



# **Division of Medicaid**

## **Pre-Admission Screening (PAS)**

### **Instruction Manual**

Bureau of Long Term Care  
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# 1.0 Introduction

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The Mississippi Division of Medicaid (DOM) is the State agency responsible for determining clinical eligibility for Medicaid long term care services. DOM administers a Single Point of Entry system for elderly and physically disabled individuals applying or being re-screened for clinical eligibility and placement into the following long term care service settings/programs:

- ✓ Nursing Facility
- ✓ Assisted Living Waiver
- ✓ Elderly and Disabled Waiver
- ✓ Independent Living Waiver
- ✓ Traumatic Brain Injury/Spinal Cord Injury Waiver

The Single Point of Entry concept is supported through use of a common Pre-Admission Screening application (PAS) designed to fill two primary functions: 1) determine clinical eligibility for Medicaid long term care across both institutional and Home and Community-Based Service (HCBS) settings; and 2) facilitate informed choices by persons applying for services. The Pre-Admission Screening is intended for use by: hospital discharge planners; nursing facility staff; Planning and Development District (PDD) case managers; Medicaid Bureau of Long Term Care staff; and staff of the Mississippi Department of Rehabilitation Services.

The common, or universal, PAS instrument also supports the state's "No Wrong Door" policy for persons seeking services. Regardless of where an individual applies for services, s/he should have been advised of all available placement options as part of ensuring that an informed choice is made and is signed by the applicant and/or legal representative. The PAS is designed to be completed and submitted electronically. When the electronic PAS is used, the person's informed choice will be documented on a separate PAS-Informed Choice signature form.

# 1.1 When Must a PAS Be Completed?

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The Pre-Admission Screening process began October 1, 2007. The PAS **must be submitted within 30 days of the physician's certification**. The physician should not certify the PAS prior to the organization obtains a score. All persons requiring nursing facility level of care must have a PAS completed for admission to either a nursing facility as a Medicaid beneficiary or HCBS long term care waiver program. DOM's definition of nursing facility level of care is a person who meets a minimum threshold score of 50 on the PAS as certified by a physician.

Individuals enrolled in Medicaid long term care HCBS waiver programs must be re-screened annually, unless otherwise specified by DOM. The PAS must be submitted, at least 10 days but no more than 90 days, prior to the one-year anniversary date of the most recent eligibility determination date. Failure to submit timely may result in a lapse in eligibility.

The PAS does not have to be completed on persons being admitted to a Nursing Facility when Medicaid coverage is not being sought. This includes short stay admissions covered under Medicare Part A. A PAS will be required if and when the resident with Medicare coverage as the primary payer source applies for Medicaid coverage as the primary payer source.

Nursing Facilities (Title 19 only) must still comply with federal Pre-Admission Screening and Resident Review (PASRR) requirements, regardless of resident payer source.

Refer to Division of Medicaid Provider Manual Section 64 for the complete PAS policy.

<http://www.medicaid.ms.gov/Manuals.aspx>

# 1.2 PAS Screeners - Qualifications & Responsibilities

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The PAS must be completed by qualified individuals. Qualified individuals may include: Physician, Nurse Practitioner or Registered Nurse, Licensed Social Worker, Rehabilitation Counselor, or designee by facility/setting. Refer to each individual LTC program policy section regarding specific qualifications.

# 1.3 PAS Process

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## 1.3.1 Completion of PAS and PASRR

1. Conduct face-to-face interview with the person being screened (applicant) to the extent feasible, given the person's physical and cognitive status.
2. Obtain information from caregiver(s) and/or designated representative, to the extent practicable.
3. Review medical records and other relevant medical documentation to verify major medical conditions and services, to the extent practicable.
4. Provide information to the applicant and his/her responsible party/designated representative about available placement options, to facilitate informed decision making.
5. Provide information about alternative services/resources for persons who may not be eligible for Medicaid long term care.
6. Provide information about the secondary review process and appeal rights for persons who may not be eligible for Medicaid long term care.

