

LifeTime Resources IPAS Reference Guide

Overview	Page 2
IPAS Types—Level I and Level II	
From Home (or community based setting such as Assisted Living)	
• Standard From Home	Page 3
• Emergency/APS	Page 4-5
• Short Term 30 Day/Respite	Page 6-7
• Out of State Resident Coming From Out of State Home	Page 8
From Nursing Home	
• Indiana Resident Coming from an Out of State NF	Page 9
• Out of State Resident Coming From Out of State NF	Page 10
Direct From Hospital/Exempted From Hospital Discharge	
• IN resident in an IN hospital	
○ Exempted Hospital Discharge	Page 11-12
• IN resident in an out of state hospital	
○ Exempted Hospital Discharge	Page 13-14
• Out of state resident in an IN hospital	Page 15-16
• Out of state resident in an out of state hospital	Page 17
Special Circumstances	
Dearborn County Hospital Sub-Acute Unit	Page 18
Transfers: Between NF and/or Between IPAS Agencies	Page 19-20
Medicaid MCO Enrollees	Page 21
Medicaid Waiver Clients	Page 22-23
State Psychiatric Residents	Page 24
Level II Deferred Due to Medical Condition	Page 25
Level II: PASRR/MI Dementia Exclusion	Page 26

Overview

Both federal and state guidelines require Pre Admission Screening (PAS) of individuals who require care in a nursing facility. One goal of PAS program is to prevent premature, inappropriate or unnecessary placement in a NF of those individuals whose long-term care needs do not require NF level of care or can be more appropriately met through in-home and community-based services. In Indiana, the Area Agencies on Aging are the IPAS agencies. As such, *LifeTime Resources* is the IPAS Agency for the counties of: Dearborn, Jefferson, Ohio, Ripley and Switzerland.

All individuals in Indiana seeking NF care must receive authorization prior to NF placement or risk a penalty. Authorization can be categorized in three ways: (a) Long-term based upon a full PAS Assessment (b) Temporary based on a partial PAS assessment (full assessment to follow) and (c) Emergency with a delayed assessment.

The IPAS agency makes the final determination/authorization, though temporary authorization may be given for certain PAS Types by an approved and trained Indiana Hospital Discharge Planner or in rare cases by an Adult Protective Services investigator.

A Level II assessment is required for individuals who are diagnosed with a mental illness, mental retardation/development disability or related condition or is dually diagnosed. The Level I form is the tool that guides the decision making process in identifying those individuals who need a Level II assessment. The Level I form must be completed by someone who is familiar with the individual and may include a Doctor, Hospital Discharge Planner and/or NF staff. Only a Doctor can sign under Section V, Part A of the Level I form and his signature certifies that the individual doesn't require more than 30 days of NF care.

- For clients with some indication of depression, but not a diagnosis of Major Depression, the Depression Screen may be used to assist in determining if a Level II should be ordered. This is a not a required form but a tool.
- For clients with mental retardation, developmental disability or related condition the Certification by Physician for Long-Term Care Services and Physical Examination for PASRR Level II (450B, Section VI) is required
- If at any time during the assessment process it is determined that a Level II should be deferred due to a medical condition, see page 25, for further detail or if a dementia exclusion may be indicated, see page 26 for further detail.

Manual references in this document refer to the Indiana IPAS/PASARR Program Manual.

This document is *LifeTime Resources* interpretation of state policies and procedures and is to be used as a reference guide. It does not replace or supersede the Indiana IPAS/PASARR program Manual, IC 12-10-12 or 460 IAC Rule 1.

Broad Category: From Home

IPAS Type: Standard

Manual Reference: 3.2

To Qualify:

- A client, who is an Indiana resident, living at home or non-institutional living environment. An assisted living facility or adult foster care would be considered as coming from “home”.

Temporary Authorization to Enter NF Allowed: No except in emergency. **If**, circumstances change and a NF admission is required prior to the IPAS Assessment being completed, **then** proceed to: **IPAS Type:** Temporary: Emergency/APS, page 4-5.

Full IPAS Assessment Required: Yes, prior to NF Admission

Authorization Good For: Up to 90 days from PAS 4B issuance or until client admitted to Nursing Facility (NF); if not admitted within 90 days, a new PAS assessment is required

Full Assessment and Determination Time Frame: 25 days from the signature on the IPAS Application

Level II Process: If a Level II assessment is indicated, a full PAS assessment must be completed prior to NF admission. There is no temporary or emergency authorization for a client requiring a Level II assessment unless the client fits into the APS category, page 5.

Forms Required: IPAS Program Information Sheet, Application for Long-Term Care Services (IPAS Application), Level I, Physician Certification for Long Term Care (450B, Sections I-III)

Final Determination/Authorization: Recorded On Form PAS 4B and good for long term placement as long as admitted within the authorized time frame and client does not leave a NF or hospital setting for more than 24 hours after admission to the NF.

