



Bulletin

NUMBER

#14-25-11

DATE

September 24, 2014

OF INTEREST TO

County Directors

Social Services Supervisors
and Staff

Tribal Health Directors

Long Term Care
Consultation Contacts

Nursing Facility Providers

Hospital Discharge
Planners

Certified Health Care Home
and Clinic Staff

Managed Care
Organizations

Senior LinkAge Line® Staff

Area Agency on Aging
Directors

ACTION/DUE DATE

Please complete PAS as
required for NF admissions.

EXPIRATION DATE

September 24, 2016

Pre-Admission Screening: Required Activity for Admission to Medicaid- Certified Nursing Facilities

TOPIC

State and federal law require Pre-Admission Screening (PAS) before admission to Medical Assistance (MA)-certified nursing facilities (NF) regardless of payer source for services. PAS policy prohibits *any* payment for NF services provided prior to completion of PAS.

PURPOSE

Communicate PAS requirements, policy and practice for all admissions. Outline Medicaid Management Information System (MMIS) editing related to PAS for MA NF claims.

CONTACT

MBA.DHS@state.mn.us for PAS policy and protocols
DSD.ResponseCenter@state.mn.us for under 65 policy
DHS.ResourceCenter@state.mn.us for MMIS

SIGNED

LOREN COLMAN
Assistant Commissioner, Continuing Care Administration

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

I. Background

Federal and state laws require that ALL individuals entering a Medical Assistance (MA)-certified nursing facility (NF), a certified boarding care facility, or a hospital “swing” bed receive a Pre-Admission Screening (PAS), regardless of the anticipated length of stay or the payer source for facility services. PAS policy includes:

- Timelines for completion of PAS activities
- Additional evaluations for people who may have a developmental disability or serious and persistent mental illness
- Additional requirements for people under age 65 admitted to facilities
- Certain exemptions from PAS requirements

The 2013 Minnesota Legislature amended Minnesota Statutes, section 256B.0911 governing Long Term Care Consultation (LTCC) services by deleting the PAS activity and policy contained in Minnesota Statutes, section 256B.0911, subdivisions 4a – 4c and subdivision 7 governing reimbursement for MA-certified nursing facilities and incorporating this policy and activity under Minnesota Statutes, section 256.975, subdivision 7 – 7c governing the activities and services carried out by the Minnesota Board on Aging. Effective November 1, 2013, Senior LinkAge Line[®] (SLL) staff conduct PAS activities.

This amendment also removed the exemption from PAS for individuals admitted to a NF with a proposed length of stay of 30 days or less when admitted from an acute hospital.

This bulletin outlines:

- **PAS policies and requirements**, including the 2013 legislative changes and the summary of all related information published in several past bulletins. This bulletin replaces all previous bulletins issued related to PAS;
- The **redesign of the PAS process and roles**, now supported by the Senior LinkAge Line[®];
- How health care professionals will initiate the **completion of PAS by using online tools**;
- **Communication with health care professionals, NF providers, managed care organizations (MCOs) and lead agency case managers completed by Senior LinkAge Line[®]**; and
- **Information related to MMIS documentation** required to complete a PAS and ensure fee-for-service nursing facility payment for people participating in Minnesota Health Care Programs (MHCP).

This bulletin replaces bulletin 13-25-15.

There are also three attachments included:

- *Attachment A* provides a quick summary of information contained in the bulletin related to PAS timelines and requirements.
- *Attachment B* includes information about MMIS system edits related to PAS for NF claims. Additional information, such as the PAS business process model, step-by-step instructions and videos developed as part of the statewide training on PAS redesign delivered in August 2013, are available on the [Minnesota Board on Aging website](#).
- *Attachment C* is a table showing what referrals will be made by SLL staff both when PAS has been completed by SLL but also includes additional tasks that must be completed when a PAS is NOT completed by SLL. This table also outlines the responsibility of the lead agency who receives the referral.

II. Purpose of Pre-Admission Screening

PAS requirements apply to a MA-certified NF, a certified boarding care facility, or a hospital “swing bed”¹. For purposes of PAS policy and requirements, the term “facility” or “NF” refers to all three settings throughout this bulletin.

PAS is completed to:

- Avoid unnecessary facility admissions by identifying people whose needs might be met in the community and connecting them to community-based services;
- Screen people for mental illness or developmental disabilities based on the Omnibus Budget Reconciliation Act (OBRA) of 1987, also referred to as OBRA Level I screening. This screening is completed to identify and refer individuals to other professionals for evaluation of the need for specialized mental health or developmental disability services as required under federal law. These activities are referred to as OBRA Level II activities²;
- Determine and document the need for NF services in the Medicaid Management Information System (MMIS) for purposes of MA payment for NF services;
- Provide assistance after NF admission to support transition back to the community.

¹ A “swing bed” is one that has been certified as both an acute hospital and NF bed, and that, under special circumstances, may be used for Medicare skilled nursing facility days. In addition, in seven hospitals designated as “Sole Community Providers,” MA nursing facility room and board days may be provided as “swing bed days”. Requirements for use of swing beds are outlined in the Minnesota Health Care Programs Provider Manual. All other requirements for the use of these beds must be met, regardless of payer source, including claims processing procedures and Minnesota Department of Health approval for stays as needed.

² OBRA Level II activities and requirements are not included in this bulletin. Please see Section XV for resource information related to OBRA Level II.

Unless an admission meets one of the exemptions outlined in Section VII or VIII below, PAS must be completed PRIOR to admission. PAS requirements apply to all admissions to Medicaid-certified facilities, regardless of the payer source for facility services or length of stay or age of consumer.

III. Senior LinkAge Line[®] Responsibility for Pre-Admission Screening

Effective November 1, 2013, statewide responsibility for PAS was assigned to the Minnesota Board on Aging, in partnership with the Area Agencies on Aging, through the Senior LinkAge Line[®]. A PAS request is submitted by a health care professional seeking NF admission through a single online site and forwarded electronically to the Senior LinkAge Line[®] contact center that serves the county where the health care professional or provider who submits the information is located. The [online PAS referral site](#) should be bookmarked for easy reference.

Senior LinkAge Line[®] is responsible to perform PAS for all individuals *except*:

- Those enrolled into one of the following prepaid Medical Assistance programs;
 - Minnesota Senior Health Options (MSHO)
 - Minnesota Senior Care Plus (MSC+)
 - Special Needs Basic Care (SNBC)
- Individuals on a home and community-based services waiver or Alternative Care program, but not enrolled into a program listed above; and
- Individuals under the age of 21.

A. PAS for People Enrolled in Prepaid Medical Assistance Programs (“Managed Care”)

While Senior LinkAge Line[®] is not responsible to perform PAS for those enrolled into prepaid medical assistance programs (MSHO, MSC+ and SNBC only) all PAS referrals for managed care enrollees must be made [online](#).

The Senior LinkAge Line[®] will retrieve the referral and forward the PAS request for individuals enrolled in MSHO, MSC+ or SNBC to the individual’s managed care organization (MCO) via a secure email box. The qualified professional assigned by an MCO to complete PAS activity will then complete all necessary actions. Referrals for PAS should not be made directly to an MCO.

Qualified professionals, as defined in the contract between the MCOs and the Minnesota Department of Human Services, or the MCO’s qualified designee (which may include county staff under contract with a MCO to perform PAS), must follow the same PAS timelines, procedures and MMIS documentation requirements as outlined in this bulletin. Please see Section XV for resource information about the model contracts for each of the prepaid medical assistance programs listed above.