## 1.3.2 PAS Submission

- The screener can collect the data by handwriting on a hard copy of the PAS or the data can be entered directly in the computer.
- If collecting the data on a hard copy then the screener will have to transfer that information to the Envision web portal or on a remote application. The hard copy can be found on the DOM website: <http://www.medicaid.ms.gov/>
- Entering the data directly in the computer can be done one of two ways. Either by using the remote application or logging into the fiscal agent's web portal. The current fiscal agent is ACS and the website is: <https://msmedicaid.acs-inc.com/mseenvision/>. The web portal link is also available on the DOM website.
  - Go to <https://msmedicaid.acs-inc.com/mseenvision/> and enter your web portal user ID and password. If you do not have either one, follow the directions on the website or call ACS at 1-800-884-3222. Once logged on, click the Long Term Care menu option and then click the PAS option.
  - Choose either "App for Potential Beneficiary" or "App for Medicaid Beneficiary" for initial applications. An "App for Medicaid Beneficiary" is for a beneficiary who has or has had a Medicaid number. The "App for Potential Beneficiary" is for applicants that do not have a Medicaid number.
  - To access a Recertification application, click on the HCBS option under the Long Term Care option. Recertification only applies to those beneficiaries who are currently locked into a HCBS waiver program.

### 1.3.3 Remote Application

The remote application is an Adobe document that is a mirror copy of the electronic version of the PAS. The remote can be downloaded to a PC from the Envision Web Portal. The remote application is an option for the screener to capture assessment data on a laptop computer versus writing on a hard copy of the PAS. Benefits of using the remote include the PAS can be completed away from a web (Internet) connection. The screener may be using a laptop but isn't necessarily connected to the Internet. The PAS on the remote can be saved; thus making it retrievable in case of web malfunction or a lost Reference#. When using the remote, the screener will have to upload the application to the web portal for submission to DOM.

The PAS components are the same regardless if using the hard copy, remote PAS or the web-based PAS. For electronic submission many fields are interactive therefore requiring an Internet connection for full functionality.

The complete directions on downloading and using the remote application are found on the Envision Web Portal.

## 2.0 PAS Instrument Components

The PAS consists of 10 domains, or sections, most of which have two or more subsections. The table below lists the sections/subsections and identifies the populations for whom each subsection applies.

Section/Subsection	Applies to:
I Intake	All applicants
II Functional Screen	
IIA ADL's & IADL's	All applicants
IIB Communication/Sensory	All applicants
III Cognitive Screen	All applicants (caregiver response component applies only if caregiver is present)
IV Mood/Psychosocial & Behaviors	
IVA Mood/Psychosocial	All applicants
IVB Behaviors	All applicants
V Medical Screen	
VA Medical Conditions	All applicants
VB Health-Related Services	All applicants
VC Medications	All applicants
VD Medical Stability	All applicants
VE Medical Summary	All applicants
VI Social Supports	
VI.1 Primary Caregiver	All applicants with a primary caregiver
VI.2 Formal Agency Supports	All applicants
VII Home Environment	All applicants except Nursing Home and other institutional residents not seeking community placement
VIII Informed Choice	
VIII.1 Person Strengths	All applicants except Nursing Home and other institutional residents not seeking community placement
VIII.2 Program Options & Desired Assistance	All applicants
VIII.3 Person Choice	All applicants
IX Level II Determination (PASRR)	All applicants presented with Nursing Facility placement as an option in Section VIII
X PAS Summary & Physician Certification	All applicants

Additional information or an elaboration of information can be provided in the fields at the end of each section labeled "Comments".

## **2.1.1 Section I. – Intake**

This section compiles information on demographics/contacts, living arrangement, and application type.

