Lesson 3
Community to Hospital to NF

Last week, we covered information for admissions to Medicaid certified Nursing Homes directly from the community. The lesson for this week will cover admissions for individuals that are residing in the community (again, remember our definition for the community from last week. The person is living anywhere in Ohio, except in a Medicaid certified NF). They go to the hospital from the community and then enter a Medicaid certified NF from the hospital. We will distinguish what is considered to be an actual hospitalization (According to PASRR) and what is not and what is required for each instance.

We will discuss whether a Preadmission Screening must be requested or if the person is eligible for a 7000 Hospital Exemption.

Criteria for the Hospital Exemption are;
1. The person must be Admitted from the community to An Inpatient Hospitalization (Again must be an inpatient admission, it does not count for those individuals who are in a hospital emergency room, clinical decision unit or only in observation status at the hospital)
2. The person cannot be in a hospital psychiatric unit or a state psychiatric hospital.
3. The person cannot have had an adverse PAS within the past 60 days.
4. The person must be discharged from the inpatient hospital setting directly to A Medicaid Certified Nursing Facility.
5. Also, the 7000 Hospital Exemption must be completed and submitted in HENS by the date of discharge. If it is completed after the date of discharge then it would be considered invalid according to the PAS rules.

If these points are not followed, then a Preadmission Screening must be requested from Preadmission Review for the person and a 7000 Hospital Exemption would not be allowed for the person. You will notice that the Ohio Administrative Code Rule which is quoted below, (especially 2 b) The individual's attending physician provides written certification that is signed and dated no later than the date of discharge from the hospital, that the individual is likely to require the level of services provided by a nursing facility for less than thirty days. We have pointed this out to the Ohio Department of Health and Human Services that HENS allows someone to back date a 7000 form but it is still possible to complete it after the fact.

Directly from the Ohio Administrative Code Rule-
5122-21-03 Pre-admission screening and resident review (PASRR) for nursing facility applicants and residents with serious mental illness.

(H)
(1) The following individuals are eligible for a hospital exemption:
   (a) The individual will be admitted to a nursing facility directly from an Ohio hospital or a unit of a hospital that is not operated by or licensed by OhioMHAS under section 5119.14 or section 5119.33 of the Revised Code, after receiving acute inpatient care at that hospital; or
   (b) The individual is an Ohio resident who will be admitted to a nursing facility directly from an out-of-state hospital that is not an out-of-state psychiatric hospital or psychiatric unit within an out-of-state hospital, after receiving acute inpatient care at that hospital.

(2) Individuals, as described in paragraph (H)(1) of this rule are eligible for a hospital exemption when:
   (a) The individual requires the level of services provided by a nursing facility for the condition for which he or she was treated in the hospital; and
   (b) The individual's attending physician provides written certification that is signed and dated no later than the date of discharge from the hospital, that the individual is likely to require the level of services provided by a nursing facility for less than thirty days.

If the person is actually admitted to the hospital as an inpatient and the individual's anticipated length of stay in the NF will be 30 days or greater, then a Preadmission Screening should be requested and issued. The review results page will be issued by Preadmission Review and looks similar to this [http://www.longtermcareohio.com/downloads/Sample_PAS_Result_Page.pdf](http://www.longtermcareohio.com/downloads/Sample_PAS_Result_Page.pdf).

If the individual's anticipated length of stay is expected to be less than 30 days in the NF and all the rules above are followed, a 7000 Hospital Exemption [http://www.longtermcareohio.com/downloads/7000.pdf](http://www.longtermcareohio.com/downloads/7000.pdf) can be completed for the admission.

