Foreword

The purpose of this publication is to provide real life, day-to-day examples of how the Ohio PASRR & LOC process is implemented.

As you may be aware, the Ohio PASRR & LOC rules are located in the Ohio Administrative Code (OAC). However, the way the rules are presented, it is often difficult to locate an answer to a specific question in a timely manner regarding a Medicaid certified NF placement issue.

Over the years, the Professionals who are involved in the day to day operations of www.longtermcareohio.com, Ltd., have received numerous questions on the PASRR & LOC process. The questions have been answered but they have also been archived so they could be published in this manual.

As we all know, Time is important-

With increased pressure on;
- Hospitals to discharge patients due to insurance constraints,
- Nursing facilities due to Census and Medicaid payment issues, and
- Families due to emergency and caregiver uncertainties

Everyone needs to locate the answers to the questions in a quick and efficient manner.

We hope this manual accomplishes that goal. If not, you can always email us at ltcoho@att.net and we would be happy to assist you at any time.

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Chapter 1. General Q&A on PASRR & LOC

1. Question: What is the purpose of PASRR?

Answer: The purpose of PASRR is to identify nursing facility applicants with serious mental illness and/or mental retardation or a related condition so as to ensure that a nursing facility is the most appropriate placement to meet the person's identified needs.

2. Question: What does PASRR stand for and from what did it originate from?

Answer: PASRR stands for Preadmission Screening/Resident Review. PASRR is the process by which Preadmission Review screens individual applicants for indications of serious mental illness and/or mental retardation or developmental disabilities prior to admission to Medicaid certified NF’s (Nursing Facilities). It is required for all admissions to Medicaid certified NF’s regardless of the individual’s payment source. PASRR is a federal mandate from the OBRA 1987 nursing home reform act. Every state must implement the PASRR process. The law specifies that as of 1/1/1989, NF’s must not admit any individual who triggers the PASRR screen (also known as ODJFS 3622) for mental illness and/or mental retardation/developmental disorder without an approval from the appropriate state authorities. For an individual who triggers for both severe mental illnesses (SMI) and MR/DD, each state authority (ODMH & ODMR/DD) must agree on the outcome.


Answer: a. “PAS/ID” means Preadmission Screening Identification and refers to that part of Preadmission Screening and Resident Review (PASRR) process mandated by section 1919 (e) (7) of the Social Security Act, as amended, which must be met prior to any new admission to a NF (as specified in rule 5101:3-3-15.1 of the Ohio Administrative Code). The PASRR screen is also known as a (ODJFS 3622).

b. In Ohio, anyone can complete and submit a PASRR screen to Preadmission Review.

c. Who requires a PAS? From OAC 5101:3-3-15.1 (NF= Medicaid certified
1. Individual who is not a resident of an Ohio NF immediately preceding current request for an admission to a Medicaid certified NF.

2. Individual who is being admitted directly from a community setting such as a home, apartment, assisted living facility, Non Medicaid NF, Hospital emergency room to a Medicaid certified NF.

3. Individual who is being admitted to a Medicaid certified NF from a hospital and was in the community prior to hospital stay.

4. A former NF resident who was discharged to home and is now seeking a new admission to the NF.

5. An individual being admitted directly from another state to an Ohio NF (Unless that individual is an Ohio resident and is admitted from an out of state hospital with a valid Hospital Exemption).

6. A NF resident who has used their 30 bed hold days for the year and is in the community on a leave from the NF.

8. An individual who is receiving PASSPORT home care and is seeking admission to a Medicaid certified NF.

9. A resident of an ICF/MR facility who is seeking NF admission.

d. “RR” means Resident Review and refers to that part of Pre-Admission Screening and Resident Review process mandated by section 1919 (e)(7) of the Social Security Act, as amended, which must be met in order to retain NF residents (see codes 3-7 in section B of the 3622) (as specified in rule 5101:3-3-15.2 of the Ohio Administrative Code).

e. Under the new Resident Review rules many entities may initiate a Resident Review (NF, Hospital, Preadmission Review, ODMH, DODD, etc). However, normally the NF initiates the Resident Review by completing the “PASRR Identification Screen” (ODJFS 3622).

4. Question: Name examples of when a RR/ID (Resident Review Identification) is completed.

Answer: Per the OAC Resident Review Rules, The NF must initiate the RR/ID by completing the “PASRR Identification Screen” (ODJFS 3622) within 72 hours of identification of the individual’s significant change in condition and no later than the expiration for the categorical determination (such as the expired hospital exemption, the expired respite stay, or
expired emergency stay- and with the new 12/1/09 rules anytime a NF resident enters a hospital psychiatric unit). The previous rules indicated that a NF had 30 days to complete a PASRR screen if the individual was admitted from another Medicaid certified NF without a PAS Requirement. The new rules indicate that the NF should complete it as soon as it is realized that the person was admitted from the previous NF without a PAS requirement (As indicated in 5101:3-3-15.2 (C)(b)). For those individuals specified in paragraph (B)(2) of this rule, as soon as the NF finds that no PASRR records are available from the previous NF placement. If the screen triggers for mental illness or MR/DD it should be forwarded to the appropriate state authority(ies).

5. Question: What is the difference between an Admission and a Readmission to a Medicaid certified NF?

Answer: For an Admission, an individual was not residing in a Medicaid certified NF prior to admission. The individual was living in their home, assisted living, or other community residence. This individual requires a PAS. From 5101:3-3-14(17) 'New admission' means: (a) The admission, to an Ohio medicaid certified NF, of an individual who was not a resident of any Ohio medicaid certified NF immediately preceding the current NF admission nor immediately preceding a hospital stay from which the individual is to be admitted directly to a NF (this includes individuals with no previous NF admissions; individuals admitted from other states, regardless of type of prior residence; and individuals with prior Ohio NF admissions who had been discharged from an Ohio NF and did not have either an intervening hospital or other NF stay immediately preceding the current NF admission); and/or

(b) The admission, with or without an intervening hospital stay, to an Ohio medicaid certified NF, of an individual discharged, returning to the same NF or transferred from an Ohio medicaid certified NF subsequent to an adverse PAS or RR determination or following an overruled appeal of an adverse PAS or RR determination immediately preceding the current NF admission; and/or

(c) For PASRR purposes only and effective on the date the facility submits its application packet for medicaid certification to ODJFS, individuals 5101:3-3-14 seeking admission to, or are currently residing in, a facility that is in the process of obtaining its initial medicaid certification by Ohio department of health (ODH) and that facility and its residents were not subject to PASRR requirements preceding the submission of this
application for medicaid certification. This does not include facilities that have already received medicaid NF certification and are undergoing a change of operator; and/or (d) With the exception of those circumstances specified in paragraphs (B)(17)(a) to (B)(17)(c) of this rule, NF transfers and readmissions as defined in paragraphs (B)(19) and (B)(25) of this rule are not considered to be new admissions for the purposes of this rule.

For a Readmission, an individual was residing in a Medicaid certified NF and is returning to a Medicaid certified NF (e.g. The individual was residing in a Medicaid certified NF and is admitted to the hospital from the NF. The person either returns to the same NF or goes to a different Medicaid certified NF). This individual should already have a PAS requirement.

6. Question: Is a PAS needed for a Readmission to a Medicaid certified NF?

Answer: As indicated in the previous question, a person that is readmitted to a NF should already have a PAS requirement. However, if the individual does not have a PAS requirement, something will need to be done to remedy this. You will need to speak with someone in Preadmission Review to see how to clarify the PAS requirement for the individual.

7. Question: How often can an individual go back and forth from the NF to the hospital (without being discharged to the community) before the PASRR expires?

Answer: If a PAS is issued for an individual, and that individual is admitted to a Medicaid certified NF, the PAS is effective as long as the individual continues to reside in a Medicaid certified NF. According to the PASRR rules, a person cannot be discharged to the hospital from a NF. However, if a NF resident enters a hospital psychiatric unit, the NF must complete a new PASRR screen within 72 hours of the admission. It should be coded 7-Significant change in condition. If it triggers for mental illness, it should be forwarded to Ascend -the fax is 1-866-299-0029. You need to let them know where the resident is at the time.

8. Question: What is the name of the department that issues the PAS/LOC determinations? How many different agencies are responsible for administering the PASRR process in Ohio?

A: The department that issues the PAS/LOC is called Preadmission Review. There are 12 Preadmission review sites in Ohio. Each serves specific counties in Ohio and can be found at [http://ohioaging.org/](http://ohioaging.org/).

9. Question: An individual is in a hospital in Cuyahoga County. He/she will...
be discharged to a NF in Guernsey County which closer to relatives. What county does the hospital submit the paperwork to obtain a PAS/LOC from Preadmission Review?

Answer: The paperwork is always submitted to the Preadmission Review site where the individual is currently located. Since the individual is in a hospital in Cuyahoga County, the paperwork should be forwarded to the Preadmission Review site which covers Cuyahoga County.

10. Question: What is a LOC? Can a LOC be issued for an individual prior to a PAS requirement being established for the individual?

Answer: Level of Care (LOC)- A level of care is a designation that is issued for an individual whose primary payer source is Medicaid. The criteria that go into issuing a LOC are based on an individual's physical and/or cognitive impairment. In order for Medicaid to pay for an individual to reside in a NF, the individual must meet at least Intermediate level of care (ILOC).

Any PASRR requirements must be met before a level of care determination can be issued for an individual seeking Medicaid as their primary payment source.

11. Question: An individual is residing in an Assisted Living Facility. She needs to be admitted to a Medicaid certified NF under private pay. Is a PAS required for admission?

Answer: Yes, a PAS is always required for an admission to a Medicaid certified NF from the community. An assisted living facility is considered to be the community.

12. Question: Is a PAS required for an individual who is being admitted to a Medicaid certified Nursing Home from the community under Medicare or Hospice?

Answer: Yes, again. A PAS is always required for an admission to a Medicaid certified NF from the community. It doesn't matter what the payment source is upon admission.

13. Question: An individual was residing in a Medicaid certified NF. She is discharged to home to live with her husband. Her husband becomes ill and is hospitalized. She cannot live alone and there are no other caregivers. She needs to be admitted back to the Medicaid certified nursing home? Does she need another PAS?

Answer: Yes, once an individual is discharged to the community, a new
PAS would need to be issued for admission to the NF.

14. Question: Is PASRR administered only in Ohio or does every state need to follow PASRR rules?
Answer: The PASRR process is administered in some fashion in every state.

15. Question: Is a PAS required for admission to a Non Medicaid Nursing Home or an Assisted Living Facility in Ohio?
Answer: A PAS is not required for admission to a Non Medicaid NF or an Assisted Living facility.

16. Question: What should a Medicaid certified Nursing Facility do if it admits someone without a PAS?
Answer: If a Medicaid certified NF admits an individual without a PAS requirement, the NF should contact their Preadmission Review ASAP to find out how a PAS requirement can be obtained. We will discuss this in later questions.

17. Question: If a PAS is issued 3 months ago and the individual has not been admitted to a Medicaid certified Nursing Home as yet, can the PAS be used for admission to the NF?
Answer: Yes-As of 12/1/09, the new rules specify that if a PAS is issued for an individual and that individual does not go directly into a Medicaid certified NF, it will be effective for 180 days. A PAS issued for an emergency admission from ODMH and/or DODD will be effective for 24 hours. A PAS issued from ODMH and/or DODD for a respite admission will be effective for 60 days.

18. Question: Is a PAS required for an individual applying for the PASSPORT home care program?
Answer: No, as of 11/09 an individual who is looking for enrollment in the PASSPORT Home Care Program will no longer need a PAS.

19. Question: If I fax paperwork to Preadmission Review for a PAS on a Friday and they are not able to process my request until Monday, will the PAS be effective on Friday?
Answer: As long as there is enough information to issue the PAS (signed/dated medical information and correctly completed PASRR screen) and the paperwork does not need further review for mental illness or MR/DD, the PAS should be able to be issued back to Friday.
20. Question: I am a hospital discharge planner. Do I need to complete a PASRR screen or a 7000 Hospital Exemption form for someone who is being discharged to a NonMedicaid certified NF or an ICF/MR facility?

Answer: No, the 7000 Hospital Exemption Form and 3622 –PASRR Screen only need to be completed for individuals who are being admitted to Medicaid certified Nursing Facilities.

21. Question: Can a 7000 Hospital Exemption form be completed for an individual who is being discharged from a Psychiatric State Hospital?

Answer: No, a 7000 Hospital Exemption cannot be completed for an individual being discharged from a Psychiatric State Hospital. A PAS-3622 form must be requested for an individual who is being discharged from this type of hospital to a Medicaid certified NF. For a list of Ohio Psychiatric State Hospitals go to http://www.mh.state.oh.us/what-we-do/provide/hospital-services/regional-psychiatric-hospitals/index.shtml

22. Question: If an individual has previously been “ruled out” for MR by DODD (Department of Developmental Disabilities), does he have to go through the further review process again?

Answer: No, from OAC 5101:3-3-15.1 (4) (e) Any individual twenty-two years of age or older, who has previously been determined by DODD to be ruled out from PAS as defined in paragraph(B)(31) of rule 5101:3-3-14 of the Administrative Code is not subject to further review.

23. Question: With the new PASRR rules, does it really matter what the length of stay is indicated on the hospital transfer form anymore?

Answer: No, with the new PASRR rules that began 12/1/09, it really doesn’t matter what length of stay is checked on the transfer form. If a 7000 Hospital Exemption form is completed for a new NF admission than the 3622 PASRR screen does not have to be completed for the individual to be admitted to the NF. If the 7000 form is not completed, a PAS must be requested from Preadmission Review prior to the admission.

24. Question: I work at a Medicaid certified NF. I recently had a resident
who was admitted from the community. A PAS and LOC were issued for the admission (No further review for mental illness or MR/DD was needed). The stay was intended to be for a short term respite but it now appears that the resident will stay long term. Do I need to get anything else regarding a PAS or LOC since she will stay long term?

