



**Department of Health and Hospitals
FACILITY NOTIFICATION SYSTEM**

**Notification of Admission, Status Change or
Discharge for Facility Care and Waiver Services
(Forms 148 and 148W)
User Manual**

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DHH Facility Notification System

The Department of Health and Hospitals has developed an electronic form to enable facilities to submit the Form 148 and 148W, Notification of Admission, Status Change, Discharge for Facility Care or Waiver Services, and a request for 148-PLI. This process allows the Medicaid Office, Office of Aging and Adult Services (OAAS) and Office of Citizens with Developmental Disabilities (OCDD) to receive requests at the point of submission.

Getting Access to the system

DHH Provider Facilities and Support Coordination Agencies can request access to the system by clicking the link in the left menu. You will be prompted to complete a user id request form and sign a confidentiality agreement. The original signed copies will need to be submitted to the address on the form. The forms must be **mailed** so an original signature is on file. **Each user within the facility will need to complete a separate access form, and provide a separate email address. User names and passwords are not to be shared.**

Login Process

The login process is very simple. Enter a valid ID and password to gain access to the Facility Notification System Form Submission Service. The Login ID is entered into the Login ID field provided, and then the password. The password will appear as a series of hidden characters to prevent unauthorized persons from viewing the actual password.

Once both Login ID and password are entered, either click the login button or press the **Enter key on your keyboard**. If any information is incorrect or invalid, you will be returned to the login screen and prompted to correct it before you may continue.

Note: In the left menu of the login screen there are links for blank forms. If the system is unavailable or you are unable to log in, you may still submit information to DHH by selecting a form to download, print, and mail.

Department of Health and Hospitals
Medicaid Program
Login

Louisiana Medicaid
Long Term Care

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Login

Username

Password

[Reset Password](#) | [Change Password](#)

Start a new form

After completing the login process the user is presented with the “Start New Form” screen shown below. The user must select a form type from the **Form Type** dropdown. From there, click **New Applicant** to the right to start a blank form for a new applicant.

Otherwise they can enter search information in the 2nd group box below titled “Applicant Search”. After entering search criteria and clicking **Search**, search results will be displayed below with a **Select** link next to that individual’s name. Note: Regardless of the decision to submit for a new applicant, or conduct an applicant search, a **Form Type** must be selected. Pressing **Select** will bring up the selected form type with that applicant’s information pre-populated. Note: Search results will not be found until after Medicaid has entered the case into their electronic system.

Department of Health and Hospitals
Medicaid Program
Start New Form

Currently logged in as BADugas



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Select Form Type

Form Type [\[New Applicant\]](#)

Applicant Search

First Name Last Name DOB
SSN Case Number

Search Results

Please enter search criteria and press search ...

In the following example, a search for “dummy-record” 111-11-1111 returned applicant UNO Development. Since this applicant is known to the Medicaid system, all you have to do is click **Select** in the **Search Results** box.

Department of Health and Hospitals
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Start New Form

Currently logged in as BADugas

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Select Form Type

Form Type: [New Applicant]

Applicant Search

First Name: Last Name: DOB:
 SSN: Case Number:

Search Results

	SSN	Applicant Name	DOB
Select	****-1111	DEVELOPMENT, UNO	10/24/2008

All information about you (the provider) and the applicant that is known by Medicaid will be pre-populated on the next screen.

Note:

- When information is pre-populated, you may still change/correct it. The revised information will be sent to DHH.
- Applicant information - You will have to provide responses to “Marital Status” until the Medicaid system can populate those questions. Insurance questions should be filled out if known.
- The Contact Person Section appears on all forms.
- The last section of the form varies depending on the form type selected. In the example below, the Admission form was selected.

