

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



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

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

The signed IPAS Information Sheet, IN PAS Application for Long Term Care Services and PASRR Level I form will initiate the PAS process. The individual's doctor becomes a member of the PAS team by completing and signing a Physician Certification for Long Term Care Services (Form 450B). A *LifeTime Resources* (LTR) Case Manager (CM) is also appointed as a member of the PAS team.

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

Ideally all individuals requesting admission to an IN NF are to be assessed and a final determination rendered prior to placement in the NF. However there are some instances, such as emergency situations and admissions directly from the hospital, that allow for temporary admission into a NF before the full PAS assessment is completed.

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

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

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

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

## **LIFETIME RESOURCES IPAS REFERENCE GUIDE**

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

## **SUMMARY OF NURSING FACILITIES RESPONSIBILITIES**

(State PAS Manual 2.3, 6.3)

### **PAS Notification**

The Nursing Facility (NF) will notify potential residents of the IPAS Requirements by sharing the IPAS Program Information Sheet and obtaining the client's signature on the form.

### **PAS Application**

Per the State PAS manual 2.3.2, "The NF will review the application forms prior to forwarding them to the IPAS agency to assure appropriate completion". With one minor exception that will be addressed later, **all PAS packets are to be submitted to LTR by the NF.**

Regardless of the origin of the PAS packet, at the NF or at the hospital, the NF will ensure that the PAS packet is complete and accurate prior to submission to LTR. If necessary, the NF will work directly with the HDP to correct any inaccuracies within the PAS packet.

The NF will assist the client with completing the PAS packet which contains at a minimum the IPAS Program Information Sheet, IPAS Application, 450B, and the Level I Form. Other documents may be required for special circumstances and those instances are defined further in this document under the section entitled "PAS Submission Process."

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

### **Trained Back Up Person**

LTR is willing to train multiple NF staff to ensure that there is always a qualified person to process PAS packets. LTR no longer has staff assigned only to the PAS program therefore no one at LTR can act as a "back up" to the NF when the staff responsible for processing the PAS

paperwork is not at work. The NF should assure that multiple staff are trained and that the PAS materials are in a location accessible to multiple staff.

### **Discharges**

If a client is discharged prior to the completion of the full PAS assessment, the NF should notify LTR so that a 4B and/or SA/DE may be issued.

### **Penalties**

If the NF neglects to follow the PAS requirements, it is subject to a penalty which could lead to a Class A Infraction which imposes a maximum of a \$10,000 fine. Penalties can be imposed for:

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

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

(State PAS Manual 3.7, 3.8.4, 13.5 & 13.5.1)

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

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

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

- (a) need a Level II assessment
- (b) are in an Emergency Room or 23 hour bed hold or
- (c) transferring from Hospital Based NF Units (Dearborn County Hospital Sub-acute Unit). In these cases, only the IPAS Agency can give Temporary Authorization.

For a client who needs Nursing Facility care directly after medical care, the HDP has the responsibility to inform him/her of the IPAS requirements by sharing the and obtaining his/her signature on the IPAS Program Information Sheet. The HDP will assist him/her with completion of a PAS packet which contains at a minimum the IPAS Program Information Sheet, IPAS Application, 450B, and the Level I Form. Other documents may be required for special circumstances and those instances are defined further in this document under the section entitled "PAS Submission Process."

The HDP will ensure a complete and accurate PAS packet is submitted to the NF and work directly with the NF to correct any inaccuracies of PAS packet & ensure a proper client discharge plan.