Answer: No, a new PASRR will not need to be completed as long as she continues to reside at the NF and there are no significant changes in condition (e.g. admitted to a hospital psychiatric unit or diagnosed with a mental health disorder or MR/DD condition that previously was not in the record). A new LOC will not need to be issued as long as she does not run out of bed hold days in the future.

25. Question: Is there any circumstance you can think of when a NF resident who is readmitted to the hospital could be issued a 7000 Hospital Exemption Form?

Answer: There is no circumstance that we can think of that a 7000 Hospital Exemption can be completed for a person who is already a NF resident. However, an obscure situation when a NF resident who is out bed hold days for the year is out in the community on a therapeutic leave with family becomes ill and is hospitalized could have a 7000 form completed. In this circumstance, the individual technically is not a NF resident as a new PAS requirement is needed prior to returning to the NF.

26. Question: I am a social worker at a Medicaid certified NF. We receive a resident who transferred from another Medicaid certified NF. We received a valid Hospital Exemption 7000 form and the PASRR screen that the previous NF completed. However, it does not appear that the previous NF completed the screen correctly as the resident has a diagnosis of schizophrenia and it is not addressed on the screen. What should I do?

Answer: Once you realize that the previous PASRR screen was completed incorrectly you should complete a new PASRR and code it 7-significant change in condition and address the schizophrenia. If it triggers for mental illness, it should be faxed to Ascend. Ascend’s fax # is 1-866-299-0029.

27. Question: Why is it so important to know where the consumer was residing prior to the person being admitted to a Medicaid certified NF?
Answer: It is important to know because of the PAS requirement. For example, if the person was residing in the community prior to a hospitalization and then subsequent NF admission you know that a PAS requirement is needed. If the person was residing in a Medicaid certified NF prior to a hospitalization and then subsequent NF admission, the individual should already have a PAS requirement.

This first set of questions gives you a general overview of what is to come in the rest of the set of questions. You'll notice as you read through the rest of the questions in this publication that several will be repeated in some form or another.
Chapter 2. Q&A on Direct Placements to an Ohio NF from the Community

1. Question: What form is completed when a PASSPORT assessor completes a LOC (Level of Care) assessment?

Answer: When a PASSPORT assessor completes a LOC assessment, an ODJFS 3697 form is completed. You can view this form at http://www.longtermcareohio.com/downloads/3697_Level_Of_Care_Assessment.pdf. The individual’s physician will need to sign this form for a LOC to be issued by PAR. It can also be used to request a LOC from Preadmission Review. A PASRR screen also needs to be completed.

2. Question: Can an individual be admitted from the community (under Medicaid payment) to a Medicaid certified Nursing Facility prior to a LOC (Level of Care) assessment being completed?

Answer: Under normal circumstances, if an individual is in the community and is looking for admission to a Medicaid certified NF under Medicaid payment a LOC assessment should be completed prior to admission. However, if it is an emergency situation, such as a loss of caregiver, paperwork can be submitted to Preadmission Review for a PAS (Current medical information with PASRR screen) or PAS/LOC (such as completed 3697 with physician signature). If you have questions, check with someone in Preadmission review on this process.

3. Question: I am an admission coordinator at a NF. I receive a phone call from an individual who indicates that the primary caregiver of person who requires 24-hour supervision (due to Alzheimer’s disease) has passed away. The potential resident needs immediate NF placement and will be private pay at the NF. What do I need to provide to Preadmission Review (PAR) to facilitate placement? Would it be the same if the person were to be admitted under Medicaid?
Answer: Again, for emergency placement to a Medicaid certified NF, current medical information (That is signed/dated within the last 180 days) and a PASRR screen should be completed and forwarded to Preadmission Review. The reason for emergency should be clearly specified on the cover sheet.

4. Question: I have an individual who needs an emergency admission to a nursing facility placement on a Saturday. My Preadmission review department is not available on Saturday. What do I do to obtain the paperwork necessary for placement?
Answer: There is statewide coverage usually starting at 4:30-5:00 PM on Friday through Saturday at Midnight. We have a coverage site schedule available at http://www.longtermcareohio.com/downloads/After%20Hours%20coverage.pdf

5. Question: If I admit someone from the community (such as assisted living) to my nursing facility, and I do not obtain a PAS from Preadmission Review prior to admission what do I do?
Answer: You should submit to your Preadmission review site as soon as possible. You should provide current medical information (That is signed/dated within the last 180 days) , such as a history and physical or physician orders page. You should also provide a PASRR Screen.

6. Question: What if I admit someone from the community to my NF without obtaining a PAS from Preadmission Review? Before I request a PAS from Preadmission, the person ends up going to the hospital. What should I do?
Answer: You can either ask the hospital to submit for a PAS to Preadmission Review and have the hospital discharge planner explain why a PAS is being requested or someone at the NF can submit for a PAS to Preadmission Review and explain the circumstances.

7. Question: I had a resident in my NF until two days ago. Her daughter took her home and we discharged her off of our census. The daughter realizes that she is unable to take care of her. What do I need to do to admit her back to the NF?
Answer: This can be done as an emergency placement. Current medical information-within past 180 days (physician signed/dated form or a form with a verbal order taken with physician that list medications and
diagnoses) and a PASRR screen should be completed and forwarded to Preadmission Review. The reason for emergency should be clearly specified on the cover sheet. Also, provide answers to LTCC questions.

8. Question: I am admitting a person into the NF under private pay or Medicare skilled. Does the person require a PAS?

Answer: We did cover this question in the general question section, but the question comes up quite often. Yes, someone coming from the community always requires a PAS.

9. Question: To obtain a PAS from Preadmission Review, is a physician signature on medical information (Diagnoses/Medications) necessary or is a verbal taken from a physician acceptable?

Answer: For a PAS, a verbal order (Confirming diagnoses/medications) may be taken with a physician (MD or DO)(within the past 180 days). It can indicated v.o. Susie Smith, LSW/Dr. James Jones, MD 5/22/08.

10. Question: An individual is admitted to a Medicaid certified nursing facility from the community as an emergency. The person's PASRR screen triggered for mental illness. The Ohio Department of Mental Health granted an approval for a 7 day stay. If the individual is still in the NF on the 7th day after admission, what must the NF do to attempt to obtain permission for a longer stay?

Answer: If a emergency admission is granted by a state authority for Mental Health or MR/DD, and the individual is still residing in the NF on the 7th day after admission, a new PASRR screen should be completed and coded -expired time limit for emergency admission- and submitted back to the state authority by the 7th day after admission with current medical information. As of 12/1/09, the NF can request an extension on the 3622. ODMH and/or DODD will determine if the individual can continue to reside in the NF.

11. Question: What is the purpose of the LTCC (Long term care consultation) assessment?

Answer: The LTCC replaced the UPAR (Universal Preadmission Review Assessment) 7/07. It is meant to provide options to individuals and there support system regarding planning and alternatives to nursing home placement.

12. Question: If a person is on the PASSPORT program, but they were
admitted to the NF under Non Medicaid payment, must the NF report the admission to Preadmission Review for a LTCC assessment?

Answer: An individual who is on the PASSPORT home care program is exempt from the LTCC assessment and it does not have to be reported to Preadmission Review.

13. Question: An individual receives a LOC (Level of Care) assessment for admission under Medicaid to a Medicaid certified NF. A PAS/LOC is issued by Preadmission Review. Thirty days pass since the PAS/LOC was issued and the individual is not admitted to NF. Is the PAS/LOC still effective?

Answer: If a LOC is issued and the individual does not enter a NF within 30 days of the effective date, a new LOC should be issued for an admission. The PASSPORT site can usually have the physician update the paperwork at least one time before a new assessment needs to be completed. Check with your Preadmission review worker for clarification on this matter. As noted in an earlier question, the PAS would be effective for up to 180 days as long as there was no need for further review for mental illness or MR/DD for an emergency or respite admission.

14. Question: Is a PAS or LOC required for admission to an assisted living facility or a NonMedicaid certified NF?

Answer: No, neither a PAS or LOC is required for admission to an Assisted Living Facility nor a NonMedicaid certified NF.

15. Question: Can a RN (Registered Nurse) or a PA Physician Assistant sign for a LOC (Level of Care)?

Answer: At this time, only a physician (MD or DO) can sign for a LOC.

16. Question: If an individual is to be admitted under NonMedicaid payment for a respite stay (14 days or less) to a Medicaid certified NF, is a PAS or LOC required?

Answer: It does not matter how long the anticipated length of stay is in a Medicaid certified NF, someone entering from the community always requires a PAS. If the admission is under Medicaid payment, a LOC assessment should be completed prior to admission to the NF. Please wait for a PAS result from Preadmission Review prior to admitting the
17. Question: Does an individual require a LOC assessment if he is to be admitted to a Medicaid certified NF under hospice?

Answer: An individual who is signed up on a hospice program and will be entering a Medicaid certified NF under hospice from the community does not require a LOC assessment prior to admission. If Medicaid is a secondary payer source, hospice will bill Medicaid for ancillary (such as room and board) and then reimburse the Nursing Facility.

18. Question: Does an individual require a PAS if he is to be admitted to a Medicaid certified NF under hospice?

Answer: Yes, anyone being admitted to the community regardless of payment source requires a PAS.

19. Question: An individual is looking for placement in an Ohio Medicaid certified NF from the community. The individual is covered under an HMO. What steps need to be taken to obtain approval for the placement?

Answer: The first step is to obtain approval for the placement from the HMO. If the HMO approves the visit, a PAS should be requested from the Preadmission Review site. Remember a LOC cannot be issued for an individual who is covered under an HMO.

20. Question: I obtained a PAS for a respite stay for admission to our Medicaid certified NF for an individual. This person has been admitted to our facility and has stayed a week. It has now been decided that it will be a long term placement. Do I need to obtain another PAS for long term placement.

Answer: No, once you have obtained a PAS for the individual, it is good for as long as the individual continues to reside in the NF. Of course, if the person is discharged to the community, another PAS would need to be obtained. Also, if the individual has a significant change in condition (Improvement or Deterioration in condition) a new 3622 should be completed. See question 4 of chapter one form more information on this.

21. Question: Can a 7000 Hospital Exemption form be completed for an individual who is being admitted from the community to a Medicaid certified NF?
Answer: No, a 7000 Hospital Exemption Form can only be completed for an individual who is an inpatient at a hospital. In addition, the person should have been residing in the community prior to the hospitalization.

22. Question: An individual is residing in a Medicaid certified NF. A PAS was issued for the admission. He is discharged to home. Within a few days, he would like to return to the NF as he is not managing well at home. Since it is within 30 days of him being discharged to home, can the PAS that was issued for him still be used for him to be admitted to the NF?

Answer: No, since he was discharged to home from the NF he will have to start all over again with a new PAS (It doesn’t matter how long the person has been discharged from the NF). The NF should submit a PAS and medical information from the past 180 days to Preadmission to obtain a new PAS for him.

23. Question: I have an individual who is in the community. He has MR (mental retardation) and his caregiver was hospitalized this morning. He requires 24 hour supervision and there are no relatives or friends to care for him. How can I get him admitted to a NF?

Answer: Fax a completed PASRR screen http://www.longtermcareohio.com/downloads/PASRR%20Screen.pdf with medical information from the past 180 days to your Preadmission Review department. They will fax the paperwork to DODD (Department of Developmental Disabilities). As long as the paperwork is faxed to DODD early enough in the day, usually before 4 pm, a determination should be able to be obtained from them. If a determination is received and the admission is approved it is for 7 days. However, the individual has to be admitted to the NF within 24 hours of the determination. If the individual is still in the NF by the 7th day after admission, the NF completes another PASRR screen coded 4- Expired time limit for emergency admission and faxes it to DODD. If a LOC is needed, Preadmission review will send an assessor out to the NF to complete an in person assessment. LOC will be issued back to the date of admission.

24. Question: A PAS and a LOC with a further review approval from DODD (Department of Developmental Disabilities) was issued for a respite stay for
an individual. It has been 2 weeks since the paperwork was issued but the person has not entered the NF as yet. Can the paperwork still be used for placement?

Answer: Yes, the PAS approval for a respite stay further review can be used up to sixty days from the date it was issued. However, if a LOC is also issued it is only effective for 30 days from the date it was issued. If it goes over 30 days, a new LOC will need to be recertified by the physician for the admission.

25. Question: I am an admissions coordinator at a Medicaid certified NF. For a new admission from the community under private pay initially do I need to obtain a PAS result from Preadmission Review prior to the individual being admitted to my NF or can I submit for one once the individual has been admitted to the NF.

Answer: From OAC 5101:3-3-15.1 (B) (1)” PAS/ID must be completed prior to any new admission to a NF…”

26. Question: A LOC is issued for admission from the hospital with a 7000 Hospital Exemption Form. Instead of going to a NF, the individual ends up being discharged to home. Within a week, the individual is not managing at home and needs NF placement. Can the LOC with Hospital Exemption be used for admission to a Medicaid certified NF?

Answer: No, Per the Ohio Administrative Code rules, since the LOC was issued under a Hospital Exemption and the individual is not discharged directly to a Medicaid certified NF from the hospital the LOC is invalidated.

27. 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. However, the State is working on this situation and it appears that it will be changed to disallow a Hospital Exemption for an out of state resident in the future.

28. Question: An individual who was recently discharged from my NF to
home is currently in the Emergency Room at a local hospital. Since it has been within 30 days since the discharge, is the previous PAS requirement still effective or does he need a new PAS?

Answer: Since the person was discharged off of the NF census, he would need to start over again with a new PAS.

29. Question: There is an individual who is residing in the community. He was recently discharged from the hospital and is eligible for Medicare to pay for his stay at a NF. He needs placement as soon as possible. How can this be accomplished?
Answer: You should fax medical information (That is signed/dated within the last 180 days) and an Ohio PASRR screen to your Preadmission Review site.
Chapter 3. Q&A for an Individual being Admitted from the Community to a Hospital to an Ohio Medicaid Certified NF

1. Question: A person is admitted for an inpatient hospital stay from the community. What must be indicated on the hospital exemption form (7000) http://www.longtermcareohio.com/downloads/7000%20form.pdf for admission to a Medicaid certified NF under a valid Hospital Exemption?

