs: NF LOC determination would be considered late if it is not completed when it is due or if it is carried over into the next period and it is not completed then. For Nursing Facility Residents: A NF LOC determination would be considered late if it is not completed within 5 business days from UM/UR receipt of request when there is no RFI request. A NF LOC determination would be considered late if there is an RFI request and once the complete NF LOC Documentation is received the NF LOC is not completed within 5 business days of this receipt as long as it is within the 14 day allotment for the RFI. A NF LOC determination would be considered late if upon receipt of completed NF LOC Documentation or after an RFI request the MCO does not either complete the NF LOC within 5 business days or submit an Administrative Denial once 14 days have occurred, respectively.
<b>Medicaid Pending Residents</b>	An individual who has been admitted to a NF who is applying for Institutional Medicaid (COE: 081, 083 and 084).
<b>Members With Ongoing NF LOC</b>	Members identified with certain conditions such as Chronic Obstructive Pulmonary Disease (end stage), Cerebral Palsy, Parkinson's Disease, quadriplegia, etc. where the member's condition is not expected to change or improve. MCOs approve the ongoing status according to the criteria and process issued by HSD. MCOs are required to complete an annual CNA and develop an annual CCP.



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<b>Minimum Data Set (MDS)</b>	An assessment administered to admitted Nursing Facility (NF) residents upon admission and as required.
<b>NF LOC Assessment &amp; Determinations Time Frames</b>	<p><i>Refer to all timelines and additional information for each member group in the Policy Manual as well as stated definitions below.</i></p> <p><b>ABCB Members:</b> The MCO must contact the registrant within 5 business days of receipt of the PFOC to schedule an initial assessment to determine medical eligibility. The CNA must indicate that the registrant has a need for Community Benefit Services. The NF LOC shall be determined and transmitted to ASPEN within 40 calendar days from the MCO's receipt of the PFOC. The MCO must submit the NF LOC Determination to HSD/ISD via the interface file within 5 business days of the NF LOC Determination to complete the eligibility process.</p> <p><b>SDCB Members:</b> After participating in ABCB for a minimum of 120 calendar days the member may request a switch to the SDCB service delivery model. LOC is completed annually and the Care Plan and NF LOC shall be aligned to start/end on the same day.</p> <p><b>Nursing Facility Members:</b> NF LOC Determinations Completed within 5 Business Days from UM/UR Receipt of Request using the Definition for 14 Day Counting to start/stop 5-day Count when Requesting an RFI.</p> <p><b>Members with a Change in Functional Status:</b> Determination for NF LOC is to be completed "within five (5) Business Days of the CONTRACTOR becoming aware the Member's functional or medical status has changed in a way that may affect a level of care determination (Centennial Care contract- 4.4.10.1.11). NF LOC determinations are conducted for initial assessments and any time a Member's functional or medical status has changed and may now qualify for a different level of care rating.</p> <p><b>Medicaid Pending:</b> Initial Approvals shall be submitted with the NF LOC determination date spans via the ASPEN interface file within 30 calendar days of receiving the NF LOC Documentation from the nursing facility</p> <p><b>NOMEs:</b> The MCO shall submit the Initial NF LOC determination date spans via the ASPEN interface file within 40 calendar days of receiving the Primary Freedom of Choice (PFOC) in order for HSD to make a final Medicaid eligibility determination.</p>



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<b>NF LOC Denials</b>	<p>If the NF LOC criteria is not met and the request for initial NF placement or Medicaid pending is denied, the MCO will send the referring party and the applicant a denial letter within five business days of the completed NF LOC Documentation. The MCO shall submit the denial of a NF LOC via the ASPEN interface file within 5 business days of the NF LOC denial. The date span is reported as one day.</p> <p>A denied NFLOC is one where the member does not meet either High NF LOC or Low NF LOC; a NF LOC is either defined as Low or High depending on how the MCO received the request initially. For example: A NF LOC that is received as High NF LOC and is denied for High NF LOC but approved for Low NF LOC is not considered a denied NF LOC. NF LOC denials include Administrative Denials.</p> <p>For member groups that do not require a NF LOC determination to be sent to ASPEN, such as those members with full Medicaid or ABP benefit, there is no submission requirement for ASPEN.</p>
<b>Nursing Facility (NF)</b>	<p>A licensed Medicare/Medicaid facility certified in accordance with 42 C.F.R. § 483 to provide inpatient room, board, and nursing services to members who require these services on a continuous basis but who do not require hospital care or direct daily care from a physician.</p>
<b>Nursing Facility Documentation (Packet)</b>	<p>The NF must submit the initial NF LOC Documentation to the MCO no later than 30 calendar days after admission with all the required documentation and physician's order.</p> <p>See the Nursing Facility Criteria for continued stay timelines in the Policy Manual.</p>
<b>Nursing Facility Level of Care Criteria</b>	<p>Criteria used to determine if a member meets NF LOC. ADLs are evaluated as part of this determination.</p> <p>The NF submits the initial LOC packet to the MCO which includes documentation (see Policy Manual) and the physician's order. The MCO approves the documentation and makes a LOC determination following the New Mexico Medicaid NF LOC Instructions and Criteria when in receipt of complete LOC documentation. A packet that requests Low NF but meets High NF criteria shall be upgraded to High NF; a packet that requests High NF but only meets Low NF criteria shall be downgraded to Low NF. If the NF LOC criteria is not met, the request for initial NF placement or Medicaid pending is denied.</p>