When we mention an 'Adverse determination' it basically means that a person was screened for a PAS or Resident Review within the past 60 days and mental health and/or MR/DD decided that the person did not meet the criteria to either be admitted to a Medicaid certified nursing facility or stay in a Medicaid certified nursing facility. If you
have any questions on this, please forward to Dominic and we will address them with you. dominicjohnson19@gmail.com

We want to make it clear that when a person is in the community and they go to the hospital, **Either a PAS result or a 7000 would be required for admission to a Medicaid certified NF, but not both.**

Before we get into the lesson, we want to review some ground rules about the 7000 form. After information on the 7000, there will be a short discussion on HENS (Hospital Exemption Notification System).

* As of September 29, 2013 an individual who is discharged from a state psychiatric or hospital psychiatric unit cannot have a 7000 issued. The person must apply for a Preadmission Screening.

*If the individual is admitted to a Medicaid certified NF without a 7000 in HENS, then Pre-Admission Screening is required and the local Preadmission Review (PAR) Agency needs to issue a Review Results letter for the NF on the day of admission. This is accomplished by faxing the 9 page 3622 and medical information to PAR or completing a PAS in the HENS system. If not, the NF could be in jeopardy of losing Medicaid payment for an individual.

*Only the discharging hospital can complete the 7000 in HENS. This form should be completed prior by the date of the NF admission. It cannot be completed after the date of admission to the NF.

*As of April 1, 2015 the discharging hospital must use the HENS system for a 7000 form. A paper form is no longer acceptable.

*The NF is responsible for making sure the 7000 is in HENS.

*The NF is responsible for maintaining a copy of the 7000 on the resident’s file according to Ohio Administrative Code rules.

- If a 7000 form is completed in HENS and the individual is not discharged directly to a Medicaid certified NF from the hospital, (examples- goes home, goes to another hospital)- this invalidates the 7000. See the highlighted rule indicated above.
If the individual was admitted to the NF prior to 2/01/10, the following documentation could have been used instead of the 7000 form: Documentation signed and dated by a physician, no later than the date of the hospital discharge, that the resident will stay at the NF for "less than 30 days for a convalescent stay."

- **HENS (Hospital Exemption Notification System)**

  As indicated, HENS stands for Hospital Exemption Notification System. It is a web-based system for submitting the ODJFS Form 7000 electronically. When a hospital completes and submits the 7000 form, the NF and the local Preadmission Review (PAR) agency receive it in the HENS system. If there are indications of a serious mental illness or MR/DD condition, the HENS system sends the 7000 directly to the state board(s). The system became available 11/1/11. For those interested in various tutorials on this system, you can view them at [https://www.hens.age.ohio.gov/Tutorials.aspx](https://www.hens.age.ohio.gov/Tutorials.aspx).

**Scenarios for Lesson 3**

*Admissions from the Community to the Hospital to an Ohio Medicaid Certified NF*

When we mention Medicaid, it is only for the state Medicaid program, *if a person is on a Medicaid HMO or the My Care Ohio Program, then a LOC is not issued but you must receive a Pre-Authorization from the HMO for payment.*

*Community to Hospital to NF-Medicaid Payment >30 stay in NF*

1. NF must obtain a PAS and a LOC from the hospital prior to admission to guarantee Medicaid payment.

2. The hospital will submit a PASARR screen- and a 3697 form or equal to Preadmission Review.

3. The transfer form must include the individual’s diagnoses, medications, ADL’s (Activities of daily living) which include oral care, bathing, dressing, grooming, toileting, transfers, ambulation, medication administration and behavioral status) and individual’s demographics (which includes community address, social security number, Medicaid #, etc). There are several different hospital transfer forms throughout the state. An example of a hospital transfer form can be seen at [http://www.longtermcareohio.com/downloads/Transfer%20Form.pdf](http://www.longtermcareohio.com/downloads/Transfer%20Form.pdf).
4. This medical documentation must include a physician certification for the need for inpatient NF services. The certification looks like this:

   Attending Physician Certification: I certify that I have reviewed the information contained herein, and the information is a true and accurate reflection of the individual’s condition. I certify that the level of care recommended is required at the time of requested vendor payment change. (Please check one below)
   
   _____Skilled _____Intermediate _____Intermediate/Mental Retardation-Developmental Disabilities _____Protective _________None

   Physician Signature ______________________________ Date______________________

This statement is listed at the bottom of page 1 of the ODJFS 3697. A LOC (level of care) must be specified (either SLOC- Skilled level of Care or ILOC- Intermediate level of Care). For a LOC, the certification must be signed by a physician (either MD or DO) only.

