

**Pre-Admission Screening Guide  
For Health Care Professionals**



***Helping You Today, Improving Your  
Tomorrow***

# Pre-Admission Screening Guide for Health Care Professionals

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## **INDIANA'S PRE-ADMISSION SCREENING PROGRAM OVERVIEW**

The IN Pre-Admission Screening Program (IPAS or PAS) was started by the State of IN on April 30, 1983. The primary purpose of this program is to assure that before an individual is placed in an IN nursing facility (NF) alternatives to long-term care such as home and community services (HCBS) have been explored. Individuals are helped to stay at home by finding and assisting them to access available in-home and community services necessary to avoid or delay NF placement. The PAS focuses on an individual's medical needs and determines if an individual meets the Medicaid Level of Care (LOC) criteria and is appropriate for IN NF placement.

The IPAS Program Information Sheet, Application for Long Term Care Services (IPAS Application) and Level I - Identification Evaluation Criteria Certification by Physician for Long-Term Care Services (Form 450B, Sections IV and V) form initiates the PAS process. The individual's doctor becomes a member of the PAS team by completing and signing a 450B - Physician Certification for Long-Term Care Services (Form 450B – Section I-III). A LifeTime Resources (LTR) Case Manager (CM) is also appointed as a member of the PAS team.

The CM completes a comprehensive assessment of the individual's needs by communicating with the PAS applicant and their family to discuss medical problems, how much help is needed with activities of daily living, and the type of help that may be available in the home or community. Based on this assessment in conjunction with information provided by medical professionals, the CM will propose a plan of care. The PAS team then recommends either NF placement or continued living at home with the assistance of identified in-home services and the final determination to approve or deny NF placement is issued.

Ideally all individuals requesting admission to an IN NF are to be assessed and a final determination rendered prior to placement in the NF. However there are PAS regulations that allow for temporary authorization into a NF before the full PAS assessment is completed. Examples: Emergency situations or admission directly from a hospital.

By state law, anyone, regardless of income or resources, wanting to be admitted to an IN NF must participate in the PAS/PASRR program. If a person refuses to participate in PAS and is admitted to a NF, the penalty is non-payment by Medicaid of per diem NF costs for up to one year. Anyone requiring a Level II assessment **must** participate in the PAS assessment.

The local Area Agency on Aging, LifeTime Resources (LTR), serves the Dearborn, Jefferson, Ohio, Ripley, and Switzerland counties and coordinates and completes the PAS process. All final determinations are made by LTR who then notifies the NF and applicant of the decision. An appeal process is in place for an applicant who does not agree with the final determination. Directions for the appeal are included on the 4B determination form.

## **STATE OF INDIANA IPAS/PASRR PROGRAM MANUAL**

The State PAS Manual referenced in this document refers to the January 2000 edition of the State of Indiana IPAS/PASRR Program Manual. This is available on the Indiana Family and Social Services Administration website, [www.in.gov/fssa](http://www.in.gov/fssa) and on the LifeTime Resources Website, [www.lifetime-resources.org](http://www.lifetime-resources.org).

## **LIFETIME RESOURCES IPAS REFERENCE GUIDE**

The LifeTime Resources IPAS Reference Guide, also available on LifeTime Resources website, provides an outline of what is required for each IPAS type. The IPAS types are categorized based on where the client is located at the time of the PAS application – From Home, From Nursing Facility and From Hospital.

## **SUMMARY OF NURSING FACILITIES RESPONSIBILITIES**

IPAS Manual 2.3, 6.3

### **PAS Notification**

The NF will notify potential residents of the IPAS Requirements by sharing the IPAS Program Information Sheet. This may or may not be provided at the hospital; it is the NF's responsibility to insure that the applicant is advised of PAS.

### **PAS Application packet**

Per the State IPAS manual 2.3.2, "The NF will review the application forms prior to forwarding them to the IPAS agency to assure appropriate completion". With few exceptions, PAS packets are to be submitted to LTR by the NF.

Regardless of the origin of the PAS packet, at the NF or at the hospital, the NF will ensure that the PAS packet is complete and accurate prior to submission to LTR. If necessary, the NF will work directly with the Hospital Discharge Planner (HDP) or other persons as applicable to correct any inaccuracies within the PAS packet. PAS processing cannot begin until the PAS agency receives a complete and accurate PAS packet.

The NF will assist the client with completing the PAS packet which contains at a minimum the, IPAS Application, 450B, and the Level I Form. Other documents may be required for special circumstances.

The NF will assure timely submission of the PAS packet to the **IPAS Agency in which the individual resides**. A map of the 16 Area Agencies on Aging, which are also the IPAS agencies, is provided in Appendix A. If a Temporary Authorization is given by an Indiana HDP, the NF forwards the PAS packet immediately but no later than within 5 days of admission. For all other admissions, the NF will forward the PAS packet immediately upon completion and prior to admission.

### **Trained Back Up Person**

LTR is willing to train multiple NF staff to ensure that there is always a qualified person to process PAS packets. LTR does not have staff assigned only to the PAS program therefore no one at LTR can act as a “back up” to the NF when the staff responsible for processing the PAS paperwork is not at work. The NF must assure that back up staff are trained and that the PAS materials are in a location accessible to the back ups.

### **Discharges**

If a client is discharged prior to the completion of the full PAS assessment, the NF notifies LTR so that final PAS documents may be issued.

### **Class A Infractions**

IPAS Manual 6.3

Failure of an administrator, or the members of designated to the governing body of the NF to ensure compliance with the IPAS requirements, constitutes a Class A infraction, which can impose a maximum of a \$10,000 fine. Infractions can be imposed for:

- (a) Failure to inform a client of the IPAS requirements
- (b) Admitting a client without the proper authorization, which could include no designee approval, Level II assessment not being completed prior to admission, admitting an out of state resident without a PAS or inappropriate use of the Exempted Hospital Discharge and admitting a client who clearly needed more than 30 days of NF care.
- (c) Failing to forward PAS paperwork to the IPAS agency within the proper time frames.

