

Preadmission Screening for Nursing Facility Admission

Policies and Procedures

Audience

Tribal Nations, counties, managed care organizations, health care providers, hospital discharge planners, nursing facilities, Minnesota Aging Pathways

Overview

State and federal law requires preadmission screening before all admissions to Medical Assistance-certified nursing facilities. State law also requires additional activity to support relocation after admission. In addition, nursing facility residents on Medical Assistance (MA) must have their level of care established at admission and 90 days after admission.

The purpose of this document is to communicate preadmission screening and level of care redetermination policies and related responsibilities of lead agencies, health care providers and Minnesota Aging Pathways. State staff will make revisions to this document on an ongoing basis. Reference this document on the [Minnesota Aging Pathways website](#) regularly for the most up-to-date information. This document replaces DHS Bulletins #19-25-02R: Preadmission Screening – Activity Required for Admission to MA-Certified Nursing Facilities and #19-25-03: Payment in Medicaid-Certified Nursing Facilities and 90-Day Redetermination of level of care.

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I. Background

Federal and state laws require preadmission screening (PAS) for all people prior to entering a Medical Assistance-certified nursing facility (NF), certified boarding care facility or hospital swing bed, regardless of the payer source, anticipated length of stay or person's age. For purposes of PAS policy and requirements, the term "facility" or "NF" refers to all three settings throughout this document. In Minnesota, the PAS includes both NF level of care (NF LOC) determination and screening people for developmental disabilities or mental illness, referred to as OBRA Level I screening.

Statewide responsibility for most preadmission screenings is assigned to the Minnesota Board on Aging's Minnesota Aging Pathways and is governed by Minnesota Statutes, section [256.975, subdivisions 7 – 7c](#).

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 serious 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 activities;
- Determine and document the need for NF services in 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.

II. Submitting the Preadmission Screening (PAS)

Who can submit a PAS?

Providers who can submit the PAS 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. While the PAS should be submitted by the provider writing the NF admission orders, nursing facilities are also able to submit the PAS if the hospital/clinic did not.

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Online referral

The PAS must be submitted via an [online referral](#), which is available 24/7; users are encouraged to bookmark this webpage for easy access. This site also has instructions for completing the screening. Once submitted a confirmation number will be provided (i.e. PAS#####). **The PAS should be submitted as soon as it is known the person may be admitting to a NF so any additional assessments can be completed in a timely manner and prior to NF admission.**

After the online form is submitted, an initial result related to nursing facility level of care and OBRA Level I screening will display to the submitter, and will also indicate if further assessment is needed prior to NF admission. The submitter should print the PAS for their own records, as well as provide a copy to the admitting facility with other discharge paperwork, as applicable. Minnesota Aging Pathways or the lead agency will provide the nursing facility with the final PAS result.

Updating information

If there are updates for the PAS, such as discharge location or values related to level of care or OBRA Level II, the agency responsible for the PAS will work with the submitter to make those updates. If the exact discharge location is not yet known, the agency responsible for the PAS and any needed in-person assessments should complete as many of the responsibilities as possible prior to NF admission.

III. Minnesota Aging Pathways Responsibilities

Minnesota Aging Pathways receives all preadmission screenings and is responsible for processing the PAS, unless the person is under the age of 21 or on the following programs at the time the PAS is submitted:

- Managed care plan
 - Minnesota Senior Health Options (MSHO)
 - Minnesota Senior Care Plus (MSC+)
 - Special Needs Basic Care (SNBC)
- Alternative Care (AC)
- Waivers
 - Brain Injury (BI)
 - Community Alternative Care (CAC)
 - Community Access for Disability Inclusion (CADI)
 - Elderly Waiver (EW)

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In these instances, Minnesota Aging Pathways will forward the PAS to the appropriate lead agency (county, Tribal Nation or managed care organization (MCO)) as described in Attachment A, which is then responsible for all additional PAS-related activity. See Section IV.

If Minnesota Aging Pathways is responsible for processing the PAS, Minnesota Aging Pathways send a copy to the nursing facility listed on the PAS with a letter indicating the final results. If Minnesota Aging Pathways is not responsible for processing the PAS, the letter will include information about who is responsible for processing. This letter also indicates that, should further evaluation be needed, the PAS is not final until the lead agency makes the determination. Minnesota Aging Pathways typically completes or triages all preadmission screenings within one business day.

