

NUMBER

#19-25-02R

DATE

September 15, 2020

OF INTEREST TO

County Directors

Social Services Supervisors and
Staff

Tribal Health Directors

Long Term Care Consultation
Contacts

Nursing Facility Providers

Hospital Discharge Planners

Certified Health Care Home and
Clinic Staff

Managed Care Organizations

Senior LinkAge Line® Staff

Area Agency on Aging Directors

ACTION/DUE DATE

Effective 07/01/2019

Please complete PAS and other
activity as required for NF
admissions.**EXPIRATION DATE**

June 24, 2021

Preadmission Screening - Activity Required for Admission to MA- Certified Nursing Facilities

TOPIC

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.

PURPOSE

Communicate PAS Omnibus Budget Reconciliation Act (OBRA) Level I policy and practice for all admissions regardless of payer source. Communicate lead agency responsibility related to PAS and follow up activity

CONTACT

senior.linkage@state.mn.us for PAS OBRA Level I policy and protocols
DSD.ResponseCenter@state.mn.us for under 65 policy
dhs.nfloc@state.mn.us for NF Level of Care Criteria

SIGNED

DAN POLLOCK
Assistant Commissioner
Continuing Care for Older Adults Administration

TERMINOLOGY NOTICE

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

I. Background

Federal and state laws require that all people entering a Medical Assistance (MA)-certified nursing facility (NF), a certified boarding care facility, or a hospital “swing” bed receive a preadmission screening (PAS), regardless of the payer source for facility services, the anticipated length of stay or age of the person.

Senior LinkAge Line® staff conduct most PAS activities, with some exceptions, as described in Minnesota Statutes, section [256.975, subdivision 7 – 7c](#) governing the activities and services carried out by the Minnesota Board on Aging.

Preadmission screening includes nursing facility level of care (LOC) determination and screening people for developmental disabilities or mental illness, referred to as OBRA Level I screening. When PAS is referred to in this bulletin, it refers to both LOC determination and OBRA Level I screening people for developmental disabilities or mental illness. Resources related to OBRA Level II activities, which are more extensive evaluations based on referrals resulting from OBRA Level I screening, are located in [section X](#).

This bulletin outlines PAS policies and requirements, including:

- Initiation and **completion of PAS using online tools**;
- **Communication related to PAS** by Senior LinkAge Line with health care professionals, NF providers, managed care organizations (MCOs) and lead agency care coordinators/case managers;
- **Additional tasks to be completed by lead agencies** prior to and following admission, when applicable.
- **Information related to Medicaid Management Information System (MMIS) documentation** required to complete a PAS and ensure fee-for-service nursing facility payment for people participating in Minnesota Health Care Programs (MHCP).

[Attachment A](#) provides more succinct information about the communication processes and agency responsibility for PAS activities for the various populations described below. This table, referenced throughout the bulletin, shows communications from Senior LinkAge Line staff to lead agencies when PAS has been completed by Senior LinkAge Line, and additional tasks that must be handled by the lead agency when the PAS is completed by the lead agency.

[Attachment B](#) includes information about lead agency assessor and financial worker responsibility for communication with an individual about MA coverage of NF services based on in-person assessment.

[Attachment C](#) includes text developed by the Department of Human Services and used by lead agencies to notify an individual when the person does *not* meet NF LOC criteria based on an in-person assessment.

Nursing facility providers should also See Bulletin 19-25-03 for information about PAS, the required 90-day redetermination of LOC required for continuing MA payment for NF services, and claims preparation detail.

II. Purpose of Preadmission Screening (PAS)

PAS requirements apply to all admissions to a MA-certified NF, a certified boarding care facility, or a hospital “swing bed”¹, regardless of the payer source for facility services, anticipated length of stay or age of consumer. For purposes of PAS policy and requirements, the term “facility” or “NF” refers to all three settings throughout this bulletin. Unless an admission meets one of the exemptions outlined in [section VII](#), PAS must be completed *prior* to admission. No payment for NF services is to occur prior to the completion of required PAS.

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 activities²;
- 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.

III. Senior LinkAge Line and PAS

A. Senior LinkAge Line PAS Responsibility

Statewide responsibility for PAS, including OBRA Level I screening, is assigned to the Minnesota Board and is governed by Minnesota Statutes, section [256.975, subdivisions 7 – 7c](#). A PAS request is submitted by a health care professional seeking NF admission through [a single online site](#), and the request is sent electronically to the Senior LinkAge Line for processing. Senior LinkAge Line is responsible to perform PAS for all people *except*:

- People enrolled into one of the following prepaid Medical Assistance programs at the time of PAS submission:
 - Minnesota Senior Health Options (MSHO)

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

² OBRA Level II activities and requirements are not included in this bulletin. Please see [section X](#) for resource information related to OBRA Level II.

- Minnesota Senior Care Plus (MSC+)
- Special Needs Basic Care (SNBC)
- People on a Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), Elderly (EW) waivers or Alternative Care (AC) program
- People under the age of 21.

In these instances, the Senior LinkAge Line will forward information received through the online PAS site to the appropriate lead agency staff as described in Attachment A, who are then responsible for all additional PAS-related activity. More information is available in [sections IV, V and VI](#) about lead agency responsibility related to PAS.

B. Completing a Pre-Admission Screening Request Online

Who can request PAS?

Only a qualified health care professional can determine if admission to a nursing facility is appropriate. A qualified health care professional is the physician determining the need for nursing facility placement and writing the NF admission orders. Staff completing the online PAS request are limited to physicians within hospitals, clinics and hospice providers, or staff associated with these health care professionals, such as administrative staff or nurses within the hospital or clinic where the physician works.

Registered housing with services (assisted living) and other home care or home and community-based service providers are not considered qualified health care professionals for the purposes of initiating a PAS.