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

## **LIFETIME RESOURCE RESPONSIBILITIES**

(State Manual Section 3, 6.3.4 & 13)

### **PAS Assessment Timeframes**

- LTR will complete PAS Assessments & finalize 4B or Freedom of Choice (FOC) within designated time frames. For **Indiana residents** who are coming **direct from hospital** (IN or Out of State):
  - **Medicaid or Medicaid Will Apply (MWA)** – the assessments will be within designated time frames with a maximum of up to 25 days.
  - **Private pay** – the assessments will be done within designated time frames with a maximum of up to 120 days.
- For **Indiana residents** who are coming **direct from home** – the assessments will be within designated time frames with a maximum of up to 25 days.
- For clients who are **from Out of State or have received an Exempted Hospital Discharge Extension** the assessment will be completed with 10 days.
- For clients who are **in the NF under an Emergency/APS IPAS Type**, if the client requires a Level II assessment, the PAS assessment will be done in 7 days. For clients not requiring a Level II assessment, the PAS assessment will be done within 25 days.
- For clients who are **in the NF under a Short-Term 30 Day stay** (Level I), a PAS assessment will only be done then an extension request is made and approved, then the PAS assessment will be completed within 25 days from the extension.
- For clients who require a **Temporary Authorization by the IPAS Agency** there is no designated timeframe. However, LTR will process these in a timely manner.

### **Same Day/Immediate Attention**

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

We will give immediate attention to Out of State (OOS) Direct From Hospital admission requests and IN Direct From Hospital requests for an Exempted Hospital Discharge decision. For these situations, if LTR receives a complete and accurate PAS packet by 3:00 pm, we will complete the authorization/decision the same day. For complete and accurate PAS packets received after 3:00 pm we will complete the PAS by 10:00 am the next working day.

## **Penalties**

LTR has the responsibility to impose penalties in the PAS program described above in the NF Responsibility Section. LTR will utilize the progressive discipline process.

- Conversation discussing the penalty and situation
- Verbal warning
- Written warning
- Report to the Prosecutor's Office

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

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

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

## **COMMUNICATION WITH LTR**

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

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

If PAS packet is submitted via email you will receive a confirmation that the packet has been received via Auto Reply below.

**FAX line:** (812) 432-6222. This also allows a paper trail, but response time may be slightly longer than the email response time. The NF may use this for PAS inquiries and/or for sending PAS documents.

**PAS phone line:** (812) 432-6271. LTR does not answer PAS calls live. Messages on this line will be checked several times a day. When leaving a message state your name, facility name and your question.

Unless we experience an unusually high volume, inquiries received by 3:00 pm will be responded to by 4:30. Inquiries received after 3:00 p.m. will be responded to by 10:00 a.m. the next working day. All **accurately and thoroughly completed** PAS packets received by 3:00 p.m. will be processed the same day.

**[pas@lifetime-resources.org](mailto:pas@lifetime-resources.org) Auto Reply:** This is to confirm that we have received your email re: PAS. Emails are checked routinely throughout the day. Unless we receive an unusually high volume, emails received by 3:00 p.m. will be responded to by 4:30. Emails received after 3:00 p.m. will be responded to by 10:00 a.m. the next working day. If emailing re: an emergency admission for an IN resident living in a non-institutional setting, dial 432-6200. If you are emailing from a hospital, please contact the nursing facility and they will assist you.

**Phone message:** Thank you for calling the *LifeTime Resources* dedicated PAS line. For a more timely response, PAS inquiries may be emailed to [pas@lifetime-resources.org](mailto:pas@lifetime-resources.org) or faxed to 812-432-6222. Voice messages will be checked several times a day. Please leave either an email address or fax # for the response. If calling for an emergency admission for an IN resident living in a non-institutional setting, dial 432-6200. If calling from a hospital please contact the nursing facility and they will assist you.

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

## **FULL PAS ASSESSMENT REQUIREMENTS**

(State PAS Manual 3, 3.2, 3.9, 13.5.1 & 13.6)

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

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

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

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

## **PAS SUBMISSION PROCESS**

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

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

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

- IPAS Program Information Sheet
- Application for Long Term Care Services – state form 45943
- Level I Identification Evaluation Criteria Screen Certification by Physician for Long Term Care Services – state form 45277
- 450B, Physician Certification for Long Term Care Services – 450B/state form 38143 Sections I-III

