

Office of Long-Term Care 703- Medical Needs Quick Base Application

Provider User's Training Guide

Created September 9, 2020



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703 Med Needs

Overview

The 703 Med Needs Application is an application developed on the Quick Base platform for the Arkansas Department of Human Services to allow Nursing Home and Long-Term Care Facilities submit requests to transfer resident/clients from one facility to another. This application focuses on the completion of an initial intake form and tracks the process by which that application is approved or rejected. Once the form has been submitted, ARDHS Registered Nurses have the ability to review the application and determine whether the request should be approved or not. Once the determination has been made, an ARDHS Administrative Specialist will enter the completed application into the appropriate system of record and informs the facility of the decision.

703 Intake

Roles Involved:

Provider User

Process:

All Nursing Homes and Long-Term Care Facilities associated with ARDHS have one Quick Base License associated with their facility. This license is used by the facility designee to input the requests for this application. This designee will be referred to as a Provider User in this document.

- To Login to the Quick Base application, use the following web address: <u>https://ardhs.quickbase.com</u>.
- Sign in by using the username/ID and password associated with your facility's licensed account.



To begin a New Application the Provider User will open the 703 Med Needs Application in Quick Base and review their dashboard. The Dashboard will only show information related to Clients and Applications that are attached to the logged in Facility. From here, the Provider User can see: 1) any open 703 Applications awaiting decisions and the current status; 2) 704 Forms that show a new Eligibility Decision; 3) 703 Applications that have been Rejected for Incomplete Submission; or 4) 704 Forms that have an upcoming Expiration Date that requires attention.

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	N	lew Client				To search for ex the search retur	isting clients, enter their SSN (numbe ns zero results, select the "New Clier	rs only, no dashes) in the search box t" button to the left.	to the right. If	S	5N				Q		
pen 703s Awaiting	Decision							704 New Eligibility De	cision								
Client - SSN Name Last Four	nt I Facility Name	Facility - County	703 Processing Status	Date 703 Rec	Approval Level of Care	Denial Criteria Based On	on Application y Completion Assigned Duration Nurse (LTCU)	Client - SSN Name Last Four	Facility Name	Facility - County	Date 703 Rec	703 Processing Status	704 Completed Date	Approval Level of Care	Effective Start Date	Convalescent Care Duration	Effective End Date
 Bugs Bunny ***-12 	Arkansas 58 Nursing and Rehabilitation Center	Miller	Submitted	08-28-2020			11	,	Arkansas Nursing and Rehabilitation Center	Miller	05-25-2020	704 Completed - Approved	05-27-2020	Hospice Intermediate			
 McDuff Jones **-70 	Arkansas 26 Nursing and Rehabilitation Center	Miller	Submitted	08-10-2020			-164 Amy McFall, RN		Arkansas Nursing and Rehabilitation Center	Miller	05-21-2020	704 Completed - Approved	05-29-2020	Hospice Skilled			
 Bruno Mars ***-06 	Arkansas 155 Nursing and Rehabilitation Center	Miller	Nurse Assigned	08-10-2020			29		Arkansas Nursing and Rehabilitation Center	Miller	05-19-2020	704 Completed - Approved	06-03-2020	Intermediate			
									Arkansas Nursing and Rehabilitation Center	Miller	05-10-2020	704 Completed - Approved	06-02-2020	Intermediate			
									Arkansas Nursing and Rehabilitation Center	Miller	05-07-2020	704 Completed - Approved	05-12-2020	Skilled			
3s Rejected for Inc	complete Sub	mission															
of Rejected for int	Client - S	SN Last Fou	r		Date 703 Rec	Facility Name	Facility - County	703 Processing Status			# of Missir Informatio	g in	# of Missin Informatio Receive	ig in id		Date Returne	id for Ada Infor
Client Name																	

Searching for Client Record

The Med Needs Quick Base system records and retains one client record per Social Security Number. Multiple applications can be submitted to a client record based on the need, including:

- Change of Condition
- Hospice/Convalescent Care Review
- Transfer
- Discharge

Provider Users can search for existing clients by typing in the full Social Security Number in the "Search Clients" field at the top of the Dashboard.

