

PASRR Training FAQs

Q1: Can you review implications for payment if a RR is not completed timely?

A: In accordance with OAC 5160-3-15.2(K): Nursing facilities are subject to Medicaid post payment recoupment of funds for the number of days PASRR requirements were not met for the resident in accordance with 42 C.F.R. 483.12.

Q2: What is the obligation of the nursing facility if they discover after the fact that they did not complete the RR (e.g., one year later)?

A: In accordance with OAC 5160-3-15.2 (C): A Resident Review must be completed when the individual has experienced a significant change in condition as defined in OAC 5160-3-15 of the Administrative Code. The Resident Review must be submitted within 72 hours following the identification of the significant change.

Q3: Several times the statement was made during this training that a RR can be done due to no PASRR record, but the 3622 option indicates "NF Transfer, No Previous PAS/RR Records". How can they use that option if the consumer did not transfer from a NF?

A: The "NF to NF Transfer- No PASRR Records" is the only selection available in HENS to document both NO PASRR records upon admission and during a NF-to-NF transfer currently.

Q4: Due to 1135 Waiver, Does the Level II Determination need to be issued by 30th day of NF stay, or does the Level II review just need to be started?

A: The expectation is that the PAS (L1) be completed and submitted prior to admission when or if possible, prior to NF-admission. In situations where there is hardship that prevents the completion and submission of the PAS prior to a NF-Admission due to COVID-19 the PAS (L1) may be delayed up to 30 days. That said, the PAS is used to screen for indications of SMI &/or DD and are verified and confirmed via the L2 evaluation and determination. Per CMS, individuals that are admitted to a NF and have a mental illness (MI) or developmental disability (DD) should be referred for a level 2 evaluation and determination immediately following the completion of a level 1 screening. For this reason, it is imperative that the L1 be completed ASAP and preferably prior to admission to ensure the health, safety, appropriate setting, and services of individuals.

Q5: If No PAS/Exemption completed prior to NF admission, and NF submits PAS that goes for Level II Review but is denied, can a LOC be issued back to admission date if requested due to be "treated like a hospital exemption".

A: The 1135 waiver does allow an individual to be admitted to a NF without completed PASRR requirements or a 7000 (hospital exemption) by allowing those requirements to be completed up to and including the 30th day post-admission. So, if the PAS is completed on or before the 30th day post admission, the LOC may be backdated to the date of admission as this is the date the PASRR requirements will have been met. If an adverse Level II determination is received after the submission of a delayed PAS, the NF is expected to issue a 30-day notice of discharge in accordance with ORC 3721.16 and which would allow the NF payment of NF services for an additional 30 days following the adverse PASRR. It is also very important to note that the 1135 waiver does not altogether waive the requirement for the PASRR requirements to be completed, and the NF is still responsible to complete the Resident

Review, the waiver only allows for an additional 30 days for those requirements to be completed post-admission.

Q6: When you designate another individual to complete the PAS/RR where does this get documented?

A: A statement on official company letterhead reflecting the designation of the qualified submitter to a designee. The document should include the following information:

1. Name, title, license # if applicable and contact number or email of the qualified submitter as defined in OAC 5160-3-15.1
2. Name, title, contact number or email of the non-qualified submitter being designated as the PASRR submitter by the qualified submitter
3. Statement of what responsibility is being delegated to the designated submitter (i.e., I XXX designate XXX to complete and submit Preadmission screenings and Resident Review (ODM 3622) in accordance with OAC 5160-3-15.1 and 15.2 for (name of nursing facility) on my behalf)
4. Include effective date of designation and end date if applicable.
5. The document should also include the following statement:
I (enter qualified submitter name) understand that screening and Resident Review information submitted on my behalf by (enter designee name) may be relied upon for the payment of claims from Federal and State funds, and any willful falsification or concealment of a material fact may be prosecuted under Federal and State laws.
6. The document must be signed and dated by both parties.
7. A copy of the document must be uploaded with the PAS and/or Resident Review upon submission.

Q7: For a resident with a primary diagnosis of dementia, if there is a decline or improvement in mood, and other functioning triggering a significant change MDS assessment, is a RR required?

A: Not necessarily. OAC 5160-3-15.2 states that a Resident Review is required whenever the resident experiences a significant change in condition as defined in OAC 5160-3-15 and that change has a material impact on their functioning as it relates to their mental illness or developmental disability status.

OAC 5160-3-15 defines 'Significant change of condition' as *"any major decline or improvement in the individual's physical or mental condition, as described in 42 C.F.R. 483.20, as in effect on July 1, 2019 and when **at least one of the following criteria is met:***

(a) There is a change in the individual's current diagnosis(es), mental health treatment, functional capacity, or behavior such that, because of the change, the individual who did not previously have indications of a SMI, or who did not previously have indications of a DD, now has such indications; or

(b) The change is such that it may impact the mental health treatment or placement options of an individual previously identified as having SMI and/or may result in a change in the specialized services needs of an individual previously identified as having a DD

Please review the response for question 9 below for more information.

Q8: The guidelines shown for psychiatric hospitalization stay submit RR within 24 hours of return. But previously you said a RR must be done on discharge to the psychiatric hospital AND return. Can you please clarify?

A: OAC 5160-3-15.2 (C) states that a Resident Review must be completed when:

- The individual has experienced a significant change in condition as defined in rule 5160-3-15 of the Administrative Code. The Resident Review will be submitted within seventy-two hours following identification of the significant change, and when
- The individual had been in a NF and was admitted directly into a different NF following an intervening hospital stay for psychiatric treatment or was readmitted to the same NF directly following a hospital stay for psychiatric treatment. A Resident Review for a significant change in condition will be submitted within twenty-four hours of the individual's NF admission to a different NF or readmission to the same NF 5160-3-15.2(C)(2)

The nursing facility is required to submit two Resident Review in this instance. A Resident Review before the resident is transferred to psychiatric facility I- as their behaviors are escalating as a “Decline” within 72 hours of identifying the decline AND another Resident Review within 24 hours of the residents return to the nursing facility from the psychiatric hospital stay.

Q9: When does a RR need to be submitted? mental changes, mental diagnosis added, or resident going to hospice or had a stroke?

A: OAC 5160-3-15.2 states that a Resident Review is required whenever the resident experiences a significant change in condition as defined in OAC 5160-3-15 and that change has a material impact on their functioning as it relates to their mental illness or developmental disability status.

