

Pre-Admission Screening (PAS) Frequently Asked Questions



Last Updated October 15, 2013



Q: What are the changes to the Pre-Admission Screening (PAS)?

A: There are three major changes to Pre-Admission Screening that will occur prior to January 1, 2014. Please note that this legislative change is under contingency and needs to be approved by the Centers for Medicare & Medicaid Services (CMS). Approval has not yet been granted for an October 1, 2013 start date.

1. The Senior LinkAge Line® will be completing the PAS OBRA Level I function instead of counties.
2. There will no longer be an exemption for PAS for those entering a Medicaid- certified nursing facility, swing bed or boarding care for an anticipated stay of less than 30 days. A pre-admission screening must be requested for all individuals admitted to a Medicaid- certified nursing facility regardless of payer source or length of stay.
3. All pre-admission screenings will be requested online at www.mnaging.org. The online referral will ensure the tracking of appropriate data and efficient delivery of the PAS referral to the Senior LinkAge Line®. This method of submitting PAS requests includes individuals who are on a SNBC, MSC+ or MSHO managed care plan or a waiver. Please note that the Senior LinkAge Line® will triage individuals on a SNBC, MSC+ or MSHO managed care plan and/or on a waiver to the appropriate contact for processing and completion of the PAS OBRA.

Q: Who needs a Pre-Admission Screening?

A: Anyone who is entering a Minnesota Medicaid-certified nursing facility, hospital “swing bed” or certified boarding care regardless of length of stay or payer source. This means that even if someone is private pay or Medicare will be covering their stay at one of these facilities, a PAS still needs to be requested. This also includes individuals who are on a waiver or SNBC, MSHO or MSC+ plan. The Senior LinkAge Line® will triage these referrals to the appropriate contact at the lead agency who will complete the PAS and any other activity that is needed.

Q: What if someone isn't on a waiver, MSHO, SNBC or MSC+, but is on a public program and has a care coordinator or case manager, such as a Community Well enrollee; who will conduct the PAS?

A: In this case, the Senior LinkAge Line® would conduct the PAS. However, if it is known that there is another care coordinator or case manager involved, based on information provided on the online referral or in MMIS, the Senior LinkAge Line® will contact this person to alert them to the nursing facility admission and PAS referral.

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Q: Is a PAS referral needed for someone who is in a swing bed?

A: Yes, a PAS needs to be requested if the swing bed is a Medicaid-certified swing bed. As the majority of stays in a swing bed are under 30 days, under current statute, most stays have been exempt from a PAS. However, once Senior LinkAge Line® begins conducting PAS, the 30-day exemption will be removed, therefore, a PAS will be required for all Medicaid-certified swing beds, regardless of the length of stay.

Q: Who can request a PAS?

A: Only a qualified health care professional can request a PAS. When submitting the PAS via the online referral there will be a drop down list for who is submitting the form, including provider type and role of the submitter. Those who are able to use this form include:

- Hospital physicians, nurses, discharge planners/social workers and delegates
- Clinic physicians, nurses and delegates
- Nursing facility nurses, social workers and delegates

Q: Are veterans exempt from PAS?

A: Veteran status does not qualify an individual from an exemption from a PAS. However, a veteran being admitted to a Veterans Affairs (VA) nursing facility is exempt from PAS as those nursing facility beds are not Medical Assistance-certified beds.

Q: Are hospice stays exempt from PAS?

A: Hospice stays are not exempt from PAS. In most hospice situations, an individual will be going in as a nursing facility admission and being billed as a resident who is receiving skilled services. In addition, at any time a consumer may elect to discontinue hospice, but remain in the facility receiving skilled care. For these reasons, a PAS needs to be completed and the guidance that is being given for those entering an MA-certified nursing facility or other qualified bed and receiving hospice services is that a PAS should be requested.

Q: Is there a way to look up if a PAS was requested or completed?

