

Ohio Long Term Care Forms: What is the Purpose of Specific Forms and When Are They Needed?

Forms and Other Information Related to the PASRR/LOC Process

The following forms relate to requests submitted to Preadmission Review for Medicaid/NonMedicaid . For a list of specific information for each Preadmission Review site, go to [Area Agency](#) .

- 1. PASRR Screen (ODJFS 3622)-** This form can be located at [3622](#). The PASRR screen must be completed for admissions to Medicaid certified nursing facilities. PASRR is the process by which Preadmission Review screens individual applicants for indications of serious mental illness and/or mental retardation or developmental disabilities prior to admission to Medicaid certified NF's (Nursing Facilities). It is required for all admissions to Medicaid certified NF's regardless of the individual's payment source. PASRR is a federal mandate from the OBRA 1987 nursing home reform act. Every state must implement the PASRR process. The law specifies that as of 1/1/1989, NF's must not admit any individual who triggers the PASRR screen (also known as ODJFS 3622) for mental illness and/or mental retardation/developmental disorder without an approval from the appropriate state authorities. For an individual who triggers for both severe mental illness (SMI) and MR/DD, each state authority (ODMH & ODMR/DD) must agree on the outcome. Any PASRR requirements must be met before a level of care determination can be issued for an individual seeking Medicaid as their primary payment source.
- 2. Level of Care Assessment Tool-(ODJFS 3697)-** This form can be located at [3697](#). It is used by assessors for level of care assessments for admission to Medicaid certified nursing facilities. A Level of Care (LOC) assessment is only required when a person is seeking Medicaid payment for a nursing facility. However, LOC assessments may also be performed for other purposes, such as care planning, with or without Medicaid as a payer source. This form may also be used by a Medicaid certified nursing facility or a hospital to request a LOC from Preadmission Review. Level of Care criteria are based on an assessment of whether an individual:
 - Needs assistance in performing activities of daily life including bathing, grooming, eating, dressing, transferring, ambulation, communication, and

toileting.

- Requires supervision for some extended period of time.
- Requires hands-on administration of prescription medication.
- Requires nursing or other skilled medical care.

3. Hospital Cover Sheet- Available at

www.longtermcareohio.com/downloads/Hospital%20cover%20sheet%20II.pdf. A hospital can use this form to submit requests to Preadmission Review for PAS/LOC requests.

4. Nursing Home Cover Sheet – Available at

www.longtermcareohio.com/downloads/NH%20Cover%20sheet.pdf
Nursing Facilities or home care agencies generally use this form to submit requests to Preadmission Review for PAS/LOC requests.

5. Additional Data Elements Form- This form can be located at

www.longtermcareohio.com/downloads/Additional%20Data%20Elements%20Page.pdf and
www.longtermcareohio.com/downloads/ADE%20page%20II.pdf. It is needed by nursing home personnel when submitting a request for a LOC (Level of Care). It can also be used by hospitals when submitting for a LOC.

6. Schedule for Determining Bed Hold Days- This form can be located at
www.longtermcareohio.com/downloads/Bed%20hold%20schedule.PDF

Bed hold days” are also referred to as “leave days”. It is “the time that a bed is reserved for the resident, through Medicaid payment, while the resident is outside the facility for hospital stays, visitations with friends and relatives, or participation in therapeutic programs and has the intent to return to that facility. A resident on bed-hold days has not been discharged from the facility since the facility is reimbursed to hold the bed while the resident is on leave”. An individual has 30 bed-hold days for a calendar year.

7. Sample PAS/LOC Result page-This form is issued by Preadmission Review when a PAS(Preadmission Screen) and LOC (Level of Care) are requested. [PAS/LOC Result](#).