Using the [online referral site](#).

The request for PAS must be made through the online referral site; users are encouraged to bookmark this webpage for easy access. The online PAS process ensures:

- all required information is entered and valid
- timely verification that the PAS request has been received and is complete

If the health care professional does not have enough information to fully complete the PAS request online, they should complete the online form to the best of their ability and submit it. The health care professional can also use information provided by other health care providers, such as medical specialists and home care providers, if necessary, to complete and submit the online form.

Ensure the **Submit Referral button** has been clicked after completing the referral, and an output form containing a confirmation number³ (i.e. PAS#####) appears. If the “Submit” step is not completed, the referral has not be submitted to the Senior LinkAge Line. A step-by-step for completing the screening is available on the [online referral site](#).

³ The confirmation number is not a required element of the PAS, but provides documentation that the PAS was submitted successfully and serves as a reference for the Senior LinkAge Line if questions arise. The health care professional should print the request and results for their own records, as well as provide a copy to the admitting facility with other discharge paperwork in order to prevent delays in admission.

After submitting the PAS request

Once submitted, an initial nursing facility level of care (NF LOC) and OBRA Level I result will be communicated to the submitter as an output message on the confirmation view of the PAS website. This message will indicate whether further assessment is needed to determine level of care and/or complete OBRA Level II evaluation activities.

This information is also forwarded to the admitting nursing facility that was identified by the health care professional in the PAS referral. The Senior LinkAge Line typically completes or triages all PAS requests within one business day, with the exception of state-recognized holidays.

Referrals to lead agencies

When needed, the Senior LinkAge Line will forward a referral to the appropriate lead agency (county, Tribal Nation or managed care organization (MCO)) for:

- completion of PAS, and/or
- determination of NF LOC through an in-person assessment, and/or
- OBRA Level II evaluation activity.

The Senior LinkAge Line forwards a copy of the PAS output form to the NF, along with a letter that provides information about any referrals made to a lead agency. This letter also indicates that, should further evaluation be needed, the PAS is not final until the lead agency makes the determination. The lead agency contact information is included on the letter in the event the NF has questions or concerns.

IV. Lead Agency Responsibility for PAS

This section provides an overview of lead agency responsibility for PAS-related activities for people described in [section III.A](#) above. The lead agency is also responsible to:

- complete an in-person assessment when NF LOC cannot be determined by the SLL
- complete any OBRA Level II evaluation activity
- complete the PAS following the same timelines, procedures and MMIS documentation requirements

See [Attachment A](#) for detailed information about the referrals and other communications Senior LinkAge Line prepares and forwards to lead agencies.

A. When the SLL cannot determine NF LOC

For people **not enrolled in MSHO, MSC+, SNBC or an HCBS program**, Senior LinkAge Line will make a referral to the **county where the hospital or clinic is located** to complete an in-person assessment and make a final determination of LOC. This assessment must be completed within 20 days of referral and must be completed prior to admission.

For people **enrolled in MSHO, MSC+**, the Senior LinkAge Line will make a referral to **the MCO** to complete the in-person assessment to determine LOC prior to admission.

For people **enrolled in SNBC**, the Senior LinkAge Line **will forward the PAS to the MCO** to make the referral for an in-person assessment to the **county where the hospital or clinic is located**.

[Attachment B](#) includes information related to assessor communication with an individual and others related to the final LOC determination, including notice of action when the person does NOT meet NF LOC criteria.

[Attachment C](#) is text prepared by the Department of Human Services for lead agencies to include as part of the notice of action forwarded to a person following an in-person assessment for final LOC determination.

B. Assessment required for people under 65 following NF admission

As described in Minnesota Statute, section [256B.0911, subdivision 4d](#), all people under age 65 admitted to a facility must be visited by the **county of nursing facility location** within 80 days after admission. 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. This visit is required regardless of participation in Minnesota Health Care Programs.

The county of facility location will always be informed by Senior LinkAge Line about these admissions to support counties and Tribal Nations in the timely completion of the follow-up visit, regardless of other lead agency communications that may also occur, such as the communication to the county or Tribal Nation providing case management for a waiver participant, or the MCO for individuals in SNBC.

See the [Community-Based Services Manual](#) for additional information about MnCHOICES assessment requirements for people under age 65.

C. PAS for People Enrolled in Prepaid Medical Assistance Programs (MSHO, MSC+, SNBC)

Senior LinkAge Line forwards the PAS referral request to the person's managed care organization (MCO). Information about this referral to the MCO is also provided to the NF. The qualified professional assigned by the MCO completes all necessary PAS activity based on the information.

See [Attachment A](#) for the responsibilities of the MCO. Contact information for each MCO can be found on the [Minnesota Department of Human Services website](#) or by nursing facility providers when accessing the MN-ITS eligibility system.

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

Alternative Care (AC), Elderly Waiver (EW), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI) or the Brain Injury (BI) waiver programs:

Lead agencies complete PAS activity for people who are participating in the AC, EW, CAC, CADI or the BI waiver programs at the person's annual reassessment.

The Senior LinkAge Line forwards the referral request to the county of financial responsibility for CAC, CADI, and BI waiver participants, the county of residence for AC and EW fee-for-service participants, and the MCO for EW participants in MSHO or MSC+.

The lead agency sends the OBRA Level I (DHS form-3426) to the admitting nursing facility identified in the Senior LinkAge Line communication. The lead agency is also responsible to complete an in-person assessment if needed to determine NF LOC.

E. Developmental Disabilities (DD) Waiver

When the person is open to DD waiver **only**, the Senior LinkAge Line completes PAS, enters the PAS information into MMIS, and forwards the PAS to the *county of financial responsibility* (CFR) to complete OBRA Level II evaluation and documentation.