OAC 5160-3-15 defines 'Significant change of condition' as *“any major decline or improvement in the individual's physical or mental condition, as described in 42 C.F.R. 483.20, as in effect on July 1, 2019 and when at least one of the following criteria is met:*

(a) There is a change in the individual's current diagnosis(es), mental health treatment, functional capacity, or behavior such that, because of the change, the individual who did not previously have indications of a SMI, or who did not previously have indications of a DD, now has such indications; or

(b) The change is such that it may impact the mental health treatment or placement options of an individual previously identified as having SMI and/or may result in a change in the specialized services needs of an individual previously identified as having a DD

For example: *The submission of a Resident Review for significant change in condition for a resident entering hospice would depend on whether entering hospice represents a change from the residents’ medical teams usual focus of treatment identified in their plan of care. Usually signing up for hospice represents that the medical team has made the decision that the previous treatment is no longer effective, and a change is required.*

The PASRR Technical Assistance Center guidance to states has been that in instances where the individual was previously identified by PASRR to have mental illness, developmental disability, or a

related condition, the following conditions may be noted as the reason for referral (note, this is not an exhaustive list):

- A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.
- A resident with behavioral, psychiatric, or mood-related symptoms that have not responded to ongoing treatment.
- A resident who experiences an improved medical condition—such that the resident’s plan of care or placement recommendations may require modification.
- A resident whose significant change is physical, but with behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, that may influence adjustment to an altered pattern of daily living.
- A resident who indicates a preference to leave the facility. (This preference may be communicated verbally or through other forms of communication, including behavior.)
- A resident whose condition or treatment is or will be significantly different than described in the resident’s most recent PASRR Level II evaluation and determination.

In instances where the individual had not previously been found by PASRR to have a mental illness, developmental disability, or a related condition, the following conditions may be noted as the reason for referral (note that this is not an exhaustive list):

- A resident who exhibits behavioral, psychiatric, or mood-related symptoms suggesting the presence of a diagnosis of mental illness as defined under **42 CFR §483.102** (where dementia is not the primary diagnosis).
- A resident whose intellectual disability as defined under **42 CFR §483.102**, or whose related condition as defined under **42 CFR §435.1010**, was not previously identified and evaluated through PASRR.
- A resident transferred, admitted, or readmitted to a NF following an inpatient psychiatric stay or equally intensive treatment.

Q10: What can be done if most of the 7000's received from the hospitals are missing MH dx's, causing me to submit PASRR sooner than the expiration of the 7000?

A: The nursing facility is responsible to ensure that:

1. the HE criteria and all applicable requirements of Ohio Administrative Code have been met; and
2. the HE notification form for 100% accuracy and completion prior to admission.

Therefore, it is recommended that the nursing facility reach out to the hospital submitter and discuss the issue so that future submission of the ODM 7000 can be complete.

Q11: When 7000 is missing dx information when RR option do, we choose? NF to NF Transfer- No PASRR Records or sig change, or expiring hospital exemption?

A: The only viable Resident Review reason selection when a 7000 is missing information that has a material impact on the individual’s functioning as it relates to their mental illness or developmental disability is a significant change in condition.

Q12: There was a screen that said the PAS is not considered complete until a complete and "accurate" Level I screen is submitted. If the NF doesn't accurately complete the screen, i.e. doesn't address diagnoses of serious mental illness or functional limitations so it doesn't get forwarded to OOHIOMHAS for Level II, who then determines the accuracy of the Level I, and therefore, that the PAS is then complete?

A: The Ohio Department of Medicaid is responsible for PASRR compliance. Therefore, in instances when the NF does not accurately complete the Level I PAS are discovered either by state audit or PAA, the PAS Level I should be submitted to ODM for review and determination. If ODM determines that the PAS Level I does not meet PASRR requirements, ODM will refer the case for post payment recoupment for NF days in which PASRR requirements were not met in accordance with OAC 5160-3-15.1.

Q13: If a mental dx needs to be added, can it be done under Significant Change...ie: anxiety or depression that was missed on PAS or RR

A: It depends.

- If the nursing facility discovers subsequent information that needs to be added after a PAS was submitted and the initial PAS resulted in no indications of a PASRR disability, the nursing facility would have to submit a Significant Change in Resident Review in HENS.
- If the initial PAS indicated a PASRR disability and referred for a Level II review, the nursing facility would need to contact the Level II agency directly and advise them of the information.

Q14: Can you explain how the example of a broken leg or hospice enrollment qualifies for a significant change RR when PASRR is screening for SMI and DD?

A: The Level I screen is utilized to identify people with indications of SMI/DD/related conditions. If a person that has indications of SMI/DD/RC experiences a change in their medical or physical condition that requires a change in their plan of care, their treatment/placement options, and/or a change in the requirements of specialized services (these would likely be affected by a broken leg/hip or hospice enrollment) they must be addressed by the Level II agency. This is to ensure that the NF remains the most appropriate placement for them and any necessary recommendations are being made and followed. The approval for NF level of services was not made based on the presence of SMI/DD/RC, it was made based on another condition that led to the requirement of NF services.

Q15: Will there be trainings regarding how to answer questions on the 3622 about SMI and DD? It seems a lot of submitters need assistance in determining what constitutes a person with SMI (especially functional limitations) and DD and what kinds of things they should be considering when answering the questions in HENS about SMI, substance abuse and DD

A: Stay tuned for upcoming training opportunities on this topic. If you are a HENS user, you will be notified of all trainings via HENS notification. If you are not, then please email training interest to ODM at PASRR@medicaid.ohio.gov to be placed on training list. For now, submitters that have specific questions should submit them directly to the ODM PASRR mailbox: PASRR@medicaid.ohio.gov

Q16: Are hospitals required to submit hospital exemptions?

A: No. The hospital exemption can only be submitted by a non-psychiatric hospital when the individual meets the hospital exemption criteria in accordance with OAC 5160-3-15.1. When the individual meets the hospital exemption criteria, the submission of a hospital exemption may be submitted upon the hospital's discretion.

Q17: Would a standing policy on PAS delegation suffice as opposed to repeating this in every individual case notes?

A: No. The delegation of a designee by a qualified submitter is specialized and cannot be included in policy as a blanket delegation. Please refer to answer for question 6 above.

Q18: If individual does not meet, HE criteria (kept as observation, etc), does the SNF complete the level 1 pas or hospital?

A: The nursing facility must ensure that PASRR requirements have been met prior to nursing facility admission. Hospitals often submit the Level I PAS for the individual since the hospital has access to medical records and is familiar with individual's condition. However, the hospital has the discretion of determining whether they will submit the Level I PAS on behalf of the nursing facility.

Q19: Should NF's enter residents in HENS that had PASRR requirements on paper before HENS was required?

A: The nursing facility is not required to enter a PAS that was submitted manually prior to December 2019 in HENS. The nursing facility must maintain all manual PASRR records and outcomes submitted prior to December 2019 in the resident's case file in accordance with OAC 5160-3-15.1. The nursing facility is required to submit all subsequent Resident Reviews in HENS.

Q20: It is very rare that a HE or PASRR is available before admission from Hospital

A: No. Hospitals submit valid hospital exemptions and Level I PAS in HENS daily.

Q21: If an LSW is completing a level 1 does an RN need to cosign?

A: No. The Level I PAS must be administered by a qualified professional or an individual working under the direction of one of the qualified professionals listed below:

- Any person designated by the ODM, OhioOHIO MHAS or DODD
- Licensed social worker or licensed independent social worker
- Professional counselor or clinical counselor
- Hospital discharge planners
- Medical doctor or Doctor of Osteopathic Medicine
- Certified nurse practitioner, registered nurse, or clinical nurse specialist
- Qualified mental health or developmental disability professional

When an individual is submitting a Level I screen under the direction of a qualified professional, such delegation must be recorded in the resident's case file. Please refer to response for question 6 above.