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<p><b>Request for Information (RFI) 5-day Business Completion from UM/UR Receipt of Request</b></p>	<p>For Nursing Facility residents, the complete NF LOC Documentation must be received to determine the NF LOC within 5 business days of UM/UR receipt of request. If the NF LOC Documentation received is incomplete, the MCO should date stamp immediately upon receipt and then review and submit a Request for Information (RFI). This begins a 14 day period; day 1 is day RFI request is made. The day the RFI is sent to the Nursing Facility the 5 business day from UM/UR receipt of request count stops and does not start again until the completed documentation is received if it is within 14 days. If the complete NF LOC Documentation is not received within the 14 day time period for RFIs, then the MCO issues an Administrative Denial.</p> <p>Example: The MCO receives the complete NF LOC packet Documentation and must complete the determination within 5 business days of UM/UR receipt of request. Day 1 is the next day from when the complete NF LOC Documentation is received. If the documentation is received on 3/16/2021 (Tuesday), then Day 1 is 3/17/2021 and Day 5 is 3/23/2021 (Tuesday) (counting business days).</p> <p>Example: The MCO receives incomplete NF LOC Documentation and immediately completes an RFI request. The 5 business day count of UM/UR receipt of request does not start. If the RFI is submitted and on day 3 (of 14 days) the completed documentation is received; then the 5 business day count of UM/UR receipt of request begins on the day the completed documentation is received with a date stamp.</p>
<p><b>UM/UR Receipt of Request</b></p>	<p>The day the Utilization Management (UM)/Utilization Review (UR) receives the LOC documentation (Initial Request/Continued Stay) to make a LOC determination.</p>
<p><b>Unique Member</b></p>	<p>A member that is counted only one time when reporting data. For example, if a member has had more than one NFLOC determination in the quarter, the member is counted once as of their status as of the last day of the reporting period.</p>
<p><b>Valid Reasons</b></p>	<p>Only the following are considered valid reasons for not completing a <u>NF LOC determination</u>: A) member completed the assessment but declined to be evaluated for NF LOC; B) member has completed the assessment but UM/UR is still within the 5 business day window; C) member is in a hospital or other institution where the assessment could not be completed; D) member is not in New Mexico; E) member is deceased.</p> <p>Only the following are considered valid reasons for not completing a <u>NF LOC assessment</u>: A) member is Difficult to Engage (DTE); B) member is in a hospital or other institution where the assessment could not be completed; C) member is not in New Mexico; D) member is deceased.</p>





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#### Section I: Summary

This section of the report provides a summary of NF LOC Assessments, NF LOC Determinations, and Ongoing NF LOCs for Community Benefit members, Nursing Facility residents, Existing Medicaid Members (without a NF LOC) whose needs have changed, Medicaid Pending Nursing Facility Residents, and Initial NOMEs.

No data entry is required in this section of the report. All counts in this section are based on reported counts from other sections and all percentages are auto calculated

#### Section II: Analysis

This section of the report collects qualitative analysis regarding the MCO's LOC activities. Responses to the analysis questions are to be entered in the Analysis tab.

The MCO is to formulate a response that corresponds to each line item of the analysis question (i.e., part a, b, c, d, etc.). If a part of the question does not apply, state "NA". Provide enough data in the response for each line item that corroborates the answer.

For each question:

- Identify any changes compared to previous reporting periods and trends over time and provide an explanation of the identified changes.
- Describe any action plans or performance improvement activities addressing any negative changes found during the current reporting period or previous reporting periods.
- Address how successful past efforts have been in terms of influencing trends or addressing negative changes.





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#### Analysis Questions

1. a) List the multiple reasons (most to least) for untimely NF LOC Assessments and NF LOC Determinations – e.g. NF LOC Documentation not received, member difficult to engage, staff oversight issues, system interface issues, etc. in the current period.

b) Review each member group tab for completion percentages and late percentages in this period. Based on the percentage levels does the MCO have sufficient procedures and policies in place for overcoming untimeliness (5% or less) or lateness (5% or less) for NF LOC Assessments and NF LOC Determinations (YES or NO)?

Do not state established policies/procedures in this response or respond same as previous period.

2. a) Did MCO experience members who were difficult to engage in the quarter for NFLOC Assessments and NFLOC Determinations (Yes or No)?

b) If yes, in what member groups did this occur (ABCB, SDCB, Existing Nursing Facility Residents, Existing Medicaid Members without a NF LOC Whose Needs Changed, Pending Nursing Facility Residents, Initial NOMES)? Do not state in response same as previous period.

c) Were there other actions taken beyond the established procedures/policies in working with these members in this report period (Yes or No)?

d) If yes, what were the other actions taken in this report period?

e) Describe the additional types of actions (not specific member cases) taken that resulted in resolutions. Do not state procedures/policies in response or state same as previous period.