F. Essential Community Supports

The Essential Community Supports (ECS) program serves people who do *not* meet NF LOC. When a health care professional submits an online PAS request for an ECS participant, Senior LinkAge Line completes PAS based on the online request, and forwards the information to the **lead agency providing case management, including a request to exit the person from the ECS program**. In order to allow the Senior LinkAge Line to process the PAS and enter the data into MMIS, the lead agency should complete the exit in MMIS within one business day of receiving the referral, and notify the Senior LinkAge Line once completed. See [section IX](#) for MMIS information to complete this exit from ECS.

Also see [Attachment A](#), and the [Community Based Services Manual \(CBSM\)](#) for more information about admissions of home and community-based program participants.

V. People under Age 21

Regardless of the exemptions outlined in [section VII](#), or Senior LinkAge Line/lead agency responsibility outlined elsewhere in this bulletin, for all people under the age of 21, 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.**

This requirement is intended to prevent admission or shorten the length of stay of this population whenever possible by developing community support plans that will meet the person's needs in a less restrictive environment. Like other in-person assessments, this assessment can be used to authorize relocation service coordination for people who are MA-eligible.

If a NF admission cannot be prevented, the admission must be approved by DHS by calling **651-431-4300** or toll-free at **1-866-267-7655** or emailing DSD.ResponseCenter@state.mn.us. It is important to include that this person is under 21 in the subject line.

For additional information see the [CBSM Under 21 section](#). See [Attachment A](#) for under 21 referral direction.

VI. Meeting OBRA Level II Requirements for Admission to a Facility

An OBRA Level II evaluation is needed when a person is suspected to have or has a confirmed diagnosis of a mental health condition or a developmental disability or related condition, and is requesting admission to a nursing facility. A referral for an OBRA Level II evaluation is based upon the OBRA Level I information submitted to the Senior LinkAge Line via the online PAS form.

When Senior LinkAge Line completes PAS, Senior LinkAge Line will also make the referral for an OBRA Level II evaluation. When a lead agency is responsible to complete PAS, the need for an OBRA Level II is part of the communication forwarded by Senior LinkAge Line to the lead agency. It is the lead agency's responsibility to send the OBRA Level II referral to the appropriate county or Tribal Nation as defined below.

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

Senior LinkAge Line determines the county of financial responsibility (CFR)/Tribal Nation using:

- The most recently recorded CFR indicated in the Recipient Subsystem of MMIS, or
- If the person has no recipient record in MMIS, *and for purposes of PAS communication only*, the Senior LinkAge Line will use the **county of residence (COR) as a proxy for the CFR**.

Completion of PAS in and of itself does not establish or change a CFR for an individual. County or tribal financial workers determine the CFR according to the requirements in Minnesota Statutes, Chapter 256G (Unitary Residence and Financial Responsibility); any subsequent change to CFR assignment is also completed by a financial worker. If a county receiving this communication from Senior LinkAge Line or a lead agency does not agree that they are responsible to complete OBRA Level II, they must complete the OBRA Level II evaluation as required above and contact their financial worker division with any outstanding questions or concerns.

All required OBRA Level II evaluation activities must be completed prior to nursing facility admission, with the results provided to the facility, and the lead agency that made the referral, when applicable. See [Attachment](#)

[A](#) for communication related to OBRA Level II evaluations. For additional OBRA Level II evaluation resources, see [section X](#).

VII. Exemption from PAS Requirements

PAS includes both LOC determination for MA payment of NF service, and completion of OBRA Level I. Other payers of NF service, such as Medicare, long term care insurers, or the Veteran's Administration, each apply their specific payer criteria in determining coverage for NF service. Individuals with other payers are still subject to PAS, since all admissions are subject to OBRA Level I screening, regardless of payer source. There are four exceptions to the PAS requirement outlined below.

A. People Who Do Not Require an Online Referral Prior to Admission

Some people can be admitted to a nursing facility without the completion of an online PAS referral. They include:

1. **People in the community who have received an in-person assessment completed by a lead agency** (who are not on a waiver program or AC at the time of admission) can choose to enter a NF without an online referral, as long as they enter a facility within 60 days of the date of the assessment, and when the assessment outcome indicates the person meets NF LOC, and OBRA Level I has been completed.
2. **People who are participants in the waiver programs** (with the exception of the DD waiver and ECS program) or AC on the date of admission can choose to receive NF services without an online referral or additional in-person assessment, as long as they continue to meet NF LOC criteria at admission. See [section IV](#) for more information about admissions of people participating in these HCBS programs.
3. **People for whom the NF is providing respite service** as an enrolled out-of-home respite provider.

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

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

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

4. A person who is transferring between settings when the transfer qualifies as **an interfacility transfer** as defined in [VII.B](#) below.

B. Interfacility Transfers

An interfacility transfer, for purposes of exemption from PAS, is:

- A transfer from one certified NF in Minnesota to another certified NF in Minnesota, or
- A transfer from one certified NF in Minnesota to an acute care hospital and back to the same or different certified NF in Minnesota.

An interfacility transfer does not include a discharge to the community from one NF and the subsequent return to the same or another facility. An interfacility transfer does not include a discharge from an emergency or urgent care setting to a nursing facility, nor from a psychiatric hospital.

Note that, while a PAS is considered valid for up to 60 days after completion for purposes of NF LOC determinations for MA payment, **if a person has been discharged to the community, any subsequent NF admission is subject to OBRA Level I screening, since this is considered a new admission.** PAS must be completed for admissions after discharge to the community.

For more information about PAS policies and NF responsibilities, including information about interfacility transfers, please see Bulletin 19-25-03.

