FAQs: LTC-2E, NF Clinical Screening Process

This document responds to questions that were presented during the **8/20/2025 LTC-2E, NF Clinical Screening Processes training**. Your review of this detail is critical for your understanding of this process or other considerations not covered in the training. **As a reminder, SCNF residents are not eligible for the LTC-2E, NF Clinical Screen and therefore, will still require only the LTC-2B, Request for Clinical Eligibility Assessment when indicated.**

LTC-2E, NF Clinical Screen Considerations

1. **When does the NF Clinical Screen option become available? What happens to current PAS requests?**
   - The **NF Clinical Screen (LTC-2E)** becomes available for use starting **September 2**, when Phase II of the NF Portal goes live.
     - Nursing Facilities will then be expected to use the **LTC-2E** for any resident seeking **Medicaid eligibility** if no LTC-2B had previously been submitted.
       - OCCO will honor all LTC-2B requests submitted prior to our Phase II implementation.
     - The system has built-in logic: depending on the **days since admission**, it will direct you to the correct request type.
     - If a valid PAS is expiring within 45 days, then the LTC-2E would be indicated if Medicaid eligibility is not yet established.
     - If the **resident is in a Special Care Nursing Facility (SCNF) the LTC-2E does not apply**, but rather requires the LTC-2B to request an onsite assessment.

2. **Can business office complete NF Clinical Screen or only clinical staff?**
   - There is **no specific staff role required** to complete the **NF Clinical Screen (LTC-2E)** in the portal.
     - It does **not** have to be the MDS Coordinator, a Social Worker, or a specific clinical staff as long as:
       - The staff member has **all the necessary information** (including MDS data), and
       - **Options counseling** is conducted with the resident or representative (as required), then the LTC-2E may be submitted by that staff member.
   - However, Billing Agent users will have "View Only" rights related to the LTC-2E.

3. **Can I submit LTC-2E at day 25?**
   - No. The system will not allow submission of an **LTC-2E** before **day 30** of admission.
     - The submission window is **day 30 through day 60** for residents who had no clinical (PAS or EARC) on file at the time of admission.
     - Any attempt to submit earlier (e.g., day 25) will be blocked by system logic.
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4. **Can the LTC-2E be submitted before 30 days? What if the patient needs it from day one?**
   - No, the **LTC-2E (NF Clinical Screen)** cannot be submitted before 30 days of admission.
     - The reason is that during the **first 30 days**, it is not always clear whether the resident's stay will be short-term (rehabilitation) or long-term (Medicaid-eligible).
     - The Request Type is guided by system logic only allowing the appropriate selection.
     - When the LTC-2E is submitted between **30 and 60 days**, the authorization will be authorized from the **date of admission**.

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- Any LTC-2E submitted after **day 60 will be authorized based on the date of submission**.

5. Can we leave the LTC-2E in draft form so different people can complete different parts of it?

- Yes. As long as the staff member has portal access as an NF user; Multiple users can work on different sections of the same LTC-2E (NF Clinical Screen).
  - However, the record can only remain in **"Incomplete" status for 5 days**.
  - If not submitted within that timeframe, the draft will be **automatically purged** from the system, and a new LTC-2E would need to be started.
  - Users may **search for "Incomplete" case status via the LTC-2E Status column search**.
    - The "Incomplete" case status is not currently a selection when using a case status tab in the main grid.

6. If a field on the LTC-2E is not completed, will the system prompt us to fill it in?

- Yes. The NF Portal has built-in **system logic** for required fields.
  - If you try to move forward without completing a required field, the system will display a**n error response before the user can move to the next section**.
  - In some cases, the prompt will appear at the **top of the screen**, so you may need to **scroll up** to see which field is missing.

7. When an Inappropriate Referral is identified—why would someone not be eligible for NF Clinical Screen?

- An **Inappropriate Referral** happens when the NF Clinical Screen (LTC-2E) is submitted for someone who is **not eligible** for this type of request.
- Common reasons include:
  - The resident is already **enrolled in a Managed Care Organization (MCO) or PACE (Program of All-Inclusive Care for the Elderly)**.
  - In these cases, the NF Clinical Screen is unnecessary because authorization and any PAS is required to be provided/conducted by the MCO or PACE program.
  - To avoid submitting an Inappropriate Referral, the Nursing Facility should always check **EMEVS/MEVS** before submission. This confirms the resident's **current Medicaid eligibility and enrollment status**.

