Introduction

On February 8th and 14th, 2017 two webinars were presented by staff from the Illinois Department on Aging, Illinois Department of Healthcare and Family Services, and the Illinois Department of Human Services’ Division of Mental Health, Division of Developmental Disabilities and Division of Rehabilitation Services. The February 8th webinar focused on the Choices for Care and PASRR screening processes and interagency collaboration; and included DOA CCU Care Coordinators, DMH PAS Agents, DDD ISC Agencies and local DRS staff. The February 14th webinar focused on the Choices for Care and PASRR screening processes and interagency collaboration with Nursing Facilities, Supportive Living Program providers, and Intermediate Care Facilities. It included NFs, SLPs, ICFs, CCUs and state Department staff.

This document provides answers the questions that were compiled from both webinars. If upon reviewing this document and you have additional or follow-up questions, please contact aging.occs@illinois.gov

This document has also been posted to the Illinois Department on Aging website at: https://www.illinois.gov/aging/Pages/default.aspx
Click on “Community Services” at the top of the web page; then click on “Choices for Care program.”
## Choices for Care, PASRR Screenings and Post-Discharge Follow-Up Activities

### Hospital Discharge Planners
- Notify CCU with at least 24 hours (preferably more) prior to pending discharge to complete Choices for Care Screen
  - Can complete OBRA Level I Screen and make referral to appropriate MH PAS agent or DD ISC agency
    - Notify CCU to complete the DON if suspicion of SMI
  - Provide CCUs with necessary information (including SSN)
- If individual going to NF/SLP, provide CCU with NF/SLP name/address/date of admission
- Coordinate with NF/SLP to assure smooth transition for individual, making sure all requirements completed prior to admission

### Care Coordination Units (CCUs)
- Inform individuals of Choices for Care options (PA 99-0080)
- Complete pre-screening within 24 hours of request (7 days per week)
- Complete Required Forms: Determination of Need, OBRA Level I Screen, HFS 2536 or HFS 3864
- Complete OBRA Level I Screen and make referral to appropriate MH PAS agent or DD ISC agency if suspicion of MI or I/DD is identified
- If individual goes to NF/SLP, send completed forms to NF/SLP (PA 99-0857) and coordinate with Hospital Discharge Planner
  - CCU can leave copy of forms w/ Hospital Discharge Planner if able, forms only completed when admission date & NF/SLP known
  - Some CCUs utilize a verification of screening form which is left at the hospital
MH PAS Agents and DD ISC Agencies

– Upon receipt of Level I Screen from CCU or Hospital, determine if Level II Screen needed
– Complete OBRA Level II Screen if needed
– Coordinate w/ CCU and Hospital Discharge Planner on referral/completion of Screen
– Complete HFS 2536 if Level II Screen completed

Long Term Care Providers

– Coordinate with Hospital Discharge Planner to assure smooth transition for individual, making sure all requirements completed prior to admission
– If individual comes without required forms, first contact CCU in the area of the Hospital to see if pre-screening was completed
– If pre-screening not completed, contact the CCU in the LTC provider’s geographic area (refer to CCU contact list)
– If unable to contact CCU, for assistance contact IDoA at Aging.OCCS@illinois.gov

Long Term Care Providers: Information Needed When Contacting IDoA

– Be specific and identify steps taken prior when making inquiries
– Provide Name, Address & Contact info of Facility making request
– Provide Name, SSN, DOB of individual(s) in which screening info is needed
– Provide Date of original admission to the LTC setting, location (include City & zip) of Hospital from which the individual was admitted Provide date and CCU contacted for the Hospital screen
– If LTC provider has spoken with a CCU, please indicate whom you have spoken
Questions pertaining to Hospitals

1. Our hospital states it is a HIPAA violation for the CCU to make the referral to the PAS agent? Can you confirm or deny this.
   A: There is no need to have a Release of Information/Consent Form signed to make a referral or share information with another designated PAS agent, ISC agency or CCU. This is not a violation of HIPAA.

2. How should we handle referrals from hospitals who will not give us Social Security Numbers on patients.
   A: The CCU should contact Aging.OCCS@illinois.gov and inform IDoA in these circumstances. IDoA is working with the Illinois Health and Hospital Association to address the requirement of an SSN on the Interagency Certification of Screening Results form (HFS 2536).

3. Is it okay for hospitals to request a Choices screening as a “plan B” back up plan.
   A: Yes. Referrals for pre-screens should be viewed as an opportunity to explain all options, including community-based options. The CCU must inform the individual and family about community-based services that are available. IDoA acknowledges that not all pre-screenings conducted result in the individual being admitted to a NF/SLP. If a pre-screening occurs and the individual is not admitted, no paperwork needs to be sent to a NF/SLP.

4. I believe that it was indicated that hospital discharge planners could complete the OBRA Level I screenings. Is this correct for all hospitals? Are hospitals under contract with IDoA? Have these hospital staff been trained in completing the OBRA Level I pre-screening tool?
   A: Hospitals discharge planners from all hospitals in the state can complete the OBRA Level I screen. They are not under contract with IDoA. They have received training on completion of the tool.

5. If a hospital contacts a PASRR agent directly vs going through CCU, do we inform the CCU so they can complete a DON? If so, will the CCU give the PASRR agent score of DON so they can note on PAS/MH screen?
   A: A hospital can contact the PASRR agent directly. There is no need to first contact the CCU if the person is on a psych unit. A DON is not necessary for a PASRR agent to do their assessment; but will be required if it is determined that the individual will be discharging to a NF.

6. What "Hospital staff" are you talking about? CCU Hospital Staff or people employed by the Hospital? This is easily confused.
   A: To avoid confusion in any communication, please use “CCU Choices for Care screeners” when referring to CCU staff working in hospitals.

Questions asked by and pertaining to NFs/SLPs

7. Can a handout be sent for NF staff to use as a reference tool when working with Hospitals/CCUs; especially for follow up when Hospital or CCU is not getting documentation to facility timely? We occasionally have issues where Hospital states a client was screened when in actuality; the screening agent didn't see every client due to a client being in testing or refused screen. NF needs something stating that a client was screened & appropriate for placement.
   A: See the Choices, PASRR Screenings and Post-Discharge Follow-Up Activities on page 1 above.
8. How do you conduct a PAS screen on someone coming to the NF from out of state?
A: Contact the CCU that serves the area where the NF is located to conduct a post-screen. If it is determined upon completion of the OBRA I that a PAS screen is necessary, the CCU will contact the appropriate PAS agent or ISC agency to determine if a Level II is required.