VIII. Additional Policy Information

A. MA coverage of NF services

- **MA program participants must apply specifically for coverage of Long-Term Care services** using the MHCP Request for Payment of Long-Term Care Services Form (DHS-3543), if they have not already done so. See the Health Care Programs Manual - [MHCP – LTC Requests and Applications](#). MA HCBS waiver program participants do not need to complete this application as this was already completed as part of eligibility determination for these programs.
- **Financial workers will not determine MA eligibility for Long Term Care services without documentation** that a person meets an institutional level of care. For purposes of NF LOC, the financial worker relies on the following forms and process:
 - A financial worker relies on DHS Form 1503 forwarded from the NF. MMIS claims edits look for the actual screening document that captures PAS and LOC information as part of NF claims payment verification editing.
 - A financial worker must receive DHS-5181 from a MnCHOICES assessor or MCO care coordinator to verify NF LOC determined through an in-person assessment, including any assessment that determines the person does NOT meet NF LOC.
- Financial workers will continue to communicate financial eligibility determinations to facility residents using DHS Form 4915, and to NF providers using DHS Form 3050.

B. When another state is involved

- When a person is seeking admission to a Minnesota MA-certified swing bed, nursing facility or boarding care facility and resides in another state or is transferring from an out-of-state hospital or other facility:** The Senior LinkAge Line must perform PAS for all persons seeking admission to a certified nursing facility, certified boarding care facility or MA-certified swing bed in Minnesota, regardless of the person's state of residence. In this case, the health care professional seeking admission (e.g. North Dakota hospital discharge planner) or the out-of-state nursing facility must complete the online PAS referral prior to admission. **Note:** Transfers from an out-of-state nursing facility to a Minnesota nursing facility are not considered exempt from PAS. Only interfacility transfers between Minnesota facilities can be considered exempt. If the OBRA Level I screening indicates a need for an OBRA Level II evaluation, Senior LinkAge Line will notify the Minnesota county responsible to perform OBRA Level II evaluation. For OBRA Level II MI it is the **county of the MN nursing facility**. For OBRA Level II DD it is the **county of financial responsibility**.
- When a Minnesota resident is seeking admission to a NF in another state:** The statute governing PAS and MnCHOICES does not require the Senior LinkAge Line to perform a PAS or the lead agency to complete an in-person assessment for a Minnesota resident that is being admitted to an out-of-state NF. In this case, the Minnesota hospital, or other health care professional seeking admission should follow the PAS requirements of the state where the admitting facility is located. However, if Minnesota MA is going to be the payer for the out-of-state NF care, the out-of-state facility must complete the online PAS request for entry into MMIS to allow for Minnesota MA claims payment. The state in which the admitting facility is located is responsible to complete any OBRA Level II evaluations for any Minnesota resident, regardless of admission source.

The completion of OBRA Level II activity by another state for a Minnesota resident, or by a Minnesota county for a person entering a NF in Minnesota, can be facilitated via fax or other remote communication with other health care professionals, and does not require that staff travel out of their state to complete OBRA Level II. Each state is responsible to ensure the evaluation is completed, documented and forwarded to the admitting facility.

C. Admission when PAS did not occur

- Emergency admission** to a certified NF, certified boarding care, or swing bed: An *emergency admission* is defined in Minnesota Statutes, section [256.975, subdivision 7b](#) governing PAS. Emergency admission from the community to a certified nursing facility prior to screening is permitted during Senior LinkAge Line nonworking hours when **all** of the following criteria are met:
 - o a physician has determined that delaying admission until PAS is completed would adversely affect the person's health and safety; **and**
 - o there is a recent event and the person is not able to live safely in the community, such as sustaining an injury, sudden onset of acute illness, or a caregiver is unable to continue to provide care; **and**
 - o the attending physician must authorize the emergency placement and document the reason that emergency placement is recommended;

- the Senior LinkAge Line must be contacted on **the first working day following the emergency admission. PAS referrals can be made online 24 hours** a day, including holidays. Senior LinkAge Line will retrieve the form on the next business day; **and**
- the consumer was admitting to the nursing facility from the community. This criteria also applies to a person who has had a hospital admission for observation (e.g., stabilization of medications), or for care in an emergency room without hospital admission and requires emergency admission.
- Senior LinkAge Line staff will use the admission date for the Activity Type (screening) Date in MMIS for qualifying emergency admissions when the criteria above are met. If these criteria are not met, the date of actual PAS is entered.
- After hours admissions from an in-patient hospital stay are not considered emergency admissions. The date of the PAS will be the date it was submitted to the Senior LinkAge Line, even if this is not the same date of admission.
- **When a NF admission occurs without PAS:** Minnesota Statutes, section [256B.0911](#) prohibits MA and private pay payments for NF services provided prior to the completion of required PAS. If a person is not exempt from PAS, the NF will not be paid until PAS or, if needed, an in-person assessment, has been performed and entered into MMIS. Protocols used by NF admissions staff should always include a method to verify that PAS documentation has been received. If a NF discovers an admission has occurred without PAS, the NF can access the online form and complete PAS using information from the Minimum Data Set (MDS) completed at admission and submit to the Senior LinkAge Line. The date PAS is completed will govern when MA payment of NF service will begin, not the date of admission. Nursing facilities should also see Bulletin 19-25-03 for more information.

IX. Documentation of PAS in MMIS

Senior LinkAge Line staff and MCO staff must document PAS activities using the MMIS LTC SDOC subsystem. Data to be entered into MMIS is captured in DHS Form 3427T, DHS Form 3427 (for in-person assessments), or in the online PAS referral output form.

All PAS staff must ensure that documentation of level of care and OBRA Level I screening are entered into the MMIS LTC SDOC subsystem as described in the manual, DHS 4625, *Instructions for Completing and Entering the LTC Screening Documents and Service Agreements into MMIS*. See Section XII for the web link to this manual, and the companion manual for MCOs, DHS 4669 and DHS 5020A.

