

New Level of Care (LOC) Rule Webinar Frequently Asked Questions (FAQ)

During the month of March, 2012, ODJFS conducted a series of training Webinars called "New Medicaid Level of Care Rule Changes." Because hundreds of individuals participated in each Webinar session, taking questions and providing answers during the Webinar was not feasible. ODJFS instructed attendees with questions to submit them to the ODJFS MFP mailbox.

ODJFS then grouped all questions by topic, combined similar questions, and re-worded them before we answered. Therefore, if you submitted a question to the MFP mailbox you may not find the exact question in this FAQ document; however, you should find a similar question and an answer. Based on certain recurring questions, we thought it may be helpful to provide some basic information about the new level of care (LOC) rules:

- The effective date for the new LOC rules is 3/19/2012. The AAA/PAA should apply the previous versions of the LOC rules when the AAA/PAA receives a level of care request before 3/19/2012; the AAA/PAA should apply the new versions of the LOC rules when the AAA/PAA receives a level of care request on or after 3/19/2012. The LOC effective date that is being requested has no bearing on which version of the LOC rules to apply.
- LOC validation, as described in paragraph (H) of rule 5101:3-3-15:
 - A LOC validation is a process to be used in lieu of a face-to-face LOC determination.
 - A LOC validation is to be used only for NF-based HCBS waivers. It cannot be used for DD-based HCBS waivers.
 - A LOC validation does not require a physician certification.
 - The AAA/PAA must still issue a LOC determination as usual. That means that the AAA/PAA must still enter the LOC determination into CRIS-E and PIMS and provide a Review Results letter to all parties as applicable.
- The new LOC rules did not change the PASRR requirements as described in rules 5101:3-3-14, 5101:3-3-15.1 and 5101:3-3-15.2. Paragraph (A)(3) of rule 5101:3-3-15 states that an individual seeking admission to a NF is subject to BOTH the PASRR process and a LOC determination process.
- The new LOC rules did not change the PASRR and LOC "Most Common Scenarios" chart that was issued in LTCSSSTL 10-02 in December of 2010 (See Attachment #1). AAAs/PAAAs may still use this chart to assist with determining when a preadmission screening and/or LOC determination is required and may also use it in conjunction with the new LOC process rule (5101:3-3-15).
- The LOC request process has not changed and the forms used to request a LOC determination (i.e., JFS 03697 or an alternative form) are not changed as a result of the new LOC rules. The revision date for the JFS 03697 is still 4/2003.
- The new LOC rules did not change the credentialing requirements regarding who from an AAA/PAA has the authority to issue a LOC determination. It is still a requirement that the person be a registered nurse or registered social worker.
- The new LOC rules did not change the PIMS and/or CRIS-E entry process for a LOC determination, the process of issuing a review results letter, or the effective date of the LOC determination.
- The PASSPORT Administrative Agency (PAA) Operations Manual is in the process of being updated. AAAs/PAAAs will be notified when the updates are complete.