3. The list of nursing facilities that had incomplete NF LOC Documentation reported in Section VII NF List shall be used to support responses to this Analysis question.

a) How many (number) Nursing Facilities sent incomplete documentation in this report period?

b) Was the incomplete documentation from the same Nursing Facilities as in the previous period (Yes or No)?

c) How many (number) RFIs (Request For Information) were initiated in the report period?

d) How many (number) NF LOC Administrative Denials were given in this report period due to incomplete NF Documentation?

Do not state in response same as previous period.



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4. a) Did the MCO take additional steps beyond the established procedures/policies in working with Nursing Facilities to obtain timely NF LOC Documentation in the Report Period (Yes or No)?

b) What were the additional steps in this report period?

Do not state the established/policies in the response or respond same as previous period.

5. a) For members who received a NF LOC Denial and appealed the decision, summarize how many appeals are being addressed.

b) What is the trend between the number of members who appealed and the number of Fair Hearings or between the number of appeals that were overturned or upheld?

c) How does this compare to previous Reporting Periods?

Do not state in response same as previous period.



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#### Section III: Not Otherwise Medicaid Eligible Members (NOMEs) & Medicaid Pending Nursing Facility Residents

This section of the report captures LOC data on the following population groups:

- **NOMEs** (Rows 8 – 28).
- **Medicaid Pending Nursing Facility Residents** (Rows 30 – 49).

Determination of whether a member is NOME or Full Medicaid shall be based on the member’s category of eligibility at the time of the NF LOC Determination.

Current year quarterly and YTD totals are prepopulated based on data entered for each completed month.

**\*\*\* Report counts in the month that corresponds to the due date of the NF LOC Determination based on anchor date definition.\*\*\***

NF LOC Assessments		
Row Header	Rows	Description
Total Number of Initial NOMEs who Received a Waiver Allocation During the Reporting Period	9	The number of Initial NOMEs who received a waiver allocation during the reporting period. Note that the number will not always correspond to counts based on the due date of the NF LOC Determination.
NF LOC Assessments Required	10 31	<p>The number NF LOC Assessments required for members in the population group. Counts correspond to the month in which the NF LOC Determination is due.</p> <p>This number is automatically calculated by summing:</p> <ul style="list-style-type: none"> <li>- NF LOC Assessments Completed</li> <li>- NF LOC Assessments Not Completed Due to a Valid Reason</li> <li>- NF LOC Assessments Not Completed (Excludes Not Completed Due to a Valid Reason)</li> </ul> <p>Data entry is not required in this field.</p>
NF LOC Assessments Completed	11 32	<p>Of the NF LOC Assessments required, the total number completed.</p> <p>This number is automatically calculated by summing:</p> <ul style="list-style-type: none"> <li>- NF LOC Assessments Completed within the Required Timeframe</li> <li>- NF LOC Assessments Completed Outside the Required Timeframe</li> </ul> <p>Data entry is not required in this field.</p>



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NF LOC Assessments		
Row Header	Rows	Description
NF LOC Assessments Completed within the Required Timeframe	12 33	Of the NF LOC Assessments completed, the number completed within the required timeframe.
NF LOC Assessments Completed Outside the Required Timeframe	13 34	Of the NF LOC Assessments required, the total number completed outside the required timeframe.
NF LOC Assessments Not Completed Due to a Valid Reason	14 35	Of the NF LOC Assessments required, the total number not completed due to a valid reason.
NF LOC Assessments Not Completed (Excludes Not Completed Due to a Valid Reason)	15 36	Of the NF LOC Assessments required, the total number not completed.  Exclude Assessments not completed due to a valid reason.

NF LOC Determinations		
Row Header	Rows	Description
NF LOC Determinations Required	18 39	The number of NF LOC Determinations required for members in the population group. Counts correspond to the month in which the NF LOC Determination is due.  This number is automatically calculated by summing: <ul style="list-style-type: none"> <li>- NF LOC Determinations Completed</li> <li>- NF LOC Determinations Not Completed Due to a Valid Reason</li> <li>- NF LOC Determinations Not Completed (Excludes Not Completed Due to a Valid Reason)</li> </ul> Data entry is not required in this field.
NF LOC Determinations Completed	19 40	Of the NF LOC Determinations required, the total number completed.  This number is automatically calculated by summing: <ul style="list-style-type: none"> <li>- NF LOC Determinations Completed within the Required Timeframe</li> <li>- NF LOC Determinations Completed Outside the Required Timeframe</li> </ul> Data entry is not required in this field.