### **Screener(s)**

- **Screener Name**: up to 4 screeners can be used on the PAS. At least one screener is mandatory. The first name, last name and credentials are required to complete this field. The PAS must be completed by qualified individuals as explained in Chapter 1.
- **Organization**: the name of the entity that the screener(s) is affiliated with.
- **Mailing address**: the physical address of the organization
- **City, State, Zip Code**: organization's address
- **Telephone, Fax, Email**: relate to the organization
- **Provider Number**: the Medicaid provider number; it is required for electronic submission.
- **Location at time of screening**: the actual place that the screening is taking place

### **Person**

- **Name**: first, middle initial (if applicable), and last name of the applicant
- **Street Address**: physical address of the applicant
- **City, County, State, Zip Code**: applicant's address
- **Telephone**: applicant's telephone number
- **Medicaid Number**: applicable if the applicant has or had a Medicaid number; whether active or not
- **SSN**: the applicant's social security number
- **Medicare Number**: applicable if the applicant has or had a Medicare number; whether active or not
- **DOB**: applicant's date of birth. Use two numbers for day and month, and four numbers for year of birth (MMDDYYYY)
- **Gender**: choose male or female as it relates to the applicant

**Designated Representative** – this section may not apply to all applicants. If not, then “none” can be entered on the name line.

- **Name**: first, middle initial (if applicable), and last name of the applicant's designated representative.
- **Street Address**: physical address of the designated representative
- **City, State, Zip Code**: designated representative's address
- **Relationship to Person**: who the designated representative is to the person
- **Telephone**: designated representative's telephone number

## **Other Contacts**

- **Physician**: the applicant's physician who will review and sign the PAS Summary
- **Telephone**: physician's telephone number
- **Physician Mailing Address, City, State, Zip**: physician's mailing address
- **Case Manager (if different from screener)**: person who case manages the applicant but did not complete the PAS screening
- **Telephone**: case manager's telephone number
- **Case Manager Mailing Address, City, State, Zip (if different from screener)**: these relate to the case manager's mailing address

**Usual Living Arrangement** –the applicant's usual living arrangement. May or may not be the same as location at time of screening.

**Application Type**- New Long Term Care Applicant is to be checked if the person is applying for initial long term care placement. The Recertification types are for those currently in a HCBS waiver program.

## 2.1.2 Section II. - Functional Screen

### A. ACTIVITIES OF DAILY LIVING (ADLS) & INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLS)

*Each of the next ten questions is answered based on a score. The score must be a whole number. The screener is to use information based on the past 30 days. Score is based on whether person can perform task safely. The score is based on functionality achieved with assistive devices only if currently used. Use comment fields as desired, including providing supporting information.*

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#### **Scoring Options**

- 0 = **Independent** – Person is independent in completing activity safely
- 1 = **Supervision** – Person can complete activity safely with cueing, set-up or stand-by assistance OR limited/occasional physical/hands-on assistance
- 2 = **Physical Assistance** – Person can participate in activity but requires physical/hands-on assistance to complete safely
- 3 = **Total Dependence** – Person is completely dependent on others to complete activity safely
1. MOBILITY/AMBULATION – How well is the person able to purposefully move within his or her residence/living environment?
  2. COMMUNITY MOBILITY – How well is the person able to move around the neighborhood or community, including accessing buildings, stores and restaurants, and using any mode of transportation, such as: walking, wheelchair, cars, buses, taxis, bicycles etc? This includes entering/exiting transportation, such as cars, buses and taxis.
  3. TRANSFERRING – How much human assistance does the person need on a consistent basis for safe transfer, including from bed/chair to wheelchair, walker or standing position; onto and off of toilet; and into and out of bath or shower?
  4. EATING – How well is the person able to eat and drink safely? This includes ability to cut, chew and swallow foods. (Note – if person is tube fed or fed intravenously, circle “0” if s/he can feed self independently, or “1”, “2”, or “3” if s/he require another person to assist.) Excludes meal preparation.
  5. MEAL PREPARATION – How well is the person able to safely obtain and prepare routine meals? This includes the ability to independently open containers and use kitchen appliances. (Note – if person is tube fed or fed intravenously, circle “0” if s/he can prepare the tube/IV feeding independently, or “1”, “2”, or “3” if s/he requires another person to assist.)