If Minnesota Aging Pathways is responsible for processing the PAS, they will:

- Enter the PAS into MMIS
- Make referrals to the county or Tribal Nation, if
 - NF LOC cannot be determined and/or,
 - OBRA Level II evaluation is needed and/or,
 - the person is under the age of 65
- Provide the final result of the PAS to the NF
- Notify the person of the PAS and the result
- Provide transition support to people who are private pay, provide consent and meet other follow-up criteria.

IV. Lead Agency Responsibilities

Program status

If a person is on the programs above at the time the PAS is submitted, Minnesota Aging Pathways will triage the PAS to the lead agency for processing. See Attachment A (the triage tip sheet) for full list of responsibilities by program. It is recommended that the lead agency complete needed activity as soon as possible from the date of receiving the referral from Minnesota Aging Pathways to ensure timely completion of any needed face-to-face assessment to avoid delays in nursing facility MA billing and payment.

Essential Community Supports

The Essential Community Supports (ECS) program serves people who do *not* meet NF LOC. When a PAS is submitted for an ECS participant, Minnesota Aging Pathways forwards the information to the **lead agency to exit the person from the ECS program. The lead agency must exit the person in MMIS within one business day of receiving the referral and notify Minnesota Aging Pathways once the exit is complete.** Minnesota Aging Pathways will then process the PAS. See Section VII for MMIS information to complete this exit from ECS.

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When NF LOC cannot be determined

When NF level of care cannot be determined by the PAS referral, an in-person assessment to make the final determination of NF LOC is required and must be completed within 20 calendar days of the referral and prior to NF admission.

If the person is not on the programs listed in Section III, Minnesota Aging Pathways makes this referral to the county or Tribal Nation of the person's location at the time the PAS was submitted. If the person is enrolled in MSHO or MSC+, the MCO must complete the in-person assessment to determine NF LOC prior to admission. For people enrolled in SNBC, the MCO must make the referral for an in-person assessment to the county where the hospital or clinic is located.

People under age 21

The lead agency must complete an in-person MnCHOICES assessment prior to NF admission for all people under the age of 21. Additionally, DHS must approve the admission to determine if the person meets nursing facility level of care and if admission can be prevented.

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 also be used to authorize relocation service coordination for people who are MA-eligible. For additional information see the [Community-Based Service Manual \(CBSM\)](#).

Assessment required for people under 65 following NF admission

The county of facility location must offer a MnCHOICES assessment for all people age 64 and younger within 80 calendar days of admission, as described in Minnesota Statute, section [256B.0911, subdivision 4d](#). 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. Minnesota Aging Pathways makes this referral to the county of facility location, even if the person is on programs. See the [Community-Based Services Manual](#) for additional information about MnCHOICES assessment requirements for people under age 65.

OBRA Level II evaluative report

An OBRA Level II evaluation is needed when a person is suspected to have or has a confirmed diagnosis of a serious mental illness or a developmental disability or related condition, and is seeking admission to a nursing facility. A referral for an OBRA Level II evaluation is based on the OBRA Level I screening information submitted to Minnesota Aging Pathways via the PAS, or based the following indicators of the need for an OBRA Level II evaluation:

- Primary diagnosis
- Mental health case manager

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- Previous OBRA Level II history in MMIS
- Recent admission to a psychiatric hospital/unit

When Minnesota Aging Pathways processes the PAS, they will make the referral for an OBRA Level II evaluation. When a lead agency is responsible to complete PAS, it is the lead agency's responsibility to complete the OBRA Level II or send a referral to the appropriate county or Tribal Nation for completion.

- OBRA Level II referrals for serious mental illness are sent to the county of the person's location at the time the PAS is submitted.
- OBRA Level II referrals for developmental disability or related conditions are sent to the county/Tribal Nation of financial responsibility (CFR).

In the instances when the CFR will receive a referral from Minnesota Aging Pathways, Minnesota Aging Pathways determines the CFR using:

- The most recently recorded CFR indicated in the Recipient Subsystem of MMIS, or
- The county of residence (COR) as a proxy for the CFR, if the person has no recipient record in MMIS for purposes of PAS only.

Completion of PAS in and of itself does not establish or change a CFR for an individual.

If a county receiving this communication from Minnesota Aging Pathways 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 related to CFR status.

The lead agency must complete the OBRA Level II prior to nursing facility admission, and provide the results to the facility, and the lead agency that made the referral, when applicable.

