

LifeTime Resources IPAS Reference Guide

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Overview

Federal regulation requires Pre-admission Screening for all individuals who are mentally ill, mentally retarded and/or developmentally delayed or those who may be dually diagnosed. This is called PASRR (Pre-admission Screening and Annual Resident Review). *LifeTime* does the Pre-admission Screening but is not involved in the Annual Resident Review.

The states have been given the responsibility for PASRR. Building on the federal requirements, Indiana requires that **all persons** be screened prior to NF admission to ensure that they have an appropriate medical level of care and to be presented alternate options to NF care to prevent premature, inappropriate or unnecessary placement in a NF. These options would allow them to receive services in their home or other non-institutional setting such as assisted living or adult foster care in lieu of a NF. This program is called IPAS (Indiana Pre-admission Screening).

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.

The terms IPAS, PAS and PASRR are sometimes used interchangeably in reference to the overall Pre-admission Screening Program. However, the terms should be used as follows:

- IPAS – the entire program, both PAS and PASRR
- PAS – the Indiana requirement to complete a Level of Care (LOC) assessment for all individuals requesting NF placement

- PASRR – the federal requirement to screen to determine MI or MR/DD. This is also called a Level II screening or Level II assessment.

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) Short term or Exempted stays with temporary approval and no full assessment completed.

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

In addition to the Level of Care (LOC) assessment completed by the IPAS agency, 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.

There are special guidelines for completion of a PAS for clients receiving home and community based services funded through Medicaid Waiver. See below for more information.

Manual references in this document refer to the Indiana IPAS/PASRR 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/PASRR program Manual, IC 12-10-12 or 460 IAC Rule 1.

Broad Category: From Home

IPAS Type: Standard from Home

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". ICF/MR group homes (October 15, 2009 email from Pat White, Division of Aging) are not considered an "at home" setting.

Temporary Authorization to Enter NF Allowed: No except in emergency. **If**, a NF admission is required prior to the IPAS Assessment being completed, **then** proceed to: **IPAS Type:**

Temporary: Emergency/APS, page 4-5.

LOC Assessment Required: Yes, prior to NF Admission; or, Freedom of Choice signed by Waiver recipient

Assessment Timeframe: 25 days from the signature on the IPAS Application, 9 days for Level II

Level II Process: If a Level II assessment is indicated, both the LOC and Level II assessments 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 - Identification Evaluation Criteria Certification by Physician for Long-Term Care Services (Form 450B, Sections IV-V)
- Physician Certification for Long-Term Care (450B, Sections I-III)
- If a Medicaid Waiver - Freedom of Choice (FOC) form
- If Level II is necessary, Notice of Referral for Level II Letter
- For MR/DD applicants, Physician Certification for Long-Term Care Services – 450B, Section VI **or** other medical documentation to support admission

Final Determination: Recorded on PAS 4B or Medicaid Waiver Letter and good for long-term placement as long as admitted within the authorized timeframe and client does not leave a NF or hospital setting for more than 24 hours after admission to the NF. If a Level II was ordered, the MI Certification or the MR/DD Certification must be sent with the 4B or Medicaid Waiver Letter, SA/DE form if applicable.

Determination Good For: Up to 90 days from PAS 4B; if not admitted within 90 days, a new PAS assessment is required. Medicaid Waiver letter has no specific timeframes attached.

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

Manual Reference: 3.4

To Qualify:

- A client, who is an Indiana resident, living: (a) at home or non-institutional setting (includes assisted living or adult foster care, does not include ICF/MR group home) 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** may approve a NF admission, for an individual not triggering a Level II during after-hours only for true APS Emergency. APS approval is only applicable until the IPAS agency is notified (no later than first working day following admission). At that time the IPAS gives temporary authorization for the NF admission.

LOC Assessment Required: Yes; or, Freedom of Choice signed by Waiver recipient

Assessment Timeframe: 25 days from NF Admission

Note: If a Standard from Home PAS was in process, 25 days can be added to complete the PAS, not to exceed 55 days.

Level II Process: If a Level II assessment is indicated, both the LOC and the Level II assessments 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 1-Identification Evaluation Criteria Certification by Physician for Long-Term Care Services (Form 450B, Sections IV-V)
- Physician Certification for Long-Term Care (450B, Sections I-III)
- PAS Emergency Intake (Form 011)
- Dr. Certification of Emergency (certification can be added to the 450B prior to the doctor's signing it)
- If a Medicaid Waiver – Freedom of Choice (FOC) form
- For MR/DD applicants, Physician Certification for Long-Term Care Services – 450B, Section VI **or** other medical documentation to support admission

Final Determination: Recorded on PAS 4B or Medicaid Waiver Letter and good for long-term placement as long as client does not leave a NF or hospital setting for more than 24 hours after admission to the NF, SA/DE form if applicable.