If, circumstances change and a nursing home admission is required prior to the IPAS Assessment being completed, **then** proceed to:

IPAS Type: Temporary: Emergency/APS

Manual Reference: 3.4

Broad Category: From Home

IPAS Type: Emergency/APS

Manual Reference: 3.4

To Qualify:

- 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
- A medical emergency exists in that care in the health facility is required within 72 hours of the request for such admission **and**
- The attending physician certifies the need for such admission.

Temporary Authorization to Enter NF Allowed: Yes, good for up to 25 days

Who Gives Temporary Authorization: IPAS Agency

Note: The APS Investigator during after-hours only for true APS Emergency. APS authorization is only applicable until the IPAS agency is notified (no later than first working day following admission) and approves the temporary authorization.

Full IPAS Assessment and Determination Required: Yes

Full Assessment and Determination Time Frame: 25 days from NF Admission

Note: If a Standard From Home PAS was in process, then you may add 25 days to complete, not to exceed 50 days, in order to complete the assessment and render final determination.

Level II Process: If a Level II assessment is indicated, a full PAS assessment must be completed prior to NF admission. There is no temporary or emergency authorization for a client requiring a Level II assessment unless the client fits into the APS category below

Forms Required: IPAS Program Information Sheet, Application for Long-Term Care Services (IPAS Application), Level I, Physician Certification for Long Term Care (450B, Sections I-III), PAS Emergency Intake, LTR Form 011.

Final Determination/Authorization: Recorded On Form PAS 4B and good for long term placement as long as client does not leave a NF or hospital setting for more than 24 hours.

PASRR Type: APS (7 Day)

Manual Reference: 13.5; 13.6.2

To Qualify:

- A client, who is an Indiana resident, residing at home or non-institutional, community based setting including foster homes
- Being determined to be an endangered adult by APS according to APS guidelines

Temporary Authorization to Enter NF Allowed: Yes, good for up to 7 days

Who Gives Temporary Authorization: IPAS Agency

- The IPAS Agency must obtain co-signature of the APS investigator to attest to the person as an “endangered” adult

Full Level II Assessment and Determination Required: Yes, unless an alternative living arrangement is made that does not require NF authorization.

Temporary Authorization Good For: 7 Days

Full Assessment and Determination Time Frame: 7 Days of Referral

Forms Required: In addition to the forms required for the Level I portion of the PAS, the PASRR Categorical Determination (PASRR Form 2A, Section V, Part B), Section V, Part B is required in order to authorize and record temporary admission.

Final Determination/Authorization: Recorded on Form PAS 4B and good for long term placement as long as client does not leave a NF or hospital setting for more than 24 hours.

Broad Category: From Home

IPAS Type: Short-Term 30 Day Stay

Manual Reference: 3.5

To Qualify:

- A client, who is an Indiana resident, living at home or non-institutional environment, including assisted living, may be admitted without required IPAS Assessment
- Stay needed is 30 days or less and the client is expressing an intent to leave NF within that time period

Temporary Authorization to Enter NF Allowed: Yes, good for 30 days or less and calculated from NF admission date; Note: Medicaid clients may also receive 30 days as a full assessment is not required.

Who Gives Temporary Authorization: IPAS Agency

Full IPAS Assessment and Determination Required: No

Full Assessment and Determination Time Frame: Not Required

Forms Required: IPAS Program Information Sheet, Application for Long-Term Care Services (IPAS Application), Level I, Physician Certification for Long Term Care (450B, Sections I-III)

Final Determination/Authorization: Recorded on PAS 4B, specifying type of approval and time limits

Extension Available:

To Qualify:

- Same as above plus lack of improvement of condition or situational changes that require additional time in the NF

Process to Request Extension: NF must notify the IPAS Agency before the initial authorization expires to explain details of need for extension. The notification must be in writing using the Nursing Facility Extension Request Form

Temporary Authorization for Extension Allowed: Yes, good for up to an additional 25 days; total not to exceed 55 days as calculated from original NF admission date.

Full IPAS Assessment and Determination Required: Yes, if the extension is approved

Full Assessment and Determination Time Frame: within 25 days to coincide with authorization expiration

Forms Required: IPAS Application with initials, date and extension recorded, 4B, Nursing Facility Extension Request Form

Final Determination/Authorization: Recorded on Form PAS 4B and good for long term placement as long as client does not leave a NF or hospital setting for more than 24 hours. (Note: For non-Medicaid cases, issue the PAS 4B specifying that the original admission was for Short-Term 30 extended to the date given.)