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1. Question: Please name the current "NF-based" HCBS waivers.
 - ❖ Answer: The current NF-based HCBS waivers are Ohio Home Care, Transitions Carve-Out, PASSPORT, Choices, and Assisted Living.
2. Question: Are there still two levels of care (i.e., intermediate and skilled) related to NFs?
 - ❖ Answer: Yes. Paragraph (A) of rule 5101:3-3-08 states "The NF-based level of care includes the intermediate and skilled levels of care." Paragraph (B) of that rule covers the intermediate level of care criteria (which remains unchanged) and paragraph (D) of that rule covers the skilled level of care criteria (which also remains unchanged).
3. Question: Is the MDS an acceptable alternative to the JFS 03697?
 - ❖ Answer: Paragraph (B) of rule 5101:3-3-15 states that an alternative form to the JFS 03697 is acceptable when it meets the definition of an alternative form. The definition for an alternative form is a form that is used in place of and contains all of the data elements of the JFS 03697. Therefore, the MDS is an acceptable alternative to the JFS 03697, as long as any elements included in the JFS 03697 that are not included in the MDS are added to the MDS when it is submitted to the AAA/PAA. This policy pre-dates the most recent rule changes.
4. Question: Is a LOC validation appropriate when a NF resident is hospitalized and then returns to the same NF and has exhausted all bed hold days?
 - ❖ Answer: Yes, a new LOC determination must be issued, because the bed hold days are exhausted. The AAA/PAA must issue that LOC determination via the LOC validation process (instead of conducting a face-to-face LOC determination). See the Most Common Scenario Chart for answers about when a LOC determination is required.
5. Question: Is a LOC validation appropriate when a NF resident is hospitalized and then returns to the same NF and has not exhausted all bed hold days?
 - ❖ Answer: No, a LOC validation is not necessary, because a new LOC determination does not need to be issued when bed hold days are not exhausted. See the Most Common Scenario Chart for answers about when a LOC determination is required.
6. Question: Does a new LOC determination need to be issued when a NF resident with Medicaid as the payor is hospitalized, then returns to the same NF and Medicare is the payor – and then subsequently the payor changes to Medicaid?
 - ❖ Answer: A new LOC determination does not need to be issued when the NF resident returns from the hospital with Medicare as the payor. This policy pre-dates the most recent rule changes and is covered in the Most Common Scenario Chart under section B –II (Readmissions). However, when a subsequent change of payor from Medicare to Medicaid occurs, a new LOC determination must be issued. This policy pre-dates the most recent rule changes and is covered in the Most Common Scenario Chart under section B-III (Change of Payor to Medicaid). The AAA/PAA must issue that LOC determination via the desk review process as described in paragraph (E)(2)(a) of rule 5101:3-3-15.
7. Question: Does a new LOC determination need to be issued when a PASSPORT consumer is hospitalized, then admitted to a NF with Medicare as the payor - and then subsequently the payor changes to Medicaid?

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- ❖ Answer: A new LOC determination does not need to be issued when the NF resident returns from the hospital with Medicare as the payor. This policy pre-dates the most recent rule changes and is covered in the Most Common Scenario Chart under A – I (Admissions from an Ohio Hospital). However, when a subsequent change of payor from Medicare to Medicaid occurs, a new LOC determination must be issued. The process that the AAA/PAA must use to issue that LOC determination will depend on whether or not the NF resident is still on an HCBS waiver that requires a NF-based LOC (e.g., PASSPORT) when the payor changes from Medicare to Medicaid. When the NF resident is still on an HCBS waiver that requires a NF-based LOC, the AAA/PAA must issue that LOC determination via the LOC validation process; when the NF resident is no longer on an HCBS waiver that requires a NF-based LOC, the AAA/PAA must issue that LOC determination via the desk review process as described in paragraph (E)(2)(a) of rule 5101:3-3-15.
8. Question: What kind of LOC process must be used to issue a LOC determination for an individual who is seeking a NF admission or re-admission from an observation unit at a hospital?
- ❖ Answer: A desk review, as described in paragraph (E)(1)(a) of rule 5101:3-3-15.
9. Question: What kind of LOC process must be used to issue a LOC determination for an individual who is on a NF-based HCBS waiver and is seeking a NF admission?
- ❖ Answer: A LOC validation, as described in paragraph (H)(1) of rule 5101:3-3-15.
10. Question: Is only a PAS required when an individual is on a NF-based HCBS waiver and is seeking a NF admission?
- ❖ Answer: No. A LOC determination must also be issued. The AAA/PAA must issue that LOC determination via the LOC validation process as described in paragraph (H)(1) of rule 5101:3-3-15.
11. Question: Does a new LOC determination need to be issued when the NF admission occurs more than 30 days after the LOC determination date?
- ❖ Answer: Yes. The county department of job and family services (CDJFS) will look for the NF admission within 30 days of the LOC determination date. If the NF admission occurs beyond 30 days, a new LOC determination needs to be issued. This policy pre-dates the most recent rule changes. See rule 5101:3-3-15 to determine whether a desk review or face-to-face LOC determination is required.
12. Question: Is a LOC validation appropriate when an individual is seeking a NF admission and is being disenrolled from PASSPORT due to no longer having a NF-based LOC?
- ❖ Answer: No, this situation falls under the circumstances for a face-to-face LOC determination as described in paragraph (F)(1)(e) of rule 5101:3-3-15.
13. Question: The LOC process rule states that an individual may decline a delayed face-to-face visit. Does "individual" only mean the individual, or could an authorized representative or sponsor also decline a visit?
- ❖ Answer: Since the purpose of an authorized representative or sponsor is to represent the interests of the individual, an authorized representative or sponsor could decline a visit on behalf of the individual. However, our expectation is that the AAA/PAA will make a good-faith effort to schedule a delayed face-to-face visit with every individual (or authorized

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representative/sponsor when appropriate). Offering the individual the option to decline a visit should be considered the exception, not the norm.

