IPAS & PASRR MANUAL

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Chapter 2

IPAS APPLICATION AND LEVEL I

Indiana Code (IC) 12-10-12 prohibits an Indiana NF licensed under IC 16-28 from admitting or retaining any individual without complying with IPAS program requirements. (See Chapters 1-9.) If the NF is Medicaid-certified, PASRR program requirements also apply. (See Chapters 10-18.)

2.1 PARTICIPATION REQUIREMENTS

IC 12-10-12 places the responsibility on the NF to assure that all admissions and NF stays are in compliance with applicable IPAS and PASRR laws and regulations. NFs should contact the local IPAS agency if there are questions.

2.1.1 Indiana Licensed NFs

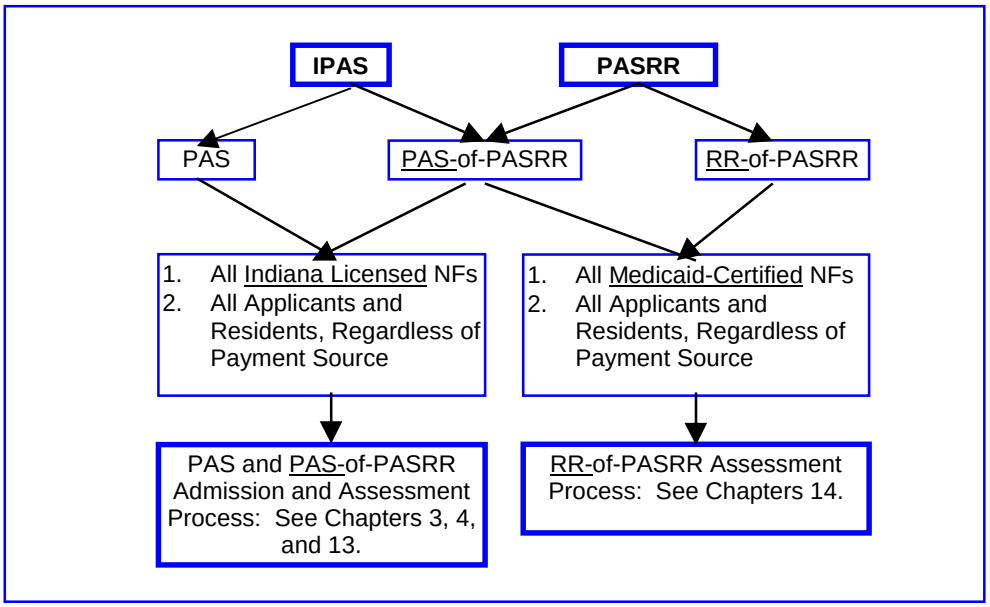
Every nursing facility (NF) operating in Indiana which provides NF comprehensive-care level of services must be licensed. Medicaid and/or Medicare may also certify a NF to provide NF level of services.

a) "Free standing" NF beds are licensed under IC 16-28-2 (long-term care).
b) "Hospital-based" NF beds may be licensed either under IC 16-21-2 (hospital) or IC 16-28-2 (long-term care), according to the facility's or unit's administrative structure.

In Indiana, every NF licensed under IC l6-28-2 must participate in the IPAS program. (See Chapter 3.10 for IPAS requirements for hospital-based NF units.)

To verify licensure status, refer to the Indiana Health Facilities Directory, published annually by the Indiana State Department of Health (ISDOH). Free-standing NFs are listed in the main section of the Directory. Hospital-based hospital-licensed NFs (licensed under IC 16-21-2) are listed in a separate section at the back of the Directory.

IPAS PARTICIPATION REQUIREMENTS
Chapter 2.1



2.1.2 Applicant

For IPAS and PASRR purposes, a PAS applicant is an individual seeking either temporary or long-term admission to an Indiana licensed NF.

ALL applicants are required to participate in IPAS, regardless of the source or method of NF payment which will be used. "Regardless of source or method of payment" includes such sources of payment as Medicare, Medicaid, VA contract, insurance, private-pay, and any other means of payment for a stay in any NF.

Refusal to participate, with admission to the NF or continued residence in a NF after an IPAS denial, will result in an IPAS penalty for the individual. (See Chapter 6.2 of this Manual.)

2.1.2.1 "Grandparent" Provision

Individuals are exempted from the IPAS requirements set out in IC 12-10-12 if they were:

a) admitted to a NF prior to implementation of the IPAS program on April 30, 1983; and
b) have not been discharged to a community-based or other institutional living arrangement.

When a resident who qualifies under the "grandparent" provision requests Medicaid reimbursement, the NF will clearly document to OMPP why the individual was exempted from IPAS, including the date of original NF admission.

NOTE: "Grandparented" residents are not exempted from compliance with RR provisions under PASRR.

2.1.2.2 State Psychiatric Hospital Resident

Regardless of the responses on PASRR Level I (including the "Dementia Exclusion"), ALL residents of State psychiatric hospitals must participate in a full PASRR Level II assessment and determination PRIOR to any NF admission.

2.1.2.3 Nonresident

See Chapter 3.8 for requirements and procedures.