8. Sample PAS Result page-The PAS result page is issued for Non

Medicaid admissions to Medicaid certified nursing facilities. [PAS Result.](#)

- 9. Most Used Scenarios Form- Available at [www.longtermcareohio.com/downloads/MOST USE SCENARIOS.pdf](http://www.longtermcareohio.com/downloads/MOST_USE_SCENARIOS.pdf) – This form explains situations when a PAS/LOC (Preadmission Screen/Level of Care) is needed for specific admissions/readmissions to Medicaid certified nursing facilities. Our Admission/Readmission Tracking: What Are the Requirements for Various Admission and Readmission Scenarios to Ohio Medicaid Certified NF's? Seminar provides additional information on this process.**
- 10. Statewide Preadmission Review Coverage Schedule- This form is available at <http://www.longtermcareohio.com/downloads/After%20Hours%20coverage.pdf> pdf. The Preadmission Review department is responsible for issuing the PAS Result and LOC. In Ohio, the Area Agencies on Aging have a contract with both the Ohio Dept of Aging (ODA) and Ohio Dept of Jobs and Family Services to perform the Preadmission Review process for all individuals seeking admission to Medicaid certified nursing facilities. Preadmission review also issues LOC's (levels of care) for NF residents converting to Medicaid vendor payment, and LOC's for NF residents transferring from one Medicaid certified NF to another. There are 12 Preadmission Review departments in OHIO. Each site covers a certain territory of specific counties in OH. Each site has its own specific hours (generally 9AM-5PM or 8:30AM-4:30PM, etc- Monday thru Friday). However, there are after hours coverage hours on the weekend.**

Forms and Other Information related to the Medicaid Process

- 11. Medicaid Application (ODJFS 7200)- This form can be located at www.longtermcareohio.com/downloads/7200.pdf. This form is completed when applying for public assistance. In order for a LOC (Level of Care) to be issued for an individual, at least a pending Medicaid number is needed. The Medicaid application needs to be submitted to your local Department of Jobs and Family Services (DJFSA). To locate your local DJFSA, you can go to www.jfs.ohio.gov/county/cntydir.stm. A checklist of documents that**

need to be provided to the worker at the county department of jobs and family services is available at www.longtermcareohio.com/downloads/verificatin%20checklist.pdf.

12. **ODJFS 7110 (Retroactive Medicaid Coverage Application)**. Available at www.longtermcareohio.com/downloads/retroactive%20medicaid%20coverage%20application.pdf . From Ohio Administrative Code (OAC) -5101:1-38-01.3, The medicaid program provides for medicaid including CFC coverage, specified low-income medicare beneficiary (SLMB) medicaid, qualified individuals-1 eligibility, and qualified individuals-2 eligibility to be extended retroactively to eligible individuals for a period no earlier than three calendar months prior to the month of application or the month of request to add an individual to a case. The month of the request is considered the month of application for that individual. The three months prior to the month of application are considered the retroactive period.

13. **Medicaid Requirements for United States citizens** www.longtermcareohio.com/downloads/Medicaid%20requirement%20for%20U.S.%20Citizens.pdf – As indicated in this information, prior to September of 2006, individuals who were applying for Medicaid, could simply check a box indicating that they are a United States Citizen. This brochure provides a list of documents that must be provided to verify that they are actually a United States Citizen.

14. **Minimum Income Allowance (MIA) worksheet for Nursing Home Resident and Spouse-** www.longtermcareohio.com/downloads/Mininum%20monthly%20allowance.pdf – From 5101:1-39-24 of the Ohio Administrative Code, The "minimum monthly maintenance needs allowance standard" means one hundred fifty per cent of the federal poverty level (FPL) for a family unit of two members.

"Monthly income allowance" for a community spouse means a deduction in the computation of patient liability for needs of the community spouse. The monthly income allowance is the MMMNA minus the community spouse's 5101:1-39-24 3 monthly income.

"Patient liability" means the individual's financial obligation toward the medicaid cost of care.

"Personal needs allowance" means a required deduction in the computation of patient liability, for needs of the individual. The personal needs allowance for individuals who request or receive services under an HCBS waiver program is referred to as a "special individual maintenance needs allowance." Personal needs allowance retained beyond the month of allocation is treated as a resource and subject to resource requirements of Chapter 5101:1-39 of the Administrative Code.