14. Question: Is it appropriate to schedule a delayed face-to-face visit with an individual's authorized representative or sponsor?

❖ Answer: Yes, that is appropriate and this policy pre-dates the most recent rule changes.

15. Question: Is a sponsor the same as an informal support/caregiver?

❖ Answer: No, a sponsor is not the same as an informal support/caregiver, but if an individual's caregiver has an interest in or responsibility for the individual's welfare, that caregiver can serve as the individual's sponsor.

16. Question: Is it appropriate to use the previous policy on determining who is exempt from a delayed face-to-face visit, as described in the previous version of 5101:3-3-15 (i.e., no rehabilitation potential and a poor prognosis based upon the medical judgment of the individual's physician) and sections VIII and I.q. of the JFS 03697?

❖ Answer: No. The rule language you refer to regarding no rehabilitation potential and poor prognosis was removed from the new LOC process rule. AAAs/PAAAs should refer to paragraph (G) of rule 5101:3-3-15 to determine who is an exception to a delayed face-to-face visit.

17. Question: Where can I find the revised Protective LOC Worksheet?

❖ Answer: The revised Protective LOC Worksheet is available on the DODD website under the "Forms" tab. No revisions have been made to the criteria or forms used to determine ICF/MR level of care. Here is the link:

<https://doddportal.dodd.ohio.gov/forms/Documents/ProtectiveLevelofCareRuleCitationsandform.pdf>

18. Question: Is needing assistance in all 3 components of environmental management (i.e., paragraph (D)(2) of rule 5101:3-3-06) a change from the previous policy?

❖ Answer: No. The previous protective LOC rule also required a need in all 3 components.

19. Question: Does an individual meet the definition of "need" when the individual lives in an apartment and therefore does not have any yard work to do?

❖ Answer: No, yard work is not applicable to this individual's situation.

20. Question: Which ADL or IADL covers the ability of an individual to get in and out of a vehicle?

❖ Answer: This is covered under the ADL of "mobility."

21. Question: Does a baby monitor, door alarm or bed alarm that is monitored by family or caregivers qualify as a remote monitoring device?

❖ Answer: Yes, provided the monitoring device is not dependent on the individual to initiate any action; the caregivers are doing all monitoring.

22. Question: Does an individual meet the definition of "need" when the consumer has mental health issues/dementia and will not accept a bath but clearly needs a bath?

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- ❖ Answer: No, paragraph (B)(25) of rule 5101:3-3-05 states that an individual does not have a need when the individual is not willing to complete a task.
23. Question: If an individual requires assistance for nail care (for example, a diabetic has toenails cut by podiatrist) but not for oral hygiene or hair care, does that individual have a need in grooming?
- ❖ Answer: No. In order for an individual to have a need for assistance in grooming, the individual must have a need for assistance in all three sub-components of grooming – oral hygiene, hair care and nail care. The same is true for a need for supervision of grooming – the individual must have a need for supervision in all three sub-components of grooming.
24. Question: An individual has medications dispensed in a medi-set or another type of medication dispensing adaptive equipment and:
- a.) If the individual is able to open a medi-set and take medication without prompting, would this be a need for supervision or assistance in medication administration?
 - ❖ Answer: Neither. The individual would be independent because he/she is able to use medi-set to dispense the medications without prompting or assistance by another individual.
 - b.) If the individual is able to take medication via a medi-set on his/her own, but forgets to take medications at times or is non-compliant, is there a need in medication administration?
 - ❖ Answer: No. The individual would be independent because the individual is able to use medi-set to take medications. HOWEVER, there may be a need for a nurse to monitor the medication regimen and/or teaching, which would not be a medication administration need, but a need for a skilled nursing service. And, if the individual receives the skilled nursing service, it is the need for that skilled nursing service that is measured for the level of care criteria.
25. Question: Does shopping include the ability of the individual to carry the items into the home and put them away.
- ❖ Answer: Yes, it is reasonable to expect that the IADL of shopping should include the ability of the individual to carry items into the home and put them away after shopping for them.
26. Question: Does an individual meet the requirements described in paragraph (D)(4) of the Skilled level of care rule when that individual receives a physical therapy service and occupational therapy service on the same day, three times a week?
- ❖ Answer: No, the individual you describe is receiving 6 total rehabilitation services in one week, but they are not over a minimum of 5 days within that week.
27. Question: As a hospital social worker am I going to need to change our discharge order set to reflect a stable versus unstable medical condition?
- ❖ Answer: It is not required that you reflect a stable/unstable medical condition on your discharge order, but that information would be helpful to the AAA/PAA in making a LOC determination.
28. Question: Can you still use a skilled nursing service or skilled rehabilitation service at less than a skilled care level for an intermediate LOC?
- ❖ Answer: Yes. The definition for "skilled care level" was removed from the new skilled level of care criteria rule. The criteria for meeting an intermediate level of care with regard