6. TOILETING – How well is the person able to use the toilet, commode, bedpan or urinal safely? This includes flushing, cleansing of self, changing of protective garment, adjusting clothing, washing hands, managing an ostomy or catheter. Excludes transfer and continence (Note – limited hands-on assistance includes emptying bedpans.)
7. BATHING – How well is the person able to bathe, shower or take sponge baths safely for the purpose of maintaining adequate hygiene and skin integrity? Includes washing hair. Excludes transfer (Note – limited hands-on assistance includes helping with hard to reach areas, such as the back.)
8. DRESSING – How well is the person able to safely dress and undress as necessary, regardless of clothing type? This includes ability to put on prostheses, braces, anti-embolism hose and choice of appropriate clothes for the weather and for personal comfort. Difficulties with a zipper or buttons at the back of a dress or blouse do not constitute a functional deficit. (Note: if person can dress independently, but normally requires 30 minutes or longer doing so, score as “Supervisory” (1).)
9. PERSONAL HYGIENE – How well is the person able to perform personal hygiene/grooming activities safely, including but not limited to combing hair, shaving, oral care? Exclude nail care and washing hair (which is addressed under bathing).
10. How well is the person able to safely manage and administer pills, liquids, inhalers, nebulizers, eye drops, ear drops, self-administered injectables, IV medications, medication pumps? Excludes insulin and monthly injections, such as B-12 shots.
11. INSULIN ADMINISTRATION – this question is only to be answered if the person uses insulin. How well is the person able to safely manage and administer insulin? If person does not use insulin, select N/A for all items.
  - 11a. Can person administer finger sticks and understand Accu-Chek® (glucose testing) results?
  - 11b. If on a fixed dose, can person self-inject insulin with a pre-filled syringe?
  - 11c. If on a sliding scale, can person draw up the correct amount and inject insulin?

Questions 12 and 13 are related to continence. The screener is to use information based on the past 30 days. Score is based on functionality achieved with assistive device(s), if used (includes catheter and ostomy).

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### **Scoring Options**

- 0 = Complete voluntary control**
- 1 = Incontinent episodes less than weekly**
- 2 = Incontinent episodes once per week**
- 3 = Incontinent episodes two or more times per week**

12. BLADDER CONTINENCE – How well is the person able to voluntarily control the discharge of body waste from the bladder?

13. BOWEL CONTINENCE – How well is the person able to voluntarily control the discharge of body waste from the bowel?

Questions 14 and 15 require the screener to use information based on the past 30 days.

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14. UNDERLYING CAUSES OF ADL/IADL LIMITATIONS – all that apply will be checked. There are two parts: Part A refers to general underlying causes across ADLs/IADLs; Part B which are causes that are specific to medication management.

15. ASSISTIVE DEVICES- all devices that the person either uses today or needs. Some devices with multiple ADL/IADL uses are listed only under the most common ADL/IADL application. The box will be checked even if used or needed for a different ADL/IADL.

**B. COMMUNICATION/SENSORY - section consists of four questions that has its own scoring criteria. The score must be a whole number.**

**1. EXPRESSIVE COMMUNICATION - How well is the person able to express him or herself in their own language, including non-English languages and ASL (American Sign Language) or other generally recognized non-verbal communication?**

- 0. Person can fully communicate with no impairment or only mild impairment (e.g., slow speech)
- 1. Person can fully communicate with the use of assistive device
- 2. Person can communicate only basic needs to others
- 3. Person has no effective communication

**2. ABILITY TO UNDERSTAND OTHERS – How well is the person able to understand verbal information content?**

- 0. Person understands
- 1. Person usually understands – may miss some part/intent of message
- 2. Person sometimes understands – responds adequately to simple, direct communication
- 3. Person rarely/never understands

**3. VISION – The ability to see in adequate light, and with glasses (if used)**

- 0. ADEQUATE – Sees fine detail, including regular print in newspapers/books
- 1. MILDLY IMPAIRED – Sees large print, but not regular print in newspapers/books
- 2. MODERATELY IMPAIRED – Limited vision; not able to see newspaper headlines, but can identify objects
- 3. HIGHLY IMPAIRED – Object identification in question, but eyes appear to follow objects
- 4. SEVERELY IMPAIRED – No vision OR sees only light, colors and shapes; eyes do not appear to follow objects

UNK Unable to determine appropriate score

**4. HEARING – The ability to hear, with hearing appliances (if used)**

- 0. HEARS ADEQUATELY – Normal talk, TV, phone
- 1. MILDLY IMPAIRED – Minimal difficulty when not in quiet setting
- 2. MODERATELY IMPAIRED – Hears in special situations only; speaker has to adjust tonal quality and speak distinctly
- 3. HIGHLY IMPAIRED – Absence of useful hearing