2.2 "NEW ADMISSION"

IPAS participation is required for each "new admission" to a NF. For IPAS purposes, situations that require assessment may be, but are not limited to:

a) first-time admission to an Indiana NF; or
b) new admission following discharge to an alternative (non-NF) living arrangement; or
c) residence under the following circumstances:
    1. never notified of the IPAS requirement; or
    2. under IPAS penalty but qualifies as "SNF level of care" and applying for relief of the remainder of the penalty period. (See Chapter 6.2.)

The IPAS agency will always research the IPAS status of each applicant before processing the Application form. This includes a review of agency records, questioning the NF, applicant, family, and/or representative, and identifying past NF admission history for the applicant. (Also see Chapter 2.4.)

2.2.1 IPAS Required

IPAS assessment is required for:

a) initial admission to a NF;
b) admission after NF discharge to a community-living arrangement for a period of more than 24-hours;
c) NF residence without notification of IPAS requirements (completion of Application form, etc.), regardless of the length of NF residence; and
d) admission requiring PASRR Level II assessment. (See Chapter 10.3.4.)

NOTE: IPAS participation is required regardless of Medicare reimbursement status or Medicaid "15-day bed-hold" policy.

2.2.2 IPAS NOT Required

The IPAS agency will NOT process IPAS assessment for the following situations, regardless of the number of Application forms completed:

a) individuals currently being assessed for IPAS (see Chapter 2.4.1);
b) residents under IPAS penalty, unless the individual has a need for the level of NF services characterized as SNF under Indiana's Medicaid Rule (see Chapter 6.2);
c) readmissions to the same or a different NF, regardless of hospitalizations or therapeutic leaves which exceeded the Medicaid "15-day bed-hold limit" (see Chapter 2.4.5); and
d) transfers between NFs (see Chapter 2.9).

2.3 FORMS FOR IPAS/PASRR APPLICATION

Application for participation in IPAS is the first step in the IPAS (and PAS/PASRR) process.

2.3.1 NF "Notice to Applicant"

The IPAS Program Information sheet was developed to assist the NF in this task. (See Chapter 2.3.3.) The NF must:

a) notify every individual applying for admission, in writing, of the IPAS requirements; and
b) provide the IPAS Information Sheet; and
c) have the individual complete the Level I; and
d) assure that the IPAS Application form is completed.

Failure to follow admission requirements, including notification and completion of the IPAS Application constitutes a Class A infraction by the NF. (See Chapter 6.3.)

The IPAS Notice by the NF must include the following information:

1. every applicant for NF admission is required by state law to apply for participation in the IPAS program; and
2. the applicant's failure to participate in IPAS could result in the applicant's ineligibility for Medicaid reimbursement for per diem in any Indiana licensed NF for up to one (1) year (See Chapter 113); and
3. the IPAS program consists of an assessment of the applicant's need for nursing care in a NF made by a team of professionals familiar with the needs of individuals seeking admission to nursing facilities.

2.3.2 Forms for Application

The "complete" IPAS Application consists of the:

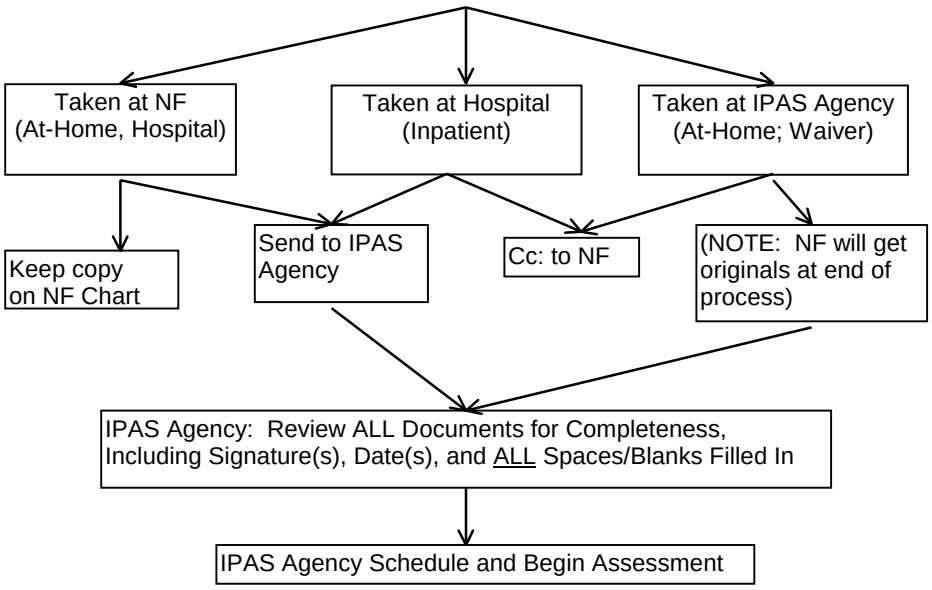
a) IPAS Program Information Sheet (See Appendix K); and
b) "Application for Long-Term Care Services" form (See Appendix L), herein referred to as the "IPAS Application;" and
c) Level I: Identification Evaluation Criteria screen, completed in conjunction with the Application, to identify need for Level II (See Appendix U); and
d) for designee-authorized long-term admissions, Physician Certification for Long-Term Care on the Form 450B, Sections I-III (See Appendix M); and
e) for MR/DD applicants, Physician Certification for Long-Term Care Services(Physical Examination for PASRR Level II), Form 450B, Section VI.