V. Exemption from PAS Requirements

People who do not require an online referral prior to admission

Some people can admit to a nursing facility without a PAS. They include:

1. **People in the community who have had an in-person assessment by a lead agency** (who are not on a waiver program or AC at the time of admission) can admit to a NF without a PAS, as long as they enter a facility within 60 calendar 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. The NF should receive DHS form 3426 from the lead agency.
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 admit to a NF without an online referral or additional in-person

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assessment, as long as they continue to meet NF LOC criteria at admission. The NF should receive DHS form 3426 from the lead agency.

3. **People who are receiving respite care from the NF** 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 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.

Inter-facility transfers

A new PAS is not needed for the following inter-facility transfers:

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

An inter-facility transfer does not include discharges to the community in between transfers. **If a person has been discharged to the community, a new PAS is required for any subsequent NF admissions.** A new PAS is also required for transfers from a psychiatric hospital/unit, unless the diagnosis is dementia only and there is no other mental illness diagnosis.

NFs are responsible for forwarding the PAS/OBRA Level II evaluation(s) to the new nursing facility when residents transfer to another facility, including those transfers that occur with an intervening acute hospital admission. Should a copy not be available, the admitting nursing facility can call Minnesota Aging Pathways at 800-333-2433 or [chat online](#) to request a copy. If one does not exist, the NF can submit a PAS to ensure completion, as well as appropriate screening for NF LOC.

VI. Additional PAS Policy Information

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 it was already completed as part of program eligibility determination.

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Financial workers cannot determine MA eligibility for long term care services without documentation that a person meets an institutional level of care. For purposes of NF LOC:

- A financial worker relies on the Physician Certification form DHS-1503 forwarded from the NF.
- 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.

- In addition to verifying eligibility for MA long-term care, MMIS claims edits look for the actual screening document that captures PAS, including the date of PAS and NF LOC information as part of NF claims payment verification editing.

When another state is involved

A Minnesota PAS must be completed when a resident of another state is admitting or transferring to a NF in Minnesota. If the OBRA Level I screening indicates a need for an OBRA Level II evaluation, a Minnesota county must complete the 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.

A Minnesota PAS is not required when a Minnesota resident admits to a NF in another state, unless Minnesota MA will be the payer of NF services. If a Minnesota resident is admitting a nursing facility in another state, the health care provider seeking admission should follow the PAS requirements of the admitting facility's state. However, if Minnesota MA is going to be the payer for the out-of-state NF care, the Minnesota PAS must also be completed for claims payment.

The state in which the admitting facility is located is responsible to complete any OBRA Level II evaluations for any Minnesota resident. When another state is involved, the completion of OBRA Level II evaluation 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 evaluative report. Each state is responsible to ensure the Level II evaluation is completed, documented and forwarded to the admitting facility.

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](#). Emergency admission from the community to a certified nursing facility prior to screening is permitted during Minnesota Aging Pathways nonworking hours when all of the following criteria are met:

- a physician has determined that delaying admission until PAS is completed would adversely affect the person's health and safety; and
- 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

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- the attending physician must authorize the emergency placement and document the reason that emergency placement is recommended; and
- the person 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; and
- Minnesota Aging Pathways must be contacted on the first working day following the emergency admission. PAS referrals can be made online 24 hours a day, including holidays. Minnesota Aging Pathways will retrieve the form on the next business day.
- Minnesota Aging Pathways 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 the criteria is not met, the Minnesota Aging Pathways will use the date the PAS was submitted.
- 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 Minnesota Aging Pathways, even if this is not the same date of admission.

When a NF admission occurs without PAS: Minnesota Statutes, section [256B.0911](#) prohibits MA payment and payment from privately paying people for NF services provided prior to the completion of required PAS. If a person is not exempt from PAS, the MA claims for NF services will not be paid until the 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 submit a PAS based on the person's current needs. The date the PAS is submitted will govern when MA payment of NF service will begin, not the date of admission.

Claims payment

Facilities can avoid unnecessary denials of payment for NF services by properly preparing claims.

