

## Disease and Case Management Work Aid

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<b>Title:</b>	Pre-Admission Screening (PAS) process		
<b>Program(s):</b>	MSHO/MSC+	<b>Effective Date:</b>	10/1/2017

**Purpose:** To assist Care Coordinators in assuring timely communication and necessary action regarding members who need pre-admission screening (PAS) prior to transition into a Skilled Nursing Facility (SNF) or Transitional Care Unit (TCU).

**When to use:**

When a member is being admitted to a SNF or TCU from a community or hospital setting.

**Summary:**

Per Minnesota Department of Human Services (DHS) and the Senior Linkage Line (SLL), all members who will be entering a SNF or TCU will need to have a telephonic screening document completed and those who are not open to the waiver will need to have the 3427-T entered into MMIS.

**Communication Process:**

All pre-admission screenings will take place using a central form that is located at [www.mnaging.org](http://www.mnaging.org). This form is a combined form that includes the Screening for Nursing Facility Level of Care (NF LOC) and the OBRA Level 1 screen.

Any professional who is facilitating the transition of a person into a SNF or TCU will have access to this form and can complete it. This includes the following types of professionals: Hospital Discharge Planners, Nursing Home Admissions Coordinators, and Care Coordinators etc.

The completed form remains on the [mnaging.org](http://www.mnaging.org) website and SLL staff retrieve, review and process the form to the admitting SNF/TCU. The professional who completed the form can make a copy for their own records that shows they have initiated the PAS screening process. It is ok if multiple completed forms come in, SLL will manage this possibility and keep track.

SLL will determine if the member is managed by a Managed HealthCare Organization (MCO) and if so will send a secure email to the health plan notifying them of completed PAS by a discharge planner.

**HealthPartners Responsibility:**

HealthPartners Disease and Case Management staff will be responsive to these direct e-mails and retrieve documents sent from SLL and then forward by e-mail the PAS screening to the assigned Care Coordinator to assure timely response.

**Care Coordinator Responsibility:**

The Care Coordinator is responsible for assuring that the correct follow up steps take place in terms of communication and MMIS entry.

The Care Coordinator will review the PAS information as follows:

1. If the member is already open to a waiver (EW, CADI only) and NF LOC determined, the CC should follow the normal process by sending the admitting SNF/TCU the most recent OBRA Level 1 completed form and inform them that the member is already documented in MMIS as being NF LOC eligible.
2. If the member is not open to a waiver, the Care Coordinator will need to review the PAS/OBRA Level 1 and using that information complete the DHS 3427-T screening document and enter it into MMIS within in 3 business days. CC's will also communicate with the SNF/TCU and provide any requested documentation to them as well.

**Important consideration:** DHS and senior linkage line are expecting that this process will not delay appropriate SNF/TCU placements as such the professional completing the PAS screen can send a referral to discharge a member from the hospital into a SNF/TCU and have the referral accepted based on that assessment; the SNF/TCU staff do not need to wait for the CC's final determination. The CC and health plan however do need to enter the 3427T into MMIS to assure that future payment to the SNF/TCU is not delayed.

**Potential Additional Steps:**

- In the case of a PAS that shows that member does not meet NF level of care at the time of admission to a SNF/TCU, the Care Coordinator will need to do a Face to Face assessment to determine if member is appropriate for placement. This will need to be prior to SNF/TCU placement.
- In the Case of a member who needs an OBRA Level 2 screening because of Mental Health ( i.e. all three areas checked as yes on the OBRA Level 1), the CC must refer to the County of Residence's mental health division for them to complete the OBRA Level 2.
- In the Case of a member who meets the Developmental Disabilities (DD) criteria on the OBRA Level 1, a referral can be made to the Counties DD intake, but only if your assessment indicates that special services through a DD are needed. This is not as connected with the persons NH admission as with the assessment to determine the correct home and community based services.
- In the case of Rate Cell A member who is on the DD or DD/MI waiver, the MCO CC is responsible for the telephonic screening and entry into MMIS as those waivers do not establish NF LOC.