The NF must assure that an applicant (or the applicant's parent, guardian, or legal representative) has completed and signed the Application for Long-Term Care Services (IPAS Application) form:

a) PRIOR to admission; or
b) within twenty-four hours following admission for non-PASRR, IPAS designee-authorized, admissions. (See Chapter 3.)

IPAS APPLICATION DOCUMENTATION
AND ROUTING OF DOCUMENTS
Chapter 2.3

Required Application Documents:
1. IPAS Information Sheet (Given to Applicant)
2. Level I
3. Long-Term Care Services Application Form (IPAS Application Form)



*Only required for applicants seeking long-term NF placement including IPAS Emergency/APS, IPAS Direct from Hosptial, PASRR/APS.

The NF will review the application forms PRIOR to forwarding them to the IPAS agency to assure appropriate completion. All necessary portions of the IPAS Application and Level I forms will be completed before the IPAS Eligibility Screen can be initiated.

NOTE: When a resident is transferred to another NF, the Application packet and pertinent IPAS and/or PASRR documents must be forwarded by the discharging NF to the admitting NF in a timely manner. (See Chapter 3.9.)

2.3.3 IPAS Program Information Sheet

The IPAS Information Sheet explains the requirement to participate in IPAS, the program's intent and process, and the penalty for non-participation. (See Appendix K.) It is given to the individual or his or her legal representative when an inquiry is made regarding NF admission. Use of the IPAS Information Sheet assures that the applicant has received the information which the law requires the NF to provide. (See Chapter 2.3.1.)

2.3.4 Application Completion

When the NF finds that it is probable that the individual will enter the facility, the NF will have an IPAS Application form completed. (To avoid unnecessary assessments, casual inquiries are not referred for application.)

2.3.4.1 At NF

It is the responsibility of the NF to:

a) assure that the individual has made an informed decision;
b) assure that the form is completely filled out; and
c) provide verification that application for IPAS was made in a timely manner.

An "IPAS Application" form (Long-Term Care Services Application) is completed until all applicable items have been entered, and it is signed and dated. An incomplete IPAS Application will be returned to the NF for completion. Applicable receipt and return dates will be clearly stamped and documented on the IPAS Application form by the IPAS agency. An explanation should also be included in the case narrative.

It is the responsibility of the NF or, if completed at the hospital, of the hospital discharge planner to assist the applicant and/or his/her legal representative to complete the application process.

2.3.4.2 At Hospital

The Application form may be partially completed at the hospital for "Direct From Hospital" designee authorized temporary admissions. (See Chapter 3.7.3.2.)

2.3.4.3 At Home

The Application form may be completed in the applicant's home with the assistance of the IPAS agency's care manager or IPAS assessor. When acting in this role, the care manager or assessor must follow the same procedures as required of the NF. If a NF has been selected by the applicant, the care manager or assessor must assure that it receives a copy of the completed Application form and Level I in a timely manner.

2.3.5 Signature

The following protocol will be followed for signature on the IPAS Application form:

a) applicant;
b) parent, guardian, or health care power of attorney when the applicant is a minor or has been adjudicated legally incompetent;
c) health care representative appointed by the applicant;
d) applicant's spouse;
e) applicant's adult child;
f) applicant's adult sibling;
g) applicant's religious superior, if the applicant is a member of a religious order;
h) the person allowed to sign papers for hospital care and services or for NF placement and services;
i) any other person acting on behalf of and in the best interest interest of the applicant, and in the absence of a conflict of interest; or
j) the NF administrator, as a last resort, if there is a statement regarding the reason other choices are not available and a conflict of interest does not exist.

An individual signing on behalf of the applicant must have sufficient knowledge of the applicant's situation and condition to be able to answer questions pertaining to the Application form and the PASRR Level I screen.

2.3.6 Transmittal and Retention

The NF will:

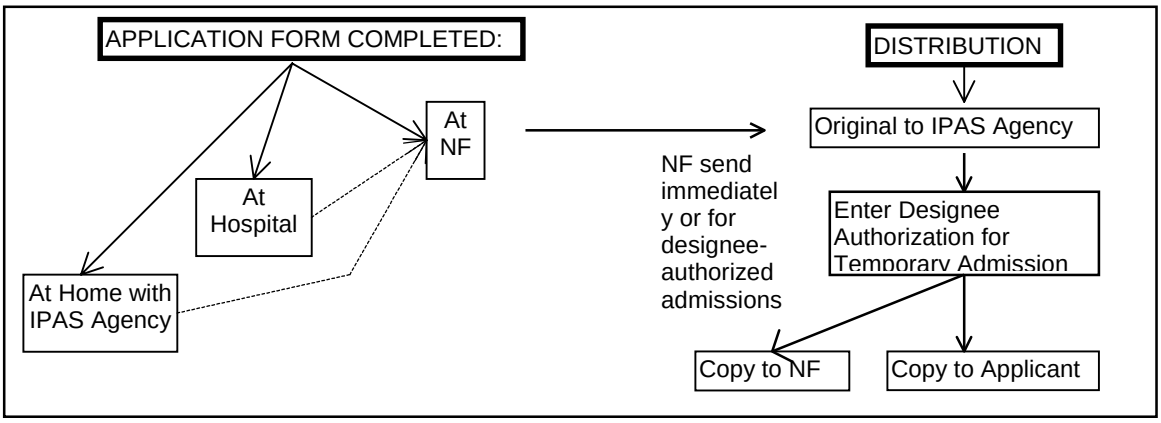
1. give a copy of the completed Application form to the applicant;
2. retain one (1) signed copy of the Application form on file for at least one (1) year; and
3. deliver the original signed copy of the IPAS Application form and Level I (and, if applicable, the Form 450B) to the IPAS agency serving the county in which the applicant resides.