### **SUMMARY OF HOSPITAL DISCHARGE PLANNER RESPONSIBILITIES**

IPAS Manual 3.7, 3.8.4, 13.5 & 13.5.1

The HDP has the responsibility to complete training to be an IPAS Designee and attend additional training as needed and/or required (see Hospital Discharge Planner Certification Process, Appendix B).

Acting as an IPAS Designee the HDP may give Temporary Authorization prior to NF admission for the Direct from Hospital IPAS Type and make a recommendation that an Exempted Hospital Discharge be used for clients meeting those qualifications. This applies to Indiana residents in an acute hospital bed and Out of State residents in an acute hospital bed following treatment in an Indiana emergency room.

The HDP may NOT give Temporary Authorization for individuals needing NF care who:

- (a) Need a Level II assessment
- (b) Are in an Emergency Room or 23 hour bed hold or
- (c) Transferring from Hospital Based NF Units.

In these cases, only the IPAS Agency can give Temporary Authorization.

For a client who needs Nursing Facility care directly after medical care, the HDP has the responsibility to inform him/her of the IPAS requirements by sharing the IPAS Program Information Sheet. The HDP will assist him/her with completion of a PAS packet which contains at a minimum the IPAS Application, 450B, and the Level I form. Other documents may be required for special circumstances.

The HDP will submit the PAS packet to the NF and work directly with them to correct any inaccuracies & ensure a proper client discharge plan. Temporary Authorizations that are signed must have dates; incomplete authorizations will be returned.

The HDP will ensure the client meets the qualification(s) for the PAS Types of Direct from Hospital and when applicable, the HDP will sign as IPAS Designee giving the Temporary Authorization.

LTR assumes that out of area HDPs are certified, unless specifically notified otherwise. Hospitals that are known not to have designee authority are: St Catherine's, Kentuckiana, and Southern Indiana Rehab Hospital.

## **LIFETIME RESOURCE RESPONSIBILITIES**

IPAS Manual 3, 6.3.4 & 13

### **PAS Assessment Timeframes**

- LTR will complete PAS Assessments & finalize 4B or Medicaid Waiver Letter within designated time frames. For **Indiana residents** who are coming **direct from hospital** (IN or Out of State):
  - **Medicaid or Medicaid Will Apply (MWA)** – the assessments will be within designated time frames with a maximum of up to 25 days.
  - **Private Pay (Non-Medicaid) Clients** – the assessments will be done within designated time frames with a maximum of up to 120 days.
- For **Indiana residents** who are coming **direct from home** – the assessments will be within designated time frames with a maximum of up to 25 days from the signature on the IPAS application.
- For clients who are from **Out of State** the assessment will be completed within 10 days of the signature on the IPAS application **or** for clients who have received an **Exempted Hospital Discharge Extension** the assessment will be completed within the extension period.
- For clients who are **in the NF under an Emergency/APS IPAS Type**, if the client requires a Level II assessment, the PAS assessment will be done in 7 days. For clients not requiring a Level II assessment, the PAS assessment will be done within 25 days.
- For clients who are **in the NF under a Short-Term 30 Day stay** (no Level II required) a PAS assessment will only be done if an extension request is made and approved. The PAS assessment will be completed within the extension period.

LTR receives PAS requests from 5 counties and must prioritize in order to meet all the required time frames. We will ensure **same day** Temporary Authorization of an Emergency/APS PAS received during business hours if the client is unable to remain at home for more than 24 hours.

We will give **immediate attention** to Out of State (OOS) Direct from Hospital admission requests and IN Direct from Hospital requests for an Exempted Hospital Discharge decision. Unless we experience an unusually high PAS volume:

- If LTR receives a complete and accurate PAS packet by 3:00 pm, we will complete the authorization/decision the same day
- For complete and accurate PAS packets received after 3:00 pm we will complete the PAS by 10:00 am the next working day.

### **Infractions**

LTR has the responsibility to impose an infraction in the PAS program described above in the NF Responsibility Section. LTR will utilize the progressive discipline process, based on a 6-month review of history.

- Written notice outlining infraction and request for remediation
- Written warning sent to Administrator, and request for remediation. Courtesy copy can be sent to Owner or Corporate Level
- Report to the Prosecutor's Office with copies to Administrator and Corporate Level

Depending on the seriousness of the situation, LTR may choose to start the discipline process at any point on the list above.

### **COMMUNICATION AND PARTNERING BETWEEN NF & HDP**

The first step of any PAS is selection of a NF. Once that NF has been selected the HDP and the NF need to communicate directly and work closely together to ensure the client has a complete and accurate PAS packet. This applies to both IN hospitals and OOS hospitals. Direct communication will facilitate the accurate and timely completion of the PAS packet. The NF can be a great resource to the HDP in order to get PAS questions answered and to obtain PAS forms. Finally, when HDP and NF's work together it will decrease the likelihood of errors that could result in delayed authorization for admission, the HDP losing their certification due to inappropriate authorization and/or the NF receiving an infraction.

## **COMMUNICATION WITH LTR**

LTR has a dedicated PAS email account, FAX line and phone line for PAS inquires and/or for sharing PAS documents.

**Email address:** [pas@lifetime-resources.org](mailto:pas@lifetime-resources.org). This is the preferred way of communicating as it provides an electronic "paper" trail and quicker response time. The NF may use this for PAS inquiries and/or for sending PAS documents.

**FAX line:** (812) 432-6246. This also allows a paper trail and has a timely response. The NF may use this for PAS inquiries and/or for sending PAS documents.

**PAS phone line:** (812) 432-6271. LTR has a dedicated phone line designed to take messages; there is no live answer. The line will be checked several times a day. When leaving a message state your name, facility name and a detailed message for the response, which may be by email, fax or return call.

**Phone message:** Thank you for calling the *LifeTime Resources* dedicated PAS line. Please leave a detailed message and either an email address, fax # or phone number for the response. If calling from an out of state hospital, please contact the nursing facility and they will assist you. If your call is of an urgent nature, dial 812-432-6200.

**Website:** [www.lifetime-resources.org](http://www.lifetime-resources.org) The State PAS Manual, *LifeTime Resources* IPAS Reference Guide, *LifeTime Resource's* Pre-Admission Screening Guide for Health Care Professionals and all PAS forms are available on our website.

