Pre-Admission Screening (PAS) document- high level overview of CC's responsibilities

Background (taken from Bulletin 19-25-02)
State and federal law require Preadmission Screening (PAS) before admission to Medical Assistance (MA)-certified nursing facilities (NF) regardless of payer source. State law requires additional activity to support relocation after admission. This pertains to members entering a Skilled Nursing Facility (SNF), Nursing Facility (NF) and Swing Bed.

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 requirements in the Omnibus Budget Reconciliation Act (OBRA) of 1987, also referred to as OBRA Level I screening. This screening is completed to identify and refer people to other professionals to evaluate the need for specialized mental health or developmental disability services as required under federal law. These additional activities are referred to as OBRA Level II evaluation activities;
- Determine and document the need for NF services in the MMIS for purposes of MA payment of those services;
- Identify people who can benefit from transition assistance in order to return to the community after NF admission.

Care Coordinators play an important part of the PAS process which includes the work done to ensure members are appropriate for that level of care, referred to as Nursing Facility level of care (NF LOC), completion of the OBRA paperwork when indicated, and when indicated to complete the required work in MMIS which informs DHS as to what members are in the nursing home, as well as allows providers to be paid properly.

The below outlines specific tasks related to PAS and care coordinators based on the members product and waiver status. This list does not include all tasks that a care coordinator must complete when someone enters a SNF, NF or Swing Bed, but just those tasks related to PAS found in DHS bulletin 19-25-02

Bulletin 19-25-02, Attachment A, pages 18-20, highlight duties of the Health Plan Care Coordinator compared to the others (FFS, county/tribe waiver workers). Always refer to the DHS webpage for the current bulletins.

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs-312940

MSHO/MSC+ (not open to EW)

- For MSHO/MSC+ members not open to EW:
    - The Care Coordinator completes the OBRA level 1 (DHS #3426) form annually and with change of condition reassessments and keeps this in the member's record.
- For members entering a SNF/NF/Swing Bed:
    - The Senior Linkage Line (SLL) sends to Medica the Pre-Admission Screening (PAS) document which is forwarded to the Care Coordinator.
    - The Care Coordinator completes the MMIS entry using DHS Form # 3427T (also known as telephone screen document).
    - The Care Coordinator sends the PAS and current OBRA level 1 form to the SNF, NF, Swing Bed facility.
    - If the member triggers for an OBRA level II screening to be done, the care coordinator is to notify the appropriate county and send them the OBRA level 1.
    - The Care Coordinator will be involved in discharge planning activities.
- For members who are planning to enter a SNF/NF and level of care cannot be established (see note on PAS under *Level of Care Result*):
    - Care Coordinator is to complete a face to face assessment with the member using DHS Form 3427, and enters this into MMIS prior to the admission

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MSHO/MSC+ on EW

- For MSHO/MSC+ members open to the EW:
    - The Care Coordinator completes the OBRA level 1 (DHS #3426) form annually and with change of condition reassessments and keeps this in the member's record.
- For member entering a SNF/NF/Swing Bed:
    - The SLL sends to Medica the PAS document which is forwarded to the Care Coordinator.
    - The Care Coordinator sends the PAS and current OBRA form to the SNF, NF, Swing Bed facility
    - If the member triggered for an OBRA level II screening to be done, the care coordinator is to notify the appropriate county and send them the OBRA level 1.
    - The Care Coordinator closes the waiver through the MMIS waiver exit process done when members exit the waiver based on nursing facility placement by the 30th day of placement.

        - Note: A 3427T screening document is not necessary for members on the Elderly Waiver (EW) as level of care had already been established.
    - The Care Coordinator will be involved in discharge planning activities.

MSHO/MSC+ on CAC, CADI, BI waivers

- For members on CAC, CADI and BI waivers:
    - For members on CAC, CADI and BI, the care coordinator does not complete the OBRA level 1 form annually, this is done by the lead agency/waiver worker.
- For member entering a SNF/NF/Swing Bed:
    - The SLL forwards the PAS to Medica for notification purposes only and to the county of financial responsibility for CAC, CADI, and BI waiver participants who will conduct PAS duties.
    - Care Coordinator is to be aware of the admission, and work collaboratively with the waiver case manager and be involved in discharge planning.
    - The county/lead agency/waiver worker is responsible to establish NF LOC, complete the OBRA and send to the facility and enter the DHS 3427T into MMIS.