Answer: A Physician (MD or DO only) must sign/date the form. In addition, the individual must be discharged to a nursing facility directly from a hospital after receiving acute patient care at the hospital; and must require nursing facility services for the condition for which he/she received care in the hospital. The rest of the 7000 form should be completed but it won't necessarily count against the NF as an invalid PAS requirement if it isn't. The most important piece is the physician signature/date. If a physician doesn't sign/date it the NF will not have a valid PAS requirement.

2. 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 have a valid Hospital Exemption. A person who is just in an emergency room or a clinical decision unit cannot have a Hospital Exemption to enter a NF.

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

Answer: Again, only a physician (MD or DO) can certify a Hospital Exemption.

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

Answer: The date of the physician signature on the Hospital Exemption form cannot be any later than the date of discharge to the NF.

5. 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. Can the person be admitted to the hospital under this Hospital Exemption?

Answer: From 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.

6. Question: A person is admitted for an inpatient hospital stay from the community. The individual is admitted to a NF directly from the hospital under Medicare under a valid Hospital Exemption. What is the responsibility of the NF with regard to follow up with the PAS requirement?

Answer: The NF must complete a PASRR screen by the 29th day after the date of admission and code it 3-expired time limit for Hospital Exemption. If the screen triggers for mental illness or MR/DD, it must be forwarded to the appropriate state agency by the 29th day after the date of admission with current medical information. The NF must also report an expired Hospital Exemption to Preadmission review with LTCC questions and a demographics page.

7. Question: An individual is residing in a Medicaid certified NF. He has a PAS requirement already established. He is admitted to the hospital from the NF. When he is ready to return, does he need a new PAS?

Answer: If the individual already has a PAS requirement he does not need a new PAS requirement. As long as the individual continues to reside in a NF or hospital and is not discharge to the community, the PAS remains effective. However, remember the significance of the change in condition (Question 4, Chapter 1).
8. Question: An individual is residing in a Medicaid certified NF. He has a PAS requirement already established. He is admitted to the hospital from the NF. When he is ready to be discharged, he would like to go to a different NF. Does he need a new PAS?

Answer: Basically the same answer as previous question-If the individual already has a PAS requirement he does not need a new PAS requirement. As long as the individual continues to reside in a NF or hospital and is not discharge to the community, the PAS remains effective. Again, there is a consideration for significant change in condition.

9. Question: An individual was residing in their 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 transfer form is marked 31-180 days for anticipated length of stay in the NF. Medicare is the payment source. Is a PAS or LOC needed for admission to the NF?

Answer: With the length of stay marked 31-180 days, No Hospital Exemption 7000 form completed and Medicare being the payment source, she would only require a PAS to be admitted to the NF. Paperwork will need to be submitter to Preadmission Review for a PAS prior to admission from the hospital.

10. Question: An individual was residing in their 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 with physician/date, etc.. Medicaid is the payment source. Is a PAS or LOC needed for admission to the NF?

Answer: Since a Hospital Exemption form is completed correctly and Medicaid is the payment source upon admission to the NF, only a LOC is need upon admission to the NF. Paperwork must be submitted to Preadmission review and a LOC should be issued prior to admission to the NF. The NF will need to follow up by the 29th day after the date of admission with the PASRR screen.
11. Question: An individual is residing in their 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.

12. Question: If I complete a RR/ID (In this case PASRR screen coded 3) for an individual who was admitted from the hospital under a valid hospital exemption and the screen triggers for mental illness, what do I do?

Answer: Again, if you complete a PASRR screen for an individual admitted under a valid Hospital Exemption, it must be completed by the 29th day after the day of admission and if it triggers for mental illness and/or MR/DD it must be faxed to the state authority by the 29th day after the date of admission to the NF. The Phone # Ascend for Mental Health cases is 1-877-431-1388. The Fax # for Ascend is 1-866-299-0029. The phone number for DODD (The Ohio Department of Developmental Disabilities) is 614-728-0183. The Fax # for DODD is 614-995-4877.

13. 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 signed, you can also forward a current history and physical or physician orders page with diagnoses and medications.

14. Question: I am a hospital discharge planner. An individual is admitted to the hospital from a Medicaid certified NF. The individual is ready to be discharged but he wants to go to a different NF. Medicare is the payment source. What are my options with regard to obtaining the PAS requirement for this individual?

Answer: You should check with the original NF for the PAS requirement. If that NF cannot locate a PAS requirement, the new NF can complete a screen and code 6- NF Resident No PAS. Also, in some circumstances, Preadmission Review will issue a PAS for the individual check with your Preadmission Review worker.

15. 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.

16. Question: In reporting an expired Hospital Exemption to PAR, what is the NF required to submit?

Answer: First of all, an expired Hospital Exemption is only reported to PAR for an individual who was admitted to a Medicaid certified NF under NonMedicaid payment. The only paperwork required to submit is a cover sheet (marked expired Hospital Exemption), the LTCC questions form LTCC must be completed, and demographic information (with contact information).
17. Question: An individual is admitted to a Medicaid certified NF from the hospital under Medicare payment as a valid hospital exemption. Prior to the hospitalization and currently, the person is enrolled in the PASSPORT home care program in the community. Does the NF need to submit for an expired Hospital Exemption?

Answer: No, an individual on PASSPORT is exempt from the LTCC assessment. You can view other exemptions on the LTCC worksheet.

18. Question: As a hospital discharge planner, when a I discharge someone to a Medicaid certified NF under a Hospital Exemption (No matter what the payment source is) must I fax this form to the NF as well as the Preadmission Review Department?

Answer: Yes the 7000 form must be faxed to the NF as well as Preadmission Review.

19. 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 to Preadmission Review, 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 NonMedicaid, 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, you should wait for a LOC from Preadmission Review prior to discharging the individual to the NF.

20. Question: Does an individual being discharged from a hospital to a Medicaid certified NF ever require both the 7000 Hospital Exemption form and a 3622 PASRR screen?

Answer: No, it is either one or the other. If the person is going to the NF under a Hospital exemption, only that 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, than 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.
21. Question: A NF resident was admitted to the NF under a valid Hospital Exemption. The NF completed his PASRR Screen (RR/ID) and it triggered for mental illness. It was forwarded to Ascend. Prior to Ascend completing an evaluation, the consumer left the NF AMA. Within a couple of days he is admitted back to the hospital. Can he have a new Hospital Exemption?

Answer: He can have a new Hospital Exemption as long as he has not received an adverse determination from ODMH within the past 60 days.

22. Question: I am a hospital discharge planner. I submitted a 7000 Hospital Exemption form to Preadmission Review (PAR) and to the receiving NF for a new NF admission (The person was residing in the community prior to the hospitalization). If it is a NonMedicaid admission, do I need to wait for something back from PAR prior to discharging the individual to a Medicaid certified NF?

Answer: No, for a NonMedicaid admission you do not have to wait for anything back from PAR. However, if the individual is to be admitted to the NF under Medicaid a LOC (Level of Care) should be obtained prior to the admission.

23. Question: I am a NF admissions coordinator. If question 2, 3 or 4 of section B of the 7000 hospital exemption form that I receive for an admission from the hospital is checked yes, do I need to do anything when the person is admitted?

Answer: You do not need to do anything when the person is admitted, but someone at the NF will need to complete a PASRR screen by the 29th day after the date of admission. If the screen triggers for mental illness and/or MR/DD, the screen should be faxed to the appropriate state authority. For mental illness it should be faxed to Ascend at 1-866-299-0029. For MR/DD, it should be faxed to DODD at 1-614-995-4877.

24. 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 completed with it. An
example of hospital transfer form is available at http://www.longtermcareohio.com/downloads/scan0001.pdf

25. 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. However, the State is working on this situation and it appears that it will be changed to disallow a Hospital Exemption for an out of state resident in the future.

26. 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.

27. Question: I am discharging an individual from my hospital under Medicaid with a 7000 Hospital Exemption form. Since the physician signed/dated the 7000 form, does a separate physician certification also need to be signed for the LOC?

Answer: Yes, the physician certification statement also needs to be signed/dated by a physician.
Chapter 4. Q&A for Out of State Placements to Ohio NF

1. Question: Does a PASRR transfer from one state to another?
Answer: No, a PASRR does not transfer from state to state. Each state administers the PASRR process in a different fashion. For someone coming from another state to Ohio, that individual would need to be screened using an Ohio PASRR screen. Medical information and PASRR screen should be submitted to your Ohio Preadmission Review.

2. Question: An individual is to be admitted from an out of state Medicaid certified NF to an Ohio Medicaid certified NF. How do I go about obtaining a PAS for the admission?
Answer: The out of state NF should provide current medical information to the receiving Ohio NF. The person at the OH NF can complete an OH PASRR screen and submit the paperwork to their Preadmission Review department.

3. Question: An individual is to be admitted from an out of state Hospital to an Ohio Medicaid certified NF. How do I go about obtaining a PAS for the admission?
Answer: The out of state hospital should provide current medical information to the receiving Ohio NF. The NF can forward that medical information to their Preadmission review site with an Ohio PASRR. The out of state hospital can also submit to the Ohio Preadmission review site of the intended Ohio receiving NF if they choose. The only way an individual can obtain a hospital exemption for an out of state admission is if the individual is an Ohio resident. If he is an Ohio resident, the out of state hospital can complete an Ohio Hospital Exemption form.

4. Question: An individual is to be admitted from the community in another state to an Ohio Medicaid certified NF. How do I go about obtaining a PAS for the admission?
Answer: The Ohio NF must obtain medical information on the intended out of state individual. Once obtained, the NF can submit it with an Ohio PASRR screen to their Preadmission review site with an OH PASRR and LTCC information.

5. Question: What happens if a PASRR triggers for mental illness and/or
MR/DD for an individual who is to be admitted from out of state?

Answer: The paperwork is submitted to your Preadmission site. The Preadmission Review worker will forward it to state authority for Mental Illness and/or MR/DD. From 5101:3-3-15.1 (B)(b) For those individuals who will be relocating from outside of Ohio, who are not Ohio residents, whose JFS 03622 form contains indications of MRDD and/or SMI, the submitter shall obtain and submit with the JFS 03622, the JFS 03697 form, the other state's level two evaluation(s) of the individual and any additional documentation necessary to address the required evaluation elements specified in rules 5122-21-03 and 5123:2-14-01 of the Administrative Code.

Submission of the required forms and information does not constitute completion of the PAS/ID process. As noted above, State authority(s) will indicate that they need to have a Level II evaluation from a worker in the state that the individual is currently residing. The evaluation should be forwarded to the Ohio Department of Mental Health and/or DODD. Once the determination is completed by state authority(s), it is forwarded to Preadmission review.

If the person is granted approval for Ohio NF placement (it is usually for a 7 day stay). A PAS will be issued by a Preadmission review worker. If the individual is admitted to an Ohio NF and is still in the NF on the 7th day after admission, the NF completes a new screen and forwards it to state authority(s) by the 7th day after admission.

6. Question: An individual is transferring from an out of state NF to an Ohio NF. The Ohio PASRR screen triggers for mental illness. The out of state mental health reviewer completes the evaluation and forwards to ODMH. ODMH issues an approval for an emergency admission. What is the responsibility of the Ohio NF to complete the PASRR requirement once the individual is admitted to the NF?

Answer: Again, the NF complies with the information that is written on the determination from ODMH. If it says to follow up and complete another screen, this should be done as indicated and forwarded back to ODMH in a timely fashion.

7. Question: An individual is admitted from an out of state Medicaid certified NF to an Ohio Medicaid certified NF. The payment source at the Ohio NF is Medicaid. Does a level of care assessment need to be completed by Preadmission Review for the NF to obtain a LOC?

Answer: No, a LOC assessment is not required in this instance. The NF
can submit either the first MDS (With physician certification statement, physician orders, Additional data elements) or a 3697 form. The Ohio Medicaid # is also needed.

8. Question: An individual is to be admitted from an out of state Hospital to an Ohio Medicaid certified NF. The payment source at the Ohio NF upon admission is Medicaid. Does a level of care assessment need to be completed by Preadmission Review for the NF to obtain a LOC?

Answer: No, a LOC assessment is not required in this instance. The NF can submit either the first MDS (With physician certification statement, physician orders, Additional data elements) or a 3697 form. The Ohio Medicaid # is also needed. Also, in some instances the out of state hospital transfer form may be used. Check with your Preadmission review worker. Or, the hospital may complete a 3697 and 3622 and complete the PAS/LOC upon admission.

9. Question: An individual is to be admitted from an out of state Medicaid certified NF to an Ohio Medicaid certified NF. The payment source at the Ohio NF upon admission is Medicaid. Does a level of care assessment need to be completed by Preadmission Review for the NF to obtain a LOC?

Answer: Yes, a LOC assessment should be completed by an assessor for an admission from the community in another state. However, as always, The PAS should be issued prior to arrival from out of state.

10. Question: What is the criteria for admitting an individual from an out of state under a Hospital Exemption?

Answer: The individual must be an Ohio resident who is currently out of state. The individual must also be admitted to a hospital. The out of state hospital can have the physician sign and date the Ohio Hospital Exemption Form.

11. Question: How is it decided which Ohio Preadmission Review site the paperwork should be forwarded to to obtain a PAS for an out of state admission to a Ohio Medicaid certified NF?

Answer: The paperwork is forwarded to the Preadmission review site which covers the county of the intended Ohio NF admission.

12. Question: I am an admission coordinator in an Ohio Medicaid certified NF, how do I instruct the family of an individual who is in the community in another state and needing placement in a NF near the family in Ohio?

Answer: Have the family obtain medical information from individual's
physician and forward to the Ohio NF. The admissions person at the NF should submit to Preadmission review.

13. Question: An individual is residing in a Medicaid certified NF in another state under Medicaid payment. Does Medicaid transfer from the current state to Ohio or does an Ohio Medicaid application need to be completed?
Answer: Usually not. However, there are some reciprocal states. Check with the Department of Jobs and Family Services.