When a Provider User searches for a client, they must identify a client's full Social Security Number. If this data is incorrect or not completed, the system will not return any results. Social Security Numbers need to be entered with no dashes- numbers only (i.e.: 123456789 instead of 123-45-6789)

Toos Med Needs * Provider Dashboard				🔁 Print this page
New Clerit	Instructions To search for existing clients, enter their SSN (numbers only, no dashed) in the search box to the right. If the search returns zero results, select the "New Client" button to the left.	Search Clients	٩	
Onen 702e Augiting Decision	70.4 Mars Eliability Daolaian			

TIP: Search for the client by the SSN before you create a new client record. If the client has been in the system previously through either your facility or another one, the client record will populate. If the client's SSN is already in the Quick Base system, you can add an application from the client's page. See the Updating Client or Transferring to New Facility section for more details. If you cannot find the client through the SSN search, continue with the "New Client" option.

Adding New Client Record

Provider Users can add new clients by selecting the "New Client" field at the top of the Dashboard.

Home			
703 Med Needs + Provider Dashboard			🖨 Print this page
	Instructions	Search Clients	
New Client	To search for existing clients, enter their SSN (numbers only, no dashes) in the search box to the right. If the search returns zero results, select the "New Client" button to the left.	SSN	
Open 702e Augilian Decision	70A Mars Ellabilith, Daslaan		

When a Provider User adds a New Client, they will need to enter some basic information on the client, including the Social Security Number, Medicaid ID (if applicable), Name, Date of Birth, Sex, and Date Deceased (if applicable). The Provider User cannot proceed to the 703 form until this demographic information is collected. Note that any field with a red asterisk (*) is a required field and must be completed before continuing.

TIP: Duplicate Clients (i.e.: an individual whose SSN is already entered into the DHS Quick Base system) are not able to be added as a "New Client". If a Provider User attempts to add a duplicate client, the system will not let them save the record. To change/update an existing client in the system, instructions can be found on Page 19 of this Training Guide under the Updating Client or Transferring to New Facility section.

Adding New Application to Client Record

Once the client's demographic information is in the system, you may select "Add Application" to continue to the 703 data fields. If you would like to save and close the record or save and enter a new client's demographics, you can select either option from the top right dropdown on your screen. If you "Save & Close" or "Save & New," you will have to enter the full SSN in the Search Client field on the Provider Dashboard in order to retrieve the Client Record again.



You may receive the following pop-up message when selecting "Add Application." In order to continue to the 703 data, select the Save button.

Save Client?	×				
Before you can add a Application , you must save this Client first.					
Cancel	Save				

Once you have selected Add Application, the Provider Users will need to add all of the 703 required information (as indicated by the red asterisk *) and any other optional fields as necessary. Depending on the choices entered in a particular field, additional information may be required. Additional information boxes or question will appear on your screen.

n Home				
Applications > Add Application				Save & close 🔻 Cancel
Client Name SSN Last Four Medicaid ID Marilyn Monroe *****-5678 DOB Sex 02-14-1950 Female				
703 Intake Notes Documents				
Waiver Program	Application Type *			
Name of Nursing Facility *	~			
Search and select Previously in NF (last 12 months)?				
(Only required for new assessments and transfers) *				
Marital Status	Living Situation			
Legal Guardian Name	Legal Guardian Relationship			
Has client applied for ARChoices	~			
(formerly ElderChoices or AAPD), PACE or Assisted Living before?				
Hospitalized within last 6 months?				
NO V Hospice Patient? * Hospice Star	Date	Hospice Discharge Date		
No ~ mm-dd-yy Transferring * If assistance i	s required, please indicate the frequency	mm-dd-yyyy 🛗 # of People Required for Transferring Assist	ance	
Select up to 20 choices Ambulation * If assistance i	s required please indicate the frequency	# of People Required for Ambulation Assist	2010	
Select up to 20 choices	~	×		
Continence Status Incontinent Bladder * Incontinent Bowels * Bladder/Bowel	Training * Artificial Aids * Assistance	e Required *		
Yes Yes Yes No No No Occasionally Occasionally	 Yes Yes No No Occasionally Occasi 	ionally		
If Continence assistance is required, please indicate the frequenc	y .			
Nutritional, Medical, and Physical Status		Contraction		
Height (Feet & Inches) * Weight *	The	rapeutic Diet *		
Appetite * Eating *	Eati	ing Assistance Times per Week		
Hearing * Vision *	Spe V	ech/Language *	Skin *	
Behavior/Attitude Mental Status	* Orie	entation Level *	Select up to 20 choices	
Select up to 20 choices Select up to 20 Choices Durable Med Other Medical Conditions (type N/2 if it	cal Equipment Used	ct up to 20 choices		
\$ Select up to 20 choices				
Medication and Treatment Details	Client Therapies (as app	licable)		
Medication Assistance *				