MSHO/MSC+ on DD waiver

- For members on the DD waiver:
    - For members on the DD waiver, the Care Coordinator completes the OBRA level 1 (DHS# 3426) annually and with change of condition reassessments.
- For member entering a SNF/NF/Swing Bed:
    - The SLL forwards the PAS to Medica and to the county of financial responsibility for DD waiver participants
    - The Care Coordinator sends the PAS and current OBRA form to the SNF/NF/Swing Bed facility
    - The Care Coordinator completes the MMIS entry using DHS Form # 3427T.
    - Care Coordinator is to work collaboratively with the DD waiver case manager and be involved in discharge planning.
    - Note: The waiver worker will complete additional entry into MMIS related to the OBRA Level II and DD screening document.

SNBC/ISNBC

- For SNBC/ISNBC members not on a waiver:
    - The Care Coordinator completes the OBRA level 1 (DHS# 3426) annually and with change of condition reassessments
- For member entering a SNF/NF/Swing Bed:
    - The SLL sends to Medica the PAS document which is forwarded to the Care Coordinator.
    - The Care Coordinator sends the PAS and current OBRA form to the SNF/NF/ Swing Bed facility
    - If the member triggered for an OBRA level II screening to be done, the care coordinator is to notify the appropriate county and send them the OBRA level 1.
    - The Care Coordinator completes MMIS entry using DHS Form # 3427T (also known as telephone screen document).
    - The Care Coordinator will forward the PAS information to the county of financial responsibility for relocation assistance and access to HCBS programs and services.
    - If the person is under 21 years of age, the Care Coordinator will refer to the county of location for a MnCHOICES assessment.
    - The Care Coordinator will be involved in discharge planning activities.
- For all members who are planning to enter a SNF/NF and a level of care cannot be established through SLL process:
    - The SLL will forward the PAS to the health plan to make the referral for an in-person assessment to the county where the hospital or clinic is located (to complete required Face to Face visit). The Care Coordinator is to forward this to the county ASAP. Follow-up may be required by the care coordinator to ensure that the county received this information.

SNBC/ISNBC on CAC, CADI, BI, DD waivers

- For SNBC/ISNBC members on waivers entering a SNF/NF/Swing Bed:
    - The SLL forwards the PAS to the health plan for notification purposes only.
    - Care Coordinator is to be aware of the admission, and work collaboratively with the waiver case manager, and be involved in discharge planning.
    - The county/lead agency/waiver worker is responsible to establish NF LOC, complete the OBRA and send it to the facility and enter the DHS 3427T into MMIS.
    - The Care Coordinator will be involved in discharge planning activities.

Other important items:

PAS dates for MMIS entry: Health plans use the date the online information was submitted as included on the referral forwarded by the Senior LinkAge Line, (not the date the referral was forwarded by Senior LinkAge Line).

OBRA Level II determinations: Per the DHS bulletin, the county should be sharing with the Care Coordinator the outcome of the OBRA Level 2 process. If the Care Coordinator has not received this information, they can reach out to the county for more information.

MSHO/MSC+ Essential Community Supports program members: When Medica is providing *care coordination,* the care coordinator performs the activities related to the admission to a nursing facility of a person on a waiver or Essential Community Supports (ECS) programs. The Senior Linkage Line will send the PAS to Medica, along with a message that the members ECS will need to be closed in MMIS within 1 day. See bulletin for more information.

Exemptions to the PAS process: There are 4 scenarios where a member may not need to go through formal PAS process in order to enter a SNF/NF/Swing Bed setting. Members meet this criteria infrequently. See the bulletin for more details.

Members in need of emergency admission to a nursing facility: This happens infrequently. The SLL will work with the facility to ensure any statutory criteria is met and will send the PAS form to the health plan indicating the date of the PAS (which is then entered into MMIS by Care Coordinators).

OBRA Level II referrals-where to send these: When a member is planning to enter a SNF/NF/Swing bed and based on the OBRA Level I, the member is in need of a Level II, per the bulletin the following applies:

- OBRA Level II referrals for <u>mental health conditions</u> are sent to the county of hospital or clinic location.
- OBRA Level II referrals for <u>developmental disability or related conditions</u> are sent to the county of financial responsibility.