UNK Unable to determine appropriate score

### 2.1.3 Section III. - Cognitive Screen (Orientation)

This section refers to the person's level of awareness to person, place and time at the time of the screening. The screener questions the applicant and also gets the caregiver's judgment of the applicant's orientation. The variables are Person/Caregiver: First Name, Last Name, Caregiver Name (if applicable); Place: Immediate Environment, Place of Residence, City, State; Time: Day, Month, Year, Time of Day; and Overall Orientation/Situational Awareness.

If the caregiver is not present then the "Caregiver Judgment" items can be skipped. The caregiver should be someone familiar with person on a daily basis. It can be relative or non-relative, including a staff member in an Assisted Living Facility or Nursing Home.

- The caregiver is to consider the past 90 days.
- If no caregiver present, check "unable to determine" as the answer for "does person know their caregiver's name".
- Check "does not know" if person is non-responsive due to severe cognitive impairment, such as advanced Alzheimer's.

**For Overall Rating of Orientation/Situational Awareness, there is a score to consider:**

- 0 = **No problem** – Person is completely unimpaired or has slight impairment or confusion of doubtful clinical significance (e.g., misses the date by one day).
- 1 = **Mildly or Moderately Disoriented/Confused** – Mild, but definite impairment or confusion (e.g., unsure about orientation to time, or some impairment in a few aspects of short term or long term memory) OR moderate impairment or confusion (e.g., unsure about where s/he is and what is occurring right now, or cannot recall important events in his/her life).
- 2 = **Severely Disoriented/Confused** – Thoroughly disoriented or confused to person, place, time and what is occurring right now; significant impairment in short term and/or long term memory OR unable to respond due to severe cognitive impairment.

## 2.1.4 Section IV. - Mood/Psychosocial & Behaviors

- A. Current Mood/Psychosocial- the current mood/psychosocial status is checked as it applies. Check “psychosocial illness history” if illness was diagnosed but is no longer symptomatic.
- B. Behaviors- Separately score behavior frequency and whether or not behavior is easily altered. For interventions, consider the most common level of intervention required. Consider behaviors that occurred during the past 90 days that required some level of intervention to address. Consult family members/caregivers when possible. Identify specific examples of behavior from list provided (or choose “other” and define).

### **Scoring Options**

#### **Intensity of Intervention**

- 0 = Behavior is easily altered; applies to persons who can be redirected verbally without difficulty.
- 1 = Behavior is not easily altered; applies to persons who can be redirected verbally with difficulty, or who require physical or chemical restraints (to the extent allowed by law).

#### **Frequency of Behavior**

- 0 = Has not occurred
- H = May be marked for behaviors that occurred historically, defined as greater than 90 days ago but within the past two years
- 1 = Occasional behavior requiring intervention no more than once per week
- 2 = Frequent behavior requiring intervention more than weekly, but less than daily
- 3 = Constant behavior requiring daily intervention

#### **Behaviors and Examples**

1. Verbally aggressive- threatening, screaming and/or cursing at others. Falsely accuses others of stealing; spitting at others; verbal threats; screaming/cursing at others.
2. Physically aggressive- hitting, shoving, scratching and/or sexually abusing others. Combative regarding personal care; hits/shoves/scratches others; intimidating/threatening physical harm; sexually abusive; throws items at others.
3. Resistive- inappropriately stubborn and uncooperative. Includes both passive and active behaviors. Refuses to eat; refuses to participate in personal care (non-violent); refuses to take necessary medications.

4. Wandering/elopement- movement with no rational purpose, seemingly oblivious to needs or safety. Leaves home and become lost; wanders- seeking exit; wanders- not seeking exit.
5. Inappropriate/unsafe-includes socially inappropriate behaviors, unsafe behaviors and disruptive behaviors. Excludes aggression toward others. Breaks objects; hiding items; hoarding; inappropriate noises; inappropriate talk or actions; inappropriate toileting/menses; puts inappropriate non-food items in mouth; repetitive movements; rummaging/takes belongings; unsafe cooking; unsafe smoking.
6. Self-injurious- repeated behaviors that cause harm to self. Also can include suicidal behavior. Biting/scratching/picking at self; head slapping/banging; suicidal.
7. Other- delusions, hallucinations, manic symptoms, mood swings. Delusions; hallucinations; manic symptoms/mood swings

## **2.1.5 Section V. - Medical Screen**

This section includes the medical conditions, health-related services, current medications, medical stability and status, and medical summary.