Duration of Need for Nursing Home *	
~	
Status of Major Impairment *	
~	
Licensed DHHS RN/NF RN or LPN/Counselor	Date
~	mm-dd-yyyy 🏥
Prognosis *	
~	
Diagnosis A *	Diagnosis B
Diagnosis A *	Diagnosis B
Jiagnosis A * Dementia/Alzheimer's	Diagnosis B Has the DHS787 been uploaded?
Diagnosis A * Dementia/Alzheimer's	Diagnosis B Has the DH5787 been uploaded?
Dementia/Alzheimer's	Diagnosis B Has the DH5787 been uploaded?
Dementia/Alzheimer's	Diagnosis B Has the DHS787 been uploaded?

After all other information on the form has been completed, the Provider User can select that they are ready to save their application and move to the next step by selecting the "Unsubmitted" option from the dropdown shown below. This option will allow the application data to be saved and still editing rights by the Provider User; this option <u>will not</u> officially submit the application to ARDHS for review and approval. This step is crucial in keeping the application in an editable format to add any signatures required electronically.



Next, select the appropriate option from the dropdown menu that you would like to use. "Save & Close" will save the application and close out the screen to the Provider Dashboard. "Save & Next" will save the application and allow you to move to the next application. "Save & Keep Working" will save the application but stay on the current page so that you can continue to the next phase in the current application.



If any required fields are left unanswered, you will receive the following pop-up message indicating any required field still needing attention before moving on in the process. Click OK and find the field indicated in the message to correct.



Once the form has been saved, the Provider User can now add any needed signatures to the record before submission. The following buttons will appear next to the signature fields: Add Patient Signature, Add Witness Signature, Add MD Signature, and Add Additional Signature. When any of the Add Signature buttons are selected, a Scribble Page will appear where the signature can be recorded and then transferred to the form.

Patient Signature	Patient Signature Date	
Choose File No file chosen	mm-dd-yyyy hh:mm AM/PM	Add Patient Signature
Witness Signature	Witness Signature Date	
Choose File No file chosen	mm-dd-yyyy hh:mm AM/PM	Add Witness Signature
MD Signature	MD Signature Date	
Choose File No file chosen	mm-dd-yyyy	Add MD Signature
Additional Signature	Additional Signature Date	
Choose File No file chosen	mm-dd-yyyy hh:mm AM/PM	Add Additional Signature
Sign and Submit		

Clear Submit

Once you submit the signature, it will appear electronically on the screen as a Signature Image.

Patient Signature 1599588174541_signature.png 2 0 Delete this file Choose File No file chosen	Patient Signature Date	Patient Signature Image	Add Patient Signature
Witness Signature Choose File No file chosen	Witness Signature Date mm-dd-yyyy hh:mm AM/PM	Add Witness Signature	
MD Signature Choose File No file chosen	MD Signature Date mm-dd-yyyy	Add MD Signature	
Additional Signature Choose File No file chosen	Additional Signature Date mm-dd-yyyy hh:mm AM/PM	Add Additional Signature	

Once the needed signatures have been recorded and the application has been reviewed for accuracy, the Provider User will select the "Submit Application" option to officially submit the 703 to ARDHS for review and approval. Note: Once the application has been submitted to ARDHS for review, it <u>can not</u> be edited by the Provider User anymore, unless ARDHS submits the application back to the facility for additional information.



