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Q1: Do we need to complete a resident review (RR) for physical changes in condition if there is no change in PASRR disability (Serious Mental Illness (SMI) or developmental disability (DD)) status when the resident is being transferred to the hospital?

A: It depends. A resident review due to a significant change in condition is required if the individual is being transferred to a psych hospital or unit of the hospital licensed by OhioMHAS as the admission of the individual to a psych hospital or unit is considered a significant change.

The NF should submit a Significant Change in Condition RR (*regarding a major decline or improvement*) when the resident is *part* of the PASRR population and/or the submitter *suspects* that they might be part of the PASRR population.

The NF submitter should base their submission decision more on the **conditions** of the nursing facility (NF) resident, rather than *process issues* like hospital admissions or some other similar non-resident focus. The NF clinical team should use the Significant Change in Condition criteria from the RAI manual (page 2-22), for guidance on this concept.

Q2: Do all hospice patients require a significant change in condition to be submitted?

A: No. The NF should submit a Significant Change in Condition RR (*regarding a major decline or improvement*) when the resident is *part* of the PASRR population and/or the submitter *suspects* that they might be part of the PASRR population. The NF clinical team should use the Significant Change in Condition criteria from the RAI manual (page 2-22), for guidance on this concept.

Q3: Are the new PASRR rules requiring that all 3622's to be done in HENS - including the PASRR for those individuals expiring their 30-day exemption?

A: Yes. Please refer to OAC 5160-3-15.1 and OAC 5160-3-15.2.

Q4: We often receive patients from across the state line and the hospital does their PASSR via phone, not in HENS. Does this mean we will need to do our own PASSR since they are not able to access the HENS?

A: The NF is responsible to ensure that PASRR requirements have been met BEFORE admitting the individual into the facility. If a level I screen is conducted via phone, then the receiving NF must ensure that the screen is entered into the PASRR system.

Q5: Do we have to complete a new PASRR for all diagnosis(es) changes including depression and anxiety?

A: It depends. Any diagnosis can trigger the need for a PASRR screen, depending on additional factors. The NF should submit a Significant Change in Condition RR (*regarding a major decline or improvement*) when the resident is *part* of the PASRR population and/or the submitter *suspects* that they might be part of the PASRR population.

Title 42 of the CFR, section 483.20 specifies that a "...significant change means a major decline or improvement in a resident's status that:

1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered "self-limiting";

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2. Impacts more than one area of the resident's health status; and
3. Requires interdisciplinary review and/or revision of the care plan."

If the depression or anxiety being diagnosed meets these criteria, it is a reportable significant change. The NF clinical team should use the Significant Change in Condition criteria from the RAI manual (page 2-22), for guidance on this concept.

Q6: With the requirement to complete only in HENS will the HENS diagnosis section be updated, there are many diagnoses not available

A: The sections that include diagnosis(es) are not comprehensive for Serious Mental Illness or Developmental Disabilities or Related Conditions. If the diagnosis is not available in the "select all that apply" options, check the box next to "Other" and type in the appropriate diagnosis in the space provided. Please contact your local PAA or email ODA support at PAS-RR@age.ohio.gov for additional assistance.

Q7: When using out of home respite for an individual to enter a NF does the AAA still need to do a PAS?

A: A request for a respite stays require a Level I PAS to be submitted via HENS along with supporting documentation. The NF must obtain a PASRR determination by the Level II entity BEFORE NF admission.

Q8: Do we complete a resident review after we have done a PAS?

A: No. A preadmission screen (PAS) is the initial screen that must be administered to all individuals seeking admission to a Medicaid certified NF **BEFORE** NF admission. OAC 5160-3-15, defines a resident review (RR) as a post admission level II evaluation, which means that a RR if applicable is initiated **AFTER** NF admission.

Therefore, once a PAS is completed in HENS:

- If the individual has indications of an SMI and/or a DD, HENS will automatically refer the individuals screen information to the appropriate level II entity for a level II evaluation and determination. The NF must not admit the individual until the NF receives the individual's PASRR determination.
- If the individual has no indications of a PASRR condition, HENS will automatically generate a results letter that the NF must place in the individual's NF file. In this instance, the NF may admit the individual as PASRR requirements have been met.