- **Use the correct admission date on the claim.** NF claims editing will compare the date PAS was completed to the actual date of admission, not the date the person became eligible for MA.
- **Use the correct admission source code on the claim.** This is important for inter-facility transfers.
 - **Transfers:** Transfers from one Minnesota MA-certified facility to another, or from a Minnesota MA-certified facility to an acute hospital and back to a Minnesota MA-certified facility are exempt from PAS requirements. A person who has been living in an assisted living setting and being admitted to a nursing facility **IS NOT** an inter-facility transfer.
- **Complete and forward DHS Form 1503.** In addition, facilities should make sure that they have forwarded DHS-1503 to the person's county financial worker if MA is or will be the payer for facility services.
- **MCOs may also** require additional documentation to be to authorize payment for NF services.

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- **Bill the appropriate payer.** Nursing facilities can use the MN-ITS eligibility system and the Nursing Home Prepaid Health Plan Report by long-term care (LTC) provider to identify admissions that are covered under MCO benefits, and the MCO responsible for the benefit. On the MN-ITS eligibility system, information indicating cases where the health plan has responsibility for nursing facility services immediately follows the prepaid health plan information. The monthly Nursing Home Prepaid Health Plan Report by LTC provider will include the following information:
 - Enrollee name
 - Medicaid ID number (PMI)
 - MCO name
 - Minnesota Health Care Program Product ID
(M02 = MSHO, MA30 or MA35 = MSC+ and MA19 or MA37 for SNBC)
 - NF liability begin date
 - NF liability end date
 - If the NF liability begin and end dates are blank, this indicates that the MCO does not have responsibility for nursing facility services. If the end date contains all 9s, this indicates that the health plan still had responsibility for nursing facility services at the time the report was generated (approx. the 10th of each month). If there is a value other than 9s in the NF liability end date, this indicates the last day the MCO had responsibility for NF services.

Claims edits and remittance advice

The MMIS edits that generate Status Code 9 or 21 and Remittance Advice Remark N146 are explained below:

The Status Code 21 message is *missing or invalid information*. Note: At least one other status code is required to identify the missing or invalid information.

- Status Code 21 will show on MN-ITS when entering the claim if the screening document is missing or too old.
- Remittance Advice Remark N146 *missing screening document* will also show on the remittance advice form.
- These messages posts for one of several reasons:
 - The LTC Screening document or DD Screening document is missing;
 - The LTC or DD Screening document is not approved;
 - The LTC Screening document does not show the person requires NF level of care (LOC status does not equal NF);

AND/OR

 - The DD Screening document does not indicate an Action Type 11 screening;

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- The DD Screening document does not have the Medicaid Service Program as “05”
- OR**
- The DATE of the LTC screening more than 60 days prior to the admission date;
 - The LTC screening document shows the OBRA Level I was NOT completed;
 - The DD screening document has an Action Date that is greater than the first day of service, and this is not a short term stay.
 - Note for lead agencies: The Action Date (ACT DT on ALT1) and the Effective Date (EFFECTIVE DT on ALT4) for the LTC screening document must be the same date to allow for proper billing.

Status Code 9 *no payment will be made for this claim* will post on MN-ITS when entering the claim for one of these reasons:

- There is no approved DD screening document or claim dates of service are outside of the DD Screening document approved period
- Remittance Advice Remark N146 *missing screening document* will also show on your remittance advice form.

VII. Documenting PAS in MMIS

Date

The date the PAS is submitted is used for purposes of establishing the effective date of MA payment of NF claims. Neither Minnesota Aging Pathways nor the lead agency staff can backdate the PAS in MMIS. The date for MMIS is established as follows:

- Minnesota Aging Pathways and MCOs use the date the PAS was submitted online when entering the screening document in MMIS.
- A lead agency uses the date of the in-person assessment when that assessment was required to determine NF LOC, using the date of Minnesota Aging Pathways screening document as the referral date.

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 edits compare the date of the PAS in MMIS to the admission date on the claim. Claims for dates of services provided prior to the date of completion of PAS will be denied for MA payment.

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MMIS and Essential Community Supports

When a lead agency receives a request from Minnesota Aging Pathways to exit a person from the ECS program for Minnesota Aging Pathways to process a PAS, the lead agency will:

- Complete the exit within one business day of receiving the request from Minnesota Aging Pathways.
- 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 and Activity Dates of the exit.
- Inform Minnesota Aging Pathways as soon as the exit is completed in MMIS, so the PAS can be entered.
- There is no 30-day delay to exit the person from ECS as is practiced for other waiver programs and AC. The PAS is needed to establish NF LOC.