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

- For MR/DD applicants requiring a Level II assessment, Physician Certification for Long Term Care Services – 450B, Section VI.
- For Emergency Admission – Written Certification by the Doctor & PAS Emergency Intake, LTR, 011
  - **Note: There must be a caregiver or contact person** listed that can be reached via telephone and who can verify the emergency situation.
- For clients entering NF from an Out of State NF, 30 days of the most recent notes will be required
- For Level II clients where the Doctor is authorizing an Exempted Hospital Discharge, the Exempted Hospital Discharge Documentation, LTR 027
- For MI clients requiring a Level II who have a diagnosis of dementia, dementia documentation and/or the Dementia Assessment Checklist may be submitted to assist in determining if the client qualifies for a Level II deferral

**Step 2:** The NF will ensure that the PAS packet is **accurately completed prior to submission to LTR**. Attention to this area will assist in the PAS packet being processed in a timely manner. The NF will work with the individual guiding them through the forms and ensuring accurate and complete responses. If the individual is presenting from the hospital, the NF will work with the HDP to ensure that the forms are accurate and complete in the responses.

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

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

#### **IPAS Application**

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

**Note:** Under Will Apply for Medicaid (MWA), the 30, 60, 90, 120 options have nothing to do with the length of time that can be authorized. 25 days is the maximum authorization allowed for both Medicaid and 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. Refer to IPAS Types later in this document.

**Note for HDPs:** The only box you may check is **Direct from hospital**.  
Emergency/APS, 30 Day Short Term and Continuing care retirement community are 3 other PAS types that allow Temporary Authorization by the IPAS agency only.
  - Hospital Discharge Planner Designee Certifications – all that apply must be completed in order for the authorization to be valid.
    - If MCO enrollee – check short-term or long term
    - Non-resident information – must be checked if a non-resident and was admitted following treatment in emergency room.
    - List of Long Term Care Options – must always be checked as this is an IPAS requirement
  - Start Date – Day of NF admission
  - Stop Date – Add from the NF admission date
    - Medicaid, MWA – Add 25 days
    - Non-Medicaid/Private Pay – Add up to 120 days
  - Name of nursing facility – Enter the selected NF

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

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

### Level I Form

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

## 450B Form

- Key Information often overlooked or marked in error:
  - **I – Recipient Identification**
    - Name of NF
    - “Admitted From” box
    - Facility admission date
  - **Level of Care Physician Certification**
    - Level of care recommended
    - I certify that in-home care is safe or not safe
    - Signature of the doctor

**Note:** Please ensure that all parties sign only where they are authorized to sign as LTR cannot “sign over” other parties’ misplaced signatures.

**Step 3:** When working with the Hospital Discharge Planner (HDP) and there is missing information or something that is not accurate, return to the HDP and ask them to correct.

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

## **DETERMINING NEED FOR LEVEL II**

(State PAS Manual 13.1; 13.3; 13.4; 13.5; 13.6)

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

**Note:** The HDP may submit PAS packets directly to LTR for clients requiring a **Level II assessment needing more than 30 days when the NF has not been selected**. See Communication with LTR page 7 for submission options.

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

### **Dementia Exclusion**

A client who is MI may qualify for a Dementia Exclusion if there is documentation to support that the dementia diagnosis and that this condition is the overriding condition.

### **Medical Deferral**

A client may qualify for a Medical Deferral if he/she has a medical condition that prevents him/her from participating in a Level II assessment. If so, then the Level II assessment will be delayed until the person's medical condition improves to the degree that he/she may participate in the Level II assessment.

### **Exempted Hospital Discharge**

The Exempted Hospital Discharge is an exclusion that allows a client needing a Level II assessment to go temporarily to the NF and, if he/she discharges in under 30 days, the Level II assessment will not be completed. The HDP may recommend that this type of exclusion be utilized for a client meeting the criteria but the IPAS Agency is the authorizing agency. **IPAS Agency agreement with the Exempted Hospital Discharge must be done prior to the NF admission of the client.** See IPAS Types beginning on page 14 for more detail on Exempted Hospital Discharge.

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

After LTR receives the completed Level II assessment, the full PAS assessment is completed. For clients who are diagnosed with a mental illness the assessments are done by either the Community Mental Health Center for Dearborn, Ohio, Ripley, Switzerland Counties or Life Springs for Jefferson County. For clients who are MR/DD or MI/MR/DD the assessments are done by the Bureau of Developmental Disabilities. We also have contacts for OOS clients requiring a Level II, but it is not unusual for these to take more than 4 days.