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to a skilled nursing service or skilled rehabilitation service is covered in paragraph (B)(4)(c) of rule 5101:3-3-08.

29. Question: Is an electronic physician's signature acceptable on the JFS 03697?
- ❖ Answer: Yes, the PAA Operations Manual permits electronic signatures and this policy has not changed with the new LOC rules.
30. Question: If a LOC is requested for an effective date, can the information (MDS, physician's orders, etc.) be submitted prior to that date?
- ❖ Answer: Yes, but the AAA/PAA cannot issue a LOC determination with a future effective date.
31. Question: Does a physician certification still mean that the physician must review the information on the JFS 03697 and verify that the information is a true and accurate reflection of the individual's condition?
- ❖ Answer: Yes, the JFS 03697 has not changed; that language is still in the physician certification section at the bottom of page 1.
32. Question: We are a PASSPORT agency that previously issued a LOC determination based on the receipt of a verbal certification. Does the new LOC process rule permit the AAA/PAA to do this?
- ❖ Answer: No. The previous LOC process rule did not permit a LOC determination to be issued based on the receipt of a verbal certification. In this revision of the LOC process rule, we added language to permit a LOC determination to be issued based on the receipt of a verbal certification, but only under the circumstances described in paragraph (B)(3)(c) of rule 5101:3-3-15.
33. Question: If the individual's health and welfare is not at risk can the AAA/PAA issue a LOC determination based on the receipt of a verbal certification?
- ❖ Answer: No. A LOC determination may be issued based on the receipt of a verbal certification only under the circumstances described in paragraph (B)(3)(c) of rule 5101:3-3-15.
34. Question: What should the AAA/PAA do when a LOC request is submitted without a physician certification for an individual who resides in the community but the individual's health and welfare is not at risk?
- ❖ Answer: The AAA/PAA should treat the request as incomplete (since it does not contain all of the elements described in paragraph (B)(2) and (B)(3) of rule 5101:3-3-15) and follow the instructions in paragraph (D) of rule 5101:3-3-15.
35. Question: What should the AAA/PAA do when a LOC request is submitted without a physician certification or verbal certification for an individual who resides in the community and the individual's health and welfare is at risk?
- ❖ Answer: The AAA/PAA should treat the request as incomplete (since it does not contain all of the elements described in paragraph (B)(2) and (B)(3) of rule 5101:3-3-15) and follow the instructions in paragraph (D) of rule 5101:3-3-15.
36. Question: What should the AAA/PAA do when a LOC request is submitted with a verbal certification for an individual who resides in the community and the individual's health and welfare

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is at risk, but the AAA/PAA does not receive the physician certification within the 30 days following the receipt of the verbal certification?

- ❖ Answer: The AAA/PAA should treat the request as incomplete (since it does not contain all of the elements described in paragraph (B)(2) and (B)(3) of rule 5101:3-3-15) and follow the instructions in paragraph (D) of rule 5101:3-3-15.

37. Question: Previously we accepted a physician's signature date of up to 15 days before and within 30 days after the LOC effective date. Is this is still acceptable?

- ❖ Answer: The current rule does not address physician certification date as it relates to a LOC effective date, only as it relates to a LOC request submission date. Therefore, this practice is no longer supported. Paragraph (B)(3)(b) of rule 5101:3-3-15 states that the physician certification must be obtained within 30 calendar days of submission of the JFS 03697 or alternative form.

38. Question: Paragraph (B)(3)(b) in rule 5101:3-3-15 states that a physician certification must be obtained within 30 calendar days of submission of the JFS 03697 or alternative form. Does that include 30 days before the submission or only 30 days after?

- ❖ Answer: The physician certification must be obtained within 30 calendar days after submission of the JFS 03697 or alternative form.