Other MMIS requirements

MA payments will be made for NF services only when MMIS indicates that PAS requirements have been met. MMIS will compare claims for NF services to long-term care 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.

VIII. Nursing Facility Level of Care Redetermination

To continue Medical Assistance payment for nursing facility services, residents on MA must have their NF LOC redetermined 90 days after admission, per Minnesota Statute, section [144.0724](#), subdivision 11.

Level of care will be determined for people in one of three ways:

- **MDS assessment:** The Minimum Data Set (MDS) quarterly assessment and resulting Resource Utilization Groups (RUG) classification is the primary method to redetermine NF LOC. The MDS quarterly assessment will establish NF LOC for all RUG classifications except PA1 and PA2; see level of care redetermination below. No additional action is needed for any other RUG classifications.
- **Level of care redetermination:** A resident must have their NF LOC re-established if they are:

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- on MA, and classified as a PA1 or PA2 on the first quarterly MDS assessment (90 days after NF admission) or,
- applying for MA and classified as a PA1 or PA2 on the last MDS quarterly assessment prior to MA eligibility start date.

Note: These MDS assessments should be used, even if delayed from a “significant change” MDS assessment.

To re-establish NF LOC for people classified as PA1 or PA2 on the relevant MDS quarterly assessment, the nursing facility must submit a [Level of Care Redetermination](#) referral to the Minnesota Aging Pathways within three days of receiving the PA1 or PA2 classification.

Once the referral is submitted, the form will indicate if the NF LOC criteria is met, or if NF LOC could not be determined. If NF LOC criteria is met, the NF should print a copy of the referral for their records, no further action is needed.

- **In-Person MnCHOICES/LTCC Assessment:** If NF LOC cannot be determined by the MDS or the LOC redetermination, Minnesota Aging Pathways will make a referral for an in-person assessment to the county of NF location. If the person is on a managed care program (SNBC, MSHO, MSC+), they will forward the form to the MCO to complete or refer to the county for the in-person assessment.

It is very important to note that an in-person assessment must be completed to make a final determination that an individual *does not meet any criteria* for NF LOC. It cannot be concluded by anyone other than a lead agency assessor that an individual does not meet any NF LOC criteria.

Inter-facility transfers

An inter-facility transfer is the transfer of a resident from one MA-certified nursing facility in Minnesota to another MA-certified nursing facility in Minnesota. An inter-facility transfer may also include a transfer between one MA-certified nursing facility in Minnesota to an acute care hospital and then to another (or the same) MA-certified nursing facility in Minnesota. NF LOC should be re-established as needed when transfers have occurred based on the following:

- **Resident is on MA** and transfers to a different NF prior to their first quarterly MDS assessment, the new facility must then try to re-establish NF LOC based on the first quarterly MDS assessment.
- **Resident is applying for MA** and transfers to a new NF, NF LOC can be re-established by either facility based on the most recent quarterly assessment before the person’s effective date of MA eligibility.

IX. Resources

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- The PAS and LOC redetermination referrals are [online](#).
 - Contact information for each MCO can be found on the [Minnesota Department of Human Services website](#). Nursing facility providers can also find this information in the MN-ITS eligibility system.

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- 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](#).
- NF LOC Criteria can be found at [DHS-7028](#) and [CBSM – Level of Care](#). Notice of action information can be found in the [CBSM](#).
- All DHS forms referenced in this document, as well as others that may be of interest, can be located on the [Minnesota Department of Human Services' website](#). DHS forms related to this policy include:
 - DHS Form 1503: Physician's Certification for Nursing Facility Services
 - DHS Form 2497: Brochure - Promoting and Supporting Independent Community Living
 - DHS Form 7283-ENG: MnCHOICES Assessment: Steps to Get Help
 - 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 Form 4625: Manual - Instructions for Completing and Entering Long Term Care Screening documents and service agreements in MMIS or DHS 4669 for the MSHO/MSO+ version of the same document or DHS 5020A for SNBC
 - DHS Form 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
 - Questions regarding OBRA Level II or resident reviews for Developmental Disabilities
 - [Community-Based Services Manual](#)
 - [DHS Form 4248: OBRA Level II evaluative report for people with developmental disabilities or related conditions](#)
 - Questions regarding OBRA Level II or resident reviews for Mental Illness (MI)
 - [DHS Bulletin #24-25-01](#)
 - [DHS Form 3457: OBRA Level II Evaluative Report Form for people with mental illness](#)
- 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 document can be found at on the [Minnesota Department of Human Services' website](#).