### **PAS PACKETS BY IPAS TYPES**

For a complete treatment of each PAS Type review the LTR PAS Reference Guide and/or the State of Indiana IPAS/PASRR Program Manual, January 2009. The following will give a short overview and highlight things to remember when working with this PAS Type.

#### **Determining IPAS Type**

PAS requirements vary depending on the client's current location, their state of residence, their mental and developmental status, the urgency of the admission and whether or not the person requires short term or long term placement. The thought process outlined below will assist in determining the correct PAS type.

- Current Location of Client
  - Is the client coming from Home (or other non-institutional setting), a Nursing Home or a an Acute Hospital Bed?
- Residency of the client
  - Is the client an Indiana resident or an Out of State resident?
- What is the client's mental and developmental status?
  - Has the client been diagnosed with a mental illness?
  - Does the client have a developmental disability?
  - Does the client have both a mental illness and a developmental disability?

- What is the urgency of the admission?
- If the client is coming from home, how long can he/she continue to be at home?
- Does the person need short term NF care or long term NF care?

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

**IPAS Type: Standard From Home**  
(LTR IPAS Reference Guide: Page 3)

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

**Forms:**

- IPAS Information Sheet
- Application
- Level I
- 450B
- Additional Forms, if necessary: For MR/DD applicants who require a Level II assessment, submit a 450B, Section VI

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

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

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

(LTR IPAS Reference Guide: Pages 4-5)

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

**Prescreen:** The LTR Case Manager will contact the caregiver/contact person in order to verify that an emergency exists. **It is imperative that the caregiver or contact person that is listed on the Emergency Intake Form be immediately reachable via phone.** If APS is involved they can serve as the contact to certify that an emergency exists. If it is decided that the case is an emergency, the PAS will be processed accordingly. If not, a Standard From Home PAS assessment will be completed prior to NF admission.

### **Forms:**

- IPAS Information Sheet
- Application
- Level I and
- 450B
- Doctor's Certification of the Emergency
- PAS Emergency Intake LTR, 011
- For MR/DD applicants, a 450B Section VI is required

Temporary Authorization is given and the full PAS assessment is completed while the client is in the NF.

If the client requires a Level II, a PAS must be done prior to NF admission unless the client meets the APS eligibility as an endangered adult. 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 wither managing the individual's property or providing self-care or both; and
- (c) harmed or threatened with harm as a result of neglect, battery, or exploitation of the individual's personal services or property.

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

### **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.

**IPAS Type: Short Term 30 Day/Respite**  
(LTR IPAS Reference Guide: Pages 6-7)

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

**Forms:**

- IPAS Information Sheet
- Application
- Level I
- 450B
- Additional Forms, if necessary: If an extension is needed, NF Extension Request Form.

Note: Due to the fact that the Level II stay is only for a short-term stay, the 450B, Section VI for MR/DD applicants is not required.

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

**Extensions:**

When a client needs additional short-term care, the NF must submit the **NF Extension Request Form, LTR, 026 prior to the expiration of the Temporary Authorization.** The extension may be approved for up to an additional 25 days. If approved, the PAS assessment will be completed. For clients requiring a Level II, there is no extension available.

**IPAS Type: Out of State Resident Coming From Out of State Home**  
(LTR IPAS Reference Guide: Page 8)

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

**Forms:**

- IPAS Information Sheet
- Application
- Level I
- 450B
- Additional Forms, if necessary: For MR/DD applicants who require a Level II assessment, submit a 450B, Section VI

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

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

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

LTR PAS Reference Guide: Pages 9-10

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

**Forms:**

- IPAS Information Sheet
- Application
- Level I
- 450B
- 30 days of the most recent NF notes, which may include notes from the nurse, doctor and/or social worker.
- Additional Forms, if necessary: For MR/DD applicants who require a Level II assessment, submit a 450B, Section VI

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

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

**IPAS Type: Direct From Hospital – Indiana Resident in an Indiana Acute Hospital Bed**  
(LTR PAS Reference Guide: Pages 11-12)

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

**Forms:**

- IPAS Information Sheet
- Application
- Level I
- 450B
- Additional Forms, if necessary: For MR/DD applicants who require a Level II assessment, submit a 450B, Section VI.