14. 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. However, the State is working on this situation and it appears that it will be changed to disallow a Hospital Exemption for an out of state resident in the future.

15. Question: Can an individual be admitted from an out of state hospital to an Ohio Medicaid certified NF under a 7000 Hospital Exemption Form?
Answer: The only way a Hospital Exemption can be issued for an admission from an out of state hospital to an Ohio Medicaid certified NF is if the individual is an Ohio resident. If the individual is not an Ohio Resident, a PAS must be applied for this person.
Chapter 5. Q&A on Transfers from one Ohio Medicaid Certified Nursing Facility to the Hospital and then to the same Ohio Medicaid Certified Nursing Facility or another Medicaid Certified NF

1. Question: An individual is residing in a Medicaid certified NF. She has been covered under Medicaid and the NF already has received a PAS/LOC for her. The individual is admitted to the hospital and will be transferred to different NF under Medicaid payment at discharge. Is a new LOC needed?

Answer: Yes, the previous LOC paid for the original NF. Since she is going to a new NF under Medicaid, a LOC is needed to pay for that NF.

2. Question: An individual is residing in a Medicaid certified NF. She has been covered under Medicaid and the NF already has received a PAS/LOC for her. The individual is admitted to the hospital (Not a psychaitric unit) and will be transferred to different NF under Medicaid payment at discharge. Is a new PAS needed?

Answer: Again, generally no. A new PAS should not be required to be issued for this individual. The previous PAS should be forwarded to the new NF. However, If it is discovered at the new NF that the individual has a diagnosis of mental retardation/development disability or a mental health diagnosis that was not previously known, the NF should complete a new PASRR screen and code 7- significant change in condition. If the screen triggers for mental illness or MR/DD, it should be forwarded to the appropriate state authority (ies). If there are ever any questions, a reviewer in Preadmission Review should be contacted to assist.

3. Question: An individual transfer from one Medicaid certified NF to another Medicaid NF via the hospital. The hospital is unable to obtain a PAS requirement from the previous NF. What can be done regarding the PAS requirement?

Answer: a. If a PAS was issued, it is possible that Preadmission Review can forward a copy to the new NF.

b. However, if the person was admitted to the first NF under a new hospital exemption, it really depends on when the individual is readmitted to the hospital. If it is within 29 days of the admission to the original NF, the hospital exemption form can be forwarded to the new NF. If it is after 30 days, then hopefully the original NF complete a PASRR screen. Hopefully it didn't trigger for further review for mental illness or MR/DD because this can be an issue.

c. If it wasn't a hospital exemption and no PAS is on file of ever being
issued, it appears that the hospital can still probably submit to Preadmission Review for a PAS. Or, the the new NF can admit the individual and complete a PASRR screen within 30 days of admission. If the NF completes the screen, it should be coded 6-No previous PASRR records. If it triggers for mental illness or MR/DD, it should be forwarded to the appropriate state authority as soon as it is discovered.

4. Question: An individual is admitted to a hospital from a Medicaid certified NF. The individual was receiving care under NonMedicaid payment at the NF prior to the hospitalization. The individual is ready to be discharged back to the NF, but will now need a LOC as the NonMedicaid payment source has run out. A LOC is needed to return to the NF. Preadmission review does not have a record of a PAS requirement in its system. What can be done regarding obtaining a PAS?

Answer: If a PAS requirement cannot be located, a PAS will need to be issued for the readmission to the NF. If the PASRR screen triggers for mental illness or MR/DD, the LOC cannot be issued until an approval is received from the state authority(ies).

5. Question: An individual is residing in a Medicaid certified NF. He is admitted to the hospital from the NF. He is due to be discharged to a new Medicaid certified NF. Can the person have a Hospital Exemption to go to the new NF?

Answer: No.

6. Question: A NF resident is sent to a hospital emergency room. Can a Hospital Exemption be completed for the individual to be admitted to a different Medicaid certified NF from the ER?

Answer: Again, an individual can only receive a Hospital Exemption when he/she is admitted as an inpatient at a hospital. The individual should already have a PAS requirement and the original NF should forward to the new NF.

7. Question: An individual transfers from one Medicaid certified NF to another Medicaid certified NF via the hospital. The individual arrives with paperwork which the previous NF believed was a valid Hospital Exemption and a PASRR screen that was completed and coded 3-expired time limit for Hospital Exemption. However, at closer look, the individual was admitted to the previous NF from a Kaiser Clinical decision unit. What should the receiving NF do at this point?

Answer: The NF should complete a PASRR screen and code 6 when an
individual arrives from another Medicaid NF without a proper PASRR requirement. If the screen triggers for mental illness or MR/DD, it should be faxed to the appropriate state authority right away.

8. Question: An individual was residing in the community. She is admitted to a hospital for an inpatient stay and discharged to a Medicaid certified NF from the hospital on 5/4/08. She is readmitted to the hospital on 5/26/08 and remains in the hospital on the 29th day from the original admission to the NF (June 2, 2008) and will be discharged to a new NF. Who is responsible for completing the RR/ID (PASRR screen)?

Answer: The new rules indicate that many different entities can complete the RR/ID. However, the NF that the individual was residing in can complete the PASRR screen if the resident is in the hospital on the 29th day from original admission to the NF. If the screen triggers for mental illness or MR/DD, it should be forwarded to the appropriate state authority. The state authority should be informed that the individual is in the hospital.

9. Question: An individual is residing in the community. She is admitted to a hospital. She is discharged to a Medicaid certified NF under a valid Hospital Exemption. The individual returns to the hospital and is in the hospital when the Hospital Exemption expired. The NF completes the RR/ID and the screen triggers for mental illness. Should the NF forward the RR/ID the screen to Ascend even though the individual is in the hospital?

Answer: Again, from the previous question, the NF can/should forward to ODMH. It is always very important to keep the hospital worker informed of the current status of the PAS requirement of the individual.

10. Question: An individual is residing in the community. She is admitted to a hospital. She is discharged to a Medicaid certified NF under a valid Hospital Exemption. The individual remains in the NF past the 29th day after admission. The NF completes the RR/ID by the 29th day after admission and it does not trigger for mental illness or MR/DD. The individual returns to the hospital and is discharged to a new NF under NonMedicaid payment. What is the responsibility of the original NF?

Answer: The original NF should forward the Hospital Exemption form from original admission to the NF and the PASRR screen that they completed. This is the individual's PAS requirement and should follow the person to the next NF.

11. Question: An individual is residing in the community. She is admitted
to a hospital. She is discharged to a Medicaid certified NF under a Hospital Exemption. The NF completes the RR/ID in a timely manner and it triggers for mental illness. The NF forwards the screen to Ascend for further review in a timely manner. ODMH issues a determination of No NF Need - Needs to be admitted to a psychiatric unit. The individual is admitted to a psychiatric unit as specified in the determination. When the person is ready to be discharged is he/she allowed to be admitted to a Medicaid certified NF under a new hospital exemption?

Answer: The new rules specify that if an individual has received an adverse PAS determination within the past 60 days (and the determination described in this question is considered adverse), a new Hospital Exemption cannot be issued. A PAS must be applied for.

12. Question: An individual is admitted to a NF under a Hospital Exemption. The individual is readmitted to the hospital from the NF on the 10th day after admission to the NF. The individual is going to be transferred to a new NF from the hospital. The original NF cannot locate the transfer form with the Hospital Exemption. What happens now?

Answer: If the Hospital Exemption form cannot be located or if it really wasn't a valid Hospital Exemption the hospital can apply for a PAS to be admitted to a new NF.

13. Question: An individual is residing in the community. He is admitted to the hospital and needs rehab in a NF. The individual is admitted to the NF under Medicare payment. The admission coordinator at the NF does not look closely at the Hospital Exemption form and it does not have a valid Hospital Exemption and a PAS was not issued. The individual is readmitted to the hospital from the NF. While the individual is in the hospital, the NF realizes that it does not have a valid PAS. The individual is due to return the same NF still under Medicare. What can be done about the PAS requirement?

Answer: Again, in this instance, the hospital or the NF can submit to Preadmission review for a PAS.

14. Question: Similar to previous question, An individual is residing in the community. He is admitted to the hospital and needs rehab in a NF. The individual is admitted to the NF under Medicare payment. The admission coordinator at the NF does not look closely at the Hospital Exemption form and it does not have a valid Hospital Exemption and a PAS is not issued. The individual is readmitted to the hospital from the NF. While the individual is in the hospital, the NF realizes that it does not have a valid
PAS. The individual is due to transfer to a different NF under Medicaid payment. What can be done about the PAS requirement so that a LOC can also be issued?

Answer: In this instance, a PAS will need to be issued for a LOC to be issued.

15. Question: An individual is residing in the community. He is admitted to a NF under a valid Hospital Exemption under Medicaid. The NF completes the PASRR screen in a timely fashion and submits to Ascend within time frame as the screen triggers for mental illness. The state issues a determination of No NF Need- No Specialized Services Need. Within two days of the determination being received by the NF, the individual suffers a CVA and is hospitalized. When ready for discharge from the hospital, the individual will need to return to a NF under Medicaid payment for therapy. Can the individual return to the NF?

Answer: A new PASRR screen will need to be completed. It most likely should be coded a 1 as the individual has received an adverse determination within the past 60 days and a PAS will need to be requested. This screen will need to be forwarded to Ascend with current medical information. If approved for NF placement, Preadmission review will be able to issue a PAS and LOC for NF placement.

16. Question: Similar to previous question, An individual is residing in the community. He is admitted to a NF under a valid Hospital Exemption under Medicaid. The NF completes the PASRR screen in a timely fashion and submits to Ascend within timeframe as the screen triggers for mental illness. The state issues a determination of No NF Need- No Specialized Services Need. The NF starts a 30 day discharge plan. However, within two days of the determination being received by the NF, the individual suffers a CVA and is hospitalized. When ready for discharge from the hospital, the individual will need to return to a NF under Medicare payment for therapy. What happens if the original NF refuses to take him back or he refuses to go back to the same NF? Can he be admitted to a different NF?

Answer: First of all I would probably contact the Long Term Care Ombudsman as there should be a good reason why the NF isn't taking him back. They started a discharge plan and should follow through on it. However, if he really can't go back there. A new PASRR screen will need to be completed. It most likely should be coded a 1 as the individual has received an adverse determination within the past 60 days and a PAS will need to be requested. This screen will need to be forwarded to Ascend
with current medical information. If approved for NF placement, Preadmission review will be able to issue a PAS. Or, this is a long shot and I probably wouldn't do it, but- If a new receiving NF is willing to admit him. The individual can be admitted to NF from the hospital. The NF can complete the screen and code it 1. It should be forwarded to Ascend. If approved, the individual can continue to reside in the NF. If not, it can either be appealed or the new NF can start a discharge.

17. Question: An individual is residing in the community. He is admitted to the hospital and is discharged to a NF under Medicare with a valid Hospital Exemption. On the tenth day after admission, his daughter contacts the NF and would like the individual transferred to a NF closer to where she lives. Medicare will continue to pay for care at the next NF. What should the forwarding NF provide to the receiving NF with regard to a PAS requirement?

Answer: The NF should forward the Hospital Exemption Form to the next NF. It is not time for the PASRR screen to be completed and coded 3-expired time limit for Hospital Exemption as yet.

18. Question. An individual is residing in the community. He is admitted to the hospital and is discharged to a NF under Medicare with a valid Hospital Exemption. The NF completes the PASRR screen in a timely manner. After five weeks, the individual would like to transfer to a different NF. Medicare will still pay for care at the next NF. The sending NF provides the transfer form and PASRR screen to the receiving NF. Within a few days of the individual being admitted to the NF, it is discovered that the individual has a dx of mild Mental Retardation and it was not addressed on the screen that the original NF completed. What should be done?

Answer: The receiving NF should complete a PASRR screen and code it 7-significant change in condition to ODMR/DD with medical information as soon as it is discovered.

19. Question: An individual is residing in the community. He is admitted to the hospital and is discharged to a NF under Medicare with a valid Hospital Exemption. Within three weeks, the individual would like to transfer to a different NF. He is not skilled anymore and a LOC will be needed to pay the receiving NF. What needs to be provided to Preadmission Review to obtain a LOC?

Answer: Since it has been only three weeks, the valid Hospital Exemption is the only paperwork required. The PASRR screen is not due until the 29th day after the date of admission and the receiving NF should complete it by
that date.

20. Question: An individual is residing in the community. He is admitted to the hospital and is discharged to a NF under Medicare with a valid Hospital Exemption. The NF completes the PASRR screen and submits to Preadmission Review for an expired Hospital Exemption. The screen does not trigger for mental illness or MR/DD. During this time, the individual would like to transfer to a different NF under NonMedicaid. Does the NF have to wait for paperwork from Preadmission Review prior to transferring the individual to a different NF?

Answer: No, this question gets asked a lot, but the individual does not have to wait for anything from Preadmission review prior to transferring. The original NF needs to forward the Hospital Exemption form and PASRR screen that the NF completed.

21. Question: An individual is residing in the community. He is admitted to the hospital and is discharged to a NF under Medicare with a valid Hospital Exemption. The NF completes the PASRR screen and submits to Preadmission Review for an expired Hospital Exemption. The screen triggers for mental illness and the paperwork is forwarded to Ascend. During this time, the individual would like to transfer to a different NF under NonMedicaid. Does the NF have to wait for paperwork from ODMH prior to transferring the individual to a different NF?

Answer: It is up to the receiving NF. If they would like to take this person they have to be aware of the possibility that the the state authority may deny continued NF placement for this person.

22. Question: An individual is residing in the community. He is admitted to the hospital and is discharged to a NF under Medicare with a valid Hospital Exemption. The NF completes the PASRR screen and submits to Preadmission Review for an expired Hospital Exemption. The screen triggers for mental illness and the paperwork is forwarded to Ascend. During this time, the individual would like to transfer to a different NF under Medicaid. Can a LOC be issued for a transfer to a different NF?