Q9: Can the admitting NF obtain the PASRR record from HENS whereby the paper copy does not have to follow the person?

A: Currently, due to the limitations of HENS this is not possible. Until HENS is programmed with this capability, the NF is required to send, fax or mail hard copies of the individual's PASRR records to receiving NF.

Q10: Can you explain how specialized services will be coordinated by the OhioMHAS and communicated to the NF?

A: Currently, recommendations for specialized services are included as part of the PASRR level II

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determination. However, the process of how those services will be coordinated between MHAS and the NF is currently being discussed. Additional information will be forthcoming.

Q11: To clarify, the recommendations just need to be care planned and not necessarily all followed right?

A: No. The NF is federally required to incorporate the recommendations from the PASRR level II determination into a resident's assessment, care planning, and transition of care. The Department of Health surveyors will cite NFs failing to do so. Please refer to 42 CFR 483.20(e) and the State Operations Manual Appendix PP for additional information and guidance.

Q12: To clarify, if the recommendation is something that is not feasible to achieve, the care plan needs to at least address it but not comply if the recommendation is not possible or feasible?

A: Please review Q11 above. If there is a reason the recommendation cannot be followed (i.e. medical concern) the NF must contact the appropriate level II entity and ask for assistance in coordinating the recommended PASRR specialized services to ensure that the person is receiving the necessary specialized services.

Q13: For the new requirement that Level 1 assessments will need to be submitted through HENS, does that include hospice patients to a NF w/o a hospital stay that do not require a level of care to be completed?

A: A level I is a preadmission screen **NOT** an assessment. PASRR applies to **all individuals** seeking admission to a Medicaid certified NF **REGARDLESS of payor source**. Therefore, a level I screen must be submitted through HENS for hospice patients seeking admission to a Medicaid certified NF.

Q14: Are home health agency social workers able to access HENS?

A: The health agencies' social workers must contact the PAA in their region to request access to HENS.

Q15: If an individual is transferred to an acute hospital for a PSYCH evaluation does a significant change in condition need to be completed or upon returning to the NF?

A: Patients being discharged from psych units who were admitted directly from a NF are considered NF residents, thus their applications for NF services are processed as resident reviews. NF residents are permitted to return to a NF and await the issuance of the PASRR determination. The NF must initiate a RR within 24 hours of the residents return to the NF. Please review OAC 5160-3-15.2(C)(2) and the "Most Common Scenarios" reference as a guide for more information.

Q16: Is it true that the PAS will now need to only be filled out by a license social worker?

A: No. OAC 5160-3-15.1 states a Level I may be administered by the Ohio department of Medicaid (ODM) or its designee, OhioMHAS or its designee, the Ohio department of developmental disability (DODD) or its designee, social worker (referring to a person authorized by licensure), professional counselor, hospital discharge planners and the following:

- (i) Medical doctor or Doctor of Osteopathic Medicine;
- (ii) Registered nurse (RN);
- (iii) Master of science of nursing;
- (iv) Clinical nurse specialist;

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- (v) Certified nurse practitioner;
- (vi) Licensed social worker, under supervision of a licensed independent social worker (LISW);
- (vii) Licensed independent social worker;
- (viii) Professional counselor, under supervision of a licensed professional clinical counselor (PCC);
- (ix) Professional clinical counselor;
- (x) Psychologist;
- (xi) Qualified mental health professional as defined in rule 5122-21-03 of the Administrative Code; or
- (xii) Qualified intellectual disability professional; or
- (xiii) Service and support administrator as defined in rule 5126.15 of the Revised Code.

Q17: If an individual test positive at Level I for both an SMI and a DD, how many Level II evaluations must be performed?

A: An individual who has indications of both an SMI and a DD must undergo two Level II evaluations – one for SMI and one for DD. The NF may not admit the individual until the NF receives the level II determination from BOTH OhioMHAS and DoDD.

Q18: Is a PASRR needed for swing beds?

A: A swing bed is a bed that changes (or "swings") between providing hospital services and providing Medicare or Medicaid NF services. According to the final rule for PASRR published in 1992 (55 FR 10951), PASRR does not apply to swing beds.

Q19: If the discharging NF does not have documentation of the PAS/ID, should an admitting NF complete the PAS/ID upon admission, if there is no change in condition requiring a RR?