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NF LOC Determinations		
Row Header	Rows	Description
NF LOC Determinations Completed within the Required Timeframe	20 41	Of the total NF LOC Determinations completed, the number completed within the required timeframe.
NF LOC Determinations Completed Outside the Required Timeframe	21 42	Of the NF LOC Determinations required, the total number completed outside the required timeframe.
NF LOC Determinations Not Completed Due to a Valid Reason	22 43	Of the NF LOC Determinations required, the total number not completed due to a valid reason.
NF LOC Determinations Not Completed (Excludes Not Completed Due to A Valid Reason)	23 44	Of the NF LOC Determinations required, the total number not completed.  Exclude Determinations not completed due to a valid reason.
Approved NF LOC Determinations	24 45	Of the NF LOC Determinations completed, the number approved.  The number of NF LOC Determinations approved/denied cannot exceed the total number of NF LOC Determinations completed.
Denied NF LOC Determinations	25 46	Of the NF LOC Determinations completed, the number denied.  The number of NF LOC Determinations approved/denied cannot exceed the total number of NF LOC Determinations completed.

Fair Hearings		
Row Header	Rows	Description
Fair Hearing Requests Made to HSD	28 49	Of the total NF LOC Determinations completed, the number resulting in a Fair Hearing request.  Report counts in the month that corresponds to the due date of the NF LOC Determination, regardless of the filing date of the fair hearing request.



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#### Section IV: Community Benefit – ABCB and SDCB

This section of the report captures LOC data on the following population groups:

- Existing ABCB Medicaid Members (Rows 8 – 31).
- Existing SDCB Medicaid members (Rows 33 – 56).
- Existing Medicaid Members (Without a NF LOC) Whose Needs Have Changed (Rows 58 – 82).
- Members With Ongoing NF LOCs - ABCB & SDCB (Rows 84 – 95).

Current year quarterly and YTD totals are prepopulated based on data entered for each completed month.

**\*\*\*Report counts in the month that corresponds to the due date of the NF LOC Determination based on anchor date definition.\*\*\***

NF LOC Assessments		
Row Header	Rows	Description
NF LOC Assessments Required	9 34 60	<p>The number NF LOC Assessments required for members in the population group. Counts correspond to the month in which the NF LOC Determination is due.</p> <p>This number is automatically calculated by summing:</p> <ul style="list-style-type: none"> <li>- NF LOC Assessments Completed</li> <li>- NF LOC Assessments Not Completed Due to a Valid Reason</li> <li>- NF LOC Assessments Not Completed (Excludes Not Completed Due to a Valid Reason)</li> </ul> <p>Data entry is not required in this field.</p>
NF LOC Assessments Completed	10 35 61	<p>Of the NF LOC Assessments required, the total number completed.</p> <p>This number is automatically calculated by summing:</p> <ul style="list-style-type: none"> <li>- NF LOC Assessments Completed within the Required Timeframe</li> <li>- NF LOC Assessments Completed Outside the Required Timeframe</li> </ul> <p>Data entry is not required in this field.</p>
NF LOC Assessments Completed within the Required Timeframe	11 36 62	<p>Of the NF LOC Assessments completed, the number completed within the required timeframe.</p>
NF LOC Assessments Completed Outside the Required Timeframe	12 37 63	<p>Of the NF LOC Assessments required, the total number completed outside the required timeframe.</p>



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NF LOC Assessments		
Row Header	Rows	Description
NF LOC Assessments Not Completed Due to a Valid Reason	13 38 64	Of the NF LOC Assessments required, the total number not completed due to a valid reason.
NF LOC Assessments Not Completed (Excludes Not Completed Due to a Valid Reason)	14 39 65	Of the NF LOC Assessments required, the total number not completed.  Exclude Assessments not completed due to a valid reason.

NF LOC Determinations		
Row Header	Rows	Description
NF LOC Determinations Required	17 42 68	The number of NF LOC Determinations required for members in the population group. Counts correspond to the month in which the NF LOC Determination is due.  This number is automatically calculated by summing: <ul style="list-style-type: none"> <li>- NF LOC Determinations Completed</li> <li>- NF LOC Determinations Not Completed Due to a Valid Reason</li> <li>- NF LOC Determinations Not Completed (Excludes Not Completed Due to a Valid Reason)</li> </ul> Data entry is not required in this field.
NF LOC Determinations Completed	18 43 69	Of the NF LOC Determinations required, the total number completed.  This number is automatically calculated by summing: <ul style="list-style-type: none"> <li>- NF LOC Determinations Completed within the Required Timeframe</li> <li>- NF LOC Determinations Completed Outside the Required Timeframe</li> </ul> Data entry is not required in this field.
NF LOC Determinations Completed within the Required Timeframe	19 44 70	Of the total NF LOC Determinations completed, the number completed within the required timeframe.
NF LOC Determinations Completed Outside the Required Timeframe	20 45 71	Of the NF LOC Determinations required, the total number completed outside the required timeframe.





