

DA-124 SCREEN FIELD DESCRIPTIONS

IDENTIFICATION

LAST NAME

RESIDENT'S LAST NAME

FIRST NAME

RESIDENT'S FIRST NAME

CALENDAR YEAR

YEAR DA-124 RECEIVED BY COMRU

FACILITY

HOSPITAL NAME

HOSPITAL SUBMITTING THE DA-124

FACILITY

NURSING FACILITY SUBMITTING THE DA-124

STATUS

RECEIVE DATE

DATE RECEIVED IN COMRU

FORM RECEIVED

X BY FORM NUMBER INDICATES IF RECEIVED THE A/B AND/OR C

DATE RETURNED TO FACILITY

DATE RETURNED TO FACILITY FOR CORRECTION

DATE RETURNED FROM FACILITY

DATE CORRECTED FORM RECEIVED FROM FACILITY

DATE SENT TO FSD

DATE FORMS COMPLETED AND AVAILABLE FOR FSD TO PRINT CASE AND/OR
DATE SENT TO FSD

SMC DATE

DATE A/B & C SUBMITTED TO STATE MEDICAL CONSULTANT (SMC) FOR
REVIEW

LOC DATE (LEVEL OF CARE DATE)

DATE STATE MEDICAL CONSULTANT (SMC) SIGNED FORMS

LOC (LEVEL OF CARE)

LEVEL OF CARE DETERMINED BY SMC

NF – NURSING FACILITY

IMR – INTERMEDIATE MENTALLY RETARDED

MH – MENTAL HOSPITAL

SNC – SUPPLEMENTAL NURSING CARE (CASH GRANT)

CMS – CHANGE IN MENTAL STATUS – (NO NEXT EVAL DATE)

NONE – CLIENT DOES NOT MEET NURSING FACILITY REQUIREMENTS

POINTS

TOTAL OF POINTS RESIDENT ASSESSED FOR LEVEL OF CARE

NEXT EVAL

TIME FRAME IN WHICH FACILITY SHOULD REEVALUATE RESIDENT TO SEE IF HE/SHE STILL REQUIRES LEVEL OF CARE

REVIEW DATE

DATE FORMS SUBMITTED TO COMRU NURSE TO REVIEW FOR LEVEL II SCREENING

DATE SENT TO DMH

DATE FORMS SUBMITTED TO DEPARTMENT OF MENTAL HEALTH FOR LEVEL II SCREENING

DATE RECEIVED FROM DMH

DATE LEVEL II DETERMINATION RECEIVED FROM DEPARTMENT OF MENTAL HEALTH

MI CODE

A - SERIOUSLY MENTALLY ILL – can impact payment

B - NOT SERIOUSLY MENTALLY ILL

E - DEMENTIA

I - DECEASED

N – NO LEVEL II REQUIRED PER DMH

MR CODE

C – MENTALLY RETARDED – can impact payment

D - NOT MENTALLY RETARDED

I - DECEASED

PAYMENT START DATE

EARLIEST DATE PAYMENT CAN BEGIN FOR RESIDENTS WHO HAVE HAD A LEVEL II SCREENING

OUT OF STATE

RESIDENTS ENTERING NF FROM ANOTHER STATE

UNDER AGE 50

RESIDENTS ENTERING NF 50 YEARS OF AGE AND UNDER

SPECIAL ADMISSION CATEGORY

RESIDENTS ENTERING NF UNDER A SPECIAL ADMISSION CATEGORY

1. TERMINAL ILLNESS
2. SERIOUS PHYSICAL ILLNESS
3. RESPITE CARE
4. EMERGENCY PROVISIONAL ADMISSION
5. DIRECT TRANSFER FROM A HOSPITAL

VALID (SPECIAL ADMISSION CATEGORY)

Y – (YES) SPECIAL ADMISSION CATEGORY VALID

N – (NO) SPECIAL ADMISSION CATEGORY INVALID

Q'd

LEVEL II DISCONTINUED DUE TO – INABILITY TO LOCATE CLIENT – CLIENT DID NOT ADMIT TO A MEDICAID BED – CLIENT DECEASED – ETC.

DMH DENIED

DMH HAS DETERMINED CLIENT DOES NOT MEET NF LEVEL OF SERVICES
AND/OR CLIENT REQUIRES SPECILIZED SERVICES

I124 SCREEN MESSAGES

COMPLETED; CHECK INSTRUCTIONS TO ENSURE DA-124 IS STILL VALID This message will appear when COMRU has totally completed processing the DA-124s and assigned a level of care. The LOC DATE field and LOC will be completed. **However, it is important to compare the date of the Level of Care with the application and/or referral date to ensure the DA-124 is still valid.** For example, DA-124s are not valid if the LOC date is over a year prior to the date of application and/or referral. The INSTRUCTIONS FOR THE DA-124 FORM give the guidelines for when nursing facilities are required to submit new DA-124s; refer to these instructions to check the validity of the DA-124.

COMRU REVIEW PENDING – The COMRU received date will have a date, but all other date fields will be blank. This indicates the DA-124 A/B and/or C has been received, but processing has not begun.

RETURNED TO FACILITY FOR CORRECTION – The DA-124 A/B and/or C has been returned to the facility because required fields were not completed or information was inconsistent. The date the form(s) were returned will be in the DATE RETURNED TO FACILITY field.

SUBMITTED TO DOCTOR; LOC PENDING – The DA-124 A/B and/or C is in the process of being reviewed by the COMRU doctor. The SMC DATE field will give the date submitted to the doctor.

PENDING POSSIBLE LEVEL II SCREENING – COMRU is reviewing the DA-124 information to see if this is a placement that has to be reviewed by the Department of Mental Health. The NURSING REVIEW DATE will contain a date.

PENDING DMH REVIEW – The DA-124s have been sent to the Department of Mental Health for a level II screening.

COMPLETED; NOTE PAYMENT START DATE – The level II screening has been completed, but payment cannot start before the date given in the PAYMENT START DATE FIELD. COMRU will send the county a DA-625, LEVEL II NOTIFICATION FOR DFS (FSD). **The worker must wait until the DA-625 is received before taking action.**

NOT ELIGIBLE FOR VENDOR; FACILITY IS INAPPROPRIATE PLACEMENT – A level II screening was completed and the Department of Mental Health found this to be an inappropriate placement. The DMH DENIED field will contain an “X”.

Not all I124 screens will have a message on the MESSAGE line. A blank message line means COMRU is still processing the DA-124s. When COMRU is finished processing the DA-124s, the message will say “COMPLETED...” or “NOT ELIGIBLE...”