- A. Medical Conditions** - check only those conditions that have a relationship to current ADL status, cognitive/behavior status, medical treatments, skilled nursing care or risk of death. The conditions are listed under 9 systems and an “other” category. The nine systems are Cardiovascular, Endocrine, Gastrointestinal, Genitourinary, Musculoskeletal, Neurological, Ophthalmologic/EENT, Psychiatric/Mood, and Respiratory.
- B. Health-Related Services** - check service(s) on appropriate tables, indicating whether person needs or receives today and record the frequency. It is possible for the person to “currently receives” and “needs” at the same time. For instance, a person may *receive* catheter care weekly but *needs* catheter care 2-6 times a week.
- C. Current Medications** - record name, dosage, frequency, and prescriber. Check the Psychotropic box if a particular drug is being taken for the purpose of treating a behavioral health condition. This list will include both prescribed and over-the-counter medications currently being taken. There is room for 20 medications. If more room is needed, the medications can be listed in the comment section. Additional attachments are acceptable.
- D. Medical Stability and Status** – medical stability is documented under “Incident Type”. Consider the past 90 days for the number of emergency room visits, hospitalizations, physician office visits, and number of falls. For “Medical Status”, consider current condition.
- E. Medical Summary** - section is required and attachments are acceptable.

## 2.1.6 Section VI. - Social Supports

This section may be skipped if person resides in nursing facility or other institutional setting and is not seeking placement in the community.

1. Primary Caregiver - provide primary caregiver information for individual who provides most support. If none, indicate where directed. (If there is an important *secondary* caregiver, record in comments)
2. Formal Agency Supports - agency supports include (but are **not** necessarily limited to) service provider(s) to persons currently enrolled in a waiver program. If person has no formal agency supports then the “Needs” section of the table is completed.

### **2.1.7 Section VII. - Home Environment**

This section may be skipped if person resides in nursing facility or other institutional setting and is not seeking placement in the community. The dwelling type, any structural concerns, sanitation concerns, heating/cooling/safety, and the neighborhood are all addressed in this section.

### **2.1.8 Section VIII. - Informed Choice**

The purpose of section is to match the person's needs, strengths and desires with the appropriate program(s). Note signature and initialing requirements (a separate form when completing the screen electronically)

1. Person Strengths - skip "Person Strengths" if person is in a nursing facility or other institutionalized setting and is not seeking placement in the community. Person's strengths are documented as they relate to remaining in their home or another community setting.
2. Program Options & Desired Assistance- all of the assistance that is desired should be checked that apply within potential placement options. For example, assistance available only under the TBI/SCI Waiver only applies to those with a traumatic brain or spinal cord injury.
3. Person Choice- signatures and initials are obtained on the hard copy PAS – Informed Choice form. The applicant must initial his/her choice for placement. There can be only one choice. All of the options are marked either "yes" or "no" depending on whether the screener presented it. For nursing facility placement the initials and signature will be witnessed by a third party.

### **2.1.9 Section IX. - Level II Determination**

The PASRR section is to be completed on all persons being considered for placement in a nursing facility. This section need not be completed for persons not seeking nursing facility placement.

- A. Exemption Criteria-** completed to determine if person is exempt from Level II evaluation due to medical diagnosis or other qualifying factor. “Yes” answers must be supported by data entered in previous PAS sections as indicated.
  
- B. Level II Referral –** completed to document if person has mental illness or is mentally retarded/developmentally disabled. Part B must be completed if one of the exemption criteria are marked in Part A. Referrals must be made even if physician certifies that, in his/her opinion, a Level II evaluation is not indicated at this time (physician finding will be considered by DOM when making final determination regarding the person’s need for an evaluation).