Level II Process:**PASRR Type:** Emergency/APS**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 assisted living and 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
- **Definition:** An endangered adult is

(a) 18 years of age or older

(b) incapable by reason of insanity, mental illness, mental retardation, senility, habitual drunkenness, excessive use of drugs, old age, infirmity, or other incapacity of either managing the individual's property or providing self-care or both; and

(c) is harmed or threatened with harm as a result of neglect, battery, or exploitation of the individual's personal services or property.

LOC and Level II Assessment Required: Yes; for Medicaid Waiver recipients, signature on a Freedom of Choice replaces LOC assessment.**Assessment Timeframe:** Within 7 Days of receipt of Referral**Forms Required:**

- IPAS Program Information Sheet
- Application for Long-Term Care Services (IPAS Application)
- Level 1-Identification Evaluation Criteria Certification by Physician for Long-Term Care Services (Form 450B, Sections IV-V)
- Physician Certification for Long-Term Care (450B, Sections I-III)
- PAS Emergency Intake, Form 011
- For MR/DD applicants, Physician Certification for Long-Term Care Services – 450B, Section VI **or** other medical documentation to support admission
- PASRR Categorical Determination for Short-Term Nursing Facility Care Certification by Physician for Long-Term Care Services form (450B/PASRR Form 2A, Section V, Part B), is required to record authorization and specify the type of admission and applicable dates (Initiated at the PAS office).
- Notice of Referral for Level II Letter (Initiated at the PAS office)
- if a Medicaid Waiver – Freedom of Choice (FOC) form (Initiated at the PAS office)

Final Determination: Recorded on PAS 4B or Medicaid Waiver Letter and good for long-term placement as long as client does not leave a NF or hospital setting for more than 24 hours after admission to the NF. If a Level II was ordered, the MI Certification or the MR/DD Certification must be sent with the 4B or Medicaid Waiver Letter, SA/DE form if applicable.**After Hours and Weekends:**

When a client meets the qualifications for an Emergency/APS PAS Type, does not require a Level II assessment and "presents" after hours or on a weekend, the NF or APS may admit the client. The NF must be able to document that an emergency exists or the APS must be able to document that the person is an endangered adult. 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.

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

LOC Assessment Required: No

Assessment Timeframe: Not Required

Forms Required:

- IPAS Program Information Sheet
- Application for Long-Term Care Services (IPAS Application)
- Level I - Identification Evaluation Criteria Certification by Physician for Long-Term Care Services (Form 450B, Sections IV-V)
- Physician Certification for Long-Term Care (450B, Sections I-III)

Final Determination: Recorded on PAS 4B after discharge, SA/DE form if applicable.

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 (Form 026)

Temporary Authorization for Extension Allowed: Yes, good for up to an additional 25 days from the end of the Temporary Authorization; total not to exceed 55 days as calculated from original NF admission date, and recorded on the original application with signature, date and authorized extension dates.

LOC Assessment Required: Yes; or, Freedom of Choice signed by Waiver recipient if the extension is approved

Assessment Timeframe: within the extension period to coincide with the expiration of the temporary authorization for extension.

Forms Required: Nursing Facility Extension Request Form (Form 026) and Freedom of Choice form for Waiver cases.

Final Determination: Recorded on PAS 4B/MAW Letter and good for long-term placement as long as client does not leave a NF or hospital setting for more than 24 hours after admission to the NF. Issue the PAS 4B specifying that the original admission was for Short-Term 30 and was extended to the date given. SA/DE form if applicable.

Level II Process:

PASRR Type: Respite – because the purpose of the stay must be for respite if a Level II is triggered, this PASRR Type is referred to as a Respite PAS, rather than a 30 Day Short-Term PAS

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)

LOC and Level II Assessment Required: No

Assessment Timeframe: Not Required

Forms Required:

- IPAS Program Information Sheet
- Application for Long-Term Care Services (IPAS Application)
- Level I—Identification Evaluation Criteria Certification by Physician for Long-Term Care Services (Form 450B, Sections IV-V)
- Physician's Certification for Long-Term Care (450B, Sections I-III)
- PASRR Categorical Determination for Short-Term Nursing Facility Care Certification by Physician for Long-Term Care Services form (Form 450B/PASRR Form 2A, Section V, Part B); is required to record authorization and specify the type of admission and applicable dates (Initiated at PAS office)

Final Determination: 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

LOC Assessment Required: Yes, prior to NF Admission

Assessment Timeframe: 10 Days 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 - Identification Evaluation Criteria Certification by Physician for Long-Term Care Services (Form 450B, Sections IV-V)
- Physician Certification for Long-Term Care (450B, Sections I-III)
- For MR/DD applicants, Physician Certification for Long-Term Care Services – 450B, Section VI **or** other medical documentation to support admission
- If Level II is necessary, Notice of Referral for Level II Letter (Initiated at PAS agency)

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 after admission to the NF. If a Level II was ordered, the MI Certification or the MR/DD Certification must be sent with the 4B, SA/DE if applicable.