8. Can we print or save the LTC-2E to show proof of submission?

- No. There is no ability to print the LTC-2E.
  - Once submitted, the history of the submission is instantly visible in the portal (Main Landing Page following a search, Submission History in both the LTC-2A and LTC-2E record tabs, including a **date and time stamp** of when the form was submitted.
  - However, the NF user may choose to take screenshots of the submission detail if it is felt this is necessary.

9. Once an LTC-2E is completed and accepted, will PAS nurse assess in person and issue PAS letter?

- No. The **NF Clinical Screen (LTC-2E)** does **not** automatically trigger an in-person OCCO assessment.

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- Onsite assessments will only occur when OCCO receives a **CP-2 referral** from the County Social Services Agency (CSSA) for determining clinical eligibility for Medicaid.
- For the following instances, the LTC-2B can be submitted if the criteria apply:
  - A change in condition requiring a higher or lower level of care (e.g., NF to SCNF).
  - MCO/PACE disenrollment that requires Fee-for-Service billing.
  - Out of State Admission (Authorized)
  - Hospice or Hospice Revoked
- The LTC-2E itself serves only as a **180-day placeholder authorization**, not a full clinical eligibility approval.

10. After OCCO completes the final review of the LTC-2E, will the NF receive a PAS approval letter?

- No. OCCO does **not** issue approval letters for the **LTC-2E (NF Clinical Screen)**.
  - The LTC-2E is **not a full clinical eligibility assessment**—it is more of a **placeholder** until Medicaid eligibility is established, including both financial and clinical eligibility.
  - **Approval/Denial letters are only issued** when OCCO completes a full clinical assessment.
  - If a referral can be processed by OCCO, the final determination is applied following full processing. **Remember, the LTC-2E is not full clinical eligibility.**

11. If we have a 180-day authorization and Medicaid app still pending, when should we request new LTC-2E?

- Yes. To prevent a gap in coverage, the Nursing Facility should submit a **new LTC-2E** between **day 150 and day 180** of the resident's stay if Medicaid eligibility has not yet been established.
  - Both an **EARC** and a **NF Clinical Screen (LTC-2E)** are valid for **180 days**.
  - Submitting during this 30-day window ensures there is **continuous coverage** without interruption.

12. If referral was dismissed for not meeting criteria, can I submit again?

- Yes. If the referral was dismissed because the resident did **not meet the criteria at the point of the initial submission** a new LTC-2E is only appropriate if the resident's **status has changed**.
  - When there is a change in status, it should be documented with a **new MDS (Change in Condition) assessment** as required by CMS.
  - In those cases, the portal provides a **request type option** that allows you to indicate a **"Change in Status"** submission.

13. If an LTC-2E is submitted and marked appropriate but the resident improves, could they be denied when OCCO receives CP-2 referral?

- Yes. It's possible for a resident to **improve** after the initial LTC-2E submission. The NF Clinical Screen reflects the resident's condition **at the time it was completed**.
  - OCCO will not know about any changes until a **CP-2 referral** is received and an OCCO clinician conducts a full onsite assessment.
  - For clinical eligibility:

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        - The **standard is 3 Activities of Daily Living (ADLs)** coded at the required level of assistance, or the need for Supervision and Cueing if a cognitive impairment is identified.
    - If a denial occurs, it is based on the resident's **status at the time of the OCCO assessment**, not on the earlier LTC-2E submission.
        - There may be consideration to cover the authorized LTC-2E for which the clinician identifies the level of care for a given time period had been met.

14. What should we do if some MDS questions are disabled when completing LTC-2E?

- Certain **MDS (Minimum Data Set) questions** may be disabled depending on the **type of MDS assessment** being conducted.
    - The items required for the **NF Clinical Screen (LTC-2E)** should be included in **all MDS assessment types**.
    - If you find that a required item is not available or is disabled in your assessment type, please notify OCCO so that it can be reviewed and taken into consideration.

