

# Form LTC-300R Online Application Submission Guide



## Purpose

Form LTC-300 is used to submit information to the OHCA/Level of Care Evaluation Unit (LOCEU) when a decision is needed in a nursing facility.

## Logging in

The LTC-300R Online Application is located at the SoonerCare secure site. Logon and follow the screens to reach the application.

For providers that do not have logon information, request a PIN by calling the Internet Help Desk at 1-800-522-0114, option 2 then option 1.



The screenshot shows the login page for the Oklahoma Health Care Authority's Medicaid Secure Website. At the top, there is a green header with the OHCA logo and the text "oklahoma health care authority". Below the header, there are navigation links: "OHCA Main", "Logon", "Help", and "Forgot Password?". The date and time "Wednesday 12 November 2008 10:33 am" are displayed in the top right corner. The main heading is "Welcome...to OHCA's Medicaid Secure Website!". A paragraph explains that the secure website is for providers, clerks, and billing agents, and provides instructions on how to log in as an "already a member" or a "first-time user". A small image of a smiling baby is on the right side. Below the text, there is a section for "Internet Claims and NPI Dual Use Period Disclaimer (Click to Read Message)". The "Already a member?" section includes a "Log On" button and input fields for "User Name" and "Password". The "First time here?" section includes a "Log On" button and input fields for "Log On ID" and "PIN".

**oklahoma health care authority**

OHCA Main Logon Help Forgot Password?

Wednesday 12 November 2008 10:33 am

### Welcome...to OHCA's Medicaid Secure Website!

The Oklahoma Health Care Authority's secure website is intended for providers, clerks and billing agents. This site gives you the opportunity to view claim status inquiry, claim summary, prior authorization inquiry and claim payment summary. Also, you may receive messages from the OHCA that apply specifically to you. Whether you are [already a member](#) or a [first-time user](#), please enter the required information below to enter our secure website.

This website is compatible with Microsoft Internet Explorer version 6.0 and above only. You may download Internet Explorer from the following location: 

**Internet Claims and NPI Dual Use Period Disclaimer (Click to Read Message)**

#### Already a member?

If you have already set up your account or a provider has set one up for you, log on here.

User Name

Password

Log On

#### First time here?

If you are a provider and have received a PIN letter, you may set up your account now.

Log On ID

PIN

Log On

## Accessing The Online Application

From the provider main page, click the *LTC-300R Online Application* link seen below to get to the application form.

Note: Clerks with access to multiple providers should verify that that the correct provider number and location code is chosen before entering any patient information.



oklahoma health care authority

Main Eligibility LTC-300R Account Mailbox Help Log Off

Monday 10 November 2008 4:10 pm

### Provider Main Page

**Provider Name:** ACME PROVIDER FACILITY  
**NPI\*:** 1234567890  
**SC Provider Number:** 100776450A  
**Taxonomy Number:** 123456789X

---

\* If the NPI listed is **not** correct, please call Provider Enrollment at 405-522-6205, Option #5, or 1-800-522-0114, Option #5.

- [Switch Provider Number](#)
- [LTC-300R Online Application](#)
- [Eligibility Verification](#)
- [Find prescriber ID numbers.](#)

Your Remittance Advices, or 835 transactions, are being sent to:  
Your download page under the Trade Files menu option.

Your Capitation Payment Orders, or 820 transactions, are being sent to:  
Your download page under the Trade Files menu option.



## Online Application

To begin the submission process, enter the member's Social Security number, date of birth and admission date in the fields listed.

Click the Continue button once the data is entered in these **required** fields.

Note:

- \* Throughout the application, the calendar icons may be used to select and enter the correct dates.



The screenshot shows the Oklahoma Health Care Authority website header with a navigation bar containing: Demographics (selected), Assessment, Services, Diagnosis, PASRR, and Submit. The main content area is titled "LTC-300R Online Form Submission" and includes the following text:

The LTC-300R Online Form allows you to complete the client assessment and submit it directly to the Oklahoma Health Care Authority.

[Learn more about using the LTC-300R Online Form.](#)

**Before you start:** It may be helpful to have a hard-copy of the completed form as you will not be able to save information for later completion.