Determination Good For: 90 days from PAS 4B issuance; if not admitted within 90 days, a new PAS assessment is required.

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

LOC Assessment Required: Yes, prior to NF Admission; or, Freedom of Choice signed by Waiver recipient

Assessment Timeframe: 10 Days from the signature on the IPAS Application

Additional Information: When the applicant is in a NF out-of-state, the NF must provide the IPAS agency with the most recent MDS.

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 - Identification Evaluation Criteria Certification by Physician for Long-Term Care Services (Form 450B, Sections IV-V)
- Physician Certification for Long-Term Care (450B, Sections I-III)
- For MR/DD applicants, Physician Certification for Long-Term Care Services – 450B, Section VI **or** other medical documentation to support admission
- If Level II is necessary, Notice of Referral for Level II Letter (Initiated at PAS agency)
- If a Medicaid Waiver – Freedom of Choice (FOC) form

Final Determination: Recorded on Form PAS 4B or Medicaid Waiver Letter and good for long-term placement as long as admitted within 90 days and client does not leave a NF or hospital setting for more than 24 hours after admission to the NF. If a Level II was ordered, the MI Certification or the MR/DD Certification must be sent with the 4B or Medicaid Waiver Letter, SA/DE form if applicable.

Determination Good For: 90 days from PAS 4B; if not admitted within 90 days, a new PAS assessment is required. Medicaid Waiver Letter has no specific timeframes attached.

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 to Enter NF Allowed: No

LOC Assessment Required: Yes, prior to NF Admission

Additional Information: When the applicant is in a NF out -of-state, the NF must current Minimum Data Set (MDS). The OMPP and/or the AAA staff reviewing the applications reserve to option to request additional clinical documentation such as 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.

Assessment Timeframe: 10 Days 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 - Identification Evaluation Criteria Certification by Physician for Long-Term Care Services (Form 450B, Sections IV-V)
- Physician Certification for Long-Term Care (450B, Sections I-III)
- For MR/DD applicants, Physician Certification for Long-Term Care Services – 450B, Section VI **or** other medical documentation to support admission
- If Level II is necessary, Notice of Referral for Level II Letter. (Initiated at PAS office)

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 after admission to the NF. If a Level II was ordered, the MI Certification or the MR/DD Certification must be sent with the 4B, SA/DE form if applicable.

Determination Good For: 90 days from PAS 4B; if not admitted within 90 days, a new PAS assessment is required.

Broad Category: Direct From Hospital

IPAS Type: Indiana Resident in an Acute Bed 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, Applicants 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

LOC Assessment Required: Yes; or, Freedom of Choice signed by Waiver recipient

Assessment Timeframe:

- a. For Medicaid Recipients, Applicants or Will Apply Clients: 25 days from the date of admission; 7-9 days if Level II
- b. For Private-Pay Applicants (Non-Medicaid) Clients: 120 days from date of admission; 7-9days if Level II

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. If less than 30 days of NF care is required, exception applies. (See page 14.)

Forms Required:

- IPAS Program Information Sheet
- Application for Long-Term Care Services (IPAS Application)
- Level I- Identification Evaluation Criteria Certification by Physician for Long-Term Care Services (Form 450B, Sections IV-V)
- Physician Certification for Long-Term Care (450B, Sections I-III) and supporting documentation from the Hospital that substantiates the need for NF level of care
- For MR/DD applicants, Physician Certification for Long-Term Care Services – 450B, Section VI **or** other medical documentation to support admission
- If Level II is necessary, Notice of Referral for Level II Letter (completed by PAS agency)
- If a Medicaid Waiver – Freedom of Choice (FOC) form

Final Determination: Recorded on Form PAS 4B or Medicaid Waiver Letter and good for long-term placement as long as client does not leave a NF or hospital setting for more than 24 hours after admission to the NF. If a Level II was ordered, the MI Certification or the MR/DD Certification must be sent with the 4B or Medicaid Waiver Letter, SA/DE if applicable.

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) (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 from date of NF admission. Note: Medicaid clients may also receive 30 days as a full assessment is not required.**Who Gives Temporary Authorization:** HDP can sign for the temporary authorization but the IPAS Agency must approve the Exemption itself.**LOC and Level II Assessment Required:** No**Assessment Timeframe:** Not Required**Forms Required:**

- IPAS Program Information Sheet
- Application for Long-Term Care Services (IPAS Application)
- Level I - Identification Evaluation Criteria Certification by Physician for Long-Term Care Services (Form 450B, Sections IV-V)
- Physician Certification for Long-Term Care (450B, Sections I-III)
- Supporting documentation from the Hospital that substantiates the need for temporary NF level of care
- Exempted Hospital Discharge Documentation, Form 027
- PASRR Level I, Section V --Section IV must be completed and Section V must be completed and signed by the Doctor.