Senior LinkAge Line cannot and is not responsible to enter information into MMIS for individuals in managed care programs listed in Section III, nor for individuals participating in the home and community-based programs referenced in this bulletin, or individuals under 21. The lead agency (MCO, Tribal Nation or county) is responsible to ensure appropriate documentation is entered into MMIS. The only exception is those on a DD waiver or ECS program who are not also on a managed care plan. In these cases, Senior LinkAge Line will enter the PAS into MMIS prior to a referral to the lead agency to complete appropriate HCBS and any OBRA Level II activity.

A. Dates Used in MMIS for Completion of PAS

The date PAS is completed is used for purposes of MA payment of NF claims. MMIS edits compare the date of PAS as documented in MMIS to the admission date on the claim. The date PAS was completed is valid for up to 60 days when compared to the NF admission date. Claims for dates of services provided prior to the date of completion of PAS will be denied for MA payment. Neither the Senior LinkAge Line nor lead agency staff can backdate completion of PAS in MMIS.

The date of PAS is established as follows:

- **Senior LinkAge Line** uses **the date the online form was submitted** when Senior LinkAge Line completes PAS, including any online request submitted directly from an NF.
- **MCOs** 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.
- When a **lead agency** receives a referral for in-person assessment to determine LOC, **the date of the in-person assessment** is used. The lead agency uses the date the PAS was entered into MMIS with LOC “to be determined” as the referral date when entering the in-person assessment into MMIS.

The **nursing facility** must always use the person’s **actual admission date** on every claim, as well as the dates of service billed on each individual claim, regardless of the payer source for any given period. The **financial worker** also uses the **actual admission date** in the Recipient File (not the date the person became MA eligible or any other date) to establish NF living arrangement. MMIS will look at the admission date on the claim and in the Recipient File information in MMIS to edit for all PAS requirements, including the valid screening date and the in-person visit timelines for people under age 65 admitted to facilities.

B. MMIS and Essential Community Supports

When a lead agency receives a request from Senior LinkAge Line to exit a person from the ECS program in order for Senior LinkAge Line to process and enter a PAS for NF admission, the lead agency will:

- Complete the exit within one business of receipt of the exit request from Senior LinkAge Line if possible.
- Use Activity Type 07 – Administrative Activity, Assessment Result 24 (Other) and Exit Reason 04 (NF admission) to complete the exit document.
- Use the date of NF admission as the Effective Date of the exit.
- Inform Senior LinkAge Line as soon as the exit is completed in MMIS so the PAS can be entered.

C. Other MMIS Requirements

MA fee-for-service payments will be made for NF services only when MMIS editing indicate that PAS requirements have been met. MMIS will compare claims for NF services to Long Term Care (LTC) and Developmental Disabilities (DD) screening documents to verify PAS completion. Failure to enter PAS information

into MMIS in a timely manner can result in delays or denials of payments for NF services. The information provided below pertains only to edits related to PAS. MMIS claims editing verifies that:

- PAS was completed in a timely manner related to the date of NF admission;
- The need for NF LOC is documented;
- An OBRA Level I screening for mental illness or developmental disability was completed;
- DHS approval is complete for people under age 21 and for people with developmental disabilities, and dates of services on claims match DHS-approved length of stay for these individuals.

X. Related Bulletins and Other Resources

- Information related to the Pre Admission Screening process, the online form and contact information is available on the [online referral site home page](#). Contact the Senior LinkAge Line at 1-800-333-2433 or via chat for assistance.
- More information about the Long Term Care Consultation program, MnCHOICES assessment, and community alternatives to facility-based services, can be found on the [Minnesota Department of Human Services website](#).
- Statutes cited this bulletin, and all other rules and statute, can be found at the [Minnesota Revisor website](#).
- The [Minnesota Department of Human Services website](#) contains information about NF LOC. Criteria can be found at [DHS-7028 and DHS -3361 for people under 21](#).
- All DHS forms referenced in this bulletin, as well as others that may be of interest, can be located on the [Minnesota Department of Human Services' website](#). Forms listed in this bulletin include:
 - DHS Form 1503: Physician's Certification for Nursing Facility Services
 - DHS 2497: Brochure - Promoting and Supporting Independent Community Living
 - DHS Form 3067: Developmental Disabilities Screening Document
 - DHS Form 3426: OBRA Level I Screening
 - DHS Form 3427: Long Term Care Screening Document – In-Person Assessments
 - DHS Form 3543: MHCP Request for Payment of Long Term Care Services
 - DHS 4625: Manual - Instructions for Completing and Entering Long Term Care Screening documents and service agreements in MMIS or DHS 4669 for the MSHO/MSc+ version of the same document or DHS 5020A for SNBC
 - DHS 4789: Brochure - Take the Road to Independence
 - DHS Form 5181: Lead Agency/Case Manager/Financial Worker Communication Form
 - DHS Form 2828A and DHS Form 2828B: Notice of Action, Lead Agency Assessor and Case Manager version, respectively
- OBRA Level II Policy Resources
 - DD Screening and DD Screening Document information can be found on the [Minnesota Department of Human Services website](#).
 - [Community-Based Services Manual LTCC](#)

- [Community-Based Services Manual OBRA](#)
- MI Screening information can be found on the [Minnesota Department of Human Services](#) website.
- For questions related to OBRA Level II for DD: dsd.obra@state.mn.us
- For questions related to OBRA Level II for MI: dhs.mh.pasrr@state.mn.us
- OBRA Level II Forms
 - DHS Form 3457: OBRA Level II Evaluative Report Form for people with mental illness
 - DHS Form 4248: OBRA Level II Evaluative Report Form for people with developmental disabilities
- Contact information for each MCO can be found on the [Minnesota Department of Human Services website](#).
- Information about assessment requirements for people under age 65, and for billing and payment information for these in-person visits can be found on the [Minnesota Department of Human Services' website](#).
- Minnesota health care providers can find additional policy, billing, and payment information on the [Minnesota Department of Human Services' website](#).
- Model contracts for prepaid Medical Assistance programs listed in this bulletin can be found at on the [Minnesota Department of Human Services' website](#).
- Federal regulations for PAS can be found at [Code of Federal Regulations](#)