5. The NF must wait for review results from Preadmission Review with a PAS and LOC before admitting the individual.

6. If the PASRR triggers for mental illness or MR/DD, the Preadmission Review must wait for an approval from the state authority before issuing the PAS and LOC. In any case, the NF should not admit the individual until receiving all the necessary paperwork.

   Community to Hospital to NF- Non Medicaid payment>30 day anticipated stay

   The NF must obtain a PAS result from Preadmission Review prior to admission. The hospital will need to forward the PASRR screen and supporting documentation with medication and diagnoses confirmed by a physician within the last 180 days to Preadmission Review. Preadmission Review will complete a PAS Result. If the PASRR triggers for mental illness or MR/DD, the paperwork will be forwarded to the proper agency for further review and the NF must wait for an approval before admitting the individual. Also, Preadmission Review requires the information completed in section F of the PASRR screen. ** If the individual is admitted to the NF from the hospital without obtaining a PAS result from Preadmission Review, the NF must fax the medical information (Such as a signed/dated history and physical is needed (or equal documentation with diagnoses/medications which is signed/dated by physician or verified with physician within the past 180 days (e.g. verbal order obtained from Dr. Smith/Susie Jones, LSW, 1/5/16) with a PASRR screen to Preadmission Review as soon as the NF realizes it was not done. Preadmission review will complete the PAS result. Again, if the individual triggers for Mental Illness or MR/DD, the paperwork will have to be faxed for further review (ies).
Community to Hospital to NF-Medicaid <30 Day anticipated stay

1. The 7000 Hospital Exemption form needs to be entirely completed. The Hospital Discharge planner must fax the completed 7000 form to the receiving NF as well as to Preadmission Review or complete the form in HENS.

2. Physician (Currently MD or DO only) must sign/date.

3. The individual must be admitted directly from the hospital after receiving inpatient care from the hospital (which means the individual cannot have a valid hospital exemption from the hospital emergency room, from their own home, etc.).

   **The person cannot be in a hospital psychiatric unit or a state psychiatric hospital.**

   **The person cannot have had an adverse PAS within the past 60 days.**

4. The person must be discharged directly from the hospital to a Medicaid certified NF. If they make a stop at home or go to another hospital, etc., than the hospital exemption and the level of care would be invalidated.

5. If the individual is still residing in the NF on the 29th day after admission to the NF, the NF must complete a PASRR screen (RR/ID) by the 29th day after the date of admission to the NF and code it 3- expired time limit for Hospital Exemption and then check one of the boxes a or b. and follow the specific instructions for b. The screen should be kept with the Hospital Exemption on the resident’s chart. It is not necessary for the NF to report expired time limit information to Preadmission Review for individuals admitted to NF under Medicaid payment.

6. If the 3622 triggers for mental illness and/or MR/DD, the 3622 needs to be forwarded to the appropriate state authority by the 29th day after the date of admission with current medical information and the 7000 hospital exemption form.

7. Fax for Ohio Mental Health Authority is 1-(844) 285-9764. Phone for Ohio Mental Health Authority is 1-(884) 723-9764 –Fax for DODD is (614) 995-4877. Phone for DODD is 1-614-728-0183.