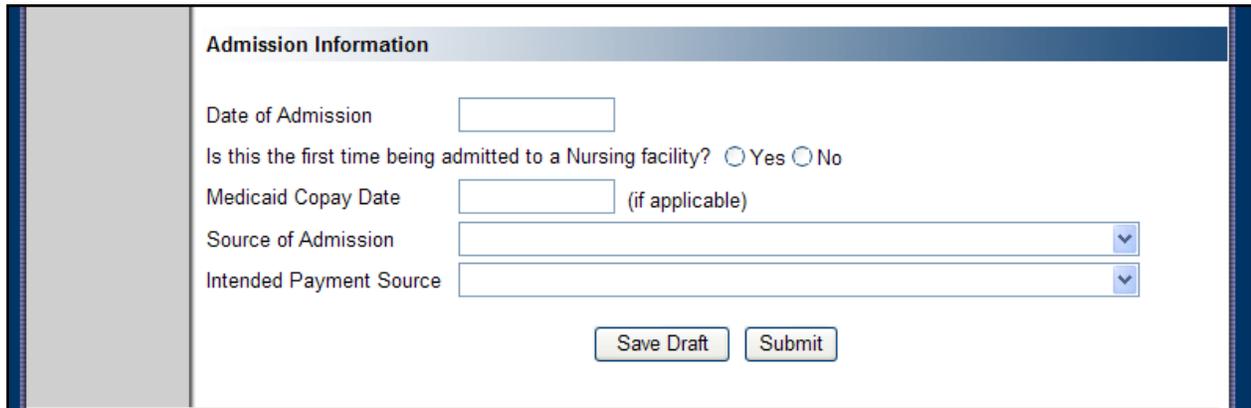
Admission Form

Type the date of admission using MM/DD/YYYY format.

Select **Yes** or **No** to question regarding first time admission.

Use drop-down selection boxes to report **Source of Admission** and **Intended Payment Source**.

Click **Submit** to send the form to DHH or **Save Draft** to save the information entered and return later.



The screenshot shows a web form titled "Admission Information". It contains the following fields and controls:

- Date of Admission:** A text input field.
- Is this the first time being admitted to a Nursing facility?:** Radio buttons for "Yes" and "No".
- Medicaid Copay Date:** A text input field with "(if applicable)" to its right.
- Source of Admission:** A drop-down menu.
- Intended Payment Source:** A drop-down menu.
- Buttons:** "Save Draft" and "Submit" buttons are located at the bottom right of the form area.

Admission 148W Form

Section A

For the **Program Linkage** date, type the date field in MM/DD/YYYY format , choose a residence prior to admission, additional fields may populate to complete an address. Report the intended Source of Payment.

Section B

Select this section when reporting a transfer. Use the drop-down selection boxes to choose the Region transferred to and from. A date is required in the box provided.

Section C

This section is selected when a transition is required. Use the drop-down selection box to report a change in Waiver.

Section D

Select this section if the resident was approved for transitioning. A date is required in the box provided.

Click **Submit** to send the form to DHH or **Save Draft** to save the information entered and return later.



Discharge Form

Type the date of discharge using MM/DD/YYYY format.

Use drop-down selection box to report where the patient was discharged to.

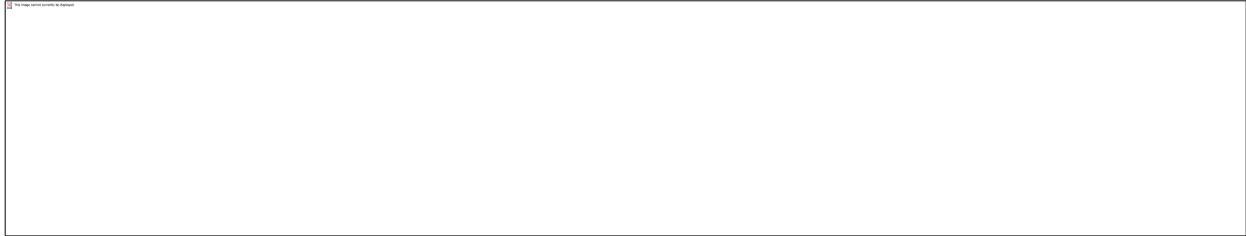
You will be prompted to provide additional information based on your selection.

Click **Submit** to send the form to DHH or **Save Draft** to save the information entered and return later.