**Please enter the Client's SSN, Date of Birth, and Admission Date to begin the LTC-300R Online Form Submission process.**

\* = Required Fields

SSN:*	<input type="text" value="123458913"/>
Date of Birth:*	<input type="text" value="02/15/1970"/> 
Admission Date:*	<input type="text" value="11/24/2008"/> 

Footer links: [Oklahoma's Medicaid Agency Accessibility Policy](#) | [Privacy Policy](#) | [Terms of Use](#)



## Application continued

Complete the following required fields:

- ◆ Last Name
- ◆ First Name
- ◆ Race
- ◆ Hispanic Ethnicity
- ◆ Gender
- ◆ Coverage
- ◆ Admission Type
- ◆ Prior Living Arrangement

Complete the following fields when applicable:

- ◆ DHS Case Number
- ◆ RID
- ◆ Facility Discharge Date
- ◆ Deceased Date

Click the *Continue* button to move to the next screen.

Click the *Start Over* button to clear all information and return to the beginning of the application. This will take the user to the initial screen of the application.

Note:

- \* Use the “?” icons found throughout the application screens at certain selections to get details about the available choices.



### LTC-300R Online Form Submission - Enter Client Demographics

Enter the Client Demographics requested below to continue with this client:

- SSN: 123458913
- DOB: 02/15/1970

Select 'Start Over' to enter a new SSN and Date of Birth.

#### \* = Required Fields

Last Name:*	<input type="text" value="HUNT"/>	Suffix:	<input type="text" value="MR"/>
First Name:*	<input type="text" value="CHRIS"/>		
Middle Initial:	<input type="text" value="L"/>		
Race:*	(check all that apply)		
	<input type="checkbox"/> African American		
	<input type="checkbox"/> Asian		
	<input checked="" type="checkbox"/> Caucasian		
	<input type="checkbox"/> Hawaiian/Pacific Islander		
	<input type="checkbox"/> Native American/Alaskan Native		
	<input type="checkbox"/> Other		
Hispanic Ethnicity?*	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Gender:*	<input checked="" type="radio"/> Male <input type="radio"/> Female		
Coverage:*	<input checked="" type="radio"/> Medicare <input type="radio"/> Private Pay <input type="radio"/> SoonerCare <input type="radio"/> VA		

DHS Case Number:	<input type="text" value="N999999"/>
RID:	<input type="text" value="999999999"/>
Admission Type:*	<input checked="" type="radio"/> New Admission <input type="radio"/> Transfer from other Nursing Facility ?
Prior Living Arrangement:*	<input type="text" value="Assisted Living"/> ?
Facility Discharge Date:	<input type="text" value="mm/dd/yyyy"/> ?
Deceased Date:	<input type="text" value="mm/dd/yyyy"/>

Start Over

Continue

## Application continued

Make the appropriate **required** selections using the Radio Buttons. The Rating Guide on the screen's right side gives a description of the *Independent*, *Needs Help* and *Total Assistance* ability ratings.

Use the “?” icons found at the right of certain selections to get details about the choices available.

Click the *Continue* button to move to the next screen.

Click the *Back* button at the bottom of the page to return to the previous screen.

Click the *Cancel* button to exit the application. This will open a confirmation screen offering two buttons to either cancel out of the application and return to the secure site logon page or return to the current application.

**oklahoma health care authority**

Name: **CHRIS HUNT** SSN: **###-##-8913** DOB: **02/15/1970**

Demographics Assessment Services Diagnosis PASRR Submit

### LTC-300R Online Form Submission - Enter ADL Assessment

\* = Required Fields

<b>1. Grooming:</b> *	<input type="radio"/> Independent ?	<input type="radio"/> Needs Help	<input type="radio"/> Total Assistance
<b>2. Bathing:</b> *	<input type="radio"/> Independent ?	<input type="radio"/> Needs Help	<input type="radio"/> Total Assistance
<b>3. Eating:</b> *	<input type="radio"/> Independent ?	<input type="radio"/> Needs Help	<input type="radio"/> Total Assistance
<b>4. Transferring:</b> *	<input type="radio"/> Independent ?	<input type="radio"/> Needs Help	<input type="radio"/> Total Assistance
<b>5. Mobility:</b> *	<input type="radio"/> Independent ?	<input type="radio"/> Needs Help	<input type="radio"/> Total Assistance
<b>6. Bowel / Bladder Function:</b> *	<input type="radio"/> Independent ?	<input type="radio"/> Needs Help	<input type="radio"/> Total Assistance

**Rating Guide**

**Independent:** Able to perform activity without supervision, reminder, or physical assistance from another person. Assistance with equipment to perform the activity is an "independent" response.

**Needs Help:** Requires supervision, reminder, or physical assistance, from another person during part of the activity.

**Total Assistance:** Completely unable to perform the activity without assistance from another person(s).

Cancel Back Continue

[Oklahoma's Medicaid Agency Accessibility Policy](#) | [Privacy Policy](#) | [Terms of Use](#)

## Application continued

Make the appropriate **required** selections using the radio buttons. The Rating Guide on the screen's right side gives a description of the *Independent*, *Needs Help* and *Total Assistance* ability ratings.