Level II Process:

PASRR Type: Respite

Manual Reference: 13.5; 13.6.1

To Qualify:

- A client, who is an Indiana resident, is living at home or non-institutional, community based setting including a foster home or assisted living
- Has a caregiver
- Needing a short term stay not to exceed 30 days per quarter, with a break of at least 30 days between stays of 15 days or more consecutive days of respite care (and)
- With an expressed intent to leave the NF by the expiration of the approved time period

Temporary Authorization to Enter NF Allowed: Yes, good for up to 30 Days or Less as calculated from NF Admission. Note: Not to exceed 30 days per quarter.

Who Gives Temporary Authorization: IPAS Agency

It should be noted that there is no extension for a Respite stay. (Reference: October 5, 2009 Email from Pat White, Division of Aging)

Full Level II Assessment Required: No

Full Assessment and Determination Time Frame: Not Required

Forms Required: In addition to the forms required for the Level I portion of the PAS, a PASRR Categorical Determination (PASRR Form 2A, Section V, Part B); PAS 4B is required to record authorization and specify the type of admission and applicable dates

Final Determination/Authorization: Recorded on PAS 4B, specifying type of approval and time limits

Broad Category: From Home

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

Manual Reference: 3.9

To Qualify:

- A client, who is an Out of State resident, is living at a home located in a state other than Indiana and is requesting admission to a NF in Indiana.

Temporary Authorization to Enter NF Allowed: No

Full IPAS Assessment and Determination Required: Yes, prior to NF Admission

Authorization Good For: 90 days from PAS 4B issuance or until client admitted to NF; if not admitted within 90 days, a new PAS assessment is required

Full Assessment and Determination Time Frame: 10 Days calculated from the signature on the IPAS Application

Level II Process: Level II assessment must be done prior to client's being admitted to NF.

Forms Required: IPAS Program Information Sheet, Application for Long-Term Care Services (IPAS Application), Level I, Physician Certification for Long Term Care (450B, Sections I-III)

Final Determination/Authorization: Recorded On Form PAS 4B and good for long term placement as long as client does not leave a NF or hospital setting for more than 24 hours.

Broad Category: From Nursing Facility

IPAS Type: Indiana Resident Coming from an Out of State NF

Manual Reference: 3.9

To Qualify:

- A client, who is an Indiana resident, is currently living in an Out of State NF and is seeking admission to an Indiana NF.

Temporary Authorization to Enter NF Allowed: No

Full IPAS Assessment and Determination Required: Yes, prior to NF Admission

Final Determination/Authorization Good For: 90 days from PAS 4B issuance or until client admitted to NF; if not admitted within 90 days, a new PAS assessment is required

Full Assessment and Determination Time Frame: 10 Days calculated from the signature on the IPAS Application

Additional Information Required: When the applicant is in a NF out-of-state, the NF must provide the IPAS agency with 30 days of the most recent NF chart information, including copies of nurses' notes, physician's orders and progress notes, and social service notes as part of the IPAS assessment.

Level II Process: Level II assessment must be done prior to client's being admitted to NF.

Forms Required: IPAS Program Information Sheet, Application for Long-Term Care Services (IPAS Application), Level I, Physician Certification for Long Term Care (450B, Sections I-III)

Final Determination/Authorization: Recorded On Form PAS 4B and good for long term placement as long admitted within 90 days and client does not leave a NF or hospital setting for more than 24 hours after admission.

Broad Category: From Nursing Facility

IPAS Type: Out of State Resident Coming From Out of State NF

Manual Reference: 3.9, 3.9.6

To Qualify:

- A client, who is an Out of State resident, is living in an Out of State NF and requesting admission to NF in Indiana

Temporary Authorization Allowed: No

Full IPAS Assessment and Determination Required: Yes, prior to NF Admission

Authorization Good For: 90 days from PAS 4B issuance or until client admitted to NF

Full Assessment and Determination Time Frame: 10 Days calculated from the signature on the IPAS Application

Additional Information Required: When the applicant is in a NF out -of-state, the **NF** must obtain 30 days of the most recent NF chart information, including copies of nurses' notes, physician's orders and progress notes, and social service notes as part of the IPAS assessment.

Level II Process: Level II assessment must be done prior to client's being admitted to NF.

Make Referral for Level II Assessment.

Forms Required: IPAS Program Information Sheet, Application for Long-Term Care Services (IPAS Application), Level I, Physician Certification for Long Term Care (450B, Sections I-III)

Final Determination/Authorization: Recorded On Form PAS 4B and good for long term placement as long as client does not leave a NF or hospital setting for more than 24 hours.