A: The receiving NF must document that the resident seeking admission to the NF as a transfer resident did not have any PASRR records from the discharging NF. This documentation will protect the receiving NF from being cited by the Dept of Health for not having a level I PAS on file for the individual. The receiving NF must then initiate a RR in HENS.

Q20: Who requires a PAS?

A: Any individual seeking admission into a Medicaid certified NF requires a PAS this includes:

1. Individual who is not a resident of an Ohio NF (Medicaid Certified) 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.

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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.

7. An individual who is receiving PASSPORT home care and is seeking admission to a NF.

8. A resident of an ICF/IID facility who is seeking NF admission.

Q21: 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?

A: If a PAS is issued for an individual, and that individual is admitted to a Medicaid certified NF, the PAS is effective if the individual continues to reside in a Medicaid certified NF. However, subsequent hospitalizations may indicate significant changes in condition where new screens are required that would result in Resident Reviews (RR) for the individual in the NF.

Q22: 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?

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

Q23: I normally do my PASSAR screen following a 30-day hospital exemption as soon as I do the sign in with the resident and family. Is there a problem with that being done early?

A: No. Although not required, ODM encourages NFs to submit a RR upon the admission of an individual to a NF under a hospital exemption as soon as it is determined that the need for NF services will exceed 30 days.

Q24: Is a PAS required for admission to a Non-Medicaid Nursing Home or an Assisted Living Facility in Ohio?

A: No. A PAS is not required for admission to a Non-Medicaid NF.

Q25: Has the policy changed regarding emergency NF stays as it relates to Hospice?

A: No. The applicability of the requirements for admission under an emergency stay categorical determination remains the same. Additional information about emergency NF stays and categorical determinations for PASRR can be found in OAC rules [5160-3-15](#) , [5160-3-15.1](#), [5123-14-01](#) and [5122-21-03](#).

Q26: Does PASRR Apply to hospice?

A: Yes. PASRR requirements apply to all Medicaid certified NFs. An individual who elects to enter a Medicaid-certified NF for hospice care must not be admitted until PASRR requirements have been met. Please review OAC 5160-3-15.1 and the “Most Common Scenarios” reference as a guide for more information.

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Q27: Is there any talk of opening HENS to community social workers (i.e.- Hospice) in order to assist in expediting the PAS process for emergent NF admission

A: Yes. Agencies should contact their local PAA to make a request for access.

Q28: So, the RR after Hospital Exemption is to be done in the HENS after Dec. 30th? On or before the 30th day of the exemption?

A: Effective December 30, 2019, PASRR screenings, and resident reviews must be submitted through HENS. Please refer to OAC 5160-3-15.1 and OAC 5160-3-15.2 for additional guidance.

Q29: I wanted clarification re: DoDD Level I, was the lecturer saying DoDD residents should not come into a NF with a HENS, regardless of coverage?

A: No. PASRR requirements apply to all individuals seeking admission to a Medicaid certified NF REGARDLESS of payor source. Please review OAC 5160-3-15 and OAC 5160-3-15.1 for additional guidance.

Q30: Who will be making the determination of emergency situations?

A: The policy on this matter has not changed. Level II determinations for individuals with indications of a serious mental illness will be made by the Ohio Mental Health and Addiction Services and by the Dept of Developmental Disabilities for individuals with indications of a developmental disability.

Q31: When an individual is admitted under a hospital exemption, do I submit a new application for a RR for an expired convalescent stay?

A: It depends. If an individual is admitted under a hospital exemption and is discharged prior to the 30-day expiration of the hospital exemption, then no. However, when the NF discovers that the individual will require NF stay past the 30-day hospital exemption period, then yes.

Q32: NF to Psych back to NF: do you need to wait for Level II sig change to return before sending back to NF?

A: No. Patients being discharged from psych units who were admitted directly from a NF are considered NF residents, thus their applications for NF services are processed as resident reviews. NF residents are permitted to return to a NF and await the issuance of the PASRR determination. Please review OAC 5160-3-15.2(C)(2) and the "Most Common Scenarios" reference as a guide for more information.

Q33: What if a patient in the emergency room has a history of SMI or DD? Will the patient need to wait 7-9 days for the level II review?