## **FULL PAS ASSESSMENT REQUIREMENTS**

IPAS Manual 3, 3.2, 3.9, 13.5.1 & 13.6

A full PAS Assessment must be completed **prior to NF Admission** for the following IPAS Types:

- From Home
- Direct from Hospital if Level II Required and not eligible for 30 Day Exempted Hospital Discharge
- Out of State Resident Coming From:
  - Out of State Hospitals
  - Out of State Nursing Facility
  - Out of State Home

A full PAS assessment will be completed **after Temporary Authorization** has been given for NF admission for the following IPAS Types:

- Emergency/APS (Level II)
- Short-Term 30 Day Extension (Level I)
- Direct from Hospital
- Exempted Hospital Discharge Extension (Level II)

## **PAS SUBMISSION PROCESS**

**Step 1:** The NF is responsible for working with individuals and/or the HDP who has a patient seeking NF care to ensure that a PAS Packet is completed.

The NF or HDP will inform the individual about the IPAS requirements, guide them in completing the PAS application packet and ensure that all of the required forms have been completed.

The state defines a complete PAS Application as a minimum of:

- IPAS Program Information Sheet
- Application for Long-Term Care Services (IPAS Application) - State form 45943
- Level I Identification Evaluation Criteria Screen Certification by Physician for Long Term Care Services – 450B/State form 45277 Sections IV and V
- 450B, Physician Certification for Long-Term Care Services – 450B/State form 38143 Sections I-III. Any supplemental attachments referred to on the 450B must be submitted as well.

In addition to above, if certain circumstances exist the following will be required:

- For Emergency Admission, written certification by the Doctor & PAS Emergency Intake, LTR, 011
  - Note: There must be a caregiver or contact person listed that can be reached via telephone and who can verify the emergency situation.
- For clients entering NF from an Out of State NF, most recent MDS

- For hospitalized clients needing temporary authorization from IPAS agency, medical documentation for the time the person has been in the hospital.
- For Level II clients where the Doctor is authorizing an Exempted Hospital Discharge, the Exempted Hospital Discharge Documentation, LTR 027
- For extensions to short term or exempted hospital admissions, NF Extension Request Form, LTR 026
- For MI clients requiring a Level II who have a diagnosis of dementia, dementia documentation and/or the Dementia Assessment Checklist may be requested to assist in determining if the client qualifies for a Level II deferral
- For MR/DD applicants, Physician Certification for Long Term Care Services – 450B, Section VI or other medical documentation to support admission
- For applicants refusing PAS, Do Not Agree Statement, LTR 014

**Step 2:** The NF will ensure that the PAS packet is accurately completed prior to submission to LTR. Attention to this area will assist in the PAS packet being processed in a timely manner. The NF will work with the individual, the HDP, physician, etc. as needed to provide guidance with completion of the PAS packet.

### **Guide for reviewing PAS packets for accuracy**

All forms must be completed thoroughly and accurately and for the most part are self explanatory. This information below addresses critical information and/or information that is often overlooked or marked in error.

#### **IPAS Application**

- **Section I** – Key Information often overlooked or marked in error:
  - State of Residence Prior to NF Placement
  - Medicaid Status—only one box can be selected
    - Note:** Under Will Apply for Medicaid the 30, 60, 90, 120 options have nothing to do with the length of time that can be authorized. 25 days is the maximum authorization allowed for both Medicaid and Medicaid Will Apply.
  - Applicant's location at the time of application
- **Pre-admission Screening Notification**
  - Client Signature and Date must be completed Also, if applicant did not sign, what is the relationship of the signer?
- **Section II Temporary Authorization** – Key Information often overlooked or marked in error:
  - Type of admission – this must be marked as it impacts the way the PAS is processed. Refer to IPAS Types later in this document.
    - Note for HDPs:** The only box you may check is **Direct from hospital**. Emergency/APS, 30 Day Short Term and Continuing care retirement community are 3 other PAS types that allow Temporary Authorization by the IPAS agency only.
  - Hospital Discharge Planner Designee Certifications – all that apply must be completed in order for the authorization to be valid.
    - If MCO enrollee – check short-term or long term

- Non-resident information – must be checked if a non-resident and was admitted following treatment in emergency room.
- List of Long Term Care Options – must always be checked as this is an IPAS requirement
- Dates of the authorization period are listed on the IPAS Application
- Start Date – Day of NF admission
- Stop Date – Add from the NF admission date
  - Medicaid, MWA – Add 25 days
  - Non-Medicaid/Private Pay – Add up to 120 days
  - 30-day Exempt—Add 30 days
- Name of nursing facility – Enter the selected NF

**Note: It is important that the start date be the NF admission date** or within a day or two prior, as this impacts the amount of time LTR has to complete the PAS and therefore can impact NF reimbursement. In cases where the IPAS Application is completed but a client's medical condition impacts intended date of the transfer to the NF, please adjust the start/stop dates to reflect the admission date. If the Temporary Authorization does not allow adequate time to complete the PAS, LTR will return the IPAS Application so that the dates can be adjusted.

**Note:** When selecting a Medicaid Status and the client is Medicaid Will Apply, the 30, 60, 90 or 120 days does NOT impact the length of time the client can be at the NF. A Medicaid Will Apply client can only receive 25 days of care under a Temporary Authorization.

#### **Level I - Identification Evaluation Criteria Certification by Physician for Long-Term Care Services (Form 450B, Sections IV and V)**

- Key Information often overlooked or marked in error:
  - **Section IV** – all boxes must be checked
    - If #3 is checked, list diagnosis
    - Must have a signature, title and date
  - **Section V Part A** – Doctor Must Sign **ONLY** when wanting the Exempted Hospital Discharge which waives the Level II assessment for 30 days. If more than 30 days of care required, this doesn't apply and should be corrected if erroneously signed.

#### **450B - Physician Certification for Long-Term Care Services (Form 450B – Section I-III) Form**

- Key Information often overlooked or marked in error:
  - **I – Recipient Identification**
    - Name of NF
    - “Admitted From” box
    - Facility admission date, only if admission has occurred.
    - Length of stay expected
  - **Level of Care Physician Certification**
    - Level of care recommended
    - Certify that in-home care is safe or not safe

- Signature of the doctor dated and typed or printed name.