Broad Category: Direct From Hospital

IPAS Type: Indiana Resident in an IN hospital

Manual Reference: 3.7

To Qualify:

- A client, who is an Indiana resident, is ready to leave an acute hospital bed and needs at least a minimal NF level of services

Temporary Authorization to Enter NF Allowed: Yes, good for:

- a. For Medicaid Recipients, Applications or Will Apply Clients: NF Placement can only be authorized for a max of 25 days
- b. For Private-Pay Applicants (Non-Medicaid) Clients: NF Placement authorized for physician estimated time of recovery (ERT) plus 25 days (up to 120 days)

Who Gives Temporary Authorization: Hospital Discharge Planner Designee

Full IPAS Assessment and Determination Required: Yes

Full Assessment and Determination Time Frame:

- For Medicaid Recipients, Applications or Will Apply Clients: 25 days from NF admission
- For Private-Pay Applicants (Non-Medicaid) Clients: Up to 120 days from NF admission

Level II Process: If more than 30 days of NF care is required, a Level II assessment must be done prior to client's being admitted to NF and we have 30 days to complete. (Reference: PAS/PASRR Revisions and Updates 7/18/02) If less than 30 days of NF care is required, then exception below:

Forms Required: IPAS Program Information Sheet, Application for Long-Term Care Services (IPAS Application), Level I, Physician Certification for Long Term Care (450B, Sections I-III) and supporting documentation from the Hospital that substantiates the temporary need for NF level.

Final Determination/Authorization: Recorded on Form PAS 4B and good for long term placement as long as client does not leave a NF or hospital setting for more than 24 hours.

Level II Process Exception:

PASRR Type: Exempted Hospital Discharge

Manual Reference: 13.5; 13.5.1

To Qualify for an Exception to Completion of a Level II Assessment Prior to NF Admission:

- The client is an Indiana resident (and)
- NF Admission directly follows medical treatment in an hospital/acute bed, non-psychiatric hospital bed (and)
- NF services are needed for the same condition for which the individual received acute hospital care (and)
- Less than 30 Days of NF care is required, as certified by the attending physician

Temporary Authorization to Enter NF Allowed: Yes, good for 30 Days or Less and calculated from NF admission date. Note: Medicaid clients may also receive 30 days as a full assessment is not required.

Who Gives Temporary Authorization: IPAS Agency

Full IPAS Assessment and Determination Required: No

Full Assessment and Determination Time Frame: Not Required

Forms Required: IPAS Program Information Sheet, Application for Long-Term Care Services (IPAS Application), Level I— Identification Evaluation Criteria, Physician Certification for Long Term Care (450B, Sections I-III),

Note: PASRR Level I, Section V --Section IV must be completed and Section V must be completed and signed by the Doctor signing Section V, Exempted Hospital Discharge Documentation, LTR Form 027

Final Determination/Authorization: Recorded on Form PAS 4B and good for up to 30 days

Extension Available:

To Qualify:

- The client has not recuperated within the 30 day timeframe and requires additional days in the NF

Process to Request Extension: NF must notify the IPAS Agency prior to the initial 30 day expiration. The notification must be in writing using the Nursing Facility Extension Request Form

Temporary Authorization for Extension Allowed: Yes, good for up to 10 days.

Full PAS/PASRR Level II Assessment Required: Yes

Full Assessment and Determination Time Frame: Within 10 days of the extension date or 40 days from the original NF admission

Forms Required: PAS Form 4A with the original admission date and the extension date (up to 10 days) recorded, Nursing Facility Extension Request Form

Final Determination/Authorization: Recorded on Form PAS 4B and good for long term placement as long as client does not leave a NF or hospital setting for more than 24 hours.

Broad Category: Direct From Hospital

IPAS Type: IN Resident in an Out of State Hospital

Manual Reference: 3.9.4, 3.7

To Qualify:

- A client, who is an Indiana resident, is ready to leave an acute hospital bed and needs at least a minimal NF level of services

Temporary Authorization to Enter NF Allowed: Yes, good for:

- a. For Medicaid Recipients, Applications or Will Apply Clients: NF Placement can only be authorized for a max of 25 days
- b. For Private-Pay Applicants (Non-Medicaid) Clients: NF Placement authorized for physician estimated time of recovery (ERT) plus 25 days (up to 120 days)

Who Gives Temporary Authorization: IPAS Agency.

Full IPAS Assessment and Determination Required: Yes

Full Assessment and Determination Time Frame:

- For Medicaid Recipients, Applications or Will Apply Clients: 25 days from NF admission
- For Private-Pay Applicants (Non-Medicaid) Clients: Up to 120 days from NF admission

Level II Process: If more than 30 days of NF care is required, a Level II assessment must be done prior to client's being admitted to NF and we have 30 days to complete. (Reference: PAS/PASRR Revisions and Updates 7/18/02) If less than 30 days of NF care is required, then exception below:

Forms Required: IPAS Program Information Sheet, Application for Long-Term Care Services (IPAS Application), Level I, Physician Certification for Long Term Care (450B, Sections I-III) and supporting documentation from the Hospital that substantiates the temporary need for NF level.

