

**MOST COMMON SCENARIOS – PASRR and LOC
2010**

NOTES (pertaining to all charts):

- THESE CHARTS ARE IN NO WAY TO BE CONSIDERED A SUBSTITUTE FOR THE RULES
- “NF” means an Ohio Medicaid-certified nursing facility
- These charts do not address individuals seeking admission to an ICF-MR. Level of Care requests for ICF-MR are to be submitted to ODJFS.
- Unless otherwise specified; assumes the current NF residents have met the PASRR requirements upon admission.
- A LOC determination cannot be issued until all applicable PAS & RR requirements have first been met.

Scenario: New Admissions (A) New Admissions	Payment Source being sought for the NF admission	PreAdmission Screen (PAS) (form 3622)	Hospital Exemption (form 7000)	Resident Review (RR) (form 3622)	LOC
A - I. Admissions from an Ohio Hospital					
1. Community to Hospital to NF (not meet hospital exemption criteria)	Medicaid or MCP	YES (code 1)	NO	NO	YES*
2. Community to Hospital to NF (not meet hospital exemption criteria)	Other	YES (code 1)	NO	NO	NO
3. Community to Hospital to NF (and hospital exemption criteria are met)	Medicaid or MCP	NO	YES	NO	YES*
4. Community to Hospital to NF (and hospital exemption criteria are met)	Other	NO	YES	NO	NO
5. Hospital to NF (FOR HOSPICE) (not meet hospital exemption criteria)	Medicaid or MCP	YES (code 1)	NO	NO	NO*
6. Hospital to NF (FOR HOSPICE) (not meet hospital exemption criteria)	Other	YES (code 1)	NO	NO	NO
7. Hospital to NF (FOR HOSPICE) (and hospital exemption criteria are met)	Medicaid or MCP	NO	YES	NO	NO*
8. Hospital to NF (FOR HOSPICE) (and hospital exemption criteria are met)	Other	NO	YES	NO	NO
9. ICF-MR to hospital to NF (not meet hospital exemption criteria)	Medicaid	YES (code 1)	NO	NO	YES
10. ICF-MR to hospital to NF (not meet hospital exemption criteria)	Other	YES (code 1)	NO	NO	NO
11. ICF-MR to hospital to NF (and hospital exemption criteria are met)	Medicaid	NO	YES	NO	YES
12. ICF-MR to hospital to NF (and hospital exemption criteria are met)	Other	NO	YES	NO	NO
13. Non-Ohio Resident in an Ohio Hospital to Ohio NF (and hospital exemption criteria are met) **	Medicaid	NO	YES	NO	YES
14. Non-Ohio Resident in an Ohio Hospital to Ohio NF (and hospital exemption criteria are met) **	Other	NO	YES	NO	NO
15. Non-Ohio Resident in an Ohio Hospital to Ohio NF (<u>not</u> meet hospital exemption criteria)	Medicaid	YES (code 1)	NO	NO	YES
16. Non-Ohio Resident in an Ohio Hospital to Ohio NF (<u>not</u> meet hospital exemption criteria)	Other	YES (code 1)	NO	NO	NO

* When the Medicaid payor is an MCP the scenario requires MCP prior approval and does not require LOC from the Passport Administrative Agency.

** The rules currently allow a Non-Ohio resident who is currently in an Ohio Hospital to be eligible for the Hospital Exemption (so long as all the exemption criteria are met); however, the rules will likely be changed in the near future to disallow this.