**Step 4:** Once the PAS Packet is complete & accurate, the NF will forward the packet to LTR via email and/or fax immediately or, if the person is coming from the hospital under a Temporary Authorization, within 5 working days of NF admission.

## **DETERMINING NEED FOR LEVEL II**

IPAS Manual 13.1; 13.3; 13.4; 13.5; 13.6

All Level II determinations must be made by LTR. However, it is important for both the NF and HDP to understand how the determination is made since it impacts the processing of the PAS.

Level II assessments are completed to ensure that the needs of client's with MI, MR/DD, or MI/MR/DD are fully met in the most appropriate setting. All Level II assessments must occur prior to NF admission unless the client is eligible for a Dementia Exclusion, a Medical Deferral or an Exempted Hospital Discharge, all of which either exclude or delay the Level II assessment.

**Note:** As a professional courtesy, LTR accepts PAS packets directly from the HDP for clients requiring a Level II assessment and needing more than 30 days of NF care, whether or not a NF has been selected. The PAS process will initiate LTR will work with the HDP regarding the processing of the case. It is expected that once a NF is identified, the HDP communicates the status of the PAS with that NF.

### **Dementia Exclusion**

A client who is MI may qualify for a Dementia Exclusion if there is documentation to support that the dementia diagnosis is the overriding condition. It is the NFs responsibility to provide this documentation as part of the PAS packet if they want this exclusion to be considered.

Without documentation, the Exclusion cannot be authorized. The dementia exclusion cannot be utilized with persons with DD diagnoses.

### **Medical Deferral**

A client may qualify for a Medical Deferral if he/she has a medical condition that prevents him/her from participating in a Level II assessment. The NF must provide documentation to support the need for a Medical Deferral. If so the deferral is approved by the IPAS Agency, then the Level II assessment will be delayed until the person's medical condition improves to the degree that he/she may participate in the Level II assessment. It is the NFs responsibility for monitoring the patient for if or when the patient's condition changes to the extent that a Level II assessment can be done.

### **Exempted Hospital Discharge**

The Exempted Hospital Discharge is an exclusion that allows a client needing a Level II assessment to go temporarily to the NF and, if he/she discharges in under 30 days, the Level II assessment will not be completed. The HDP may recommend that this type of exclusion be utilized for a client meeting the criteria but the IPAS Agency is the authorizing agency. IPAS Agency agreement with the Exempted Hospital Discharge must be done prior to the NF admission of the client.

The State of Indiana contracts with various agencies to complete the Level II assessments and requires that these assessments be done within 4 days of the referral made by LTR. LTR orders the Level II as soon as the initial PAS packet is complete and ready for processing.

For clients who are diagnosed with a mental illness the assessments are done by either the Community Mental Health Center for Dearborn, Ohio, Ripley, and Switzerland Counties or Life Springs for Jefferson County. For clients who are MR/DD or MI/MR/DD the assessments are done by IDEC and certified by the Bureau of Developmental Disabilities. We also have contacts for OOS clients requiring a Level II.

## **PAS PACKETS BY IPAS TYPES**

For a complete explanation of each IPAS Type review the LTR IPAS Reference Guide and/or the State of Indiana IPAS/PASRR Program Manual, January 2000. The following will give a short overview of each IPAS type and highlight things to remember.

### **Determining IPAS Type**

Processing of PAS cases can vary. The thought process outlined below will assist in determining the correct IPAS type.

- Current Location of Client
  - Is the client coming from Home (or other non-institutional setting), a Nursing Facility or an Acute Hospital Bed?
- Residency of the client
  - Is the client an Indiana resident or an Out of State resident?
- What is the client's mental and developmental status?
  - Has the client been diagnosed with a mental illness?
  - Does the client have a developmental disability?
  - Does the client have both a mental illness and a developmental disability?
- What is the urgency of the admission?
- If the client is coming from home, how long can he/she continue to be at home?
- Does the person need short term NF care or long term NF care?

With the above information, consult the PAS Packets by IPAS Type information starting on page 14 and/or the LTR IPAS Reference Guide to determine IPAS Type.

**Please note that all PAS Applicants must receive a copy of the IPAS Information Sheet.**

### **IPAS Type: Standard from Home**

IPAS Manual 3.2

**Overview:** The client is an Indiana resident coming from home and is seeking NF care.

PAS packet is submitted to the PAS agency by the NF.

A full PAS assessment is completed, the 4B is issued while client is still at home, and if the client is approved for nursing facility care, he/she has ninety (90) days to enter the nursing facility under that PAS.

If the client requires a Level II, the PAS Agency will make a Level II referral to the appropriate agency and once the assessment is done, the 4B will be finalized.

### **IPAS Type: Emergency/APS**

IPAS Manual 3.3, 3.4

**Overview:** A client, who is an Indiana resident, living: (a) at home or non-institutional setting (assisted living or adult foster care) or (b) presenting in the Hospital ER or (c) in the Hospital under 23 hour hold and (d) has a medical emergency that requires care in a health facility within 72 hours of the request for such admission and the attending physician certifies, in writing, the need for such admission.

The LTR Case Manager will contact the caregiver/contact person in order to verify that an emergency exists. If APS is involved they can serve as the contact to certify that an emergency exists. If it is decided that the case is an emergency, the PAS will be processed accordingly.

Temporary Authorization is given; then, the full PAS assessment is completed while the client is in the NF.

A note on 450Bs: While the strong preference is that the 450B is included with the other PAS documents, it is possible to issue a temporary authorization without it, as long as the other available documentation supports the emergency request. However, the PAS processing itself will not initiate until the 450B is received.

If the client requires a Level II, a PAS must be done prior to NF admission unless the client meets the APS eligibility as an endangered adult.

If the client meets that definition, Temporary Authorization is given for 7 days while the complete PAS assessment, including the Level II assessment, is being done.