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

**Level II Process:**

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

**Exempted Hospital Discharge:**

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

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

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

**Exempted Hospital Discharge Extensions:**

Requests for extension should be rare since the exemption was based on the belief that the person needed no more than 30 days of NF care. However, when a change in condition occurs and an extension is required, the NF must submit the **NF Extension Request Form, LTR, 026 prior to the expiration of the Temporary Authorization.** The extension may be approved for up to an additional 10 days. If approved, the PAS assessment will be completed.

**Note:** A client who requires no Level II assessment or is eligible for an Exempted Hospital Discharge and is transferring from the DCH acute bed to the DCH sub-acute unit does not need a PAS. However if the client requires a Level II and needs more than 30 days of NF care, he/she will require a PAS assessment, including a Level II assessment, and it must be done prior to NF admission.

**IPAS Type: Direct From Hospital – Indiana Resident in an Out of State Hospital**  
(LTR PAS Reference Guide: Pages 13-14)

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

**Forms:**

- IPAS Information Sheet
- Application
- Level I
- 450B
- Additional Forms, if necessary: For MR/DD applicants who require a Level II assessment, submit a 450B, Section VI.

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

**Level II Process:**

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

**Exempted Hospital Discharge:**

If a client requires a Level II assessment, he/she may be eligible for an Exempted Hospital Discharge. The qualifications for an Exempted Hospital Discharge are the individual needs:  
(a) NF admission directly following medical treatment in an acute-care non-psychiatric hospital bed

(b) NF services are for the same condition for which the individual received acute hospital care and

(c) less than 30 days of NF care is required, as certified, in writing, by a Doctor.

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

**Exempted Hospital Discharge Extensions:**

Requests for extension should be rare since the exemption was based on the belief that the person needed no more than 30 days of NF care. However, when a change in condition occurs and an extension is required, the NF must submit the **NF Extension Request Form, LTR, 026 prior to the expiration of the Temporary Authorization.** The extension may be approved for up to an additional 10 days. If approved, the PAS assessment will be completed.

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

(LTR PAS Reference Guide: Pages 15-16)

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

**Forms:**

- IPAS Information Sheet
- Application
- Level I
- 450B
- Additional Forms, if necessary: For MR/DD applicants who require a Level II assessment, submit a 450B, Section VI.

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

**Level II Process:**

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

**Exempted Hospital Discharge:**

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

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

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

**Exempted Hospital Discharge Extensions:**

Requests for extension should be rare since the exemption was based on the belief that the person needed no more than 30 days of NF care. However, when a change in condition occurs and an extension is required, the NF must submit the **NF Extension Request Form, LTR, 026 prior to the expiration of the Temporary Authorization.** The extension may be approved for up to an additional 10 days. If approved, the PAS assessment will be completed.

**Note:** A client who requires no Level II assessment or is eligible for an Exempted Hospital Discharge and is transferring from the DCH acute bed to the DCH sub-acute unit does not need a PAS. However if the client requires a Level II and needs more than 30 days of NF care, he/she will require a PAS assessment, including a Level II assessment, and it must be done prior to NF admission.

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

(LTR PAS Reference Guide: Pages 17)

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

**Forms:**

- IPAS Information Sheet
- Application
- Level I
- 450B
- Additional Forms, if necessary: For MR/DD applicants who require a Level II assessment, submit a 450B, Section VI, 450B, Section VI

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

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

## FAQs

### **1. What if a Client Does Not Agree to Participate in PAS?**

(State PAS 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:**

- IPAS Information Sheet
- Application
- Level I
- 450B, if obtained
- LTR, 014 “Do Not Agree” Statement

The nursing facility must submit the PAS 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 is issued.

### **2. If a client was discharged from the hospital to the NF, didn't want to stay and left shortly after arriving but then realized they really did need to be in the NF, does a new PAS have to be done?**

(State PAS Manual 2.2.1)

The Temporary Authorization issued on the Direct From Hospital PAS 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.