A: There is not currently a website or database to look up if a PAS was requested or completed for an individual. This is something that is being researched for a later date to ensure any look up capabilities also follow strict Minnesota and federal data privacy rules. In the interim, there will be a chat feature located at www.mnaging.org within the online referral link for providers to ask questions or request copies of a PAS. Security procedures will be in place to ensure that the provider requesting the copy or information on an individual has a right to that information.

Q: Can a PAS referral be faxed to the Senior LinkAge Line®?

A: We highly discourage the use of fax for this process as it does not provide any immediate initial results to the discharge planner at the hospital and as a result, has the potential to make

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it difficult for the discharge planner and nursing home staff to communicate effectively about a person's situation. In addition, the fax process has greater potential for error and rework on the part of a discharge planner because the online form has some mandatory fields and guidance. Using the online process has greater potential to ensure the PAS is completed correctly. As a last resort, PAS referrals can be faxed to 1-877-783-4053.

Q: Can the PAS referral be saved and completed at a later date or must it be completed at one time?

A: As of launch when submitting a request, there is not a 'Save' option to allow one to save what was entered and complete at a later date. Therefore, the information should be prepared for entry so that when the submit button is entered, it is correct.

Q: What if a mistake was made on the PAS referral that was not noticed until after submission?

A: The submitter can call or chat with Senior LinkAge Line® to inform them of the error. If it was a significant error, such as incorrect responses to the level of care questions, a new PAS may be submitted, but the Senior LinkAge Line® should be informed of the correction.

Q: As a nursing facility, how will it be communicated that a PAS has been done?

A: Many nursing facilities and hospitals currently have a protocol in place where a copy of the PAS is sent to the nursing facility with any paperwork that is forwarded in regards to the consumer's admission. These protocols should continue and all hospitals and clinics are encouraged to provide a copy of the PAS online referral to the admitting nursing facility. It is important to note that the new online PAS referral system will provide both an initial determination of Medicaid Level of Care and OBRA Level I screen upon submission.

In addition to the initial determination, once the Senior LinkAge Line® has retrieved the PAS referral and completed the processing and data entry, the Senior LinkAge Line® specialist will contact the nursing facility via phone to provide the result of the PAS. Finally, paper documentation will be sent to the nursing facility so they have a copy for their records.

If the nursing facility does not receive a phone call within one business day of the PAS referral being submitted, the nursing facility is encouraged to call or chat with Senior LinkAge Line® to follow-up or submit a PAS request using the online referral system at www.mnaging.org.

Q: What happens if the Medicaid Level of Care result cannot be determined and a face-to-face assessment must be conducted? Is the person able to be admitted into the nursing facility?

A: If the Medicaid Level of Care cannot be determined for an individual, the Senior LinkAge Line® will contact the lead agency to schedule a face-to-face assessment for final determination

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of Medicaid Level of Care. Per statute 256B.0911, this face to face assessment should take place within 20 days.

In regards to admission to a nursing facility, PAS is not a gatekeeping process. Please remember that the consumer has options. The Medicaid Level of Care determination is only for purposes of Medical Assistance payment for long-term care. If a consumer has another pay source, such as Medicare or is private pay and wishes to enter the nursing facility, they have a right to make that choice. Many nursing facilities currently have protocols and guidelines regarding admitting consumers into the nursing facility and should continue to follow their internal protocol.

Q: What if the person does not meet Medicaid Level of Care, but has a payer source that is not Medical Assistance?

A: Again, the consumer has options and could choose to enter the nursing facility with a different pay source. The consumer should be informed about Medicaid Level of Care and what it would mean if they need to apply for Medical Assistance(Medicaid), but do not meet Medicaid Level of Care.

Q: Is there a way to expedite the PAS process for discharges to a nursing home that need to happen quickly?

A: PAS referrals to the Senior LinkAge Line® will be processed within one business day, Monday through Friday. For discharges that need to occur quickly or outside of Senior LinkAge Line® business hours, there is not an expedited process available. However, the PAS online referral submission will provide an initial result for Medicaid Level of Care and OBRA Level I. This referral will also be date and time stamped for reporting purposes.

Q: What if a PAS referral is submitted, but the consumer returns home instead of being admitted to a nursing facility?