Once submitted, you will be able to view the processing status in the "Open 703s Awaiting Decision" window on the Provider Dashboard. The Processing Statuses include:

- <u>Unsubmitted</u>- indicating an application has been started and saved; however, it has not been submitted to ARDHS for review.
- <u>Submitted</u>- indicating that the facility has submitted the 703 successfully but it has not been assigned to an ARDHS Registered Nurse to review.
- <u>Nurse Assigned</u>- indicating that an ARDHS Registered Nurse has been assigned to the 703 and is currently in the review phase.
- <u>Approved</u>- indicating that the ARDHS Registered Nurse has approved the 703 for a Level of Care and is now pending the ARDHS Med Needs Administrative Specialist to key the 704 information into the appropriate systems.
- <u>Denied</u>- indicating that the ARDHS Registered Nurse has denied the application and is now pending the ARDHS Med Needs Administrative Specialist to key the denial information into the appropriate systems.

Open 703s Awaiting Decision								Q, ⊵ ^{,,,} ∃	
		Client Name	Client - SSN Last Four	Facility Name	Facility - County	703 Processing Status	Date 703 Rec	Approval Level of Care	-
	Ø	Marilyn Monroe	**** <u>-</u> **-5678	Arkansas Nursing and Rehabilitation Center	Miller	Submitted	09-08-2020]
		Bugs Bunny	**** <u>-</u> ** -12 58	Arkansas Nursing and Rehabilitation Center	Miller	Submitted	08-28-2020		
	Ø	McDuff Jones	**** <u>-</u> **-7026	Arkansas Nursing and Rehabilitation Center	Miller	Submitted	08-10-2020		
		Bruno Mars	**** <u>-</u> **-0655	Arkansas Nursing and Rehabilitation Center	Miller	Nurse Assigned	08-10-2020		

Uploading Documents to Client Application (including DMS-787 & 780)

When a DMS-787 or a DMS-780 form is required to be submitted along with the 703 application, the User Provider will complete those forms through the paper format and upload to the Quick Base system.

Before submitting the application to ARDHS for review, select the "Documents" tab to upload any additional information or documents needed. Select the "Add Document" button

n Home		
Applications >	Add Application	
Client Name Marilyn Monroe DOB 02-14-1950 703 Processing Statu Unsubmitted	SSN Last Four Medicaid ID *****-5678 Sex Female Is	
703 Intake N	otes Documents	
Title Docum No documents for No	nent Last Modified By Date Modified	
Save & keep wor	rking 👻 Cancel	

Upload the document from your files and provide a Title for the document that is clear and concise.

n Home	
Documents > Add Do	ocument
Related Client (ref) Title *	456938
Document Facility - Current User is this Contact	Choose File No file chosen
	Save & close 👻 Cancel

Next, click either "Save & Close" to return to the main page of the client's record or "Save & New" to add additional documents.

703 Rejected for Incomplete Submission

Applications > Application #1155543

If a 703 application is returned due to missing information, the Provider User may revise or update the application form based on the information requested by the ARDHS. If an application is rejected for this reason, that application will appear in the section labeled "703s Rejected for Incomplete Status" on the Provider Dashboard.

TIP: Incomplete applications will remain on the Dashboard for a period of 30 days.

703s F	Rejected for	Incomplete Sub	omission						
	Client Name	Client - SSN Last Four	Date 703 Rec	Facility Name	Facility - County	703 Processing Status	# of Missing Information	# of Missing Information Received	Date Returned for Additional Information
10	Marilyn Monroe	****-**-5678	09-08-2020	Arkansas Nursing and Rehabilitation Center	Miller	Returned for Additional Information	1	<u>0</u>	09-08-2020 02:46 PM
тот							1	0	

To view the record, select the view icon ([®]) in the first column. Note that the 703 Processing Status has been updated to "Returned for Additional Information." Select the Pending/Missing Information tab to view the missing information being requested. You can then select the view icon again for a more detailed look.