8. The transfer form must include the individual’s diagnoses, medications, ADL’s (Activities of daily living) which include oral care, bathing, dressing, grooming, toileting, transfers, ambulation, medication administration and behavioral status) and individual’s demographics (which includes community address, social security number, Medicaid #, etc). An example of a hospital transfer form can be seen at
9. This medical documentation must include a physician certification for the need for inpatient NF services. The certification looks like this:

   Attending Physician Certification: I certify that I have reviewed the information contained herein, and the information is a true and accurate reflection of the individual’s condition. I certify that the level of care recommended is required at the time of requested vendor payment change. (Please check one below)
   ______Skilled ______Intermediate ______Intermediate/Mental Retardation-Developmental Disabilities ______Protective ________None

   Physician Signature ______________________________ Date______________

This statement is listed at the bottom of page 1 of the ODJFS 3697. A LOC (level of care) must be specified (either SLOC- Skilled level of Care or ILOC- Intermediate level of Care). For a LOC, the certification must be signed by a physician (either MD or DO) only.

10. The NF must wait for review results from Preadmission Review with a PAS and LOC before admitting the individual.

   Community to Hospital to NF-Non Medicaid- <30 day anticipated length of stay

   Follow all the rules for Medicaid admission of <30 days length of stay, except.

   1. Neither a LOC nor a PAS is needed for admission (However, it is extremely important that a 7000 Hospital Exemption Form is completed correctly. A verbal order by a nurse social worker, etc. is not allowed to validate a 7000 Hospital Exemption- It must be validated by an MD or DO only). Again, if a person is in a state psychiatric hospital or hospital psychiatric unit a 7000 cannot be used. A PAS result must be requested.

   2. If the individual is still residing in the NF on the 29th day after the date of admission, the PASRR screen needs to be completed by the NF on or before the 29th day after the date of admission (coded 3). The person completing must select between options a and b and follow directions as specified.

   3. The 3622 must either be forwarded for further review if needed or, from OAC 5101:3-3-15.2 (C)(4) For individuals determined to have no indications of either MRDD or SMI, the NF shall place and maintain the JFS 03622 and all supporting evidence in the resident's record at the facility.
4. If the 3622 triggers for mental health and/or MR/DD, the screen must be forwarded to the proper state authority with current medical information. Fax for Ohio Mental Health Authority is 1-(844) 285-9764. Phone for Ohio Mental Health Authority is 1-(884) 723-7816 Fax for DODD is (614) 995-4877. Phone for DODD is 614-728-0183.

5. If the person remains in the facility and eventually needs Medicaid to pay for their stay, you would forward the 7000 Hospital Exemption Form, PASRR screen, further review information (if applicable) and other forms necessary for a change of vendor.

Q&A for Lesson 3

1. Question: Must a person be admitted to a hospital to obtain a Hospital Exemption (Formerly Convalescent Stay) to a Medicaid certified NF or can a Hospital Exemption be certified for an admission to a NF from a hospital emergency room?

Answer: An individual must actually be admitted as an inpatient to a hospital to use a valid 7000 Hospital Exemption. A person who is just in an emergency room, clinical decision unit, hospital observation or a hospital psychiatric unit cannot have a 7000 Hospital Exemption to enter a NF.

2. Question: Can a RN (Registered Nurse), CNP (Certified Nurse Practitioner), or PA (Physician Assistant) sign for a Hospital Exemption?

Answer: No, Only a physician (MD or DO) can certify a Hospital Exemption.

3. Question: Can a physician sign a Hospital Exemption Form the day after an individual is admitted to a Medicaid certified NF?

Answer: No, the date of the physician signature for the Hospital Exemption form cannot be any later than the date of discharge to the NF.

4. Question: A person is admitted for an inpatient hospital stay from the community. A Hospital Exemption is completed. The person is discharged to home instead of a NF. After a few days, the individual would like to be admitted to a NF. Can the person be admitted to a Medicaid certified NF with this Hospital Exemption?