Final Determination/Authorization: Recorded on PAS 4B and good for long term placement as long as client does not leave a NF or hospital setting for more than 24 hours.

Level II Process Exception:

PASRR Type: Exempted Hospital Discharge

Manual Reference: 13.5; 13.5.1

To Qualify for an Exception to Completion of a Level II Assessment Prior to NF Admission:

- The client is an Indiana resident (and)
- NF Admission directly follows medical treatment in an hospital/acute bed, non-psychiatric hospital bed (and)
- NF services are needed for the same condition for which the individual received acute hospital care (and)
- Less than 30 Days of NF care is required, as certified by the attending physician

Temporary Authorization to Enter NF Allowed: Yes, good for 30 Days or less and calculated from NF admission date. Note: Medicaid clients may also receive 30 days as a full assessment is not required.

Who Gives Temporary Authorization: IPAS Agency

Full IPAS Assessment and Determination Required: No

Full Assessment and Determination Time Frame: Not Required

Forms Required: IPAS Program Information Sheet, Application for Long-Term Care Services (IPAS Application), Level I— Identification Evaluation Criteria, Physician Certification for Long Term Care (450B, Sections I-III), Exempted Hospital Discharge Documentation, LTR Form 027

Notes:

- PASRR Level I, Section V --Section IV must be completed and Section V must be completed and signed by the Doctor signing Section V. Even though the Doctor will be Out of State we need his signature in this section to determine if the client is eligible for an Exempted Hospital Discharge.

Final Determination/Authorization: Recorded on Form PAS 4B and good for up to 30 days

Extension Available:

To Qualify:

- The client has not recuperated within the 30 day timeframe and requires additional days in the NF

Process to Request Extension: NF must notify the IPAS Agency prior to the initial 30 day expiration. The notification must be in writing using the Nursing Facility Extension Request Form

Temporary Authorization for Extension Allowed: Yes, good for up to 10 days.

Full PAS/PASRR Level II Assessment Required: Yes

Full Assessment and Determination Time Frame: Within 10 days of the extension date or 40 days from the original NF admission

Forms Required: PAS Form 4A with the original admission date and the extension date (up to 10 days) recorded, Nursing Facility Extension Request Form

Final Determination Recorded on Form PAS 4B and good for long term placement as long as client does not leave a NF or hospital setting for more than 24 hours.

Broad Category: Direct From Hospital

IPAS Type: Out of State Resident currently in an Indiana Hospital/Acute Bed, following treatment in an Indiana Hospital Emergency Room

Manual Reference: 3.9.5

To Qualify:

- A client, who is an Out of State resident ready to leave an Indiana acute hospital bed requiring at least a minimal NF level of services

Temporary Authorization to Enter NF Allowed: Yes, good for:

- a. For Medicaid Recipients, Applications or Will Apply Clients: NF Placement can only be authorized for a max of 25 days
- b. For Private-Pay Applicants (Non-Medicaid) Clients: NF Placement authorized for physician estimated time of recovery (ERT) plus 25 days (up to 120 days)

Who Gives Temporary Authorization: Hospital Discharge Planner Designee

Full IPAS Assessment and Determination Required: Yes

Full Assessment and Determination Time Frame:

- For Medicaid Recipients, Applications or Will Apply Clients: 25 days from NF admission
- For Private-Pay Applicants (Non-Medicaid) Clients: Up to 120 days from NF admission

Level II Process: If more than 30 days of NF care is required, a Level II assessment must be done prior to client's being admitted to NF and we have 30 days to complete. (Reference: PAS/PASRR Revisions and Updates 7/18/02) If less than 30 days of NF care is required, then exception below:

Forms Required: IPAS Program Information Sheet, Application for Long-Term Care Services (IPAS Application), Level I, Physician Certification for Long Term Care (450B, Sections I-III) and supporting documentation from the Hospital that substantiates the temporary need for NF level.

Final Determination/Authorization: Recorded on Form PAS 4B and good for long term placement as long as client does not leave a NF or hospital setting for more than 24 hours.

Level II Process Exception:

PASRR Type: Exempted Hospital Discharge

Manual Reference: 13.5; 13.5.1

To Qualify for an Exception to Completion of a Level II Assessment Prior to NF Admission:

- NF Admission directly follows medical treatment in an hospital/acute bed, non-psychiatric hospital bed (and)
- NF services are needed for the same condition for which the individual received acute hospital care (and)
- Less than 30 Days of NF care is required, as certified by the attending physician

Temporary Authorization to Enter NF Allowed: Yes, good for 30 Days or Less and calculated from NF admission date. Note: Medicaid clients may also receive 30 days as a full assessment is not required.