15. What about residents with Alzheimer's/dementia who don't need ADL help? Still 30-day wait?

- Yes. Residents with **Alzheimer's disease or dementia** may qualify for LTC coverage due to the need for supervision and cueing with a minimum of three ADLs.
    - However, the **LTC-2E (NF Clinical Screen)** timing still applies:
        - If no EARC was submitted at admission, the LTC-2E must be submitted **between days 30–60 of admission**.
        - This rule applies to *all* admissions, including those with Alzheimer's or dementia.
    - **BEST PRACTICE:** If you are accepting a resident with Alzheimer's or dementia and expecting Medicaid coverage, it is strongly recommended to have a **valid EARC or community PAS** on file **before admission**, to ensure seamless coverage and avoid delays.

LTC-2B, Request for Clinical Eligibility Assessment Considerations

16. Does a NF need to complete LTC-2B for residents pending Medicaid and in Hospice?

- Yes. Any **Hospice considerations** require submission of an **LTC-2B (Request for OCCO Clinical Assessment)**.
    - This applies whether the resident is:
        - **Newly admitted to Hospice**, or
        - **Revoked from Hospice**.
    - **Residents authorized for Medicaid Hospice are not enrolled in MLTSS**; However, an MCO is assigned and is responsible for authorization for that resident's NF admission.

17. If a patient is admitted with an EARC, do we still need to submit an LTC-2B? How will OCCO know the patient is at the facility?

- No, you do **not** submit an LTC-2B if the patient is admitted with an **EARC (Enhanced At-Risk Criteria)**.

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- The Nursing Facility must submit an **LTC-2A (Notice of Admission)** within 2 business days.
- Once submitted, OCCO processes the LTC-2A and updates its systems, including entering the provider number into the Medicaid eligibility system. This ensures the resident's placement is recognized and properly tracked.
- Residents admitted with a valid EARC require the NF user to submit the LTC-2E, NF Clinical Screen by day 150 through 180 of that admission.
- For SCNF residents, the LTC-2B is still indicated if the criteria met.

18. Can an LTC-2B be used for a change of level of care from Nursing Facility (NF) to an Assisted Living Facility (AL)?

- No, an LTC-2B is not used for NF-to-Assisted Living transfers. The correct process depends on the situation:
  - If the resident is already in Assisted Living: The Assisted Living provider submits an AL-6 form to request a Pre-Admission Screening (PAS) or clinical assessment.
  - If the resident is currently in a Nursing Facility and plans to move to Assisted Living:
    - If there is no valid PAS on file, the NF must submit an LTC-2E (NF Clinical Screen) before the transfer.
    - If a valid PAS is already on file, it shall be used for the transfer without needing a new assessment.
    - If only an NF Clinical Screen is available, the Assisted Living provider shall then submit the AL-6 form upon admission if Medicaid eligibility is not yet established.
- **Other times an LTC-2B is still required for residents in a skilled NF:**
  - Out of State Admission (Authorized)
  - MCO/PACE disenrollment
  - Hospice
  - Hospice revoked
  - Change in level of care (e.g., NF → SCNF or SCNF → NF)

EARC, Medicaid Eligibility, Coverage, and Authorization

19. For residents in Medicaid MCO or MLTSS, do we need LTC-2B or 2E, or just LTC-2A?

- Only the LTC-2A is required. For residents enrolled in a **Medicaid MCO (Managed Care Organization), the LTC-2B nor the LTC-2E is indicated**:
  - You are only required to submit the **LTC-2A (Notice of Admission), unless there is a pending MCO/PACE disenrollment for which the LTC-2B would then be indicated.**
  - This is because the **MCO or PACE program** is responsible for:
    - Authorizing the resident's NF/SCNF stay.
    - Conducting any necessary PAS (Pre-Admission Screening) on an **annual basis** to maintain Medicaid enrollment.

20. How long is a new PAS valid—180 days or a year?

- A **full PAS (Pre-Admission Screening/Clinical Eligibility Assessment)** completed by OCCO is valid for **one full year**.

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- The **NF Clinical Screen (LTC-2E)**, however, is valid for only **180 days** and serves as a **temporary placeholder** until the resident applies for Medicaid financial eligibility and a **CP-2 referral** is received.
- Once OCCO receives the CP-2, a **full PAS is completed**, and from that point forward, the PAS authorization is valid for **one year**.
  - If Medicaid is not established within 45 days of a PAS expiring, if the resident in in a skilled NF, then the LTC-2E, NF Clinical Screen is indicated.