Final Determination: Recorded on Form PAS 4B after discharge.**Extension Available:****To Qualify:** Same as above plus unexpected 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 prior to the initial 30 day expiration. The notification must be in writing using the Nursing Facility Extension Request Form (Form 026)**Temporary Authorization for Extension Allowed:** Yes, good for up to 10 days from end of Temporary Authorization, not to exceed 40 days from the original date of admission; recorded on the original application with signature, date and authorized extension dates.**LOC Assessment Required:** Yes; or, Freedom of Choice signed by Waiver recipient**Assessment Timeframe:** Within the extension period**Forms Required:**

- Application with the original admission date and the extension date (up to 10 days) recorded,
- Nursing Facility Extension Request Form, Form 026,
- Notice of Referral for Level II Letter (generated by IPAS agency),
- Freedom of Choice for Waiver client

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

after admission to the NF. If a Level II was ordered, the MI Certification or the MR/DD Certification must be sent with the 4B or Medicaid Waiver Letter, SA/DE form if applicable.

Broad Category: Direct From Hospital

IPAS Type: IN Resident in an Acute Bed in an Out-of-State Hospital or an IN Resident in an Acute Bed in an Indiana Hospital with no IPAS Designee

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, Applicants or Will Apply Clients: 25 days from the date of admission
 - 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

LOC Assessment Required: Yes; or, Freedom of Choice signed by Waiver recipient

Assessment Timeframe:

- a. For Medicaid Recipients, Applications or Will Apply Clients: the assessments will be within designated timeframes with a maximum of up to 25 days; 7-9 days if Level II.
- b. For Private-Pay Applicants (Non-Medicaid) Clients: up to 120 days based on estimated time of recovery plus 25 days; 7-9 days if Level II.

Level II Process: If more than 30 days of NF care is required, both the LOC and Level II assessments must be done prior to client's being admitted to NF. If less than 30 days of NF care is required, then exemption on page 14 applies.

Forms Required:

- IPAS Program Information Sheet
- Application for Long-Term Care Services (IPAS Application)
- Level I - Identification Evaluation Criteria Certification by Physician for Long-Term Care Services (Form 450B, Sections IV-V)
- Physician Certification for Long-Term Care (450B, Sections I-III)
 - and supporting documentation from the Hospital that substantiates the need for NF level of care
- For MR/DD applicants, Physician Certification for Long-Term Care Services – 450B, Section VI **or** other medical documentation to support admission
- If Level II is necessary, Notice of Referral for Level II Letter (generated by PAS agency)
- If a Medicaid Waiver – Freedom of Choice (FOC) form

Final Determination: Recorded on PAS 4B or Medicaid Waiver Letter and good for long-term placement as long as client does not leave a NF or hospital setting for more than 24 hours after admission to the NF. If a Level II was ordered, the MI Certification or the MR/DD Certification must be sent with the 4B or Medicaid Waiver Letter, SA/DE if applicable.

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 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**LOC Assessment Required:** No**Assessment Timeframe:** Not Required**Forms Required:**

- IPAS Program Information Sheet
- Application for Long-Term Care Services (IPAS Application)
- Level I - Identification Evaluation Criteria Certification by Physician for Long-Term Care Services (Form 450B, Sections IV-V)
- Physician Certification for Long-Term Care (450B, Sections I-III)
- Exempted Hospital Discharge Documentation, Form 027
- PASRR Level I, Section V --Section IV must be completed and Section V must be completed and signed by the Doctor. 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: Recorded on Form PAS 4B after discharge.**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 prior to the initial 30 day expiration. The notification must be in writing using the Nursing Facility Extension Request Form (Form 026).**Temporary Authorization for Extension Allowed:** Yes, good for up to 10 days from the end of Temporary Authorization not to exceed 40 days from the original date of admission; recorded on the original application with signature, date and authorized extension dates.**LOC Assessment Required:** Yes; or, Freedom of Choice signed by Waiver recipient**Assessment Timeframe:** Within the extension period**Forms Required:**

- Application with the original admission date and the extension date (up to 10 days) recorded,
- Nursing Facility Extension Request Form, (Form 026).
- For MR/DD applicants, Physician Certification for Long-Term Care Services – 450B, Section VI **or** other medical documentation to support admission
- Notice of Referral for Level II Letter (generated by PAS agency),
- Freedom of Choice as applicable.

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

after admission to the NF If a Level II was ordered, the MI Certification or the MR/DD Certification must be sent with the 4B or Medicaid Waiver Letter, SA/DE form if applicable.

Broad Category: Direct From Hospital

IPAS Type: 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.