For people who receive their health care services under MSHO or MSC+, the individual's MCO is responsible to:

- Perform determinations of the need for NF level of care;
- Complete OBRA Level I Screening;
- Provide documentation of the PAS result to the admitting nursing facility;
- Forward, if appropriate, to the county for OBRA Level II activity;
- Enter PAS information into MMIS using the Long Term Care Screening document, if the consumer is not a waiver program participant at the time of admission (See Section V. for information about admission of home and community-based services waiver or Alternative Care participants); and
- Provide relocation assistance to all of their enrolled members.

For individuals who receive their health care services under SNBC, a voluntary managed care program for people with disabilities, the individual's MCO is responsible to:

- Perform determinations of the need for NF level of care for facility admissions;
- Complete OBRA Level I Screening;
- Provide documentation of the PAS result to the admitting nursing facility;
- Forward, if appropriate, to the county for OBRA Level II activity; and
- Enter PAS information into MMIS using the Long Term Care Screening document, if the consumer is not a waiver program participant at the time of admission. (See Section V. for information about admission of home and community based services waiver or Alternative Care participants.)

Contact information for each MCO can be found on the [Minnesota Department of Human Services website](#) or when accessing the MN-ITS eligibility system.

Senior LinkAge Line® PAS staff access information about managed care enrollment in MMIS in the Recipient subsystem on the screen labeled RPPH.

Nursing facility providers can access information about an individual's enrollment in these managed care programs in the MN-ITS eligibility system.

B. Nursing Facility Admissions and Face-to-Face Assessments

Some individuals can be admitted to a nursing facility without an online PAS referral to the Senior LinkAge Line®. Individuals who have received a face-to-face assessment completed by a lead agency within 60 days prior to admission to a facility are not required to receive PAS through the online referral system. "Lead agency" refers to counties, tribes and managed care organizations under contract with DHS to perform LTCC (MnCHOICES) assessments and determine eligibility for long term services and supports.

- In this case, the lead agency will have entered a Long Term Care Screening document in

MMIS that verifies NF level of care is met and OBRA Level I Screening has been completed.

- OBRA Level I screening completed as part of the face-to-face assessment must be forwarded to the facility by the lead agency.
- Please note the updated OBRA Level I Screening Form (DHS form 3426) allows the lead agency to document NF level of care and the date the form was completed or updated.
- Lead agencies **do not** need to complete a PAS referral online for NF admissions that result from a face-to-face assessment.
- Any required OBRA Level II activities must also be completed prior to admission.

Note: See Section V for information about admissions for individuals participating in home and community-based waivers or the Alternative Care program.

IV. Instructions and Information for Completing Pre-Admission Screening

A. Online (Formerly Telephone-Based) Pre-Admission Screening

- PAS may be completed online **only** when a health care professional seeking admission can provide the Senior LinkAge Line[®] or MCO PAS staff with sufficient information to determine the need for NF level of care, and to complete OBRA Level I screening via the online screening tool.
- Online screening is most typically used for acute hospital discharges to facility-based services.
- Online screening can only be used to admit people from the community when the request for admission is made by a qualified health care professional and sufficient information is available to determine the need for NF services and complete the OBRA Level I screening.
 - If the health care professional does not have enough information to complete the PAS referral online, he/she can complete the online form to the best of his/her ability and submit it. The Senior LinkAge Line[®] will then determine whether a face-to-face assessment from the county, tribe or MCO is needed.

If a Senior LinkAge Line[®] or MCO PAS staff cannot determine the need for nursing facility level of care or complete the OBRA Level I based on the information provided via an online referral, a face-to-face Long Term Care Consultation or MnCHOICES assessment must be completed in order to determine the need for nursing facility level of care and to complete the OBRA Level I. This face-to-face assessment must be completed within 20 calendar days of the initial request for screening, and prior to admission. The face-to-face assessment is required to be completed by the lead agency responsible to provide Long Term Care Consultation services to the individual as defined in Minnesota Statutes, section 256B.0911.

B. Completing a Pre-Admission Screening Request Online

Only a qualified health care professional can determine if admission to a nursing facility is appropriate. A qualified health care professional is the physician who determines the consumer needs nursing facility placement and writes the admission orders. This is limited to physicians within hospitals, clinics and hospice providers. However, staff associated with the health care professional, such as staff within the hospital or clinic where the physician works, as well as nursing facility staff, may complete the online referral for a PAS after the health care professional has made this determination. Registered housing with services (assisted living) and other home care or home and community-based service providers are not considered qualified health care professionals for the purposes of PAS.

The request for PAS must be made through the [online referral site](#). Health care professionals and providers are encouraged to bookmark this page for easy access.

Online PAS completion requires that all appropriate information be submitted, reducing any delays in completion of PAS due to incomplete data. In addition, an initial nursing facility level of care and OBRA Level I result will be communicated electronically to the submitter once all fields are completed and submitted. The PAS output document with these results can be saved or printed by the individual completing the referral for documentation, along with a confirmation number. Please ensure the **Finish** button has been selected and an output form containing a confirmation number appears. If this step is not completed, the referral will be incomplete and not submitted to the Senior LinkAge Line[®]. Note that the confirmation number is not a required element of the PAS, but provides confirmation that the PAS was submitted successfully online, as well as serves as easy reference for the Senior LinkAge Line[®] if questions arise.

It is advised that the health care professional print the referral and results and provide a copy to the admitting facility with other discharge paperwork to prevent admission delays.

The Senior LinkAge Line[®] will strive to complete all PAS requests within one business day, including referral to a lead agency, if the PAS will not be completed by the Senior LinkAge Line[®] for the reasons mentioned under Section III. A step-by-step for health care professionals on completing the online referral is available [online](#). This step-by-step and all other information will be updated as changes to the online site are made.

C. PAS and LTCC or MnCHOICES Face-to-Face Assessment

The PAS, completed as part of a Long Term Care Consultation (LTCC) or MnCHOICES face-to-face assessment, may occur prior to admission for any individual seeking admission from the community. This provides an opportunity for the LTCC staff³ to determine whether community-based supports, including caregiver supports, could delay or prevent admission. Face-to-face assessment and community-based services planning are available under the Long Term Care Consultation program for all people with long term or chronic care needs, regardless of eligibility for publicly-funded long term care services.

A face-to-face LTCC or MnCHOICES assessment and support planning visit must be made within 20 calendar days of a request or referral, and is provided free of charge.

The county where the individual is located is responsible to provide assessment and support planning services. An MCO enrollee's care coordinator is responsible to provide assessment and support planning services to individuals aged 65 and older enrolled in MSHO or MSC+.

Please see Section III.B. above for information regarding how an LTCC or MnCHOICES assessment relates to the requirement of an online PAS referral.

If the consumer is undecided about admission to a facility and wants to learn more about community-based supports, health care professionals can refer the consumer to the county for a face-to-face assessment. In addition, health care professionals or consumers can contact the Senior LinkAge Line[®] at 1-800-333-2433 to learn more and be connected to local county LTCC (MnCHOICES) staff.

V. Alternative Care, Home and Community-Based Services (HCBS) Waiver Participants and PAS

Participants in the Alternative Care (AC), Elderly Waiver (EW), Community Alternative Care (CAC), Community Alternatives for Disabled Individuals (CADI) or the Brain Injury (BI)- NF waiver programs on the date of NF admission who continue to meet NF Level of Care (LOC) criteria are not required to receive PAS through the online referral system prior to admission to a NF. These individuals have the right to choose between home and community-based and institutional

³ Long Term Care Consultants will become certified assessors and will perform face-to-face assessments using the MnCHOICES software beginning in November 2013 for launched lead agencies. All of the assessment items used to determine NF LOC and complete OBRA Level I screening are present in the MnCHOICES assessment tool.

services. The lead agency providing case management must ensure the admitting facility receives the OBRA Level I Screening form (DHS 3426). Any required OBRA Level II activities must also be completed.