Answer: In this circumstance, a LOC cannot be issued until an approval is received from the state authority. If a denial for continued NF services is received, a LOC cannot be issued. The NF can either appeal this decision or start a discharge for the person.

23. Question: I have someone in my hospital who was admitted from a Medicaid certified NF. The person will transfer to a new Medicaid certified
NF. Does this individual require a 7000 Hospital Exemption Form?

Answer: No, a Hospital Exemption form is only completed for new admissions (e.g. person was not in a Medicaid certified NF prior to hospitalization). If someone is admitted to the hospital from a Medicaid certified NF and will be transferred to a new NF, a Hospital Exemption does not apply. This individual should already have some type of PAS requirement. You should contact the sending NF and have them forward the PAS requirement to the receiving NF.

24. Question: There is an individual who was admitted to my NF under a hospital exemption. Within 30 days of the exemption, he was readmitted to a hospital psychiatric unit from my NF. He will be discharged back to my NF still within 30 days of the original admission. Does he need a new hospital exemption form completed?

Answer: No, he does not need a new hospital exemption form. The NF should complete a PASRR screen by the 29th day after the date of original admission to the NF and code it 3-expired time limit for hospital exemption. If it triggers for mental illness, it should be faxed to Ascend. Ascend’s fax # is 1-866-299-0029.

25. Question: I’m a social worker on a hospital psychiatric unit. What are the implications for me when an individual is admitted to my unit from a Medicaid certified NF?

Answer: According to the new PASRR rules (12/1/09), any time a Medicaid certified NF resident is admitted to a psychiatric unit (unless it is within 30 days of an original hospital exemption), a new PASRR screen needs to be completed and coded 7-significant change in condition with 72 hours of admission to the psychiatric unit. If the screen triggers for further review, it will need to be faxed to Ascend. Ascend’s fax # is 1-866-299-0029. If it does trigger and a new LOC is needed for the person being out of bed hold days or going to a new NF, a determination from ODMH will be needed prior to the LOC being issued.

26. Question: A NF resident is currently in a hospital ER as she fell out of
her wheelchair at the NF and suffered a broken nose. The family would like her placed at a new NF. She was covered under Medicaid at the previous NF and will be covered under Medicaid at the new NF. Does she need a new PAS and LOC?

Answer: Since she is transferring to a new NF under Medicaid, she will need a new LOC. Since she is in the ER and hasn’t technically been discharged from the NF she will not need a new PAS requirement.

27. Question: If a person goes from a Medicaid certified NF to a Hospital and then to a new Medicaid certified NF should a 7000 form be completed?

Answer: No, if an individual was residing at a Medicaid certified NF and is admitted to the hospital from the NF a 7000 form should not be completed. A 7000 Hospital Exemption can only be issued for a new admission. NF to Hospital to NF is considered a readmission. Check with the original NF for the PAS requirement.

28. Question: We had a resident who was admitted to our NF under a 7000 Hospital Exemption form under Medicaid. Within five days after the admission, she is readmitted to the hospital from our NF and we discharge her off of our census as the resident indicates that she does not want to return to our NF. However, when she is ready to be discharged from the hospital, she changes her mind and now wants to return to our NF under Medicaid payment again. We have a bed available for her. What will we need to readmit her?

Answer: The 7000 Hospital Exemption that you received from the original admission is still effective so it will continue to be your PAS requirement until your Resident Review (PASRR Screen) is due (29th day after the original date of admission). However, since she was discharged off of the census, a new LOC (Level of Care) is needed. The hospital should submit to Preadmission for a LOC prior to readmission.

29. Question: An individual was residing in a Medicaid certified NF. She is admitted to the hospital and she is due to transfer to a new Medicaid certified NF under Non Medicaid payment. Whose responsibility is it to obtain the PAS requirement from the original NF, the hospital discharge
planner or the receiving NF?

Answer: It isn’t specified in the rules who should acquire the PAS requirement from the original NF. However, the only one that gets penalized if the PAS requirement isn’t obtained is the receiving NF. If I was an admissions coordinator and the hospital does not obtain, I would make sure that I receive it prior to the person being admitted to my NF.
Chapter 6- Q&A on Direct transfers from one Ohio Medicaid Certified Nursing Facility to Another Ohio Medicaid Certified Nursing Facility

1. Question: An individual is residing in the community. She is admitted to a hospital. From the hospital, she is discharged to a NF under Medicaid payment for wound care with >30 day anticipated length of stay (LOS). A PAS and LOC are issued for the admission. After a week, the individual would like to transfer to a different NF. Medicaid will still be the payer source. What is needed by the receiving NF and how can it be obtained?

Answer: Since the individual is transferring to a different NF under Medicaid payment, a new LOC is needed to pay the next NF. If the MDS has not been completed as yet, a 3697 can be completed and a physician must sign/date the certification at the bottom of the first page of the 3697.

2. Question: An admission coordinator at Misty Lake NF receives a phone call from a family member of an individual who is in Gardenview NF (Both facilities are Medicaid certified NF's). The resident is due to transfer from Gardenview to Misty Lake. The resident is transferring under private pay. The admission coordinator contacts the other NF for the PAS requirement. The sending NF cannot come up with a PAS requirement. What should be done?

Answer: Since the person has not transferred as yet, you can check with your Preadmission Review site to see if a PAS requirement has been established. If nothing can be located, the sending NF can request a PAS from Preadmission Review.

3. Question: An individual is residing in the community. She is admitted to a hospital. From the hospital, she is admitted to a Medicaid certified NF under Medicaid payment under a valid hospital exemption. A LOC is issued for the admission. After 15 days, the individual would like to transfer to a different NF under Medicaid payment. What is needed to transfer the individual to a new NF? What about the PAS requirement?

Answer: A new LOC is needed to pay the receiving NF. Paperwork should be submitted to Preadmission review for the transfer. Since it is only 15 days since the admission, the PAS requirement would be the hospital transfer form with the valid hospital exemption. The receiving NF can complete the PASRR screen by the 29th day after admission from the
original NF.

4. Question: An individual is residing in a Medicaid certified NF in Miami County in Ohio. She would like to transfer to a Medicaid certified NF in Ashtabula County in Ohio under Medicaid. Should the paperwork be submitted to the Preadmission review site in Miami County or Ashtabula County?

Answer: Since the person is in a NF in Miami County, the NF can forward the request for LOC to the Preadmission review site which covers Wayne County. Once issued, it should be forwarded with the PAS requirement to the NF in Ashtabula County.

5. Question: An individual is residing in the community. She is admitted to a hospital. She is admitted from the hospital to a Medicaid certified NF under NonMedicaid payment with a valid hospital exemption. After 6 months, the individual would like to transfer to another Medicaid certified NF under private pay. The individual's PASRR screen (RR/ID) triggered for mental illness. She was given a No NF Need, No Specialized Services Determination from ODMH. The NF did not start a discharge as they should have. Can she transfer to the new NF?

Answer: Since the individual was given a No NF Need determination, the NF should have either appealed the determination or started a discharge. If neither was initiated, a different Medicaid certified NF should not accept someone without a valid PAS requirement.

6. Question: An individual is residing in the community. She has a diagnosis of mental retardation and cannot be left alone. Her caregiver/mother is hospitalized and there is no one available to care for her. She will need NF placement under Medicaid payment. The paperwork (recent medical information within the last 180 days with diagnoses and medications, PASRR screen, and reason for emergency) should be forwarded to the Preadmission Review site that covers the county where she resides. Preadmission Review forwards the paperwork to DODD (Department of Developmental Disabilities) and an approval is received. After 10 days, the individual’s family would like her transferred to different facility. Can she be transferred?

Answer: If the individual was admitted as an emergency, the NF should have followed up by day 7 and completed a new PASRR screen-coded 4 expired time limit for emergency admission. This screen and medical information should have been faxed to DODD. The individual probably should not transfer to a new NF until an approval is received for continued...
NF placement.

7. Question: An individual is residing in the community. She is admitted to a Medicaid certified NF under a Hospital Exemption NonMedicaid payment. She is still in the NF on the 29th day after admission. The NF reports an expired hospital exemption to Preadmission Review. The PASRR screen does not trigger for mental illness or MR/DD. The individual would like to transfer to a new NF. Does the individual need to wait in the current NF for an answer from Preadmission Review or can she transfer to a different NF?

Answer: She can transfer to the new NF without an answer to PAR. The Hospital Exemption and PASRR screen should be forwarded to the new NF. If an assessment is desired, you can inform Preadmission Review that this individual transferred to a new NF.

8. Question: Similar to question #7- An individual is residing in the community. An individual is admitted to a Medicaid certified NF under a Hospital Exemption NonMedicaid payment. She is still in the NF on the 29th day after admission. The screen triggers for mental illness and it is forwarded to Ascend. The individual would like to transfer to a new NF under NonMedicaid. Does the individual need to wait in the current NF for an answer from ODMH (Ohio Department of Mental Health) or can she transfer to a different NF before a determination is received from ODMH?

Answer: The person can transfer to the new NF but the receiving NF will have to start a discharge if the person does not receive an approval for continued NF services from state authority.

9. Question: An individual transfers from one Medicaid certified NF to another Medicaid certified NF under Medicaid Payment. A LOC is issued for the transfer to the different NF. Within a couple of days after the transfer to the new NF, the individual would like to transfer to a different NF? Is another LOC needed for the transfer?

Answer: Yes, a new LOC would need to be issued to pay for the next NF.

10. Question: An individual transfers from one Medicaid certified NF to another Medicaid certified NF under NonMedicaid payment. The NF forwards the PAS requirement to the new NF. A few days after arrival, it is discovered that Medicaid will have to pay for the individual from day one of the arrival at the new NF. Can a LOC be obtained to pay under Medicaid from the date of admission?

Answer: Yes, as long as there is a valid PAS requirement a LOC can be
obtained after the fact. The NF would provide the PAS requirement, MDS, physician orders, signed/dated physician certification statement, or PAS requirement and a completed 3697 form.

11. Question: I just received a LOC for NF to NF transfer. It is dated for today’s date but the resident isn’t transferring until next week. Will my NF be covered under Medicaid for him until he transfers to the new NF?

Answer: Yes, the LOC that was issued is good for 30 days. Once he transfers, your billing office will file paperwork to take him off of your census and the receiving NF will do the same thing to add him to their census.

12. Question: I am a nursing home social worker. I am sending a resident from my NF to another Medicaid certified NF. He was admitted at a time prior to the new rules from the hospital under a valid convalescent stay. I forwarded the PASRR screen that I completed, but the receiving NF is asking for the hospital transfer form. Isn’t that protected health information?

Answer: Under the HIPAA rules information for treatment and payment are allowed. The transfer form with valid convalescent stay provides a complete PAS requirement for the individual. It can be considered essential for Medicaid payment as a PAS requirement is needed to guarantee the payment to the NF.

13. Question: I work at a Medicaid certified nursing facility. I have someone who was admitted to my NF two days ago with a valid 7000 Hospital Exemption Form under NonMedicaid payment. He would now like to transfer to a different NF under NonMedicaid. What do I need to forward to the new NF in the way of a PAS requirement?

Answer: Since it has only been two days since the admission, you only need to forward the 7000 Hospital Exemption form that you received to the new NF. It will serve as the PAS requirement for 29 days after the date of admission to the original NF. For example, the individual was admitted to the NF on 4/1/10. On 4/4/10, he transfers to a new NF. The new NF should complete the 3622 form by 4/30/10.

14. Question: I am a social worker at a Medicaid certified NF. We receive a resident who transferred from another Medicaid certified NF. We received
a valid Hospital Exemption 7000 form and the PASRR screen that the previous NF completed. However, it does not appear that the previous NF completed the screen correctly as the resident has a diagnosis of schizophrenia and it is not addressed on the screen. What should I do?

Answer: Once you realize that the previous PASRR screen was completed incorrectly you should complete a new PASRR and code it 7-significant change in condition and address the schizophrenia. If it triggers for mental illness, it should be faxed to Ascend. Ascend’s fax # is 1-866-299-0029.

15. Question: An individual is transferring from an Ohio Medicaid certified NF to my Ohio Medicaid certified NF under Medicaid payment. Who is responsible for obtaining the LOC for the transfer?

Answer: From OAC 5101:3-3-15, Individuals who are current NF residents receiving Medicaid vendor payment who wish to transfer to another NF must submit a completed JFS 03697 form or, if transferring without an intervening inpatient hospital stay, the most recent MDS+ completed for the individual by the sending NF and physician’s orders for the individual’s care at the time of admission to the receiving NF, not later than the day of transfer to the new NF, as specified in paragraphs (H)(1) and (H)(2) of this rule, to initiate payment to the new NF effective from the date of admission…”

16. Question: An individual was admitted to a Medicaid certified nursing facility from the hospital. A PAS and LOC is issued for the admission. It was thought that Medicaid would be the payer source, but when she is admitted to the NF she is eligible for Medicare payment. After a couple of weeks, she would like to transfer to a different NF. The payment source will still be Medicare at the new NF. Will she need a new PASRR and LOC for the transfer?

Answer: No, the PAS that was issued is still effective and should be forwarded to the new NF with the PASRR screen. The LOC is not needed as she will transfer under Medicare. If the person ends up staying in the new NF, she will need a new LOC if the Medicare payment ends up being over 30 days from the date the LOC was issued.
This Page Left for Notes
1. Question: What is a bed-hold day?
Answer: From OAC (Ohio Administrative Code)-“NF bed-hold day,” also referred to as “NF leave day,” means a day for which a bed is reserved for a NF resident through medicaid payment while the resident is temporarily absent from the NF for hospitalization, therapeutic leave days, or visitation with friends or relatives. Payment for NF bed-hold days may be made only if the resident has the intent and ability to return to the same NF.

2. Question: If a Medicaid certified NF is billing for bed hold days for an individual who is currently in the hospital or the community on a leave, can the individual be considered discharged from the NF?
Answer: A resident on NF bed-hold day status is not considered discharged from the NF since the facility is reimbursed to hold the bed while the resident is on temporary leave.