#### **After Hours and Weekends:**

Unless an individual would trigger a Level II screening, emergency admissions can occur after hours or on weekends. The qualifications for Emergency admission must be met. The PAS packet must be submitted the next working day for the IPAS Agency to approve and initiate the PAS process. The NF does admit at some risk since the IPAS agency could deny the emergency admission.

### **IPAS Type: Short Term 30 Day/Respite**

IPAS Manual 3.5; 13.6.1

**Overview:** A client, who is an Indiana resident, living at home or non-institutional environment, including assisted living or adult foster care, may be admitted without required IPAS Assessment as long as they require less than 30 days of NF care. Clients requiring a Level II assessment may receive a respite stay as long as they have a caregiver and have not used his/her allotment days of respite per quarter.

Temporary Authorization is given and the full PAS assessment is not completed unless the client needs additional NF care.

**Extensions:**

When a client needs additional short-term care, the NF must submit an extension request form prior to the expiration of the temporary authorization. For clients requiring a Level II, there is no extension available.

**IPAS Type: Out of State Resident Coming From Out of State Home**

IPAS Manual 3.9

**Overview:** The client is an out of state resident coming from home and is seeking NF care.

A full PAS assessment is completed, the 4B is issued while client is still at home, and if the client is approved,, he/she has ninety (90) days to enter the nursing facility.

If the client requires a Level II, the PAS Agency will make a Level II referral to the appropriate agency and once that assessment is done, the 4B can be finalized.

**IPAS Type: Indiana Resident or Out of State Resident Coming From Out of State Nursing Facility**

IPAS Manual 3.9.6

**Overview:** The client is an Indiana resident or an out of state resident coming from an out of state NF and is seeking NF care in Indiana.

A full PAS assessment is completed, the 4B is issued while client is still at the out of state NF, and if the client is approved, he/she may enter the Indiana NF.

If the client requires a Level II, the PAS Agency will make a Level II referral to the appropriate agency and once that assessment is done, the 4B can be finalized.

## **IPAS Type: Direct From Hospital – Indiana Resident in an Indiana Acute Hospital Bed**

IPAS Manual 3.7.3; 13.5

**Overview:** The client is an Indiana resident in an Indiana acute hospital bed and needs NF care.

For the client not requiring a Level II assessment, Temporary Authorization for a Direct From Hospital is given by the Hospital Discharge Planner

The PAS assessment itself is completed after NF admission.

### **Level II Process:**

If a client requires a Level II assessment, the PAS assessment, including the Level II assessment, must be done prior to NF admission.

### **Exempted Hospital Discharge:**

If a client requires a Level II assessment, he/she may be eligible for an Exempted Hospital Discharge. The qualifications for an Exempted Hospital Discharge are the individual needs:

- (a) NF admission directly following medical treatment in an acute-care non-psychiatric hospital bed
- (b) NF services are for the same condition for which the individual received acute hospital care and
- (c) less than 30 days of NF care is required, as certified, in writing, by a Doctor.

If an Exempted Hospital Discharge is being recommended the Doctor must sign on the Level I, Section V, Part A and the Exempted Hospital Discharge Documentation Form, LTR 027 must also be submitted. The IPAS Agency will then review the materials submitted and, if they agree, the Temporary Authorization will be denoted on the Level I form.

It should be noted that authorization must be given by the IPAS Agency **prior** to NF admission.

A full PAS assessment, including a Level II assessment, will not be completed unless, under the unforeseen circumstance, the client stays longer than 30 days.

### **Exempted Hospital Discharge Extensions:**

Requests for extension should be rare since the exemption was based on the belief that the person needed no more than 30 days of NF care. However, when a change in condition occurs and an extension is required, the NF must submit the request prior to the expiration of the Temporary Authorization. The PAS process will then initiate, including the Level II screening.

**IPAS Type: Direct from Hospital – Indiana Resident in an Acute Bed in an Out of State Hospital or IN Resident in an Acute Bed in an IN Hospital with no IPAS Designee**

IPAS Manual 3.7.6; 3.9.4

**Overview:** The client is an Indiana resident in an out of state hospital needing NF care in Indiana or in an Indiana hospital that does not have a certified IPAS designee.

Temporary Authorization is given by the IPAS Agency and the PAS assessment is completed for the client not requiring a Level II assessment.

**Level II Process:**

If a client requires a Level II assessment, the PAS assessment, including the Level II assessment, must be done prior to NF admission.

**Exempted Hospital Discharge:**

If a client requires a Level II assessment, he/she may be eligible for an Exempted Hospital Discharge. The qualifications for an Exempted Hospital Discharge are the individual needs:

- (a) NF admission directly following medical treatment in an acute-care non-psychiatric hospital bed
- (b) NF services are for the same condition for which the individual received acute hospital care and
- (c) less than 30 days of NF care is required, as certified, in writing, by a Doctor.

If an Exempted Hospital Discharge is being recommended the Doctor must sign on the Level I, Section V, Part A and the Exempted Hospital Discharge Documentation Form, LTR 027 must also be submitted. The IPAS Agency will then review the materials submitted and, if they agree, the Temporary Authorization will be given. It should be noted that authorization must be given by the IPAS Agency prior to NF admission. A full PAS assessment, including a Level II assessment, will not be completed unless, under the unforeseen circumstance, the client stays longer than 30 days.

**Exempted Hospital Discharge Extensions:**

Requests for extension should be rare since the exemption was based on the belief that the person needed no more than 30 days of NF care. However, when a change in condition occurs and an extension is required, the NF must submit the **NF Extension Request Form, LTR, 026 prior to the expiration of the Temporary Authorization.** If approved, the PAS assessment will be completed.

## **IPAS Type: Direct From Hospital – Out of State Resident in an Indiana Hospital following Indiana ER Treatment & Admission**

IPAS Manual 3.9.5

**Overview:** An Out of State client who has been treated in an Indiana Hospital/Acute Bed following treatment in an Indiana hospital emergency room and requires short-term NF care.

For the client not requiring a Level II assessment, Temporary Authorization for a Direct from Hospital is given by the Hospital Discharge Planner and the PAS assessment is completed after NF admission.