Americans with Disabilities Act (ADA) Advisory

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

Attachment A: Senior LinkAge Line Triage Tip Sheet

Senior LinkAge Line® completes the majority of preadmission screenings without communication or referral to a lead agency. The table below provides information about those occasions or circumstances that result in such communication and/or referral. The table describes the person, the lead agency that will receive this information, and associated tasks, if any. In general, when these referrals and/or communications take place, the lead agency is identified as follows:

- The **county of location** performs
 - under 65 follow up visits
 - in-person assessments to make a final LOC determination when needed
 - in-person assessments for people under 21, and
 - OBRA Level II for MI
- The **lead agency providing case management** (county, Tribal Nation or MCO) performs activities related to the admission to a nursing facility of a person on the waiver, AC, or ECS programs.
- The **county of financial responsibility** performs activities related to OBRA Level II for DD for DD waiver and non-waiver individuals.
- The **MCO** performs PAS for people in MSHO, MSC+ or SNBC, and in-person assessments for LOC for people in MSHO or MSC+.

Because a person may fall under more than one category above, there may be more than one lead agency notification as indicated in the tables below.

SLL <u>does</u> conduct PAS in the following situations (and sends a referral and/or communication):	Who receives the referral from SLL?	Purpose of Referral and Next Steps
Under 65 – no SNBC or waiver	County or Tribal Nation of Nursing Facility Location	County or Tribal Nation will conduct a MnCHOICES assessment within 80 th days of admission to the NF.
Requires OBRA Level II MI Referral	County or Tribal Nation of Consumer Location	County or Tribal Nation will complete OBRA Level II activities.
Requires OBRA Level II DD Referral	County of Financial Responsibility	County will complete OBRA Level II activities.
Requires both OBRA Level II DD & MI	County of Financial Responsibility	County will complete OBRA Level II activities.

SLL <u>does</u> conduct PAS in the following situations (and sends a referral and/or communication):	Who receives the referral from SLL?	Purpose of Referral and Next Steps
Requires an OBRA Level II for MI or DD AND Person will be admitted to an out of state facility	Out of state NF provider	State in which nursing facility is located is responsible to perform OBRA Level II activity.
Requires an OBRA Level II for MI or DD AND Person will be admitted to MN NF from another state	For DD – Minnesota County of Financial Responsibility For MI - Minnesota County or Tribal Nation of Nursing Facility Location	State in which nursing facility is located is responsible to perform OBRA Level II activity. County or Tribal Nation will complete applicable OBRA Level II activities.
Essential Community Supports	County or Tribal Nation of Residence	County or Tribal Nation of Residence will exit the consumer from ECS and notify the Senior LinkAge Line once completed within one day of receiving the request to exit.
DD waiver AND Under age 65, not on SNBC	County of Financial Responsibility or Tribal Nation AND County or Tribal Nation of Nursing Facility Location	County of Financial Responsibility or Tribal Nation: <ul style="list-style-type: none"> • Conduct appropriate waiver activities • Complete OBRA Level II activities • Request DHS approval for admission County or Tribal Nation of Nursing Facility Location: <ul style="list-style-type: none"> • Conduct 80th day assessment.
DD waiver AND Age 65+, not on MSHO or MSC+	County of Financial Responsibility or Tribal Nation	County of Financial Responsibility or Tribal Nation: <ul style="list-style-type: none"> • Conduct appropriate waiver activities • Make OBRA Level II referrals • Request DHS approval for admission
Nursing facility level of care cannot be determined AND Consumer is not in managed care or enrolled in waiver/AC	County or Tribal Nation of Person's Location	County or Tribal Nation of Person's Location will conduct a face-to-face MnCHOICES assessment to determine level of care.

SLL <u>does not</u> conduct PAS in the following situations (and sends a referral and/or communication):	Who receives the referral from SLL?	Purpose of Referral/ Next Steps
MSHO or MSC+, including EW	MCO	MCO will: <ul style="list-style-type: none"> • Conduct OBRA Level I, NF LOC, MMIS data entry • Provide documentation to NF (DHS Form 3426) • Make OBRA Level II referral to county or Tribal Nation as appropriate • Provide relocation assistance as appropriate
MSHO or MSC+ AND CAC, CADI OR BI Waiver	MCO AND County of Financial Responsibility or Tribal Nation	MCO will: <ul style="list-style-type: none"> • Is made aware of admission County of Financial Responsibility or Tribal Nation: <ul style="list-style-type: none"> • Conducts appropriate waiver activities • Provides documentation to NF for NF LOC and OBRA Level I (DHS Form 3426) • Make necessary OBRA Level II referral to county or Tribal Nation • Forwards results of OBRA Level II evaluation to MCO, county or tribal case manager, and NF
MSHO or MSC+ AND DD Waiver	MCO AND County of Financial Responsibility or Tribal Nation	MCO will: <ul style="list-style-type: none"> • Conduct OBRA Level I, NF LOC, MMIS data entry • Provide documentation to NF (DHS Form 3426) County of Financial Responsibility or Tribal Nation: <ul style="list-style-type: none"> • Conduct appropriate waiver activities • Complete the OBRA Level II evaluative report • Enter DD SDOC into MMIS • Refer for a MnCHOICES assessment as appropriate • Forwards results of OBRA Level II evaluation to MCO, county or tribal case manager, and NF
SNBC Only	MCO AND County of Nursing Facility Location or Tribal Nation	MCO will: <ul style="list-style-type: none"> • Conduct NF LOC, OBRA Level I, MMIS data entry • Provide documentation to NF (DHS Form 3426) • Make necessary OBRA Level II referrals to county or Tribal Nation as appropriate • Forward PAS to the county of financial responsibility for relocation assistance and