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NF LOC Determinations		
Row Header	Rows	Description
NF LOC Determinations Not Completed Due to a Valid Reason	21 46 72	Of the NF LOC Determinations required, the total number not completed due to a valid reason.
NF LOC Determinations Not Completed (Excludes Not Completed Due to a Valid Reason)	22 47 73	Of the NF LOC Determinations required, the total number not completed.  Exclude Determinations not completed due to a valid reason.
Approved NF LOC Determinations	23 48 74	Of the NF LOC Determinations completed, the number approved.  The number of NF LOC Determinations approved/denied cannot exceed the total number of NF LOC Determinations completed.
Denied NF LOC Determinations	24 49 75	Of the NF LOC Determinations completed, the number denied.  The number of NF LOC Determinations approved/denied cannot exceed the total number of NF LOC Determinations completed.

NF LOC Determination Appeals		
Row Header	Rows	Description
NF LOC Determinations Appealed	27 52 78	Of the completed NF LOC Determinations, the number appealed. Counts correspond to the month in which the NF LOC Determination is due, regardless of when the appeal was filed.  This number is automatically calculated by summing: <ul style="list-style-type: none"> <li>- Appeals Pending</li> <li>- Appeals Upheld</li> <li>- Appeals Overturned</li> </ul> Data entry is not required in this field.
Appeals Pending	28 53 79	Of the NF LOC Determinations appealed, the number that are pending.  Report counts in the month that corresponds to the due date of the NF LOC Determination, regardless of when the appeal was filed.



## Centennial Care Reporting Instructions

### Level of Care – Report #8

NF LOC Determination Appeals		
Row Header	Rows	Description
Appeals Upheld	29 54 80	Of the NF LOC Determinations appealed, the number upheld.  Report counts in the month that corresponds to the due date of the NF LOC Determination, regardless of when the appeal was filed.
Appeals Overturned	30 55 81	Of the NF LOC Determinations appealed, the number overturned.  Report counts in the month that corresponds to the due date of the NF LOC Determination, regardless of when the appeal was filed.
Fair Hearing Requests Made to HSD	31 56 82	Of the total NF LOC Determinations completed, the number resulting in a Fair Hearing request.  Report counts in the month that corresponds to the due date of the NF LOC Determination, regardless of the filing date of the fair hearing request.

Existing ABCB/SDCB Members With Ongoing NF LOCs		
Row Header	Rows	Description
Existing ABCB/SDCB Members Evaluated for Ongoing NF LOC	86 91	The total number of existing ABCB/SDCB members evaluated for ongoing NF LOC.  Counts correspond to the month in which ongoing NF LOC was approved/denied.  This number is automatically calculated by summing: <ul style="list-style-type: none"> <li>- Existing ABCB/SDCB Members Approved for Ongoing NF LOC</li> <li>- Existing ABCB/SDCB Members Denied for Ongoing NF LOC</li> </ul> Data entry is not required in this field.
Existing ABCB/SDCB Members Approved for Ongoing NF LOC	87 92	The total number of existing ABCB/SDCB members evaluated and approved for ongoing NF LOC.  Report counts in the month that corresponds to the date ongoing NF LOC was approved.



## Centennial Care Reporting Instructions

### Level of Care – Report #8

Existing ABCB/SDCB Members With Ongoing NF LOCs		
Row Header	Rows	Description
Existing ABCB/SDCB Members Denied for Ongoing NF LOC	88 93	<p>The total number of existing ABCB/SDCB members evaluated and denied ongoing NF LOC.</p> <p>Report counts in the month that corresponds to the date ongoing NF LOC was denied.</p>
Existing ABCB/SDCB Members Pending an Ongoing NF LOC	89 94	<p>The number of existing ABCB/SDCB members identified for ongoing NF LOC evaluation whose evaluation is pending as of the last day of the quarter/YTD period.</p>
Existing ABCB & SDCB Members Approved for Ongoing NF LOC	95	<p>The total number of existing ABCB and SDCB members evaluated and approved for ongoing NF LOC.</p> <p>Counts correspond to the month in which ongoing NF LOC was approved/denied.</p> <p>This number is automatically calculated by summing:</p> <ul style="list-style-type: none"> <li>- Existing ABCB Members Approved for Ongoing NF LOC</li> <li>- Existing SDCB Members Approved for Ongoing NF LOC</li> </ul> <p>Data entry is not required in this field.</p>



## Centennial Care Reporting Instructions Level of Care – Report #8

### Section V: Nursing Facility

This section of the report captures LOC data on the following population groups:

- **Existing Nursing Facility Residents** (Rows 5 – 42).
- **Existing Nursing Facility Residents with a Change in Functional or Medical Status** (Rows 44 – 69).

Current year quarterly and YTD totals are prepopulated based on data entered for each completed month.

**\*\*\*Report counts in the month that corresponds to the due date of the NF LOC Determination based on anchor date definition.\*\*\***

Nursing Facility Census		
Row Header	Row	Description
Total Existing Nursing Facility Residents	8	The total number of MCO members who are residents in a nursing facility.  This number is automatically calculated by summing: - Existing Low NF Residents - Existing High NF Residents  Data entry is not required in this field.
Existing Low NF Residents	9	The total number of Low NF residents. Enter unique counts by month, quarter, and YTD period.
Existing High NF Residents	10	The total number of High NF residents. Enter unique counts by month, quarter, and YTD period.