This exception does not include individuals participating in the Developmental Disability (DD) Waiver program for individuals with developmental disability and an Intermediate Care Facility/Developmental Disability (ICF/DD) level of care. See Section VI for more information about admission of individuals with developmental disabilities.

A. When HCBS participants in the programs listed above are admitted to the NF from the community:

- OBRA Level I screening completed as part of the face-to-face assessment must be forwarded to the facility by the lead agency. The DHS-3426 OBRA Level I form has been updated to include verification that the person *continues* to meet NF LOC at admission and should be re-signed and dated by the lead agency.
- Lead agencies **do not** need to complete a PAS referral online for NF admissions of waiver clients.
- Lead agencies follow the policy related to exiting individuals from the waiver or AC program if the admission exceeds 30 days. For more information about Temporary Waiver Exits please refer to the [Community Based Services Manual \(CBSM\)](#).

B. When HCBS program participants are admitted to the NF from a hospital or clinic:

Most health care professionals submitting the online PAS request will not know if a consumer is on an HCBS waiver program, and will be submitting online PAS requests for all individuals. When an online PAS referral is completed for an individual participating in one of the HCBS programs listed above, the form will not be processed by Senior Linkage Line[®] and instead:

- Senior LinkAge Line[®] will forward the output form to the appropriate lead agency to communicate information about an admission of one of their HCBS participants.
 - When a consumer is on a waiver or AC, Senior LinkAge Line[®] staff will not and cannot complete the PAS, nor enter it into MMIS, due to the waiver or AC enrollment.
- The lead agency must forward a copy of the DHS-3426 OBRA Level I form to the NF.
- If the lead agency has received a PAS output form because a health care professional completed an online PAS referral, this form can be sent to the NF with the DHS-3426 OBRA Level I form, but is not required.

- The Senior LinkAge Line® will also forward a copy of the output form, along with a letter providing information to the nursing facility regarding the referral to a lead agency. This letter will provide the lead agency contact information in the event the nursing facility has questions or concerns.

Please see Attachment C for more information about communications completed by Senior LinkAge Line® to other lead agencies and lead agency responsibilities and “next steps”.

C. Additional Referrals and Communications Related to PAS

1. Individuals under age 65

- ***For individuals under age 65 on a home and community-based waiver program, but not enrolled in SNBC***, the Senior LinkAge Line® will forward the information submitted on the PAS referral to the individual’s *county of financial responsibility and the county of nursing facility location*. The county of financial responsibility is responsible to provide a copy of DHS-3426, and may forward a copy of the PAS output form, if appropriate, to the admitting nursing facility to ensure they have a copy of the Pre-Admission Screening results.

The county of nursing facility location is responsible to complete the face-to-face assessment within 40 days of admission as required in Minnesota Statutes, section 256B.0911, subdivision 4d. See Section XI for more information about admissions for individuals under age 65.

- ***For individuals under age 65 on a home and community-based waiver program and enrolled in SNBC***, the Senior LinkAge Line® will forward the information submitted on the PAS referral to the individual’s *county of financial responsibility and the MCO*. The county is responsible to provide a copy of DHS-3426, and may forward a copy of the PAS output form, if appropriate, to the admitting nursing facility to ensure they have a copy of the Pre-Admission Screening results.

The county of financial responsibility is responsible to send a referral to the county of nursing facility location so they may complete the face-to-face assessment within 40 days of admission as required in Minnesota Statutes, section 256B.0911, subdivision 4d. See Section XI for more information about admissions for individuals under age 65. The county of financial responsibility also provides relocation assistance and access to home and community-based programs and services.

- ***For individuals under age 65 enrolled in SNBC, but not participating in a home and community-based waiver program***, the Senior LinkAge Line® will forward the information *to the MCO*. The MCO is responsible to convey information obtained during the screening and send a copy of DHS-3426 and may forward a copy of the PAS output form, if

appropriate, to the nursing facility, as well as forward any appropriate OBRA II referrals to the county. The MCO is also responsible to send a copy of the PAS to the *county of financial responsibility* within five (5) working days.

The county of financial responsibility is then responsible to send a referral to the county of nursing facility location so they may complete a face-to-face assessment prior to 40th day of admission. The county of financial responsibility also provides relocation assistance and access to home and community-based programs and services.

- ***For individuals under age 65 admitted to a nursing facility, but not enrolled in SNBC and not participating in a home and community-based waiver program***, the Senior LinkAge Line® will forward the information submitted on the PAS referral to the county in which the facility is located to provide early notification about individuals who will receive a face-to-face assessment within 40 days of admission as required in Minnesota Statutes, section 256B.0911, subdivision 4d. See Section XI for more information about admissions for individuals under age 65.

Senior LinkAge Line® staff also will complete the PAS, enter into MMIS and forward a copy of the PAS output form, containing OBRA Level I, to the admitting facility. The Senior LinkAge Line® will forward any appropriate OBRA Level II referrals to the county.

2. Individuals age 65 and older:

- ***For individuals age 65 and over enrolled in SNBC and a home and community-based waiver program***, the Senior LinkAge Line® will forward the information to *the MCO and the county of residence*. The county is responsible to provide a copy of DHS-3426, and may forward a copy of the PAS output form, if appropriate, to the admitting nursing facility to ensure they have a copy of the Pre-Admission Screening results.

The county is also required to provide relocation assistance and access to home and community-based programs and services, as well as complete or refer for appropriate OBRA Level II assessments.

- ***For individuals age 65 and over enrolled in SNBC, but not a home and community-based waiver program***, the Senior LinkAge Line® will forward the information to *the MCO*. The MCO is responsible to convey information obtained during the screening and send a copy of the OBRA Level I Screening Document (DHS-3426) and may forward a copy of the PAS output form, if appropriate, to the nursing facility, as well as forward any appropriate OBRA II referrals to the county. The MCO is also responsible to send a copy of the PAS to the *county of residence* within five (5) working days. The county of residence is required to provide relocation assistance and access to HCBS programs and services.

2. Individuals age 65 and older continued

- ***For individuals age 65 and over enrolled in MSHO/MSC+, but not a home and community-based waiver program***, the Senior LinkAge Line® will forward the information to the MCO. The MCO is responsible to convey information obtained during the screening and send a copy of the OBRA Level I Screening Document (DHS-3426) and may forward a copy of the PAS output form, if appropriate, to the nursing facility, as well as forward any appropriate OBRA II referrals to the county.
- ***For individuals age 65 and older on a home and community-based waiver program in fee-for-service, or in the Alternative Care program***, the Senior LinkAge Line® will forward the information submitted on the PAS referral to the individual's *county of residence*.

The county is responsible to provide a copy of the OBRA Level I Screening Document (DHS-3426), and may forward a copy of the PAS output form, if appropriate, to the admitting nursing facility to ensure they have a copy of the Pre-Admission Screening results, in addition to performing or referring for appropriate OBRA Level II activities.

- ***For individuals age 65 and older on CAC, CADI, or BI and on MSC+ or MSHO***, the Senior LinkAge Line® will forward the information submitted on the PAS referral to the individual's *county of residence and the MCO*.

The county is responsible to provide a copy of the OBRA Level I Screening Document (DHS-3426), and may forward a copy of the PAS output form, if appropriate, to the admitting nursing facility to ensure they have a copy of the Pre-Admission Screening results, in addition to performing or referring for appropriate OBRA Level II activities.

- ***For individuals age 65 and older on EW and on MSC+ or MSHO***, the Senior LinkAge Line® will forward the information submitted on the PAS referral to *the MCO*. The MCO is responsible to convey information obtained during the screening and send a copy of the OBRA Level I Screening Document (DHS-3426) and may forward a copy of the PAS output form, if appropriate, to the nursing facility, as well as forward any appropriate OBRA II referrals to the county.