9. If a LTC Facility experiences problems with getting a Level I pre-screening completed and/or receiving the documentation, who should they contact?
A: The facility should contact the CCU located in the area where the hospital discharge was made.

10. Can nursing facilities accept participants without screen when there are none of those three circumstances [i.e.; admission occurred prior to screening; placed from out of state, hospital emergency/outpatient services, or caregiver no longer able to provide support]?
A: A facility should not admit a resident for whom they cannot confirm the required pre-admission screenings were performed and the admission is appropriate. If a facility decides to admit a resident without the required pre-admission screenings, services provided prior to the screenings will not be eligible for Medicaid reimbursement.

11. Can you clarify how do the nursing facilities receive the screening; from the hospital or the CCU agency?
A: Per changes made under Public Act 99-0857, CCUs are required to submit screen documentation to NFs.

12. Prior to admitting to a NF, what do we get to verify a screening has been completed before admitting?
A: The CCU is required to submit to the NF a copy of the Interagency Certification of Screening Results form (HFS 2536) upon admission.

13. If a Level I pre-screening is not completed prior to admission to a LTC Facility, will the facility be prevented from charging for services?
A: Yes. Medicaid payment will only be made if all screening requirements are met and, with the limited exceptions in which a post-screen is allowed, performed no later than date of admission. Services provided prior to these criteria being met will not be eligible for Medicaid reimbursement.

14. If a Level II pre-screening is not completed prior to admission to a LTC Facility, will the facility be prevented from charging for services?
A: Yes. Medicaid payment will only be made if all screening requirements are met, and with the limited exceptions in which a post-screen is allowed, performed no later than date of admission. Services provided prior to these criteria being met will not be eligible for Medicaid reimbursement.

15. If we (NF) get a referral from (SLP) for placement, what’s the procedure to get that person screened for SNF?
A: A Supportive Living setting is considered a community setting in this situation. A nursing facility admitting a resident from a Supportive Living provider (SLP) must request a pre-admission screening in the same manner they would if the resident was being admitted from the community. The SLP is also able to contact the CCU to schedule the screenings.
16. Can you address "emergency" SNF admits (from ER or home after recent hospital stay) and if any guidelines have changed in regards to completing OBRA for SNF and what date will be on screener when facility receives it?
   A: An emergency LTC admission requiring a post-screen could be from a hospital emergency room/outpatient visit where the client was not admitted as an inpatient to the hospital but the physician states the client is not safe to return home. This would not include any hospital stay where the client was receiving inpatient services at the hospital. Also, loss of a caregiver who was providing services for a pre-existing condition in the home which kept the client from LTC admission would allow a post-screen. If the client was admitted to the hospital (receiving inpatient services) before the LTC admission the admission would not be an emergency. Admission from Out-of-State would also allow a post-screen. The date CCU completes the Post Screen will be entered on the HFS 2536. If the CCU determines a post-screen is appropriate, they will indicate it on the form. If the client is otherwise eligible for Medicaid coverage, HFS payment will begin the date of admission, not the date of the post-screen. These guidelines have not changed.

17. Does the DON screen still have to be completed if they are coming into the Nursing facility for a Respite Stay?
   A: No, neither the functional eligibility determination of need (DON) nor the federally required PASRR screenings are required for respite care. Medicaid payment is not available for individuals admitted for respite care. A resident admitted for respite care who remains in the facility over 15 days must be screened.

18. What is NFs recourse if the screen is not completed within the required screen time frame?
   A: A facility should not admit a resident for whom they cannot confirm the required pre-admission screenings were performed and the admission is appropriate. If a facility decides to admit a resident without the required pre-admission screenings, services provided prior to the screenings will not be eligible for Medicaid reimbursement.

19. What is the responsibility of the NF, in regards to receiving the necessary DON scores?
   A: A LTC facility should confirm the pre-admission screenings were completed, the admission is appropriate and the minimum DON has been met prior to admitting the resident. Medicaid payment will only be made if all screening requirements are met, and with the limited exceptions in which a post-screen is allowed, performed no later than date of admission. Services provided prior to these criteria being met will not be eligible for Medicaid payment. Nursing facilities should coordinate with hospital discharge planners, Care Coordination Units (CCUs), and PAS Mental Health agents to assure appropriate screenings are conducted timely.

20. Besides timelines and screenings related to mental health and DD screenings, it doesn't appear that much has changed for SLP. Am I missing something?
   A: The following changes to the CCU screening process became effective January 1, 2017:
   - CCUs are instructed to complete screens within one day of the request.
   - CCUs are available seven days a week during regular business hours to accommodate and complete screening requests.
   - CCUs are responsible for transmitting the screening results to the LTC facility.
   - The DoA in collaboration with HFS will collect data on the screening process to identify and resolve areas of non-compliance, to improve policy and procedures, and fulfill reporting requirements.
21. SNF role in the screen process and the penalties for mistakes in the process.
   A: A LTC facility should confirm the pre-admission screenings were completed, the admission is appropriate, and
      the minimum DON has been met prior to admitting the resident. Medicaid payment will only be made if all
      screening requirements are met and, with the limited exceptions in which a post-screen is allowed, performed
      no later than date of admission. Services provided prior to these criteria being met will not be eligible for
      Medicaid reimbursement. Nursing facilities should coordinate with hospital discharge planners, Care
      Coordination Units (CCUs), and PAS Mental Health agents to assure appropriate screenings are conducted
      timely.

22. Can a handout be sent for Nursing Home staff to use as a reference tool when working with Hospitals/CCUs.
    Especially for follow up when Hospital or CCU is not getting documentation to facility timely. 2. We occasionally
    have issues where Hospital states a client was screened when in actuality; the screening agent didn’t see every
    client due to a client being in testing or refused screen. NH needs something stating that a client was screened &
    appropriate for placement.
   A: HFS has drafted a Provider Notice which will serve as a reference. If there is doubt regarding the required
      screenings, the LTC facility can contact the CCU directly to confirm the screenings have been completed. To
      ensure Medicaid reimbursement, facilities should only admit a resident they can confirm is appropriate for
      admission. Form HFS 2536, Interagency Certification of Screening Results, continues to serve as the
      documentation that the pre-admission screenings were performed and the admission is appropriate.