Who Gives Authorization: IPAS Agency

Full IPAS Assessment and Determination Required: No

Temporary Authorization Good For: 30 Days or Less and calculated from NF admission date. Note: Medicaid clients may also receive 30 days as a full assessment is not required.

Full Assessment and Determination Time Frame: Not Required

Forms Required: IPAS Program Information Sheet, Application for Long-Term Care Services (IPAS Application), Level I— Identification Evaluation Criteria, Physician Certification for Long Term Care (450B, Sections I-III), Exempted Hospital Discharge Documentation, LTR Form 027

Notes:

- PASRR Level I, Section V --Section IV must be completed and Section V must be completed and signed by the Doctor signing Section V.

Final Determination: Recorded On Form PAS 4B and good for up to 30 days

Extension Available:

To Qualify:

- The client has not recuperated within the 30 day timeframe and required additional days in the NF

Process to Request Extension: NF must notify the IPAS Agency prior to the initial 30 day expiration. The notification must be in writing using the Nursing Facility Extension Request Form

Temporary Authorization for Extension Allowed: Yes, good for up to 10 days.

Full PAS/PASRR Level II Assessment Required: Yes

Full Assessment and Determination Time Frame: Within 10 days of the extension date or 40 days from the original NF admission

Forms Required: PAS 4A to clearly record the original admission date, extension date, initial and date, Nursing Facility Extension Request Form

Final Determination/Authorization: Recorded on Form PAS 4B and good for long term placement as long as client does not leave a NF or hospital setting for more than 24 hours.

Broad Category: Direct From Hospital

IPAS Type: Out of State Resident in and Out of State Hospital

Manual Reference: 3.9

To Qualify:

- A client, who is an Out of State resident requesting admission to NF in Indiana and coming from an Out of State Hospital

Temporary Authorization to Enter NF Allowed: Yes, good for 90 days from PAS 4B issuance or until client admitted to NF

Who Gives Temporary Authorization: IPAS Agency

Full IPAS Assessment and Determination Required: Yes, prior To NF Admission

Full Assessment and Determination Time Frame: 10 Days calculated from the signature on the IPAS Application

Level II Process: Level II assessment must be done prior to client's being admitted to NF.

Forms Required: IPAS Program Information Sheet, Application for Long-Term Care Services (IPAS Application), Level I, Physician Certification for Long Term Care (450B, Sections I-III) and supporting documentation from the Hospital that substantiates the temporary need for NF level.

Final Determination/Authorization: Recorded on Form PAS 4B and good for long term placement as long as client does not leave a NF or hospital setting for more than 24 hours.

Dearborn County Hospital Sub-Acute Unit
Manual Reference: 3.8.4

The Dearborn County Hospital Sub-Acute Unit is licensed as a hospital based NF(IC 16-21). A PAS is not required to enter the Sub-Acute Unit for **clients who do not need a Level II**. A PAS may be done voluntarily, though it is unnecessary. The majority of the time a client will complete his/her NF stay and be discharged from this unit.

For clients requiring a Level II, the client may be admitted under an Exempt From Hospital Discharge if he/she meets the criteria or they may enter after a full PAS has been completed.

If a client requires further NF care in another NF a PAS is required. This can be accomplished in one of two ways:

- If a PAS Application and level I were completed upon discharge from the acute hospital bed to the Sub-Acute Unit, the client is able to use the time remaining on the Direct From Hospital temporary authorization in order to enter another NF. Requirements for full PAS assessment apply as described under IPAS Type: Indiana Resident in Indiana Hospital.
- If no temporary authorization is available, completion of the IPAS Assessment and Determination by IPAS Agency is required prior to admission to the new NF. For clients needing a full PAS assessment, the DCH Sub-Acute Unit will forward the PAS paperwork required to start the process to the IPAS Agency.

Transfers: Between Nursing Facilities and Between IPAS Agencies

Manual Reference: 2.4.3, 2.9

Transfer Between Nursing Facilities:

After the PAS Assessment has been completed and a form PAS 4B issued, the resident may transfer between NFs, with or without an intervening hospital stay, without another IPAS assessment.

A new IPAS Application form for an individual who is transferring in from one Indiana NF to another Indiana NF IS NOT NEEDED

The transferring NF (NF #1) must:

- a) Transfer all IPAS and/or PASRR documentation with an individual to the new (admitting) NF; and
- b) Provide the original IPAS Application and Level I forms with, or prior to, transfer of the individual
- c) Retain a copy of the IPAS application and any other documents it deems necessary for at least one (1) year from the date of admission.