Please see Attachment C for more complete information about communications completed by Senior LinkAge Line® to other lead agencies and lead agency responsibilities and "next steps".

VI. Approval Required for Admissions of People Under Age 21 and/or with a Developmental Disability

Regardless of the exemptions outlined in Sections VII and VIII below, or Senior LinkAge Line[®]/lead agency responsibility outlined elsewhere in this bulletin, DHS **must** approve all admissions of people aged 20 or younger and people with developmental disability. DHS approval is required regardless of the source of admission or payer for facility services.

- **Individuals Aged 20 or Younger:** For all individuals aged 20 or younger, a face-to-face LTCC or MnCHOICES assessment must occur before admission, regardless of projected length of stay or admission source. This requirement is intended to prevent admission of this population whenever possible by developing community-based support and care plans that will meet the individual's needs in a less restrictive environment.
 - At the face-to-face assessment, all community alternatives must be explored and presented to the person, his/her family and/or the person's legal representative. If a NF admission cannot be prevented, the admission must be approved by DHS by calling **651-431-4300 or toll-free at 1-866-267-7655**.
- **Individuals with a Developmental Disability:** Admission of a person with a developmental disability to a NF must also be approved by DHS and must include an approved length of stay. The lead agency obtains this approval through the following tasks:
 - Complete DD Screening in MMIS (Action Type 01).
 - Complete an OBRA Level II Evaluative Report based on the outcome of the DD Screening.
 - Record the final disposition under Sections I-III of the Evaluative Report in the case manager comment section of the DD Screening.
 - Submit the completed DD Screening (Action Type 01) to DHS via MMIS to override location 570 for review and approval immediately after the Evaluative Report and the DD Screening are completed.
 - Once the DD Screening is in *Approved* status in MMIS, record the Document Control Number and the date on which the DD Screening was authorized by DHS on the bottom of the OBRA Level II Evaluative Report.
 - Complete OBRA screening information can be found in the Community-Based Services Manual (CBSM). Additionally, information about DD Screening and DD Screening Document completion can be found on the [Minnesota Department of Human Services website](#).
 - Individuals who receive services under one of the DD waivers must have their waiver service agreements closed as of, or prior to, the date of NF admission to be exited from the waiver.
 - Providers are responsible for a new DD screening if the length of stay exceeds the original approved length of stay.

VII. Exemption from Both NF Level of Care and OBRA Level I Screening

There is one type of admission that is *exempt from both NF level of care determination and OBRA Level I screening*. This exemption is based on *qualifying inter-facility transfers* and applies regardless of payer source for facility-based services, including admissions of people participating in the prepaid medical assistance programs listed in Section III above.

- **Qualifying Inter-facility Transfers:** There are two types of qualifying inter-facility transfers:
 - **NF-to-NF transfer:** A person does not need a new PAS if they are transferring from one MA-certified nursing facility, hospital swing bed or certified boarding care facility *in Minnesota* to another MA-certified nursing facility, hospital swing bed or certified boarding care facility *in Minnesota*.
 - **NF-to-acute hospital-to-NF transfer:** A new PAS is not required when a person has transferred from a MA-certified NF or MA-certified boarding care in Minnesota to an acute (non-psychiatric) hospital and then back to the same or another MA-certified NF or certified boarding care in Minnesota, as long as the person does not return to the community between these transfers.
 - Please also note that a PAS may be considered valid for up to 60 days prior to admission. If the consumer discharges to the community, but the PAS was completed within 60 days of the second admission, a new PAS would not be needed even if the consumer returned to the community.

These are the **ONLY** types of transfers that are exempt from PAS requirements. Inter-facility transfers are exempt because it is assumed that appropriate PAS occurred at the first facility admission. Facilities are responsible to ensure that documentation of previous OBRA Level I screening results accompany other records forwarded when residents transfer to another facility, including those transfers that occur with an intervening acute hospital admission.

Should a copy of a previous OBRA Level I screening not be available or the previous screening results are "Cannot Be Determined" for level of care, the receiving nursing facility may call the Senior LinkAge Line® at 1-800-333-2433 or [chat online](#) to request a copy, or complete an [online PAS referral](#) to ensure completion and documentation of the PAS, as well as appropriate screening for NF LOC.

The 30 Day Exemption is repealed. Please note that the 2013 Minnesota Legislature eliminated the PAS exemption for short term admissions to a facility from an acute hospital, effective November 1, 2013.

Effective for admissions occurring on or after November 1, 2013, all individuals admitted to a nursing facility from a hospital, including individuals whose stay is anticipated to be less than 30 days, are required to have a PAS completed prior to admission, unless the admission meets the definition of a transfer as described above.

PAS does not have to be completed online for certain individuals who have received face-to-face assessment or who are HCBS program participants as described in Section III.B and in more detail in Section V.

VIII. Exemption from Level of Care Determination Only

In addition to qualifying inter-facility transfers that are exempt from both level of care determination and OBRA Level I screening as outlined in Section VII, certain people are not required to have a level of care determination completed before admission to a facility. These exemptions are outlined in Minnesota Statutes, section 256.975, subdivision 7b. This exemption from level of care determination applies to:

- **People participating in certain home and community-based programs at the time of admission:**
 - Establishing the need for NF level of care is part of the eligibility determination process for NF level of care waiver programs funded under Medical Assistance, and for the AC program. It would be redundant to require this same activity upon admission to a facility because these activities were already performed to complete the waiver or AC eligibility process. This exemption from level of care determination applies to the EW and the AC program for people aged 65 and older, and to people age 21 or older participating in the CADI, CAC or the BI-NF programs.
 - While these individuals may be exempt from level of care determination, OBRA Level I screening and any required OBRA Level II activities must be completed.
 - When an individual participating in one of the HCBS programs listed above prior to NF admission is admitted, the lead agency is responsible for ensuring the nursing facility receives a copy of the OBRA Level I screening (DHS-3426) to document that the PAS OBRA Level I screening has been completed and to confirm that the person continues to meet NF level of care.
 - This exemption from level of care determination does NOT apply to individuals who receive home and community-based services under the waiver for persons with a developmental disability (DD Waiver). A PAS must still be completed online for these individuals.
- **Individuals for whom the Veteran's Administration has unlimited responsibility for NF services:**
 - The Veteran's Administration (VA) provides varying degrees of health and long-term care coverage for veterans based on when, where, and how they served in branches of the military. The VA may have contracts with some nursing facilities to provide institutional care to covered veterans. These individuals are exempt from PAS requirements related to level of care determinations, but must still have OBRA Level I screening completed, since they are not exempt under federal requirements for screening for mental illness or developmental disability. These admissions **still**

require OBRA Level I screenings to be completed, which must be requested [online](#). OBRA Level I may also be completed as part of a face-to-face assessment and forwarded to the facility using the OBRA Level I screening, DHS-3426.

- All admissions to a *MA-certified* VA nursing facility are subject to PAS requirements. PAS requirements are related to the facility's MA certification, not the source of payment for facility services.

IX. Meeting OBRA Level I Requirements for Admission to a Facility

Unless previously completed, an OBRA Level I screening for mental illness or developmental disability and OBRA Level II activity if indicated, **must still be completed** for individuals who are exempt from PAS for purposes of level of care determination described in section VIII.

When Senior LinkAge Line® completes PAS the output form includes OBRA Level I screening information, which is forwarded to the admitting facility.

When an MCO completes PAS based on an online referral forwarded to them by the Senior LinkAge Line®, the PAS output form includes OBRA Level I screening information, which is forwarded to the admitting facility by the MCO either through the output form or DHS Form 3426.