23. If a resident, transitions and/or needs nursing home care, from independent living and/or assisted living to the
    nursing home, do they need a screening completed? Does being on a lifecare contract make a difference to getting
    screened for nursing home placement, whether it be short-term or long-term?
   A: Independent Living and Assisted Living settings are considered community settings for purposes of Medicaid
      LTC services. Both short term and long term admissions to a nursing facility from these settings must have the
      required pre-admission screenings completed prior to admission, which indicate the individual is appropriate
      for placement.
      According to State administrative rules, individuals admitting to a continuing care retirement community with
      which the individual has a Life Care contract do not require the pre-admission screenings prior to admission.
      Medicaid reimbursement is not available for these services.

Questions asked by and pertaining to Choices for Care screeners

24. Often hospital screening referrals are made 3 to 4 days before a patient is discharged. Sometimes patients are still
    in ICU. 80% of the time, the patient, family and discharge coordinator are not sure where the patient will transfer
    too. This does not allow for proper completion of screening forms.
   A: In instances such as this the CCU should use the extra time to educate the patient and family about options
      available, including community-based options. Choices for Care stresses options and deflection from a NF
      remains an option.

25. Why is short-term rehab considered long-term care?
   A: “Long-term care” is a term that is often used to denote congregate, facility-based level of care. Both short-
      term, including rehabilitation and long-term care are provided in a long-term care setting.
26. Does the CCU have to hold paperwork from billing if OBRA from PAS agent or ISC agency is not returned to CCU? If so, for how long? Can there be a generic code created by the state for instances where the CCU is waiting on paperwork from PAS or ISC for more than one month (state can follow up with reason for hold up)?
   A: No. The CCU can bill prior to the OBRA being returned. If there are instances where specific PAS agents or ISC agencies are consistently not returning paperwork in a timely fashion, contact aging.occs@illinois.gov and IDoA will share your concerns with DMH or DDD as required.

27. During previous trainings, it's been mentioned that the OBRA and/or DON screenings could be replaced with the the UAT or a version of the UAT. Has this thought been "buried"?
   A: Work continues of the final development, testing and roll-out of the Uniform Assessment Tool (UAT). At this time, continue to complete the DON as usual. The OBRA is not being replaced at this time.

28. For a community based resident in Chicago, when making a screening request. They are telling us there is a 4-6 weeks’ timeframe, is this correct? Home patients needed access to DON screening-what is the turnaround time we can expect? It is currently taking weeks in the Chicago area.
   A: Contact aging.occs@illinois.gov with specifics in these instances.

29. I have never heard of DON score being written on an OBRA I form prior to submission to due to suspicion of MI or DD. Please expand answer.
   A: The OBRA I is being revised to include the DON on the form for individuals with a suspicion of SMI (this is not required for DD). Until the new form is distributed, handwrite the DON on this form to assist the PAS agent in completing their assessment.

30. Did she say that if a screen was completed within 90 days a new screen is not required but a form must be completed to verify?
   A: If that is the case, the CCU shall complete the HFS Services Screening Verification form (HFS 3864) using the information in CMIS or eCCPIS/PSS to complete the date the individual was screened.

31. Wondering why the HFS 2536 form needs the date and NF name. This can often change dependent on medical condition and bed availability. Individuals also move from NF to NF. It would be more efficient if we could leave the screen at the hospital when it is done without this information. Our hospital scans the 2536/OBRA into the patient’s medical record so the potential NF(s) know the screen is completed and available.
   A: Including the date and NF name on the HFS 2536 form is a compliance requirement. With the passage of PA99-0857 it is the responsibility of the CCU to ensure that the required screening documents go to the correct NF.

32. How do CCUs provide NHP results (OBRA/2536) when hospital does not provide discharge locations or discharge dates - especially when NHP are completed early in a patient's hospital stay?
   A: It is important for the CCU to communicate with the Hospital Discharge Planners. Forms cannot be sent until the CCU knows the location of the NF the individual is/has been discharged to.

33. Diversions from LTC NF.
   A: The Choices for Care screen was put into statute to give individuals the opportunity to consider the option of community-based services in addition to institutional care. When a CCU (or CCU/DRS staff in the community) conducts a Choices screen and the individual chooses community-based care, they can be viewed as being “diverted” from an institutional setting.
34. If a CCU outside of local NF’s area does not provide a copy of screen and NF contacts local CCU - how does local CCU know if that a screen has been completed - especially if there is a lag time between completion and billing to state?
   A: The “local” CCU should contact the CCU who completed the screen at the hospital where the resident came from by checking PSS.

35. Is there a list of CCUs that are open nights and weekends?
   A: All CCUs must have the capacity to complete pre-screens seven (7) days a week, at a minimum of seven (7) business hours per day (federal holidays are excluded).

36. Do I understand that the CCU is the gatekeeper for a PAS screening regardless of the age or discipline? She used CCU and DRS together. The CCU would screen – complete a Level I and if appropriate, send to a DMH or DD-ISC?
   A: CCUs complete all screens in the hospital setting and refer to a PAS agent or ISC agency if indicated upon completion of the OBRA I. However, both CCUs and DRS staff complete screens/assessments for their respective age groups in the community.

37. Are there going to be any changes as far as a person comes from out of state and needs an OBRA screening? Does the CCU still have 10 days to complete it?
   A: Per the Choices for Care policy CCUs have two (2) days to complete a post-screen.

38. Is an OBRA screening required for someone who comes from the emergency room?
   A: Yes. Complete a screen including both the DON and OBRA I.

39. Are there timeframes for PAS agents or ISC agencies to return the OBRA back to the CCU? In the past, we never received the OBRA’s back from the ISC’s and our local agency said it wasn’t required (so we documented the conversation in our notes). When a Level II screen is completed, should the PAS agent or ISC agency send a copy of the paperwork to the CCU?
   A: (DDD). DD PAS Manual 170.00. Required Follow-up by DDD ISC Agencies to referrals via the OBRA I from non-DDD Screening Entities. DD ISC agencies who receive referrals through the OBRA I process must always respond to the original referral source regarding the DD ISC agency’s action regarding the referral. ISC agencies must respond in one of the following ways:
   1. Inform the referring agency that the referral has been received and that the DD ISC agency does not expect to return the referral to the original referring agency for any further action.
   2. Return the original referral to the referring agency, using the OBRA I Part V to document the reasons for returning the referral.
   (DMH). PASRR agents are instructed to return the OBRA back to the CCU if they are not completing the Level II assessment.

Questions asked by and pertaining to PAS agents and ISC agencies

40. Are PAS agents and ISC agencies required to be available 7 days a week for a minimum of 7 hours?
   A: No. This is not a requirement. Additionally, see question #101.