A: Not necessarily, depending on the circumstances the individual may meet the criteria to request a categorical review – an emergency PAS or a respite PAS. Aside from a categorical review request in this situation the person would be subject to a level I screen and a level II evaluation. There is no expedited review for NF admission just because the individual is in the emergency room.

Q34: what do you suggest for facilities that cannot find original PASRR for residents that have been in facility for years or a very long time?

A: The NF must initiate a RR through HENS as soon as possible.

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Q35: When someone has CareSource and UHC since they submit the PASRR, how do we get a copy?

A: CareSource and UHC providers do not submit PASRR screenings to NFs. NFs must acknowledge that the individual has met PASRR requirements prior to NF admission. The NF should be able to obtain a copy of the PASRR in HENS.

Q36: Is my understanding correct that the PASRR is to be completed/submitted to HENS by someone from the NF or a discharge planner from a hospital? Would a community social worker be expected to complete PASRR?

A: The NF is ultimately responsible to ensure that PASRR requirements have been met prior to admission. Level I screen may be administered by the Ohio department of Medicaid (ODM) or its designee, OhioMHAS or its designee, the Ohio department of developmental disability (DODD) or its designee, social worker (referring to a person authorized by licensure), professional counselor, hospital discharge planners. Please review OAC 5160-3-15.1 for additional guidance.

Q37: How does managed care know not to authorize payment if there is no PAS?

A: The NF must certify that the individual met PASRR requirements prior to admission. Post payment review audits conducted by ODM will review if PASRR requirements were met for the days the individual was in the NF. If it is discovered that the NF did not ensure that PASRR requirements were met prior to admission or that the individual remained in the NF past a PASRR specified determination or hospital exemption period, ODM will commence post payment recoupment for each day the individual did not meet PASRR requirements.

Q38: Do you have to follow ALL recommendations made? If unclear on what is intended (EG just says "safety plan" who can be contacted to clarify?

A: Yes, all recommendations for Specialized Services must be implemented. Each recommendation will refer to the condition or risk that it is intended to address. Please review the responses provided for questions #11 and #12.

Q39: On the level 2 recommendations, if you are unclear as to what is meant by a general recommendation such as "behavior management plan" and/or "safety plan" who can be contacted for further clarification? The SNF definition and/or plan may not be the same as the PASRR evaluator.

A: Recommendations will always be accompanied by a rationale that will give further guidance on what condition is being addressed and how the recommended service can help. Mental health professionals and care coordinators should be very familiar with the terms "Behavior management plan" and/or "safety plan" and can provide guidance on how to create, customize and utilize them.

Q40: What is the listed case manager's role (for example from PASSPORT) in the PASRR recommendations and follow up?

A: Case Manager" is not defined in rule, but generally involves the overall coordination of the various roles that interact to implement a care plan, including discharge. The NF is responsible to ensure that recommendations and follow ups contained within the PASRR level II determination is incorporated in the resident's plan of care in accordance with the resident assessment requirements for NFs found in 42 CFR 483.20 (E).

Q41: Does significant change in condition only apply for SMI or DD?

A: The NF should submit a Significant Change in Condition RR (*regarding a major decline or improvement*) when the resident is *part* of the PASRR population and/or the submitter *suspects* that they might be part of the PASRR population.

The NF clinical team should use the Significant Change in Condition criteria from the RAI manual (page 2-22), for guidance on this concept.

Q42: Does the rule change indicating all level I reviews be done on HENS include the resident review done for a person expiring their hospital exemption?

A: Yes. Please review OAC 5160-3-15.1 and OAC 5160-3-15.2 for additional guidance.

Q43: Can an individual with history of having DD still be admitted to a NF with a hospital exemption.

A: Yes. If the attending physician certifies that the individual meets the criteria for a hospital exemption. Please refer to OAC 5160-3-15.1 for additional guidance.

Q44: Can we still fax supporting documentation, or does it need to be uploaded?

A: When required, supporting documentation must be uploaded into HENS.

Q45: How do the changes effect Hospice organizations?

A: They do not. PASRR requirements apply to all Medicaid certified NFs. An individual who elects to enter a Medicaid-certified NF for hospice care must not be admitted until PASRR requirements have been met. Please review OAC 5160-3-15.1 and the "Most Common Scenarios" reference as a guide for more information.