Click the *Continue* button to move to the next screen.

Click the *Back* button at the bottom of the page to return to the previous screen.

Click the *Cancel* button to exit the application. This will open a confirmation screen offering two buttons to either cancel out of the application and return to the secure site logon page or return to the current application.


oklahoma health care authority

Name: **CHRIS HUNT**    SSN: **###-##-8913**    DOB: **02/15/1970**

Demographics
 **Assessment**
 Services
 Diagnosis
 PASRR
 Submit

**LTC-300R Online Form Submission - Enter IADL Assessment**

\* = Required Fields

<p><b>7. Answers / Calls on Telephone:*</b></p> <p><input checked="" type="radio"/> Independent <span style="float: right;">?</span></p> <p><input type="radio"/> Needs Help</p> <p><input type="radio"/> Total Assistance</p>	<p><b>11. Laundry:*</b></p> <p><input checked="" type="radio"/> Independent <span style="float: right;">?</span></p> <p><input type="radio"/> Needs Help</p> <p><input type="radio"/> Total Assistance</p>
<p><b>8. Shopping / Errands:*</b></p> <p><input type="radio"/> Independent <span style="float: right;">?</span></p> <p><input checked="" type="radio"/> Needs Help</p> <p><input type="radio"/> Total Assistance</p>	<p><b>12. Housekeeping / Cleanliness:*</b></p> <p><input type="radio"/> Independent <span style="float: right;">?</span></p> <p><input checked="" type="radio"/> Needs Help</p> <p><input type="radio"/> Total Assistance</p>
<p><b>9. Arranges Transportation:*</b></p> <p><input type="radio"/> Independent <span style="float: right;">?</span></p> <p><input checked="" type="radio"/> Needs Help</p> <p><input type="radio"/> Total Assistance</p>	<p><b>13. Manages Money:*</b></p> <p><input type="radio"/> Independent <span style="float: right;">?</span></p> <p><input checked="" type="radio"/> Needs Help</p> <p><input type="radio"/> Total Assistance</p>
<p><b>10. Preparation of Meals:*</b></p> <p><input checked="" type="radio"/> Independent <span style="float: right;">?</span></p> <p><input type="radio"/> Needs Help</p> <p><input type="radio"/> Total Assistance</p>	<p><b>14. Manages Medication:*</b></p> <p><input type="radio"/> Independent <span style="float: right;">?</span></p> <p><input type="radio"/> Needs Help</p> <p><input checked="" type="radio"/> Total Assistance</p>

Cancel
Back
Continue

**Rating Guide**

**Independent:** Able to perform activity without supervision, reminder, or physical assistance from another person. Assistance with equipment to perform the activity is an "independent" response.

**Needs Help:** Requires supervision, reminder, or physical assistance, from another person during part of the activity.

**Total Assistance:** Completely unable to perform the activity without assistance from another person(s).

[Oklahoma's Medicaid Agency Accessibility Policy](#)
[Privacy Policy](#)    [Terms of Use](#)

## Application continued

Make the appropriate **required** choices using the radio buttons.

Use the “?” icons found at the right of certain selections to get details about available choices.

Click the *Continue* button to move to the next screen.

Click the *Back* button at the bottom of the page to return to the previous screen.

Click the *Cancel* button to exit the application. This will open a confirmation screen offering choices to either cancel out of the application and return to the secure site logon page or return to the current application.

The screenshot shows the Oklahoma Health Care Authority logo at the top. Below the logo, the patient information is displayed: Name: CHRIS L. HUNT, SSN: ###-##-8913, and DOB: 02/15/1970. A progress bar indicates the current step is 'Assessment', with 'Demographics' and 'Services' as previous and next steps respectively.

The main heading is 'LTC-300R Online Form Submission - Enter Social Needs Assessment'. Below this, a note states '\* = Required Fields'.

The form contains several sections, each with radio button options and a help icon (?):

- 15. Diet:\***
  - Regular
  - Modified
  - Therapeutic
  - Formula Only
- 16. Communication:\***
  - Understandable
  - Non-Verbal
  - Unable to Communicate
- 17. Health Issues:\***
  - No Problem
  - Some Problems
  - Substantial Problems
- 18. Consumer Support:\***
  - No Problem
  - Some Problems
  - Substantial Problems
- 19. Social Resources:\***
  - No Problem
  - Some Problems
  - Substantial Problems
- 20. Health Assessment:\***
  - Low Risk
  - Moderate Risk
  - High Risk
- 21. Speech:\***
  - No Impairment
  - Impairment
  - Total Loss
- 22. Hearing:\***
  - No Impairment
  - Impairment
  - Total Loss
- 23. Vision:\***
  - No Impairment
  - Impairment
  - Total Loss

At the bottom of the form, there are three buttons: 'Cancel', 'Back', and 'Continue'.