41. Can the PAS screener determine that the person does NOT have a qualifying diagnosis even if the hospital documentation indicates they do?
   A: The PASRR screener is responsible for reviewing all information accessed from available sources to determine if the individual has a serious mental illness under MH PASRR.
42. MI PAS screeners have 3 days to do a screen and are holding up discharges and Choices case manager process for getting paperwork to NF in a timely manner.
   A: MH PASRR has 72 hours or 3 business day to respond once contacted. When realistically possible, PASRR will respond in 24 hours or less. If the person has a SMI, PASRR wants to assure that the individual is appropriately screened and the best level of care determination is made – even if that is NOT a referral to LTC.

43. What should a PAS agent do if PASRR screens are consistently requested after the individual has been admitted and is located at the LTC?
   A: DMH wants to be informed to track if this is a pattern. An individual with a diagnosed mental illness should not be admitted to LTC without a PASRR. If hospitals are intentionally bypassing PASRR and it is determined that the individual does not meet criteria for LTC, then the NF will be held responsible for finding an appropriate discharge and linkage for the individual. NF will not get paid for the admission. If PASRR is not responding to inquiries from another PAS entity, then DMH should be notified.

44. I am confused about how the DON can be completed by the CCU before making the referral to the PAS agent? It is my understanding that the PAS agent must have the client sign a release of information before IDOA screens them. Is this correct?
   A: No, this is incorrect. If the individual on a medical/surgical unit or any unit that is not behavioral health, the CCU normally establishes functional eligibility for NF level of care. There is no need for a consent form between PAS agents, ISC agencies, CCUs or hospitals.

45. Just to clarify are we are only referring those that have a suspicion of SMI to PASSAR? not any type of MI? Or do we refer to PASSAR if we have a suspicion of any MI and then they decide if it is a SMI?
   A: Every diagnosis in the DSM V does not constitute a Serious Mental Illness. Examples: Anxiety: If a person has general anxiety disorder and it is not debilitating (does not impact functional level, self-care, etc.), this is a diagnosis but not a SMI. There is no referral to PASRR. Depression: If the person has one depressive episode (maybe situational – spouse died), there is no history of depression and it is not debilitating, this is not a SMI. There needs to be some judgment used, but if uncertain then send to PASRR. Every emotional issue or crisis does not constitute a serious mental illness.

46. If the MI PAS agent has 72 hours to complete a PASRR screen and the CCU has already sent the DON to the NF and the NF has accepted what happens if the PAS agent says they aren’t eligible for a NF?
   A: The CCUs and the PASRR agents need to get in the habit of fluid communication. Let’s assume that the individual has a complex medical condition resulting in functional eligibility for NF admission AND has a mental illness. The PASRR agent will never say “No”, since the person is found eligible for NF level of care due to the medical/physical condition; but a PASRR screen will be completed to identify if there are mental health treatment needs that the NF must be aware of to effectively plan and program for the individual’s care.

47. Is the CCU the initial assessing entity no matter referral source or age of person being referred?
   A: CCUs complete all screens in the hospital setting and refer to a PAS agent or ISC agency if indicated upon completion of the OBRA I. Both CCUs and DRS staff complete screens/assessments for their respective age groups in the community. An exception may occur if the person is on a Psychiatric Unit, for example, the CCU would probably not be determining NF LOC. The PASRR agent will assess. If it is determined that there is both a mental illness and medical/physical conditions then both the CCU and PASRR agent may be required to screen the patient.
48. I would love to have more education on when to refer for a MH PAS and when not to do so. Is it based on a diagnosis solely, is it based on our professional observation/opinion.
   A: Note: Additional training is being planned for CCUs on this area. The PASRR agent will look at the diagnosis, but NOT the diagnosis alone. Very often people are misdiagnosed. The PASRR agent assesses for functional level, severity and chronicity. It is not based solely on the diagnosis.

49. What happens when a patient has a dual diagnosis of MI and DD, Who would do the Level II PASRR screen?
   A: The Divisions have supported the submission of the OBRA I referral to both MI & DD to initiate reviews simultaneously. If the person meets DD eligibility, the ISC agency will complete the paperwork. If there is a co-occurring SMI, a PASRR agent will complete the Level II.

50. Will hospitals need to make PASRR referrals to the CCU first, or can they still refer directly to PASRR?
   A: No. Hospitals are authorized to complete the OBRA I Initial Screen. The CCU may be required to complete a DON for individuals with MI if it is determined that medical issues or rehab requires NF level of care (prior to discharge).

51. Is the OBRA complete if the PAS agent or ISC indicates that there is only a medical condition and there is no co-occurring DD or SMI?
   A: (DDD). The DD ISC agency can determine, after a review of the individual’s condition and/or history, that there is not a reason for conducting a Level II assessment. ISC agency will complete Part V by explain why a Level II assessment is not needed (160.00 B.).
   (DMH). If the CCU determines that there is ‘no suspicion’ of mental illness, then there is no OBRA needed to be sent to a PASRR agent. PASRR will not screen if there is no suspicion of mental illness.

52. What if the patient has both dementia and a SMI?
   A: Persons with both SMI and Dementia diagnoses should be referred via OBRA I and often require a full Level II MH PASRR assessment.

53. Can you confirm/deny if we need to send to PAS for major depression, single episode?
   A: No. A diagnosis of major depression, recurrent should be sent to the PASRR agent. A single episode (no previous history) does not constitute a serious mental illness.

54. To be clear, the CCU should be contacting the PAS agent or ISC agency where the person lives, and not where the hospital is located, correct?
   A: (DMH): Incorrect. PASRR agencies screen based on where the person is physically located at the time of the assessment. The 43 PASRR agents have assigned geographical service areas where they conduct screens.
   (DDD): The DD PAS Manual 050.00B - Geographic Responsibility for PAS Functions. The screening entity completing the OBRA I, if other than a ISC agency, will refer the individual to the ISC agency responsible for the geographic area in which the individual is currently located. The ISC agency that receives the OBRA I is responsible for providing PAS services or for referring the individual to the appropriate ISC agency.

55. PAS agents have 10 days to enter their paperwork in to the system. CCU has 5 days to turn in paperwork. Facilities contacting CCU looking for paperwork. Is there anything that can be done to improve this to make the timeframes meet?
   A: Incorrect. PASRR should enter the information in UHS as soon after completion of the assessment as possible. Many have to return to their offices to enter the information. The 5-day requirement for CCUs is only a guideline and most often paperwork in entered sooner.
56. What is the expected timeframe for PAS agents to receive a referral from CCU? Given that CCUs will be operating 7 days per week and PAS agents do not. Please explain expected timeframes for all involved a bit more.
   A: PASRR operates within normal business hours, 5 days per week. Referrals should be sent to PASRR agents as soon as possible or the next business day.

