

NOW/COMP

LEVEL OF CARE WEB SUBMISSION

1 Description

Level of Care (LOC) and Placement requests for initial placement and reassessment under the Comprehensive Supports Waiver Program (COMP) and the New Options Waiver (NOW) are submitted via the Georgia Web portal by the DBHDD regional offices (the regional office is referred to as the ‘provider’ in these instructions). Although NOW and COMP are two separate PA types, the process used to submit a NOW LOC is the same process used to submit a COMP LOC. In addition to the LOC online form, additional supporting documentation must be attached. This additional documentation may be attached when the request is submitted, or attached to an existing LOC request that is pending or initially tech denied for missing information.

2 Entry Instructions

Follow these instructions to enter a NOW or COMP Level of Care and Placement request:

1. Go to the **Georgia Web Portal** at www.mmis.georgia.gov and log in using your assigned user name and password.
2. On the *Secure Home* page, select **Prior Authorization**; then **Submit/View**.
3. On the next screen, select **NOW Level of Care and Placement** or select **COMP Level of Care and Placement**. Only one PA type link will display - the PA type associated with the requesting ‘provider’ category of service (NOW 680; COMP 681).
4. On the *New Request for Prior Authorization* page, the requesting ‘provider’ ID is system populated in the Provider ID box.
5. Enter the applicant’s Medicaid ID **OR** enter the applicant’s Social Security Number (SSN) if the applicant does not have a Medicaid ID. **Do not enter both.**

COMP Level of Care and Placement

Please enter the Member's ID or the SSN. Do not enter both.

To find a Member or Provider click the  next to the ID box

Member Medicaid ID:

Social Security Number :

COMP Provider ID :

Figure 1

6. Click **Submit** to open the *Level of Care and Placement* request form.

DBHDD Regional Office Information:

7. When the request form opens, the requesting regional office ‘provider’ information is pre-populated.

Member Information and Address:

8. Member information is also populated according to these guidelines:
 - If a Medicaid ID was entered **or** if the SSN entered matches a Medicaid participant, the system populates the member information including the member’s address.
 - If a SSN is entered but there is no match to a Medicaid member in the database, the member information must be entered manually, including the applicant’s address information, similar to what is shown in the next figure.

Member Information

Member ID : First Name : MI : Last Name : Suffix :

Date of Birth : Social Security Number : Gender :

Participant Address

Address Line 1 : Address Line 2 :

City : State : Zip :

Figure 2

DBHDD Regional Office Contact Information:

This section captures the regional office contact information.

- In general, the contact information is populated by the system based on the requesting regional office ‘provider’ ID. Since all fields are required, however, enter any information that may be missing or correct information that is inaccurate, **especially the email address which is used for notifications.**

DBHDD Regional Office Contact Information			
* Contact Name:	Ms Nice	* Contact Email:	srinithya.ranganathan@gmcf.org
Contact Phone:	444-555-6666 Ext. <input type="text"/>	* Contact Fax:	555-666-7777

Figure 3

Request Information:

- Select *Initial* (initial placement) or *Reassessment* (continued placement) as the ‘Recommendation Type’. This is required.
- Enter the date that the applicant was evaluated for the program in the ‘Assessment Date’ box. If not know, enter today’s date. This is currently required.
- If known, select *Yes* or *No* for MFP approval. Otherwise, leave blank – this is an optional field.

Request Information			
* Recommendation Type :	<input checked="" type="radio"/> Initial <input type="radio"/> Reassessment		
* Assessment Date	07/28/2015	* Approved for Money Follow s the Person?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Figure 4

Diagnosis:

This section captures the participant’s primary diagnosis or diagnoses related to NOW or COMP participation. At least one diagnosis is required.

- Enter the diagnosis code for the participant’s primary diagnosis in the ‘Diagnosis Code’ box. System populates the description.

14. Enter the date that the diagnosis was established. If not known, enter today's date.
15. Click the 'Primary' checkbox.
16. Click **Add**.

* Diagnosis						
Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
758.0		07/01/2002	<input checked="" type="checkbox"/>	<input type="checkbox"/>		ADD



Figure 5

17. The diagnosis is added to the request and a blank diagnosis line opens and may be used to add another diagnosis. The options to **EDIT** the diagnosis line and **DELETE** the diagnosis line also become available.