Q22: Related to supporting documentation/upload required for POA/Guardianship. What does the submitter do if documentation is not available to them?

A: The submitter should not confirm that the individual has a POA/ Guardianship on the ODM 3622 when the proper documentation is not available. With regards to supporting documentation: When the submitters knowledge is obtained by the individual's family and the family does not have supporting documentation to confirm statements, the submitter should upload a document that states that the information pertaining to (specify question that requires the supporting documentation) was reported in reliance on information reported to submitter by the family.

Please send additional questions regarding this topic to PASRR@medicaid.ohio.gov for a response.

Q23: Should the psych unit at a hospital have a different name in HENS, or just use the main hospital name? like indicating psych? or behavioral health? does it matter?

A: No. The hospital should select "Regional Psychiatric Unit/Facility" as the individual's current location in HENS when the individual is seeking NF admission from a psychiatric unit at a hospital.

Q24: IF the NF waits until 29th day to initiate a PAS, and the individual trips, then the Level II determination is back AFTER day 30, how does that affect LOC date requested on admission date?

A: There are two responses that apply to this question:

1st Response: While the 1135 waiver is active during the PHE, it is allowable for NFs to complete the PAS requirements up to and including the 30th day post-admission. If the PAS is completed within that timeframe, the 1135 allows the date of admission to be the date the PASRR requirements will be considered to have been met, therefore, the LOC effective date can be backdated to the date of admission. If the individual trips for a Level II review, the Level II agency will be allotted the normal timeframe to complete their determination once the referral has been received.

2nd Response: NF Admission with a valid hospital exemption: When a NF admits an individual with a valid hospital exemption, OAC 5160- 3-15.1 states that the NF must initiate a Resident Review prior to the individual's 30th day in the NF when the individual requires s continued stay beyond the 30th day. If the Resident Review is completed within that timeframe, the date of admission will be the date the PASRR requirements will be considered to have been met, therefore, the LOC effective date can be backdated to the date of admission. If the individual trips for a Level II review, the Level II agency will be allotted the normal timeframe to complete their determination once the referral has been received.

Q25: Does the hospital have to file for an emergency waiver?

A: No. Since CMS issued national blanket waivers and ODM filed the 1135 waiver for the State of Ohio, individual providers/facilities do not have to take any additional actions to implement the emergency provisions identified in the waiver.

Q26: In the past I had to do a 3622 to admit someone because the transferring SNF did not have a 3622 and would not send the 7000. I was always to the understanding that the transferring SNF should have a transfer RR completed and that is all we needed as the receiving SNF. Is that correct?

A: That is correct. The transferring NF should have all PASRR records as the expectation is that the NF met PASRR requirements. But this is not always the case. The transferring NF refers to the NF where the resident currently resides, and the admitting NF is the NF that the resident is being transferred (admitted) to. The responsibilities of each are as follows:

Transferring NF is responsible for: (1) Providing the admitting NF with copies of all PASRR related documents for the resident and (2) Providing admitting NF written notice of resident's current PASRR status.

The admitting NF is responsible for: (1) ensuring the resident meets PASRR requirements prior to admission (2) obtaining copies of residents most recent PAS and if applicable RR determination and 3) to submit a RR in HENS prior to admitting when the resident has no PASRR records.

Q27: Define qualified submitter

A: The Level I may be filled out by a qualified staff identified by OAC 5160-3-15.1:

- Any person designated by the ODM, OhioOHIOHAS or DODD
- Licensed social worker or licensed independent social worker
- Professional counselor or clinical counselor
- Hospital discharge planners
- Medical doctor or Doctor of Osteopathic Medicine
- Certified nurse practitioner, registered nurse, or clinical nurse specialist
- Qualified mental health or developmental disability professional

or working at the direction of one of those identified by rule (i.e., MD, DO, RN, MSN, CNP, MSN, CNS delegating the responsibility to the LPN; LISW to LSW; PCC to PC, etc.). When an individual is submitting a Level I screen under the direction of a qualified professional, such delegation must be recorded in the resident's case file see response under question 6 for further details.

Q28: Are you saying for a sig. change review we must artificially make it trigger even if our truthful responses would not trigger to ensure it is reviewed?

A: No. If the questions in section E or F of the ODM 3622 are answered accurately the HENS will determine if the significant change should be referred for a Level II evaluation.

Q29: How long is a PASSR level 1 good for before it needs to be renewed?

A: A Level I PAS is the initial screening and does not "renew" while the individual remains a resident of the NF. However, the NF may need to submit a Resident Review in accordance with OAC 5160-3-15.2 when necessary. A new Level I PAS is required upon prior to a new NF admission.

Q30: What does the facility do if a hospital submits a hospital exemption after an admission?

A: The nursing facility must ensure that a Level I PAS is submitted, and the nursing facility has received a completed PAS determination prior to admission. A hospital exemption submitted after admission is invalid as it does not meet the hospital exemption requirements.

Q31: Can the significant change pasrr be completed along with Significant Change MDS date or does it need to be completed within the 72 hours that the significant change is identified? For example, someone admitting on hospice, should the pasrr be completed within 72 hours of the admission date or can it be done along with the MDS significant change?

A: OAC 5160-3-15.2 (C) states that a Resident Review must be completed when:

The individual has experienced a significant change in condition as defined in rule 5160-3-15 of the Administrative code. The Resident Review will be submitted within seventy-two hours following identification of the significant change

Q32: Is a diagnosis of quadriplegia a qualifying diagnosis of DD?

A: The diagnosis of quadriplegia can be a qualifying diagnosis providing the condition occurred prior to the person's 22nd birthday if you are uncertain when the condition manifested, you would mark unknown for the question regarding the 22nd birthday. It does not matter how the quadriplegia occurred (i.e. MVA, sledding/football/wrestling accident, etc.), only that the condition occurred prior to the person turning 22 years of age. It is also important to note the person must *currently* have limitations in their major life activity areas, it is not a requirement that the limitations occurred prior to the 22nd birthday.

Q33: If there is a rule-out, do you need to resubmit after 180 days?

A: No, unless the individual experiences a significant change in condition.

Q34: If there is more information learned after a PASRR is submitted, what should we do? Example: Medical Records discovers evidence of psychiatric hospitalizations.

A: OAC 51603-15.2(C) requires the nursing facility to submit a Resident Review within seventy-two hours when an individual has experienced a significant change in condition as defined in rule OAC 5160-3-15 of the Administrative Code or when the individual was admitted because of a negative Level I preadmission screening and there is subsequent evidence of possible, but previously unrecognized or unreported, SMI and/or DD.

Q35: What if the person has a clear of developmental disability but had never received an official diagnosis? Happens often with parental caregivers pass away and they did not utilize community services.