57. Hospitals do not always specify diagnosis duration/timing; should we make the referral anyway and have the PAS agent and hospital figure it out?
   A: CCUs should attempt to obtain as much information as possible to make an informed referral. The basis for “suspicion” of a mental illness should be included in as much detail as can be garnered. Referral to MH PASRR should be made if there is reasonable suspicion of the presence of a serious mental illness. The MH PASRR assessor can then determine if the process needs to proceed to a full Level II assessment.

58. Full completion of OBRA form is ideal however not all information required on OBRA form are readily available to CCU workers. Can the PAS agent or ISC agency refuse to complete OBRA screen if OBRA form is not completely filled out by CCU agent?
   A: The OBRA I should be completed to ensure accuracy of the referral. DDD would request specific references to missing information to allow resolution. CCUs should attempt to obtain as much information as possible to make an informed referral. If the information is not available, state such.

59. Are there timeframes for PAS agents or ISC agencies to return the OBRA back to the CCU? In the past, we never received the OBRA's back from the ISC agency and our local agency said it wasn't required (so we documented the conversation in our notes).
   A: PASRR agents are instructed to return the OBRA back to the CCU if they are not completing the Level II assessment. A CCU may also request verbal confirmation from the PAS agent or ISC agency that a Level II screen was not needed and document the confirmation in their case notes.

60. If a client requires a post screen - emergency placement/placement from community how can an OBRA I be done prior to admit?
   A: In the event of an emergency admission or out of state admission to NF level of care, the CCU must complete a post-screen in the NF. If upon completion of the OBRA I it is determined that a PAS agent should assess if a Level II is necessary, the PAS agent should proceed with completing the Level II assessment in the NF.

61. How long is a PASRR Level II good for? if a new DON is needed (over 90 days) since previous DON, do we refer to PASRR again, or can we use the one done previously. Same question for Level I PASRR, do we have to refer again if we know the individual did not meet Level II criteria.
   A: PASRR Level II assessments are good for 90 days. Circumstances may change within a 90-day period. Refer to PASRR agent and they will decide if to pursue another Level II assessment.

62. Can a PASRR screener require an individual who lives in the community to come to the PASRR agent’s office to complete the Level II?
   A: Yes.

63. Is it possible for a MH PAS agent to give information to the nursing facility right away? It is important that nursing facility be aware of a potential SMI prior to admitting a patient.
   A: It is possible with signed consent, by the person or legal representative, to release this information.

64. What if an individual is diagnosed with MI after admission to a NF? What is the process?
   A: The NF is to contact the PASRR for a reassessment – called Significant Change.
65. Do the MH PAS agents or DD ISC agencies ever complete OBRA’s once the individual is in a NF or SLP?
A: (DDD). The OBRA Level I Screen must be used for all persons who are 18 years old or older who are seeking admission to a nursing facility (NF). In addition, for all persons seeking developmental disability services that are funded through Medicaid, the OBRA Level I Screen form is completed as the initial step in the full PAS screening process. Chapter 120.00 of the DD PAS Manual addresses Individuals Who Are Exempt from OBRA I Screening Process.
(DMH). No. The screen should be done prior to NF admission, with the few exceptions noted. Post-admission MH PASRR assessments for SLP are only permitted if the person transferred from NF since the SLP Rule accepts NF LOC eligibility based on NF residence.

66. Is there someone to contact when MI PAS agents don’t return OBRAs or let us know the results of the determination? Even when it has been requested multiple times over the course of 2 months?
A: PASRR agents are instructed to return the OBRA to the CCU if there is no reason to proceed with a Level II, only. If there is difficulty with a particular PASRR agent, contact DMH.

67. When a Level II screen is completed, should the PAS agent or ISC agency send a copy of the paperwork to the CCU?
A: (DDD). The completed Level II is not expected to send back to the CCU. (DMH). The PASRR agent will not send a completed Level II back to the CCU.

68. Is there a time frame during which a PASRR needs to return Level I or II paperwork to the CCU?
A: The Level I should be returned by the PASRR to the CCU if a determination is made not to proceed with a Level II. If a Level II is completed it will not be sent to the CCU.

69. Where would a facility or participant send an appeal for a MH PASRR or ISC decision or denial of placement?
A: (DDD). Any individual requesting or receiving Medicaid funded services has the right to appeal a denial (including a determination of eligibility), termination, suspension, or reduction of the waiver-funded services. The PAS/ISSA agency is responsible for submitting a complete packet that will be used in the review process for a determination regarding the specifics of the case. The written request for appeal should be submitted to: Department of Human Services Division of Developmental Disabilities Medicaid Appeals Section 600 E. Ash Street, Bldg. 400, 3rd Floor; Springfield, IL 62703.
(DMH). The MH PASRR Notice of Determination (2536) currently has appeals directed to Healthcare and Family Services, Bureau of Long Term Care, 201 S. Grand Avenue East, 3rd floor, Springfield, IL 62762. Phone: (217) 782-0545.

70. Does a CCU only send for a Level II for MH for SMI or do we continue to send for depression and/or anxiety diagnoses?
A: All diagnoses do not constitute a serious mental illness. General depression and general anxiety diagnoses are NOT a serious mental illness. However, major depression and anxiety that is functionally debilitating should be sent for a Level II screen. If in doubt, the CCU should send to the PASRR.

71. This may seem like a very basic question – but for us providers that are currently in transition from ICF/Long-term facilities to SMHRF (Specialized Mental Health Rehabilitation facilities), will the PAS screen process remain the same as what we’re currently doing? Or will this webinar that we’ll be attending on Tuesday, Feb 14th show us that all PAS screen processes will change?
A: Admissions to SMHRFs will be subject to a pre-authorization by either PASRR or another designated authorization entity.
72. Published guidelines on what constitutes an MI and what doesn’t. Almost everyone has depression by the time we see them but there is usually no information on the duration, history, or sequence of the depression.
   A: Training on understanding what constitutes a mental illness is being planned for CCUs.

73. If someone only has a mental health diagnosis do they qualify for supportive living?
   A: They may be appropriate for a SLP depending on several factors: “If their risks and needs related to the diagnosed mental illness is not so severe or persistent that they cannot be adequately addressed within the structure, services and supports of the SLP”.

74. Is schizophrenia considered a serious and persistent mental illness?
   A: Yes, but it is not the diagnosis alone that makes the final determination.

