

Pending for and Entering an LTC Level of Care

CBMS | Process Manual | Revised: September 2025

OVERVIEW

This document provides a step-by-step process for processing for and entering a Long-Term Care Level of Care. The steps to take when addressing Level of Care are dependent on if the case needs to be pended for LOC or if the Case Management Agency (CMA) has provided a Level of Care.

PROCESS

1. Log in to CBMS.
2. Navigate to the Case by entering the Case Number in the **Global Search** bar on the Home Page.
3. Click on Case Number in the results table to access the **Members** page.
4. From the Members page, hover over the **Actions** button.
5. Select **Begin Interactive Interview** to initiate the II queue.
6. Navigate to the **Long-Term Care Level of Care** tab.
7. From the **Name** drop-down, select the person requesting Long-Term Care.

Process for Pending for Level of Care

1. Click the **plus (+)** sign in the blue detail header.
2. Enter the **Effective Begin Date**.
 - a. Refer to Online Help for assistance with which date you should use.

3. Select *“Undetermined”* from the **Level of Care Type** dropdown menu.
4. Select *“Pending”* from the **Level of Care Decision** dropdown menu.
5. Select *“Received”* from the **Verification** dropdown menu.
6. Select *“Self-Declared”* from the **Source** dropdown menu.
7. Click **Save**.

FYI: After saving the information on the Long-Term Care Level of Care page, the referral information is sent from CBMS to PEAKPro, where the CMAs will pull the information. CMAs will generally have 2 to 10 business days to acknowledge receipt of the assessment referral and make a final determination. CMAs will complete their Level of Care assessment and put the outcome into their system (MedCompass). The approval/denial certification is sent through PEAKPro to CBMS and will generate Case Alerts.

A copy of the PEAK PDF of the certification page will be housed in the PEAK Inbox.

Process for Entering Level of Care

If an LOC was completed by a CMA for an individual not in CBMS yet or who is not pending or approved for MA aid code, follow the steps below. A copy of the LOC will be sent to the CBMS PEAK Inbox. On new applications, CBMS users can/should check the PEAK Inbox prior to sending a referral.

Note: All information is provided on the Level of Care Certification from the Case Management Agency.

1. Navigate to the **Long-Term Care Level of Care** tab.
2. Click on the **pencil icon** to edit/add details.
3. Enter the appropriate **Level of Care Decision** from the dropdown menu.
 - a. If certification has been received, the only options to select are *“Approved”* or *“Denied”*.
4. Enter appropriate **Level of Care Type** from the dropdown menu.
 - a. If LOC decision is entered as *“Approved”* or *“Denied”*, the LOC types available will be *“Nursing Facility”*, *“HCBS”*, *“PACE”*, or *“Hospital”*.

5. Enter the **Confirmation #**, if provided.
 - a. The confirmation number is a required field for Nursing Facility, PACE, and HCBS LOCs.
 - b. The confirmation number must be entered in exactly as it is shown in the certification or later updates to the LOC record cannot be automatically made.
6. Enter the **Start Date** provided on the Level of Care Certification.
7. Enter the **End Date**.
 - a. This will happen with NF certifications and sometimes with HCBS/PACE certifications. End Dates may be left open-ended (for NF) or no longer than 12 months.
8. Select “*Received*” from the **Verification** dropdown menu.
9. Select “*LOC Certification Page*” from the **Source** dropdown menu.
 - a. If it was for a 30-day stay, select “*Hospital Records*”.
 - i. Hospital Stay LOCs are not received from CMAs/CCM. This will always require manual data entry and must match the records received from the hospital.
 - ii. Data entry of a medical expense is not required to determine 30 day hospital stay.
10. Click **Save**.

ACCESSIBILITY

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