A: If you have a situation where a person is suspected to have an undiagnosed DD condition, you should complete the 3622 using the "Unknown" option for any of the questions in section F that pertain to this person. Or if you believe there is no developmental disability or related condition listed in their medical documentation and it is your opinion there should be, you can discuss with the person's clinician and submit a 3622 when there is documentation to substantiate a DD or related condition. It is important to note that there are many conditions that can be considered a DD or related condition depending on the age the condition manifested and how it affects them. The only way to know if it is a qualifying condition is to submit the 3622 and required documentation.

Q36: How do we ask for a copy of the Level II determination?

A: The NF must maintain a copy of all previous and current PASRR records in the residents file as it is an essential component of the resident's plan of care. If the NF has misplaced a copy of the PASRR record, and unable to obtain a copy of the determination from HENS because the 3622 was submitted via fax or email prior to the HENS requirement you should email PASRRDOC@dodd.ohio.gov to request a copy of the DODD Level II determination. Please call MAXIMUS at (833) 917-2777 to request a copy of the OhioOHIOMHAS Level II determination.

Q37: Does a new PASRR need to be completed when resident goes from short term rehabilitation (STR) to long term care (LTC)

A: A new PASRR submission will be based on the person's condition and previous determination. The PASRR determination doesn't differentiate between skilled care and long term care the way nursing facilities do. The approval for NF level of services was not made based on the presence of SMI/DD/RC, it was made based on another condition that led to the requirement of these services and an estimation of how long it will take to recover and return to the community.

Q38: Is there a pandemic exemption for hospitals to submit a HENS from observation or ER?

A: There is no PASRR related pandemic exemption for hospitals or nursing facilities to bypass PASRR requirements. A hospital only option is to submit a Level I PAS for individuals seeking admission to a nursing facility who are in the hospital in an observation status or located in the emergency room.

Q39: How do I get set up on the HENS/PASRR system?

A: Please submit your request to ODA_ISD_HelpDesk@age.ohio.gov or refer to page 5 in the HENS User Guide located on the HENS system landing page.

Q40: What happens if we submit a PAS for a patient that admitted from the community, unaware they were DD until after they admitted?

A: OAC 5160-3-15.2 (C) states that a Resident Review must be completed when:

The individual has experienced a significant change in condition as defined in rule 5160-3-15 of the Administrative Code. The Resident Review will be submitted within seventy-two hours following identification of the significant change

Q41: IF a PAS is submitted prior to NF admission and triggers for Level II-can the Waiver status be used for this admission?

A: The intent of the emergency waivers is to provide flexibilities for scenarios in which the PAS requirements cannot be completed prior to admission as normally required due to limited staff or resource availability. However, the 1135 waiver does apply to all new admissions and does allow an individual to be admitted to a NF without completed PASRR requirements. Although in this scenario the PAS has been completed prior to admission, the 1135 may still be applied if the individual is needing immediate admission to the NF and PASRR requirements will have been considered to have been met for LOC determination purposes. Please note however that the Level II determination processes and outcomes identified in OAC 5160-3-15.1 still apply and must be adhered to appropriately. Additionally, ODM continues to encourage all NFs and facilities to complete PASRR requirements prior to admission

and await Level II determinations as typically required whenever possible, as the emergency waiver and 1135 provisions are temporary and are only effective during the PHE, not ongoing.

Q42: If a resident is admitted to a NF then wants to be transferred to another NF a few weeks later can you still use the PAS from the hospital

A: Yes, if there has been no significant change in condition. If there has been a significant change in condition, then the transferring NF must submit a Resident Review in HENS and wait for the determination. The transferring NF must provide the admitting NF with all PASRR related documents in accordance with OAC 5160-3-15.1 and 15.2.

Q43: What is HENS versus PASRR?

A: HENS stands for Healthcare Electronic Notification System which is the name of state system used for PASRR submissions. PASRR stands for Preadmission Screen and Resident Review. The Preadmission or PAS portion of the acronym consists of a Level I screen and when applicable a Level II evaluation. The Resident Review or RR portion of the acronym is a post NF admission review that applies to residents of a NF and is administered in certain situations described under question #83 below.

Q44: A Resident admitted under a PAS with no indications of SMI or DD, but she was diagnosed with epilepsy while in the hospital at age 80 plus. When the NF saw the epilepsy diagnosis, were they required to submit an RR just due to the diagnosis?

A: Yes, the addition of a condition that is an indication of SMI or DD requires a submission of a “sig change” for the new diagnosis per OAC 5160-3-15. If the condition did not manifest prior to the age of 22 that question should be answered “No”. You will want to answer the remainder of the questions as appropriate for the person’s *current* condition. DODD and/or OHIOMHAS will review the documentation submitted along with the 3622 and make a determination based on the information found there. It is important to upload all requested documentation to complete the evaluation and determination for each person.

Q45: I thought the NF had to submit an RR when a person transferred out to an inpatient psychiatric stay. Is that no longer true? Does the RR just need to be submitted upon return? Can the NF accept the person back from an inpatient psych stay without an RR result?

A: Individuals readmitting from a psychiatric hospital or unit back to the NF after a brief stay are still considered NF residents for the purposes of PASRR. Therefore, such residents are permitted to return to a NF and await the issuance of the Resident Review determination. Please refer to answer for question 8 above for more information.

Q46: Is a PAS effective for 180 days?

A: Yes, when the individual has not been admitted to a NF within 180 days of the most recent Level II that was not a categorical determination, as defined in rule 5160-3-15 of the Administrative Code.

Q47: If a Hospice Patient goes to a NF, do they need a PAS or is this considered a Rule Out?

A: PASRR applies to ALL individuals seeking admission to a Medicaid certified nursing facility. A rule out is a Level II determination that is issued by the Level II entity on a case-by-case basis.

Q48: If a person is entering a NF that is private pay only, does a PAS need to be done for entry?

A: Yes. PASRR regulations apply to all applicants and residents of Ohio Medicaid certified NFs, regardless of the individual's method of payment (payor source)

Q49: Do new dx's of cerebral infarction, CVA, Parkinson's need to go under the DODD section of PAS?

A: It is important to consider all the person's diagnoses when completing section F. Section F of the PASRR/3622 is searching for people with indications of a developmental disability or a related condition. You should be considering all the person's conditions, not just the acute situation that brought them to the hospital – the CVA or Parkinson's. You would enter all the conditions that would be included in section F question 1. If the condition is a new onset condition at the age of 80 (i.e. the CVA) you would answer the subsequent questions as accurately as possible. If the person does trigger a Level II based on your answers, uploading all required documentation is the best way to get an expedited determination.

Q50: Some hospitals are sending people to NF's without a 07000 or PAS under the assumption that do not have to because of Covid. If the person does not have covid is a PAS or 7000 required by hospital?

A: Please note that the emergency blanket waivers apply to all individuals, not just those who have a positive COVID-19 test result. The 1135 waiver does apply to all new admissions and does allow an individual to be admitted to a NF without completed PASRR requirements or a 7000 (hospital exemption) by allowing those requirements to be completed up to and including the 30th day post-admission. Please note, the 1135 waiver does not waive the PASRR requirement but allows the PAS to be delayed up to 30 days post admission. It is the expectation and NF responsibility to ensure the PAS is completed per PASRR requirements.