75. If an individual at a skilled care facility has a mental health diagnosis but the OBRA screening indicated no, do they need a PAS screen to be completed?
   A: Yes, if it is in record that the Department of Public Health will cite the facility for not having the appropriate screen. The PASRR serving the geographic area location of the skilled care facility should be contacted to do a Level II assessment. There is no set time frame for completion of this screen as it will need to be worked into the PASRR agent’s schedule.

76. My CCU has a lot of difficulty with getting OBRA pages back from MH or DD PASRR agents, it would be nice if they had a timeline when they had to have those back to us so we could meet our paperwork timelines.
   A: PASRR should return the OBRA to the CCU as soon as a decision is made to proceed with the Level II. If there are issues with specific PAS agents or ISC agencies, contact aging.oecs@illinois.gov and IDoA will work with DMH or DDD to resolve the issue.

77. Who is doing the Level I? Who is a CCU? What about dementia and Alzheimer’s with disturbance of conduct, where the person has not stabilized and is not safe to return home nor do they have family support.
   A: The OBRA Level I can be completed by CCUs, Hospital Discharge Planners in the Hospital. See glossary below for the definition of a CCU (Care Coordination Unit). Disturbance of conduct often is a symptom/behavior associated with Brain Disease. If there is no previous history of mental illness, psychiatric hospitalization, etc., then the CCU should screen. The PASRR agent will not screen.

78. What to do if someone might qualify for a less restrictive level of care, but the resources are not available, such as long waitlists for supervised residential care.
   A: Contact the State Department representative that administers the program(s) of the population you are serving to discuss specifics.

79. Our PAS agents for our area follow different process. They require release for each individual before they will complete the OBRA II.
   A: The Release of Information is two-fold: (1) the person is consenting to be assessment and (2) the information obtained can be released to the NF. If the person does not consent to the assessment, the assessment cannot be conducted.
80. How are CCUs able to determine if significant MI based on minimum information available in hospital file.
A: As a CCU, you are not asked to make a clinical determination, but rather to ask for more basic information. Training for CCUs on mental illness and what to look for in hospital records is being planned.

81. When a Level II screening needs to be complete and the time frame for this.
A: (DMH). Level II screenings are to be completed within 72 hours or 3 business days from the date of contact. This is clearly stated in the PASRR manual. (DDD) Level II assessments must be completed within 90 days of the initial request or referral. Shorter time frames are necessary in cases of hospital discharge, crisis situations, etc. (060.00 Time Frames).

82. Do PASRR agents do Home Visits for Level II when the person is in the community? Can they refuse to do the visit if the person has bed bugs? How to determine mental illness or developmental disability when the Care Coordinator has a suspicion but the hospital record lacks evidence and there is no family.
A: PASRR agents are not required to go into anyone’s home. If a Level II is necessary PASRR can make arrangements to screen the individual at their agency or other setting, if appropriate. A PASRR screen is conducted on an out-of-state admission once that individual arrives in the state.

83. Brenda described exactly who we are referring yet we get feedback we are referring the wrong people. We usually go the extra step and obtain family and the person’s account of their history of MH diagnosis and treatments before making the referral it is questionable.
A: Communication is extremely important. If a screened is returned, please ask the PASRR the reason(s) why it is being returned. If it becomes a pattern, contact DMH.

84. Who is responsible for providing what information to complete a PAS?
A: (DMH): The hospital discharge planner or one of the designated entities (nursing home, community agency, social worker, CCU, etc., are responsible for completing the OBRA I. PASRR is responsible for completing the Level I assessment and Level II assessments if there is a suspicion of SMI. (DDD): 200.40 Assessments Required by Disability. The ISC agency must ensure the following assessments are obtained. Guidance regarding necessary components of these assessments is provided in Section 200.50

85. Explanation of When Referrals needed more specifically. What we do when PAS or ISC doesn't do the Level II screen timely or at all.
A: (DMH): More specific information is needed to best respond, since there could be realistic reasons why, i.e.; the PASRR Level II may have been completed and withdrawn, the person refused to sign Release of Information or the person stated that he/she was not going to LTC. In policy, PASRR has 72 hours or 3 business days to complete the PASRR (ideally they will try to complete within 24 hours from the initial contact).
(DDD): More information would be needed to respond specifically to this question. The DD ISC receiving referrals through the OBRA-1 process must always respond to the original referral source regarding the DDD ISC agency’s action regarding the referral (170.00 DD PAS Manual). The Level II assessments must be completed within 90 days of the initial request or referral (060.00 DD PAS Manual).

86. Since 1/1/2017 I've made several referrals to ISC agents, and there is a lot of confusion as to which OBRA is to be completed and returned to referring CCU. How is there more than one OBRA form; shouldn't this be uniform amongst all agencies? Can the state submit a copy of the OBRA from so everyone is using the same form?
A: The OBRA I is available through the DHSDD website (DDPAS manual). While there are currently three versions of the OBRA I being used by agencies, all require the same information. Note: The OBRA I is currently being revised and will be a standardized document under HFS.
87. Can you please explain the circumstances and time frame of needing a Level II for the ISC agencies with someone who is suspected of having DD?
   A: Level II assessments must be completed within 90 days of the initial request or referral. Shorter time frames are necessary in cases of hospital discharge, crisis situations, etc. (060.00 Time Frames).

88. I had a DD screener tell me that the person couldn't be DD as they were not taking any medications related to seizures. Does this make sense?
   A: For DD ISC agencies, Part V will be used when there is a "yes" response in Part II, but the ISC agency has determined, after further review of the individual's condition and/or history, that there is not a reason for conducting a Level II assessment. The ISC agency will complete Part V by explaining why a Level II assessment is not needed and completing the remaining information, then sending the OBRA I to the next appropriate screener (i.e., DMH, DRS, or Aging).

89. We currently have individuals with DD that go for short term rehab stays in NFs. They generally return to their CILA or family home within 120 days. Will this require a complete Level II? For individuals living in CILA's or ICFDD's they have had a Level II before placement. They generally need increased medical care temporarily usually for less than 120 days in the NF.
   A: The OBRA I and HFS 2536 would be completed in these situations. Short term stays would not require completion of the Level II.

90. We in the past have gathered the medical info, completed the OBRA 1 and HFS 2536 for the short term stay in NF. We follow them while they are in the NF to make sure they return home, CILA, and ICFDD or to an appropriate setting once they no longer have the medical /rehab need. Will this change?
   A: No perceived changes in this process.

91. I heard that ISC agencies can backdate paperwork; is this true? If so, why can't CCUs and PAS agents backdate?
   A: The Division of Developmental Disabilities does not permit the backdating of any documents by ISC agencies. IDoA does not permit the backdating of any documents by CCUs. DMH does not permit the backdating of any documents by PASRR agents.