Certification for this is recorded on the IPAS Application, under Section II "Temporary Authorization" by checking the box under the Hospital Discharge Planner designee box that says, "I certify that this patient is a non-resident admitted to acute hospital care after treatment in the 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 10 days

Who Gives Temporary Authorization: Hospital Discharge Planner Designee

LOC Assessment Required: Yes

Assessment Timeframe: The PAS assessment is completed in 10 days. If a Level II is needed, the PAS is to be done in 7-9 days.

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. If less than 30 days of NF care is required, then exception on page 16 applies.

Forms Required:

- IPAS Program Information Sheet
- Application for Long-Term Care Services (IPAS Application)
- Level I - Identification Evaluation Criteria Certification by Physician for Long-Term Care Services (Form 450B, Sections IV-V)
- Physician Certification for Long-Term Care (450B, Sections I-III) and supporting documentation from the Hospital that substantiates the need for NF level of care
- For MR/DD applicants, Physician Certification for Long-Term Care Services – 450B, Section VI **or** other medical documentation to support admission
- If Level II is necessary, Notice of Referral for Level II Letter (generated at PAS office)

Final Determination: 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 after admission to the NF. If a Level II was ordered, the MI Certification or the MR/DD Certification must be sent with the 4B, SA/DE if applicable.

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 or MA will apply clients may also receive 30 days as a full assessment is not required.**Who Gives Temporary Authorization:** IPAS Agency**LOC and Level II Assessment Required:** Yes**Assessment Timeframe:** 10 days**Forms Required:**

- IPAS Program Information Sheet
- Application for Long-Term Care Services (IPAS Application)
- Level I - Identification Evaluation Criteria Certification by Physician for Long-Term Care Services (Form 450B, Sections IV-V)
- Physician Certification for Long-Term Care (450B, Sections I-III)
- Exempted Hospital Discharge Documentation, (Form 027)
- PASRR Level I, Section V --Section IV must be completed and Section V must be completed and signed by the Doctor.

Final Determination: Recorded On Form PAS 4B.**Determination Good For:** Recorded on PAS 4B Letter and good for long-term placement as long as client does not leave a NF or hospital setting for more than 24 hours. If a Level II was ordered, the MI Certification or the MR/DD Certification must be sent with the 4B, SA/DE form if applicable.**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 prior to the initial 30 day expiration. The notification must be in writing using the Nursing Facility Extension Request Form (Form 026)**Temporary Authorization for Extension Allowed:** Yes, good for up to 10 days from the date of the Temporary Authorization not to exceed 40 days from the original date of admission; recorded on the original application with signature, date and authorized extension dates.**LOC Assessment Required:** Yes**Assessment Timeframe:** Within the extension period

- **Forms Required:** Application with the original admission date and the extension date (up to 10 days) recorded, Nursing Facility Extension Request Form, (Form 026), if Level II is necessary, Notice of Referral for Level II Letter. For MR/DD applicants, Physician Certification for Long-Term Care Services – 450B, Section VI **or** other medical documentation to support admission

Final Determination: Recorded on PAS 4B Letter and good for long-term placement as long as client does not leave a NF or hospital setting for more than 24 hours. If a Level II was ordered, the MI Certification or the MR/DD Certification must be sent with the 4B, SA/DE form if applicable.

Broad Category: Direct From Hospital

IPAS Type: Out-of-State Resident in an Acute Bed in an Out-of-State Hospital

Manual Reference: 3.9, 3.9.3 (The clearest statement is the paragraph directly under 3.9 on page 3-17).

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: No

LOC Assessment Required: Yes, prior To NF Admission

Assessment Timeframe: 10 days 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- Identification Evaluation Criteria Certification by Physician for Long-Term Care Services (Form 450B, Sections IV-V)
- Physician Certification for Long-Term Care (450B, Sections I-III) and supporting documentation from the Hospital that substantiates the need for NF level of care such as History and Physical (H&P) report, nursing, physician and therapy notes for the time the person has been in the hospital
- For MR/DD applicants, Physician Certification for Long-Term Care Services – 450B, Section VI **or** other medical documentation to support admission
- If Level II is necessary, Notice of Referral for Level II Letter (generated at PAS office)

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 after admission to the NF. If a Level II was ordered, the MI Certification or the MR/DD Certification must be sent with the 4B, SA/DE form if applicable.

Determination Good For: 90 days from PAS 4B issuance; if not admitted within 90 days, a new PAS assessment is required.

General Reference

REVIEWING BASIC PAS PAPERWORK FOR COMPLETENESS AND ACCURACY

Application for Long-Term Care Services (state form 45943)

- **Section I** – Key Information often overlooked or marked in error:
 - State of Residence Prior to NF Placement
 - Medicaid Status—only one box selected

Note: Under Will Apply for Medicaid (MWA), the 30, 60, 90, 120 options have nothing to do with the length of time that can be authorized. 25 (or 30 for ST or Respite stays) days is the maximum authorization allowed for both Medicaid and MWA.