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Scenario: New Admissions (A) New Admissions (continued)	Payment Source being sought for the NF admission	PreAdmission Screen (PAS) (form 3622)	Hospital Exemption (form 7000)	Resident Review (RR) (form 3622)	LOC
A - II. Admissions from “Community” (from settings other than NF or Hospital)					
1. Community to NF	Medicaid or MCP	YES (code 1)	NO	NO	YES*
2. Community to NF	Other	YES (code 1)	NO	NO	NO
3. Community to NF (FOR HOSPICE)	Medicaid or MCP	YES (code 1)	NO	NO	NO*
4. Community to NF (FOR HOSPICE)	Other	YES (code 1)	NO	NO	NO
5. NF to community return to same NF (has leave days)	Medicaid or MCP	NO	NO	NO	NO*
6. NF to community return to same NF (used up leave days)	Medicaid or MCP	YES (code 1)	NO	NO	YES*
7. NF to community to different NF (has leave days)	Medicaid or MCP	NO	NO	NO	YES*
8. NF to community to different NF (used up leave days)	Medicaid or MCP	YES (code 1)	NO	NO	YES*
9. NF (discharged) to community to any NF	Medicaid or MCP	YES (code 1)	NO	NO	YES*
10. NF (discharged) to community to any NF	Other	YES (code 1)	NO	NO	NO
A - III. Admissions from Out of State					
1. Out of State to Ohio NF	Medicaid	YES (code 2)	NO	NO	YES
2. Out of State to Ohio NF	Other	YES (code 2)	NO	NO	NO
3. Out of State Hospital (and is Ohio Resident) to Ohio NF (and hospital exemption criteria are met)	Medicaid or MCP	NO	YES	NO	YES*
4. Out of State Hospital (and is Ohio Resident) to Ohio NF (and hospital exemption criteria are met)	Other	NO	YES	NO	NO
5. Out of State Hospital (and is Ohio Resident) to Ohio NF (<u>not</u> meet hospital exemption criteria)	Medicaid or MCP	YES (code 2)	NO	NO	YES*
6. Out of State Hospital (and is Ohio Resident) to Ohio NF (<u>not</u> meet hospital exemption criteria)	Other	YES (code 2)	NO	NO	NO
7. Out of State Hospital (Non-Ohio Resident) to Ohio NF	Medicaid	YES (code 2)	NO	NO	YES
8. Out of State Hospital (Non-Ohio Resident) to Ohio NF	Other	YES (code 2)	NO	NO	NO

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INDIVIDUALS CURRENTLY IN NURSING FACILITY

Scenario: Individuals Currently in a LTCF (NF or ICF-MR) (B) Transfers, Readmissions, Change of Payor, Expired Time Limits, Others	Payment Source being sought for the continuing NF stay	PreAdmission Screen (PAS) (form 3622)	Hospital Exemption (form 7000)	Resident Review (RR) (form 3622)	LOC
B - I. Transfers					
(Any move from NF to different NF, with or without an intervening hospital stay, is considered a NF transfer and all PASRR records are to be copied to the receiving NF)					
1. NF to different NF	Medicaid or MCP	NO	NO	NO	YES*
2. NF to different NF	Other	NO	NO	NO	NO
3. NF to hospital to different NF	Medicaid or MCP	NO	NO	NO	YES*
4. NF to hospital to different NF	Other	NO	NO	NO	NO
5. NF to hospital (used up leave days) to different NF	Medicaid or MCP	NO	NO	NO	YES*
6. NF to hospital (has leave days) to different NF	Medicaid or MCP	NO	NO	NO	YES*
7. NF Transfer – No previous PASRR Records available from previous NF (initiate RR no later than date of transfer to receiving NF)	Medicaid or MCP	NO	NO	YES (code 6)	YES*
8. NF Transfer – No previous PASRR Records available from previous NF (initiate RR no later than date of transfer to receiving NF)	Other	NO	NO	YES (code 6)	NO
9. NF to hospital for Psychiatric treatment to different NF	Medicaid or MCP	NO	NO	YES (code 7)	YES*
10. NF to hospital for Psychiatric treatment different NF	Other	NO	NO	YES (code 7)	NO
11. ICF-MR to NF	Medicaid	YES (code 1)	NO	NO	YES
12. ICF-MR to NF	Other	YES (code 1)	NO	NO	NO
B - II. Readmissions					
1. NF to hospital (used up leave days) back to same NF	Medicaid or MCP	NO	NO	NO	YES*
2. NF to hospital (has leave days) back to same NF	Medicaid or MCP	NO	NO	NO	NO*
3. NF (Medicaid) to hospital (has leave days) and is returning back to same NF with Medicare as the primary payor.	Medicare primary	NO	NO	NO	NO
4. NF (Medicaid) to hospital (used up leave days) and is returning back to same NF with Medicare as the primary payor.	Medicare primary	NO	NO	NO	NO
5. NF to hospital for Psychiatric treatment (has leave days) back to same NF	Medicaid or MCP	NO	NO	YES (code 7)	NO*
6. NF to hospital for Psychiatric treatment (used up leave days) back to same NF	Medicaid or MCP	NO	NO	YES (code 7)	YES*
7. NF to hospital for Psychiatric treatment back to same NF	Other	NO	NO	YES (code 7)	NO