### **Level II Process:**

If a client requires a Level II assessment, the PAS assessment, including the Level II assessment, must be done prior to NF admission, unless qualifications for Exempted Hospital Discharge are met.

### **Exempted Hospital Discharge:**

If a client requires a Level II assessment, he/she may be eligible for an Exempted Hospital Discharge. The physician must state that the NF stay is expected to be 30 days or less, as the individual is expected to recuperate within that time frame.

It should be noted that authorization must be given by the IPAS Agency prior to NF admission.

### **Exempted Hospital Discharge Extensions:**

Requests for extension should be rare since the exemption was based on the belief that the person needed no more than 30 days of NF care. However, when a change in condition occurs and an extension is required, the NF must submit the NF Extension Request Form, LTR, 026 prior to the expiration of the Temporary Authorization. The extension may be approved for up to an additional 10 days, not to exceed 40 days from the original admission date. If approved, the PAS assessment will be completed.

**IPAS Type: Direct From Hospital – Out of State Resident coming from an Out of State Hospital**

IPAS Manual 3.9

**Overview:** The client is an out of state resident coming from an out of state hospital seeking care in an Indiana NF.

There is no Temporary Authorization available. A full PAS assessment is completed prior to NF admission.

If the client requires a Level II, the PAS Agency will make a Level II referral to the appropriate agency and once the assessment is done, the 4B will be finalized.

## GENERAL REFERENCE MATERIAL

### Handling Refusals to Participate in PAS

IPAS Manual 2.6.3

Each client may have an option to sign Do Not Agree to participate in the PAS process. Doing so may forfeit Medicaid reimbursement for the nursing facility per diem rate for up to one year based on the admission date. If the client triggers a Level II **and** is considering entering a Medicaid certified nursing facility, then the client **does not** have the option to sign Do Not Agree.

Appropriate documents are sent to the PAS agency for verification that no Level II is needed and for penalty processing.

### When is a new PAS not needed?

If the PAS agency has a current PAS in process and the applicant goes into a hospital, no need PAS paperwork is necessary. Communicate with the PAS agency regarding the expected return of the applicant and the PAS can be done upon the readmission. This holds true even if the facility officially discharged the applicant upon the hospitalization.

In some instances, a resident decides to return to the community after having a either a temporary authorization for admission or a 4b approval. If the individual is out of the facility for 24 hours or less, new PAS is not necessary. If the time period has been longer than 24 hours, a new PAS will be required.

### Court ordered placement

(Clarification Email from Pat White October 15, 2009)

The PAS requirements apply for all admissions. Insure that the PAS agency is notified of the need for placement and follow procedures for an emergency placement. Any admission without authorization would be subject to penalty.

### Medicaid Waiver Recipients

IPAS Manual 7.1.1.2

Medicaid Waiver (MAW) is a payment source for home and community based services and requires similar forms and assessments that are required for PAS. From the NF's standpoint, a MAW client will be handled in the same way as other persons applying for PAS. Once the paperwork arrives at the PAS agency, it will be handled in a different way internally. A signed Freedom of Choice form will be necessary and a Medicaid Waiver Letter will replace the 4B.

If Level II assessment is necessary, it will be required **prior** to NF admission, unless the individual qualifies for an Exempted Hospital Discharge or an APS Emergency admission.

## **Transfers**

(IPAS Manual 2.9)

If the client has a completed PAS (4B or Medicaid Waiver Letter has been issued) the client may transfer and does not need a new PAS. The current NF routes all case information to the new NF.

If a PAS has been started but not completed (4B not issued), the IPAS agency is alerted. The original PAS Application form and Level I remain applicable; however, a new 450B with the new NF information is needed. When the 4b is completed, both facilities' information will appear.

If the new NF is in a different catchment area, the IPAS agencies will work together to complete the PAS.

## **Changing from private pay status to Medicaid Will Apply**

(IPAS Manual 3.1.2)

When a NF learns that a resident originally marked as "private pay (non-Medicaid), will now be applying for Medicaid, notify the IPAS agency as soon as this is known. The case will be updated and the PAS assessment done within 25 days from the date of knowledge.