- Applicant's location at the time of application
- **Pre-admission Screening Notification**
 - Client Signature and Date must be completed
- **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. Hospital Discharge Planners (HDP) may only authorize **Direct from hospital** admissions. Emergency/APS, 30 Day Short Term and Continuing Care Retirement Community allow Temporary Authorization by the IPAS agency only.
 - HDP Designee Certifications – all information that applies must be completed in order for the authorization to be valid.
 - If MCO enrollee – must 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
 - Start Date – Day of NF admission
 - Stop Date – Add from the NF admission date
 - Medicaid, MWA – Add 25 days
 - 30-day Hospital Exempt—30 days
 - Non-Medicaid/Private Pay – Add up to 120 days
 - Name of nursing facility – this must be completed

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 PAS Application is completed but a client's medical condition impacts intended date of the transfer to the NF, the HDP should 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 application to the NF 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 1- Identification Evaluation Criteria Screen Certification by Physician for Long-Term Care Services (state form 45277)

The following information must be included on this form to proceed with PAS request:

Key Information often overlooked or marked in error:

- Name of applicant
- Name of facility
- Section IV – all 7 questions need to be answered
 - If #3 is checked, list diagnosis

- Section IV – must have a signature of Hospital Discharge Planner Designee, Doctor or NF personnel, title and date
- Section V Part A – Refers only to persons who would trigger a Level II but a stay of 30 days or less is expected—so no screening would be required. Physician must sign and date. If more than 30 days of care required or if the individual would not require a Level II, this doesn't apply and should not be marked.
- Signature, title and date of authorized assessor

Physician Certification for Long-Term Care Services/Form 450B (state form 38143 – Sections I-III)

The following information must be included on this form to proceed with PAS request:

- Name of applicant, date of birth, sex, name of county
- Name and address of nursing facility
- “Admitted from” box
- Facility admission date, if admitted prior to PAS application being sent to PAS agency
- Primary diagnosis, Secondary diagnosis, supplemental medical information as appropriate
- **Level of Care Physician Certification**
 - Level of care recommended
 - Physicians certification that in-home care is safe or not safe
 - Signature of the doctor; Printed name and date.
 - Attachments, if referred to on the 450B

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.

Forms:

- Application for Long-Term Care Services (IPAS Application)
- Level I - Identification Evaluation Criteria Certification by Physician for Long-Term Care Services (Form 450B, Sections IV and V)
- 450B - Physician Certification for Long-Term Care Services (Form 450B – Section I-III), if obtained
- LTR, 014 “Do Not Agree” Statement

The nursing facility must submit the IPAS Application and Level I to the PAS Agency for review to determine if the client has the option to sign Do Not Agree. The NF needs ensure that the client understands the possible consequences of refusing to participate in IPAS. If he/she is still refusing, clearly note on the application form indicating the reason for refusal and have the client sign the “Do Not Agree” Statement, LTR form 014. If the client does not trigger a Level II, a 4B will be issued indicating the refusal to participate in the PAS process.

If the client triggers a Level II, the PAS Agency will notify the nursing facility that the client does not have the option to sign do not agree. Once the PAS Agency obtains a corrected PAS application indicating “I agree to participate”, the PAS and Level II assessments will be completed and a 4B issued.

Need for new PAS after recent NF discharge

IPAS Manual 2.2.1

In some instances, a resident enters a NF from a hospital under temporary authorization and does not wish to stay, but later changes their mind and wants to return to the NF. The authorization is still valid as long as the client returns to the NF within 24 hours of leaving/being discharged from the NF. If the time period has been longer than 24 hours, a new PAS will be required.

Also, if the PAS process is complete (4b has been issued) and the individual discharges for 24 hours or less; no new PAS would be required.

Hospitalizations during temporary authorization periods

Manual reference: 2.4.4, 5.2, 14.1.2

At times, persons admitted to the facility with temporary authorizations leave the facility due to hospitalization. If they are unable to return to the facility before the end of the authorization period, new PAS paperwork is NOT required, as long as they do not leave the medical loop. When the PAS agency is notified of the planned return of the resident, the temporary authorization stop date on the PAS application can be extended by the length of time that the individual was out of the facility. The PAS case record is updated to indicate the dates of hospitalization to explain the delay in PAS completion.

If at any time during the hospitalization it becomes known that the individual will not be returning to the facility, (discharging to home), a 4b can be issued to close out the PAS.

If the person leaves one nursing facility but discharges from the hospital to a second nursing facility, the PAS documentation on file can be adjusted; again, no new application is needed.

Updated medical records should be provided to the PAS agency and will reviewed and added to the record.

Medicaid Waiver Clients

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

Who Qualifies: Current recipient of Medicaid Waiver (MAW) services who is seeking NF care. MAW is not a separate type of PAS but will be processed differently from other types of PAS.