Q46: Is it correct that only "Hospital" discharge planners or NFs can complete 3622 and/or use HENS?

A: No. Please review the response under question #16.

Q47: Is the CBDD notified that a PAS/RR is needed by HENS or by checking in DODD Imagine?

A: DODD has indicated to the county boards that they no longer need to check HENS for PASRR submissions. The department will enter any PASRR submitted in HENS into ImagineIS, that way the county boards are not required to enter multiple systems to complete PASRR.

Q48: Does the County Board have 7 or 9 days to complete a PAS/RR?

A: Per OAC 5123-14-01 within seven (7) business days of receipt of the referral of an individual for preadmission screening or resident review for developmental disabilities, the county board shall gather data, complete an evaluation, and submit its recommendations in the form of a written evaluative report to the department regarding whether the individual has developmental disabilities and whether NF services and specialized services for developmental disabilities are required.

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Q49: We have long term residents with paper PAS and RR in hard chart. Do these need to be redone in the online HENS system?

A: No. Effective December 30,2019 all PASRR's must be submitted in HENS.

Q50: the MDS asks the question level 1 or level 2 if they have had a level 2 RR and are ruled out do, I mark level 1

A: Please refer to the Resident Assessment Instrument (RAI) for guidance on the MDS.

Q51: How do we answer if we are not sure if the MRDD appeared before age 22 for the DoDD portion

A: If the submitter of the ODM 3622 is not sure if the manifestation of a developmental disability or related condition occurred prior to the age of 22 and the person and family are unable to give a reliable history, please err on the side of the person until the addition of "unknown" is available on the form. The department will have the county board complete a thorough evaluation and recommendation for the person.

Q52: When you receive a "rule out" does that mean we no longer need to complete further reviews?

A: Rule out means that a determination made by the DODD and/or the OhioMHAS that the individual is not subject to further review. An individual may be ruled out at any time during the PASRR assessment. However, if the individual subsequently experiences a significant change in condition that reflects indications of a PASRR condition then a RR must be submitted.

For example: If an individual is ruled out based on insufficient substantial functional limitations (SFLs), then subsequently their condition changed while in the NF. The NF would have to initiate a RR based on a significant change in condition. This is to ensure, if needed, that the adequate and proper services continue to be provided.

Q53: When does A PASRR need to be redone after a psych stay?

A: OAC 5160-3-15.2(C)(2) requires that the NF initiate a RR based on a significant change in condition within 24 hours of the individual's readmission to a NF after a brief stay at a psych facility.

Q54: If someone goes out to the hospital is this a significant change?

A: If the individual is admitted to a psych hospital the NF must initiate a RR for a significant change must in HENS within 24 hours of the residents return to the NF.

Otherwise, the NF should submit a Significant Change in Condition RR (*regarding a major decline or improvement*) within 72 hours when the resident is *part* of the PASRR population and/or the submitter *suspects* that they might be part of the PASRR population.

The NF submitter should base their submission decision more on the **conditions** of the nursing facility (*NF*) resident, rather than *process issues* like hospital admissions or some other similar non-resident focus. The NF clinical team should use the Significant Change in Condition criteria from the RAI manual (page 2-22), for guidance on this concept.

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Q55: Is it okay to keep a copy of the PASRR in the electronic chart and not the physical chart? or does it need to be in both?

A: Yes, if the PASRR records are retained and available.

Q56: Do we submit a level 1 if the individual is short term at NF?

A: Yes. PASRR requirements apply to **all individuals** seeking admission to a Medicaid certified NF regardless of payor source, or how long they stay. Adherence to PASRR requirements is based on the certification of the NF not the individual's status. Please review OAC 5160-3-15 and OAC 5160-3-.15.1 for additional guidance.

Q57: Do we submit a level 1 for all NF residents when they are admitted? or only if the trip the screen? Or do I always submit Level 1 for expired time limit for hospital exemptions?

A: A level I is a **PRE**-admission screen that must be administered PRIOR to NF admission. If the screen indicates that the individual may have a PASRR condition, then HENS will forward the screen to the appropriate level II entity for a level II evaluation. The NF must not admit the individual until a level I PAS and if applicable a level II is completed, and a determination has been received by the nursing facility.