Although a hospital or IPAS agency may take the Application forms, the NF is responsible to assure that the above requirements are met.

For designee authorized admissions, the NF will assure that the IPAS application and other designated documentation are forwarded to the IPAS agency no later than:
a) immediately following the applicant's signature on the Application form; or
b) if the individual is admitted to the NF under designee authorization, within five (5) working days from the date of NF admission.

When the IPAS application is completed at the hospital or with the assistance of the IPAS agency assessor, the NF must receive it as soon as possible, but no later than at admission.

DISPOSITION OF APPLICATION FORM
Chapter 2.3.3



2.3.7 Late Applications

IPAS Applications submitted by the NF after the appropriate time limits have expired, or after an inappropriate admission, will still be processed as an IPAS assessment request. However, the NF may be reported as having committed a Class A Infraction for failure to deliver the application in a timely manner. (See Chapter 6.3.)

NOTE: Medicaid reimbursement for NF per diem can only be provided to individuals who meet Medicaid requirements as well as IPAS program requirements.

2.4 DUPLICATE/UNNECESSARY APPLICATIONS

Only one (1) Application form is valid until a PAS Form 4B is issued to close the case.

The IPAS agency must:
a. review each Application form received to determine whether it is valid and should be processed; and
b. ask sufficient questions of the referring NF, the applicant, and the family to determine:
   1) the status of the individual's immediate past placement and care history; and
   2) the completion of other Application form at another NF.

The IPAS agency should quickly review its records to ascertain whether it has an IPAS assessment currently in process. Action to process the assessment will be stopped as soon as it is found that the IPAS application was inappropriately completed.

The IPAS agency will clearly:
a) mark any additional/duplicate Application form(s), "void;"
b) make a notation of why the Application form has been voided;
c) list the date of the current Application form on the duplicate copy, initial and date;

d) retain a copy of the voided Application form in the IPAS agency's file; and
e) return the original of the voided Application form to the NF.

2.4.1 Application in Another Area

Questioning should reveal whether an Application form has been completed at a NF in another IPAS agency's area. (See Chapter 2.4.4.)

2.4.2 Transfer Between NFs

NFs are required to transfer the IPAS Application form and other pertinent IPAS documentation to any NF that admits the individual. (See Chapter 3.9.) Duplicate Application forms should not be taken because of a transfer between NFs. If a duplicate is filled out, the IPAS agency will follow procedures in Chapter 2.4.

2.4.3 Transfer Between IPAS Agencies

Coordination between IPAS agencies is required when:

a) application for IPAS is made at a NF(s) in the catchment area(s) of more than one IPAS agency; or
b) an at-home applicant lives in the area of one IPAS agency, but requires emergency admission in the area of a different IPAS agency.

2.4.3.1 Process to Transfer Case

The IPAS agency serving the area in which the applicant resides will:

a) receive and review the Application form, Level I, and applicable application forms for completeness;
b) certify the Level I for Level II need;
c) act as IPAS designee for temporary NF admission when requested; and
d) transfer the case record, after the applicant is admitted, to the IPAS agency serving the area of the NF.

2.4.3.2 Process to Receive Case

The IPAS agency serving the area of the NF will:

a) act as liaison between the first IPAS agency and the NF, as needed;
b) receive and finalize the case processing;
c) issue the PAS Form 4B to notify applicable entities of the case disposition; and
d) maintain the case record on file.

2.4.4 New Versus Readmission

During questioning it may be revealed that the individual has been in more than one NF. The IPAS agency will need to establish the individual's placement history.

Review Chapter 2.2 for a discussion of "new admission." For purposes of IPAS and PASRR, "readmission" applies to direct transfer from one NF to another NF, with or without an intervening hospital stay. The individual remains within the cycle of long-term care without a return to a community living arrangement.

NOTE: The Medicaid "bed-hold" provision does <u>not</u> affect IPAS or PASRR. The "bed hold" provision only applies to Medicaid reimbursement. Do <u>NOT</u> take a new Application form or complete a new IPAS assessment unless the long-term care cycle has been interrupted. (For reimbursement only, the Medicaid bed-hold policy considers an individual as "discharged" from a NF if the individual's hospital stay exceeds 15 days. Contact OMPP for questions concerning Medicaid "bed hold" policy. See Chapter 2.7 for additional information on Medicaid reimbursement.)

2.4.5 IPAS Penalty

An Application form completed by an individual under IPAS penalty is not valid:

a) unless one (1) continuous year from the date of NF admission has passed; or
b) the IPAS penalty has been relieved due to "SNF" level of services need. (See Chapter 6.2.)

NOTE: An NF that admits an individual from another NF, either directly or via an intervening hospitalization, is responsible for obtaining a copy of the PAS Form 4B (or HCBS Form 3 or 7, for Waiver recipients) authorizing the initial admission. Without this documentation, a NF may be accepting an individual who is still subject to the IPAS penalty, was denied admission under the IPAS (and PASRR) regulations, or was never notified of the IPAS requirements.