* Diagnosis						
Diag Code	Diagnosis Description	Date	Primary	Admission	Type	
758.0	DOWN'S SYNDROME	07/01/2002	Yes	No	ICD-9	EDIT DELETE
				<input type="checkbox"/>		ADD

Figure 6

19. The 'Comments/Messages' box is an optional textbox but can be used to provide additional information regarding the LOC request.
20. Once all required information has been entered, click **Review Request** to display the *Attestation Statement*.
21. Review the *Attestation Statement* and then click **I Agree** in response to the *Attestation Statement*. This must be done before the request can be submitted.
22. At this point, review the information entered to be sure it is accurate. To correct information, click **Edit Request**. Correct or update the request information, then click **Review Request** again.
23. Click **Submit Request**.
24. Once the request is successfully submitted, the **pending Request ID** displays at the top of the page. Required documentation may be attached to the LOC at this point.

Attach Supporting Documentation:

To attach documents, go to ‘**Create an Attachment**’ (middle of page). This section includes a checkbox for each required document type. The document type checkboxes are used to associate the file attached with the document type. One file or multiple files may be attached. However, if possible, it is recommended to attach one PDF file that contains all the required documents. If multiple files are attached, each file must have a different name. The following file types may be attached: DOC, DOCX, JPG, PDF, TIF, TXT and EXCEL; although **PDF files are preferred**. Each file cannot be more than 20 MB in size. For complete attachment criteria, please refer to the *Attach Files to a PA Request* user guide located on the Provider Workspace/Education and Training/User Manuals.

25. To attach a file related to a specific required document or documents, first click the document type checkbox or checkboxes.
26. Click **Browse** and find the file saved to your directory.
27. Open the file and then click **Attach File**. The file attached is associated with the required document(s) selected and displays in the **Attached Files** table. The attached files are available to the Alliant reviewer.

Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

Browse se... **Attach File**

File uploaded successfully.

Please Check the name of the documents included in the Attachment before you attach. (All the files colored in red need to be attached for faster review.)

Codes	Documents
COMP-INITIAL	<input type="checkbox"/> DMA6/6A (Physician's Recommendation Concerning Nursing Facility Care or Intermediate Care for the Mentally Retarded) <input type="checkbox"/> Nursing Assessment *Optional* <input type="checkbox"/> Psychological/Behavioral Assessment
	<input type="checkbox"/> Health Risk Screening Tool (HRST) *Optional* <input type="checkbox"/> Social Work Assessment *Optional* <input type="checkbox"/> Initial Behavioral Assessment *Optional*
	<input type="checkbox"/> Support Intensity Scale (SIS) *Optional*

Attached Files

File	Type	Code	Document Name	Size	User	Date	
COMP Attachments.docx	Attached By Nurse	COMP-INITIAL	Psychological/Behavioral Assessment	14 KB	DBARRETT	7/20/2015 9:48:42 AM	DELETE
COMP Attachments.docx	Attached By Nurse	COMP-INITIAL	DMA6/6A (Physician's Recommendation Concerning Nursing Facility Care or Intermediate Care for the Mentally Retarded)	14 KB	DBARRETT	7/20/2015 9:48:42 AM	DELETE

Figure 7

Note: Additional documentation may also be attached to LOCs previously submitted that are still in pending status or are initially tech denied.

1. To attach documents to an existing LOC, open the *Provider Workspace*.
2. Select **Search, Edit or Attach Documentation to Requests**.

3. Search for the PA by entering the 'Request ID' and clicking [Search](#).
4. Select the request in the search results to open the *Review Request* page.
5. If the LOC is pending or is initially tech denied, click the [Attach File](#) link at the bottom of the page.
6. Go to **Create an Attachment** and follow the same process to attach a file as previously described.