3. Question: How many bed hold days does an individual have in one calendar year?
Answer: An individual has 30 Medicaid bed hold days for each calendar year.

4. Question: Does Medicaid pay for bed hold days for individual’s who are covered under hospice payment?
Answer: From OAC (Ohio Administrative Code)- A person enrolled in a medicare or medicaid hospice program is not entitled to medicaid covered NF bed-hold days. It is the hospice provider’s responsibility to contract with and pay the NF provider. Hospice program provisions and criteria are stated in Chapter 5101:3-56 of the Administrative Code.

5. Question: An individual is residing in a Medicaid certified NF. She has used all of her 30 bed days for the year. She goes out to spend a weekend with her family. What is required for her to return to the NF?
Answer: This individual should have an assessment by a worker at the PASSPORT site. A PAS/LOC should be issued prior to individual returning to the NF or the NF will not receive Medicaid payment until a PAS is established. The NF should contact the Preadmission review or screening department at the PASSPORT site to complete the assessment.

6. Question: An individual is residing in a Medicaid certified NF. He has bed hold days left for the year. He goes to the community for therapeutic
leave. The NF bills for bed hold days. He continues to need NF placement, but he wants to be admitted to a different NF. What needs to be done for him to be admitted to a different NF?

Answer: If the current NF is billing for bed hold days, then the individual is still considered to be a resident of the NF. The NF should request a LOC from Preadmission review (by submitting current MDS, physician orders, signed/dated physician certification statement and additional data elements page or a 3697). Once obtained the LOC should be forwarded to the new NF with the PAS requirement.

7. Question: An individual is residing in a Medicaid certified NF. He was admitted under a Hospital Exemption under Medicaid payment. On day 28 from the original date of admission to the NF, the individual is readmitted to the hospital from the NF. The individual is ready to be discharged (on day 32) but prefers to be discharged to a different NF. Under Medicaid payment, a new LOC is needed for the receiving NF. How can this be accomplished?

Answer: Since it is over 30 days from the original admit date to the NF, the PASRR screen is due. The original NF or the hospital worker can complete a PASRR screen. The 7000 Hospital Exemption form should also be obtained. If the PASRR screen triggers for mental illness or MR/DD an approval from the state authority will have to be obtained prior to a LOC being issued.

8. Question: Similar to previous question- An individual is residing in a Medicaid certified NF. He was admitted under a Hospital Exemption under Medicaid HMO payment. A LOC is not needed as it is an HMO. On day 28 from the original date of admission from the hospital to the NF, the individual is readmitted to the hospital from the NF. The individual is ready to be discharged but prefers to be discharged to a different NF on day 32. The payment source will again be Medicaid HMO. A LOC is still not needed for the receiving NF. How can this be accomplished?

Answer: The answer is the same as in question 6. Since it is over 30 days from the original admit date to the NF, the PASRR screen is due. The original NF or the hospital worker can complete a PASRR screen. The original hospital exemption should also be obtained. If the PASRR screen triggers for mental illness or MR/DD an approval from the state authority will have to be obtained but the individual can be admitted to the new NF under HMO as long as the HMO approves and wait for determination from state authority.
9. Question: An individual is residing in a Medicaid certified NF under traditional Medicaid payment. He is admitted to the hospital from the NF and will return to the same NF under Medicaid. He has bed hold days left for the year when he returns to the NF. Is a new LOC needed for return to the NF?

Answer: No, in this case since bed hold days remain, a new LOC is not needed.

10. Question: An individual is residing in a Medicaid certified NF under traditional Medicaid payment. He is admitted to the hospital from the NF. He is ready to return to the NF and will be readmitted under Medicare. He has used all of his bed hold days for the year. Is a new LOC required?

Answer: Since this individual is returning under Medicare payment, a LOC is not required upon readmission to the NF. However, since the individual is out of bed hold days for the year, once the Medicare time is done, a new LOC would then be required. The NF can submit for a LOC to Preadmission review but make sure you have a PAS requirement.

11. Question: An individual is residing in a Medicaid certified NF under traditional Medicaid payment. He is admitted to the hospital from the NF. He is out of bed hold days for the year. When he is ready to be discharged, he will be readmitted to the same NF under Medicaid. Is a LOC needed for return to the NF? If so, if this same scenario continues throughout the same calendar year, how often is a LOC required to return to the NF?

Answer: Yes, a new LOC is needed to return to the NF. Also, each time this scenario is repeated in the same calendar year, a new LOC is required each time.

12. Question: Similar to previous question, An individual is residing in a Medicaid certified NF under traditional Medicaid payment. He is admitted to the hospital from the NF. He is out of bed hold days for the year. When he is ready to be discharged, he will be readmitted to the same NF under Medicaid. A LOC is issued for return to the NF. Within 3 days, he is readmitted to the hospital. If he is returning to the NF under Medicaid, is another LOC required upon readmission?

Answer: Yes, we repeated the question for a reason. Sometimes it is perceived that the LOC is good for 30 days and can be used again but, in this circumstance it isn't. If the person is out of bed hold days for the year, each time the person returns to the hospital and is then readmitted to the NF under Medicaid payment, a new LOC will need to be issued for the rest
of the calendar year.

13. Question: An individual is residing in a Medicaid certified NF under traditional Medicaid payment. He is admitted to the hospital from the NF. He is out of bed hold days for the year. Is a LOC needed to pay for bed hold days while the individual is in a hospital setting?

Answer: No, a LOC is not needed to pay for bed hold days.

14. Question: An individual is residing in a Medicaid certified NF under traditional Medicaid payment. He is admitted to the hospital from the NF. He is out of bed hold days for the year. He is in the hospital on the last day of the year (say 12/31/08). He will not return to the NF until after the first of the year. Does he need a new LOC to return to the NF?

Answer: If the NF discharged the individual off of their census (And they more than likely would have), a new LOC would be needed to return after the first of the new year.

15. Question: An individual is residing in a Medicaid certified NF under traditional Medicaid payment. He is admitted to the hospital from the NF. He is out of bed hold days for the year. He is in the hospital on the last day of the year (say 12/31/08). He will not return to the NF until after the first of the year. He has signed up for hospice care while in the hospital and will return to the NF after the 1st of the years under hospice. Does he need a new LOC to return to the NF?

Answer: No, If the individual is on hospice payment when he/she returns, a LOC would not be needed.

16. Question: An individual is residing in a Medicaid certified NF under traditional Medicaid payment. He goes to the community to spend a couple of days with his family for a therapeutic leave. He is out of bed hold days for the year. While in the community, he becomes ill and is admitted to the hospital. When he is ready for discharge, he would like to be discharged to a different NF under Medicaid payment. What is needed for admission to the new NF?

Answer: It appears that since the individual was out of bed hold days when he left the facility, he was considered a discharge. If he is admitted to a NF from the hospital he will need a PAS/LOC if the intended length of stay is over 30 days. If he receives a hospital exemption, then only a LOC would be required upon admission to the NF.
17. Question: An individual is residing in a Medicaid certified NF under traditional Medicaid payment. He goes to the community to spend a couple of days with her family for a therapeutic leave. He has bed hold days for the year. While in the community, he is incarcerated for a past crime. He is in jail for one day and then post bail. Can he return to the NF without a new PAS or LOC since he still has bed hold days for the year?

Answer: No, since he was incarcerated, the NF would have had to report this to Medicaid. Since Medicaid does not pay for bed hold days while an individual is in jail, he will be considered a discharge. A new PAS and LOC will be needed for him to return to the NF.

18. Question: An individual is residing in a Medicaid certified NF under traditional Medicaid payment. A PAS was issued for him upon admission to the NF. He is admitted to the hospital from the NF. He has bed hold days left for the year. When he is admitted to the hospital, the individual's family informs the NF that they do not want the individual to return the NF. The NF discharges the individual off of the NF census and does not bill for bed hold days. When it comes time for discharge, he will need Medicaid payment to go to a different NF. Is a PAS or LOC required for readmission to the NF?

Answer: A LOC would be needed, but not a PAS. A PAS was already issued and the individual has not been discharged to the community.

19. Question: I work in a Medicaid certified NF. I have a resident who is covered under Medicaid. She is admitted to a Hospital from the NF and then returns from the hospital under Medicare payment. Do I need a LOC once her Medicare time is up?

Answer: If the person returns from the NF and she is out of bed hold days for the year, then she would need a new LOC once the Medicare time is up. However, if she returns with bed hold days, then she would not need a new LOC once the time is up. Your Business manager would need to file a 9401 form to put her back on the vendor.

20. Question: A NF resident is currently in the hospital. His payment source is Medicaid. He is admitted to the hospital from the NF. He is out of bed hold days for the year, but he signs up on Hospice just before discharge and his payment source will be Hospice upon return to the NF. Will a LOC be needed?
Answer: No, he will not need a LOC since Hospice will be his payment source upon readmission to the NF.

21. Question: A resident of a Medicaid certified NF spends a couple of days in the community with her family for a therapeutic leave. The NF is billing for Medicaid bed hold days as the resident has ten left for the year. During the visit, she becomes ill and is hospitalized. When she is ready to be discharged, she requests a transfer to a new NF. She will be discharged under Medicaid. Will she need a LOC and/or PAS?

Answer: Since she had bed hold days and the NF was billing for them while she was out in the community, she was not discharged. A new PAS is not needed. However, since she is going to a new NF, she will need a new LOC.
Chapter 8. Q&A for Hospital Exemptions- Formerly Convalescent Stays

1. Question: An individual is residing in a Medicaid certified NF. He was admitted to the NF directly from the hospital under a valid Hospital Exemption. He is readmitted to the hospital from the NF. He is due to be discharged to a new Medicaid certified NF. Can the person have a new Hospital Exemption to go to the new NF?

Answer: No, a new Hospital Exemption cannot be issued. The Hospital Exemption from original NF admission follows him to the next NF.

2. Question: A person is in the ER (Emergency Room) at a hospital. Can a Hospital Exemption be certified on a transfer form for the individual to be admitted to a Medicaid certified NF from the ER?

Answer: Again, an individual can only receive a Hospital Exemption when she is admitted as an inpatient at a hospital.

3. Question: An individual transfers from one Medicaid certified NF to another Medicaid certified NF. The individual arrives with paperwork which the previous NF believed was a valid Hospital Exemption and a PASRR screen that was completed and coded 3-expired time limit for Hospital Exemption. However, at closer look, the individual was admitted to the previous NF from a Kaiser Clinical decision unit. What should the receiving NF do at this point?

Answer: The new rules indicate that the receiving NF should complete a PASRR screen when they realize that the individual arrived from another Medicaid NF without a proper PASRR requirement. The screen should be coded 7- (No Previous PASRR Records). If the screen triggers for mental illness or MR/DD, it should be faxed to the appropriate state authority by the 30th day after admission.
4. Question: An individual was residing in the community. She is admitted to a hospital for an inpatient stay and discharged to a Medicaid certified NF from the hospital on 5/4/08 under a valid Hospital Exemption. She is readmitted to the hospital on 5/26/08 and remains in the hospital on the 29th day from the original admission to the NF (June 2, 2008) and will be discharged to a new NF. Who is responsible for completing the RR/ID (PASRR screen)?

Answer: The new rules indicate that more entities are capable of completing a Resident Review (PASRR Screen). However, the NF that the individual was residing in can complete the PASRR screen if the resident is in the hospital on the 29th after the original admission to the NF. Also, if the receiving NF obtains the Hospital Exemption form from 5/4/08 admission, the receiving NF can complete the screen and code it 3- Expired Time Limit for Hospital Exemption. If the receiving NF cannot obtain the 5/4/08 Hospital Exemption form, the screen can be coded 7. Also, there is still an option that if the proper paperwork can not be obtained from the original NF, they can request that the hospital submit to Preadmission Review for a PAS. In any case, if the screen triggers for mental illness or MR/DD, it should be forwarded the appropriate state authority. The state authority should be informed that the individual is in the hospital.

5. Question: An individual is residing in the community. She is admitted to a hospital. She is discharged to a Medicaid certified NF under a Hospital Exemption. The individual returns to the hospital and is in the hospital when the Hospital Exemption expired. The NF completes the RR/ID and the screen triggers for mental illness. Should the NF forward the RR/ID the screen to Ascend (Ohio Department of Mental Health contract agency) even though the individual is in the hospital?

Answer: The NF can/should forward to Ascend. It is always very important to keep the hospital worker informed of the current status of the PAS requirement of the individual.

6. Question: An individual is residing in the community. She is admitted to a hospital. She is discharged to a Medicaid certified NF under a Hospital
Exemption. The individual remains in the NF past the 29th day after admission. The NF completes the RR/ID by the 29th day after admission and it does not trigger for mental illness or MR/DD. The individual returns to the hospital and is discharged to a new NF under NonMedicaid payment. What is the responsibility of the original NF?

Answer: The original NF should forward the Hospital Exemption form from original admission to the NF and the PASRR screen that they completed. This is the individual's PAS requirement and should follow the person to the next NF.

7. Question: An individual is residing in the community. She is admitted to a hospital. She is discharged to a Medicaid certified NF under a Hospital Exemption. The NF completes the RR/ID in a timely manner and it triggers for mental illness. The NF forwards the screen to Ascend for further review in a timely manner. ODMH issues a determination of No NF Need- Needs to be admitted to a psychiatric unit. The individual is admitted to a psychiatric unit. Is the individual allowed to be admitted to the NF or a new NF under Hospital Exemption?

Answer: The new rules specify that if an individual receives an adverse PAS determination within 60 days, a new Hospital Exemption cannot be issued. A PAS must be applied for.

8. Question: An individual is admitted to a Medicaid certified NF from the hospital. The individual was residing in the community prior to the hospitalization. The NF does not have a valid Hospital Exemption and a PAS was not issued for the admission. What should the NF do as soon as possible?

Answer: The NF should submit to Preadmission review for a PAS as soon as possible. The NF should forward medical information, and a PASRR screen to Preadmission Review.