A: In this case, the provider who submitted the PAS referral may contact the Senior LinkAge Line® during business hours to alert them that the consumer will not be admitted to a nursing facility. Please note that having a PAS conducted does not impact any change in care and/or discharge plans for the consumer. In addition, a PAS is good for 60 days, so if the plans change again for the consumer to be admitted to a nursing facility, a PAS will be on record. Finally, if a consumer is returning home, but enrolling into a waiver, such as Elderly Waiver, Level of Care will still need to be determined.

Q: How does the revised PAS system impact consumers who have Medical Assistance through Minnesota, but entering a North Dakota facility? Do Minnesota and North Dakota currently have a reciprocity agreement in place?

A: This does not impact any reciprocity between Minnesota and North Dakota. Minnesota will continue to be responsible for completing PAS' for Minnesota residents entering a North

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Dakota facility if they are on Minnesota Medical Assistance. However, how the PAS is requested will be different and a discharge plan from outside the state must use the Minnesota PAS online referral to submit a PAS request.

Q: Are emergency exemptions and facility-to-facility transfer exemptions still in place?

A: Yes, nothing for these exemptions has changed. For the definition of an emergency exemption or facility-to-facility transfer, please refer to Minnesota Statute 256.975, Section 7b. or the DHS bulletin on PAS which will be issued in the near future. You can access the current PAS bulletin which is #11-25-02 which provides information on these exemptions as well.

Q: If it is an emergency admission, when should the online PAS referral be submitted?

A: A PAS referral will be able to be completed 24 hours a day, 7 days a week at www.mnaging.org. For purposes of Medicaid payment, it is recommended that the PAS be submitted prior to or on the date the consumer is admitted to the facility.

Q: Out-of-state hospitals discharge consumers to Minnesota nursing facilities. How will they know that changes to PAS are taking place?

A: The Minnesota Board on Aging will be sending letters to hospitals in border states to inform them of this change in addition to targeted outreach being conducted by the Minnesota Area Agencies on Aging. Also, if a provider comes across an out of state facility that is unfamiliar with the new process of requesting a PAS, it would be very helpful if providers help educate about the website and online submission or refer the provider to www.mnaging.org for more information. A referral to Senior LinkAge Line® is also appropriate so the MinnesotaHelp Network™ can follow up.

Q: What about individuals who were admitted to a Medicaid certified nursing facility prior to implementation of the redesigned PAS, but never had a PAS completed because their stay was anticipated to be less than 30 days? Should the nursing facility request a PAS now for everyone admitted with an anticipated length of stay of less than 30 days, but does not have a PAS?

A: Until implementation of PAS redesign, the 30-day exemption is still in place. This change would affect those who enter the nursing facility one month prior to implementation, but remain in the nursing facility longer than 30 days. If, after date of implementation, the nursing facility discovers that an individual admitted prior to implementation will be staying longer than 30 days and has not had a PAS, than a PAS should be requested via the online referral by day 40 of the stay. If the nursing facility would like to submit a PAS request beginning upon implementation for everyone who has not had a PAS, that is fine too.

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Q: What if a consumer is seeking admission to the nursing facility from the community, but the facility does not feel the person will meet level of care?

A: It is recommended that for community admits a face-to-face assessment (Long Term Care Consultation/MnCHOICES) is completed prior to admission. The nursing facility can facilitate this referral to the county/tribe or the nursing facility can complete the Pre-Admission Screening request and the Senior LinkAge Line® will facilitate the referral for the face-to-face assessment.

Q: There was mention of using this online referral for 90-day redetermination of Level of Care for purposes of MA payment for long-term care. How will the online referral site be used for this purpose?

A: With the new Medicaid Level of Care criteria beginning January 1, 2014, it was determined that there will be two groups of nursing facility residents that will need to have Medicaid Level of Care re-determined. These individuals had first quarterly MDS assessment results in a RUG level of PA1 or PA2. If the first quarterly MDS assessment results in one of the mentioned RUG levels, nursing facility providers will submit a 90 day re-determination of Medicaid Level of Care referral at www.mnaging.org. The online referral site will provide an initial Medicaid Level of Care result based on the information provided by the nursing home. If the 90 day Medicaid Level of Care cannot be determined based on the information provided, Senior LinkAge Line® will make a referral on the consumer's behalf to the lead agency for a face to face assessment which will provide the final Medicaid Level of Care determination.