SLL <u>does not</u> conduct PAS in the following situations (and sends a referral and/or communication):	Who receives the referral from SLL?	Purpose of Referral/ Next Steps
		<p>access to HCBS programs and services</p> <ul style="list-style-type: none"> If the person is under 21 years of age or if NF LOC cannot be determined, the MCO will refer to the county of location for a MnCHOICES assessment. <p>County or Tribal Nation of Nursing Facility Location will conduct 80th day assessment.</p> <p>County completing OBRA Level II will provide copy to NF and MCO.</p>
SNBC AND CAC, CADI or BI Waiver	<p>Managed Care Plan AND</p> <p>County of financial responsibility or Tribal Nation</p> <p>AND</p> <p>County or Tribal Nation of nursing facility location</p>	<p>MCO will:</p> <ul style="list-style-type: none"> Need to be made aware of admission but does not complete PAS <p>County of financial information or Tribal Nation:</p> <ul style="list-style-type: none"> Conduct appropriate waiver activities Provide documentation to NF for NF LOC and OBRA Level I Make OBRA Level II referrals to county or Tribal Nation as appropriate <p>County or Tribal Nation of nursing facility location will conduct 80th day assessment</p> <p>County completing OBRA Level II will provide copy to NF and MCO.</p>
SNBC AND DD Waiver	<p>Managed Care Plan AND</p> <p>County of financial responsibility or Tribal Nation</p> <p>AND</p> <p>County or Tribal Nation of nursing facility location</p>	<p>MCO will:</p> <ul style="list-style-type: none"> Conduct OBRA Level I, NF LOC, MMIS data entry Provide documentation to NF (DHS Form 3426) <p>County of financial information or Tribal Nation:</p> <ul style="list-style-type: none"> Conduct appropriate waiver activities Complete the OBRA Level II evaluative report Enter DD SDOC into MMIS Refer for a MnCHOICES assessment as appropriate Forwards results of OBRA Level II evaluation to MCO, county or tribal case manager, and NF <p>County or Tribal Nation of nursing facility location will conduct 80th day assessment</p>

SLL <u>does not</u> conduct PAS in the following situations (and sends a referral and/or communication):	Who receives the referral from SLL?	Purpose of Referral/ Next Steps
CAC, CADI or BI Waiver, Under 65	County of Financial Responsibility or Tribal Nation AND County or Tribal Nation of Nursing Facility Location	County of Financial Responsibility or Tribal Nation: <ul style="list-style-type: none"> • Conduct appropriate waiver activities • Provide documentation to NF of LOC and OBRA Level I (DHS 3426) • Make necessary OBRA Level II referrals to county County or Tribal Nation of Nursing Facility Location will conduct 80 th day assessment. County completing OBRA Level II will provide copy to NF.
CAC, CADI or BI Waivers, 65+	County of Financial Responsibility or Tribal Nation	County of Financial Responsibility or Tribal Nation: <ul style="list-style-type: none"> • Conduct appropriate waiver activities • Provide documentation to NF of LOC and OBRA Level I (DHS 3426) • Make necessary OBRA Level II referrals to county County completing OBRA Level II will provide copy to NF.
EW FFS OR AC	County or Tribal Nation of Residence	County or Tribal Nation will: <ul style="list-style-type: none"> • Conduct appropriate waiver activities • Provide documentation to NF of LOC and OBRA Level I (DHS 3426) • Make necessary OBRA Level II referrals to county County completing OBRA Level II will provide copy to NF.
Person is under age 21 ONLY OR Under 21 and on DD Waiver <i>(No SNBC enrollment. If SNBC enrollee, see SNBC rows.)</i>	County or Tribal Nation of Person's Location	County or Tribal Nation of Person's Location will: <ul style="list-style-type: none"> • Conduct in-person assessment • Make OBRA Level II referrals • Request DHS approval for admission. • If approved provide documentation to NF for NF LOC and OBRA Level I (DHS 3426). • Refer to county of financial responsibility for relocation services County completing OBRA Level II will provide copy to NF and county or Tribal Nation.

Attachment B: Lead Agency Communication - Level of Care Determination

Lead agency assessors make a final determination of NF LOC through completion of an in-person assessment when applicable. Only a lead agency assessor can provide notification that an individual does NOT meet NF LOC. When NF LOC cannot be determined using the online PAS process, Senior LinkAge Line® will make a referral to the *county where the person is located at the time of the request* to schedule and complete an in-person assessment. For individuals in MSHO or MSC+, the Senior LinkAge Line forwards the referral to the MCO to complete an in-person assessment.

When a lead agency assessor has completed an in-person visit with a NF applicant or resident for purposes of determining NF LOC, the lead agency will provide the person with:

- Information including the results of the NF LOC determination, and the meaning of the LOC determination for purposes of MA payment of NF services;
- Information that an NF resident will receive a notification from their financial worker about their MA *financial eligibility* for long-term care payment, including any changes to their MA eligibility status under long-term care for current MA participants.

Notice of Action – No NF LOC

For purposes of information related to NF LOC determinations, a “notice of action” is a communication from a lead agency related to a decision that affects eligibility for and access to long-term care services under MA. When it has been determined that a person does *not* meet NF LOC based on an in-person assessment, a notice of action is required, since this determination results in a denial or termination of MA payment for NF service.