9. Question: An individual is admitted to a NF under a Hospital Exemption.
The individual is readmitted to the hospital from the NF on the 10th day after admission to the NF. The individual is going to be transferred to a new NF from the hospital. The original NF cannot locate the Hospital Exemption. What happens now?

Answer: If the Hospital Exemption form cannot be located. I would check with the hospital that sent the individual to the NF. If the hospital is unable to come up with it. Preadmission Review may be able to provide it. If it cannot be located a PAS may be requested or the receiving NF can complete a new screen and code 7 upon admission.

10. Question: An individual is residing in the community. He is admitted to the hospital and needs rehab in a NF. The individual is admitted to the NF under Medicare payment. The admission coordinator at the NF does not look closely at the Hospital Exemption form and it is not valid and a PAS was not issued. The individual is readmitted to the hospital from the NF. While the individual is in the hospital, the NF realizes that it does not have a valid PAS. The individual is due to return the same NF still under Medicare. What can be done about the PAS requirement?

Answer: Again, in this instance, the hospital can submit to Preadmission review for a PAS or the NF can submit to Preadmission review for a PAS.

11. Question: An individual is residing in the community. He is admitted to the hospital and needs rehab in a NF. The individual is admitted to the NF under Medicare payment. The admission coordinator at the NF does not look closely at the transfer form and it does not have a valid Hospital Exemption and a PAS is not issued. The individual is readmitted to the hospital from the NF. While the individual is in the hospital, the NF realizes that it does not have a valid PAS. The individual is due to transfer to a different NF under Medicaid payment. What can be done about the PAS requirement so that a LOC can also be issued?

Answer: In this instance, a PAS will need to be issued for a LOC to be issued.
12. Question: An individual is residing in the community. He is admitted to a hospital and discharged to a NF under a valid Hospital Exemption. The NF completes the PASRR screen in a timely fashion and submits to Ascend within time frame as the screen triggers for mental illness. The state issues a determination of No NF Need- No Specialized Services Need. What should the NF do at this point?

Answer: It should be indicated on the determination page that the NF has 30 days to arrange for an appropriate discharge for the person. The determination can also be appealed by signing it and forwarding it to the address listed on the form.

13. Question: An individual is residing in the community. He is admitted to a NF under a valid Hospital Exemption under Medicaid. The NF completes the PASRR screen in a timely fashion and submits to DODD within time frame as the screen triggers for mental retardation. The state issues a determination of No NF Need- No Specialized Services Need. Within two days of the determination being received by the NF, the individual suffers a CVA and is hospitalized. The individual will need to return to a NF under Medicaid payment for therapy. Can the individual return to the NF?

Answer: Since an adverse determination was recently issued, a new PASRR screen will need to be completed and coded 1- NF Applicant. This screen will need to be forwarded to DODD with current medical information. If approved for NF placement, Preadmission review will be able to issue a LOC for NF placement.

14. Question: An individual is residing in the community. He is admitted as an inpatient to a hospital. He is admitted to a NF under a Hospital Exemption under Medicaid. The NF completes the PASRR screen in a timely fashion and submits to Ascend within time frame as the screen triggers for mental illness. The state issues a determination of No NF Need- No Specialized Services Need. Within two days of the determination being received by the NF, the individual suffers a CVA and is hospitalized. The individual will need to return to a NF under Medicare payment for therapy. What happens if the original NF refuses to take him back or he refuses to go back to the same NF? Can he be admitted to a different NF?
Answer: Since he received an adverse determination within the past 60 days a new PASRR will need to be completed and coded 1- NF applicant. It should be forwarded to ODMH with current medical information. If approved, Preadmission review can issue a PAS for admission to the NF. Or, Preadmission review can be bypassed- If approved, the individual can continue to reside in the NF. If not, it can either be appealed or the NF can start a discharge.

15. Question: An individual is residing in the community. He is admitted to the hospital and is discharged to a NF under Medicare with a valid hospital exemption. On the tenth day after admission, his daughter contacts the NF and would like the individual transferred to a NF closer to where she lives. Medicare will continue to pay for care at the next NF. What should the forwarding NF provide to the receiving NF with regard to a PAS requirement?

Answer: The NF should forward the Hospital exemption to the next NF. It is not time for the PASRR screen to be completed and coded 3- expired time limit for Hospital Exemption as yet. The receiving NF should complete by the 29th day from admission to original NF.

16. Question: An individual is residing in the community. He is admitted to the hospital and is discharged to a NF under Medicare with a Hospital Exemption. The NF completes the PASRR screen in a timely manner. After five weeks, the individual would like to transfer to a different NF. Medicare will still pay for care at the next NF. The sending NF provides the Hospital Exemption Form and PASRR screen to the receiving NF. Within a few days of the individual being admitted to the NF, it is discovered that the individual has a diagnosis of mild Mental Retardation and it was not addressed on the screen that the original NF completed. What should be done?

Answer: The receiving NF should complete a PASRR screen and code it 6- significant change in condition and fax it to DODD with medical information as soon as it is discovered.
17. Question: An individual is residing in the community. He is admitted to the hospital and is discharged to a NF under Medicare with a valid Hospital Exemption. The hospital transfer form does not specify a primary diagnosis and the individual is diagnosed with both schizophrenia and dementia. When it comes time to completing the PASRR screen, what should be done?

Answer: The NF should check with this individual's physician and have the doctor specify a primary diagnosis in writing or a verbal order can be taken with the physician re: the primary diagnosis. The PASRR screen should be completed on this documentation. However, with the new PASRR screen the dementia and schizophrenia will both need to be addressed on the screen so it is not that much of an issue as it was in the past with the previous PASRR screen.

18. Question: An individual is residing in the community. He is admitted to the hospital and is discharged to a NF under Medicare with a valid Hospital Exemption. Within three weeks, the individual would like to transfer to a different NF. He is not skilled anymore and a LOC will be needed to pay the receiving NF. What needs to be provided to Preadmission Review to obtain a LOC?

Answer: Since it has been only three weeks, the valid Hospital Exemption is the only paperwork required. The PASRR screen is not due until the 29th day after admission and the receiving NF should complete by that date.

19. Question: An individual is residing in the community. He is admitted to the hospital and is discharged to a NF under Medicare with a valid Hospital Exemption. The NF completes the paperwork and submits to Preadmission Review for an expired hospital exemption. The screen does not trigger for mental illness or MR/DD. During this time, the individual would like to transfer to a different NF under NonMedicaid. Does the NF have to wait for paperwork from Preadmission Review prior to transferring the individual to a different NF?
Answer: No, this question gets asked a lot, but the individual does not have to wait for anything from Preadmission review prior to transferring. The original NF needs to forward the valid Hospital Exemption and PASRR screen that the NF completed.

20. Question: An individual is residing in the community. He is admitted to the hospital and is discharged to a NF under Medicare with a valid Hospital Exemption. The NF completes the PASRR screen. The screen triggers for mental illness and the paperwork is forwarded to Ascend. During this time, the individual would like to transfer to a different NF under NonMedicaid. Does the NF have to wait for paperwork from ODMH prior to transferring the individual to a different NF?

Answer: Again as in previous question, it is up to the receiving NF. If they would like to take this person they have to be aware of the possibility that the state authority may deny continued NF placement for this person.

21. Question: An individual is residing in the community. He is admitted to the hospital and is discharged to a NF under Medicare with a valid hospital exemption. The NF completes the PASRR screen. The screen triggers for a developmental disability and the paperwork is forwarded to DODD. During this time, the individual would like to transfer to a different NF under Medicaid. Can a LOC be issued for a transfer to a different NF?

Answer: In this circumstance, a LOC cannot be issued until an approval is received from the state authority. If an approval is not received, a LOC cannot be issued. The NF can either appeal this decision or start a discharge for the person.

21. Question: A LOC is issued for an admission from the hospital to a Medicaid certified NF under a Hospital Exemption. The individual is due to be discharged to the NF the same day the LOC is received. However, just before discharge he ends up having medical complications and needs to remain in the hospital for another 2 weeks. He is then discharged to the NF under the LOC that was issued. The LOC was dated 2 weeks ago. Is it still valid and then what date do I start counting when I plan on completing the PASRR screen?
Answer: As long as the individual continues to need assistance as he did when the LOC was completed, it would remain effective for up to 30 days from the date it was issued. As of when you should complete the PASRR screen for the expired Hospital Exemption, you should still complete it by the 29th day after the date of admission to the NF.

22. Question: I am from a Medicaid certified NF. We receive an individual from the hospital under Medicare payment with a complete Hospital Exemption. The hospital social worker also completes a PASRR screens and forwards to us. Since the hospital worker completed it, do I also need to complete one by the 29th day after the date of admission?

Answer: The screen completed by the hospital worker does not take the place of the screen that you complete. You will still need to complete one by the 29th day after the date of admission.

23. Question: I am an admissions coordinator at a Medicaid certified NF. Does the hospital need to complete a new Hospital Exemption each time a resident is readmitted to the hospital?

Answer: No, a Hospital Exemption form is only issued when the individual is first admitted to the NF. He had to have been residing in the community prior to the hospitalization. A Hospital Exemption cannot be issued if an individual was residing in a Medicaid certified NF prior to the hospitalization.

24. Question: I admitted an individual from the hospital two days ago. The hospital worker promised that she would provide the Hospital Exemption form but I have not received it as yet. What should I do if I do get it soon?

Answer: I would fax a request to Preadmission Review for a PAS (Medical information and a PASRR screen) as you have an individual in your NF without a PAS requirement.
25. Question: I am a discharge planner completing a Hospital Exemption form. The individual that I am completing the form for has a diagnosis of MS (Multiple Sclerosis). Should I check yes on question 4 of section B and specify it as indicated?

Answer: When answering this question, I would consider the age of onset of the disability (Not only MS but any Developmental Disability) and also whether the disability resulted in at least 3 functional limitations of major life activities prior to age 22 (See question 5 of section E of the PASRR screen). If it occurred prior to age 22 and there are at least 3 functional limitations of major life activities than I would check yes and specify it on the form. If not, I would check No for the question.
Chapter 9. Q&A Regarding Change of Vendor and LOC Issues

1. Question: What documentation is required when a Medicaid certified NF submits for a vendor payment change to Medicaid?

2. Question: What must the physician sign for the NF to obtain a LOC?
   Answer: 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____________________

3. Question: What is the purpose of the additional data elements page?
   Answer: Provides information about the individual's rehab potential and prognosis to return to the community from the NF. It also provides information about the individual’s community support.

4. Question: What are the types of PAS requirements that can be used to obtain a LOC for vendor payment change?
   Answer: a. A PAS result which was issued by Preadmission Review.
   b. A valid Hospital Exemption Form (if the NF is requesting the LOC effective date to be later than the 290th day after admission) the RR/ID coded 3 – expired time limit for convalescent stay must also be completed and dated by the 30th day after admission. Also, if the RR/ID triggers for mental illness and/or MR/DD, the RR/ID must be forwarded to the appropriate state authority. The Phone # Ascend for Mental Health cases is 1-877-431-1388. The Fax # for Ascend is 1-866-299-0029.. FAX for ODMR/DD is (614) 995-0183 and Phone # is (614) 995-7024) by the 29th day after admission with medical information. The NF must keep a fax confirmation for proof that the paperwork was faxed.
   c. If the individual was admitted from another Medicaid certified NF
without receiving PAS information, the receiving NF should complete an RR/ID and code it 7-no previous PASRR records (by the 30th day after admission). If it triggers for mental illness of MR/DD, the NF should follow the same procedure as in part b (above) by faxing it to the proper state authority.

5. Question: Why is it required that the physician orders from the month of the requested LOC effective date be submitted with the request for a LOC for vendor payment change?

Answer: Because the MDS no longer has medications and medications are a requirement for a LOC. However, if a 3697 is submitted for a LOC, then the physician orders are not needed. The 3697 has a section for medications.

6. Question: An individual is residing in the community. She is covered under a hospice benefit. She will be placed in a Medicaid certified NF and hospice will continue to follow her in the NF. Is a PAS/LOC needed for the admission to the NF?

Answer: If the individual is admitted under hospice, a PAS is required but not a LOC.

7. Question: An individual is a resident of a Medicaid certified NF. She is covered under hospice payment. The hospice coverage is terminated. The individual has no private funds to continue paying the NF. Is a LOC needed?

Answer: Yes, if hospice is terminated and the individual has no private funds, a LOC would have to be requested for the individual.

8. Question: If an individual only needs assistance with one ADL (Activity of Daily Living), is it possible to obtain a LOC (level of care) for Nursing Facility placement?

Answer: Yes, it is possible. A couple of examples include; the individual may need 24 hour supervision due to a cognitive impairment, such as dementia. Also, the individual may need assistance at less than a SLOC (skilled level of care), such as physical therapy for 3x/wk as prescribed by a physician.

9. Question: What is a delayed assessment?

Answer: A delayed assessment is scheduled for an individual who has the potential to return to the community from the NF. This is something that the Preadmission review department will follow up with. The nursing
facility does not have to contact Preadmission Review about a delayed assessment. If Preadmission review does not follow up within six months of the Level of care being issued the individual is exempt from the delayed assessment.

10. Question: What does ADL stand for? What are some examples of ADL's?
Answer: ADL stands for Activity of Daily Living. Some examples include; bathing, grooming, dressing, feeding, medication administration, transfers, and toileting.

11. Question: What does IADL stand for? What are some examples of IADL's?
Answer: IADL stands for Instrumental Activities of Daily Living. Some examples include; shopping, meal preparation, environmental assistance, laundry, and community access.

11. Question: Does the need for assistance with set-up, clean up, meal preparation, etc. count when considering whether and individual requires “hands on” assistance in the completion of ADL’s?
Answer: No, while they may be instrumental activities of daily living (IADL’s), set-up, clean-up or meal preparation are not considered to be part of the ADL definitions. It is important to keep in mind that the reason for considering an individual's ability to perform ADL's is to determine whether the individual requires the level of medical and other services available in a nursing facility in order to maintain or achieve the individual’s optimum health level. Many individuals who can perform the activity of daily living without hands on assistance do need help with set-up and/or clean up.