Client Name		SSN Last Four	Medicaid ID					
Marilyn Monro	be	***-**-5678						
DOB		Sex						
02-14-1950		Female						
703 Processing	Status	Date 703 Receive	ed					
Returned for A	dditional Information	09-08-2020						
703 Intake	Internal Tracking	Pending / N	Missing Infor	mation	704 - Dete	rmination	Notes	Documents
1	Missing/Incomplete	Missing/Incom	plete Info	Other	Missing Information Received	Comments	2-45 PM Sarah	Schmidt) MD signature requi
	of off meenpiete	703 Signatures N	lissing			[321 00 20 2	2.45 TW Salar	Senniary MD signature requi
Pending								
Pending Level I						Due		Received
	(FASKK Only)					Due		Received
Pending Service (PASRR Only)	e Determination					Due		Received
	-							

To make the edits, select the first tab labeled "703 Intake" and select the Edit button at the top right of the page in order to open the application. Once the application has opened for revisions, locate the area in which additional information is being requested to update.

TIP: If any other information is changed other than what has been requested by ARDHS, this may delay processing as the DHS Nurse will be required to review the entire 703 application again.

Once the necessary changes and updates have been made, you may resubmit the application to ARDHS by selecting the "Resubmit Application-Missing Information Provided" option in the drop-down menu at the bottom of the page. Select the "Save & Close" button to submit the form and return to the Provider Dashboard.

C ardhs.quickbase.com/db/bqnfkp	o7y4?a=er&rid=1155543&rl=ede	11.500		० ☆ ≱ 🖲
Applications > Edit Application #	#1155543	•		Save & keep working 🗢 Cancel
Patient Signature	Patient Signature Date	Patient Signature Image		
1599588174541_signature.png ² ² ³ ¹	09-08-2020 01:02 PM	M. J. M.	Add Patient Signature	
Choose File No file chosen		1, am whill share		
Witness Signature	Witness Signature Date			
Choose File No file chosen	mm-dd-yyyy hh:mm AM/PM	Add Witness Signature		
MD Signature	MD Signature Date	MD Signature Image	Add MD Constant	
1599595319766_signature.png ¹ O Delete this file	09-08-2020 💼	$\land \land \land$	Add MiD Signature	
Choose File No file chosen		YA C		
Additional Signature	Additional Signature Date			
Choose File No file chosen	mm-dd-yyyy hh:mm AM/PM	Add Additional Signature		
Provider Application Options Select any of the options below				
Submit Completed Application	×			
2 matches found				
Resubmit Application - Missing Information P	Provided			
Submit Completed Application				

Once successfully submitted, the client's record will disappear from the "703s Rejected for Incomplete Submission" section and return, once again, to the "Open 703s Awaiting Decision" as a Submitted status.

When a Level of Care has been determined that includes a Hospice or Convalescent Care review date, the facility will receive an Expiration Reminder within seven (7) calendar days of the expiration. This reminder can be seen at the bottom of the Provider Dashboard. This reminder is to prompt you to resubmit any necessary 703 and/or documentation.

Hospice/Convalescent Care 703 Expiration Reminder

	Client Name	Client - SSN Last Four	Facility Name	Facility - County	Date 703 Rec	703 Processing Status	704 Completed Date	Approval Level of Care	Effective Start Date	Convalescent Care Duration	Effective End Date	Assigned Nurse	MD Reviewer	LTCU Clerk Name	MMIS Clerk Name
0	Marilyn Monroe	**** <u>-</u> **-5678	Arkansas Nursing and Rehabilitation Center	Miller	09-08-2020	704 Completed - Approved	08-30-2020	Convalescence Intermediate II	08-11-2020	30 Days	09-09-2020	Amy McFall, RN		Brittany Wright	Brittany Wright

In order to submit a review 703, you must submit a new application to the client's record. Procedures on how to search for the client record can be found on Page 4 and additional information can be found in the Updating Client or Transferring to New Facility section on page 19.

Viewing and Printing Application and Approval (704-Determination)

You can view and print an approved or denied application with two different methods. First, you can use the Search Clients engine by entering the client's SSN and selecting the search icon (\Im). The second option is to locate the client in the "704 New Eligibility Decision" area on the Provider Dashboard. You can filter this report by clicking on the "Filter this report" icon (\Im) and entering the clients name.