Transfer Before PAS Complete:

When patient transfer occurs before the IPAS process has been completed (PAS Form 4B has not been issued):

- a) The new NF (NF #2) must immediately contact its IPAS agency to alert the IPAS agency to the transfer;
- b) Give to the IPAS agency the name, address, and phone number of the NF from which the patient is transferring; and
- c) If NF #2 is in the area of a different IPAS agency, the IPAS agencies will work out an agreement for finishing the case

Transfer Between IPAS Agencies

Coordination between IPAS agencies is required when:

- a) Application for IPAS is made at a NF(s) in the catchment area(s) of more than one IPAS agency; or
- b) An at-home applicant lives in the area of one IPAS agency, but requires admission in the area of a different IPAS agency.

Process to Transfer Case

The IPAS agency serving the area in which the applicant resides will:

- a) Receive and review the Application form, Level I, and applicable application forms for completeness;
- b) Certify the Level I for Level II need;
- c) Act as IPAS designee for temporary NF admission when requested; and
- d) Transfer the case record, after the applicant is admitted, to the IPAS agency serving the area of the NF.

(Note: It has been clarified by Pat White, Division of Aging, in an email 9/30/09 that if the client is coming from a hospital setting, the IPAS Agency where the client resides, completes the PAS).

Process to Receive Case

The IPAS agency serving the area of the NF will:

- a) Act as liaison between the first IPAS agency and the NF, as needed;
- b) Receive and finalize the case processing;
- c) Issue the PAS Form 4B to notify applicable entities of the case disposition; and
- d) Maintain the case record on file.

Medicaid MCO Enrollees

Manual Reference: Section 2.80

Who Qualifies: Medicaid recipients who are an MCO enrollee

Issue with MCO Enrollees: This is mainly a reimbursement issue for the NF. Do note, for Short-Term stays—The MCO is responsible for payment and for Long-Term Stays the MCO must dis-enroll the person and then the NF submits its claim to Medicaid fee-for-service.

IPAS Agency Responsibility in identifying MCO enrollees:

- a) When it is indicated that the applicant is an MCO enrollee, confirm status by calling the MCO Helpline at 800/889-9949;
- b) Review the IPAS Application to ensure completeness and review Level I and make a decision if Level II is needed
- c) Assure that the Application form, PAS Form 4A, PAS Form 4B (when issued by IPAS agency for temporary admissions or case termination), and any other documents deemed applicable by the IPAS agency show MCO status in the Medicaid status sections;
- d) Issue IPAS agency designee IPAS and PASRR authorizations for temporary admission, including notation of MCO enrollee status; and
- e) Immediately forward a copy of completed PAS Form 4B to the applicable Medicaid MCO provider, including PAS

IPAS Agency Responsibilities to “Direct From Hospital Admission for MCO enrollees”

- a) For Medicaid MCO IPAS “Direct from Hospital” authorized stays, “short-term” is defined to be a stay of less than 120 days in the NF. This differs from the usual limit of twenty-five (25) days for a Medicaid recipient, applicant, or will apply.
- b) Follow-up after ninety-five (95) days to determine whether the individual is still in the NF and whether discharge is planned prior to the expiration of 120 days.

If the individual has been admitted for a **short -term stay**, the IPAS agency will:

- a) Issue a PAS Form 4B to close the case at the expiration of the authorized time; and
- b) Send a copy of the PAS 4B to the Medicaid MCO.

If the individual requires a stay longer than **120 days**, the IPAS agency will:

- a) Notify the IPAS agency in writing of the reason the stay will last beyond 120 days; and
- b) Specify the length of time that will now be needed.
- c) The IPAS agency will schedule completion of the IPAS assessment and determination within twenty-five (25) days, assuring that the Medicaid MCO receives a copy of the PAS Form 4B.

Medicaid Waiver Clients

Manual Reference: Section 7 for Level I and Section 15 for Level II

Who Qualifies: Medicaid Waiver recipient who is seeking NF care

Note: The information below applies to all IPAS types involving an Indiana Resident

Special Circumstances for Level I Clients:

- When a client applies for Medicaid Waiver Home and Community Based Services some of the PAS required forms have already been completed. If and when circumstances change and the client actually does need NF care, then the process for NF is simplified because of the original paperwork that was done when they applied for Medicaid Waiver Services.
- When the IPAS agency receives a new Application, in error, then the Application will be marked "Void", returned to the NF and the IPAS agency will assure that the NF has a copy of the HCBS 3, Waiver of Freedom of Choice form and understands the process for a Waiver client

IPAS Agency Responsibility: Review Level I to see if there is need for Level II and then send back the Level II Certification form to the NF and obtain the client's signature on the Freedom of Choice Form.