## Application continued

Make the appropriate **required** selections using the radio buttons. The Rating Guide on the screen's right side gives a description of the *No*, *Moderate* and *Excessive* measurement levels.

Click the *Continue* button to move to the next screen.

Click the *Back* button at the bottom of the page to return to the previous screen.

Click the *Cancel* button to exit the application. This will open a confirmation screen offering choices to either cancel out of the application and return to the secure site logon page or return to the current application.

The screenshot shows the Oklahoma Health Care Authority's LTC-300R Online Form Submission - Enter Health Assessment page. At the top, there is a header with the Oklahoma Health Care Authority logo and name. Below the header, a navigation bar shows the current step as 'Assessment' (highlighted in orange) among other steps: Demographics, Services, Diagnosis, PASRR, and Submit. The patient information is displayed: Name: CHRIS HUNT, SSN: ###-##-8913, and DOB: 02/15/1970. The main content area is titled 'LTC-300R Online Form Submission - Enter Health Assessment' and includes a legend: '\* = Required Fields'. There are six assessment questions, each with three radio button options: No, Moderate, and Excessive. Questions 24, 25, 26, 27, 28, and 29 are all marked as required. Question 24 is 'Heart Disease', 25 is 'Hypertension / Stroke', 26 is 'Emphysema / COPD', 27 is 'Diabetes', 28 is 'Arthritic Conditions', and 29 is 'Terminal Illness'. At the bottom of the form, there are three buttons: 'Cancel', 'Back', and 'Continue'. On the right side, there is a 'Rating Guide' box with definitions for 'No', 'Moderate', and 'Excessive'. The footer contains three links: 'Oklahoma's Medicaid Agency Accessibility Policy', 'Privacy Policy', and 'Terms of Use'.

**Rating Guide**  
**No:** Does not have the condition as diagnosed by a physician.  
**Moderate:** Diagnosed with the condition by a physician. Requires frequent/intense medical oversight.  
**Excessive:** Diagnosed with the condition by a physician. Requires high frequency/intensity of medical oversight. Condition is in end stage status.

## Application continued

Make the appropriate **required** selections using the radio buttons. The Rating Guide on the screen's right side gives a description of *No Problem*, *Some Problem* and *Substantial Problem* mental status levels.

Use the “?” icons found at the right of certain selections to get details about available choices.

Click the *Continue* button to move to the next screen.

Click the *Back* button at the bottom of the page to return to the previous screen.

Click the *Cancel* button to exit the application. This will open a confirmation screen offering choices to either cancel out of the application and return to the secure site logon page or return to the current application.