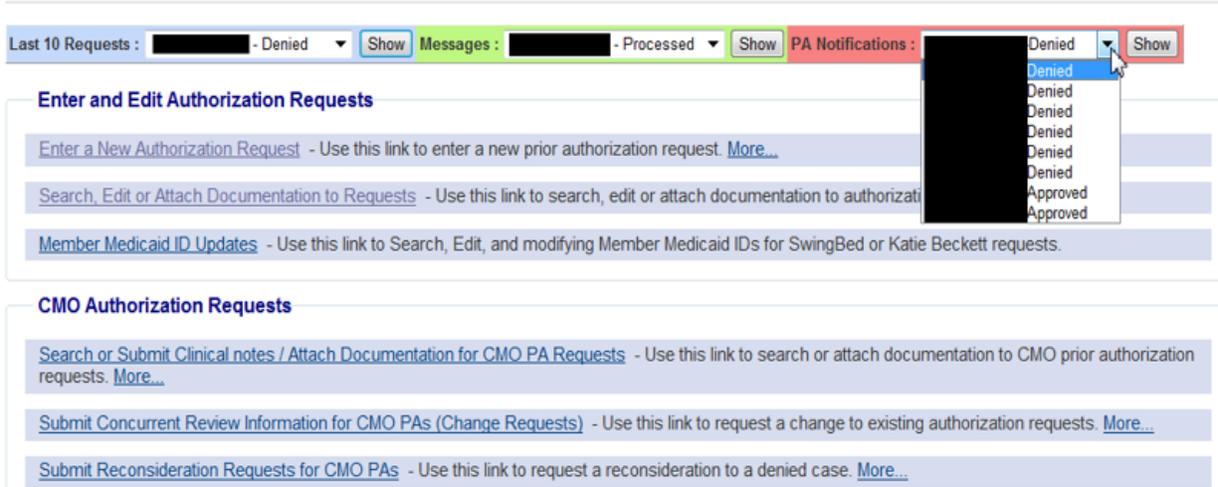
System Decision Notifications

When a NOW or COMP LOC is approved or denied, the requesting 'provider' is notified via a 'no reply' email. When the decision is an initial tech denial for missing information, the email also specifies what information is missing. The email notification directs the 'provider' to check the *Provider Workspace* for decision details.

View Decision Details:

1. To view decision details, open the *Provider Workspace* and click [Search, Edit or Attach Documentation to Requests](#).
 2. Search for the LOC by entering the 'Request ID' and clicking [Search](#). Then, click the PA that displays in the search results.
- OR-
3. Open the *Provider Workspace* and access the LOC via the **PA Notifications** drop list. This list shows the **last ten** PA notifications. Select a PA number on the list and click [Show](#).

Provider Workspace



The screenshot shows the 'Provider Workspace' interface. At the top, there are three filter sections: 'Last 10 Requests' (set to 'Denied'), 'Messages' (set to 'Processed'), and 'PA Notifications' (set to 'Denied'). Each section has a 'Show' button. Below these are three main sections with links and descriptions:

- Enter and Edit Authorization Requests**: Includes links for 'Enter a New Authorization Request', 'Search, Edit or Attach Documentation to Requests', and 'Member Medicaid ID Updates'.
- CMO Authorization Requests**: Includes links for 'Search or Submit Clinical notes / Attach Documentation for CMO PA Requests', 'Submit Concurrent Review Information for CMO PAs (Change Requests)', and 'Submit Reconsideration Requests for CMO PAs'.

A dropdown menu is open for the 'PA Notifications' filter, showing a list of 'Denied' and 'Approved' items. A mouse cursor is pointing at the top of this dropdown.

Figure 8

4. No matter which process is used to view decision details, the LOC will open on the *Review Request* page. On *Review Request*, the decision information displays in the following sections:

- **PA Notifications:** This section shows the same information sent in the 'no-reply' email notification.
- **Denial Notifications:** This section shows the specific decision date, the letter type that was sent, and the reviewer's denial rationale noted on the letter.
- **Request Information:** This section shows the specific type of decision and decision date.

Notification(s) for this PA

Date	Status	Notification
06/16/2015		The COMP PA # [REDACTED] submitted by you, has been Denied. The PA is missing some document(s) : DMA-7 (Level of Care Re-Evaluation Form for ICF/ID) , Psychological/Behavioral Assessment Update (Required Q3 years if 16 years or younger).

Denial Notification(s)

Denial Decision Date	Letter Type	Reason for Denial
6/16/2015 12:00:00 AM	Standard Approval/Denial Notification	

Request Information

Request ID :	[REDACTED]	Case Status :	Denied	Case Status Date :	06/16/2015
Member ID :	[REDACTED]				
Social Security Number :	[REDACTED]				
Provider ID :	[REDACTED]	CMO PA Request ID :			
Effective Date :	05/26/2015	Expiration Date :	05/25/2016		
Denial Reason :					

Type of Recommendation :	Reassessment
Decision Type :	Final Tech Denial. Decision Date: 6/16/2015

Diagnosis

Diag Code	Diagnosis Description	Date	Primary	Type
334.9	SFNOCEREBELLAR DIS NOS	01/01/2000	Yes	ICD-9

Attached Files

File	Type	Document Name	User	Date
Chapter Header.docx	Web Upload	Health Risk Screening Tool (HRST) *Optional*	[REDACTED]	5/26/2015 11:54:57 AM

[Enter Change Request](#)
[Attach File](#)
[Return To Search Results](#)
[Return to Provider Workspace](#)
[Contact Us](#)

Figure 9