92. If someone has "developmental delay" listed in hospital chart/medical record and no other specification, should the CCU make a referral to ISC agent?
   A: The OBRA I Guidelines in the DD PAS Manual indicates: For there to be a reasonable basis to suspect a developmental disability, the condition must have manifested itself prior to the age of 22. In other words, the condition must have been present during the developmental years. For example, an individual who experienced a traumatic brain injury as a child, resulting in a condition similar to mental retardation, would be considered a person with a developmental disability and would be assessed by a DD PAS agency. If that same person experienced the same injury at the age of 22, resulting in the same condition, the individual would not be considered a person with a developmental disability and would then be assessed by either DRS or IDoA.
93. If someone has "seizure disorder" listed in hospital chart/medical record and no other specification, should CCU make a referral to ISC agency?
   A: A seizure disorder is a general term used to describe any condition in which seizures may be a symptom. The OBRA 1 Guidelines in the DD PAS Manual indicates: Cerebral palsy and epilepsy are conditions that could indicate a developmental disability, since these conditions can result in impairments similar to mental retardation. In many cases, however, the intellectual functioning of individuals with cerebral palsy and epilepsy in no way resembles mental retardation. Since this can be a difficult determination for persons not trained in the field of developmental disabilities to make, all individuals with Cerebral Palsy and Epilepsy should be referred to a DDD ISC agency.

94. If someone with DD is already in an ICF or CLF and are hospitalized, in order to get into a NF for short term care (i.e., after surgery) they must go through this PAS process?
   A: Refer to the DDPAS Manual (400.30) addresses Convalescent Care. www.state.il.us/page.aspx?item=53023

95. Is the rule of thumb that for admission to an ICF, the person must regardless have an IQ of 70 or less to be admitted? Can they have AXIS 1 of Autism Disorder and AXIS II of unspecified intellectual disability and IQ above 70?
   A: Chapter 500 of the DD PAS Manual addresses the Determination of Disability. The DD ISC provides documentation regardless whether the individual has an Intellectual Disability or a Related Condition. Admission to an ICFDD would require a Level II screening.

96. Yesterday we received referral from XYZ Hospital SW for prescreen on Mr. S. We completed the prescreen on the same day. Today we received call from hospital SW saying Mr. S was DD and hospital SW admitted that she made referral to us and DD ISC. Today we contacted DD ISC and they said that they had completed OBRA I Level and their other forms. They shouldn't be completing the OBRA Level I should they? It should come from us but if there are no obvious characteristics of patient and Hospital SW doesn't tell us how we can make the correct referral to DD ISC. We do not have access to the patient files. Is there something that we could have done? Will we be able to receive payment of this prescreen?
   A: Entities authorized to complete the OBRA I Initial Screen are representatives of the:
      1. Department of Healthcare and Family Services
      2. Department on Aging
      3. Department of Public Health
      4. Department of Human Services (Division of Developmental Disabilities, Division of Rehabilitation Services, Division of Mental Health)
      5. Hospitals
      6. Nursing Facilities
      If the CCU completed the screen without knowledge that a referral was sent by the hospital SW to the DD ISC agency the CCU can bill for the assessment.

97. How the DD population gets screened for needing NF care from an ICF or CLF once they become medically compromised. Does this happen through the hospital and PAS or through PAS? Who initiates this? Hospital or ICF/CLF?
   A: The DD ISC agency would complete the screening. DD PAS Manual: 400.30 Convalescent Care. An individual who is being released from an acute care hospital for a medically prescribed period of recovery, not to exceed 120 days, and who is not a danger to self or others, may be determined to need 24-hour nursing convalescent care. (Refer to 400.30 for ISC responsibilities.)
98. Whose responsibility is it to gather documentation for a DD ISC screening, CCU or ISC?
A: The entity completing the OBRA I screening is responsible for gathering the documentation to support the OBRA I screening.

99. Deflection based on suspicion of DD
A: Chapter 400 of the DDPAS Manual addresses the need for 24-Hour Nursing Care. This can be found at: http://www.dhs.state.il.us/page.aspx?item=53023

100. It would be helpful to have taken a case from start to finish for both PAS and ISC. I think it is not clear what the exact role is for the ISC/PAS. Do we just sign the OBRA and return it and that is it? What is the timeframe and expectation for Level II for ISC? That was not addressed.
A: Training is being planned that will include case studies.
   (DDD): Chapter 170.00 of the DDPAS Manual addresses referrals via the OBRA-1. Chapter 60.00 of the DDPAS Manual: Level II assessments must be completed within 90 days of the initial request or referral. Shorter time frames are necessary in cases of hospital discharge, crisis situations, etc.
   (DMH): PASRR screens for the presence of a serious mental illness. In situations of dual diagnosed MI and DD, both the PASRR agent and ISC will screen. PASRR will screen within 3 business days from contact, ideally within 24 hours.

101. If a LTC Facility experiences problems with getting a Level II pre-screening completed and/or receiving the documentation prior to admission, who should they contact? Is there a listing of PAS agents and ISC agencies available nights and weekends?
A: (DDD): DD ISC agencies are required to ensure 24-hour per day, 365 days per year accessibility for PAS/ISC/ISSA responsibilities in times of crisis for individuals. The Provider shall ensure its contact information, and specifically its telephone number for crisis access, is accurate and current as posted on the Division’s web site. http://www.dhs.state.il.us/page.aspx?module=12&officetype=&county
   (DMH): DMH does not have 24-hour accessibility for information. Facilities should contact the Division of Mental Health (312) 814-3784 and leave a message. A return call will be made within the next business day, normal work hours.

102. What to do if physician indicates the person has mental retardation, but the DD facility indicates they have not met DD criteria?
A: The DD ISC agency is responsible for screening and assessing individuals. Through the Level II process, the DD ISC summarizes and documents the comprehensive and thorough intake and assessment processes that occur in order for the ISC agency to determine whether the individual has a developmental disability.

103. As a MH person, I would like to know more about a DON. What is the scale? What questions do you ask? What are you looking for? Also feel DoA people need to understand more about the info MH people need to complete the PAS. Often I am sent an OBRA form with "Yes" marked for a MI diagnosis or they will write "On medications". But no other info is available. If this person is at home & I call asking what medications they are on, the client becomes upset, angry. "Who are you? Why are you asking me this?"
A: Training is being planned for PAS agents on the DON assessment tool. Additional training is being planned for CCUs on understanding mental illness as it relates to Hospital screens.
104. We’re not clear as to whether what are known as Interim services are available to DRS participants at the point of hospital discharge? The time for a community assessment appears to be taking anywhere from 90 to 150 days from point of referral for a DRS - Persons with Disabilities waiver referral.