Attachment #1

**MOST COMMON SCENARIOS – PASRR and LOC
2010**

NOTES (pertaining to all charts):

- THESE CHARTS ARE IN NO WAY TO BE CONSIDERED A SUBSTITUTE FOR THE RULES
- “NF” means an Ohio Medicaid-certified nursing facility
- These charts do not address individuals seeking admission to an ICF-MR. Level of Care requests for ICF-MR are to be submitted to ODJFS.
- Unless otherwise specified; assumes the current NF residents have met the PASRR requirements upon admission.
- A LOC determination cannot be issued until all applicable PAS & RR requirements have first been met.

Scenario: New Admissions (A) New Admissions	Payment Source being sought for the NF admission	PreAdmission Screen (PAS) (form 3622)	Hospital Exemption (form 7000)	Resident Review (RR) (form 3622)	LOC
A - I. Admissions from an Ohio Hospital					
1. Community to Hospital to NF (not meet hospital exemption criteria)	Medicaid or MCP	YES (code 1)	NO	NO	YES*
2. Community to Hospital to NF (not meet hospital exemption criteria)	Other	YES (code 1)	NO	NO	NO
3. Community to Hospital to NF (and hospital exemption criteria are met)	Medicaid or MCP	NO	YES	NO	YES*
4. Community to Hospital to NF (and hospital exemption criteria are met)	Other	NO	YES	NO	NO
5. Hospital to NF (FOR HOSPICE) (not meet hospital exemption criteria)	Medicaid or MCP	YES (code 1)	NO	NO	NO*
6. Hospital to NF (FOR HOSPICE) (not meet hospital exemption criteria)	Other	YES (code 1)	NO	NO	NO
7. Hospital to NF (FOR HOSPICE) (and hospital exemption criteria are met)	Medicaid or MCP	NO	YES	NO	NO*
8. Hospital to NF (FOR HOSPICE) (and hospital exemption criteria are met)	Other	NO	YES	NO	NO
9. ICF-MR to hospital to NF (not meet hospital exemption criteria)	Medicaid	YES (code 1)	NO	NO	YES
10. ICF-MR to hospital to NF (not meet hospital exemption criteria)	Other	YES (code 1)	NO	NO	NO
11. ICF-MR to hospital to NF (and hospital exemption criteria are met)	Medicaid	NO	YES	NO	YES
12. ICF-MR to hospital to NF (and hospital exemption criteria are met)	Other	NO	YES	NO	NO
13. Non-Ohio Resident in an Ohio Hospital to Ohio NF (and hospital exemption criteria are met) **	Medicaid	NO	YES	NO	YES
14. Non-Ohio Resident in an Ohio Hospital to Ohio NF (and hospital exemption criteria are met) **	Other	NO	YES	NO	NO
15. Non-Ohio Resident in an Ohio Hospital to Ohio NF (<u>not</u> meet hospital exemption criteria)	Medicaid	YES (code 1)	NO	NO	YES
16. Non-Ohio Resident in an Ohio Hospital to Ohio NF (<u>not</u> meet hospital exemption criteria)	Other	YES (code 1)	NO	NO	NO

* When the Medicaid payor is an MCP the scenario requires MCP prior approval and does not require LOC from the Passport Administrative Agency.

** The rules currently allow a Non-Ohio resident who is currently in an Ohio Hospital to be eligible for the Hospital Exemption (so long as all the exemption criteria are met); however, the rules will likely be changed in the near future to disallow this.