2.4.6 HCB Waivers

Medicaid Waiver recipients of:

a) Aged and Disabled (A&D) Waiver; or
b) Medically Fragile Children's (MFC) Waiver

services must be assessed under IPAS to qualify for the Waiver's services. (See Chapter 7.)

Completion of PASRR Level II, however, is postponed until after the individual exercises his or her option to choose NF admission, but PRIOR to NF admission unless the recipient qualifies for PASRR APS or Exempted Hospital Discharge NF admission.

2.4.7 "Missed PAS" Level II

Missed PAS/PASRR Level II occurs when Level II should have been done as part of IPAS, but was never completed. The PASRR Level II assessment and determination must be completed as soon as the need for Level II is identified, within applicable PASRR time frames for "Missed Level II." (See Chapter 14.3.)

When the PAS Form 4B (or HCBS Form 3 or Form 7 for Waiver recipients) has already been issued because IPAS is done, the Level II is to be completed under RR of PASRR as a "Missed PAS Level II." (See Chapter 14.3.)

2.5 PASRR: IPAS AND LEVEL I

Every admission to a Medicaid certified NF must have a Level I: Identification Evaluation Criteria screen completed to determine the need for a Level II assessment.

2.5.1 Level I Form

The Level I is a screening tool which:

a) is part of the IPAS application form and accompanies the IPAS application when it is submitted to the IPAS agency;
b) consists of eight (8) questions;
c) is designed to ascertain whether the individual has or is suspected of having a condition of mental illness (MI) and/or mental retardation/developmental disability (MR/DD); and
d) is the initial determiner of need for Level II assessment.

(See Chapter 10 as well as instructions for completion of the Level I at Appendix F, Level I Decision-Making Protocol.)

2.5.1.1 Level I Completion

The entity completing the Level I must be:

a) a professional person;
b) having or be able to obtain sufficient knowledge of the applicant's condition to answer the eight (8) questions;
c) able to clarify unclear information; and
d) if applicable, able to document the reason prescribed psychotropic medications would <u>not</u> require Level II.

2.5.1.2 Level I Review

The IPAS agency will:

a) review the Level I and all additional collateral for completeness;
b) determine whether PASRR Level II assessment is required; and

c) certify the need for PASRR Level II assessment at the bottom of the Level I form. (Apply the Level I Decision-Making Protocol in Appendix F.)

NOTE: The Level I is not always the sole criterion for determining the need for Level II. Additional information which enhances or contradicts the responses on the Level I must be considered in the determining whether Level II is needed. When the decision to refer for Level II is contrary to responses on the Level I, the IPAS agency will make a clear notation on the Level I, documenting the reason for referral, sign or initial, and date the notation.

When it is determined that Level II assessment is needed, the applicant cannot refuse to participate in IPAS and be admitted to or remain in a Medicaid-certified NF. (See Chapter 10 for instructions on Level I.)

2.5.2 "Depression Screen"

Determination of need for Level II may be difficult when the diagnosis is "depression." The "Depression Screen" is a tool designed to assist IPAS agencies in making this decision. When "situational depression" is claimed, the Depression Screen will assess and document the duration and degree of intensity of the depression. (See Appendix V.)

NOTE: A diagnosis of Bi-polar Disorder, Major Depression, or any serious depression will always require Level II, regardless of claims that it is due to a "situation," either medical or otherwise.

If the PASRR/MI Level II will be delayed or deferred based on results of the Depression Screen, the IPAS agency will:

a) so note at the bottom of the Level I; and
b) enter the caveat from the back of the Depression Screen on the PAS Form 4A; and
c) include a copy of the Depression Screen in the case record; and
a) submit the case to the State PASRR Unit for determination.

2.6 PROCESSING APPLICATION FORM AND LEVEL I

The IPAS agency will date-stamp every document upon receipt.

2.6.1 Action by IPAS Agency

The IPAS agency will initiate the following steps as soon as it receives the Application form:

a) immediately review the application for completeness:
   1) assure that a box is checked for either "AGREE" or "DO NOT AGREE;
      (Applications checked "DO NOT AGREE" will not be assessed or, if the complete assessment is done in error, will not be fully billed by the IPAS agency.)
   2) review that the Application form is appropriately signed and dated; (
      (If signed by someone other than the applicant, check that the relationship is specified.)
b) assure that the appropriate written IPAS designee authorization for temporary admission is executed:
   1) as appropriate, an IPAS designee authorization will be entered:
      a. on the Application form; or
      b. for the "Exempted Hospital Discharge" exclusion, on the PASARR Level I by the physician; or
      c. on an attached, completed PASARR Categorical Determination form for PASRR respite or APS; and
   2) a copy of the properly executed designee authorization will be provided to the NF for its chart and the original retained in the IPAS case record to be submitted to the State;
c) review the PASARR Level I form to determine need for Level II assessment;
   [The IPAS agency will certify either "Yes" or "No" on the bottom of the Level I to specify whether Level II is needed. (See Appendix F.)]