### **3. What do I do if I discover that a client, who entered the NF as a private pay, decides to apply for Medicaid after the 120 authorization has been given and prior to the PAS being completed?**

(State PAS Manual 3.1.2, 3.3.1)

Notify the IPAS Agency immediately so the case may be designated as a Medicaid case and the assessment completed. This applies even if the client stay already exceeds 25 days.

**4. What if I find out that a resident in our NF does not have a PAS?**

Immediately contact the IPAS agency to ensure that the client does not have a valid PAS. If not, then work with the individual to complete the PAS packet and submit to the IPAS agency. The IPAS Agency will complete the PAS assessment and issue a 4B. The NF will incur a PAS penalty for accepting a client without a PAS.

**5. What if the court orders an individual into the NF without the PAS agency involvement and we find out after the fact? Do we still process a PAS?**

(Clarification Email from Pat White October 15, 2009)

Yes, you do have to do a PAS and there would be a penalty to the NF even if the client was in an emergency situation.

**6. If the client that is seeking NF admission is a Medicaid Waiver (MAW) client is there a different process?**

If the client is a current MAW client, NF admission may occur with only a Level I and a signed Freedom of Choice form, if no Level II is indicated.

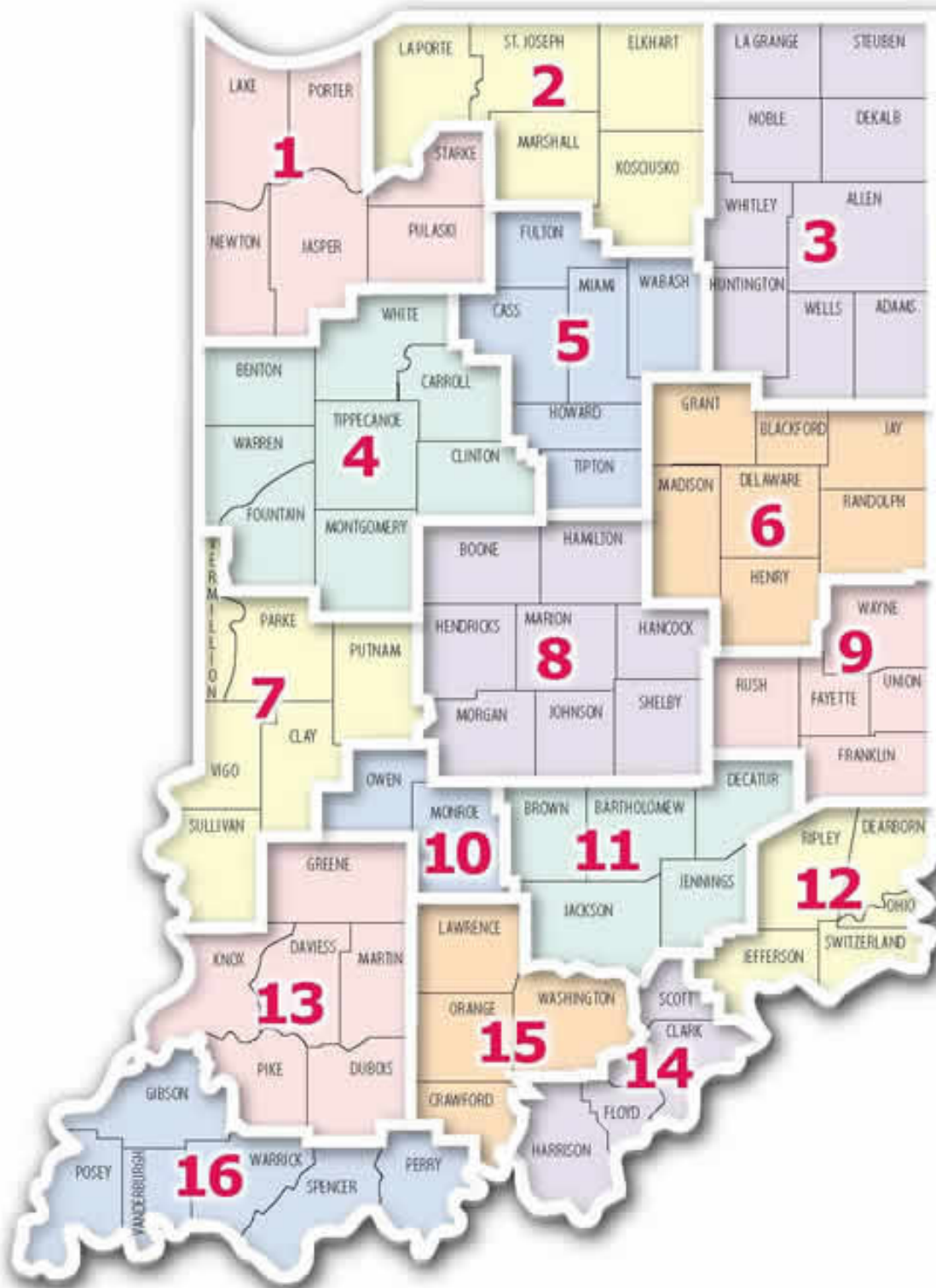
If the client does require a Level II assessment, the client may be admitted following a full Level II assessment or, a Temporary Authorization if he/she qualifies for an Exempted hospital Discharge. A signed Freedom of Choice Form will follow. In all cases, the signed Freedom of Choice form replaces the 4B.