Answer: No, according to the OAC rules, the individual must be discharged directly to a Medicaid certified NF from the hospital. If they go home or go to another hospital, it invalidates the Hospital Exemption.
5. Question: I am an admission coordinator at a Medicaid certified nursing facility, I admit someone from the hospital without a PAS or valid hospital exemption (Prior to hospitalization the individual was living in their apartment). The person's payment source is Medicare. What do I do?

Answer: You should fax the hospital transfer form to Preadmission Review with a PASRR screen so they can issue a PAS. If the hospital transfer form is not complete with diagnoses and medications or signed/dated, etc., you can forward a current history and physical or physician orders page with diagnoses and medications (at least one that has been completed in the last 180 days). **Remember, you cannot accept a 7000 hospital exemption form that is completed and dated after the date of admission to the NF.**

6. Question: I am an admissions coordinator at a Medicaid certified NF. I admit someone from the hospital with a PAS that was obtained from Preadmission Review. The payment source was supposed to be Medicare, but it is later discovered that Medicare denied payment. A LOC is now needed. How can I obtain a LOC?

Answer: You can submit the hospital transfer form to Preadmission Review as that would have been the paperwork used to obtain a LOC when the PAS was received. If more information is needed, your Preadmission review worker will let you know.

7. Question: As a hospital discharge planner, when I discharge someone to a Medicaid certified NF under a Hospital Exemption (No matter what the payment source is) must I complete this form in HENS

Answer: Yes, the 7000 form must be completed in HENS. You can no longer complete a paper request for a 7000.

8. Question: As a hospital discharge planner, when a I discharge someone to a Medicaid certified NF under a Hospital Exemption and I submit the 7000 form in the HENS system, do I need to wait for a response from Preadmission Review prior to discharging the person to a Medicaid certified NF?

Answer: If the person is being discharged to the NF under a Hospital Exemption under Non Medicaid payment, you do not have to wait for anything from Preadmission Review because they will not provide anything. However, if the individual is being discharged to the NF under a Hospital Exemption under Medicaid payment, you should submit proper paperwork for a LOC wait for a LOC from Preadmission Review prior to discharging the individual to the NF.
9. Question: Does an individual being discharged from a hospital to a Medicaid certified NF ever require both the 7000 Hospital Exemption form and a PAS Result completed by Preadmission Review?

Answer: No, it is either one or the other. If the person is going to the NF under a Hospital exemption, only the 7000 form needs to be completed by the hospital and it needs to be forwarded to the NF and Preadmission Review. If the person is being discharged to a Medicaid certified NF under a length of stay which is greater than 30 days, then a PASRR screen needs to be completed and a PAS result needs to be obtained by Preadmission Review prior to discharge to the Medicaid certified NF.

10. Question: Is it possible to obtain a LOC when a 7000 form is completed by a hospital for a NF admission?

Answer: Yes, the hospital transfer form must be submitted with the 7000 form to Preadmission Review. An example of hospital transfer form is available at http://www.longtermcareohio.com/downloads/scan0001.pdf

11. Question: There is an individual who is a resident of another state. During a visit to relatives in Ohio, he suffers a CVA and is admitted to a local hospital. Can he be placed in an Ohio NF under a 7000 Hospital Exemption?

Answer: As of the writing of this answer, he is allowed to be admitted to an Ohio NF under a Hospital Exemption.

12. Question: A person is admitted to the hospital from a Medicaid certified NF. Can a 7000 hospital exemption form can be completed for the person to transfer from the hospital to another Medicaid certified NF?

Answer: No, the 7000 can only be completed for a person who is admitted to the hospital from the community. If the person is admitted to the hospital from a Medicaid certified NF, a 7000 Hospital Exemption cannot be completed for a return to the same NF or transfer to a different NF. The original NF should already have PASRR paperwork on record.

13. Question: I am a hospital discharge planner. I have a patient who was admitted from the community. She has MR (Mental Retardation). She will be discharged to a Medicaid certified NF under Medicare. She has Medicaid as a secondary payment. A Hospital
Exemption form has been completed. Do I need a LOC for her?