Forms Required:

- This is determined by the IPAS Type (refer to specific type of PAS); and,
- Freedom of Choice (FOC) form for all cases in which PAS assessment would be applicable Note: Obtaining the FOC form will be a joint effort between the IPAS agency and NF; the form is not required to initiate the process.

Clarification on forms: A review of the state IPAS manual indicates that only a Level I form is required to initiate PAS for a MAW recipient. However, LTR requires the full PAS packet for a variety of reasons:

- The Application that was signed for MAW services does not indicate that the client had access to the IPAS Information Sheet. It is best if we have this and the Level II organizations have requested it.
- Under the MAW program, we are not required to regularly update 450Bs. It is best for both us and the Level II organizations to have current information when processing the PAS
- If a Level II is needed, processing can begin more quickly if the PAS Coordinator does not have to wait to receive the Application and the 450B from the CM/OC.
- We want it to be clear that a MAW client does not have a "pass" into a NF: The Level I must be reviewed and certified prior to admission and the Level II requirement must be fulfilled, if necessary. Additionally, NFs may be approached by an individual on a DD type waiver; no medical LOC has been completed for this group and would need to be completed prior to 4b completion.
- Neither the PC nor the NF can be certain if the client is a current MAW client. The process is more efficient if these cases are handled as any other PAS in terms of the forms needed in order to begin the PAS.

LOC Assessment Required: No. A MAW client has already received a PAS screening.

Level II: Individuals who trigger a Level II must have that screening done prior to NF admission, unless qualified for an Emergency APS or other exemption.

Final Determination: The Medicaid Waiver Letter will replace the PAS 4B. There will not be a PAS 4B for an individual who, immediately prior to NF admission, was a Waiver Services recipient.

Signatures allowed on IPAS applications

State IPAS manual 2.3.5

The following signatures are allowable on the IPAS Application form:

1. applicant
2. parent, guardian, or health care power of attorney when the applicant is a minor or has been adjudicated legally incompetent
3. healthcare representative appointed by the applicant
4. applicant's spouse
5. applicant's adult child
6. applicant's adult sibling
7. applicant's religious superior, if the applicant is a member of a religious order
8. the person allowed to sign papers for hospital care and services or for NF placement and services
9. any other person acting on behalf of and in the best interest of the applicant in the absence of a conflict of interest
10. the NF administrator, as a last resort, if there is a statement regarding the reason other choices are not available and a conflict of interest does not exist

An individual signing on behalf of the applicant must have sufficient knowledge of the applicant's situation and condition to be able to answer questions pertaining to the Application form and the PAS

Transfers Between Nursing Facilities

Manual Reference: 2.4.3, 2.9

Transfer Between Nursing Facilities **After** PAS Assessment is Complete:

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

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 Between Nursing Facilities **Before** PAS is Complete

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

- a) The new NF (NF #2) contacts the IPAS agency to alert the IPAS agency to the transfer and provide a new 450B. A new IPAS application form or Level I is NOT needed.
- b) Give to the IPAS agency the name, address, and phone number of the NF from which the patient is transferring.

Should the transfer occur between NFs in catchment areas of different AAAs, coordination between the agencies will occur to insure proper processing of the case.

Handling PAS cases between two different IPAS agencies

Coordination between IPAS agencies is required when an application for IPAS is made at a NF in one catchment area while the client resides at or is located in another catchment area.

Process to Transfer Case:

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

1. Receive and review the Application form, Level I, 450B, and other applicable forms for completeness;
2. Certify the Level I for Level II need;
3. Act as IPAS designee for temporary NF admission when requested; and
4. Transfer the case record, after the applicant is admitted, to the IPAS agency serving the area of the NF.

Process to Receive Case:

The IPAS agency serving the area of the NF will:

1. Act as liaison between the first IPAS agency and the NF, as needed;
2. Receive and finalize the case processing;
3. Issue the PAS Form 4B/MAW Letter to notify applicable entities of the case disposition; and
4. Maintain the case record on file.

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

Continuing Care Retirement Community (CCRC) and PAS

A 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.

CCRCs are able to transfer a client needing short-term NF care from a bed within their continuum without a PAS for 5 days. Should a longer stay be necessary, there are up to 25 additional days that can be authorized for the client to stay in the NF bed if necessary. (Stay not to exceed 30 days)

Steps:

- Resident is identified as needing a higher level of care.
- Nursing facility completes a Level 1 to determine whether or not a Level II would be triggered.
- Resident can be admitted to the NF for up to 5 days, and then would discharge to the lower care setting.

If stay needs to exceed 5 days,

- The NF notifies the PAS agency, explaining the need for extended stay, including the anticipated length of stay.
- PAS agency receives Application and Level 1; designee authorization is given for the resident to stay up to a total of 30 days. The PAS case record denotes that this is a “Five Day Short Term transfer within a CCRC”.
- As long as the resident returns home within that 30 day time frame, no PAS screening will be initiated.
- Should more than the 30 days be necessary, the NF will inform the PAS agency, provide the 450B and a PAS screening will be completed.