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- Statutes cited in this document can be found at the [Minnesota Revisor 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.

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Attachment A: Preadmission Screening Triage Tip Sheet

Minnesota Aging Pathways completes the majority of preadmission screenings without communication or referral to a lead agency. The table below describes when a referral is needed, to which lead agency and what the lead agency is then responsible for.

Minnesota Aging Pathways <u>processes</u> the PAS AND sends a referral (person is <u>not</u> on AC, EW, CAC, CADI, BI, MSHO, MSC+, SNBC)	Who receives the referral from Minnesota Aging Pathways?	Purpose of Referral and Next Steps
Under 65 (regardless of program status)	County/Tribal Nation of NF location	County/Tribal Nation will conduct a MnCHOICES assessment within 80 th days of admission to the NF.
OBRA Level II MI Referral	County/Tribal Nation of person's location (At the time of PAS submission. The county of location is filled out by the submitter in the Mental Illness section) *If person is out of state, send to county of MN SNF location	County/Tribal Nation will complete OBRA Level II activities.
OBRA Level II DD Referral/DD waiver	County/Tribal Nation of financial responsibility (CFR)	County/Tribal Nation will complete OBRA Level II activities.
Both OBRA Level II DD & MI	CFR	County/Tribal Nation will complete both OBRA Level II activities.
OBRA Level II for MI or DD and admitted to an out of state facility	No referral from Minnesota Aging Pathways	State of nursing facility is responsible to complete OBRA Level II activity.
OBRA Level II for MI or DD and admitted to MN NF from another state	DD – MN CFR MI – MN County/Tribal Nation of NF location	County/Tribal Nation will complete OBRA Level II activities.

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Minnesota Aging Pathways <u>processes</u> the PAS AND sends a referral (person is <u>not</u> on AC, EW, CAC, CADI, BI, MSHO, MSC+, SNBC)	Who receives the referral from Minnesota Aging Pathways?	Purpose of Referral and Next Steps
Essential Community Supports	County/Tribal Nation of Residence	County/Tribal Nation will exit the person from ECS and notify Minnesota Aging Pathways once completed within one day of receiving the referral.
Nursing facility LOC cannot be determined	County/Tribal Nation of person's location at the time the PAS is submitted	County/Tribal Nation will conduct a face-to-face MnCHOICES assessment to determine level of care.

Minnesota Aging Pathways <u>does not</u> process the PAS, but sends a referral	Who receives the referral from Minnesota Aging Pathways?	Purpose of Referral/ Next Steps
MSHO or MSC+, including EW	MCO	MCO: <ul style="list-style-type: none"> • Conduct OBRA Level I, NF LOC, MMIS entry • Provide documentation to NF (DHS Form 3426) • Make OBRA Level II referral to county/Tribal Nation, as appropriate • Provide relocation assistance, as appropriate
MSHO or MSC+ and CAC, CADI or BI Waiver	MCO and CFR	MCO: <ul style="list-style-type: none"> • Made aware of admission CFR: <ul style="list-style-type: none"> • Conduct appropriate waiver activities • Provide documentation to NF (DHS Form 3426) • Refer or complete OBRA Level II, as appropriate
MSHO or MSC+ and DD Waiver	MCO and CFR	MCO: <ul style="list-style-type: none"> • Conduct OBRA Level I, NF LOC, MMIS entry • Provide documentation to NF (DHS Form 3426) CFR: <ul style="list-style-type: none"> • Conduct appropriate waiver activities

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Minnesota Aging Pathways <u>does not</u> process the PAS, but sends a referral	Who receives the referral from Minnesota Aging Pathways?	Purpose of Referral/ Next Steps
		<ul style="list-style-type: none"> • Complete the OBRA Level II evaluative report • Enter DD SDOC into MMIS • Forwards results of OBRA Level II evaluation to MCO, county/Tribal case manager and NF
SNBC Only	MCO and County/Tribal Nation of NF location	MCO: <ul style="list-style-type: none"> • Conduct OBRA Level I, MMIS entry • Provide documentation to NF (DHS Form 3426) • Make OBRA Level II referral to county/Tribal Nation as appropriate • If NF LOC cannot be determined, the MCO will refer to the county of location for a MnCHOICES assessment County/Tribal Nation: Conduct 80 th -day assessment
SNBC and CAC, CADI or BI Waiver	MCO and CFR and County/ Tribal Nation of NF location	MCO: <ul style="list-style-type: none"> • Made aware of admission CFR: <ul style="list-style-type: none"> • Conduct appropriate waiver activities • Provide documentation to NF (DHS Form 3426) • Refer or complete OBRA Level II as appropriate County/Tribal Nation of NF location: <ul style="list-style-type: none"> • Conducts 80th-day assessment
SNBC and DD Waiver	MCO and CFR and County/Tribal Nation of NF location	MCO: <ul style="list-style-type: none"> • Conducts OBRA Level I, MMIS entry • Provide documentation to NF (DHS Form 3426) • If NF LOC cannot be determined, the MCO will refer to the county of location for a MnCHOICES assessment CFR: <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/Tribal case manager, and NF