Answer: No, since she will be discharged under Medicare as her primary payer source, a LOC is not needed.

14. Question: Is there a time limit on the 7000? For example, the physician signs/dates the form on 5/15/16 but the person is still in the hospital on 5/30/16? Is it still valid and can it be used for NF admission?

Answer: Yes, the form would still be valid. The state has not provided a time limit for usage of the 7000 form.

15. Question: I am a hospital discharge planner. A patient is admitted to the hospital from her home after a CVA. She will be discharged to a Medicaid certified NF under Medicare. Does she need a 7000 Hospital Exemption form?

Answer: If the physician indicates that her intended length of stay is 30 days or less and a 7000 form is completed in HENS, then the 7000 can be used for a PAS requirement. However, if the physician believes that the intended length of stay in a NF will be greater than 30 days, then a PASRR screen (ODJFS 3622) should be completed and a PAS should be requested from Preadmission Review.

16. Question: An individual is residing in her apartment. She suffers a stroke and is admitted to the hospital. When she is ready to be discharged, she needs therapy in a NF. The hospital exemption form is completed correctly. Medicaid is the payment source. The paperwork is submitted to PAR (Preadmission Review). A LOC is issued. However, just before discharge she suffers complications and is transferred to a different hospital. Can the LOC that was issued be used to transfer to a Medicaid certified NF from the new hospital?

Answer: No, since she was not discharged directly to a Medicaid certified NF, it invalidates the hospital exemption. If the person is still going to be discharged under Medicaid payment to a Medicaid certified NF, a new LOC will need to be issued from the current hospital. Also, either a new Hospital Exemption can be completed or if the intended length of stay changes to >30 days, a PAS will need to be issued prior to admission to a Medicaid certified NF.

17. Question: I am a hospital discharge planner. I have an individual who was admitted to the hospital from a Medicaid certified NF. This individual will either end up being discharged back to the same NF or go to a different Medicaid
certified NF. Can I complete a 7000 for this discharge?

Answer: No, since the person was admitted to the Hospital from a Medicaid certified NF, a 7000 cannot be completed. The 7000 can only be completed for a person that was residing in a community setting prior to the hospitalization.

Post Test Questions Lesson 3

1. As of April 1, 2015 the discharging hospital must use the HENS system for a 7000 form. A paper form is no longer acceptable.- True/False

2. A RN (Registered Nurse) can sign for a Hospital Exemption for admission to a Medicaid certified nursing facility- True/False

3. A person is admitted to a Medicaid certified NF from a hospital inpatient admission. The 7000 was not completed in HENS and a PAS was not requested in HENS or issued by Preadmission Review. The hospital completes a 7000 form the day after the person is admitted to the NF. This is an acceptable PAS requirement for the person- True/False

4. A 7000 form can be issued for an admission to a Medicaid certified NF for an individual who is in observation status at the hospital- True/False

5. A 7000 Hospital Exemption form can be completed for an individual who was admitted to the hospital from a Medicaid certified NF and the person is either going back to the same NF or a different NF- True/False

6. For a Community to Hospital to NF situation, a 7000 Hospital Exemption or a PAS result would be needed for admission to a Medicaid certified NF but not both- True/False

7. If a resident is admitted to a Medicaid certified NF from the hospital, the NF is responsible for maintaining a copy of the 7000 form on the resident's chart- True/False

8. HENS stands for Hospital Exempt Needs Standard- True/False

9. Previous to 2/1/2010 the NF could admit a resident with a Hospital Transfer form that the physician (MD or DO) signed and dated. It was marked that the intended length of stay was less than 30 days. This was called a convalescent stay and was a PAS requirement prior to the current 7000 hospital exemption form- True/False
10. If a person is required to have 6 weeks of IV antibiotics in a NF, it is appropriate to have a 7000 issued for admission to the NF- True/False