21. Are hospitals being instructed that NFs will stress the importance of requesting the EARC?

- Yes. On May 21, 2025, the NJ Hospital Association hosted a discussion between DoAS and the Hospital Case Management/Discharge Planning Management to discuss the importance of the EARC and the likely potential that the requests from the NFs for an EARC will be increasing.
  - Not all hospitals were present for this discussion, nor does it appear the EARC Screeners received the messaging.
    - An email was forwarded to all EARC Screeners to provide this information.
  - The EARC has its own criteria and ultimately, **if Medicaid does not appear to be indicated, an EARC may not be conducted in those instances.**
    - The LTC-2E request type of Private Pay where submission occurs within **30-60 days** of admission will provide that safety net for the NF in those instances where the EARC is not conducted.
  - Hospitals may sometimes push back, but the NF must **stand firm** because ultimately, the EARC protects the facility's ability to be paid by Medicaid when full eligibility is obtained.
  - If an NF is struggling with a specific hospital that refuses or delays completing EARCs:
    - **Step 1:** Address it directly with the hospital management, stressing that the EARC is a required step.
    - **Step 2:** If issues continue, escalate to the appropriate **OCCO Regional Manager**:
      - **NRO:** Contact Joy Okezie; email: Joy.Okieze@dhs.nj.gov
      - **SRO:** Contact Luz Maldonado; email: Luz.Maldonado@dhs.nj.gov
      - OCCO leadership can then hold a meeting with the hospital to reinforce compliance and the importance of completing EARCs consistently.

22. When adding resident to portal, is there a way to see if active EARC or PAS exists?

- Yes and No. When you initiate an **LTC-2A (Notice of Admission)**, you are required to enter the resident's **Social Security Number (SSN)** to check for a valid EARC; however, there is currently no ability to view a current PAS status.
  - The system will then automatically **search for any valid EARC** that has been issued.
  - If a valid EARC exists, it will be **linked directly** to the new LTC-2A record, ensuring it is properly associated with the resident's admission.
  - For any instance of a valid PAS status, outreach to the regional OCCO is required.

23. What is a CP-2?

- The **CP-2** is a referral form used in the Medicaid eligibility process.
  - It is sent from the **County Social Services Agency (CSSA)** to **OCCO** once an individual applies for **Medicaid financial eligibility** and requires a **clinical assessment**.

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- The CP-2 triggers OCCO to conduct a **full clinical eligibility assessment (PAS)** for that resident.
  - This ensures Medicaid has both the **financial** and **clinical** components needed to determine eligibility for long-term care coverage.

24. If County takes months to review Medicaid app, CP-2 can be delayed. What if patient dies before OCCO assessment?

- In some counties it is recognized there can be long delays before the **CP-2 referral** is submitted.
  - OCCO has been in discussions with State Medicaid to encourage counties to submit the **CP-2 earlier**, ideally as soon as they begin reviewing the case so if there's any potential for denial, it would be identified sooner rather than later in the process.

25. For a private pay resident admitted to an NF within 30–60 days, can they also be covered by Medicare?

- Yes, a resident admitted as **private pay** may also be covered by **Medicare** during their NF stay for short-term rehabilitation if Medicare is currently in place.
  - Medicare covers **100% of nursing facility costs for the first 20 days** after a qualifying hospital stay, but is **reduced to 80%** a**fter day 20 through 120 days if criteria met.**
  - This is one of the reasons for the **30 to 60-day submission window** for the LTC-2E if Medicaid eligibility is required within 180 days., which provides authorization from the date of admission in those instances.
  - If Medicaid is not expected, the LTC-2E would not be indicated until the resident is within 180-days of Medicaid eligibility.

26. If resident is denied clinically after CP-2 referral due to improvement, are they covered meantime?

- This situation is **not cut and dry** and must be evaluated **case by case**. Key considerations include:
  - Did the **Medicaid application** get started with the County at the time of admission?
  - At admission, did the resident meet **NF level of care** as reflected in the LTC-2E?
  - If the NF Clinical Screen showed the resident was **not eligible**, and this was known before the CP-2 referral, **Medicaid coverage for the in-between period may be at risk**.
  - If OCCO later denies the resident after an in-person assessment (due to improvement), the resident may request a **fair hearing**. At that point:
    - The court will review **when the NF knew** the resident did not meet clinical eligibility,
    - And what steps the NF took to **facilitate discharge** once that determination was clear.

