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 recertified for clinical eligibility and placement into the following long term care service settings/programs:

- Nursing Facility (NF)
- Assisted Living Waiver (AL)
- Elderly and Disabled Waiver (E&D)
- Independent Living Waiver (IL)
- Traumatic Brain Injury/Spinal Cord Injury Waiver (TBI/SCI)

Note: ICF/MR facilities and the ID/DD Waiver program are excluded from this process.

The Single Point of Entry concept is supported through use of a common Pre-Admission Screening Instrument (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 settings; and 2) facilitate informed choices by individuals applying for services. The Pre-Admission Screening process is intended for use by: hospital discharge planners; nursing facility staff; Planning and Development District (PDD) staff; Division of Medicaid staff; the Department of Rehabilitative Services staff; and other providers assisting DOM beneficiaries seeking placement in the long term care program.

An individual should be advised of all identified placement options funded by the Division of Medicaid as part of ensuring that an informed choice is made regardless of where an individual applies for services. The PAS-Informed Choice section requires a signature by the applicant or their legal representative. The PAS cannot be processed without the signed Informed Choice section or the signed Physician Certification section.

All Medicaid providers must submit the PAS electronically through the fiscal agent's web portal https://msmedicaid.acs-inc.com/msenvision/. Hard copy submission of the PAS will only be accepted in exceptional circumstances and must be approved by DOM.

The new Pre-Admission Screening process became effective on October 1, 2007. All applicants applying for Medicaid long term care on October 1, 2007 and beyond must complete a PAS for clinical eligibility determination. The PAS must be submitted within thirty (30) days of the physician's certification.

Individuals enrolled in Medicaid long term care must be recertified annually, with the exception of nursing facility residents, until otherwise specified by DOM. Refer to Eligibility requirements for financial re-determinations for both nursing facility (NF) and Home and Community-Based (HCBS) waiver programs. HCBS waiver beneficiaries desiring continued waiver services must be recertified by submission of a new PAS at least ten (10) days, but no more than ninety (90) days, prior to date of expiration of the current PAS. Failure to submit timely may result in a lapse in eligibility.

Guidelines for Submission of PAS for LTC Programs

Current Status/Eligibility	Placement Proposed	PAS Required
Hospital –Medicaid Only eligible	Nursing Facility HCBS Waivers* ID/DD Waiver / ICF/MR	**Required** **Required** Not Required
Hospital – Medicare/Medicaid eligible	Skilled Nursing Facility (SNF) Nursing Facility HCBS Waivers* ID/DD Waiver / ICF/MR	Not Required **Required – <u>When Medicaid is Primary payer source</u>** **Required** Not Required
Swing Bed	Nursing Facility HCBS Waivers* ID/DD Waiver / ICF/MR	**Required** **Required** Not Required
ICF/MR	Nursing Facility HCBS Waivers* ID/DD Waiver	**Required** **Required** Not Required
PRTF and other Institutional Settings	Nursing Facility HCBS Waivers*	**Required** **Required**
HCBS Waiver Programs (ID/DD)	Nursing Facility HCBS Waivers*	**Required** **Required**
HCBS Waiver Programs (E&D, IL, TBI/SCI, AL)	Nursing Facility ID/DD Waiver / ICF/MR	**Required** Not Required
Home	Nursing Facility HCBS Waivers* ID/DD Waiver / ICF/MR	**Required** **Required** Not Required

*E&D Waiver, IL Waiver, TBI/SCI Waiver, AL Waiver

The PAS does not have to be completed on individuals being admitted to a Nursing Facility when Medicaid coverage is not being sought. This includes short stay admissions covered under Medicare Part A as a skilled nursing facility resident. The PAS application should not be completed for individuals being admitted to a nursing facility that is not a Medicaid-certified Nursing Facility. A PAS will be required only if and when the individual applies to a Medicaid-certified Nursing Facility. If a beneficiary enters as Medicare Part A in a dually certified Medicare/Medicaid facility and is discharged from Medicare Part A and Medicaid becomes the primary payer source, a PAS is required.

A PAS is not required for a re-entry to a NF when the discharge is due to exhaustion of hospital leave days. However, if an individual is going to a different nursing facility, a PAS must be completed.

Medicaid-certified Nursing Facilities must still comply with federal Pre-Admission Screening and Resident Review (PASRR) requirements, regardless of resident payer source. Refer to Provider Policy Manual Section 64.17 for PAS Level II Requirements for Mental Illness (MI) or Mental Retardation (MR) policy.

The PAS consists of ten (10) domains, or sections, most of which have two (2) 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 except Nursing Home and other institutional residents not seeking community placement.
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	Individual Strengths	All applicants except Nursing Home and other institutional residents not seeking community placement
VIII.2	Program Options & Desired Assistance	All applicants
VIII.3	Individual Choice	All applicants
IX	**Level II Determination (PASRR)**	All applicants considering Nursing Facility placement as an option in Section VIII
X	**PAS Summary & Physician Certification**	All applicants

The Pre-Admission Screening (PAS) Application for Long Term Care may be viewed in its entirety at https://msmedicaid.acs-inc.com/msenvision/.