A copy of DHS Form 3426, OBRA Level I Screening, or the PAS output form from the online referral must be forwarded to the admitting facility by the lead agency **for individuals admitted who are participants in the AC or waiver programs**. Lead agencies will be notified that this communication is needed when Senior LinkAge Line® forwards a PAS online request received for a HCBS participant to the lead agency as described above. Lead agencies are reminded that DHS 3426 OBRA Level I must also be forwarded to the nursing facility when the lead agency worked directly with a consumer admitted from the community.

For any PAS request received through the online referral site, the Senior LinkAge Line® will send a letter and a copy of the output form to inform the nursing facility of either the results of the PAS or to inform the nursing facility which lead agency received the referral.

OBRA Level II: Any OBRA Level II activities, including evaluation of the need for specialized services, must be completed by the county prior to admission for OBRA Level II for mental illness or within 10 days of admission for OBRA Level II for DD.

Additional information about OBRA Level II requirements for individuals with developmental disabilities is available in the [Community Based Services Manual](#). Additional information about OBRA Level II requirements for individuals with mental illness is available in [bulletin 13-53-01](#).

LTCC or MnCHOICES assessments: OBRA Level I screening is completed as part of the face-to-face LTCC or MnCHOICES assessment. Many of these assessments result in an individual's

participation in certain HCBS programs, as described in section V. Other assessments result in the development of a community support plan for individuals who are not eligible for publicly-funded long-term care programs or services. Lead agencies are required to forward a copy of the most recent OBRA Level I screening form (DHS-3426) to the facility when an individual who has been participating in one of the HCBS programs listed is admitted to a nursing facility, or when an individual who received an assessment meets level of care and chooses facility-based long-term care services.

MMIS Documentation: The agency completing PAS is responsible to ensure that PAS information is entered into MMIS. Certain tasks must be completed in MMIS in the Long Term Care Screening Document (LTC SDOC) subsystem to ensure payment to the NF and document the person's admission. See DHS 4625, *Instructions for Completing and Entering the LTCC Screening Documents and Service Agreements into MMIS* (and DHS 4669 for MSHO and MSC+ and DHS 5020A for SNBC use) for further information about the LTC SDOC subsystem and required documentation, including when a person participating in the EW, AC, CADI, CAC or BI-NF program enters a facility. Please note: Senior LinkAge Line® will not complete MMIS tasks for HCBS or MCO participants (SNBC, MSHO and MSC+) admitted to facilities.

X. Facilities Providing Home and Community-Based Respite Services

Neither level of care determination nor OBRA Level I screening is required when an individual, enrolled in a waiver program or AC is receiving out-of-home respite in a nursing facility **IF:**

- The facility has enrolled as a waiver or AC respite provider under MHCP Provider Enrollment requirements, and
- The facility has been authorized by the case manager or service or care coordinator to provide respite services for the individual as indicated on the service agreement produced by MMIS or by the MCO, and
- The facility is not providing or billing for NF services for the individual.

For more information about out-of-home respite services under HCBS programs, please visit the [Minnesota Department of Human Services website](#).

XI. Additional Activities Required for People Under Age 65

Face-to-face LTCC or MnCHOICES assessment visits are required for *all* individuals under age 65, regardless of Minnesota Health Care Programs eligibility or participation, either before admission or *within 40 days of admission if the person was admitted via the online PAS referral site*. See Minnesota Statutes, section 256B.0911, subdivision 4d for statute language and requirements.

The in-person visit must occur within 40 days of the *admission* date. This requirement applies to admissions to MA-certified boarding care facilities, as well as hospital swing beds and MA-certified nursing facilities.

At this time if the OBRA Level I screening indicates the need for further diagnosis and evaluation, OBRA Level II activities must also be completed before admission for mental illness or within 10 days of admission for developmental disability. Links to the most updated information on OBRA Level II requirements can be found in Section XV.

In addition, the person must be visited at least annually if they remain in the facility. These visits must be documented in MMIS in order to continue MA fee-for-service payments to the facility. A person under the age of 65, with the exception of a person with DD, may choose to receive an LTCC or MnCHOICES assessment every 36 months instead of every 12 months after the initial face-to-face visit. This choice must be documented on the first line of the *Case Manager Comments* screen in the Screening Document subsystem in MMIS.

Senior LinkAge Line[®] will provide notification to county or tribal lead agency staff that an individual under age 65 has been admitted to a nursing facility. This communication will support lead agencies in the timely completion of follow up face-to-face assessments for people under age 65. This is only for individuals under the age of 65 for whom Senior LinkAge Line[®] has conducted a PAS. For those enrolled in an MCO when the MCO has PAS responsibility, the MCO is responsible to communicate information about admission and the need for the face-to-face assessment to the county or tribe.

In addition to this improvement in communication about admissions for individuals under age 65, counties will continue to receive two reports each quarter that identify people under the age of 65 who reside in nursing facilities. One report identifies all people under the age of 65 that are residing in an NF located within that particular county. The second report identifies those persons under the age of 65 that are the financial responsibility of that particular county, regardless of where the NF is located.

Please go to the [Community-Based Services Manual](#) for additional information about Long Term Care Consultation (MnCHOICES) service requirements for people under age 65.

XII. Additional Policy Information

Please note information in this section is not new policy or process.

- PAS referrals must be made [online](#) regardless of length of stay, payer source or managed care enrollment. PAS referrals are only made by a qualified health care professional and submitters will be required to complete contact information when completing the PAS referral.
- MA program participants must apply specifically for Long-Term Care services using the

MHCP Request for Payment of Long-Term Care Services Form (DHS-3543), if they have not already done so. See HCPM 07.05.05 - [MHCP – LTC Requests and Applications](#). MA program participants who are already on a home and community-based waiver do not need to complete this application, since a MA Long Term Care application would have been previously completed.

- Financial workers will not determine MA eligibility for Long Term Care services without documentation that an individual meets an institutional level of care. For purposes of NF LOC, the financial worker relies on following current process:
 - A financial worker relies on DHS- 1503 forwarded from the NF to verify completion of Pre-Admission Screening. MMIS claims edits look for the actual screening document that captures PAS and LOC information as part of claims payment verification editing.
 - A financial worker must receive DHS-5181 from a LTCC or MnCHOICES assessor to verify NF LOC for face-to-face assessments or HCBS participation.
 - Financial workers also must receive DHS-5181 when a face-to-face assessment has been completed to determine NF LOC, as part of PAS when NF LOC has not been able to be established using the online PAS online referral site.
- Financial workers will continue to communicate financial eligibility determinations to facility residents using DHS-4915, and to NF providers using DHS-3050.
- Only LTCC or MnCHOICES assessors can provide notification that an individual does NOT meet NF LOC.
 - When NF LOC cannot be determined using the online PAS process, Senior LinkAge Line[®] will make a referral to the county where the person is located at the time of the request to schedule and complete a face-to-face assessment.
 - MCOs must also complete a face-to-face assessment of enrolled members when NF LOC cannot be determined using the information collected in the online PAS referral form and forwarded by Senior LinkAge Line[®] to the MCO.
- **Nursing facilities are required to provide each person admitted with information about assistance available to return to the community**, as required under Minnesota Statutes, section 256B.0911 governing Long Term Care Consultation (MnCHOICES). Facilities provide this information using DHS-2497 - *Promoting and Supporting Independent Community Living.*
 - See Section XV for the web link to DHS-4789, *Take the Road to Independence*, a consumer guidebook for people under age 65 years living in a nursing facility and interested in moving to the community, and to all other DHS forms cited in this bulletin.
- **When a person is seeking admission to a Minnesota MA-certified swing bed, nursing facility or boarding care facility and resides in another state:** The Senior LinkAge Line[®]

XII. Additional Policy Information continued

must perform PAS for all persons seeking admission to a certified facility in Minnesota, regardless of the person's state of residence. In this case, the health care professional seeking admission (e.g. North Dakota hospital discharge planner) must complete the online PAS referral to allow the Senior LinkAge Line[®] to complete PAS prior to admission.