### **2.1.10 Section X. - PAS Summary and Physician Certification**

This section is a summary of the information garnered from the first nine sections. PAS data will be entered into a “scoring algorithm” to generate a numerical score. Different items on the PAS carry different weights. The physician documents the ICD-9 diagnosis codes, indicates whether or not a Level II evaluation is needed, and signs and dates an attestation.

## 3.0 Documentation of Informed Choice

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The applicant will initial by his/her placement preference on the separate PAS – Informed Choice form. The screener also will sign an attestation that s/he has informed the person and/or the person's legal representative of the available DOM-covered long term care options, including alternatives to Nursing Facility placement, based on the results of the PAS and the person's desired services. The initials and signature will be witnessed by a third party (for nursing facility placement only) and the initial/signature page must be retained by the screening organization for review by DOM, if requested.

## 4.0 Submission of the PAS

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The PAS is designed to be submitted electronically. Screener(s) will conduct a face-to-face interview with the applicant, and with caregiver(s) and/or the applicant's designated representative, as applicable. The screener(s) will complete PAS sections I through IX and will obtain all necessary signatures/initials from the applicant or his/her designated representative. Since the PAS is being completed electronically, signatures/initials must be obtained using the separate PAS-Informed Choice form.

Following completion of the electronic version of the PAS, the screener(s) must obtain a physician's certification. Once the physician's certification has been received, the PAS will be submitted electronically for adjudication.

- Hospitals discharging to a Nursing Facility must submit via the DOM fiscal agent's web portal and email/fax/mail to the Nursing Facility
- Nursing Facilities screening a prospective or current resident must submit via the DOM fiscal agent's web portal
- Entities screening an applicant for placement into a waiver program must submit through the DOM fiscal agent's web portal and fax/mail to either the local Planning and Development District (for E&D waiver, if the PDD is not conducting the screening) or Department of Rehabilitation Services (MDRS) (for TBI/SCI and IL waivers, if MDRS is not conducting the screening). (The DOM Bureau of LTC directly administers the Assisted Living waiver.)
- Individuals who score within between 44-49 will automatically qualify for a secondary review, to be performed by a DOM clinician
- Other individuals will have an opportunity to request a secondary review or to appeal the eligibility denial

# 5.0 Definitions

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**ACS (Affiliated Computer Services)** – The Company which has served as the Division of Medicaid fiscal agent during the current contract period. For information call 1-800-884-3222.

**ADL** - Activities of Daily Living is the term used in reference to the ability of an individual to perform six basic activities: eating, bathing, dressing, toileting, maintaining continence, and getting into or out of a bed or chair.

**AL** – The Assisted Living Waiver provides services to individuals who would otherwise require services provided at a nursing facility level of care. Qualified beneficiaries are allowed to reside in a Personal Care Home-Assisted Living (PCH-AL) facility, and Medicaid reimburses for the services received in the facility.

**ASL (American Sign Language)** - the dominant sign language of the Deaf community in the United States

**Beneficiary** – The recipient of Medicaid benefits

**Caregiver** - A relative or non relative, including a staff member in an assisted living facility or nursing home that is familiar with the person’s orientation on a daily basis.

**Case Number** - A case number is assigned after successful submission of the PAS. This number is used to refer to when checking on the status of an application with DOM staff.

**DO (Doctor of Osteopathy)** – a licensed physician with a degree in Osteopathy – Therapy is based on the assumption that restoring health is best accomplished by manipulating the skeleton and muscles.

**DOM** - Division of Medicaid is a division of the Office of the Governor, authorized by state law to administer the federal/state program of medical assistance (Medicaid) in Mississippi.

**DR** - Designated Representative, a person/legal representative who manages the affairs of another as stated by the individual.

**E & D** - The Elderly and Disabled Waiver provides home and community-based services to individuals age 21 and over whom, but for the provision of such services, would require the level of care provided in a nursing facility. The following are available services that are provided under the E&D Waiver: case management, adult day care, home-delivered meals, homemaker services, escorted transportation, institutional respite services, in-home respite, expanded home health visits (physical therapy, speech therapy, skilled nursing, home health aide), and transition assistance services. Clinical eligibility is determined through the use of a Pre-Admission Screening Instrument (PAS).