In order to view the 704-Determination, select the tab labeled as such. In order to print this determination, click the dropdown arrow next to "More" on the top right of the screen.

	+							
C 🔒 ardhs.quickbase	e.com/db/bqnfkp7y4?a=d	r&r=bdiqz&rl=emi					Q 1	*
Home	cation #1155543							Moi
Client Name	SSN Last Four Medicaid	1 ID					Print	plicatio
Marilyn Monroe	****-**-5678						_	
DOB	Sex							
02-14-1950	Female							
703 Processing Status	Date 703 Received							
703 Intake Internal Trac	cking Pending / Mi	ssing Information 704	- Determination	Notes Document:	5			
703 Intake Internal Trac	Cking Pending / Mi	Convalescent Care Duration	- Determination Effective End Date	Notes Documents Special Services Recommen	s ded			
703 Intake Internal Trac Approval Level of Care Convalescence Intermediate II	Effective Start Date 09-01-2020	Convalescent Care Duration 30 Days	- Determination Effective End Date 09-30-2020	Notes Documents Special Services Recommen No	s			
703 Intake Internal Trac Approval Level of Care Convalescence Intermediate II Assigned Nurse	Effective Start Date 09-01-2020 Date Determination Made	Convalescent Care Duration 30 Days	- Determination Effective End Date 09-30-2020	Notes Document: Special Services Recommen No	s ded			
703 Intake Internal Trac Approval Level of Care Convalescence Intermediate II Assigned Nurse Amy McFall, RN	Effective Start Date 09-01-2020 Date Determination Made 09-08-2020	Convalescent Care Duration 30 Days	- Determination Effective End Date 09-30-2020	Notes Document Special Services Recommen No	s			
703 Intake Internal Trac Approval Level of Care Convalescence Intermediate II Assigned Nurse Amy McFall, RN MD Review Date	Effective Start Date 09-01-2020 Date Determination Made 09-08-2020	Convalescent Care Duration 30 Days	- Determination Effective End Date 09-30-2020	Notes Document Special Services Recommen No	s			
703 Intake Internal Trac Approval Level of Care Convalescence Intermediate II Assigned Nurse Amy McFall, RN MD Review Date	Effective Start Date 09-01-2020 Date Determination Made 09-08-2020	Convalescent Care Duration 30 Days	- Determination Effective End Date 09-30-2020	Notes Document Special Services Recommen No	s			
703 Intake Internal Trac Approval Level of Care Convalescence Intermediate II Assigned Nurse Amy McFall, RN MD Review Date ITCU Clerk's Name	Pending / Mi Effective Start Date 09-01-2020 Date Determination Made 09-08-2020	Convalescent Care Duration 30 Days	- Determination Effective End Date 09-30-2020 ation (LTCU)	Notes Document Special Services Recommen No	s ded			
703 Intake Internal Trac Approval Level of Care Convalescence Intermediate II Assigned Nurse Amy McFall, RN MD Review Date ITCU Clerk's Name Brittany Wright	Effective Start Date 09-01-2020 Date Determination Made 09-08-2020	Convalescent Care Duration 30 Days Application Completion Dur 0	- Determination Effective End Date 09-30-2020	Notes Document: Special Services Recommen No	ded			
703 Intake Internal Trac Approval Level of Care Convalescence Internet Assigned Murse Amy McFall, RN MD Review Date ICUC Clerk's Name Brittany Wright MMIS Clerk's Name	Pending / Mi: Effective Start Date 09-01-2020 Date Determination Made 09-08-2020 Date Returned From LTCL 09-08-2020 Date Keyed in MMIS	Convalescent Care Duration 30 Days Application Completion Dur 0 Application Completion Dur	- Determination Effective End Date 09-30-2020 attion (LTCU) attion (MMIS)	Notes Document: Special Services Recommen No	ded			
703 Intake Internal Trac Approval Level of Care Convalescence Intermediate II Assigned Nurse Amy McFall, RN MD Review Date LTCU Clerk's Name Brittany Wright Brittany Wright	Effective Start Date 09-01:2020 Date Determination Madi 09-08:2020 Date Returned From UCU 09-08:2020 Date Keyed in MMIS 09-08:2020	Convalescent Care Duration 30 Days Application Completion Dur O Application Completion Dur O	- Determination Effective End Date 09-30-2020 ation (LTCU) ation (MMIS)	Notes Document: Special Services Recommen No	s			
703 Intake Internal Trac Approval Level of Care Convalescence Intermediate II Assigned Nurse Amy McFall, RN MD Review Date Brittany Wright MISI Clerk's Name Brittany Wright Appeal / Hearing Inform	Effective Start Date 09-01-2020 Date Determination Made 09-08-2020 Date Returned From ITCL 09-08-2020 Date Reved in MMIS 09-08-2020	Application Completion Dur O	- Determination Effective End Date 09-30-2020 ation (LTCU) ation (MMIS)	Notes Document: Special Services Recommen No	s			