- **When a Minnesota resident is seeking admission to a NF in another state:** The statute governing PAS and LTCC does not require the Senior LinkAge Line[®] to perform PAS or the lead agency to complete a face-to-face assessment for a Minnesota resident that is being admitted to an out-of-state NF. In this case, the Minnesota hospital, or other health care professional seeking admission should follow the PAS requirements of the state where the facility is located. However, if Minnesota MA is going to be the payer for the out-of-state NF care, the out-of-state facility must complete the online PAS request for entry into MMIS to allow for payment.
- **When a person is transferring from an out-of-state facility to a Minnesota facility:** A person who is currently a resident of an out-of-state NF and is seeking "transfer" to a NF in Minnesota is **NOT** exempt from PAS. The definition of an exempt transfer specifies that the transfer must occur between one *Minnesota*-certified facility and another *Minnesota*-certified facility. The out-of-state facility seeking admission to a Minnesota facility must complete an online PAS request.
- **When a NF admission occurs without PAS:** Minnesota Statutes, section 256B.0911 prohibits MA and private pay payments for NF services provided prior to the completion of required PAS. If the admission is subject to PAS requirements, the first day payment will occur will be the date PAS is completed. If a person is not exempt from PAS, the NF will not be paid until the online screening or, if needed, a face-to-face assessment has been performed and entered into MMIS. Neither the Senior LinkAge Line[®] nor lead agency staff can backdate completion of PAS in MMIS.
 - When a referral is made by Senior LinkAge Line[®] to complete an LOC determination through a face-to-face assessment, the date the PAS is entered into MMIS is the date of the referral, based on the receipt of the PAS output form from Senior LinkAge Line[®] by the lead agency responsible to complete the face-to-face assessment.
 - When a PAS referral is made online following an emergency admission, the date of PAS is the date of admission, as long as the online request is completed the next business day after admission.
- **Pre-Admission Screening is valid for 60 calendar days:** If a person received PAS either online or through a face-to-face LTCC or MnCHOICES assessment, that PAS is valid for 60 calendar days. Sometimes, a person's admission is delayed after PAS is completed and documented in MMIS. If the screener determined NF level of care was needed, and OBRA Level I was completed, and the screening document was entered, re-screening is not needed if the date of admission to any MA-certified NF in Minnesota (including swing beds and certified boarding care) occurs within 60 calendar days of the date of the PAS. If the

person is under 65 and is admitted via online screening, the in-person follow-up assessment visit is still due within 40 calendar days after admission. Nursing facilities may contact Senior LinkAge Line® to receive a copy of the PAS. If the consumer is on a home and community-based waiver or AC, the nursing facility should contact the lead agency to obtain a copy of the OBRA Level I form, but may contact the Senior LinkAge Line® if assistance obtaining a copy is needed.

- **Emergency admission to a certified NF, certified boarding care, or swing bed:** An *emergency admission* is defined in Minnesota Statutes, section 256.975, subdivision 7b governing the Minnesota Board on Aging. Emergency admission from the community to a certified nursing facility prior to screening is permitted during Senior LinkAge Line® **nonworking hours** when **all** of the following criteria, as specified in Minnesota Statutes, section 256.975, subdivision 7b are met:
 - A physician has determined that delaying admission until PAS is completed would adversely affect the person's health and safety.
 - There is a recent event and the person is not able to live safely in the community, such as sustaining an injury, sudden onset of acute illness, or a caregiver is unable to continue to provide care.
 - The attending physician must authorize the emergency placement and document the reason that emergency placement is recommended.
 - The Senior LinkAge Line® must be contacted on the **first working day following the emergency admission**. However, PAS referrals can be made online 24 hours a day, including holidays. Senior LinkAge Line® will retrieve the form on the next business day.
 - The criterion for an emergency admission is that it must occur outside of Senior LinkAge Line® business hours. This applies to a person who has had a hospital admission for observation (e.g., stabilization of medications), or for care in an emergency room without hospital admission. Senior LinkAge Line® staff will use the admission date for the Activity Type (screening) Date for qualifying emergency admissions when the criteria above are met. If these criteria are not met, the date of actual screening is entered.

XIII. Documentation of Pre-Admission Screening Activity in MMIS

Senior LinkAge Line® staff and MCO staff must document PAS activities using the MMIS LTC SDOC subsystem. Data to be entered into MMIS is captured in DHS 3427, DHS 3427T or in the online PAS referral output form. For some individuals, a DD Screening Document (DHS-3067) is also completed and entered into MMIS. Senior LinkAge Line® cannot and is not responsible to enter information into MMIS for individuals in managed care programs listed in Section III, nor for individuals participating in the home and community-based programs referenced in this bulletin.

The lead agency (MCO, tribe or county) is responsible to ensure appropriate documentation is entered into MMIS.

Staff must enter this information into MMIS in a timely manner to verify that PAS requirements have been met. MCO staff must enter PAS information into MMIS for people who are enrolled in MSHO, MSC+ or SNBC as of the date of the request for PAS.

All PAS staff, whether Senior LinkAge Line[®], MCO or county or tribe, are responsible to provide documentation to the facility that OBRA Level I was completed, using DHS-3426, OBRA Level I Screening or a copy of the online PAS referral output form after review by Senior LinkAge Line[®]. All PAS staff must also ensure that documentation of level of care and OBRA Level I screening are entered into the MMIS LTC SDOC subsystem as described in DHS-4625, *Instructions for Completing and Entering the LTCC Screening Documents and Service Agreements into MMIS*. See Section XV for the web link to this manual, and the companion manual for MCOs, DHS-4669 and DHS-5020A. The manuals contain detailed information about entering screening documents, including the data fields required for completion, the valid values for those fields, and screening document edits and their resolution, for each of the types of admissions listed below.

When a face-to-face assessment has been completed for purposes of satisfying PAS requirements for NF admission, the lead agency must also complete MMIS documentation capturing the assessment information and assessment outcomes as is completed following all face-to-face assessments.

MA fee-for-service payments will be made for NF services only when MMIS editing indicate that PAS requirements have been met. MMIS will compare claims for NF services to Long Term Care (LTC) and Developmental Disabilities (DD) screening documents to verify PAS completion. Failure to enter PAS information into MMIS timely can result in delays or denials of payments for NF services. The information provided below pertains *only* to edits related to PAS. For admissions occurring on or after January 1, 2005, MMIS claims editing verifies that:

- PAS occurred in a timely manner;
- The need for NF level of care (NF LOC) is determined;
- An OBRA Level I screening for mental illness or a developmental disability was completed;
- DHS approval is complete for people under age 21 and for people with developmental disabilities and dates of services on claims match DHS-approved length of stay for these individuals;
- The PAS activity date (the Activity Date in MMIS) is related to the date of NF admission;
- Information on the most recent LTC Screening Document indicates NF level of care; and
- OBRA Level I screening was performed, as indicated by data on the screening document.

The date MMIS uses for PAS editing: The facility must always use the person's actual admission date on every claim, as well as the dates of service billed on each individual claim, regardless of the payer source for any given period. The financial worker also uses the actual admission date in the Recipient File (not the date the person became MA eligible or any other date) to establish NF

living arrangement. MMIS will look at the admission date on the claim and in the recipient file information in MMIS to edit for all PAS requirements, including the valid screening date and the face-to-face visit timelines for people under age 65 admitted to facilities.