   NOTE: If Level II is needed, the individual cannot "REFUSE" to participate in IPAS and be admitted to or remain in a Medicaid-certified NF.

d) calculate applicable time frames for completion of each part of the IPAS process, including the following factors among others:
   1) the nature of the assessment (IPAS-only or PAS/PASARR);
   2) type of IPAS case (Medicaid or non-Medicaid, at-home, in a hospital, temporary admission to a NF);
   3) nonresident.]
e) schedule and arrange for the IPAS assessment;
   (This includes contacting as appropriate the applicant, his or her family or legal representative, and other persons who are knowledgeable about the applicant's condition and situation, assigning the case to an IPAS assessor, and beginning tracking of case processing.)
f) contact the designated attending physician to obtain the necessary medical documentation and related service needs information.

Upon request, the IPAS agency will provide the physician with a thorough explanation of:
a) IPAS including the appointment (under IC 12-10-12-14) of the attending physician as a team member;
b) IPAS goals and objectives;
c) the need for medical and mental health information; and
d) the need for expeditious completion of the necessary forms.

To expedite submission of necessary medical documentation, the IPAS agency may:
a) solicit assistance from a family member or the legal representative to contact the physician in this regard; and
b) encourage the hospital discharge planner to assist in getting the physician's signature on the Form 450B, Physician Certification for Long-Term Care Services.

Delay in receipt of medical documentation, including IPAS follow-up dates and results, will be documented by the IPAS agency in the IPAS case record.

NOTE: Delay in receipt of necessary medical documentation is the most common cause of case processing delay.

2.6.2 Referral for Level II

If referral for PASRR Level II assessment is needed, the IPAS agency will:
a) notify the applicant in writing that the Level II referral is being made as soon as the need for Level II assessment is identified; and
b) make referral for PASRR Level II for individuals with:
   1) MI (mental illness) are made to the local CMHC (Community Mental Health Center) serving the NF identified by the applicant or his or her representative; or
   2) MR/DD (mental retardation/developmental disability) or MR/DD/MI are made to the local D&E Team.

The IPAS agency may use the form letter in the Appendices to send notice of referral for Level II to the applicant. It may be copied on the IPAS agency's letterhead. (See Appendix X.) Follow PASRR procedures in Chapters 10-16.

NOTE: If Level II is <u>NOT</u> needed, a notice does not need to be sent.

2.6.3 "Refuse/Do Not Agree"

Medicaid regulations do not allow an individual who needs a PASRR Level II assessment to refuse IPAS and be admitted to or remain in a Medicaid certified NF.

When the individual is <u>non</u>-PASRR, he or she may "refuse to participate in IPAS" and the NF may admit the individual under IPAS penalty. The NF will:
a) provide a copy of the IPAS Information Sheet and allow sufficient time for the person signing the Application form to read it; and

b) assure that the applicant understands the possible consequences of refusing to agree to participate in IPAS; and
c) make a clear notation on the application form itself, including the stated reason for refusal (and other applicable information); and
d) sign and date the notation on the IPAS Application PRIOR to sending it to the IPAS agency; and
e) keep a copy of the IPAS Application on file for at least one (1) year if the individual who refuses to participate is admitted to the NF; and
f) send the original IPAS Application to the IPAS agency immediately [or no later than within five (5) working days for designee authorized temporary admissions].

The IPAS agency will issue a PAS Form 4B which states the penalty for nonparticipation in IPAS, including the dates under IPAS penalty. (For more detail, see the IPAS Penalty in Chapter 6.2.)

NOTE: A Medicaid recipient may refuse to participate in IPAS, be admitted, and incur the IPAS penalty. Medicaid reimbursement will not be available for NF per diem, however.

2.6.4 Case Termination PRIOR to IPAS Completion.

An IPAS agency will:
a) not pend an IPAS or PASRR case beyond applicable IPAS and/or PASRR processing time frames; or
b) if it is necessary to pend the case, clearly document the reason.

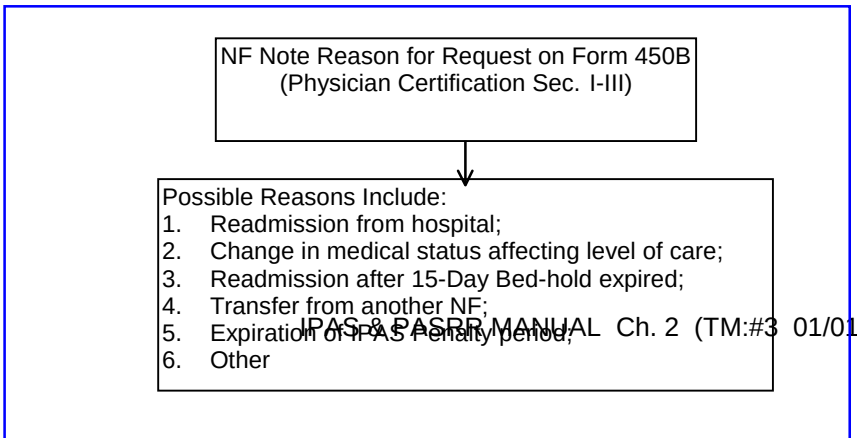
For example, do not pend a case because the individual has changed their decision or cannot make a decision on whether NF placement is still wanted. Terminate the case due to voluntary withdrawal, refusal to participate, or failure to cooperate, as applicable. (Also see Chapter 5.2)