**oklahoma health care authority**

Name: **CHRIS L. HUNT**      SSN: **###-##-8913**      DOB: **02/15/1970**

Demographics    **Assessment**    Services    Diagnosis    PASRI

### LTC-300R Online Form Submission - Enter Mental Status Assessment

\* = Required Fields

<b>30. Memory / Recall:*</b>	<input checked="" type="radio"/> No Problem <input type="radio"/> Some Problem <input type="radio"/> Substantial Problem	<input data-bbox="961 440 982 456" type="button" value="?"/>	<b>38. Fearful:*</b>	<input checked="" type="radio"/> No Problem <input type="radio"/> Some Problem <input type="radio"/> Substantial Problem	<input data-bbox="1486 440 1507 456" type="button" value="?"/>
<b>31. Irrational Behavior:*</b>	<input checked="" type="radio"/> No Problem <input type="radio"/> Some Problem <input type="radio"/> Substantial Problem	<input data-bbox="961 570 982 586" type="button" value="?"/>	<b>39. Withdrawn:*</b>	<input checked="" type="radio"/> No Problem <input type="radio"/> Some Problem <input type="radio"/> Substantial Problem	<input data-bbox="1486 570 1507 586" type="button" value="?"/>
<b>32. Confused:*</b>	<input checked="" type="radio"/> No Problem <input type="radio"/> Some Problem <input type="radio"/> Substantial Problem	<input data-bbox="961 699 982 716" type="button" value="?"/>	<b>40. Aggressive:*</b>	<input type="radio"/> No Problem <input checked="" type="radio"/> Some Problem <input type="radio"/> Substantial Problem	<input data-bbox="1486 699 1507 716" type="button" value="?"/>
<b>33. Impulsive:*</b>	<input checked="" type="radio"/> No Problem <input type="radio"/> Some Problem <input type="radio"/> Substantial Problem	<input data-bbox="961 829 982 846" type="button" value="?"/>	<b>41. Refuses Activities:*</b>	<input checked="" type="radio"/> No Problem <input type="radio"/> Some Problem <input type="radio"/> Substantial Problem	<input data-bbox="1486 829 1507 846" type="button" value="?"/>
<b>34. Hallucinative:*</b>	<input type="radio"/> No Problem <input checked="" type="radio"/> Some Problem <input type="radio"/> Substantial Problem	<input data-bbox="978 959 999 976" type="button" value="?"/>	<b>42. Suicidal:*</b>	<input checked="" type="radio"/> No Problem <input type="radio"/> Some Problem <input type="radio"/> Substantial Problem	<input data-bbox="1486 959 1507 976" type="button" value="?"/>
<b>35. Delusional:*</b>	<input checked="" type="radio"/> No Problem <input type="radio"/> Some Problem <input type="radio"/> Substantial Problem	<input data-bbox="961 1089 982 1105" type="button" value="?"/>	<b>43. Homicidal:*</b>	<input checked="" type="radio"/> No Problem <input type="radio"/> Some Problem <input type="radio"/> Substantial Problem	<input data-bbox="1486 1089 1507 1105" type="button" value="?"/>
<b>36. TX Compliance:*</b>	<input checked="" type="radio"/> No Problem <input type="radio"/> Some Problem <input type="radio"/> Substantial Problem	<input data-bbox="978 1219 999 1235" type="button" value="?"/>	<b>44. Seizures:*</b>	<input checked="" type="radio"/> No Problem <input type="radio"/> Some Problem <input type="radio"/> Substantial Problem	<input data-bbox="1486 1219 1507 1235" type="button" value="?"/>
<b>37. Agitated:*</b>	<input checked="" type="radio"/> No Problem <input type="radio"/> Some Problem <input type="radio"/> Substantial Problem	<input data-bbox="982 1349 1003 1365" type="button" value="?"/>			

#### Rating Guide

**No Problem:** Shows no signs/symptoms of the condition. Has not been diagnosed with the condition by a physician.

**Some Problem:** Shows minor signs/symptoms of the condition. Has been diagnosed by a physician with the condition and is undergoing/responding well to treatment. Able to function well in society with treatment.

**Substantial Problem:** Demonstrating major signs/symptoms of the condition. Has been diagnosed by a physician with the condition. Is undergoing treatment. May require frequent/inpatient treatment. Not able to function in society. Cannot live independently.

## Application continued

For each service provided to the member, enter the number of times the service is provided per the selected time interval. A green check mark will appear next to each service selected. Select the *No Services Needed* check box if the member does not need any of these services.

Click the *Continue* button to move to the next screen.

Click the *Back* button to return to the previous screen.

Click the *Cancel* button to exit the application. This will open a confirmation screen offering choices to either cancel out of the application and return to the secure site logon page or return to the current application.



Name: **CHRIS L. HUNT**

SSN: **###-##-8913**

DOB: **02/15/1970**



### LTC-300R Online Form Submission - Enter Services Provided

For each service provided to the client, **enter the number** of times the service is provided per the selected time interval.

If the client does not need any of these services, select '**No Services Needed**'.

#### Services Needed

<input checked="" type="checkbox"/> Ventilator / Respirator	10 times per	Continuous	<input type="checkbox"/> Behavior Observation	0 times per	Week	?
<input type="checkbox"/> Decubitus / Lesion Care	0 times per	Week	<input type="checkbox"/> Catheter Care	0 times per	Week	
<input type="checkbox"/> Medication Regulation	0 times per	Week	<input type="checkbox"/> Ostomy Care	0 times per	Week	
<input type="checkbox"/> Retrain Bowel / Bladder	0 times per	Week	<input type="checkbox"/> Tracheal Care	0 times per	Week	
<input type="checkbox"/> Vital Signs Evaluation	0 times per	Week	?	<input type="checkbox"/> Tube Feeding	0 times per	Week
<input type="checkbox"/> Rehab, PT/OT	0 times per	Week	<input type="checkbox"/> Suctioning	0 times per	Week	
<input type="checkbox"/> Speech Therapy	0 times per	Week	<input type="checkbox"/> Injections	0 times per	Week	
<input type="checkbox"/> Active Treatment	0 times per	Week	?	<input type="checkbox"/> Isolation	0 times per	Week
<input type="checkbox"/> Sterile Dressing	0 times per	Week	<input type="checkbox"/> IV Fluids	0 times per	Week	
<input type="checkbox"/> Intake and Output	0 times per	Week	?	<input type="checkbox"/> Oxygen	0 times per	Continuous
<input type="checkbox"/> No Services Needed						

Cancel

Back

Continue

## Application continued

Enter the **required Primary Diagnosis** and **Primary Diagnosis Code** data in the appropriate fields. Enter the **Secondary Diagnosis** and **Code**, if applicable. Enter pertinent data in the **Comments** section.