Discharge Information	
<i>Note: If this Section is used when the person leaves the facility, use Admission section when they return. they return.</i>	
Discharge Date	<input type="text"/>
Discharge To	<input type="text"/>
Do you anticipate that he/she will return to your facility?	<input type="text"/>
<input type="button" value="Save Draft"/> <input type="button" value="Submit"/>	

Discharge 148 W Form

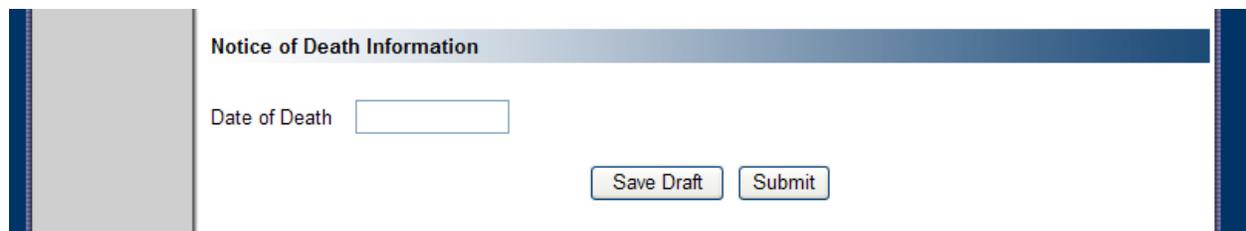
The date of discharge field is the date that it was authorized by either OAAS or OCDD. Enter the date using the MM/DD/YYYY format. Select the reason and discharge to fields using the drop-down selection boxes.



Notice of Death 148/148W Form

Type the date of death using MM/DD/YYYY format.

Click **Submit** to send the form to DHH or “Save Draft” to save the information entered and return later.



Notice of Death Information

Date of Death

Transfer Form

Click the **Facility Search** link to search our database of providers to indicate where the patient was transferred.

A pop-up box will appear. Type at least the first initial of the facility or the entire name and press **Search**. Depending on your search criteria, you will be returned with one or more pages of facilities. If more than one page, use the page scroll option in the bottom right corner to see more facilities.

Press **Select** by the appropriate facility and the identifying information will be pre-populated in the 148 Form.

Select **Yes** or **No** for question regarding their return to your facility.

Click **Submit** to send the form to DHH or **Save Draft** to save the information entered and return later.

Transfer Information [Facility Search](#)

Note: If this Section is used when the person leaves the facility, use Admission section when they return

Facility Name

Address

Address 2

City, State Zip LA 71483

Transfer Date

Do you anticipate that he/she will return to your facility? Yes No



Status Change Form

Section A

If notifying the agency of Hospital or Home leave, select the type. A date is required in the “Billing stopped on”.

If this section is selected in error, simply select “None” to remove the selection.

Section B

If notifying the agency of a return from Home or Hospital leave, select the type. A date is required in the box provided.

If this section is selected in error, simply select “None” to remove the selection.

Section C

Use the drop-down selection box to report a billing change. You must report effective date of change.

Section D

Use drop-down selection box to report payment source change. You must report the effective date.

Click **Submit** to send the form to DHH or **Save Draft** to save the information entered and return later.

Status Change 148 W Form

Status Change

Note: If this Section is used when the person leaves the facility, use this same Section to re-admit when they return.

A. None Hospital Leave Home Leave
 None Medicaid Medicare Billing stopped on

B. Return from None Hospital Leave Home Leave on

C. Resume billing to
Resume billing date

D. Change Payment Source
From
To
Effective date of change:
Medicaid Co-Pay date (if applicable):
If this is a request for a change from private pay to Medicaid status, what was the original date of admission?

E. Application for extension of medical eligibility From
To

F. Agency custody ends
Applying for Medicaid effective

PLI Form

Applicant/Recipient Information

Select the **Level of Care** from the drop down box, and assure the remaining information is correct.

Form Details

The **Form Details** section will remain blank until you enter information in the section labeled, **“Add Detail”**.

Add Detail

From Date

Enter date of the beginning day of service for the month an adjustment is being requested because of an error in patient liability amount.

To Date

Enter month, day and year of the ending day of service for the month an adjustment is being requested because of an error in patient liability amount.

Total Days

Total Days on the 148-PLI must match exactly with From/To dates of service or payment of the 148-PLI will reject. However, some situations require counting the day of discharge, death, or hospital leave and in other situations you wouldn't. Use caution when entering Total Days.

Internal Claims Number (ICN)

Enter the control number assigned to the most recent adjudicated claim when it was line processed and paid with an incorrect patient liability amount. This number is found in the last column of the R.A. This is a 13 digit number and you will receive an error if the number entered is not 13 digits in length.