NF LOC Assessments		
Row Header	Rows	Description
NF LOC Assessments Required	12 46	The number NF LOC Assessments required for members in the population group. Counts correspond to the month in which the NF LOC Determination is due.  This number is automatically calculated by summing: - NF LOC Assessments Completed - NF LOC Assessments Not Completed Due to a Valid Reason - NF LOC Assessments Not Completed (Excludes Not Completed Due to a Valid Reason)  Data entry is not required in this field.



## Centennial Care Reporting Instructions

### Level of Care – Report #8

NF LOC Assessments		
Row Header	Rows	Description
NF LOC Assessments Completed	13 47	Of the NF LOC Assessments required, the total number completed.  This number is automatically calculated by summing: - NF LOC Assessments Completed within the Required Timeframe - NF LOC Assessments Completed Outside the Required Timeframe  Data entry is not required in this field.
NF LOC Assessments Completed within the Required Timeframe	14 48	Of the NF LOC Assessments completed, the number completed within the required timeframe.
NF LOC Assessments Completed Outside the Required Timeframe	15 49	Of the NF LOC Assessments required, the total number completed outside the required timeframe.
NF LOC Assessments Not Completed Due to a Valid Reason	16 50	Of the NF LOC Assessments required, the total number not completed due to a valid reason.
NF LOC Assessments Not Completed (Excludes Not Completed Due to a Valid Reason)	17 51	Of the NF LOC Assessments required, the total number not completed.  Exclude Assessments not completed due to a valid reason.

NF LOC Determinations		
Row Header	Rows	Description
NF LOC Determinations Required	20 54	The number of NF LOC Determinations required for members in the population group. Counts correspond to the month in which the NF LOC Determination is due.  This number is automatically calculated by summing: - NF LOC Determinations Completed - NF LOC Determinations Not Completed Due to a Valid Reason - NF LOC Determinations Not Completed and NF LOC Determinations Not Completed with an Administrative Denial (Excludes Not Completed Due to a Valid Reason)  Data entry is not required in this field.



## Centennial Care Reporting Instructions

### Level of Care – Report #8

NF LOC Determinations		
Row Header	Rows	Description
NF LOC Determinations Completed	21 55	<p>Of the NF LOC Determinations required, the total number completed.</p> <p>This number is automatically calculated by summing:</p> <ul style="list-style-type: none"> <li>- NF LOC Determinations Completed within the Required Timeframe including NF LOC Determinations completed with an RFI</li> <li>- NF LOC Determinations Completed Outside the Required Timeframe</li> </ul> <p>Data entry is not required in this field.</p>
NF LOC Determinations Completed within the Required Timeframe	22 56	Of the total NF LOC Determinations completed, the number completed within the required timeframe.
NF LOC Determinations Completed within 5 Business Days from UM/UR Receipt of Request using the Definition for 14 Day Counting to start/stop 5-day Count when Requesting an RFI.	23	Of the NF LOC Determinations completed within the required timeframe, the number completed within 5 business days of UM/UR receipt of request using the definition for 14 day counting to start/stop 5-day count when requesting an RFI.
NF LOC Determinations Completed Outside the Required Timeframe	24 57	Of the NF LOC Determinations required, the total number completed outside the required timeframe.
NF LOC Determinations Not Completed Due to a Valid Reason	25 58	Of the NF LOC Determinations required, the total number not completed due to a valid reason.
NF LOC Determinations Not Completed (Excludes Not Completed Due to a Valid Reason)	26 59	<p>Of the NF LOC Determinations required, the total number not completed.</p> <p>Include all NF LOCs administratively denied as well as all other NF LOCs not completed.</p> <p>Exclude Determinations not completed due to a valid reason.</p>
NF LOC Administrative Denials due to incomplete documentation from NF	27 60	Of the NF LOC Determinations required, the number denied due to incomplete documentation from the nursing facility (i.e., Administrative Denial).



## Centennial Care Reporting Instructions

### Level of Care – Report #8

NF LOC Determinations		
Row Header	Rows	Description
Approved NF LOC Determinations	28	<p>Of the NF LOC Determinations completed, the number approved. Counts correspond to the month in which the NF LOC Determination is due.</p> <p>This number is automatically calculated by summing:</p> <ul style="list-style-type: none"> <li>- Low NF LOC Requests Approved for Low NF LOC</li> <li>- High NF LOC Requests Approved for High NF LOC</li> </ul> <p>The number of NF LOC Determinations approved/denied cannot exceed the total number of NF LOC Determinations completed.</p> <p>Data entry is not required in this field.</p>
Low NF LOC Requests Approved for Low NF LOC	29	<p>Of the NF LOC Determinations completed, the number of Low NF LOC requests approved for Low NF LOC. Counts correspond to the month in which the NF LOC Determination is due.</p> <p>The number of NF LOC Determinations approved/denied cannot exceed the total number of NF LOC Determinations completed.</p>
High NF LOC Requests Approved for High NF LOC	30	<p>Of the NF LOC Determinations completed, the number of High NF LOC requests approved for High NF LOC. Counts correspond to the month in which the NF LOC Determination is due.</p> <p>The number of NF LOC Determinations approved/denied cannot exceed the total number of NF LOC Determinations completed.</p>
Denied NF LOC Determinations	31	<p>Of the NF LOC Determinations completed, the number denied. Counts correspond to the month in which the NF LOC Determination is due.</p> <p>This number is automatically calculated by summing:</p> <ul style="list-style-type: none"> <li>- Low NF LOC Requests Denied for Low NF LOC</li> <li>- High NF LOC Requests Denied for High NF LOC</li> </ul> <p>The number of NF LOC Determinations approved/denied cannot exceed the total number of NF LOC Determinations completed.</p> <p>Data entry is not required in this field.</p>