County codes used on the LTC Screening Document when doing an online PAS referral or face-to-face assessment for a person who is not a Minnesota resident: There are four county code fields on the screening document: County of Residence (COR), County of Service (COS), County of Financial Responsibility (CFR), and LTCC/PAS County. Use code 089 (out-of-state) for COR only. Use your county code in all other fields. If there is existing information in MMIS Recipient files where CFR has been established at some previous date, MMIS will overwrite the codes entered for CFR.

XIV. Preparation of Claims

Facilities can avoid unnecessary denials of payment for NF services by properly preparing claims.

- **Use the correct admission date on the claim.** MMIS will apply PAS editing only to admissions that occurred on or after January 1, 2005. In addition, PAS editing will compare the date PAS was completed to the actual date of admission, not the date the person became eligible for MA.
- **Use the correct admission source code on the claim.** This is important for inter-facility transfers.
 - **Transfers:** Transfers from one Minnesota MA-certified facility to another, or from a Minnesota MA-certified facility to an acute hospital and back to a Minnesota MA-certified facility are exempt from PAS requirements. A person who has been living in an assisted living setting and being admitted to a nursing facility **IS NOT** an inter-facility transfer. Housing with services settings are not considered facilities.
- **Complete and forward DHS-1503.** In addition, facilities should make sure that they have forwarded DHS-1503 to the person's county financial worker if MA is or will be the payer for facility services.
- **MCOs may also [require additional documentation to be forwarded before NF services will be paid.](#)**
- **Bill the appropriate payer.** Nursing facilities can use the MN-ITS Eligibility system and the Nursing Home Prepaid Health Plan Report by LTC provider to identify admissions that are covered under MCO benefits, and the MCO responsible for the benefit. On the MN-ITS Eligibility system, information indicating cases where the health plan has responsibility for nursing facility services immediately follows the prepaid health plan information. The monthly Nursing Home Prepaid Health Plan Report by LTC provider will include the following information:
 - Enrollee name

- Medicaid ID number (PMI)
 - MCO name
 - Minnesota Health Care Program Product ID (M02 = MSHO, MA30 or MA35 = MSC+ and MA19 or MA37 for SNBC)
 - NF Liability Begin Date
 - NF Liability End Date
 - If the NF Liability Begin and End dates are blank, this indicates that the MCO does not have responsibility for nursing facility services. If the end date contains all 9s, this indicates that the health plan still had responsibility for nursing facility services at the time the report was generated (approx. the 10th of each month). If there is a value other than 9s in the NF Liability End Date, this indicates the last day the MCO had responsibility for NF services.
- MCOs may have additional requirements related to claims payments.

Please note, per the Minnesota Health Care Programs Provider Agreement for Nursing Home Facilities, facilities who sign this agreement agree to comply with statement C which states, "To comply with all federal and state statutes and rules relating to the delivery of services to individuals and to the submission of claims for such services."

XV. Related Bulletins and Other Resources

- Information related to the Pre-Admission Screening process, the online form and contact information is available on the [online referral site home page](#). Contact the Senior LinkAge Line[®] at 1-800-333-2433 for assistance.
- Bulletins issued within the last two years are available on the [Minnesota Department of Human Services' website](#).
- More information about the Long Term Care Consultation (MnCHOICES) program, and community alternatives to facility-based services, can be found on the [Minnesota Department of Human Services website](#).
- The statute governing the MnCHOICES program and Pre-Admission Screening is available on the [Minnesota Revisor website](#).
- DHS forms referenced in this bulletin, as well as others that may be of interest, can be located on the [Minnesota Department of Human Services' website](#). Forms listed in this bulletin include:
 - DHS- 1503:Physician's Certification for Nursing Facility Services
 - DHS-2497:Promoting and Supporting Independent Community Living
 - DHS-3067:Developmental Disabilities Screening Document
 - DHS-3426:OBRA Level I Screening
 - DHS-3427T: Long Term Care Screening Document - Online Screening

- DHS-3427: Long Term Care Screening Document – Face to Face Assessments
- DHS-3543: MHCP Request for Payment of Long Term Care Services
- DHS-4625: Instructions for Completing and Entering Long Term Care Screening documents and service agreements in MMIS or DHS-4669 for the MSHO/MS+ version of the same document or DHS 5020A for SNBC (manuals)
- DHS-4789: Take the Road to Independence
- DHS-5181: Lead Agency/Case Manager/Financial Worker Communication Form
- OBRA Level II Policy Resources
 - DHS bulletin 13-53-01 Update to Adult Mental Health Pre-Admission Screening and Resident Review (PASRR) Reimbursement Process
 - DD Screening and DD Screening Document information can be found on the [Minnesota Department of Human Services website](#).
 - [Community-Based Services Manual LTCC](#)
 - [Community-Based Services Manual OBRA](#)
- OBRA Level II Forms
 - DHS-3457: OBRA Level II Evaluative Report Form for people with mental illness
 - DHS-4248: OBRA Level II Evaluative Report Form for people with developmental disabilities
- Contact information for each MCO can be found on the [Minnesota Department of Human Services website](#).
- Information about completion of DD Screening and DD Screening documents in MMIS can be found on the [Minnesota Department of Human Services website](#).
- Information about Long Term Care Consultation service requirements for people under age 65, and for billing and payment information for these face-to-face visits can be found on the [Minnesota Department of Human Services' website](#).
- Minnesota health care providers can find additional policy, billing, and payment information on the [Minnesota Department of Human Services' website](#).
- Model contracts for prepaid Medical Assistance programs listed in this bulletin can be found at on the [Minnesota Department of Human Services' website](#).
- Federal Regulations for PAS can be found [online](#) in subpart C.

XVI. Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-2500 (voice) or toll free at (800) 882-6262 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

Attachment A: Minnesota Pre-Admission Screening Requirements

Pre-Admission Screening (PAS) is required under state and federal law for *all* persons entering a certified NF or certified boarding care facility, including swing beds, regardless of payment source for NF care. The information below provides a brief chart for use as a quick reference of tools and timelines for PAS activities. Requirements are the same whether Senior LinkAge Line® PAS staff or managed care staff is responsible to complete and document activities.

Statutory Timelines

Type of Admission	Timeline
Admission from an acute hospital	Before admission for all admissions regardless of length of stay or payer source.
Admission from an acute hospital	Before admission for all admissions regardless of length of stay or payer source.
Emergency admissions	First business day after an admission that meets criteria as an emergency admission. An “emergency” admission is defined, in part, as occurring during non-working hours.
Admission from the community	Before admission for all admissions from the community. An online screening is only permitted when a health care professional, e.g. physician or clinic nurse is seeking admission and completes the online PAS referral with all required information.
NF Level of Care Waiver or Alternative Care program participants	PAS is not required to admit a person who has been receiving services in the community under EW, AC, CADI, BI-NF or CAC waiver programs up to the date of admission and who continues to meet NF LOC. However, OBRA Level I still must be completed for all persons and forwarded to the admitting facility by the lead agency managing the HCBS services. OBRA Level II requirements must also be met for all admissions.
All people under age 65	Face-to-face visit within 40 working days of admission for persons age 21-64 if an online screening was used to admit.
All people with developmental disabilities	DHS always must approve admission and length of stay.
All people under age 21	DHS always must approve admission and length of stay before admission.
Admission from a Regional Treatment Center (RTC)	Before any admission from a Regional Treatment Center (RTC)

Attachment B: MMIS System Edits for NF Claims Related to PAS

The MMIS edits that generate Status Code 9 or 21 and Remittance Advice Remark N146 are explained below:

The Status Code 21 message is *missing or invalid information*. Note: At least one other status code is required to identify the missing or invalid information.