A: Interim services are only available to individuals who meet the following criteria:

- Managed Care referrals.
- Terminal Illness - customer must either have a life expectancy of 6 months or less or be currently receiving services through a Hospice Program.
- Sudden Loss of Caregiver
- Ventilator Dependent - to be considered ventilator dependent, a customer must be on a ventilator at least 8 hours per day.
- Referrals Due to Abuse/Neglect or Exploitation.
- Eviction Notices - customer must be able to produce documentation of pending eviction. The eviction notice must be due to his/her inability to maintain the home environment as a direct result of his/her disability.
- Persons with HIV/AIDS.
- Hospital Referrals
- Other - available if needed for exceptional circumstances, approved by HSP central office.

Hospital referrals (discharges) must be seen within three days when they meet this criteria:

- customer must be new to disability AND,
- if applicable, the primary caregiver is unable to assist the customer AND
- must require services for which there are no other resources available in place before discharge, AND
- the hospital is willing to cooperate with the eligibility determination.

If the hospital fails to provide medical information, the referral will be handled as any other HSP referral.

105. It got confusing at times. Specifically, it looks as if ALL referrals for a Level of Care -- PAS screening goes through the local CCU regardless of age or disability. They will make the determination if a Level II is needed. Is this correct? Also, is this the same procedure if the participant is in the community and needs placement? How does this apply for a DRS participant who may benefit from services, as an alternative to nursing home placement at the time of hospital discharge?

A: CCUs conduct screens for all individuals age 18 and over in Hospitals. The DRS Home Services Program is responsible for completing prescreens on persons with disabilities between the ages of 18-59 who live in the community. HSP counselors are responsible to go to the customer’s home to complete prescreens, but on occasion, CCUs have conducted them instead. It is presumed that the CCU received the referral, not the local DRS office, and proceeded to complete the prescreen.

106. More clarification/guidance regarding persons in ICU or contact isolation.

A: Contact the nurses’ station for specific Hospital protocol in these instances.
107. What should a PAS agent do if PASRR screens are consistently requested after the individual has been admitted and is located at the LTC?

A: Under normal circumstances, an individual (when there is a suspicion of mental illness) should not be admitted to LTC without a completed PASRR assessment. However, there are a few exceptions, i.e., (1) out-of-state admissions and (2) emergency admissions from EDs. Excluding these two exceptions, there should always be a PASRR completed prior to admission.

However, there will be people admitted who were screened by the CCU with a presenting problem assumed to be only a medical or physical condition. Then after admission it is identified that there is also a co-occurring SMI. In this instance, PASRR will be called to screen, but the screening is dated on the date of the actual assessment, not the date of admission. In situations of ‘significant change’ – a change in clinical functioning associated with the mental illness, a PASRR will be contacted to do a Significant Change Resident Review.

If you are finding a pattern of certain hospitals circumventing PASRR to directly transfer to LTC, or if PASRR is not responding to inquiries then HFS and DMH should be notified.

108. Any change in who needs OBRA? Short term respite or hospice admits?

A: Residents admitted for short term respite do not require the pre-admission screenings; however no Medicaid payment is available for respite services. Residents admitted for hospice services do not require the pre-admission screenings.

109. What to do when SNFs refused to take people who haven't been screened yet and the hospitals aren't giving 24 hrs. CCUs are getting called to come screen someone in the next 4 hours because the hospital doesn't give 24 hrs. notice in many cases but they also are wanting to d/c someone and the SNF won't accept someone until they have been screened.

A: Hospitals, LTC facilities, CCUs, and PASRR agents should collaborate to provide information to each other in the most expedient means possible. CCUs and PASRR agents should request information on the discharge planning approach and criteria in their local hospitals and note opportunities for earlier identification of LTC referrals.

Per State statute, the hospital must contact the CCU to request a pre-admission screening no less than 24 hours prior to the discharge to a LTC facility. Hospitals are also federally required to coordinate the discharge of an inpatient to an appropriate setting. If adequate notice of discharge is not being provided by the hospital, the CCU should provide information to the State through the DoA data collection process on post-screens.

LTC Facilities should not admit a resident they cannot confirm is appropriate for admission. Only those residents who have been screened and determined appropriate for placement as stated on Form HFS 2536, Interagency Certification of Screening Results, are eligible for their care to be reimbursed through Medicaid.
110. I had a few questions from the Webinar regarding the LTC PASRR Screening process. The new policy states that a post-screen will need to be completed within 2 days so will the LTC facility be penalized payment for those two days or will they be paid from day of admission? How will that be communicated to the DHS caseworker?

A: Unless determined to be eligible for a post-screen, long term care services provided prior to completion of a pre-admission screening will not be eligible for Medicaid reimbursement. Eligible post-screens will be indicated by the CCU on Form HFS 2536. When submitting the admission into MEDI, under “Interagency Certification of Screening Results”, the facility should report which post-screen situation was present:

• Placed from Out-of-State,
• Hospital Emergency/Outpatient Services, or
• Pre-existing condition of need for a caregiver and caregiver is no longer able to provide care.

Please Note: “Hospital Emergency/Outpatient Services” does not include anyone receiving inpatient services at a hospital. This would only involve a situation where outpatient care was provided, and although the client did not require admission to the hospital as an inpatient, the doctor determined they were not able to return home.

111. Do residents on hospice, whether in hospital or community, now need an OBRA screen?

A: A resident who is admitted for hospice services does not require a pre-admission screening. This is not a change from previous policy.

112. Out of state PAS requests and a better way to initiate the process. We receive many referrals and new admissions from out of state and most states do not do screenings.

A: Illinois CCUs do not leave the state to perform pre-admission screenings. A resident admitted from out-of-state are eligible for a post-screen with no penalty for the screen being performed after the date of admission. When submitting the admission into MEDI, under “Interagency Certification of Screening Results”, the facility should report which post-screen situation was present:

• Placed from Out-of-State,
• Hospital Emergency/Outpatient Services, or
• Pre-existing condition of need for a caregiver and caregiver is no longer able to provide care.

Please Note: “Hospital Emergency/Outpatient Services” does not include anyone receiving inpatient services at a hospital. This would only involve a situation where outpatient care was provided, and although the client did not require admission to the hospital as an inpatient, the doctor determined they were not able to return home.