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Scenario: New Admissions (A) New Admissions (continued)	Payment Source being sought for the NF admission	PreAdmission Screen (PAS) (form 3622)	Hospital Exemption (form 7000)	Resident Review (RR) (form 3622)	LOC
A - II. Admissions from “Community” (from settings other than NF or Hospital)					
1. Community to NF	Medicaid or MCP	YES (code 1)	NO	NO	YES*
2. Community to NF	Other	YES (code 1)	NO	NO	NO
3. Community to NF (FOR HOSPICE)	Medicaid or MCP	YES (code 1)	NO	NO	NO*
4. Community to NF (FOR HOSPICE)	Other	YES (code 1)	NO	NO	NO
5. NF to community return to same NF (has leave days)	Medicaid or MCP	NO	NO	NO	NO*
6. NF to community return to same NF (used up leave days)	Medicaid or MCP	YES (code 1)	NO	NO	YES*
7. NF to community to different NF (has leave days)	Medicaid or MCP	NO	NO	NO	YES*
8. NF to community to different NF (used up leave days)	Medicaid or MCP	YES (code 1)	NO	NO	YES*
9. NF (discharged) to community to any NF	Medicaid or MCP	YES (code 1)	NO	NO	YES*
10. NF (discharged) to community to any NF	Other	YES (code 1)	NO	NO	NO
A - III. Admissions from Out of State					
1. Out of State to Ohio NF	Medicaid	YES (code 2)	NO	NO	YES
2. Out of State to Ohio NF	Other	YES (code 2)	NO	NO	NO
3. Out of State Hospital (and is Ohio Resident) to Ohio NF (and hospital exemption criteria are met)	Medicaid or MCP	NO	YES	NO	YES*
4. Out of State Hospital (and is Ohio Resident) to Ohio NF (and hospital exemption criteria are met)	Other	NO	YES	NO	NO
5. Out of State Hospital (and is Ohio Resident) to Ohio NF (<u>not</u> meet hospital exemption criteria)	Medicaid or MCP	YES (code 2)	NO	NO	YES*
6. Out of State Hospital (and is Ohio Resident) to Ohio NF (<u>not</u> meet hospital exemption criteria)	Other	YES (code 2)	NO	NO	NO
7. Out of State Hospital (Non-Ohio Resident) to Ohio NF	Medicaid	YES (code 2)	NO	NO	YES
8. Out of State Hospital (Non-Ohio Resident) to Ohio NF	Other	YES (code 2)	NO	NO	NO

* When the Medicaid payor is an MCP the scenario requires MCP prior approval and does not require LOC from the Passport Administrative Agency.

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INDIVIDUALS CURRENTLY IN NURSING FACILITY

Scenario: Individuals Currently in a LTCF (NF or ICF-MR) (B) Transfers, Readmissions, Change of Payor, Expired Time Limits, Others	Payment Source being sought for the continuing NF stay	PreAdmission Screen (PAS) (form 3622)	Hospital Exemption (form 7000)	Resident Review (RR) (form 3622)	LOC
B - I. Transfers (Any move from NF to different NF, with or without an intervening hospital stay, is considered a NF transfer and all PASRR records are to be copied to the receiving NF)					
1. NF to different NF	Medicaid or MCP	NO	NO	NO	YES*
2. NF to different NF	Other	NO	NO	NO	NO
3. NF to hospital to different NF	Medicaid or MCP	NO	NO	NO	YES*
4. NF to hospital to different NF	Other	NO	NO	NO	NO
5. NF to hospital (used up leave days) to different NF	Medicaid or MCP	NO	NO	NO	YES*
6. NF to hospital (has leave days) to different NF	Medicaid or MCP	NO	NO	NO	YES*
7. NF Transfer – No previous PASRR Records available from previous NF (initiate RR no later than date of transfer to receiving NF)	Medicaid or MCP	NO	NO	YES (code 6)	YES*
8. NF Transfer – No previous PASRR Records available from previous NF (initiate RR no later than date of transfer to receiving NF)	Other	NO	NO	YES (code 6)	NO
9. NF to hospital for Psychiatric treatment to different NF	Medicaid or MCP	NO	NO	YES (code 7)	YES*
10. NF to hospital for Psychiatric treatment different NF	Other	NO	NO	YES (code 7)	NO
11. ICF-MR to NF	Medicaid	YES (code 1)	NO	NO	YES
12. ICF-MR to NF	Other	YES (code 1)	NO	NO	NO
B - II. Readmissions					
1. NF to hospital (used up leave days) back to same NF	Medicaid or MCP	NO	NO	NO	YES*
2. NF to hospital (has leave days) back to same NF	Medicaid or MCP	NO	NO	NO	NO*
3. NF (Medicaid) to hospital (has leave days) and is returning back to same NF with Medicare as the primary payor.	Medicare primary	NO	NO	NO	NO
4. NF (Medicaid) to hospital (used up leave days) and is returning back to same NF with Medicare as the primary payor.	Medicare primary	NO	NO	NO	NO
5. NF to hospital for Psychiatric treatment (has leave days) back to same NF	Medicaid or MCP	NO	NO	YES (code 7)	NO*
6. NF to hospital for Psychiatric treatment (used up leave days) back to same NF	Medicaid or MCP	NO	NO	YES (code 7)	YES*
7. NF to hospital for Psychiatric treatment back to same NF	Other	NO	NO	YES (code 7)	NO

* When the Medicaid payor is an MCP the scenario requires MCP prior approval and does not require LOC from the Passport Administrative Agency.