A new window will pop up displaying the full 703 Intake application, Missing Information, 704 Determination, and any Notes or other Documents that have been included for this client. You can opt to print based on your current printer connections, or you may choose to save the file as a .pdf to your computer.

ardhs.guickbase	.com/db/bant	fkp7v4?a=printr8	krid=11	55543&dfid=10&rl=em	ni		
Application #1155543	703 Med Needle -		-				
Client Name SSN Last F	var Medicald ID			Print		5 sheets	of paper
02-14-1950 Sex							
703 Processing Status Date 703 704 Completed - Approved 09-08-20	leceived 0			Destination			
703 Intake				Destination	Dell 2350	Jd Laser P	rint 👻
Walver Program	Application Type				Dell 2350	d Laser P	rinter
Name of Numing Facility Arkenses Numing and Rehabilitation Cen	Facility - County Miller	Facility - STATEVENDO Date of Admission 00008 09-01-2020		Pages	Save as I	PDF	
Entered Nursing Facility From Home							
Previously in NF (ant 12 months)? (Only required for new assessments and No.	nanafan)						
Morital Status Single	Uving Stuation Lives Alone			Copies	1		
Legal Guardian Name	Legal Guardian Relationship						
Has client applied for ARChoices (Romerty EderChoices or AAPO), PACE or Assisted Uving before?							
Pies Hospital.cod within last 6 mantha?				More settings			\sim
No Hospice Patient? Hospi	e Start Date	Hospice Discharge Date					
No Fasting Fasting Fasting Fasting	ance is required, please indicate the	# of People Required for Transferring Assistance					
Ambulation Fassi	ance is required, please indicate the	# of People Required for Ambulation					
1-2 Te	an Par Wasak	1 Paraon					
Incontinent Biedder Incontinent Bowe	Bladder/Bowel Training Artificial As	ds Assistance Required					
#Continence excisions is required, plas 1-2 Times Per Week	e indicate the frequency	_					
Nutritional, Medical, and Phys	cal Status						
Interplat (Post & Inches) Weight	11000438-dbit=108-trans						
			_				
5'3" 120 Accestic	No.						
Good Feeds Self	Speech/Language	5840					
Limited Adequate Behavior/AttRude Mental State	Can Understand; Can Expres Orientation Level	a Self Clear					
Mental Status Confused or Supervision 5	confused Oriented x 3 reals						
Other Medical Conditions Bype N/A #	lical Explorment Used vot applicable!						
n/n Medication and Treatment Datails Clie	Therapies is applicable						
Medication Assistance							
Independent Duration of Need for Numing Home	# of Ma	with a flor NH				int int	Canad
Convolution of Malor Impairment	3		-			int	Cancel

Updating Client or Transferring to New Facility

To update a client record for Change of Condition, Hospice/Convalescent Care Review, the Provider User must submit a new 703 application for that client by searching for the client using the SSN on the Provider Dashboard. Inaccurate or partial social security numbers will not return any results.

To submit a 703 for a transferring client, the new facility receiving the client must complete a 703 application for the transferring client by using the same search function.