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Minnesota Aging Pathways <u>does not</u> process the PAS, but sends a referral	Who receives the referral from Minnesota Aging Pathways?	Purpose of Referral/ Next Steps
		County/Tribal Nation of NF location: <ul style="list-style-type: none"> Conducts 80th-day assessment
CAC, CADI or BI Waiver, Under 65	CFR and County/Tribal Nation of NF Location	CFR: <ul style="list-style-type: none"> Conduct appropriate waiver activities Provide documentation to NF (DHS Form 3426) Refer or complete OBRA Level II as appropriate County/Tribal Nation of NF location: <ul style="list-style-type: none"> Conducts 80th-day assessment
CAC, CADI or BI Waivers, 65+	CFR	CFR: <ul style="list-style-type: none"> Conduct appropriate waiver activities Provide documentation to NF (DHS Form 3426) Refer or complete OBRA Level II as appropriate
EW or AC	COR (The COR is determined by the most recently recorded COR indicated in the Recipient Subsystem of MMIS.)	COR: <ul style="list-style-type: none"> Conduct appropriate waiver activities Provide documentation to NF (DHS Form 3426) Refer or complete OBRA Level II as appropriate
Person is under age 21 (No SNBC, CAC, CADI, BI) or Under 21 and on DD Waiver	County/Tribal Nation of person's location at the time the PAS is submitted	County/Tribal Nation of person's location: <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 (DHS Form 3426).

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Attachment B: LOC Redetermination Examples

Examples related to admissions - The examples here clarify the timelines related to admission dates and the need to establish NF LOC. It is assumed in all examples that people received a preadmission screening as required at admission, and that NF LOC was established at that time.

- **Mr. Jackson was admitted as a private pay resident.** He continues his stay in the nursing facility and becomes MA eligible six months later. His last quarterly MDS assessment was used to re-establish NF LOC and his RUG classification was NOT PA1 or PA2, and no further action was required.
- **Mrs. Hernandez was admitted with MA.** The first MDS quarterly completed resulted in a RUG classification of PA1 and therefore did not re-establish NF LOC. The facility submitted a level of care redetermination referral to Minnesota Aging Pathways, which indicated she meets NF LOC. No further action was required.
- **Ms. Swanson was admitted with MA.** The first MDS quarterly completed resulted in a RUG classification of PA1 and therefore did not re-establish NF LOC. A level of care redetermination was submitted to Minnesota Aging Pathways, but NF LOC still could not be determined. Ms. Swanson was referred to the lead agency who established NF LOC through an in-person assessment.
- **Mr. Nguyen was admitted as a private pay resident.** He became eligible for MA two years later. He was a PA2 on the last MDS quarterly assessment completed prior to becoming MA eligible. The facility submitted a level of care redetermination referral to Minnesota Aging Pathways, which indicated he meets NF LOC. No further action was required.

Examples related to inter-facility transfers - The examples here clarify the timelines related to inter-facility transfers.

- **A person on MA enters NF-A** and then transfers 30 days later to NF-B. NF-B would need to establish the qualifying 90-day stay using the resident's first quarterly MDS assessment completed by NF-B.
- **A private pay person enters NF-A** then transfers 45 days later to NF-B. The person spends down and applies for MA. NF-B would need to establish NF LOC using the resident's last quarterly MDS assessment completed by NF-B prior to the person's effective date of MA eligibility.
- **A person on MA is admitted to NF-A** and then transfers to NF-B four months later. It is assumed that the qualifying 90-day stay was established by NF-A prior to the transfer date. No further action is needed from NF-B.

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