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Scenario: Individuals Currently in the NF (B) Transfers, Readmissions, Change of Payor, Expired Time Limits, Others (continued)	Payment Source being sought for the continuing NF stay	PreAdmission Screen (PAS) (form 3622)	Hospital Exemption (form 7000)	Resident Review (RR) (form 3622)	LOC
B - III. Change of Payor to Medicaid					
1. NF Change of Payor to Medicaid	Medicaid	NO	NO	NO	YES
2. NF (Medicaid) to hospital, returned back to same NF (had leave days) with Medicare as the primary payor) – Now Medicare is ending as the primary payor so they are reverting back to Medicaid as primary payor.	Medicare primary ends / resuming Medicaid	NO	NO	NO	NO
3. NF (Medicaid) to hospital, returned back to same NF (used up leave days) with Medicare as the primary payor – Now Medicare is ending as the primary payor so they are reverting back to Medicaid as primary payor.	Medicare primary ends / resuming Medicaid	NO	NO	NO	YES
4. NF Change of Payor to Medicaid (PAS requirements not met upon admission) (" illegal admission ")	Medicaid	YES (code1)	NO	NO	YES
5. NF (HOSPICE) disenrolling from Hospice and changing Payor to Medicaid	Medicaid	NO	NO	NO	YES
6. NF (Medicaid Managed Care Plan) disenrolling from MCP and changing Payor to Medicaid	Medicaid	NO	NO	NO	YES
B - IV. Expired PASRR Time Limits					
1. NF resident - expired Hospital Exemption		NO	NO	YES (code 3.a)	
2. NF resident - expired Hospital Exemption - seeking approval for specified period of time		NO	NO	YES (code 3.b) (complete G1 & 2)	
3. NF resident – expired Hospital Exemption - previously approved for a specified time – seeking an extension		NO	NO	YES (code 3.c) (complete G3 & 4)	
4. NF resident – expired Emergency admission		NO	NO	YES (code4.a)	
5. NF resident - expired Emergency admission - seeking approval for a specified period of time		NO	NO	YES (code 4.b) (complete G1 & 2)	
6. NF resident – expired Emergency admission - previously approved for a specified time – seeking an extension		NO	NO	YES (code 4.c) (complete G3 & 4)	

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Scenario: Individuals Currently in the NF (B) Transfers, Readmissions, Change of Payor, Expired Time Limits, Others (continued)	Payment Source being sought for the continuing NF stay	PreAdmission Screen (PAS) (form 3622)	Hospital Exemption (form 7000)	Resident Review (RR) (form 3622)	LOC
7. NF resident – expired Respite admission		NO	NO	YES (code 5.a)	
8. NF resident - expired Respite admission - seeking approval for a specified period of time		NO	NO	YES (code 5.b) (complete G1 & 2)	
9. NF resident – expired Respite admission - previously approved for a specified time – seeking an extension		NO	NO	YES (code 5.c) (complete G3 & 4)	
B - V. Others – Significant Change in Condition					
1. Significant change in condition		NO	NO	YES (code 7.a.i or b.i)	
2. Significant change in condition – Specified period of time		NO	NO	YES (code 7.a.ii or b.ii) (complete G1 & 2)	
3. Significant change in condition – Extension		NO	NO	YES (code 7.a.iii or iii) (complete G3 & 4)	
B - VI. Others					
1. Person in the NF discovered with no evidence that PASRR Requirements upon admission (“ illegal admission ”)	Medicaid or MCP	YES (code 1)	NO	NO	YES*
2. Person in the NF discovered with no evidence that PASRR Requirements upon admission (“ illegal admission ”)	Other	YES (code 1)	NO	NO	NO
3. Person in the NF discovered with evidence that PASRR Requirements were met upon admission, but required a Resident Review (RR) that was not completed.	Medicaid or MCP	NO	NO	YES (code as it applies to why the RR was required)	YES*
4. Person in the NF discovered with evidence that PASRR Requirements were met upon admission, but required a Resident Review (RR) that was not completed.	Other	NO	NO	YES (code as it applies to why the RR was required)	NO

* When the Medicaid payor is an MCP the scenario requires MCP prior approval and does not require LOC from the Passport Administrative Agency.