**7. Does a client need a new PAS when he/she transfers to a different NF?**

If the client has a completed PAS and the 4B has been issued, the client may transfer and does not need a new PAS. The current NF routes all case information to the new NF.

If a PAS has not been started but not completed and a 4B not issued, there is no need for new PAS materials to be submitted. The new NF notifies its IPAS agency to alert the agency of the transfer. If the new NF is in a different catchment area, the IPAS agencies will work together to complete the PAS.

APPENDIX A



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**\*Area 01**

**www.nwi-ca.org**

**5240 Fountain Drive**

**Crown Point, IN 46307**

(219) 794-1829 Crown Point  
(800) 826-7871 Toll-free

Fax (219) 794-1860

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**\*Area 02**

**www.realservicesinc.com**

**1151 S. Michigan St.**

**South Bend, IN 46634-1835**

(574) 233-8205 South Bend  
(800) 552-2916 Toll-free

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**\*Area 03**

**www.agingihs.org**

**2927 Lake Ave.**

**Fort Wayne, IN 47805-5415**

(260) 745-1200 Fort Wayne  
(800) 552-3662 Toll Free

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E-Mail: [msaylor@agingihs.org](mailto:msaylor@agingihs.org)

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**\*Area 04**

**<http://www.areaivagency.org>**

**660 N. 36th St.**

**Lafayette, IN 47903-4727**

(765) 447-7683 Lafayette  
(800) 382-7556 Toll-free  
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Fax (765) 447-6862

E-Mail: [info@areaivagency.org](mailto:info@areaivagency.org)

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**\*Area 05**

**www.areafive.com**

**1801 Smith St. Suite 300**

**Logansport, IN 46947-1577**

(574) 722-4451 Logansport  
(800) 654-9421 Toll-free

Fax (574) 722-3447

E-Mail: [areafive@areafive.com](mailto:areafive@areafive.com)

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**\*Area 06**

**<http://www.lifestreaminc.org>**

**1701 Pilgrim Blvd.**

**Yorktown, IN 47396-0308**

(765) 759-1121 Yorktown  
(800) 589-1121 Toll-free  
(866) 801-6606 TTY

Fax (765) 759-0060

E-Mail: [mail@lifestreaminc.org](mailto:mail@lifestreaminc.org)

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**\*Area 07**

[www.westcentralin.com](http://www.westcentralin.com)

1718 Wabash Ave.

Terre Haute, IN 47808-0359

(812) 238-1561 Terre Haute

(800) 489-1561 Toll-free

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Fax (812) 238-1564

E-Mail: [yspittler@westcentralin.com](mailto:yspittler@westcentralin.com)