Click the **Continue** button to move to the next screen.

Click the **Back** button to return to the previous screen.

Click the **Cancel** button to exit the application. This will open a confirmation screen offering choices to either cancel out of the application and return to the secure site logon page or return to the current application.



Name: **CHRIS L. HUNT**

SSN: **###-##-8913**

DOB: **02/15/1970**



### LTC-300R Online Form Submission - Enter Diagnosis

Enter the Primary Diagnosis and Code. Enter the Secondary Diagnosis and Code if applicable.

Enter any pertinent information in the Comments section.

**\* = Required Fields**

**Primary Diagnosis:**\*

**Secondary Diagnosis:**

**Primary Diagnosis Code:**

**Secondary Diagnosis Code:**

**Comments:** Patient has profound mental retardation.

Up to 256 characters can be entered in the Comments section

Cancel

Back

Continue



## Application continued

All entries are **required** on this screen.

Use the “?” icon found next to the *Person answering Section E of the form* field to understand who this person is as well as the *Nursing Facility Authorized Official, Hospital Authorized Official* and *DHS Official* title definitions.

Select the *Yes* or *No* radio button for questions 1 through 6.

Select the *Is* or *Is Not* radio button to designate member’s danger to self or others.

Select the *Yes* or *No* radio button for the Exempted Hospital Discharge.



Name: **CHRIS L. HUNT**

SSN: **###-##-8913**

DOB: **02/15/1970**



### LTC-300R Online Form Submission - Enter Level I PASRR Information

Answer each question based on the client's condition **prior** to admission.

\* = Required Fields

Person answering Section E of the Form:\*

?

Position:\*

- Nursing Facility Authorized Official
- Hospital Authorized Official
- DHS Official

Does the client have:

1. Evidence of serious mental illness including possible disturbances in orientation or mood (dementia or other organic mental disorders are not considered a serious mental illness)?\*  Yes  No
2. Diagnosis of a serious mental illness (for example, schizophrenic, paranoid, panic, mood or other severe anxiety or depressive disorder, somatoform disorder, personality disorder, or other psychotic disorder, or another mental disorder that may lead to a chronic disability)?\*  Yes  No
3. Recent history of mental illness or been prescribed a psychotropic medication for a possibly undiagnosed mental illness in the absence of a justifiable neurological disorder within the last two years?\*  Yes  No
4. Diagnosis of mental retardation or a related condition?\*  Yes  No
5. History of mental retardation or a related condition?\*  Yes  No
6. Evidence of a possible mental retardation or related condition (cognitive or behavior functions)?\*  Yes  No

THE CLIENT  IS  IS NOT A DANGER TO SELF OR OTHERS.\*

Exempted Hospital Discharge:\*  Yes  No ?

## Application continued

All entries are **required** on this screen.

Select the appropriate *Short Term Stay Category* from the radio buttons given. Use the “?” icon for a definition of short term stay.


Enter the LOCEU consultation date. Use the *Calendar* icon to the right of the *Date* fields on this screen to help select the correct dates for these entries.


Enter the LOCEU staff name and consultation decision and any Level II evaluation results in the text fields provided.

Click the *Continue* button to move to the next screen.

Click the *Back* button to return to the previous screen.

Click the *Cancel* button to exit the application. This will open a confirmation screen offering choices to either cancel out of the application and return to the secure site logon page or return to the current application.

Short Term Stay Category:\*  Delirium  Emergency  Respite  Not Applicable 

Date of Consultation with LOCEU:  

LOCEU Staff Name:

Consultation Decision and any Level II Evaluation Results:

Up to 256 characters can be inserted in this section.


# Application Review

Review the information on this screen to ensure it is correct. Select the *Edit* link following each section to return to that section and change any entries.

Click the *Continue* button at the bottom of the screen to move to the next screen.

Click the *Back* button at the bottom of the screen to return to the previous screen.

Click the *Cancel* button at the bottom of the screen to exit the application. This will open a confirmation screen offering choices to either cancel out of the application and return to the secure site logon page or return to the current application.