All Medicaid providers must submit the PAS electronically through the fiscal agent's web portal https://msmedicaid.acs-inc.com/msenvision/. Hard copy submission of the PAS will only be accepted in exceptional circumstances and must be approved by DOM.

Timeline for review and approval can only be estimated based on the volume of applications received on a daily basis. An estimated timeline is as follows:

PAS Electronic Submission	No keying required. Score generated upon submission	If secondary review is required (score 45-49), estimated response is three (3) business days unless exceptional circumstances exist

Electronic Submission

A face-to-face interview will be conducted with the applicant/beneficiary, and with caregiver(s) and/or the applicant/beneficiary's designated representative, as applicable. Sections I through IX will be completed along with all required signatures/initials from the applicant/beneficiary or their designated representative, including the signed Informed Choice document.

If the PAS is being completed in hard copy format for later electronic entry, all required signatures/initials should be obtained at time of interview. All pertinent documentation should be submitted to DOM. If the PAS is being completed electronically, signatures/initials must be obtained using the separate PAS-Informed Choice document.

Following completion of the electronic version of the PAS, screener(s) must obtain a physician's certification in one of two ways:

- Section X of the PAS can be printed and forwarded to the applicant/beneficiary's physician for signature. The physician must return the certification to the screening organization before the PAS is submitted. The hard copy signature page must be retained by the screening organization for later review by DOM, if requested, and as required by state and federal laws and regulations.
- Alternatively, the physician can provide his/her certification directly on the electronic PAS. This is accomplished by means of an electronic attestation.

Once the physician's certification has been received, either in hard copy or electronically, the PAS will be submitted electronically for adjudication.

- Hospitals discharging to a Nursing Facility must submit to DOM/LTC through the fiscal agent's web portal, and email/fax/mail to the Nursing Facility
- Nursing Facilities screening a prospective or current resident must submit to DOM/LTC through the fiscal agent's web portal

- Entities screening an applicant/beneficiary for placement into the E&D waiver program must submit to DOM/LTC through the fiscal agent's web portal, and email/fax/mail to the local Planning and Development District (if the PDD is not conducting the screening)

- Entities screening an applicant/beneficiary for placement into the IL or TBI/SCI waiver programs must submit to DOM/LTC through the fiscal agent's web portal, and email/fax/mail to the Mississippi Department of Rehabilitative Services (MDRS) (if MDRS is not conducting the screening).

- The Assisted Living waiver is directly administered by DOM/LTC, which will be responsible for the PAS.

Secondary clinical reviews will be performed in the following circumstances:

- Individual scores below the clinical eligibility numerical threshold, but falls into a DOM-defined "automatic secondary review" range (score of 45 – 49)
- Individual is under the age of twelve (12) on the date of the screening (for TBI/SCI only)
- Individual appeals the denial in accordance with Medicaid's appeal procedures

Secondary reviews will be performed by DOM registered nurses, nurse practitioners, licensed social workers and/or physicians, as deemed by DOM to be clinically appropriate. DOM reviewers may request additional supporting documentation from the screener(s) before making a determination. The screener(s) also may submit additional supporting documentation, in a format specified by DOM, for consideration during the secondary review.

Reviews will be completed in accordance with Provider Policy Manual Section 64.09 if a PAS triggering an automatic secondary review or a valid review request is being made. In conducting the secondary review, the reviewer may consider all available information from the PAS as well as any additional documentation provided by the screener or applicant/beneficiary. The reviewer also may consult with the screener(s) and/or the certifying physician.

Once the secondary review is completed, DOM will notify the screening organization of its determination. If the secondary review upholds the finding of clinical ineligibility, the applicant/beneficiary retains the right of appeal.

DOM will notify the screening organization of its determination in a manner specified by the Division, in accordance with State and federal noticing requirements. In the event of a denial, the notice will advise the screening organization of the individual's right to appeal.

Division of Medicaid **State of Mississippi** **Provider Policy Manual**	**New:** **Revised: X** **Current:**	**Date:** **Date: 07/01/09**
Section: Long Term Care/Pre-Admission Screening (PAS) **Subject: PAS Appeals**	**Section: 64.16** **Pages: 1** **Cross Reference:** **Maintenance of Records 7.03,** **PAS Secondary Clinical Reviews 64.12**	

Applicants/beneficiaries have the right to appeal long term care eligibility denials. If an individual files an appeal, and the case has not already been subject to the secondary review process, it will be handled in the manner described in Provider Policy Manual Section 64.12 PAS Secondary Clinical Reviews. If the secondary review has already occurred, the case will be reviewed again by a supervisory level clinician who has not previously reviewed the case. Appeals will be processed in accordance with existing state policies for each individual long term care program.

The complete PAS (hard copy or electronic) must be retained by the screening organization in accordance with Medicaid record retention policies. Refer to Provider Policy Manual Section 7.03 for Maintenance of Records policy. The complete PAS must be available for DOM inspection upon request. A complete hard copy PAS may also be required to be submitted to DOM as part of a re-consideration following a denial determination.