- Status Code 21 will show on MN-ITS when entering the claim if the screening document is missing or too old.
- Remittance Advice Remark N146 *missing screening document* will also show on your remittance advice form.
- These messages posts for one of several reasons:
 - The LTC Screening document or DD Screening document is missing;
 - The LTC or DD Screening document is not approved;
 - The LTC Screening document does not show the person requires NF Level of Care (Level of Care status does not equal NF);

AND/OR

- The DD Screening document does not indicate an Action Type 01 screening;
- The DD Screening document does not have the Medicaid Service Program as "05"

OR

- The DATE of the LTC Screening more than 60 days prior to the admission date;
- The LTC Screening document shows the OBRA Level I was NOT completed; The DD Screening document has an Action Date that is greater than the first day of service, and this is not a short term stay.

Status Code 9 *no payment will be made for this claim* will post on MN-ITS when entering the claim for one of two reasons:

- There is no approved DD Screening document
- Claim dates of service are outside of the DD Screening document approved period
- Remittance Advice Remark N146 *missing screening document* will also show on your remittance advice form.

Attachment C: Senior LinkAge Line® Triage Tip Sheet

Senior LinkAge Line® will complete referrals as noted to other lead agencies responsible for completing the tasks included below.

SLL <u>does not</u> conduct PAS when a consumer is on:	Who receives the referral from SLL?	Purpose of Referral/ Next Steps
MSHO or MSC+ ONLY	Managed Care Plan	<p>MCO will:</p> <ul style="list-style-type: none"> • Conduct PAS and OBRA Level I • Provide documentation to NF for PAS and OBRA Level I • Make OBRA Level II referrals to county as appropriate
SNBC Only AND Under 65	Managed Care Plan	<p>MCO will:</p> <ul style="list-style-type: none"> • Conduct PAS and OBRA Level I • Provide documentation to NF for PAS and OBRA Level I • Make OBRA Level II referrals to county as appropriate • Forward PAS to the county of financial responsibility <p>County or tribe of financial responsibility will:</p> <ul style="list-style-type: none"> • Make referral for or schedule 40th day assessment • Provide relocation assistance and access to HCBS programs and services <p>County or tribe of nursing facility location will:</p> <ul style="list-style-type: none"> • Conduct 40th day assessment
SNBC Only AND Age 65+	Managed Care Plan	<p>MCO will:</p> <ul style="list-style-type: none"> • Conduct PAS and OBRA Level I • Provide documentation to NF for PAS and OBRA Level I • Make OBRA Level II referrals to county as appropriate • Forward PAS to the county of residence <p>County or tribe of residence will:</p> <ul style="list-style-type: none"> • Provide relocation assistance and access to HCBS programs and services

SLL <u>does not</u> conduct PAS when a consumer is on:	Who receives the referral from SLL?	Purpose of Referral/ Next Steps
MSHO or MSC+ <i>with:</i> CAC, CADI or BI	Managed Care Plan AND County or Tribe of Residence AND County or Tribe of Financial Responsibility	MCO: <ul style="list-style-type: none"> Needs to be made aware of admission County or tribe will: <ul style="list-style-type: none"> Conduct appropriate waiver activities Provide documentation to NF for PAS and OBRA Level I Make OBRA Level II referrals to county as appropriate
MSHO or MSC+ <i>with:</i> Elderly Waiver (EW)	Managed Care Plan	MCO will: <ul style="list-style-type: none"> Alert care coordinator of admission Conduct appropriate waiver activities Provide documentation to NF for PAS and OBRA Level I Make OBRA Level II referrals to county as appropriate
SNBC <i>with:</i> CAC, CADI or BI AND Under age 65	Managed Care Plan AND County or Tribe of Financial Responsibility AND County or Tribe of Nursing Facility Location	MCO: <ul style="list-style-type: none"> Needs to be made aware of admission County or Tribe of Financial Responsibility will: <ul style="list-style-type: none"> Conduct appropriate waiver activities Provide documentation to NF for PAS and OBRA Level I Make OBRA Level II referrals to county as appropriate Make referral for or schedule 40th day assessment County or Tribe of Nursing Facility Location will: <ul style="list-style-type: none"> Conduct 40th day assessment
SNBC <i>with:</i> CAC, CADI or BI AND Age 65+	Managed Care Plan AND County or Tribe of Residence AND County or Tribe of Financial Responsibility	MCO: <ul style="list-style-type: none"> Needs to be made aware of admission County or Tribe will: <ul style="list-style-type: none"> Conduct appropriate waiver activities Provide documentation to NF for PAS and OBRA Level I Make OBRA Level II referrals to county as appropriate

SLL <u>does not</u> conduct PAS when a consumer is on:	Who receives the referral from SLL?	Purpose of Referral/ Next Steps
CAC, CADI or BI Fee-for-Service AND Under age 65	County or Tribe of Financial Responsibility AND County or Tribe of Nursing Facility Location	<p>County or Tribe of Financial Responsibility will:</p> <ul style="list-style-type: none"> • Conduct appropriate waiver activities • Provide documentation to NF for PAS and OBRA Level I • Make OBRA Level II referrals to county as appropriate <p>County or Tribe of Nursing Facility Location will:</p> <ul style="list-style-type: none"> • Conduct 40th day assessment
EW, CAC, CADI, BI Fee-for-Service or Alternative Care AND Age 65+	County or Tribe of Residence	<p>County or tribe of residence will:</p> <ul style="list-style-type: none"> • Conduct appropriate waiver activities • Provide documentation to NF for PAS and OBRA Level I • Make OBRA Level II referrals to county as appropriate
DD waiver AND Under age 65	County or Tribe of Financial Responsibility or Tribe AND County or Tribe of Nursing Facility Location AND MCO if on SNBC, MSHO or MSC+*	<p>County or Tribe of Financial Responsibility will:</p> <ul style="list-style-type: none"> • Conduct appropriate waiver activities • Provide documentation to NF for PAS and OBRA Level I • Make OBRA Level II referrals • Request DHS approval for admission <p>County or Tribe of Nursing Facility Location will:</p> <ul style="list-style-type: none"> • Conduct 40th day assessment <p>*If the consumer is also on MCO, the MCO will be made aware of admission.</p>
DD waiver AND Age 65+	County or Tribe of Financial Responsibility AND MCO if on SNBC, MSHO or MSC+*	<p>County or Tribe of Financial Responsibility will:</p> <ul style="list-style-type: none"> • Conduct appropriate waiver activities • Provide documentation to NF for PAS and OBRA Level I • Make OBRA Level II referrals • Request DHS approval for admission <p>*If the consumer is also on MCO, the MCO will be made aware of admission.</p>
Consumer is under age 21 ONLY (No SNBC enrollment. If SNBC enrollee, see SNBC rows.)	County or Tribe of Consumer Location	<p>County or Tribe of Location will:</p> <ul style="list-style-type: none"> • Conduct face-to-face assessment • Provide documentation to NF for PAS and OBRA Level I • Make OBRA Level II referrals • Request DHS approval for admission

SLL <u>does</u> conduct PAS, but makes referral when a consumer:	Who receives the referral from SLL?	Purpose of Referral and Next Steps
Is under age 65 without managed care or waiver/AC enrollment	County or Tribe of Nursing Facility Location	County will conduct 40 th day assessment
Requires OBRA Level II DD or MI Referral	County of Consumer Location	County will complete applicable OBRA Level II activities
Nursing facility level of care cannot be determined and consumer <u>is not</u> in managed care or waiver/AC enrollee	County of Consumer Location	County will conduct face-to-face assessment to determine Level of Care

When Senior LinkAge Line® has completed PAS OBRA Level I and a referral for further evaluation has been forwarded to a lead agency, the Senior LinkAge Line® specialist will send the results of the PAS to the nursing facility and the consumer, as well as enter the results into MMIS. Results of any additional assessments will be shared by the lead agency with the nursing facility (if appropriate) and consumer.