Status

Select the patient status code of the recipient when the original claim was filed.

Click the **Add Detail** button when complete.

The **“Form Details”** section will now show a summary of the information entered.

Form Details					
	From Date	To Date	Total Days	Internal Claim Number (ICN)	Status
Edit Delete	03/15/10	03/21/10	6	1111111111111	Discharged to home or self care (routine discharge)

Click the **Submit** button when complete. This information will be transferred to the Medicaid office where the analyst will complete the form and send a copy to Molina. When viewing the form history on the History page, you will notice the following fields are blank: **Initiated by, Status, Name of BHSF Representative, Contact Phone Number, and Date**. After the form has been processed by Medicaid, these fields will reflect the data entered. The presence of a date in the **Date** field represents a form that has been completed by Medicaid.

PLI Form

Applicant/Recipient Information

First Name Last Name
I.D. Number SSN
Level of Care

Form Details

There are no line items

Enter dates here

Enter total days here

Add Detail

From Date Total Days
To Date Internal Claims Number (ICN)

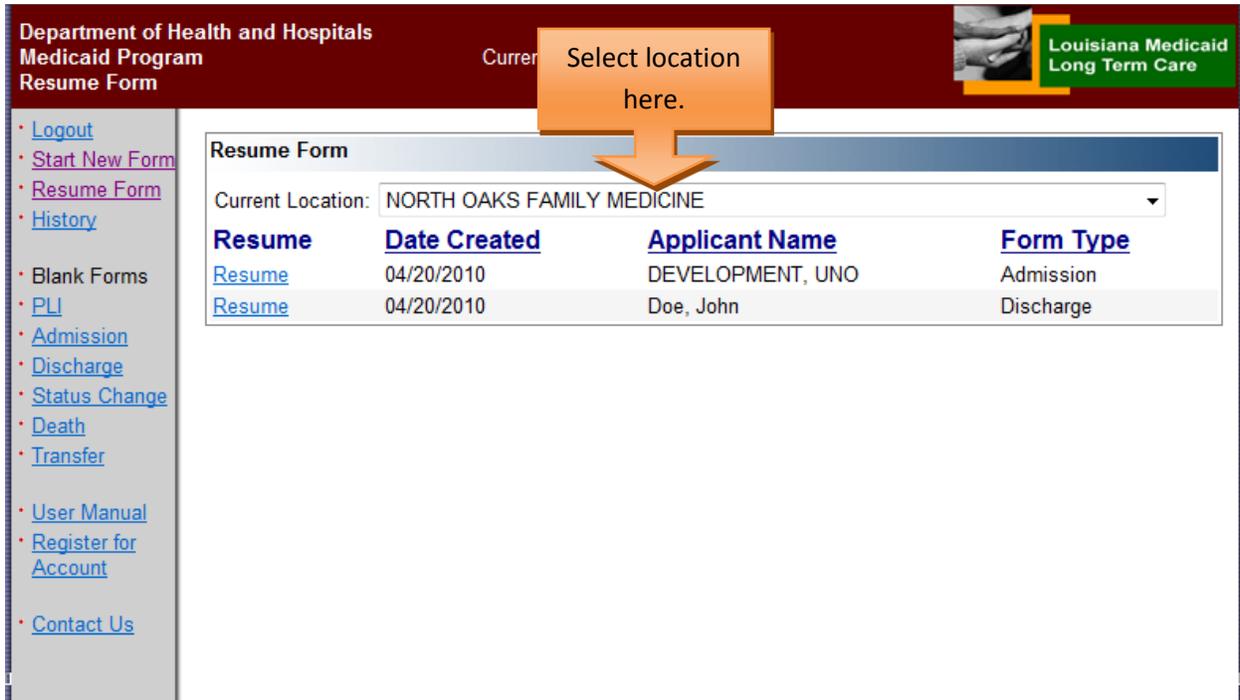
Status

- 01 - Discharged to home or self care (routine discharge)
- 02 - Discharged/transferred to another short-term general hospital for inpatient care
- 03 - Discharged/transferred to a skilled nursing facility (SNF) or an intermediate care facility (ICF)
- 04 - Discharged/transferred to another type of institution for inpatient care
- 06 - Discharged/transferred to home under care of home health services organization
- 07 - Left against medical advice or discontinued care
- 09 - Admitted as inpatient to a hospital
- 20 - Expired/discharged due to death
- 30 - Still a patient
- 61 - Discharged/transferred within this institution to hospital-based Medicare approved swing-bed
- 62 - Discharged/transferred to a rehabilitation facility including rehabilitation distinct part unit of hospital
- 63 - Discharged/transferred to a long term care hospital