Q51: What if there is a psych admission during an extension period?

A: An extension to a specified determination outcome is granted to allow NFs additional time for the completion of therapies or for discharge planning. If the resident is admitted to a psychiatric facility during the extension period, the NF must submit a Resident Review to allow the Level II entity to review the situation that led to the psychiatric admission and ensure the appropriate transitional services are in place. The psychiatric admission does not restart the extension approval time and the NF is still expected to discharge the resident before the expiration of the extension period, unless otherwise specified by the Level II agency.

Q52: If a NF must submit 2 Resident Reviews for a psych admit (one for the significant change and for the return) how would that work? For example, NF completed significant change within 72 hours of psych admit. They return to NF prior to determination being done. NF would then submit the 2nd Resident Review before the first one had a determination issued?

A: The NF must file a significant change in condition as explained under question 8 above. When MAXIMUS receives a Resident Review for a significant change within 72 hours of the psychiatric admission, MAXIMUS will issue a 14-day letter requesting that the NF notify MAXIMUS when the resident is returning to the NF, at which time MAXIMUS will proceed with the resident's evaluation.

Q53: Can even a psych unit/facility d/c someone to a NF without a PAS under the 1135?

A: Due to the unique circumstances surrounding individuals in a psychiatric hospital or psychiatric unit and the presumption that such individuals have an SMI, NFs who are seeking to admit individuals who are being discharged from a psychiatric hospital or psychiatric unit should contact ODM via the PASRR mailbox for approval prior to admitting these individuals. Please also note that even during the PHE ODM continues to encourage all NFs and facilities that can complete PAS requirements prior to admission (as normally required outside of the PHE) to continue to do so, thus ensuring proper adherence to regular processes, avoidance of improper placement of individuals and/or potential post-payment recoupment for non-compliant NF stays.

Q54: What if there is a mistake on the 7000/PAS form the Hospital? ex the Date of birth was wrong.

A: Please follow the guidelines described on page 29 and 30 of the HENS User Guide which can be obtained via the HENS landing page

Q55: On Hospital exemption where physician signs. We had approval for Electronic signatures. I am noticing that it says signature on file. Are we allowed to accept signatures on file on Hospital exemptions?

A: Yes, if the NF ensures that the hospital uploaded verification in the form of a discharge order/summary or another official document with the attending physician's certification attesting that the patient will not require more than 30 days of NF services from date of discharge to treat the condition for which he or she was treated for in the hospital.

Q56: Can Hospitals ER use emergency admissions to a NF through HENS if not able to admit to the hospital?

A: No. Hospitals are not authorized by federal and state PASRR rules to submit categorical determination requests in HENS.

Q57: Clarification question - hospital wants to send us a patient who is in observation - stating the need for PASSR has been waived - is this accurate?

A: Please note that the 1135 provisions apply to individuals seeking NF admission, not the individuals' status in the hospital or their COVID status. It is allowable for a NF to admit an individual from a hospital without a completed PAS or Hospital Exemption. However, the NF must complete the PAS on or before the 30th day post-admission. Please note that the 1135 waiver does not waive PASRR requirements it only allows a delay for the requirements to be met within the allotted 30-day time frame post-admission.

Q58: If a pt is in obs at hospital then does the hospital need to accept a PAS instead of a 7000?

A: This question is not clear. PASRR requirements do not apply to hospitals and so the hospital does not need to accept a PAS. The ODM 7000 is created and submitted by a hospital on behalf of the patient seeking NF admission therefore an ODM 7000 cannot be "accepted" by a hospital

Q59: What is the email for the sig change questions?

A: Submit all significant change questions to PASRR@Medicaid.Ohio.gov.

Q60: What do you do if HENS system is glitching and you are unable to complete a PAS until next day when system works? Who do you notify so if audited it shows you tried to complete PAS on admission day?

A: PASRR's cannot be backdated. A manual ODM 3622 may be submitted when HENS is down. Instructions on the manual ODM 3622 states that manual submissions of the form require authorization from the local PASSPORT Administrative Agency.

Q61: Would the sig change same apply for medications such as have Dx depression but now has medication for depression?

A: It is impossible to provide a blanket response to these types of questions as each case is unique and more information is required. Please refer to the answer for question 7 for guidance. If you still have specific questions, please submit it to PASRR@Medicaid.Ohio.gov.

Q62: Is a significant change in condition for an individual who was not a Level II required to be submitted? For example: they had a recent stroke and triggered a sig change on the MDS. They do not have any MH or DD diagnoses

A: It depends. It is impossible to provide a blanket response to these types of questions as each case is unique and more information is required. Please refer to the answer for question 7 for guidance. If you still have specific questions, please submit it to PASRR@Medicaid.Ohio.gov.

Q63: If a resident admits with a 30-day HE and then will be a long-term resident, do you only have to complete the Resident Review one time? Or is only good for 90 days?

A: When an individual is admitted to the NF with a valid hospital exemption and the NF subsequently determines that the resident will require NF services for more than 30 days a Resident Review is required to meet PASRR requirements. A hospital exemption is only an exemption from PASRR requirements for 30 days.

Q64: Can an Ohio SNF do a PASRR for a patient in an out of state Hospital? Attempted recently, but it would not give option to mark that patient was in the hospital, it was grayed out. Local office on aging stated hospital is required to do it. Please advise

A: The NF must submit a PAS and choose "Out of state PAS."

Additionally, pursuant to OAC 5160-3-15.1:

- When a non-Ohio resident has been determined or suspected to have an SMI and/or DD by the other state, the other state's Level II evaluation(s) of the individual and any additional supporting documentation must be submitted with the Ohio Level I screen
- Once the NF receives all the documentation, the Ohio NF must enter the information in the HENS system (if the transferring state does not have access to HENS) and attach all supporting documentation
- If the individual has indications of SMI or DD the Level I screen will be properly routed to the appropriate Level II entity. The appropriate Level II entity will review the supporting documentation and determine if additional information is required
- If no further information is required, the Level II entity will issue a determination

- The NF must not admit the individual until it has received the Level II determination

Q65: If a Resident was admitted to LTC prior to current PASRR process and does not have a 3622, should one be submitted?

A: Yes. The PASRR process has been a requirement since March 1987.

Q66: If a PAS is submitted and there is a SS# error, how is this best corrected?

A: Please refer to the guidelines described on page 29 and 30 of the HENS User Guide which can be obtained via the HENS landing page

Q67: if someone has a rule out from OHIOMHAS for dementia, but also has indication of DD...for subsequent RR's how does one complete section D without tripping the Level II the subject with the rule out?

A: The individual is only ruled out from the PASRR process on the 3622/PASRR that was submitted for that date/timeframe. If a person has a change of condition that meets the criteria for a RR submission, you must complete the 3622 in HENS per OAC 5160-3-15 and include all information relating to their diagnoses. The subsequent RRs submitted based on the changes in their condition constitute “new” PASRR processes that will need to be reviewed by both Level II entities. The previous Rule Out does not “stand” for the new PASRR process.