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**\*Area 08**

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4755 Kingsway Dr, Suite 200

Indianapolis, IN 46205-1560

(317) 254-5465 Indianapolis

(800) 489-9550 Toll-free

(317) 254-5497 TDD

Fax (317) 254-5494

E-Mail: [contact@cicoa.org](mailto:contact@cicoa.org)

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**\*Area 09**

[www.area9agency.org](http://www.area9agency.org)

520 S. 9th St. Suite 100

Richmond, IN 47374-6230

(765) 966-1795 Richmond

(800) 458-9345 Toll-free

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**\*Area 10**

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630 W. Edgewood Drive

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E-Mail: [area10@bloomington.in.us](mailto:area10@bloomington.in.us)

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**\*Area 11**

[www.agingandcommunityservices.org](http://www.agingandcommunityservices.org)

1531 13th St. Suite. G-900

Columbus, IN 47202-0904

(812) 372-6918 Columbus

(866) 644-6407 Toll Free

(812) 376-6666 First Call for Help - 211

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**\*Area 13**

[www.generationsnetwork.org](http://www.generationsnetwork.org)

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(800) 742-9002 Toll-free

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**\*Area 14**

**www.lsr14.org**

**LifeSpan Resources**

**New Albany, IN 47150-5835**

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**\*Area 15**

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**Mitchell, IN 47446**

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**\*Area 16**

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Fax (812) 464-7800  
E-Mail: [swirca@swirca.org](mailto:swirca@swirca.org)

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## **APPENDIX B**

### **HOSPITAL DISCHARGE PLANNER CERTIFICATION PROCESS**

(State PAS Manual 3.7.2 “Appointment of Hospital Discharge Planner Designee”)

To become an IPAS Designee and maintain Designee status, the Hospital Discharge Planner must:

- a. Complete IPAS training on the duties and function of an IPAS designee and be certified by LTR **prior to** acting as an IPAS designee.
- b. Attend training provided by LTR to maintain Designee status and for retraining as deemed necessary by LTR.
- c. Sign a written agreement acknowledging responsibilities and verification of training (Appendix C).

Failure to follow requirements could result in revocation of an individual's appointment as IPAS designee or in loss of the hospital's designee activity status.

APPENDIX C



Our Mission: Working together to provide services that help people maintain their independence

Hospital Discharge Planner Agreement

Certification Process for Becoming an IPAS Designee as described in the State of Indiana PAS & PASRR Program Manual, January 2000.

To become an IPAS Designee and maintain Designee status, the Hospital Discharge Planner must:

- a) Complete IPAS training on the duties and function of an IPAS designee and be certified by the IPAS agency PRIOR to acting as an IPAS designee.
b) No more than annually, attend training provided by the IPAS agency to maintain Designee status
c) Sign a written agreement acknowledging responsibilities and verification of training

Failure to follow requirements could result in revocation of an individual's appointment as IPAS designee or in loss of the hospital's designee activity status.

Hospital Discharge Planner Responsibilities for IPAS Designee certification by LifeTime Resources, Inc.

- o Complete training to be IPAS Designee and attend additional training as needed and/or required
o For a client who needs Nursing Facility care directly after medical care, inform him/her of the IPAS requirements and assist him/her with completion of a PAS packet
o Ensure a complete and accurate PAS packet is submitted to the Nursing Facility
o Work directly with the Nursing Facility to correct any inaccuracies of PAS packet & ensure a proper client discharge plan
o Ensure the client meets the qualification(s) for the PAS Types of Direct From Hospital or Exempted Hospital Discharge
o Sign as IPAS Designee giving the temporary authorizations of Direct From Hospital to clients needing care in a Nursing Facility following treatment in an acute-care hospital bed.
o Recommend an Exempted Hospital Discharge for clients meeting the qualification and needing care in a NF. Approval subject to IPAS Agency designee authorization.

I, \_\_\_\_\_, acknowledge that I have attended IPAS Training on \_\_\_\_\_ and understand the responsibilities and duties of being an IPAS Designee.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
LTR Staff Member

\_\_\_\_\_  
Date

Form028.doc PAS  
10/09