## **Continuing Care Retirement Communities (CCRC)**

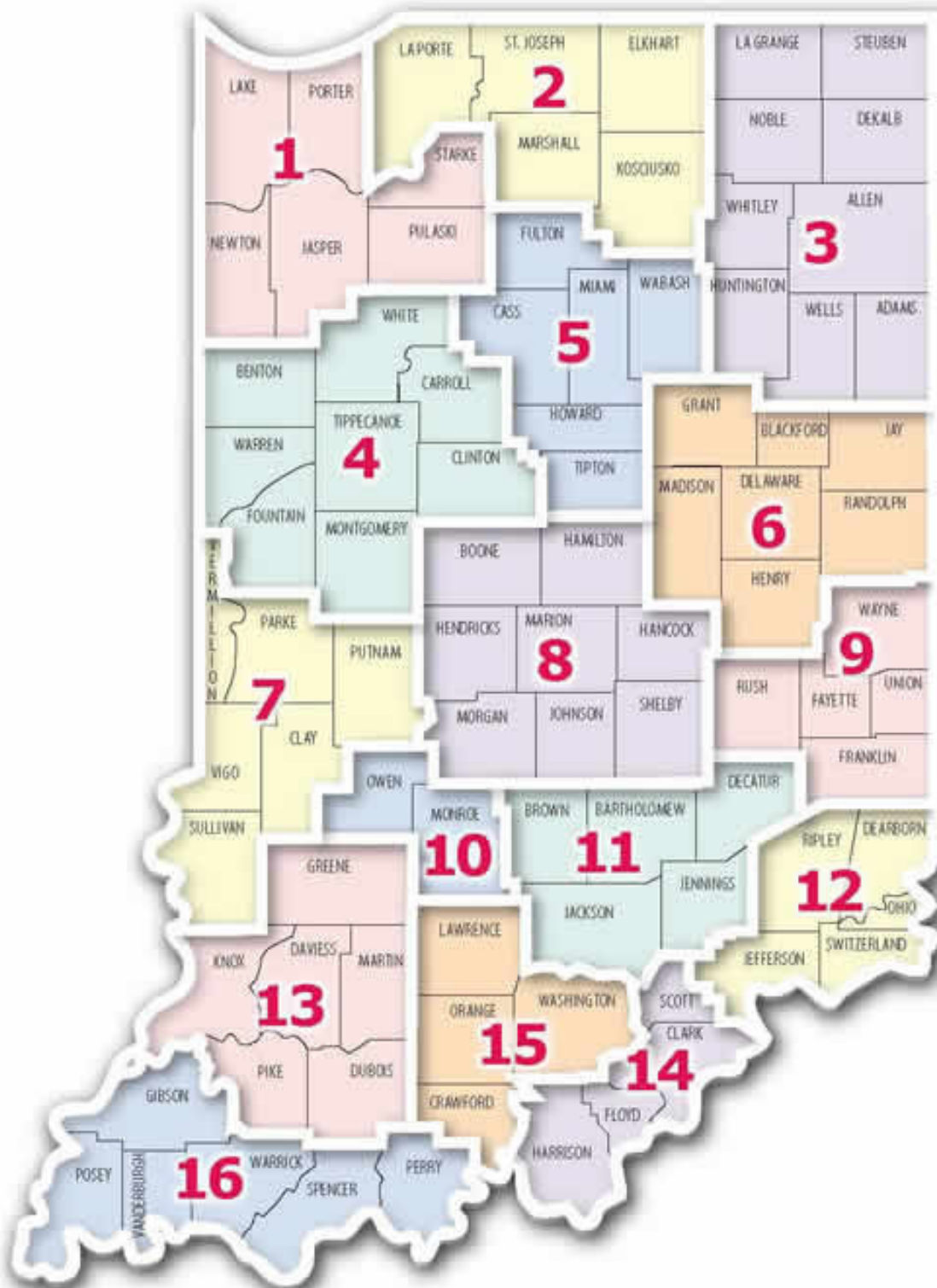
IPAS Manual, Appendix B

According to the State of Indiana IPAS & PASRR Program Manual, January 2000, Appendix B, a Continuing Care Retirement Community (CCRC) is "a life-care multi-level living arrangement consisting of several settings intended to meet an individual's needs at various stages of life. Usually includes individual dwellings, apartments, nursing facility, etc. Parameters of individual care are outlined and provided in a life-care contract executed between the individual and the CCRC."

There is no specific licensure or certification for it and each entity determines whether or not they qualify as a CCRC.

CCRCs are able to transfer a client needing short-term NF care from a bed within their continuum without a PAS for 5 days. For clients who are not MI or MR & DD, there are up to 50 additional days that can be authorized for the client to stay in the NF bed if necessary.

APPENDIX A



Area 1		Counties Served
<b>Northwest Indiana Community Action Corporation</b> 5240 Fountain Drive Crown Point, IN 46307  P: 219.794.1829 800.826.7871  F: 219.794.1860  TTY: 888.814.7597		Jasper Lake Newton Porter Pulaski Starke
WWW.NWI-CA.COM		

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<b>Caregiver</b> Jessica Brown jbrown@nwi-ca.org	<b>Information and Assistance</b> Sylvia Cardosi scardosi@nwi-ca.org	<b>Outreach</b> Jessica Brown jbrown@nwi-ca.org	
<b>Case Management</b> Robert Peek rpeek@nwi-ca.org	<b>Information Management</b> Eric Shelton eshelton@nwi-ca.org	<b>Pre-Admission Screening</b> Joy Henderson jhenderson@nwi-ca.org	



Area 2		Counties Served
<b>REAL Services Inc.</b> 1151 S. Michigan Street South Bend, IN 46601-3427  P: 574.284.2644 800.552.7928  F: 574.284.2691		Elkhart Kosciusko LaPorte Marshall St. Joseph
<b>Other Locations</b> Aged and Disability Resource Center 574.251.2592 Elkhart Co. 574.875.0606 Kosciusko Co. 574.269.1173 LaPorte Co. 219.324.4199 Marshall Co. 574.936.3175		
WWW.REALSERVICESINC.ORG		

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<b>Case Management</b> Pat Gilbert pgilbert@realservices.org	<b>Information Management</b> Ronda Willis rwillis@realservices.org	<b>Pre-Admission Screening</b> Pat Gilbert pgilbert@realservices.org	



Area 3	Counties Served
<p><b>Aging and In-Home Services of Northeast Indiana, Inc.</b>            2927 Lake Avenue            Fort Wayne, IN 46805-5415</p> <p>P: 260.745.1200            800.552.3662</p> <p>F: 260.456.1066</p>	Adams Allen DeKalb Noble Whitley Huntington LaGrange Steuben Wells

WWW.AGINGIHS.ORG


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<p><b>Case Management</b>            Tina Boneff            tboneff@agingihs.org</p>	<p><b>Information Management</b>            Beth Krudop            bkrudop@agingihs.org</p>	<p><b>Pre-Admission Screening</b>            Kim Callihan            kcallihan@agingihs.org</p>	

Area 4	Counties Served
<p><b>Area IV Agency on Aging and Community Action Programs, Inc.</b>            660 North 36th Street            Lafayette, IN 47903-4727</p> <p>P: 765.447.7683            800.382.7556</p> <p>F: 765.447.6862</p>	Benton Carroll Clinton White Fountain Warren Montgomery Tippecanoe

WWW.AREAIVAGENCY.ORG

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<p><b>Caregiver</b>            Janet Fay            jfay@areaivagency.org</p>	<p><b>Information and Assistance</b>            Janet Fay            jfay@areaivagency.org</p>	<p><b>Outreach</b>            Anita Bowen            abowen@areaivagency.org</p>	
<p><b>Case Management</b>            Christy Wright Robinson            crobenson@areaivagency.org</p>	<p><b>Information Management</b>            Justine Currie            jcurrie@areaivagency.org</p>	<p><b>Pre-Admission Screening</b>            Charlene Rogers            crogers@areaivagency.org</p>	

