



How to Submit Additional Information Requested for OCL Reviews

Upon submitting a review for any of the OCL programs, you may receive a request for additional information.

When you open the review, you will find it in the queue for Submitted Requests- Additional Information Needed.

Click the “Additional Info” link.

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OCL Requests

New Request Existing Requests Archived Requests

Search Filters

Tracking ID:

Medicaid ID:

First Name:

Last Name:

Submitted Requests - Additional Information Needed

Request #	Child's Name	Date Submitted	Deadline			
xxxxxxxx	Test Client	04/15/2019	05/16/2019	View	Letters	Additional Info

[Incomplete Requests Not Yet Submitted](#)

Requests Submitted For Approval

[Approved Requests](#)

Denied Requests



The details of the request will be in the top box.

The request may require any of the following:

- Submission of additional documents
- Revision of assessment/documentation
- Narrative response

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OCL Request

Tracking ID: XXXXXXX Agency ID: XXXXXXX TEST AGENCY Recipient ID: XXXXXXX TEST, CLIENT

- General Information
- Attach Documents**
- Final Step

Attach Documents

Question:

Requested care needs not supported by assessment/documentation:

- Skilled dressing: ULTC scored '2'. No evidence of skilled transfers or prescription devices/braces. Revise documentation or move to Personal Care (PC)

Additional Info:

Uploaded?	Document Name	
	Add'l info for pended review	Upload



Submitting Additional Documentation

The request may be for documents such as dummy/initial PAR, IHSS/CDASS Calculator, Plan of Care.

To upload documents, click the “Upload” link & follow prompts for direct upload or fax just as original documents were submitted.

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OCL Request

Tracking ID: XXXXXXX Agency ID: XXXXXXX TEST AGENCY Recipient ID: XXXXXXX TEST, CLIENT

- General Information
- Attach Documents**
- Final Step

Attach Documents

Question:

Requested care needs not supported by assessment/documentation:
- Skilled transfer: ULTC scored '2', not total assist. Revise documentation or move to Personal Care (PC)

Additional Info:

Uploaded?	Document Name	
	Add'l info for pended review	<input type="button" value="Upload"/>



Revision of Assessment/Documentation

If documentation in the BUS needs to be revised (i.e. ULTC, IADL), per HCPF Informational Memo HCPF IM 19-025, #12: Ensure assessment documentation supports level of care IAW CO Rule, duration, and frequency requested.

Any changes made to documentation in the BUS is best appended at the end of the previous documentation with date & clarification. For example:

		ADL - Dressing	
- ADL	ADL Scoring Criteria	<input type="radio"/> 0=	The client is independent in completing the activity safely.
~ Bathing		<input type="radio"/> 1=	The client can dress and undress, with or without assistive devices, but may need to be reminded or supervised to do so on some days.
~ Dressing		<input checked="" type="radio"/> 2=	The client needs significant verbal or physical assistance to complete dressing or undressing, within a reasonable amount of time.
~ Toileting		<input type="radio"/> 3=	The client is totally dependent on others for dressing and undressing.
~ Mobility			
~ Transferring			
~ Eating	Due To: (Score must be justified through one or more of the following conditions)		
~ Supervision Behavior	Physical Impairment:		
~ Supervision Memory	<input type="checkbox"/> Amputation		
- Medical	<input type="checkbox"/> Balance Problems		
- Assessment Demographic	<input type="checkbox"/> Bladder Incontinence		
- LOC Certification	<input type="checkbox"/> Bowel Incontinence		
- Verify	<input type="checkbox"/> Decreased Endurance		
Client Information	<input checked="" type="checkbox"/> Fine Motor Impairment		
Transition Assessment & Planning	<input type="checkbox"/> Limited Range of Motion		
Risk Mitigation Plan	<input type="checkbox"/> Muscle Tone		
Assessment - HCA	<input type="checkbox"/> Neurological Impairment		
Case Management	<input type="checkbox"/> Open Wound		
Case Status	<input type="checkbox"/> Oxygen Use		
Critical Incident Reports	<input type="checkbox"/> Pain		
IADL	<input type="checkbox"/> Paralysis		
Log Notes	<input type="checkbox"/> Sensory Impairment		
LTC 803	<input type="checkbox"/> Shortness of Breath		
Program Area	<input type="checkbox"/> Weakness		
Referral	Comments		
Service Plan	XXXX if a 4 yr old boy with YYYY. Dressing occurs with total assist daily.		
Service Plan DD Section	ADDENDUM 15Apr19- Child has AFOs that requires special care to apply & remove during dressing. Dressing takes 20 mins twice daily.		
Administration			
Logout	<input type="checkbox"/> There has been no change in the client's functional level since the last assessment was performed.		
		Supervision	
		<input type="checkbox"/> Behavior Issues	
		<input checked="" type="checkbox"/> Cognitive Impairment	
		<input type="checkbox"/> Difficulty Learning	
		<input checked="" type="checkbox"/> Lack of Awareness	
		<input type="checkbox"/> Memory Impairment	
		<input checked="" type="checkbox"/> Seizures	
		Mental Health	
		<input type="checkbox"/> Delusional	
		<input type="checkbox"/> Hallucinations	
		<input type="checkbox"/> Lack of Motivation/Apathy	
		<input type="checkbox"/> Paranoia	



Narrative Response

When ANY information is returned, please summarize the changes to ensure the nurse reviewer considers the new information when making a determination.

Then click “Next”

OCL Request

General Information
Attach Documents
Final Step

Attach Documents

Question:

Requested care needs not supported by assessment/documentation:
- Skilled dressing: ULTC scored '2'. No evidence of skilled transfers or prescription devices/braces. Revise documentation or move to Personal Care (PC)

Additional Info:

ULTC-Dressing revised to document AFOs.

Uploaded?	Document Name	Upload
	Add'l info for pended review	Upload

Back Next



Be sure to click “Submit” in Final Step.

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OCL Request

Final Step

I certify that the information entered and attached is accurate and complete to the best of my knowledge.

SIGNATURE

Sophia S. Akrami 04/02/2019
Date

Submit Request **Close**

What to Expect Next

You should receive an email notifying that a final determination has been made as follows:

- CES/CHCBS: 10 business days
- OCC: 4 business day

If you receive an approval, save the approval letter for your records.

If you receive a denial & believe that there is additional information that was not considered in the review, please resubmit a new review with all information to consider.

If you receive a denial & believe that you submitted all information for consideration, initiate the denial/803 process.