If the individual was admitted under the hospital discharge exemption as defined in OAC 5160-3-15.1 and since been found to require more than 30 days of services at the NF. The NF must submit a RR no later than the 29th day from the date of admission. Please review OAC 5160-3-15.2(C)(1) for further guidance.

Q58: Does a significant change RR have to be done if there is a change while remaining in the NF?

A: Yes. The NF clinical team should use the Significant Change in Condition criteria from the RAI manual (page 2-22), for guidance on this concept.

Q59: Does supporting documentation need to be uploaded when completing a 3622 in HENS that does not trigger for a Level 2 review?

A: No.

Q60: Do you have to fax a resident review triggering level II review, or will it be accessed from HENS directly?

A: Effective December 30, 2019, all PASRR must be submitted electronically.

Q61: Is there an email subscription available for updates for PASRR?

A: Not currently.

Q62: Do they want us to submit for physical decline if r/t a physical impairment, ex. UTI vs. d/t a mental d/o or muscle weakness?

A: A physical impairment that is not self-limiting is considered a significant change for an individual who was previously identified as having a PASRR condition (i.e. SMI or DD/RC). A UTI is considered self-limiting.

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Q63: Will there be a new updated copy of the 3622?

A: Yes. HENS will incorporate updated PASRR screening questions. More information to follow in 2020.

Q64: If a resident is found not to be appropriate for NF, and has no community housing, where do they go?

A: Discharge planning starts on the day of admission. The NF, guardian (if applicable), person/resident, and any other entities (i.e. County Board of DD, OhioMHAS) are to work as a team to identify safe alternatives to the current living arrangement. A NF is a more restrictive environment than an ICF/IID for someone with a DD/RC. This is an alternative placement option for a person with a developmental disability or related condition.

Q65: Who should an agency contact to establish new user names for log in information?

A: Individuals who require a login account must contact the facility's HENS administrator. Individual's requiring assistance to re-establish an existing login, please contact the ODA help desk at ODA_ISD_HelpDesk@age.ohio.gov.

Q66: Would you need to sig. change for resident going to hospice?

A: The NF should submit a Significant Change in Condition RR (*regarding a major decline or improvement*) when the resident is *part* of the PASRR population and/or the submitter *suspects* that they might be part of the PASRR population.

The NF submitter should base their submission decision more on the **conditions** of the nursing facility (NF) resident, rather than *process issues* like hospital admissions or some other similar non-resident focus. The NF clinical team should use the Significant Change in Condition criteria from the RAI manual (page 2-22), for guidance on this concept.

Q67: If a resident has a dx. of Dementia and/or dementia with behaviors, is a Sig Change required to be completed if they get a new dx. of dementia with psychosis?

A: If the person has a PASRR identified condition, a significant change of condition PASRR is required for the addition of this new diagnosis. The NF clinical team should use the Significant Change in Condition criteria from the RAI manual (page 2-22), for guidance on this concept.

Q68: I have had several Hospital Social workers send patients with a Hospital Exemption and they have 6 weeks of IV antibiotics ordered at the NF. How can they do this if they know patient will be here longer than 30 days.

A: They can't. The individual does not qualify for admission under the hospital exemption and the NF must not admit the individual until a level I PAS and if applicable a level II is completed, and a determination has been received by the NF.

Q69: Is addiction/Alcoholism alone enough to trigger a level II?

A: Generally, no. The need for a Level II assessment is determined by looking at the co-morbidities surrounding the substance use disorder, functional capacity and related mental dysfunction.

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Q70: Is a level II face to face assessment mandatory for every patient?

A: No. A level II evaluation is only required when the individual has indications of a PASRR condition prior to NF admission.

Q71: Can the families submit a request for a hearing if they are denied NF services through the PASSR screening/Not wanting to go to an IFC-DD wants assisted living.

A: Yes. Information regarding the individual's hearing rights along with the individual's adverse PASRR determination is sent to the individual and guardian if applicable.

Q72: Our local hospital is moving people out of psych and over to med surge prior to d/c. So, the NF is simply receiving the 7000. So, are they considered a sig change for the facility?

A: There is insufficient information here to answer this question accurately. It is possible that the 7000 is not the correct form to use in this situation. Please send case specific inquiries to PASRR@medicaid.ohio.gov for assistance.