**Name:** CHRIS L. HUNT **SSN:** ###-##-8913 **DOB:** 02/15/1970

Demographics Assessment Services Diagnosis PASRR Submit

### LTC-300R Online Form Submission - Assessment Summary

Review the information you have entered. If everything looks correct, select **"Continue"**. If any of the information is incorrect, select **"Edit"** to make changes to the section.

#### Client Demographics

<b>Last Name:</b>	HUNT	<b>DHS Case Number:</b>	
<b>Suffix:</b>		<b>RID:</b>	
<b>First Name:</b>	CHRIS	<b>Admission Type:</b>	New Admission
<b>Middle Initial:</b>	L	<b>Transferring Facility:</b>	N/A
<b>Race:</b>	<input checked="" type="checkbox"/> African American <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other	<b>Prior Living Arrangement:</b>	Group Home
<b>Hispanic Ethnicity:</b>	No	<b>Facility Discharge Date:</b>	
<b>Gender:</b>	Male	<b>Deceased Date:</b>	
<b>Coverage:</b>	SoonerCare		

[Edit Demographics](#)

#### ADLs

<b>1. Grooming:</b>	Independent	<b>4. Transferring:</b>	Independent
<b>2. Bathing:</b>	Independent	<b>5. Mobility:</b>	Independent
<b>3. Eating:</b>	Independent	<b>6. Bowel/Bladder Function:</b>	Independent

[Edit ADLs](#)

#### IADLs

<b>7. Answers/Calls on Phone:</b>	Independent	<b>11. Laundry:</b>	Independent
<b>8. Shopping/Errands:</b>	Independent	<b>12. Housekeeping/Cleanliness:</b>	Independent
<b>9. Arranges Transportation:</b>	Independent	<b>13. Manages Money:</b>	Independent
<b>10. Preparation of Meals:</b>	Independent	<b>13. Manages Medication:</b>	Independent

[Edit IADLs](#)

## Review (continued)

Review the information on this screen to ensure it is correct. Select the *Edit* link following each section to return to that section and change any entries.

Click the *Continue* button at the bottom of the screen to move to the next screen.

Click the *Back* button at the bottom of the screen to return to the previous screen.

Click the *Cancel* button at the bottom of the screen to exit the application. This will open a confirmation screen offering choices to either cancel out of the application and return to the secure site logon page or return to the current application.

<b>Social Needs</b>			
<b>15. Diet:</b>	Regular	<b>20. Health Assessment:</b>	Low Risk
<b>16. Communication:</b>	Understandable	<b>21. Speech:</b>	No Impairment
<b>17. Health Issues:</b>	No Problem	<b>22. Hearing:</b>	No Impairment
<b>18. Consumer Support:</b>	No Problem	<b>23. Vision:</b>	No Impairment
<b>19. Social Resources:</b>	Some Problems		
<a href="#">Edit Social Needs</a>			
<b>Health</b>			
<b>24. Heart Disease:</b>	Moderate	<b>27. Diabetes:</b>	Moderate
<b>25. Hypertension/Stroke:</b>	No	<b>28. Arthritic Conditions:</b>	No
<b>26. Emphysema/COPD:</b>	No	<b>29. Terminal Illness:</b>	No
<a href="#">Edit Health</a>			
<b>Mental Status</b>			
<b>30. Recall:</b>	No Problem	<b>38. Fearful:</b>	No Problem
<b>31. Irrational Behavior:</b>	No Problem	<b>39. Withdrawn:</b>	No Problem
<b>32. Confused:</b>	No Problem	<b>40. Aggressive:</b>	Some Problem
<b>33. Impulsive:</b>	No Problem	<b>41. Refuses Activities:</b>	No Problem
<b>34. Hallucinative:</b>	Some Problem	<b>42. Suicidal:</b>	No Problem
<b>35. Delusional:</b>	No Problem	<b>43. Homicidal:</b>	No Problem
<b>36. TX Compliance:</b>	No Problem	<b>44. Seizures:</b>	No Problem
<b>37. Agitated:</b>	No Problem		
<a href="#">Edit Mental Status</a>			
<b>Services Provided</b>			
<b>Ventilator / Respirator:</b>	0 times per Continuous	<b>Behavior Observation:</b>	0 times per Week
<b>Decubitus / Lesion Care:</b>	0 times per Week	<b>Catheter Care:</b>	0 times per Week
<b>Medication Regulation:</b>	0 times per Week	<b>Ostomy Care:</b>	0 times per Week
<b>Retrain Bowel / Bladder:</b>	0 times per Week	<b>Tracheal Care:</b>	0 times per Week
<b>Vital Signs Evaluation:</b>	0 times per Week	<b>Tube Feeding:</b>	0 times per Week
<b>Rehab, PT/OT:</b>	0 times per Week	<b>Suctioning:</b>	0 times per Week
<b>Speech Therapy:</b>	0 times per Week	<b>Injections:</b>	0 times per Week
<b>Active Treatment:</b>	0 times per Week	<b>Isolation:</b>	0 times per Week
<b>Sterile Dressing:</b>	0 times per Week	<b>IV Fluids:</b>	0 times per Week
<b>Intake and Output:</b>	0 times per Week	<b>Oxygen:</b>	0 times per Continuous
<a href="#">Edit Services Provided</a>			