## Centennial Care Reporting Instructions

### Level of Care – Report #8

NF LOC Determinations		
Row Header	Rows	Description
Low NF LOC Requests Denied for Low NF LOC	32	<p>Of the NF LOC Determinations completed, the number of Low NF LOC requests denied for Low NF LOC. Counts correspond to the month in which the NF LOC Determination is due.</p> <p>The number of NF LOC Determinations approved/denied cannot exceed the total number of NF LOC Determinations completed.</p>
High NF LOC Requests Denied for High NF LOC	33	<p>Of the NF LOC Determinations completed, the number of High NF LOC requests denied for High NF LOC. Counts correspond to the month in which the NF LOC Determination is due.</p> <p>The number of NF LOC Determinations approved/denied cannot exceed the total number of NF LOC Determinations completed.</p>
Approved NF LOC Determinations	61	<p>Of the NF LOC Determinations completed, the number approved.</p> <p>The number of NF LOC Determinations approved/denied cannot exceed the total number of NF LOC Determinations completed.</p>
Denied NF LOC Determinations	62	<p>Of the NF LOC Determinations completed, the number denied.</p> <p>The number of NF LOC Determinations approved/denied cannot exceed the total number of NF LOC Determinations completed.</p>

NF LOC Determination Appeals		
Row Header	Rows	Description
NF LOC Determinations Appealed	36 65	<p>Of the completed NF LOC Determinations, the number appealed. Counts correspond to the month in which the NF LOC Determination is due, regardless of when the appeal was filed.</p> <p>This number is automatically calculated by summing:</p> <ul style="list-style-type: none"> <li>- Appeals Pending</li> <li>- Appeals Upheld</li> <li>- Appeals Overturned</li> </ul> <p>Data entry is not required in this field.</p>



## Centennial Care Reporting Instructions

### Level of Care – Report #8

NF LOC Determination Appeals		
Row Header	Rows	Description
Existing Low NF LOC Residents who Appealed NF LOC Determinations	37	The number of Existing Low NF LOC Residents who appealed the NF LOC Determination.
Existing High NF LOC Residents who Appealed NF LOC Determinations	38	The number of Existing High NF LOC Residents who appealed the NF LOC Determination.
Appeals Pending	39 66	Of the NF LOC Determinations appealed, the number that are pending.  Report counts in the month that corresponds to the due date of the NF LOC Determination, regardless of when the appeal was filed.
Appeals Upheld	40 67	Of the NF LOC Determinations appealed, the number upheld.  Report counts in the month that corresponds to the due date of the NF LOC Determination, regardless of when the appeal was filed.
Appeals Overturned	41 68	Of the NF LOC Determinations appealed, the number overturned.  Report counts in the month that corresponds to the due date of the NF LOC Determination, regardless of when the appeal was filed.
Fair Hearing Requests Made to HSD	42 69	Of the total NF LOC Determinations completed, the number resulting in a Fair Hearing request.  Report counts in the month that corresponds to the due date of the NF LOC Determination, regardless of the filing date of the fair hearing request.



## Centennial Care Reporting Instructions

### Level of Care – Report #8

#### Section VI: Activities of Daily Living

This section of the report captures data on the number of members who meet NF LOC and their utilization of ADLs based on either institutional or community settings.

Each member must only be counted in one setting – community or institutional, based on the member’s setting as of the last day of the reporting period.

For each setting, Institutional and Community, there are two tables:

- 1) All MCO members who meet the criteria for NF LOC; and
- 2) Members for which a NF LOC Determination was required during the reporting period. Note that these members are a subset of the All MCO member counts.

The table for all MCO members who meet the criteria for NF LOC must include data for all MCO members for whom a NF LOC Determination was required and completed.