**HCBS** - The Medicaid Home and Community-Based Services (HCBS) Waiver programs are authorized in 1915 (c) of the Social Security Act. These programs permit states to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. Each HCBS waiver is designed to address the needs of the waiver’s target population.

**ID/DD** – Intellectual Disabilities/ Developmental Disabilities

**IL Waiver** - The Independent Living Waiver provides services to individuals age sixteen or older who have severe orthopedic and /or neurological impairments and possess maximum medical improvement potential. Without these services the individual would require the level of care found in a Nursing Facility.

**Informed Choice document** –Section VIII of PAS application, ensures that an informed choice is made regardless of where an individual applies for LTC services. An individual should be advised of all identified placement options funded by DOM and a signature by the applicant or their designated representative is required prior to processing for clinical eligibility. The document must be witnessed by a 3<sup>rd</sup> person for nursing facility placement only.

**Long-term care (LTC)** - is a variety of services and supports to meet health or personal care needs over an extended period of time. Most long-term care is non-skilled personal care assistance, such as help performing everyday Activities of Daily Living (ADLs). Any chronic or disabling condition which requires nursing care or constant supervision can bring on the need for long term care services

**MD (Medical doctor)** – A licensed physician

**Medicaid Provider** - An entity or individual that is actively enrolled in Mississippi Medicaid to provide a service.

**Medicare** - A health insurance program under which medical care and hospital treatment for individuals over age 65, or disabled, is partly paid for by the government.

**MI** - Mental illness

**MR** - Mental retardation is an intellectual disability resulting in significant limitations both in intellectual functioning and in adaptive behavior, which impairs many everyday social and practical skills. This disability manifests before the age of 22 and is expected to continue indefinitely.

**NF** - Nursing Facility: A place of residence for people who require continuous skilled nursing or rehabilitative care and have significant deficiencies with activities of daily living.

**ORGANIZATION** - The health provider that the screener is affiliated with.

**PAS (Pre-Admission Screening)** - Single point of entry system for elderly or physically disabled individuals applying or being recertified for clinical eligibility and placement into a long term care service, to be submitted electronically through the web portal.

**PASRR** - Pre-Admission Screening and Resident Review is done to insure the provision of appropriate and needed services to individuals who have been diagnosed with MI/MR.

**Recertification** - A renewal of certification for HCBS waiver beneficiaries, desiring continued LTC services. Nursing facility residents do not have to have a recertification PAS.

**Reference Number** - Every application initiated via the Envision web portal is assigned a unique reference number. This number is used to recall an incomplete application and to recall the physician summary and certification. This number cannot be used to recall an application once it has been submitted (once a case number is assigned).

**Remote Application** - The remote application is an Adobe document that is a mirror copy of the electronic version of the PAS.

**RN (Registered Nurse)** - A graduate nurse who has passed examination for registration and licensure

**Screener** - A qualified individual or designee by the organization/facility/ setting that completes the PAS.

**Secondary Clinical Review** - Individual scores below the clinical eligibility numerical threshold but falls into a DOM defined “automatic secondary review” range (score of 45 – 49). DOM reviewer will make a clinical eligibility determination based on requested supporting documentation as specified in section 64.12 of the Division of Medicaid Provider Policy Manual.

**SNF (Skilled Nursing Facility)** - A nursing home which provides skilled nursing and/or skilled rehabilitation services to patients who need skilled medical care that cannot be provided in a custodial level nursing home or in the patient's home.

**TBI/SCI** - The Traumatic Brain/Spinal Cord Injury Waiver provides services to individuals with a diagnosis of a traumatic brain or spinal cord injury, who but for the provision of such services, would require the level of care found in a nursing facility. This is a statewide program operated by the MS Department of Rehabilitation Services, through an interagency agreement with the Division of Medicaid.

**Web Portal** - DOM’s Fiscal Agent website for Medicaid providers to access services and information to facilitate healthcare treatment, payment, or operations. For information call 1-800-884-3222 or log on to the website at <https://msmedicaid.acs-inc.com/msenvision/>