For fee-for-service MA participants and applicants, the Notice of Action (DHS-2828A) is used to communicate this information. MCOs provide this notice using a “DTR” (denial, termination, reduction) template approved by DHS. Regardless of the type of notice used, all must contain information about the action taken, the reason for the action, the statutory or other legal basis for the action, appeal rights, request for continuation of services and timelines associated with this request, how to file an appeal, and other timelines.

DHS has created consumer information for use by lead agencies related to NF LOC determinations and notices of action. Lead agencies attach this information to the notice of action to ensure that the individual understands what a LOC determination means in terms of access to, or continuation of, nursing facility payment under MA, and clarification that this LOC determination **does not** affect other payer criteria such as Medicare. See [Attachment C](#) for this text.

For current NF residents, a 30 day advance notice is required. See information about communication with financial workers below.

Information about alternative supports available, including housing supports, the availability of relocation services coordination to assist in returning the community from the nursing facility, and the availability of Essential Community Supports (ECS) for individuals who qualify is also provided. A Community Support Plan is also developed as required under Minnesota Statutes, section 256B.0911 for individuals participating in an assessment.

Communication with and from Financial Workers

A *no sooner than* date that reflects the 30 day minimum advance notice requirement will be indicated on the Assessor/Case Manager/Financial Worker Communication Form (DHS 5181) forwarded by the assessor to the financial worker. For current NF residents, financial workers will determine the date when NF payment discontinues based on the *no sooner than* date indicated by the assessor, as well as financial eligibility notification requirements and timelines.

The following communication processes and tools will be used by financial workers as they relate to eligibility for MA payment of long-term care services for nursing facility residents.

- A financial worker relies on the Physician Certification Form (DHS-1503) forwarded by the NF to verify LOC at PAS and other information. Upon receipt of this information and verification that a person meets the financial eligibility requirements for MA payment of long-term care services, eligibility for MA payment of long-term care services is recorded in MMIS.
- A financial worker will not terminate MA payment of long-term care services based on LOC until DHS-5181 is received from a lead agency assessor indicating that an individual does not or no longer meets LOC.
- Financial workers will continue to communicate financial eligibility determinations to facility residents using the Medical Assistance (MA) Payment of Long-Term Care Services (DHS-4915) when a MAXIS notice is not generated. This form includes information about long-term care eligibility, effective dates of changes to long-term care and MA eligibility, and dates related to termination (or begin dates) of MA payment for long-term care services.
- Financial workers will continue to communicate with nursing facilities using the Minnesota Health Care Programs Long-Term Care/County Communication Form (DHS-3050).

Provider communication with residents

Provider requirements related to discharge notices and discharge planning requirements, including the requirement to assist in coordinating transfer to other services, remain in place. Nursing facility residents that do not meet level of care retain all applicable transfer and discharge rights pursuant to 42 C.F.R. §483.12. All nursing facility residents have transition support available through:

- Discharge planning carried out by the NF
- Transition support by contacting the Senior LinkAge Line at 1-800-333-2433
- The provision of Relocation Services Coordination (RSC) for MA participants
- Care coordination provided to managed care enrollees
- If eligible, through the Moving Home Minnesota (Money Follows the Person) initiative
- The Essential Community Supports program can help people age 65 and older who are not eligible for MA and who do NOT or no longer meet LOC. Go to Essential Community [Essential Community Supports](https://mn.gov/dhs/people-we-serve/seniors/services/home-community/programs-and-services/essential-community-supports.jsp) or <https://mn.gov/dhs/people-we-serve/seniors/services/home-community/programs-and-services/essential-community-supports.jsp> for more information about this program.
- If the resident is under age 60, the Disability Linkage Line® can also provide assistance and can be contacted at 1-866-333-2466.

Attachment C - Language for Lead Agency Notices

This language must be used in the lead agency notice when MA coverage for nursing facility services is denied or terminated on the basis of NF LOC determination. Counties and Tribal Nations can copy this text into the Notice of Action (DHS-2828A) or attach it to DHS 2828A; MCOs can include this text in their Denial, Termination or Reduction (DTR) notice. All other notice requirements – information about the change, providing the reason for action, the legal authority for the action, an effective date of the action, and so on - must also be reflected in the notice itself. Managed care organizations will prepare their DTR with the reason codes and associated text provided by the department.

Nursing Facility Residents - Nursing Facility Level of Care Not Met

Medical Assistance (MA) helps pay for the care received in a nursing home only if you meet what are called “level of care requirements” in addition to financial eligibility requirements. “Level of care” means that you must have certain kinds of needs, and need certain kinds of services, before MA will pay for your nursing home services. A “level of care” decision is made during an assessment visit.

You recently participated in a face-to-face assessment visit on _____ (DATE). Based upon information that you provided during the assessment, **it has been determined that you do not meet the Nursing Facility Level of Care.**

This means you do not qualify for MA payment of nursing home services because you do not meet the nursing facility level of care requirement. MA may still pay for your other services.

If you disagree with this decision about your level of care, you can file an appeal. **If you want your Nursing Facility services to continue during an appeal, you must file the appeal within 30 days of receiving this notice.** Directions for making an appeal are provided with this notice.

You will also receive a notice from your **financial worker** telling you about any changes to your MA eligibility that may result from your level of care decision explained here. **This notice will include the last day that MA will pay for your nursing home services.** DO NOT wait for the notice from your financial worker if you want to file an appeal about your assessment and level of care decision.

Statutory Citations

All notices must have the relevant statutory citations. The citations include here are the statutory sections that govern a program *overall*. Lead agencies must provide a more specific citation (paragraph, clause, e.g.) when a specific portion of statute (or rule) is the legal basis for the action. Two citations are included here for lead agency use in preparing notice:

Minnesota Statutes, section 144.0724 (Level of Care)

Minnesota Statutes, section 256B.0911 (Long Term Care Consultation)