27. If resident improves and OCCO later issues denial, is payment covered until denial date?

- This situation must be handled **case by case** because there are multiple factors that affect payment.
  - Key considerations include:
    - **When** the resident's Medicaid application was submitted to the County Board.
    - **When** the County Board initiated the CP-2 referral.

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        - The timing of OCCO's review and determination.
    - In some counties, delays of several months can complicate the timeline, making it difficult to set a blanket rule.
    - What is consider is that **payment hinges on the timing of both the Medicaid financial application and the clinical eligibility process**. If OCCO later issues a denial, the case will be reviewed to determine whether coverage is valid up until that denial date.

General Questions

28. How do we handle a resident transferring from Assisted Living to NF?

- Residents transferring from **Assisted Living (AL) to a NF** must have a valid **PAS (Pre-Admission Screening)** in place **before NF admission whenever there is potential for Medicaid eligibility.**
    - The **PAS shall be completed while the resident is still in Assisted Living**, not at the Nursing Facility.
        - The Assisted Living facility submits an **AL-6 form** to OCCO.
        - OCCO then assigns a nurse to conduct the assessment.
    - If the NF accepts a resident **without a valid PAS**, the facility must wait until **day 30–60 of admission** to submit an **NF Clinical Screen (LTC-2E)**.

29. Did OCCO train hospitals on PASRR requirements?

- Yes. Hospital EARC Screeners are informed that **PASRR (Preadmission Screening and Resident Review) is a federal requirement** for individuals with mental illness or intellectual/developmental disabilities who may require NF placement.
    - Per federal regulation, the PASRR should be **completed prior to NF admission**.
    - The NF is ultimately responsible for ensuring a valid PASRR is on file before admitting the resident.
    - OCCO's **EARC process requires PASRRs to be fully documented**, which helps ensure compliance at the point of hospital discharge.
    - However, if a hospital fails to provide the PASRR, the NF may delay the discharge until PASRR documentation is received.
        - If admission accepted without a PASRR, it then becomes the NF responsibility to ensure completion upon admission
        - A copy of the PASRR is required to be located within the NF resident record.

30. Until Phase II goes live, how do we submit new LTC-2A and 2B/2E?

- At this time, the **portal has been made unavailable for any activity until Tuesday, September 2, 2025 when Phase II implementation occurs**.
    - OCCO has issued **policy guidance and a timeline** for how to handle requests during this interim period.
    - For any **urgent LTC-2B requests**, follow the instructions in that guidance document.
    - The **policy guidance for LTC-2 Phase II implementation** was emailed to all active users, and has been posted on the Nursing Facilities Resources web page, which can be located at https://www.nj.gov/humanservices/doas/provider/nursing-facilities/.

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31. What is the difference between a Nursing Facility (NF) and a Special Care Nursing Facility (SCNF)?

- **Nursing Facility (NF):**
  - Also known as a Skilled Nursing Facility (SNF).
  - Provides 24-hour nursing and custodial care for residents who need long-term support but do not require highly specialized services.
  - Most Medicaid-certified nursing homes in New Jersey fall into this category.
- **Special Care Nursing Facility (SCNF):**
  - A specialized license issued by the **NJ Department of Health**.
  - Designed for residents with **very specific and complex medical or behavioral needs who meet identified criteria**.
  - Common SCNF units include:
    - **Behavioral health units**
    - **Ventilator care units**
    - **Huntington's disease units**
    - **Neurologically impaired units**
    - **Traumatic brain injury (TBI) units**
    - **Pediatric specialty units**

32. I submitted a Portal User Access Request but nothing's updated. I've called several times—what should I do?

- The NF Portal support is handled by a small team and updates are processed from **email requests**, not phone calls.
  - **Email the support team by sending email to** DoASNFPortal.Registration@dhs.nj.gov
  - Follow-up with the support team is encouraged when an expected response has not been received.
    - Recognizing Phase II and the need for onsite NF staff to register for portal access has caused a flurry of emailed questions and access requests. Your patience is appreciated.