15. www.longtermcareohio.com/downloads/Medicaid%20Institutional%20Budget%20Worksheet.pdf Medicaid Institution Budget Worksheet-

**16. Brochure for Ohio Food Stamp Program-
www.longtermcareohio.com/downloads/Ohio%20food%20stamp%20program.pdf**

18. Estate Recovery Information- This form is available at www.longtermcareohio.com/downloads/estate%20recovery.pdf – From the State of Ohio, Certain paid Medicaid benefits, including costs related to the PASSPORT program, may be recovered from the estate of a recipient after that recipient dies. Estate Recovery is required by the federal Omnibus Budget Reconciliation Act of 1993, and by Section 5111.11 of the Ohio Revised Code. All Medicaid services provided to persons age 55 or older are subject to recovery, including physician visits, outpatient visits, home and community-based waiver services , and all medically related Medicaid services. During probate, the legal process to settle an individual's estate, creditors file claims to ensure payment of a debt owed to them. Both the state and other creditors are paid before any assets are distributed to heirs or beneficiaries whether or not there is a will. The Ohio Department of Job and Family Services (ODJFS) works with the state Attorney General to recover what Medicaid has paid for the recipient's care. An estate is real and personal property, such as a house, land, cars and bank accounts. Only probated assets from the estate are subject to recovery. Estate recovery may not occur immediately if the individual has a surviving spouse, a surviving child under age 21 or a surviving child of any age who is blind or totally disabled. If the deceased owned assets with a spouse under a survivorship deed (where a

surviving joint owner inherits the share from the deceased), these assets are not included a part of estate recovery. In certain circumstances when recovery from the estate is found to create an undue hardship, the right to immediate recovery may be waived by the state.

19. QMB Application- (ODJFS 7103)-

Medicare Premium Assistance Program (QMB/SLMB)

These programs are for individuals with low income to help pay for part of or all of the cost of health care. To apply call the County Department of Job & Family Services as listed under Food Stamps in this section. To obtain an application for the Medicare Premium Assistance Program (Qualified Medicare Beneficiary or Specified Low-income Medicare Beneficiary, QMB/SLMB) call Council on Aging, Community Resource & Information at 513-345-8643. The application can be submitted by mail to your county Department of Job and Family Services.

This form can be located at

www.longtermcareohio.com/downloads/application%20for%20help%20with%20medicare%20expenses.pdf

The brochure that helps to explain this program is available at www.longtermcareohio.com/downloads/QMB%20brochure.pdf

20. Information on transfer of resources with regard to Medicaid-

[www.longtermcareohio.com/downloads/transfer%20of%20resources.p
df](http://www.longtermcareohio.com/downloads/transfer%20of%20resources.pdf)

21.

www.longtermcareohio.com/downloads/Medicaid%20Spendown.pdf

-Medicaid Spendown Information

Forms and Other Information Related to Home Care Programs

22. PACE (Program of All Inclusive Care) Enrollment Form- What is PACE?

PACE provides an alternative to nursing home placement that utilizes a comprehensive medical and social service delivery

system coordinated through an adult day health center to meet long-term care needs of participants. Participants enroll in a capitated managed care benefit funded by Medicare and Medicaid. This benefit provides ALL needed health care, medical care and ancillary services in acute, sub-acute, institutional and community settings. The program is supplemented by in-home and referral services. An application can be located at www.longtermcareohio.com/downloads/Pace%20Referral%20Form.pdf

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23. ODJFS 2399- This form is available at www.longtermcareohio.com/downloads/Form - 2399.pdf. This form can be used to apply for Ohio Medicaid waiver programs such as PASSPORT, Ohio Home Care Waiver, Mental Retardation/Developmental Disabilities waivers, etc. Once it is completed it will need to be forwarded to you County Department of Jobs and Family services (CDJFS). To locate your cdjfs, you can go to www.jfs.ohio.gov/county/cntydir.stm

24. This is a great brochure on long term care programs in Ohio- www.longtermcareohio.com/downloads/long%20term%20care%20brochure.pdf

25. ODJFS 6653- Can be located at www.longtermcareohio.com/downloads/6653.pdf

26. Durable Power of Attorney- This form helps you to direct your care should your doctor decide that you lack capacity to make your own medical decisions. It is not intended as a substitute for legal advice, and you should contact a lawyer if you have questions about this document. It is available at www.longtermcareohio.com/downloads/Durable%20Power%20of%20Attorney%20for%20Health%20Care.pdf.

27. Ohio Living Will- www.longtermcareohio.com/downloads/Living%20Will.pdf