12. Question: If someone refuses to perform an ADL independently, but appears physically able to perform the task, can this individual bed said to require hands on assistance?
Answer: Only if there is documentation that the individual is incapable of making an informed choice due to impaired judgment and the individual cannot/does not respond to verbal prompts or other “hands-off” supervision. When an assessor is told that someone requires hands-on assistance with an ADL, the first question should be “why”? And “what are the consequences of not carrying out the activity?” It is also necessary to determine if the individual is making an informed choice. If the individual is making an informed choice to not perform the ADL, even
if that choice may result in serious health consequences, it cannot be said that hands-on assistance is required.

13. Question: Can someone who can perform two of the three tasks included in the definition of grooming, but needs hands on assistance with the third, be said to require hands on assistance with grooming?
Answer: No, the individual must require hands on assistance with all three components of grooming (oral hygiene, hair care, and nail care) to be said to need assistance with that ADL.

14. Question: Does assistance with medication administration include a person setting up a pill-minder for an individual? What is the assistance is needed due to a refusal to perform other tasks are related to the actual task of medication administration, such as “finger-pricks” as part of insulin therapy?
Answer: For Medication administration, the evaluator should look at who is setting up the medication and why setting up is being performed. In terms of initiation, if someone cannot draw up the insulin syringe, even if they can inject give their own injection, they are considered to require hands on assistance. If an individual needs medicine set up in a med-minder, then the person requires hands on assistance with medication administration.

If the individual refuses to perform a task (such as finger stick or urine check) but is capable of making an informed choice to refuse to do so, then the performance of that task by someone else is not counted as a need for assistance with medication administration. However, if there is documentation that the individual is incapable of making an informed choice due to a cognitive impairment and refuses to perform tasks that are inherent to the proper administration of the medication, then the individual may be said to require assistance with medication administration.

15. Question: If an individual has a cognitive impairment which requires direct supervision to prevent harm on a twenty-four hour a day basis on some days, but not all the time, would this individual meet the criteria for ILOC (Intermediate Level of Care)?
Answer: No, The person may require the availability of supervision on a 24 hour a day basis such as may be found in a protective setting, but that is not the same as requiring direct supervision to prevent harm on a 24 hour a day basis. In order to base the need for NF placement on these criteria, the individual must require in-person supervision 24 hours a day, seven
days a week, and fifty two weeks a year.

16. Question: If an individual has a Foley catheter and requires that a Registered Nurse (RN) visit once a month to change it, but has no ADL needs, and is otherwise fully independent and can go to work every day, would the need for a skilled nursing service at less than a skilled care level (as described above with catheter) qualify the individual for an intermediate level of care (ILOC)?

Answer: No, Since the individual does not have any ADL deficits and does not require supervision to prevent harm, the individual does not meet the criteria for ILOC.

17. Question: Would an individual who requires assistance with two ADL’s and requires skilled nursing service seven days a week for the treatment of a chronic, but stable condition be determined to need a skilled level of care (SLOC)?

Answer: No – In order to receive a SLOC, the individual must require skilled services at the skilled level of care. It is not enough to need skilled nursing seven days a week or skilled rehabilitation services five days a week. Per OAC rules, besides the above noted information, there must also be notes documenting the instability of the individual’s condition and the complexity of the prescribed service, or due to the instability of the individual’s condition and the presence of special medical complications.

18. Question: Since, 1. The federal Medicaid regulations no longer distinguish between intermediate care facilities and skilled nursing facilities (They are now just called nursing facilities), 2. The new nursing home payment system is based on case mix rather than levels of care, and 3. Since either an intermediate level of care (ILOC) or skilled level of care (SLOC) will qualify an individual for Medicaid payment and/or admission for a nursing facility stay; why has the State of Ohio decided to continue to distinguish between skilled and intermediate level of care?

Answer: The eligibility criteria for certain Medicaid Home and Community Based Services Waivers require the need for a skilled level of care. Also, some nursing facilities or distinct part units in some nursing facilities have special provider agreements for the provision of pediatric sub acute care or “outlier services”. Such facilities are paid under an outlier payment system and one of the requirements for admission to such facilities is that the individual have at least a skilled level of care.

19. Question: If someone is admitted as “Medicare skilled”, will that
individual also receive a skilled or intermediate level of care for Medicaid, when/if it comes time for a change of vendor to Medicaid?

Answer: No- Medicare and Medicaid are two separate programs with separate regulations and separate definitions. There is no relationship between “Medicare Skilled” and the use of the term “skilled” in Medicaid. Also, there is no relationship between the use of the term “skilled nursing” as it is used for private duty nursing purposes and the use of the terms “skilled nursing services”, “skilled care level”, or “skilled level of care” in Medicaid rules pertaining to nursing facilities (each of which has a distinct definition).

20. Question: How is cognitive disorder defined? Is a diagnosis of dementia or some other mental disorder sufficient when determining the need for supervision to prevent harm?

Answer: A cognitive impairment is any mental disorder listed in the DSM (Diagnostic and Statistical Manual), and/or any physiological or neurological disorder, which has, as a symptom or as an aspect of its etiology, the impairment of the individual’s cognitive functioning. It includes perception, memory, judgment, etc.

No, diagnosis alone is not sufficient information. Since an individual may exhibit a wide range of symptoms or behaviors resulting from the impairment, the diagnosis alone does not provide much information about the individual’s functioning level. When an individual requires supervision to prevent harm, it must also be determined whether that need is due to the presence of a documented cognitive impairment (such as the individual has been probated due to incapacity secondary to Alzheimer disease), or whether the individual making an informed choice created the appearance of a need for supervision from the perspective of the assessor.

If the individual has a documented cognitive impairment that indicates a threat to that individual’s health and safety and because of it the person requires direct supervision for 24 hours a day to prevent harm, then the individual meet the criteria for intermediate level of care.

21. Question: If I have an individual who only needs assistance with one ADL (Activity of Daily Living), is it possible to obtain a LOC for him for NF placement?
Answer: Yes, it is possible to obtain a LOC. If an individual only needs assistance with one ADL, like medication administration, he may also need 24 hour supervision due to a cognitive impairment, such as dementia. If this is true, as long as you provide the documentation that documents the need for 24 hour supervision, the person may be able to obtain a LOC for admission to a Medicaid certified nursing facility.

22. Question: An individual was admitted to our Medicaid certified NF with a PAS and LOC. He ended up being covered under Medicare upon admission. He is covered for 21 days under Medicare and then the payment stops. Can I use the LOC that was issued upon admission to bill for Medicaid payment?

Answer: Since it is within 30 days from the date of admission to the NF you can use the LOC that was issued from the hospital as long as the individual continues to remain at least ILOC (Intermediate Level of Care). If he no longer appears to meet ILOC, I would contact someone in Preadmission Review and discuss it.

23. Question: I work at a Medicaid certified NF. Since the hospital also faxes the 7000 Hospital Exemption form to Preadmission Review, do we need to provide it when we submit for a change of vendor?

Answer: Yes, the NF should still provide the 7000 when submitting a request for a change of vendor. The hospital is supposed to fax it to PAR but it may not always be received and ultimately, it is the NF’s responsibility to provide a PASRR requirement.

24. Question: I work in a Medicaid certified NF. I have a resident who is covered under Medicaid. She is admitted to a Hospital from the NF and then returns from the hospital under Medicare payment. Do I need a LOC once her Medicare time is up?

Answer: If the person returns from the NF and she is out of bed hold days for the year, then she would need a new LOC once the Medicare time is up. However, if she returns with bed hold days, then she would not need a new LOC once the time is up. Your Business manager would need to file a 9401 form to put her back on the vendor.
Chapter 10. Q&A Regarding Completion of the PASRR Screen

1. Question: What are some of the names that relate to the PASRR screen?
Answer: It is called ODJFS 3622, Ohio PASRR screen, and RR/ID (Resident Review Identification).

2. Question: What codes of the PASRR screen (Section B) relate to Preadmission and which relate to Resident Review?
Answer: Codes 1 and 2 of section B relate to Preadmission (Preadmission Review issues a PAS) and codes 3-7 relate to resident review (NF worker is responsible- State authority issues determination if applicable).

3. Question: If a NF completes a PASRR Screen and it triggers for mental illness and/or MR/DD for codes 3-7 of section B of the screen, where should the NF forward the screen?
Answer: To the state authorities-The contract Agency for ODMH is called Ascend. The fax # for Ascend is 1-866-299-0029. The phone # for Ascend is 1-877-431-1388. The Phone # for ODMH (Ohio Department of Mental Health) is 614-466-1063. The Fax # for ODMH is 614-466-9653. The Phone # for DODD (The Ohio Department Developmental Disorders) is 614-728-0183. The Fax # for DODD is 614-995-4877.

4. Question: When does a NF complete a PASRR screen and code it 6-No previous PASRR records?
Answer: The only time a PASRR screen is completed and coded 6, is when and individual is admitted to a Medicaid certified from another Medicaid certified NF (either directly or via a hospital) and the previous Medicaid certified NF is unable to provide a valid PAS requirement. If this occurs, the receiving NF should complete the PASRR screen within 29 days from the date of admission. If it triggers for mental illness of MR/DD, it should be forwarded to the appropriate state authorities.

5. Question: What section of the PASRR screen are the diagnoses alcohol abuse and tobacco abuse addressed?
Answer: Alcohol abuse, drug abuse, drug dependency, tobacco abuse, cocaine abuse, etc. are addressed in section D of the PASRR screen. In question 1 of section D, these diagnoses would be addressed in letter h (another mental disorder other than MR that may lead to a chronic disability). You should write the diagnoses on the line.
6. Question: If an individual has a diagnosis of both dementia and mental retardation does the PASRR screen still trigger for further review?

Answer: Yes, the PASRR screen would trigger for MR even though the individual has a diagnosis of dementia.

7. Question: If an individual has a dementia diagnosis and a diagnosis of a mental illness such as schizophrenia, what must be specified next to one of individual's diagnoses?

Answer: If an individual has a diagnosis of dementia and a mental disorder, one of the individual's diagnoses must be specified as a primary diagnosis. This can be accomplished by putting the word “Primary” next to it or (P) next to it.

8. Question: What section of the PASRR screen should the diagnosis delirium need to be addressed?

Answer: The diagnosis delirium should be addressed in section C of the PASRR screen.

9. Question: Under what circumstances is a PASRR screen be completed and coded 7-significant change in condition?

Answer: Any time there is a significant improvement or deterioration in the individual's condition as it relates to a mental illness or MR/DD. Anytime a NF resident enters a hospital psychiatric unit a new screen should be completed within 72 hours of the admission.

Also, Once the individual is a resident of the NF, it is determined that the individual does trigger for Mental Illness and/or MR/DD or, prior to admission to the NF the individual triggered for Mental Illness. While the individual is residing in the NF it is determined that he or she now triggers for MR/DD, as well, or vice versa.

In any case, the person did not trigger the screen prior to admission, but later it is determined that they do trigger the screen.

If this situation occurs, the NF must complete the PASRR, code it 6-significant change in condition and forward it with medical documentation to the appropriate state authority.

10. Question: An individual is residing in the community. She is admitted for an inpatient stay at a hospital. She is discharged from the hospital to a Medicaid certified NF. The individual is admitted to the NF without a PAS or a hospital exemption. What code (1-7) should be marked in section B of
the PASRR screen when it is submitted with medical information to Preadmission Review?

Answer: In this instance, the individual would still be considered a NF applicant. It should be coded 1 and forwarded to Preadmission Review with medical information for a PAS.

11. Question: What section of the PASRR screen should the diagnoses cerebral palsy, epilepsy, spina bifida, polio, and muscular dystrophy be addressed?

Answer: Developmental disorders such as the one listed above should be addressed in section E of the PASRR screen (Question 2). Questions 3, 4, 5, and 6 should be completed based on the diagnosis.

12. Question: Under what circumstance should the PASRR screen be completed and coded 5-expired time limit for respite admission?

Answer: This code is used for individual’s who have already been admitted to the NF from the community for the purpose of a respite stay. The individual who was placed for respite purposes triggered for Mental Illness or MR/DD. The NF should complete the RR/ID (code it 5) and forward to the proper state authority. This information would be noted on the further review results that were received upon admission. For a Medicaid respite admission, the individual is supposed to have an in person LOC assessment by a LSW or RN from the PASSPORT site. Once the assessment is completed, the paperwork is forwarded to the appropriate state authority. Once Preadmission Review receives the determination, they will issue the LOC and PAS for admission to the NF. If the individual is still in the NF on the 14th day after admission to the NF, the NF should complete the PASRR screen, Code it 5- expired time limit for respite admission and forward the screen with medical information to the appropriate state authority.

13. Q: For question 3 of section D of the PASRR, if an individual suffered a CVA and is unable to complete the tasks listed due to the CVA should they be checked?

A: No, if an individual is unable to complete the tasks listed in question 3 of section D of the PASRR because of a CVA, they should not be checked. The tasks are only checked if the individual is unable to complete due the mental disorder listed in question 1 of section D.

14. Question: What section of the PASRR screen is the diagnosis Schizophrenia addressed?
Answer: a Schizophrenic disorder should be addressed in question 1 of section D. The rest of the questions of section D should be completed based on the schizophrenia (and other mental disorders which the individual may have).

15. Question: Under what circumstance is a PASRR screen completed and coded 4-expired time limit for emergency admission?

Answer: This code is used for individual's who already have been admitted to the NF from the community due to an emergency (The individual who required NF placement triggers for Mental Illness and/or MR/DD). Paperwork (ODJFS 3622 coded 1, NF applicant and medical information) was forwarded to PASSPORT Preadmission Review. Preadmission Review forwarded the paperwork to the appropriate state authority. The state authority (ODMH and/or DODD) granted a 7-day admission (see Community to NF, Emergency Admission). If the individual is still residing in the NF on the 7th day after admission to the NF, the NF must complete and code –4 and forward the screen to the state authority with medical information by the 7th day after admission. The state will determine if the individual can continue to reside in the NF.