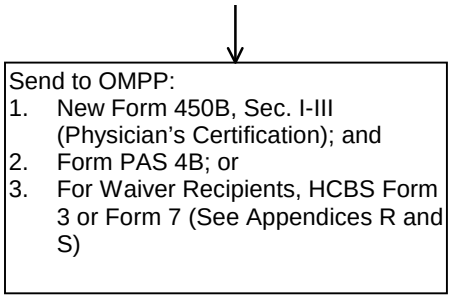
2.7 MEDICAID REIMBURSEMENT WHEN IPAS NOT REQUIRED

When an individual becomes Medicaid eligible and needs Medicaid reimbursement after a PAS 4B has been issued, the NF will:
a) obtain documentation to support the patient's current need for NF level of services (level-of-care) on Form 450B; and
b) make a copy of the PAS 4B (or, for Medicaid Waiver recipients, HCBS Form 3 or 7 in lieu of the PAS Form 4B); and
c) state the reason for submission of the documentation at the top of the Form 450B; and
d) submit the documentation and request directly to OMPP.

If a period of IPAS penalty has expired, the NF should include:
a) the original date of NF admission; and
b) a certification that the one (1) year penalty period has expired.

NF REQUEST FOR MEDICAID REIMBURSEMENT
(IPAS Not Required)
Chapter 2.7





To obtain a PAS 4B when one is not available on the resident's chart or file, the NF must:
a) contact the local IPAS agency (AAA);
b) contact the prior NF if the patient was admitted from another NF, with or without an intervening hospital stay; or
c) as a last resort, provide a written cover letter to OMPP with the Form 450B explaining why a PAS 4B is not being included.

The cover letter should include the following documents and/or information:
a) if available, a copy of the IPAS Application form; and
b) the date that the individual was first admitted to a NF in Indiana; and
c) assurances to OMPP that the individual has received continuous NF care since the original date of NF admission (no discharge to home or the community during that time); and
d) a statement from the applicable IPAS agency that it has been unable to locate a copy of the PAS Form 4B.

2.8 IPAS AND MEDICAID MCO

Medicaid recipients seeking admission to a NF may be enrolled in a Medicaid Managed Care Organization (MCO). NF admission for Medicaid MCO enrollees must meet all IPAS and PASRR requirements. Medicaid reimbursement for the NF stay is affected by the MCO status, however.

2.8.1 General Information

For IPAS and PASRR purposes, Medicaid MCO enrollee NF admissions are divided into two (2) categories:
a) "short-term NF placement;" and
b) "long-term NF placement."

Intended length of stay is the criterion to be used for these placements. Time frames for short-term placement are established according to current corresponding IPAS and PASRR criteria (See Chapter 3), except for Direct from Hospital placements (See Chapter 2.8.3.3.).

2.8.2 Identification of MCO Enrollees

It is important for the IPAS agency to identify the MCO enrollee status of NF applicants as soon as possible. Information on MCO status should be recorded:
a) on the Application for Long-Term Care Services for in the section for recording "Medicaid Status;"
b) in information provided by the NF;
c) through hospital discharge planner completion of Section II, Temporary Authorization, on the Application form;
d) by a statement of the applicant or health care representative; and/or
e) through other sources.

2.8.3 IPAS Agency Action

The IPAS agency has the following responsibilities:
a) inquire about MCO enrollee status for every applicant who is a Medicaid recipient

b) when it is indicated that the applicant is an MCO enrollee, confirm status by calling the MCO Helpline at 800/889-9949;
c) review the Application form for appropriate completion;
d) review the Level I and decide need for PASRR Level II;
e) assure that the Application form, PAS Form 4A, PAS Form 4B (when issued by IPAS agency for temporary admissions or case termination), and any other documents deemed applicable by the IPAS agency show MCO status in the Medicaid status sections;
f) issue IPAS agency designee IPAS and PASRR authorizations for temporary admission, including notation of MCO enrollee status; and
g) immediately forward a copy of completed PAS Form 4B to the applicable Medicaid MCO provider, including PAS Forms 4B giving authorization for temporary admission as well as final determinations.

Notations of MCO enrollee status must be readily identifiable by the NF, OMPP, State PASRR Unit, BDDS Offices, and other IPAS agencies.

2.8.4 Processing MCO Enrollee Cases

NF identification of MCO Enrollee status is a reimbursement issue. It is the responsibility of either the NF or the hospital to notify the MCO of NF placement as soon as possible. The role of the IPAS agency is to assist with early notification to the MCO whenever an IPAS applicant is found to be an MCO enrollee.

2.8.3.1 "Short-Term NF Placement"

Following current IPAS procedures, short-term NF placement:

a) may be designee authorized using the applicable IPAS Direct from Hospital, Emergency/APS, 30-Day Short-Term, or PASRR Exempted Hospital Discharge, Respite or APS authorizations;
b) will use the current time frame restrictions for such admissions.

If circumstances change during the short-term NF placement in that the individual now needs long-term placement, current procedures are to be followed. The Medicaid MCO must be notified of any change.

The Medicaid MCO assumes financial responsibility for "short-term" NF placements. NFs must bill the applicable MCO directly and not submit a claim to Medicaid fee-for-service.

2.8.3.2 "Long-Term NF Placement"

When a Medicaid MCO enrollee is admitted to a NF for "long-term" NF placement, the Medicaid MCO must disenroll the recipient. Until disenrollment occurs, the Medicaid MCO is financially responsible for NF per diem reimbursement. After disenrollment is accomplished, the NF will submit its claims to Medicaid fee-for-service.