Q68: We have lots of residents with DD and we have been told by our local DD that a RR needs to be submitted every time someone goes to the hospital. Is that accurate?

A: If the person meets the criteria for a significant change (i.e., requires a change to the MDS, has a change that is not self-limiting such as a UTI, or requires changes to the care plan) then there should be a new RR completed. A new RR should be completed if there is a specified time given and the approval is about to expire.

Q69: Is there an exhaustive list somewhere of when to submit a RR?

A: OAC 5160-3-15.2(C) states that a nursing facility is required to submit a Resident Review for an individual who meets any of the following criteria:

- (1) The individual was admitted under the hospital discharge exemption as defined in rule 5160-3-15 of the Administrative Code and has since been found to require more than thirty days of services at the NF; or (2) The individual had been in a NF and was admitted directly into a different NF following an intervening hospital stay for psychiatric treatment or was readmitted to the same NF directly following a hospital stay for psychiatric treatment. A Resident Review for a significant change in condition will be submitted within twenty-four hours of the individual's NF admission to a different NF or readmission to the same NF; or (3) The individual has experienced a significant change in condition as defined in rule 5160-3-15 of the Administrative Code; or (4) The individual was admitted because of a negative Level I preadmission screening and there is subsequent evidence of possible, but previously unrecognized or unreported, SMI and/or DD; or (5) The individual received a categorical determination as defined in rule 5160-3-15 of the Administrative Code, and has since been found to need a stay in a NF that will exceed the specified time limit for that category.

Also please refer to the Nursing Facility Admissions: Most Common Scenarios for Preadmission Screening and Resident Review (PASRR) and Level of Care (LOC) Reference Sheet:
<https://medicaid.ohio.gov/static/Providers/ProviderTypes/LongTermCare/IICF/MostCommonScenarios.pdf>

Q70: Can level 2 outcome change where they are no longer a level 2?

A: A PASRR completed for a person with a DD or related condition will not change later where they wouldn't trigger. These conditions manifest in the person's developmental years and are lifelong conditions. There may come a time when DODD will determine a "Rule Out" for the person, however a "Rule Out" does not remove them from the PASRR process after that determination is made. If they require subsequent RRs based on significant change criteria (either improvement or decline) the review should trigger a Level II. A Rule Out is not for the rest of the person's life, it is specific to the PASRR process that was completed on that 3622 submission. Any future changes/updates should trigger a new Level II. A Level II determination completed for a person with an SMI may change where they will no longer require a Level II depending on the significant change that is reported. Overall, the Level II assessor will need to make this determination on a case-by-case basis.

Q71: If the hospital starts a 7000 and an error occurs and the facility then attempts to complete a PASRR and an error occurs, what should we do?

A: Contact the ODA HelpDesk at ODA_ISD_HelpDesk@age.ohio.gov.

Q72: "R" that went from SF to Psych and returned to SF what is the time from the PASRR needs to be completed in?

A: Within 24 hours of the individual's NF admission to a different NF or readmission to the same NF. OAC 5160-3-15.2 (C) states that a Resident Review must be completed when:

- The individual had been in a NF and was admitted directly into a different NF following an intervening hospital stay for psychiatric treatment or was readmitted to the same NF directly following a hospital stay for psychiatric treatment. A Resident Review for a significant change in condition will be submitted within twenty-four hours of the individual's NF admission to a different NF or readmission to the same NF 5160-3-15.2(C)(2)

Q73: Can a resident be admitted with Medicaid as primary payer with HE. If LOC is after admit date, will those days be subject to recoupment during adjudication

A: PASRR requirements apply regardless of payer source. When the resident requires a NF stay longer than thirty (30) days a RR shall be initiated by the NF in accordance with OAC 5160-3-15.2. When the LOC is approved after NF admission, the NF will not be subject to post payment recoupment for days in which PASRR requirements were met.

Q74: How long is a Level I PAS good for prior to an admission?

A: A Level I PAS that does not result in indications of a PASRR disability is effective on the date of admission. When an individual that has been determined not to have a PASRR disability and is not admitted on the effective date of the PAS, the negative Level I screen is effective for 14 calendar days

from date of the Level I determination. A delay of NF admission of more than 14 days of an individual with a negative Level I PAS would warrant a new Level I screen.

Q75: Often Hospice agencies will submit a respite request in HENS even when a person does not have a Level II condition. Will the NF need to complete a Resident Review when the stay exceeds 14 days even though the person does not trip the screen?

A: Yes. This is a requirement under OAC 5160-3-15.2(C).

Q76: Is a hospital exemption that has been submitted in HENS after the admission date now valid due to the blanket waiver?

A: No. A hospital exemption submitted by a hospital after NF admission is not valid. The NF must submit a Resident Review and select “No PASRR Records” as the reason. The “NF to NF Transfer- No PASRR Records” is the only selection available in HENS to document both NO PASRR records upon admission and during a NF-to-NF transfer.

Q77: If we do a PAS on HENS and the Level 1 screen determines there is no SMI or DD, are they okay to admit once we have that or do, must wait for the determination form before admitting?

A: A PAS submission for which there are no indications of SMI or DD will not result in a level II evaluation or determination to await results for. Please review OAC 5160-3-15.1(D)(3): Individuals determined to have no indications of a SMI and/or DD are not subject to a Level II evaluation. Such individuals are considered to have met PASRR screening requirements effective on the date an accurate and complete Level I screen was submitted. The printed result letter generated via HENS is evidence of PASRR compliance. Please review HENS User guide that can be accessed via the HENS landing page for more information

Q78: If a resident transfer to a NF from another NF and we have a PAS with no level 2 determination/no SMI/DD indications do we have to do a Resident Review before they admit as well?

A: This question is not clear. Not every individual would have a Level II determination on file. Per OAC 5160-3-15.1 and 15.2, the transferring NF is responsible for: (1) Providing the admitting NF with copies of all PASRR related documents for the resident and (2) Providing admitting NF written notice of resident’s current PASRR status.

The admitting NF is responsible for: (1) ensuring the resident meets PASRR requirements prior to admission (2) obtaining copies of residents most recent PAS and if applicable RR determination and 3) to submit a RR in HENS prior to admitting when the resident has no PASRR records.

Q79: How long has it been required that the PASRR be entered into HENS?

A: The Ohio PASRR rules requiring electronic submission of PAS/RR was effective December 2019.

Q80: Regarding qualified submitters, what about in the case in smaller NF's where the social worker is not required to be an LSW or a LISW. Are they still considered a qualified submitter in that case?

A: Please refer to the answer for question 30 above. If after review, you still have questions, please submit to PASRR@Medicaid.Ohio.gov.

Q81: Your slide show mentions level 2 PAS determinations are good for 180 days if they didn't enter NF. Is level 1 pas' with no indications also good for 180 days?

A: No, only a PAS that results in a Level II determination is effective for 180 days when the individual has not been admitted to a NF within 180 days of the most recent Level II that was not a categorical determination, as defined in rule 5160-3-15 of the Administrative Code.

Q82: Can an MCO request a NF to complete a new RR when the member has met discharge criteria, but the member is homeless and has nowhere to go?

