

## Pre-Admission Screening (PAS) Process

### **Minnesota Senior Health Options (MSHO)/Minnesota Senior Care+ (MSC+)**

**\*PAS responsibilities for members on MSHO/MSC+ with or without a waiver:** If a member is on MSHO or MSC+ with or without a waiver at the time the PAS is submitted, the Senior LinkAge Line (SLL) will triage the PAS to the lead agency for processing.

- Care Coordinator (CC) will receive SLL PAS from operations department when a member is going to be admitted into a nursing facility.
- The MMIS entry needs to be completed as soon as possible from the date of notification of the admission.
- Any admission from the community typically requires an in-person visit. If an in-person visit is required, CC must complete.
- A telephone screening is only permitted when a health care professional (primary care physician or clinic nurse) is seeking admission and contacts the CC directly and can provide the screener with enough information to determine the need for nursing facility level of care (NFLOC).

**When NF LOC cannot be determined:** When NF level of care cannot be determined by the PAS referral, an in-person assessment to make the final determination of NF LOC is required and must be completed within 20 calendar days of the referral and prior to NF admission. If the person is enrolled in MSHO or MSC+, the MCO must complete the in-person assessment to determine NF LOC prior to admission.

See [Attachment A \(the triage tip sheet\)](#) for full list of responsibilities by program. It is recommended that the care coordinator complete needed activity as soon as possible from the date of receiving the referral from Medica to ensure timely completion of any needed in-person assessment to avoid delays in nursing facility MA billing and payment.

**Per contract, the CC is responsible for assuring the facility receives the Obra Level I and PAS, regardless of waiver status.**

**\*OBRA Level II.** An OBRA Level II evaluation is needed when a person is suspected to have or has a confirmed diagnosis of a serious mental illness or a developmental disability or related condition and is seeking admission to a nursing facility. A referral for an OBRA Level II evaluation is based on the OBRA Level I screening information and must be made by the care coordinator.

**Note:** OBRA Level II referrals for serious mental illness are sent to the county of the person's location at the time the PAS is submitted. OBRA Level II referrals for developmental disability or related conditions are sent to the county/Tribal Nation of financial responsibility (CFR). [County and Tribal Nation offices directory](#)

### **Important Points to Consider:**

- If an MSC+ member has Medicare, a 3-day qualifying hospital stay is required in order for their stay to be paid for under Medicare. If no 3-day stay, Medica would cover Nursing Facility liability (Medical Assistance rates) for admit.
- If member is MSHO, the 3-day qualifying hospital stay is waived.
- Any inquiries on NF admissions email [NFCommunications@medica.com](mailto:NFCommunications@medica.com)

### **Special Needs Basic Care (SNBC)/SNBC Enhanced**

**\*PAS responsibilities for members on SNBC/ISNBC with or without a waiver:** If a member is on SNBC or SNBC Enhanced with or without a waiver at the time the PAS is submitted, the Senior LinkAge Line will triage the PAS to the lead agency for processing.

- CC will receive SLL PAS from operations department when a member is going to be admitted into a nursing facility. The MMIS entry needs to be completed as soon as possible from the date of notification of the admission.
- Any admission from the community typically requires an in-person visit.
- A telephone screening is only permitted when a health care professional (primary care physician or clinic nurse) is seeking admission and contacts the CC directly and can provide the screener with enough information to determine the need for nursing facility level of care.
- If an in-person visit is required, make referral to the county where the member is located.

See [Attachment A \(the triage tip sheet\)](#) for full list of responsibilities by program. It is recommended that the care coordinator complete needed activity as soon as possible from the date of receiving the referral from Medica to ensure timely completion of any needed face-to-face assessment to avoid delays in nursing facility MA billing and payment.

**Per contract, the CC is responsible for assuring the facility receives Obra Level I and PAS, regardless of waiver status.**

**\*Individuals Under 21:** For all people under the age of 21 regardless of waiver status, an in-person MnCHOICES assessment must occur prior to NF admission. Additionally, DHS must approve all nursing facility admissions for people under age 21 to determine if the person meets nursing facility level of care and if admission can be prevented. **This assessment is completed by the county of location.**

**\*Notify the Medica Clinical Liaison of this anticipated admission and Medica will reach out to DHS for approval.**

**\*Assessment required for people under 65 following NF admission:** The county of facility location must provide a MnCHOICES assessment for all people age 64 and younger within 80 calendar days of admission, as described in Minnesota Statute, section 256B.0911, subdivision 4d. During this visit, a MnCHOICES assessment is completed and the assessor provides information about community-based service options and resources that may be available, based on the assessment. The Senior LinkAge Line makes this referral to the county of facility location, even if the person is on programs. See the [Community-Based Services Manual](#) for additional information about MnCHOICES assessment requirements for people under age 65.

**\*OBRA Level II.** An OBRA Level II evaluation is needed when a person is suspected to have or has a confirmed diagnosis of a serious mental illness or a developmental disability or related condition and is seeking admission to a nursing facility. A referral for an OBRA Level II evaluation is based on the OBRA Level I screening information and must be made by the care coordinator.

**Note:** OBRA Level II referrals for serious mental illness are sent to the county of the person's location at the time the PAS is submitted. OBRA Level II referrals for developmental disability or related conditions are sent to the county/Tribal Nation of financial responsibility (CFR). [County and Tribal Nation offices directory](#)

**Important Points to Consider:**

- If the SNBC member has Medicare but non-integrated, a 3-day qualifying hospital stay is required in order for their stay to be paid for under Medicare. If no 3-day stay, Medica would cover Nursing Facility liability (Medical Assistance rates) for admit.
- If member is SNBC Enhanced the 3-day qualifying hospital stay is waived.
- Any inquiries on NF admissions email [NFCcommunications@medica.com](mailto:NFCcommunications@medica.com)

**References:** DHS – [Preadmission Screening for Nursing Facility Admission Policy and Procedures](#)