#### ADL - Institutional Setting for all MCO Members

Row Header	Row	Description
NF LOC Members in an Institutional Setting	9	<p>The total number of members who:</p> <ul style="list-style-type: none"> <li>• Meet the criteria for NF LOC; and</li> <li>• Reside in an institutional setting.</li> </ul> <p>This number is automatically calculated by summing Rows 10 through 16. Data entry is not required in this field.</p>
NF LOC Members with Unknown ADLs	10	<p>The number of members with NF LOC who reside in an institutional setting where the number of ADLs of which the member is in need of help is: Unknown to the MCO, Two ADLs, Three ADLs, Four ADLs, Five ADLs, Six ADLs, or Seven or more ADLs</p> <p><b>Data in Rows 10 through 16 should not be refreshed in following quarters.</b></p>
NF LOC Members with 2 ADLs	11	
NF LOC Members with 3 ADLs	12	
NF LOC Members with 4 ADLs	13	
NF LOC Members with 5 ADLs	14	
NF LOC Members with 6 ADLs	15	
NF LOC Members with 7+ ADLs	16	



## Centennial Care Reporting Instructions

### Level of Care – Report #8

#### ADL - Institutional Setting for all NF LOC Determinations Required During the Reporting Period

Row Header	Row	Description
NF LOC Members in an Institutional Setting for whom a Determination was Required	18	<p>The total number of members who:</p> <ul style="list-style-type: none"> <li>Meet the criteria for NF LOC;</li> <li>Reside in an institutional setting;</li> <li>Required a NF LOC Determination during the reporting period; and</li> <li>Had a completed Determination, regardless of when it was completed.</li> </ul> <p>Counts correspond to the month in which the NF LOC Determination is due</p> <p>This number is automatically calculated by summing Rows 19 through 24. Data entry is not required in this field.</p>
NF LOC Members with 2 ADLs	19	<p>Of the NF LOC members in an Institutional Setting for whom a Determination was required, the number who need help with Two ADLs, Three ADLs, Four ADLs, Five ADLs, Six ADLs, or Seven or more ADLs.</p> <p><b>Data in Rows 19 through 24 should not be refreshed in following quarters.</b></p>
NF LOC Members with 3 ADLs	20	
NF LOC Members with 4 ADLs	21	
NF LOC Members with 5 ADLs	22	
NF LOC Members with 6 ADLs	23	
NF LOC Members with 7+ ADLs	24	

#### ADL - Community Setting for all MCO Members

Row Header	Row	Description
NF LOC Members in a Community Setting	27	<p>The total number of members who:</p> <ul style="list-style-type: none"> <li>Meet the criteria for NF LOC; and</li> <li>Reside in a community setting.</li> </ul> <p>This number is automatically calculated by summing Rows 28 through 34. Data entry is not required in this field.</p>
NF LOC Members with Unknown ADLs	28	<p>The number of members with NF LOC who reside in a community setting where the number of ADLs of which the member is in need of help is Unknown to the MCO, Two ADLs, Three ADLs, Four ADLs, Five ADLs, Six ADLs, or Seven or more ADLs.</p>
NF LOC Members with 2 ADLs	29	
NF LOC Members with 3 ADLs	30	
NF LOC Members with 4 ADLs	31	



## Centennial Care Reporting Instructions

### Level of Care – Report #8

#### ADL - Community Setting for all MCO Members

Row Header	Row	Description
NF LOC Members with 5 ADLs	32	<b>Data in Rows 28 through 34 should not be refreshed in following quarters.</b>
NF LOC Members with 6 ADLs	33	
NF LOC Members with 7+ ADLs	34	

#### ADL - Community Setting for all NF LOC Determinations Required During the Reporting Period

Row Header	Row	Description
NF LOC Members in a Community Setting for whom a Determination was Required	36	<p>The total number of members who:</p> <ul style="list-style-type: none"> <li>• Meet the criteria for NF LOC;</li> <li>• Reside in a community setting;</li> <li>• Required a NF LOC Determination during the reporting period; and</li> <li>• Had a completed Determination, regardless of when it was completed.</li> </ul> <p>Counts correspond to the month in which the NF LOC Determination is due.</p> <p>This number is automatically calculated by summing Rows 37 through 42. Data entry is not required in this field.</p>
NF LOC Members with 2 ADLs	37	<p>Of the NF LOC members in a community setting for whom a Determination was required, the number who need help with Two ADLs, Three ADLs, Four ADLs, Five ADLs, Six ADLs, or Seven or more ADLs.</p> <p><b>Data in Rows 37 through 42 should not be refreshed in following quarters.</b></p>
NF LOC Members with 3 ADLs	38	
NF LOC Members with 4 ADLs	39	
NF LOC Members with 5 ADLs	40	
NF LOC Members with 6 ADLs	41	
NF LOC Members with 7+ ADLs	42	

#### Community Members Percentage of Total Members in an Institutional Setting and Members in the Community

Row Header	Row	Description
Percentage of Members in the Community	45	<p>This number is automatically calculated. Data entry is not required in this field.</p> <p><math>\% = \text{Row 27} / (\text{Row 27} + \text{Row 9})</math></p>



## Centennial Care Reporting Instructions Level of Care – Report #8

### Section VII: NF List

This section of the report captures the Nursing Facilities with incomplete documentation during the quarter.

The facility names entered in this section will support MCO responses to the corresponding analysis questions.

For each quarter, list the names of the nursing facilities (alphabetically) with incomplete documentation during the quarter.