Q73: If someone goes from an Ohio NF, then is sent to a nearby out-of-state hospital, then returns to the same NF, do they need a new PAS?

A: No. The individual is still considered to be a NF resident. Please refer to the "Most Common Scenarios" reference as a guide for more information.

Q74: What about a weekend emergency admission? How do we get a PASRR on the weekend?

A: DODD does not have PASRR coverage on the weekend. OhioMHAS provides PASRR assessment and review 365 days a year. The applicant should submit the application through HENS (as for all PASRR applications), indicating that it is an emergency or respite situation in the HENS process. A designated reviewer will verify the emergency need and issue a determination.

Q75: Will out of state hospitals be set up with HENS. We admit a lot of admissions for Ft. Wayne, IN.

A: Out of state hospitals may request HENS access by contacting ODA. There is a out of state protocol that is in place when an out of state hospital does not have access or does not want access to HENS. Please refer the out of state hospital that have questions about this process directly to ODM at PASRR@medicaid.ohio.gov.

Q76: Will Home Health agencies be also set up HENS for admissions from the home?

A: Community agencies have ben added to HENS and submitters may obtain log in information though the PAA in their region.

Q77: On section E question 2. We are only able to insert 10 characters. Are we to use ICD code?

A: Please contact ODA for system support directly at PAS-RR@age.ohio.gov for assistance.

Q78: Will hospital discharge planners be held accountable for completing HENS accurately? Often, mental health diagnoses are not indicated on the ones we are receiving.

A: The NF is responsible for ensuring that the information and the supporting documentation (physicians order) are accurate and complete BEFORE admitting the individual into the NF. NFs that

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have concerns regarding hospitals that are constantly filling out the ODM 7000 incorrectly in HENS must submit those concerns directly to ODM at PASRR@medicaid.ohio.gov.

Q79: Does the "Physician" still have to be an MD or DO, or will they allow CNP as primary care?

A: For a H& P: In accordance with federal PASRR requirements found in 42 CFR 483.134(c)(1) the history and physical must be performed by a physician, if the history and physical examination is not performed by a physician, then a physician must review and concur with the conclusions. This means that the H&P must be signed by a physician.

For Hospital Exemption: An exempt hospital discharge mean an individual who is admitted to a NF directly from a hospital after receiving acute inpatient care at the hospital; requires NF services for the condition for which they received care in the hospital; and whose attending physician has certified before admission to the NF that the individual is likely to requires less than 30 days of NF services.

Q80: Do community agencies, such as hospice requesting a PAS must have to go through HENS, or will they continue to submit the 3622 and paperwork to the local PAA?

A: Effective December 30, 2019, all level I PAS (ODM3622) must be submitted electronically through HENS.

Q81: Are hospitals completing the 7000 still, or are they completing a Level 1 in HENS

A: If the attending physician certified that the individual meets the criteria for admission under a hospital discharge exemption then the hospital must submit a hospital exemption electronically via HENS. If the individual does not meet the requirements for a hospital discharge exemption, then the hospital discharge planner may complete a level I PAS electronically via HENS.

Q82: Can a Resident Review in HENS be copied to make completion of the next Resident Review go quicker? Often the data has not changed, simply that someone with indications of MI had a medical hospitalization.

A: Please submit HENS system questions directly to ODA at PAS-RR@age.ohio.gov.

Q83: How do we proceed if we find after NF admit that hospital did not complete the 7000 properly, failing to identify MI or DD issue?

A: Please review the response provided for question #82

Q84: When completing a RR, will you receive a review result letter?

A: Effective December 30, 2019, HENS will generate a review results letter when the RR initiated through HENS does not qualify for a level II evaluation. If a Level II is required, the NF will receive the determination letter from the Level II entity (or entities) once the Level II evaluation and determination is complete.

Q85: In the simplest terms: what does the nursing home need to do differently for all of this?

A: Ensure that PASRR requirements are met for all individuals prior to admission. If you need further guidance or PASRR training, please email ODM at PASRR@medicaid.ohio.gov.

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Q86: Here in Ohio with the HENS system we have problems with regions not communicating with one another, for example if we receive a patient from a hospital outside of our AAA Region 9, we will not receive notification in our HENS system, is there any hope that the regions will be updated to communicate with one another through the HENS system?