2.8.3.3 Direct from Hospital Admissions

Working with the Medicaid MCO, it is the responsibility of the hospital discharge planner to determine whether placement of an MCO enrolee is intended to be for a "short" or "long term." The hospital discharge planner will follow current IPAS/PASRR procedures, including the following:

a) complete Section II on the Application for Long-Term Care Services form as applicable:
    1) check the box for "Direct from Hospital" for non-PASRR applicants;
    2) for PASRR Level II applicants, determine whether "Exempted Hospital Discharge" applies or whether the full IPAS/PASRR assessment needs to be completed prior to NF admission;
    3) check the box for "Medicaid MCO Enrollee;"
    4) check the appropriate box for short-term <u>or</u> long-term;
    5) check other boxes as applicable;
    6) enter the dates of authorized placement, using the date of NF admission as a start date; and
    7) send the Application form and Level I to the IPAS agency with a copy to the admitting NF; and
b) follow other procedures as stipulated by Medicaid for the Medicaid MCO process.

NOTE: For Medicaid MCO IPAS "Direct from Hospital" authorized stays, "short-term" is defined to be a stay of less than 120 days in the NF. This differs from the usual limit of twenty-five (25) days for a Medicaid recipient, applicant, or will apply.

For IPAS "Direct from Hospital" Medicaid MCO enrollees, the IPAS agency will:

a) follow IPAS procedures for private-pay applicants; and
b) follow-up after ninety-five (95) days to determine whether the individual is still in the NF and whether discharge is planned prior to the expiration of 120 days.

If the individual has been admitted for a short-term stay, the IPAS agency will:
a) issue a PAS Form 4B to close the case at the expiration of the authorized time; and
b) send a copy of the PAS 4B to the Medicaid MCO.

If the individual needs to remain longer than the 120 days, it is the responsibility of the NF to:
a) notify the IPAS agency in writing of the reason the stay will last beyond 120 days; and
b) specify the length of time that will now be needed.

The IPAS agency will schedule completion of the IPAS assessment and determination within twenty-five (25) days, assuring that the Medicaid MCO receives a copy of the PAS Form 4B.

2.9 NF TRANSFER AND READMISSION

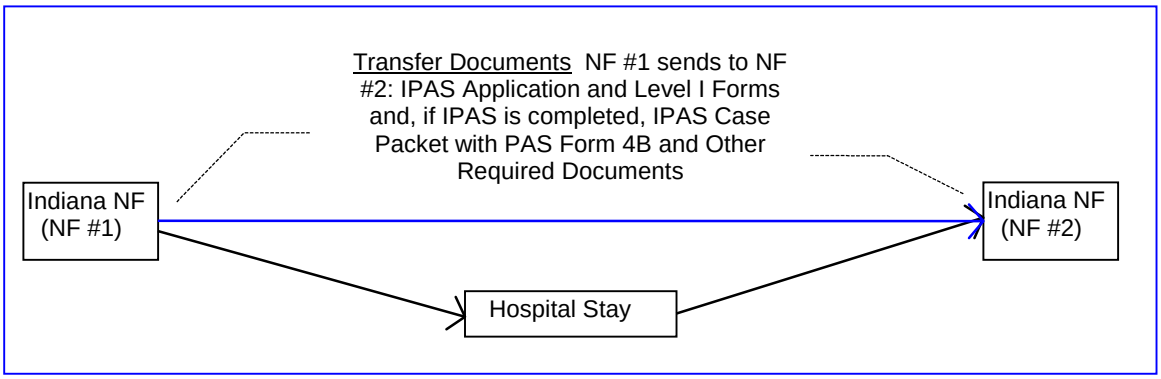
After IPAS has been completed and a form PAS 4B issued, the resident may transfer between NFs, with or without an intervening hospitals stay, without another IPAS assessment. Do NOT take a new IPAS Application form for an individual who is transferring in from one Indiana NF to another Indiana NF.

The transferring NF (NF #1) must:
a) transfer all IPAS and/or PASRR documentation with an individual to the new (admitting) NF; and
b) provide the original IPAS Application and Level I forms with, or prior to, transfer of the individual.

Medicaid and the ISDOH have always required transfer of pertinent medical documents and patient information between NFs. The transferring NF should retain a copy of the IPAS application and any other documents it deems necessary for at least one (1) year from the date of admission.

When patient transfer occurs before the IPAS process has been completed (PAS Form 4B has not been issued):
a) the new NF (NF #2) must immediately contact its IPAS agency to alert the IPAS agency to the transfer;
b) give to the IPAS agency the name, address, and phone number of the NF from which the patient is transferring; and
c) if NF #2 is in the area of a different IPAS agency, the IPAS agencies will work out an agreement for finishing the case processing; and
d) notify NF #2 of the results.

NF TRANSFER AND READMISSION
Chapter 2.9



NOTE: When PASRR Level II is involved, refer to Chapter 14.

2.10 HOSPITAL-BASED NF UNITS

IPAS admission requirements for a hospital-based NF unit depend on the licensure, not survey, status of the hospital-based unit. See Chapter 3.8 for information on admission and discharge from hospital-based NF units.

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