A: No. Please submit related questions directly to PASRR@Medicaid.Ohio.gov for review.

Q83: Is an LPN considered a qualified submitter?

A: Please refer to the answer for question 30 above. If after review, you still have questions, please submit to PASRR@Medicaid.Ohio.gov.

Q84: what are the ramifications for the NF when a hospital submitted incorrectly completes a Level I screen? e.g. does not mark SMI or DD diagnosis that is clearly stated on the History and Physical.

A: The NF is responsible to review the PAS or hospital exemption submitted by the hospital for accuracy and completeness. In accordance with OAC 5160-3-15.2, if the NF determines that such omission of information or error would be a significant change in condition, the NF is required to submit a Resident Review within 72 hours of the discovery.

Q85: if a hospital exemption has expired, should the expiring hospital exemption Resident Review be completed asap or a PAS instead?

A: OAC 5160-3-15.1 states that the NF must initiate a Resident Review, as defined in rule 5160-3-15.2 of the Administrative Code, prior to the individual's thirtieth day in the NF when an individual requires a continued stay beyond thirty days.

Q86: If Admitting NF does not get PAS/Results from transferring NF should admitting NF submit PAS?

A: Yes. OAC 5160-3-15.1(I) states that the admitting NF is responsible for ensuring that all individuals have met the PASRR screening requirements as defined in rule 5160-3-15 of the Administrative Code prior to entering the NF

Q87: An Ohio resident coming from an out of state hospital. What should the receiving Ohio NF require from that out of state hospital and then what should the Ohio NF do?

A: OAC 5160-3-15(17), states that when an individual seeking admission to a Medicaid certified NF is not an Ohio resident the individual is considered a new admission. As a new admission, a non - Ohio resident must FIRST be screened for SMI and/or DD using Ohio specific PASRR Level I screen tool. When a non-Ohio resident has been determined or suspected to have an SMI and/or DD by the other state, the other state must submit the individual's most current Level II evaluation(s) and any additional supporting documentation with the Ohio Level I screen. A NF must not admit an individual who is NOT a resident of Ohio under a hospital exemption

Once the NF receives all the documentation, the Ohio NF must enter the information in the HENS system (if the transferring state does not have access to HENS) and attach all supporting documentation.

If the individual has indications of SMI or DD the Level I screen will be properly routed to the appropriate Level II entity. The appropriate Level II entity will review the supporting documentation and determine if additional information is required. If no further information is required, the Level II entity will issue a determination. The NF must not admit the individual until it has received the Level II determination.

Please send additional questions regarding out of state referrals to PASRR@medicaid.ohio.gov.

Q88: Is there any way for a nursing home to admit someone (say from an AL) in an emergency without a PAS?

A: During the public health emergency (PHE), the 1135 waiver allows an individual to be admitted to a NF without completed PASRR requirements by allowing those requirements to be completed up to and including the 30th day post-admission. The 1135 waiver is currently active and will remain active until the end of the public health emergency. It is also very important to note that the 1135 waiver does not altogether waive the requirement for the PASRR requirements to be completed, and the NF is still responsible to complete the PAS, the waiver only allows for an additional 30 days for those requirements to be completed post-admission.

Q89: Most of our hospital social workers only send us 7000's and no PAS. Is that still OK, if the facility does the RR after admission? Or must we have the hospital social workers complete a PAS on every admission before the facility admits them?

A: A 7000 is only valid, and the NF should only accept when the individual meets the hospital exemption criteria. Hospitals submitting a 7000 as routine form and not confirming that the individual meets the criteria for the submission of the 7000 are invalid and should not be accepted by the NF.

Q90: If a patient was admitted to a non-psychiatric hospital, does the NF still need to complete a PAS before the 7000 expires even if they are still in the hospital

A: OAC 5160-3-15.1(G)(6) states: When an individual is admitted under the hospital discharge exemption and is subsequently admitted to a hospital or transfers to another NF during the first thirty days of the individual's NF stay, the days in the hospital or previous NF count towards the individual's thirty-day hospital discharge exemption time period. A new hospital discharge exemption cannot be granted during the existing exemption time period.

Q91: How do we contact the Level II assessor. Is it only by the email provided or is there a phone # we can contact to expedite?

A: A PAS Level II will only be expedited when the individual is seeking admission to a nursing facility directly from a psychiatric facility or unit that is operated by the Department of Mental Health and Addiction Services. For questions regarding a PAS referred for a Level II evaluation for indications of an SMI or for the status of a case referral, contact Maximus directly at: 1-833-917-2777. For questions regarding a PAS referred for a Level II evaluation for indications of a DD or for the status of a case referral, contact DODD directly at: 1-614-466-6187 or email PASRRDOC@dodd.ohio.gov

Q92: For patient's discharging from the hospital, if they require a Level II determination, what I'm hearing is that the patient can discharge to the NF and the NF will follow up for the determination process?

A: Only during the Public Health Emergency (PHE). After the PHE ends, NF admission is not permitted until PARR requirements have been met. In this case, PASRR requirements are met once the NF has received a non-adverse level II determination from the appropriate agency.

Q93: How long does Maximus have to make a determination? Is there a set timeframe?

A: The Level II PAS evaluations must be completed within an annual average of 7 to 9 working days of referral by the entity that performs the Level I screen

Q94: I work for Hospice in the community, not an IPU. We frequently have a need for respite stay due to caregiver fatigue. Our staff does not have access to the respite screen. I believe we are set up as hospital staff. How can we get this changed to allow us access to respite admissions?

A: A categorical determination for respite can only be submitted in HENS by the nursing facility. Please contact the nursing facility and work with them to submit a categorical determination for respite.

Q95: How soon should a Level 1 pass or Level of Care be submitted for review when a patient is leaving an acute care hospital?

A: Per OAC 5160-3-14 (E), a desk review level of care determination is required within one business day of receipt of a complete level of care request when a patient is being admitted to a NF from an acute care hospital or hospital emergency room.

Q96: IN OUR AREA SINCE 2020 we have never had an ECF accept a patient without a 7000 or 3622 , This has been a problem since the hospital is in a bed crunch how can we fix this with the ECFS

A: NF's have the discretion as to whether they will use the 1135 waiver flexibilities for admission to their NF.

Q97: Discharging a patient to a NF from a psychiatric unit can be difficult and due to the Level II assessment, can delay discharge. Can the PAS request be made without the name of a nursing home listed? We often do not know where they are going to be able to go until the last minute.

A: The name of the NF is required. However, the submitter may change the name of the NF after submission.

Q98: If I start a HENS, can another DC planner complete/submit it?

A: All users that belong to that facility can edit/process the in-process documents. For more information, please refer to the HENS User guide locate on the HENS landing page.

Q99: Is there a possibility that OOHOMHAS and DD may do a training regarding how to fill out the SMI and DD sections of the 3622?

A: Upcoming Level II or Level I training will be communicated to all HENS users via a HENS notice.

Q100: If the hospital is unable to submit the exemption/PAS and patient is discharged to the NF. Once patient goes to the NF who becomes responsible for completion? Does the discharging hospital submit once able and back date? Or does the facility take on the responsibility?