**AREA IV AGENCY**  
 On Aging and Community Action Programs

<b>Area 5</b>		<b>Counties Served</b>
<b>Area Five Agency on Aging and Community Services, Inc.</b> 1801 Smith Street Suite 300 Logansport, IN 46947  P: 574.722.4451 800.654.7421  F: 574.722.3447		Cass Fulton Howard Miami Tipton Wabash
<b>Other Locations</b>  Fulton Co. 574.223.5830 Howard Co. 765.454.5562 Miami Co. 765.472.7145 Tipton Co. 765.675.4746 Wabash 260.563.8061		
WWW.AREAFIVE.COM		

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<b>Area 6</b>		<b>Counties Served</b>
<b>LifeStream Services, Inc.</b> 1701 Pilgrim Boulevard P.O. Box 308 Yorktown, IN 47396-0308  P: 765.759.1121 800.589.1121  F: 765.759.0060  TTY: 888.801.6606		Blackford Delaware Grant Henry Jay Madison Randolph
WWW.LIFESTREAMINC.ORG		

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## Area 7

### Counties Served

### Area 7 Agency on Aging and Disabled West Central Indiana Economic Development District, Inc.

1718 Wabash Avenue  
Terre Haute, IN 47807

P: 812.238.1561  
800.489.1561

F: 812.238.1564

Clay  
Parke  
Putnam  
Sullivan  
Vermillion  
Vigo

WWW.WESTCENTRALIN.COM

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### Counties Served

### CICOA Aging and In-Home Solutions

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Suite 200  
Indianapolis, IN 46205

P: 317.254.5465  
800.432.2422

F: 317.254.5494  
317.254.3670

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Morgan  
Hancock  
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<b>Area 9 In-Home and Community Services Agency</b> 520 South 9th Street Richmond, IN 47374  P: 765.966.1795 800.458.9345  F: 765.962.1190		Fayette Franklin Rush Union Wayne
715 West 21st Street Connersville, IN 47331  P: 765.827.1502 800.458.9344  F: 765.827.4859		
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Area 10		Counties Served
<b>Area 10 Agency on Aging</b> 630 W. Edgewood Drive Ellettsville, IN 47429  P: 812.876.3383 800.844.1010  F: 812.876.9922		Owen Monroe
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**Area 11**

**Counties Served**

**Aging and Community Services of South Central Indiana, Inc.**

Bartholomew  
Brown  
Decatur  
Jackson  
Jennings

1531 13th Street, Suite G900  
Columbus, IN 47201-1302

P: 812.372.6918  
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**Area 12**

**Counties Served**

**LifeTime Resources, Inc.**

Dearborn  
Jefferson  
Ohio  
Ripley  
Switzerland

13091 Benedict Drive  
Dillsboro, IN 47018

P: 812.432.6200  
800.742.5001

F: 812.432.3822

Transportation: 812.432.3960

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**Area 13****Counties Served****Generations - Vincennes University Statewide Services**

1019 North 4th Street  
 P.O. Box 314  
 Vincennes, IN 47591

P: 812.888.5880  
 800.742.9001

F: 812.888.4566

Davies  
 Dubois  
 Greene  
 Knox  
 Martin  
 Pike

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**Pre-Admission Screening**  
 Sharon Weiss  
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**Area 14****Counties Served****LifeSpan Resources, Inc.**

P.O. Box 995  
 33 State Street, Third Floor  
 New Albany, IN 47151-0995

P: 812.948.8330  
 888.948.8330

F: 812.948.0147

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 Harrison  
 Scott

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## Area 15

### Counties Served

### Hoosier Uplands

521 W. Main Street  
Mitchell, IN 47446

P: 812.849.4457  
800.333.2451

F: 812.849.4467

Crawford  
Lawrence  
Orange  
Washington

WWW.HOOSIERUPLANDS.ORG

David Miller <i>Chief Executive Officer</i> dlmiller@kiva.net	Greg Mahuron <i>Chief Operating Officer</i> gmahuron@hoosieruplands.org	Barbara Tarr <i>Director of Aging</i> bktarr@hoosieruplands.org	IAAAA Board Member: David Miller Alternate: Greg Mahuron Alternate: Barbara Tarr Alternate: Trudy Wells
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<b>ADRC</b> Trudy Wells tkwells@hoosieruplands.org	<b>Fiscal</b> Trudy Wells tkwells@hoosieruplands.org	<b>Nutrition</b> Lawrence Meyers lmeyers@hoosieruplands.org	<b>Quality Assurance</b>
<b>Caregiver</b> Trudy Wells tkwells@hoosieruplands.org	<b>Information and Assistance</b> Greg Tanner gtanner@hoosieruplands.org	<b>Pre-Admission Screening</b> Shawn Williams swilliams@hoosieruplands.org	
<b>Case Management</b> Shawn Williams swilliams@hoosieruplands.org	<b>Information Management</b> Denise Swango dswango@hoosieruplands.org	<b>Outreach</b> Trudy Wells tkwells@hoosieruplands.org	



## Area 16

### Counties Served

### SWIRCA & More

16 W. Virginia Street  
P.O. Box 3938  
Evansville, IN 47737

P: 812.464.0779  
866.400.0779

F: 812.464.7843

Gibson  
Perry  
Posey  
Spencer  
Vanderburgh  
Warrick

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Steve Patrow <i>Executive Director</i> spatrow@swirca.org	Carolyn Conners <i>Director, In-Home Services</i> cconners@swirca.org	IAAAA Board Member: Steve Patrow Alternate: Carolyn Conners
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<b>ADRC</b> Meredith Buchanan mbuchanan@swirca.org	<b>Fiscal</b> Jeff Wolf jwolf@swirca.org	<b>Nutrition</b> Jerry Scheidler jscheidler@swirca.org	<b>Quality Assurance</b> John Graves jgraves@swirca.org
<b>Caregiver</b> Carolyn Conners cconners@swirca.org	<b>Information and Assistance</b> Meredith Buchanan mbuchanan@swirca.org	<b>Outreach</b> Judi Freson jfreson@swirca.org	
<b>Case Management</b> Carolyn Conners cconners@swirca.org	<b>Information Management</b> Kim Miles kmiles@swirca.org	<b>Pre-Admission Screening</b> Linda Wright lwright@swirca.org	