Rome 703 Med Needs → Provider Dashboard			🛱 Print this page 🛛 🔒
New Client	Instructions To search for existing clients, enter their SSN (numbers only, no dashes) in the search box to the right. If the search returns zero results, select the "New Client" button to the left.	Search Clients	Q

The search will bring up the Client Record for that SSN located within the ARDHS Quick Base system. Review the demographic information (including SN, First and Last Name, Medicaid ID (if applicable), Date of Birth, and Sex to ensure you have received the correct client record.

To create a new 703, select the Add Application button and proceed to enter 703 information as described under the Adding New Application to Client Record section of this training guide on page 6.

TIP: Searching by the full SSN will populate that client's main demographic information for a transferring facility; however, facilities will only be able to see applications they have created or submitted. For example, a transferring facility will be able to see the SSN, Medicaid ID, Name, DOB, and Sex of the client but not the application(s) submitted previously be another facility.

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Client + Client + 456938	Clients > Client #456938
Bit Bit </th <th>Enter only numbers for SSN. (no dashes) SN SN Last Four Medicaid D D02 345678 SN Last Four Medicaid D D02 Sol Last Four Medicaid D D03 Sol Last Name Client Name Monroe Client Name D04 Deceased D24 Deceased D25 Deceased D26 Deceased</th>	Enter only numbers for SSN. (no dashes) SN SN Last Four Medicaid D D02 345678 SN Last Four Medicaid D D02 Sol Last Four Medicaid D D03 Sol Last Name Client Name Monroe Client Name D04 Deceased D24 Deceased D25 Deceased D26 Deceased
Current Facility View w/ Applications visable	New Facility View w/o Applications visable

704 Reconsideration

This process details the steps by which the Provider User appeals a Denied Status.

A Provider User will be alerted when the application is completed, and if the application has been denied by the ARDHS Registered Nurse. The Provider User will then have the ability to appeal the decision by opening the Client Record and selecting Status Reconsideration Requested.

Full R	port More	 1 Applic 	ation													
	Record ID#	Client Name	Client - SSN Last Four	Facility Name	Facility - County	Date 703 Rec	date fm mmis	703 Processing Status	Approval Level of Care	Denial Criteria	Decision To Deny Based On	Application Completion Duration (LTCU)	Assigned Nurse	MD Reviewer	LTCU Clerk Name	MMIS Clerk Name
10	1155543	Marilyn Monroe	****-**-5678	Arkansas Nursing and Rehabilitation Center	Miller	09-08-2020	08-30-2020	704 Completed		Nursing Home - not appropriate setting	703 787	.9	Amy McFall, RN		Brittany Wright	Brittany Wright

Start by selecting the View icon ([®]) to open the application. Click the Edit button at the top right of the page to open the application for editing.



Scroll to the bottom of the application and select "Reconsideration Requested" from the drop-down option of the Provider Application Options field. Select the Save option which best fits your need.

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Upon successfully saving the Reconsideration Request, the request will be submitted back to ARDHS to review and appear once again on the Provider User's "Open 703s Awaiting Decision" report.

	Client Name	Client - SSN Last Four	Facility Name	Facility - County	703 Processing Status	Date 703 Rec	Approval Level of Care	Denial Criteria	Decision Ar To Deny Co Based Cr.
0	Marilyn Monroe	**** <u>-</u> **-5678	Arkansas Nursing and Rehabilitation Center	Miller	Reconsideration Requested	09-08-2020		Nursing Home - not appropriate setting	703 787
0	Bugs Bunny	****- **-1258	Arkansas Nursing and Rehabilitation Center	Miller	Submitted	08-28-2020			

Open 703s Awaiting Decision

Additional Features

This application can also be accessed and utilized through mobile devices, including iPads, SurfacePro, and other tablet designs. For optimal viewing through a mobile device, select the Mobile Web icon (1) at the top right of the screen.

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You can expand the any of the report fields on the Provider Dashboard to a full screen by hovering over the top right corner of the report field and clicking the "Display in Full Window" icon.

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Sy selecting More Options and Full Report, you can view your applications with filtering options.

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