A: It is the responsibility of the NF to submit a PAS for individuals seeking NF admission prior to admission. PASRR screens cannot be backdated. Hospital exemptions submitted after NF admission are invalid as such submission does not meet the hospital exemption criteria in accordance with OAC 5160-3-15.1.

Q101: How does the 7000 state "signature on file" for the physician as the physician does not complete the 7000. Isn't that delegating their signature

A: No. Signature of attending physician is expected either on the form itself or in a official document that is uploaded by the hospital upon the submission of the ODM 7000 in HENS.

Q102: If a PAS is started during a hospital stay, or community setting, and triggers for a further review but is admitted to the NF prior to the Further Review determination can a LOC go back to date of admission?

A: PASRR requirements are met once the NF receives a completed determination. Therefore, the LOC effective date cannot precede the date a complete PASRR determination was received by the NF.

Q103: In Ohio if a patient needs further review, we can send them to a nursing facility while the review is in process and DO NOT have to wait for the determination under the PHE waiver?

A: Yes, but only until the end of the PHE. After the PHE ends, such admissions will not meet PASRR requirements.

Q104: Who do we contact if an MD for some reason is new to the hospital and is not in the HENS system to be able for us to sign? What is that process?

A: Please email ODA directly at ODA_ISD_Helpdesk@age.ohio.gov

Q105: Can psychiatric hospitals due a significant change PASRR? If not, when is the significant change PASRR supposed to be completed when a resident is admitted to psych hospital from NF?

A: Only nursing facilities are able and responsible to submit Resident Reviews.

Q106: How long is a Level II (SM) determination letter good for (if there have been no changes in mh condition) since the determination letter was received? In this case, the determination letter was received for this pt's previous hospital stay back in 02/2021.

A: An individual will undergo a new Level I screen when: (1) The individual received a completed preadmission screening as defined in rule 5160-3-15 of the Administrative Code indicating that NF services are needed but the individual has not been admitted to a NF within one hundred eighty days of the most recent Level II that was not a categorical determination, as define in rule 5160-3-15 of the Administrative Code.

Q107: Just confirming that a hospital exemption could be submitted for someone who otherwise may require a level 2 assessment for SMI or DD (if they meet all the criteria for a hospital exemption)?

A: Yes.

Q108: In the past when an individual was in the ED or in observation status at the hospital, a categorical request was allowed and completed. Can you please advise what should be done when Level II is required in these scenarios?

A: A PAS must be submitted in HENS.

Q109: If a Level II is not completed prior to NF admission, and is completed by NF by day 30 but is Denied, how will a LOC be handled if requested prior to denial date (i.e. LOC requested for admission date).

A: During the public health emergency, the 1135 waiver allows an individual to be admitted to a NF without completed PASRR requirements by allowing those requirements to be completed up to and including the 30th day post-admission. So, if the PAS is completed on or before the 30th day post admission, the LOC may be backdated to the date of admission as this is the date the PASRR requirements will have been met. It is very important to note that as the waiver only allows for additional time to complete the PASRR requirements and does not completely waive the PASRR requirements, PAA staff must still ensure that a PAS has been completed on or before the 30th day post-admission before issuing a level of care determination. Therefore, as typically expected, LOC requests should not be submitted before PASRR requirements are completed, as they are still a required component for LOC determination.

Q110: In the new HENS system, there isn't an option for us (inpatient psychiatric unit) to do a Resident Review. Is this the responsibility of the NF? We have been doing the Resident Reviews the past 4 years and just need to know if we need to direct the NF to do those.

A: Yes, it is the responsibility of the NF. In accordance with OAC 5160-1-3-15.2(C)(2) The NF must submit a Resident Review when the individual had been in a NF and was admitted directly into a different NF following an intervening hospital stay for psychiatric treatment or was readmitted to the same NF directly following a hospital stay for psychiatric treatment. A resident review for a significant change in condition will be submitted within twenty-four hours of the individual's NF admission to a different NF or readmission to the same NF.

Q111: If a coworker starts a PAS but then is out sick then next day, can another coworker log in and complete it?

A: All users that belong to that facility can edit/process the in-process documents. For more information, please refer to the HENS User guide locate on the HENS landing page.

Q112: We see Hospital Exemptions for OhioHealth being completed by Riverside Staff when they are in our area Mansfield, Ohio could you please address if this is acceptable. We have always advised that the Riverside Staff need to have a separate user name for each hospital

A: User set up and access varies depending on entity. Questions pertaining to specific User access should be sent directly to ODA_ISD_HelpDesk@age.ohio.gov.

Q113: If a patient was sent to an acute care hospital from a Psychiatric hospital for a problem other than a psychiatric need (ie: Stroke) and they do not need to go back to Psychiatric hospital from acute hospital but rather to a NF, does hospital have to do a PASRR or can a HENS be done?

A: Individuals seeking admission to a NF from psychiatric hospital or unit are presumed to have a serious mental illness and require a Level II evaluation. In this instance the admission from psychiatric facility to a general hospital of an individual presumed to have a serious mental illness is a matter semantics.

The NF has an obligation to ensure that the PASRR requirements are met. As such, the NF must ensure that if the hospital submits the PAS on BEHALF of the NF that the hospital selects “Private or Regional Psychiatric Unit/Facility” as individual location in HENS. If not the NF is required to submit a Resident Review for significant change decline and review psychiatric hospital notes to ensure that the individual PASRR disabilities are identified in section E of the ODM 3622.

NFs must understand that PASRR requirements exist to ensure that individuals seeking admission to a NF as well as residents with a serious mental illness (SMI) and/or developmental disability (DD) are identified; appropriately placed in the least restrictive setting and receive the specialized services they require for their SMI or DD

Q114: I am a Pre-Admission reviewer with PAA 1 and it is also our understanding that a hospital exemption may only be done if the individual was in the community prior to the hospital, not another NF. We have seen several instances where the hospital completed a new exemption when someone was in an NF prior the hospital and transferring to a new NF upon discharge. Will you speak to this situation?

A: Individuals transferring from a NF to a non-psychiatric hospital for an intervening stay are considered NF residents and do not require a hospital exemption upon their return to the NF. Hospital exemptions are appropriate only for nonresidents seeking new admission to a NF when they meet the hospital exemption criteria detailed in OAC 5160-3-15.1.

Q115: If a hospital or NF makes an error on the 7000 or 3622 and sends a help desk request to ODA, when can they expect a response?

A: Resolution from the help desk depends on variables such as the information provided in the initial ticket, and the nature of the issue. Please email ODM at PASRR@medicaid.ohio.gov if you have not received a response from the ODA Helpdesk within 10 business days.

Q116: Can you clarify when a RR/ID needs to be completed when there is a MDS significant change? Are there situations when a RR/ID would not be needed when the resident has experienced a MDS significant change.

A: It is impossible to provide a blanket response to these types of questions as each case is unique and more information is required. Please refer to the answer for question 7 for guidance. If you still have specific questions, please submit it to PASRR@Medicaid.Ohio.gov.