Add Detail

Resume form

Any of the forms that can be created and submitted through the system have the option of saving as a draft by clicking the **Save Draft** button at the bottom of the form. This will store the form in the database to be resumed later. To resume a form, click on the **Resume Form** link on the top left, you will be shown a list of forms that have been created by your user account, per location, that have not been submitted. Click the **Resume** link next to the form you wish to resume. If your account is associated with multiple locations, use the drop-down box to select the appropriate location first, and then resume the form.



Department of Health and Hospitals
Medicaid Program
Resume Form

Current Location: **Select location here.** NORTH OAKS FAMILY MEDICINE

Resume	Date Created	Applicant Name	Form Type
Resume	04/20/2010	DEVELOPMENT, UNO	Admission
Resume	04/20/2010	Doe, John	Discharge

View History

To view the history of the forms you've previously submitted, click the **History** link in the left menu. You'll be presented with a grid view of all of the forms you've submitted. Use the paging arrows and links in the bottom right to flip through the data if you have more than one page of data. When you find the form you'd like to see, click the view link to the left of that item to view the printable report of that form.

Department of Health and Hospitals
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Submitted Forms History
Currently logged in as BADugas



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History

Current Location: NORTH OAKS FAMILY MEDICINE

View Edit Cancel	Date Created	Date Submitted	Applicant Name	Form Type	Submitted By
View Edit Cancel	11/24/2009	11/24/2009	DEVELOPMENT, UNO	Discharge	Brian Dugas
View Edit Cancel	11/24/2009	11/24/2009	DEVELOPMENT, UNO	Discharge	Brian Dugas
View Edit Cancel	11/24/2009	11/24/2009	DEVELOPMENT, UNO	Admission	Brian Dugas
View Edit Cancel	11/24/2009	11/24/2009	DEVELOPMENT, UNO	Admission	Brian Dugas

Corrected Copy

If a form needs to be resubmitted to correct information that was previously submitted, click the **Edit** link beside the form you wish to resubmit. The **Edit** link is available while viewing the **History**. Make any necessary changes and click **Submit**. Once submitted, the form will be resent to DHH and the history will reflect a new date created and date submitted. When you **View** this form, "Corrected Copy" will be identified on the top of the form.

Cancel Form

If a form submission needs to be cancelled, first navigate to the **History** page. Click the **Cancel** link beside the form you wish to cancel. Enter any necessary notes in the **Comments** box, and then click the **Cancel Form** link. When viewing the history of prior submissions, this form will now show “**Cancelled**” in the **Cancel** column.

Department of Health and Hospitals
Medicaid Program
Submitted Forms History

Currently logged in as BADugas

Louisiana Medicaid Long Term Care

History

Current Location: NORTH OAKS FAMILY MEDICINE

View	Edit	Cancel	Date Created	Date Submitted	Applicant Name	Form Type	Submitted By
View	Edit	Cancel	11/24/2009	11/24/2009	DEVELOPMENT, UNO	Discharge	Brian Dugas
View	Edit	Cancel	11/24/2009	11/24/2009	DEVELOPMENT, UNO	Discharge	Brian Dugas
View	Edit	Cancel	11/24/2009	11/24/2009	DEVELOPMENT, UNO	Admission	Brian Dugas
View	Edit	Cancel	11/24/2009	11/24/2009	DEVELOPMENT, UNO	Admission	Brian Dugas

Cancel Form Submission - Comments

Enter cancellation notes and click “**Cancel Form**”. Use the “**Close**” button to cancel this action.

[Cancel Form](#) | [Close](#)

Blank Forms

Blank forms are available from anywhere in the system by clicking the desired form type under “**Blank Forms**” on the left menu bar. After clicking the desired form type, a blank printable form will be presented to the user in a new window.