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Scenario: Individuals Currently in the NF (B) Transfers, Readmissions, Change of Payor, Expired Time Limits, Others (continued)	Payment Source being sought for the continuing NF stay	PreAdmission Screen (PAS) (form 3622)	Hospital Exemption (form 7000)	Resident Review (RR) (form 3622)	LOC
B - III. Change of Payor to Medicaid					
1. NF Change of Payor to Medicaid	Medicaid	NO	NO	NO	YES
2. NF (Medicaid) to hospital, returned back to same NF (had leave days) with Medicare as the primary payor) – Now Medicare is ending as the primary payor so they are reverting back to Medicaid as primary payor.	Medicare primary ends / resuming Medicaid	NO	NO	NO	NO
3. NF (Medicaid) to hospital, returned back to same NF (used up leave days) with Medicare as the primary payor – Now Medicare is ending as the primary payor so they are reverting back to Medicaid as primary payor.	Medicare primary ends / resuming Medicaid	NO	NO	NO	YES
4. NF Change of Payor to Medicaid (PAS requirements not met upon admission) (" illegal admission ")	Medicaid	YES (code1)	NO	NO	YES
5. NF (HOSPICE) disenrolling from Hospice and changing Payor to Medicaid	Medicaid	NO	NO	NO	YES
6. NF (Medicaid Managed Care Plan) disenrolling from MCP and changing Payor to Medicaid	Medicaid	NO	NO	NO	YES
B - IV. Expired PASRR Time Limits					
1. NF resident - expired Hospital Exemption		NO	NO	YES (code 3.a)	
2. NF resident - expired Hospital Exemption - seeking approval for specified period of time		NO	NO	YES (code 3.b) (complete G1 & 2)	
3. NF resident – expired Hospital Exemption - previously approved for a specified time – seeking an extension		NO	NO	YES (code 3.c) (complete G3 & 4)	
4. NF resident – expired Emergency admission		NO	NO	YES (code4.a)	
5. NF resident - expired Emergency admission - seeking approval for a specified period of time		NO	NO	YES (code 4.b) (complete G1 & 2)	
6. NF resident – expired Emergency admission - previously approved for a specified time – seeking an extension		NO	NO	YES (code 4.c) (complete G3 & 4)	

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7. NF resident – expired Respite admission		NO	NO	YES (code 5.a)	
8. NF resident - expired Respite admission - seeking approval for a specified period of time		NO	NO	YES (code 5.b) (complete G1 & 2)	
9. NF resident – expired Respite admission - previously approved for a specified time – seeking an extension		NO	NO	YES (code 5.c) (complete G3 & 4)	
B - V. Others – Significant Change in Condition					
1. Significant change in condition		NO	NO	YES (code 7.a.i or b.i)	
2. Significant change in condition – Specified period of time		NO	NO	YES (code 7.a.ii or b.ii) (complete G1 & 2)	
3. Significant change in condition – Extension		NO	NO	YES (code 7.a.iii or iii) (complete G3 & 4)	
B - VI. Others					
1. Person in the NF discovered with no evidence that PASRR Requirements upon admission (“ illegal admission ”)	Medicaid or MCP	YES (code 1)	NO	NO	YES*
2. Person in the NF discovered with no evidence that PASRR Requirements upon admission (“ illegal admission ”)	Other	YES (code 1)	NO	NO	NO
3. Person in the NF discovered with evidence that PASRR Requirements were met upon admission, but required a Resident Review (RR) that was not completed.	Medicaid or MCP	NO	NO	YES (code as it applies to why the RR was required)	YES*
4. Person in the NF discovered with evidence that PASRR Requirements were met upon admission, but required a Resident Review (RR) that was not completed.	Other	NO	NO	YES (code as it applies to why the RR was required)	NO

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