A: Yes. ODM and ODA are aware of this and will continue to work on enhancing HENS capabilities.

Q87: Are there any restrictions on who can submit the initial Level 1 request?

A: Please review the response provided for question #16

Q88: If someone admits from out of state from a hospital with a 9-page resident review, does it ever expire or need to be redone?

A: Yes. A new RR is required when a resident experience a significant change in condition. The NF should submit a Significant Change in Condition RR (*regarding a major decline or improvement*) when the resident is *part* of the PASRR population and/or the submitter *suspects* that they might be part of the PASRR population.

The NF clinical team should use the Significant Change in Condition criteria from the RAI manual (page 2-22), for guidance on this concept.

Q89: HENS is good for 30 days. Are we to submit RR electronically now prior to the HENS expiration?

A: Yes. A RR is always been required prior To clarify. HENS is the name of the electronic system used to submit PASRR screens and initiate RR. The preadmission screen (PAS) is called the level I and the individualized evaluation and determination that is required when the level I PAS reflects indications of a PASRR condition is called a level II. A resident review (RR) is a post admission screen and evaluation that occurs upon a significant change in condition or when the resident meets any of the condition specified in OAC 5160-3-15.2(C).

Q90: Can respite in a NH be longer than 14 days or 30 days?

A: No. Federal and state rules require that the admission of an individual to a NF for a maximum of fourteen days in order to provide respite to in-home caregivers to whom the individual is expected to return following the respite stay. Please refer to [5160-3-15](#) , [5123-14-01](#) and [5122-21-03](#) for more information.

Q91: If there is a hospital exemption does the County Board need to complete a Level II?

A: A hospital exemption exempts the person from a Level II for 30 days. A notification of the hospital exemption is sent to alert the county board to the fact that the person has been admitted to a nursing facility. Prior to the expiration of the hospital exemption period, if the person continues to require the services provided by a NF. The NF must submit a RR no later than the 29th day from the date of admission. At that time the county board would be alerted to the need to complete a Level II.

Q92: HENS will continue to send any triggered PASRR to Ascend and or DoDD- correct?

A: Yes.

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Q93: If a resident is out of bedhold days and has been from NF to hospital to same NF do they need a Level I to return or is the original still valid?

A: No new level I is required if there is no significant change in condition. Please refer to the “Most Common Scenarios” reference as a guide for more information.

Q94: On significant changes-if a person does not have any dd/MH dx. when they enter, and then they have a significant change of physical condition only like a fractured hip does a significant change of condition RR need to be completed

A: No, if the person does not have a PASRR identified condition the significant change of condition is not required for a physical condition change (i.e. hip fracture). The NF clinical team should use the Significant Change in Condition criteria from the RAI manual (page 2-22), for guidance on this concept.

Q95: Upon admission if the resident is going to be LTC should a review be done at that time?

A: A Level I PAS must be conducted prior to NF admission. If the level I reflects indications of a PASRR condition, HENS will forward the level I to the appropriate level II agency for an evaluation and determination. The NF must not admit the individual that has indications of a PASRR condition until the NF receives the individual’s level II PASRR determination.

Q96: Does a new PAS need to be re-submitted if a resident’s payor changes at the facility.

A: No. It is the certification of the NF not the individual’s payor source that mandates compliance with PASRR requirements. The PAS must be submitted before the individual is admitted to a Medicaid certified NF not when there is a payor change as PASRR applies regardless of payor source.

Q97: Can you clarify Rule Out for SMI in new rule?

A: An examination of the documentation and/or face-to-face assessment indicates that the individual does not suffer from Serious Mental Illness (SMI) as defined by OAC 5122-21-03 and is therefore not part of the PASRR target population and not subject to further PASRR determination. An individual can have MI while not meeting the criteria for SMI.

Q98: In 15.2 regarding unreported SMI DD diagnoses will there be a timeline for completing the RR requirements?

A: No. The NF is responsible to initiate a RR for significant change in condition in HENS immediately, if the NF subsequently discovers that the individual has additional diagnosis that meet the Significant Change in Condition criteria from the RAI manual (page 2-22).

Q99: How many days (or is there a time frame) to submit a significant change?

A: OAC 5160-3-15.2(C)(3) requires that the NF initiate a RR for a significant change in HENS within 72 hours following the identification of the significant change.