## Review (continued)

Review the information on this screen to ensure it is correct. Select the *Edit* link following each section to return to that section and change any entries.

Click the *Continue* button at the bottom of the screen to move to the next screen.

Click the *Back* button at the bottom of the screen to return to the previous screen.

Click the *Cancel* button at the bottom of the screen to exit the application. This will open a confirmation screen offering choices to either cancel out of the application and return to the secure site logon page or return to the current application.

### Diagnosis

**Primary Diagnosis:** Mental retardation

**Secondary Diagnosis:**

**Primary Diagnosis Code:** 319

**Secondary Diagnosis Code:**

**Comments:**

[Edit Diagnosis](#)

### PASRR

**Person answering Section E of the form:** Pam Raisley

**Position:** Nursing Facility Authorized Official

1. Evidence of serious mental illness including possible disturbances in orientation or mood (dementia or other organic mental disorders are not considered a serious mental illness)? No
2. Diagnosis of a serious mental illness (for example, schizophrenic, paranoid, panic, mood or other severe anxiety or depressive disorder, somatoform disorder, personality disorder, or other psychotic disorder, or another mental disorder that may lead to a chronic disability)? No
3. Recent history of mental illness or been prescribed a psychotropic medication for a possibly undiagnosed mental illness in the absence of a justifiable neurological disorder within the last two years? No
4. Diagnosis of mental retardation or a related condition? No
5. History of mental retardation or a related condition? No
6. Evidence of a possible mental retardation or related condition (cognitive or behavior functions)? No

The client **IS NOT** a danger to self or others.

**Exempted Hospital Discharge:** No

**Short Term Stay Category:** Delirium

**Date of Consultation with LOCEU:** 11/12/2008

**LOCEU Staff Name:** Pam Raisley

**Consultation Decision:** Passed.

[Edit PASRR](#)

Cancel

Back

Continue

## Certification And Submission

Read the statement on this screen and select the checkbox to the left of that statement if you agree with the statement.

Click the *Submit* button to complete the online assessment.

Click the *Back* button to return to the previous screen.

To exit the application, click the *Cancel* button. This will open a confirmation screen offering choices to either cancel out of the application and return to the secure site logon page or return to the current application.

The screenshot shows the Oklahoma Health Care Authority's online assessment interface. At the top, there is a header with a logo of a person and a caduceus, and the text "oklahoma health care authority". Below the header, a progress bar shows the current step: "Assessment". The user's information is displayed: Name: CHRIS L. HUNT, SSN: ###-##-8913, and DOB: 02/15/1970. The main heading is "LTC-300R Online Form Submission - Assessment Affirmation". Below this, a statement is presented with a checked checkbox: "I certify that, to the best of my knowledge, the foregoing information is true, accurate, and complete. I understand this information may be relied upon in payment of claims from Federal and State Funds, and that any willful falsification, or concealment of a material fact, may be prosecuted under Federal and State Law." At the bottom of the form, there are three buttons: "Cancel", "Back", and "Submit". The footer contains three links: "Oklahoma's Medicaid Agency Accessibilitiv Policy", "Privacy Policy", and "Terms of Use".

**Name:** CHRIS L. HUNT      **SSN:** ###-##-8913      **DOB:** 02/15/1970

Demographics   Assessment   Services   Diagnosis   PASRR   **Submit**

### LTC-300R Online Form Submission - Assessment Affirmation

You **must** read the following statement, click the checkbox, and select '**Submit**' in order to complete the online assessment.

I certify that, to the best of my knowledge, the foregoing information is true, accurate, and complete. I understand this information may be relied upon in payment of claims from Federal and State Funds, and that any willful falsification, or concealment of a material fact, may be prosecuted under Federal and State Law.

[Cancel](#)      [Back](#)      [Submit](#)

[Oklahoma's Medicaid Agency Accessibilitiv Policy](#)      [Privacy Policy](#)      [Terms of Use](#)