PAS applicants with a finding of No Level of Care

IPAS Manual 6.2

If the PAS assessor screens an individual and finds that no medical level of care is evident at the time of assessment, the 4b for that individual will be completed with that finding. There are two categories for the 4b for these situations: “may enter but not remain” or “may not enter or remain” in a nursing facility setting. The 4b will contain language that states: “There has been an IPAS and/or PASRR determination that your placement in a NF is inappropriate”. The nursing facility has the full temporary authorization period or 14 days from the issuance of the 4b to develop a discharge plan for the individual. After that time frame, the individual is subject to PAS penalty.

Medicaid MCO Enrollees

Manual Reference: Section 2.80

Who Qualifies: Medicaid recipients enrolled in an MCO

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 disenroll 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 requesting the NF give us contact information for the MCO provider – Name, Address, and Phone number.
- 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, PAS Form 4B, and any other documents deemed applicable by the IPAS agency shows 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

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.

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.

To Qualify:

- A client, who is an Indiana resident, living at the State Psychiatric Hospital.

Temporary Authorization to Enter NF Allowed: No

LOC Assessment Required: Yes, prior to NF Admission

Assessment Timeframe: The assessments will be done within designated timeframes with a maximum of an average of 7-9 days from the signature on the IPAS Application

Level II Process: Ordered immediately.

Forms Required:

- IPAS Program Information Sheet
- Application for Long-Term Care Services (IPAS Application)
- Level I - Identification Evaluation Criteria Certification by Physician for Long-Term Care Services (Form 450B, Sections IV-V)
- Physician Certification for Long-Term Care (450B, Sections I-III)

Final Determination: Recorded on Form PAS 4B and good for long-term placement as long as admitted within the authorized timeframe and client does not leave a NF or hospital setting for more than 24 hours after admission to the NF

Determination Good For: 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.

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, severe medical issue), 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 verify that criterion listed above applies;
- b) Immediately contact the CMHC (Community Mental Health Center)/Lifesprings or BDDS (Bureau of Developmental Disabilities Services) Office to review pertinent information and receive a concurrence of whether the Level II may be deferred; the response from

CMHC/Lifesprings may be "Inappropriate referral", which means that the deferral is appropriate.

- c) Record a narrative explanation in the case record; and
- d) Specify the decision on the PAS 4B/MAW Letter 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 is not 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.

Question #1 is actually a three -part question:

- a) "Does the individual have a documentable diagnosis of senile or pre-senile 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?"

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

The following criterion 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 may apply if supportive documentation is present that demonstrates that the dementia is primary over any mental health issues.

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.

Re-screening

References: INsite 4B language, clarification from FSSA dated 3/12/10

Who Qualifies: An individual who received a time limited authorization for NF facility placement and may need additional time to recuperate or permanent placement; a request for Re-screen can be generated by the IPAS agency, the Division of Aging or the NF. Re-screen is intended for PAS cases where no extension is allowed or no more extensions are available.

LOC Assessment Required: Yes, face to face by the IPAS agency for clients who trigger a Level II and by the Division of Aging for those who did not trigger a Level II.

Additional Information: Nursing facility provides new 450B and documentation of the last 60 days to support continued placement in the facility. Documents will have cover sheet marked: "Attention: Please expedite for Continued Stay".

Assessment Timeframe: within the original authorized period or as soon as can be scheduled if request is made with less than two weeks left in the authorized period.

Final Determination: Recorded in a Re-screening Letter

Reconsideration

Manual Reference: 6.1.1-2; 12.2.1

Who Qualifies: An individual who received a denial or a time limited authorization for NF facility placement and is now seeking additional time to recuperate or permanent placement; request must be made within 30 days of original PAS decision. Note: Reconsideration is an alternative for an appeal of an adverse determination. A quick review is more informal and shorter than the standard appeal process, but does not replace the appeal process. It is recommended that the individual request both at the same time. Reconsideration may be requested by the applicant or their representative.

LOC Assessment Required: Yes, desk review of original and new information; if it is determined that a face to face assessment is required, it is treated as a Re-Screen, see page 25. PAS agency handles all non-Level II cases and PASRR MI Level of Care issues. For PASRR MR/DD specialized service issues, the request is made through BDDS

Additional Information: written request for reconsideration from applicant, their representative, NF or attending physician; documentation or information which was not available at the time of the original PAS decision, clearly marked as being provided for Reconsideration. If there is no additional information, the only option is to appeal.

Assessment Timeframe: within the original authorized period or as soon as can be scheduled if request is made with less than two weeks left in the authorized period.

Final Determination: recorded on original 4B.