

## QUICK GUIDE TO IMNF

This guide will assist in entering the DA-124 information on the IMNF screen into the FAMIS and Legacy systems. Staff should **NOT** approve vendor home eligibility until the following fields are completed on the IMNF screen.

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1: MOSS7G4M - TN3270 Plus
Host Edit View Setup Macros Internet Help
I124 02/15/2010
DA-124 INQUIRY REPORT 08:42:47

IDENTIFICATION STATUS
LAST NAME COMRU RECEIVE DATE FORM RECEIVED
Jones 12142009 A/B X C X
FIRST NAME DATE RETURNED TO FACILITY DATE RETURNED FROM FACILITY
LOLA
CALENDAR YEAR FSD DATE SMC DATE
2009 02112010 01052010
DCN LOC DATE LOC POINTS NEXT EVAL REVIEW DATE
1231231231 02052010 NF 51 1 YEAR
FACILITY
HOSPITAL NAME COUNTY FIPS CODE
ADRIAN MANOR 013
FACILITY NAME PAYMENT STOP DATE FACILITY NUMBER
ADRIAN MANOR 00032a
PAYMENT START DATE DATE SENT TO DMH DATE RECEIVED FROM DMH

MI CODE MR CODE OUT OF STATE MO UNDER AGE 50
SPECIAL ADM CAT 0 VALID QD DMH DENIED NOTICE

F12=MENU F3=EXIT F5=NEW TRANSACTION F6=RETURN TO FAMIS
MESSAGE: COMPLETED; CHECK INSTRUCTIONS TO ENSURE DA-124 STILL VALID
```

The following fields on the IMNF screen correspond with the FAMIS Facility Detail Screen (FMJ4).

- **FSD Date** – Do **NOT** approve coverage for a vendor case until this field has been completed by COMRU. This indicates the assessment is complete.
- **LOC Date** - This is the date the State Medical Consultant assigned the Level of Care Points (LOC). This is **NOT** the payment start date and does **NOT** indicate coverage has been approved.
- **LOC (Level of Care)** – This is the level of Care assigned to the individual. There are 6 possible codes.

- NF – Nursing Facility
- IMR – Intermediate Mental Retardation
- MH – Mental Hospital
- SNC – Cash Grant State License only
- CMS – Change in Mental Status (a transfer from a skilled facility to a hospital and back to skilled. Individual not out of the facility for more than 60 days.)
- NONE – this means the individual has been denied by DHSS and has not been approved for vendor payment.

**PAYMENT STOP DATE** – This date indicates the last day that the facility should receive vendor payment on this individual. If blank the payments should be continuous.

**PAYMENT START DATE** – This date indicates the first day that an individual that required a level II screening can start Medicaid vendor payments. The date may be either the date the client entered the facility or the date that the Level II screening was completed. If no date is entered, it is the date the client was admitted to the facility. If NONE appears in this field **no** Medicaid payment should be authorized. \*\*COMRU will be sending out a notice (DA 625) if there is a break in payment. The DA 625 will be sent to staff via mail. Staff should not approve a case with an X in the Notice Box until the DA 625 is received.

**MI (Mental Illness)** – The codes entered in this field will indicate the date payment can start.

**A** – Client is Mentally Ill. The client may or may not require specialized services. (Review the payment start date field for date payment can begin)

**B** - Client is not mentally ill. Payment can start on the admission date.

**NL2R** –No Level II screening required by DMH at this time. Payment can start on date of admission.

**I** – Client has passed away. Check the screen for a special admission category.

**MR (Mentally Retarded/Developmentally Delay - MR/DD)** - This is the MR determination from DMH for the Level II.

**C** –Client is Mentally Retarded/Developmentally Delayed. The client may or may not require specialized services. (Review the payment start date field for date payment can begin)

**D** - Client is not MR/DD. Payment can start on admission date

**NL2R** – No Level II is required by DMH at this time. The previous screening is still current. Payment can start on date of admission.

**I** – client passed away.

**DMH Denied** – If an X is populated in this field DMH has determined this individual needs specialized care. These specialized services are not provided in a nursing facility so the individual is denied for nursing home payments. The DMH denial overrules a decision made by the State Medical Consultant (COMRU) even though the LOC field is populated. Nursing facility payments should not be made if DMH denies the individual.

**MESSAGES** – There are messages that will occasionally appear at the bottom of the IMNF screen. These messages are informational for FSD staff.

- Pending Possible Level II Screening
- Not eligible for vendor; Facility is inappropriate placement
- Returned to Facility for Correction
- Submitted to SMC: LOC Pending
- Completed: Check Instructions to ensure DA-124 still valid
- Completed; Note payment start date.

Questions concerning the DA-124 information should be directed to the COMRU Unit at (573) 526-8609 or emailed to [Brenda.Seaton@dhss.mo.gov](mailto:Brenda.Seaton@dhss.mo.gov).

3-11-2010