Full Level I Assessment Required: No

Assessment and Determination Time Frame: Not Required

Forms Required: PASRR Level I and Form HCBS 3, Waiver Freedom of Choice

Note: The Waiver Case Manager must provide the NF a case packet that corresponds to the IPAS case packet and the following needs to be included: Application, Level I, 450B; 450B Section VI if the client is MR/DD, Level II Assessment, when applicable, Long-Term Care Eligibility Screen, and HCBS 3, Waiver Freedom of Choice

Final Determination/Authorization: There will not be a PAS 4B for an individual who, immediately prior to NF admission, was a Waiver Services recipient. The Freedom of Choice Form will replace the PAS 4B.

If Level II Required:

- If the NF has identified on the Level I form that the client needs a Level II assessment, then the NF will: (a) not admit the client, (b) obtain a Form 4B or HCBS Form 3, Waiver Freedom of Choice form, and (c) notify the IPAS Agency to trigger the Level II assessment.
- A Level II assessment must be done prior to admission unless the person is admitted on one of the Level II temporary authorizations. In any case, they do not qualify for NF admission as outlined above.

The IPAS Agency's responsibilities:

- a) Obtain the client's signature on the Freedom of Choice Form
- b) Review and certify need for Level II;
- c) Immediately notify the CMHC or D&E Team to complete a PAS Level II;
- d) Prepare a case packet containing the following documentation:
 - 1) Application for Long-Term Care Services;
 - 2) PASRR Level I;

- 3) 450B
- 4) PASRR Level II;
- 5) Additional documentation as submitted or necessary;
- e) Assure notification of intent to enter a NF is given to the Medicaid Waiver case manager;
- f) Finalize the case according to IPAS and PASRR procedures.

State Psychiatric Hospital Resident

Manual Reference: 2.1.2.2

Special Circumstance: Regardless of the responses on PASRR Level I (including the "Dementia Exclusion"), ALL residents of State psychiatric hospitals must participate in a full PASRR Level II assessment and determination PRIOR to any NF admission.

Level II Deferral Due to Medical Condition

Manual Reference: Section 13.3

Who Qualifies:

An individual who is unable to participate due to a condition of severe medical illness (such as delirium, a comatose state, recent traumatic head injury), which makes it impossible for the individual to participate actively in the Level II.

The PASRR Level II will only be deferred until the individual's condition improves enough for a Level II to be completed.

The IPAS agency's responsibilities:

- a) Will gather sufficient information and/or documentation to ascertain that a severe medical condition described above applies;
- b) Immediately contact the CMHC (Community Mental Health Center) or BDDS (Bureau of Developmental Disabilities Services) Office to review pertinent information and receive a concurrence of whether the Level II may be deferred;
- c) Record a narrative explanation in the case record; and
- d) Specify the decision on the PAS 4A prior to the final determination.

Level II: PASRR/MI Dementia Exclusion

Manual Reference: Section 13.4

Who Qualifies: An individual who: a) Would require Level II due to a condition of serious MI; but b) Has a condition of dementia (including Alzheimer's Disease and related conditions) which is of a degree of severity which is primary over the serious MI; and c) Does NOT have any condition of MR/DD.

NOTE: It is important to understand that the Dementia Exclusion can only be applied to PASRR/MI. Persons who are MR/DD or dually diagnosed as MI/MR/DD do not qualify for this exclusion and must be assessed under Level II.

When the dementia exclusion applies:

- a) PASRR/MI Level II must not be completed; and
- b) The NF must document the diagnosis of dementia on the NF active chart.

Level I Form and Dementia Exclusion:

To apply the Dementia Exclusion, Question #1 on the Level I must be answered accurately. (See Appendices F—PASRR Level I Decision Making Protocol).

Question #1 is actually a three -part question:

- a) "Does the individual have a documentable diagnosis of senile or presenile dementia (including Alzheimer's Disease or related disorder) based on criteria in DSM-III-R [or current DSM]..."
- b) "...without a concurrent primary diagnosis of a major mental illness or..."
- c) "...[without] a diagnosis of mental retardation or developmental disability?" (Words in brackets were added for clarification.)

Question #1 can only be checked "Yes" when all three conditions are met.

The following criteria **then** applies:

- a) Question #1 is "Yes" and all other answers are "No:" neither Level II or dementia documentation are required; or
- b) Question #1 is "Yes" and any Question #2-#5 is also "Yes:" the dementia exclusion applies and Level II is not required and the NF must document the dementia. (See Appendix for the Dementia Assessment Checklist form.)

CAUTION: Question #1 should not be marked "Yes" when there is also a diagnosis of mental illness which is primary/principal over the diagnosis of dementia.