Q: Will providers use this online referral to make referrals for Long Term Care Consultations, soon to be known as MnCHOICES?

A: This online referral site is **not** intended to be used for a referral to a LTCC/MnCHOICES face-to-face assessment. However, a call made to the lead agency or the Senior LinkAge Line® at 1-800-333-2433 can begin the process to get a MnCHOICES face-to-face assessment scheduled.

Q: There has been mention of follow-up for some individuals after a PAS is requested. What is this follow-up and who is it for?

A: Phone based follow-up is intended for individuals who reside in the nursing facility for less than 30 days, such as post-acute rehabilitative stays. Based on 2012 data from MDS admission assessments, there were approximately 10,000 individuals admitted to a nursing facility for a short-term stay for less than 30 days, but returned for a second stay within one year.

It is very important that these individuals receive the support in the community to ensure their return home is successful. For this reason, the Senior LinkAge Line® (for those age 60+) and the Disability Linkage Line® (for those under age 60) will offer follow-up to private pay (non-Medicaid) individuals who reside less than 30 days at a nursing facility, at both 10 days and 30

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days after discharge. The purpose of the follow-up is to ensure services have arrived, see if any additional services are needed and that the caregiver has appropriate supports. Individuals who need additional follow-up after 30 days will be referred to a Senior LinkAge Line® Community Living Specialist. Individuals on Medical Assistance will be connected to their case manager or care coordinator for assistance.

Scenarios

Scenario #1: John had hip replacement surgery which included a four day hospital inpatient stay. He needs to be discharged from the hospital to a nursing facility for three weeks of rehabilitation, which will be covered under Medicare. The hospital should complete the online PAS referral prior to John being discharged from the nursing facility.

Scenario #2: Anna's family feels she needs to move from her home to a nursing facility for additional care. Anna's family contacts the nursing facility to request admission. The nursing facility is not sure if Anna will meet Level of Care. The clinic from whom the doctor's orders for admission are being signed should first be requested to complete the online PAS request. However, if the clinic does not, the nursing facility may complete the PAS request online. The Senior LinkAge Line® will facilitate referring Anna to the county or tribe for a face-to-face assessment if Level of Care cannot be determined. However, the nursing facility or family can request a face-to-face assessment as any time by calling the Senior LinkAge Line® at 1-800-333-2433.

Scenario #3: Adam is currently residing in a nursing facility, but is being transferred to a new nursing facility. The new nursing facility should request a copy of the PAS that was previously completed. If a PAS was never conducted, the new nursing facility should complete the online PAS request. However, if a copy of the previous PAS can be provided, a PAS request is not needed as this is a facility to facility transfer, which is exempt under PAS statute. The nursing facility can call the Senior LinkAge Line® to request a copy as well.

Scenario #4: Barb was admitted to a nursing facility from the hospital. The nursing facility received a phone call and written communication confirming the PAS was completed along with the result from the Senior LinkAge Line®. However, two weeks later, the nursing facility cannot find paper documentation of the PAS. The nursing facility contacts the Senior LinkAge Line® who is able to fax another copy of the PAS for the nursing facilities records.

Scenario #5: Bob was admitted to the hospital and was placed in a hospital "swing bed" for what is anticipated to be five days. The hospital completes the online PAS referral which will be completed by the Senior LinkAge Line® within one business day.

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Scenario #6: Sherri is being admitted into a non-MA certified nursing facility. Nothing needs to be completed at this time.

Scenario #7: Henry, a Wisconsin resident, is being discharged from a Wisconsin hospital to a Minnesota nursing facility. The Wisconsin hospital should complete the online PAS referral. If the hospital does not have the site to complete the PAS referral, the nursing facility may provide them with the link.

For additional information, including updates, please go to www.mnaging.org.