

Nursing Facility Admissions: Most Common Scenarios for Preadmission Screening and Resident Review (PASRR) and Level of Care (LOC)

Please note:

- **These charts are in no way a substitution for the rules associated with PASRR or LOC**
- 'NF' means an Ohio Medicaid-certified nursing facility
- These charts do not address individuals seeking admission into an ICF-IID
- Unless otherwise specified, the charts assume that the current NF resident has met PASRR requirements upon original admission
- Unless otherwise specified, the charts assume that each scenario is about an Ohio resident seeking NF admission
- A LOC determination cannot be issued until all applicable Preadmission Screen (PAS)/Resident Review (RR) requirements have first been met

Scenario	Payment Source (for NF admission)	Preadmission Screen (ODM 3622)	Hospital Exemption (ODM 7000)	Resident Review (ODM 3622)	Level of Care Determination (LOC)
NEW ADMISSION: FROM AN OHIO HOSPITAL					
Community to Hospital to NF (hospital exemption criteria NOT met)	Medicaid or MCP	YES	NO	NO	YES*
Community to Hospital to NF (hospital exemption criteria NOT met)	Other	YES	NO	NO	NO
Community to Hospital to NF (hospital exemption criteria met)	Medicaid or MCP	NO	YES	NO	YES*
Community to Hospital to NF (hospital exemption criteria met)	Other	NO	YES	NO	NO
Hospital to NF for Hospice (hospital exemption criteria NOT met)	Medicaid or MCP	YES	NO	NO	NO*
Hospital to NF for Hospice (hospital exemption criteria NOT met)	Other	YES	NO	NO	NO
Hospital to NF for Hospice (hospital exemption criteria met)	Medicaid or MCP	NO	YES	NO	NO*
Hospital to NF for Hospice (hospital exemption criteria met)	Other	NO	YES	NO	NO
ICF-IID to Hospital to NF (hospital exemption criteria NOT met)	Medicaid	YES	NO	NO	YES
ICF-IID to Hospital to NF (hospital exemption criteria NOT met)	Other	YES	NO	NO	NO
ICF-IID to Hospital to NF (hospital exemption criteria met)	Medicaid	NO	YES	NO	YES
ICF-IID to Hospital to NF (hospital exemption criteria met)	Other	NO	YES	NO	NO
Non-Ohio Resident from Ohio Hospital to NF**	Medicaid	YES	N/A	NO	YES
Non-Ohio Resident from Ohio Hospital to NF**	Other	YES	N/A	NO	NO
NEW ADMISSION: FROM "COMMUNITY" (SETTING OTHER THAN NF OR HOSPITAL)					
Community to NF	Medicaid or MCP	YES	NO	NO	YES*
Community to NF	Other	YES	NO	NO	NO
Community to NF (for hospice)	Medicaid or MCP	YES	NO	NO	NO*
Community to NF (for hospice)	Other	YES	NO	NO	NO
NF to Community and return to same NF (leave days)	Medicaid or MCP	NO	NO	NO	NO*
NF to Community and return to same NF (used up leave days)	Medicaid or MCP	YES	NO	NO	YES*
NF to Community to <i>different</i> NF (leave days)	Medicaid or MCP	NO	NO	NO	YES*
NF to Community to <i>different</i> NF (used up leave days)	Medicaid or MCP	YES	NO	NO	YES*

* When the Medicaid Payer is a Managed Care Plan (MCP), the scenario requires MCP approval and does not require a LOC from the PASSPORT Administrative Agency (PAA)

** Current OAC rules do not allow an out-of-state resident to use the Hospital Exemption. These individuals must go through the regular PASRR process (ODM 3622) prior to admission to an Ohio NF.

Scenario	Payment Source (for NF admission)	Preadmission Screen (ODM 3622)	Hospital Exemption (ODM 7000)	Resident Review (ODM 3622)	Level of Care Determination (LOC)
NF Discharge to Community to NF	Medicaid or MCP	YES	NO	NO	YES*
NF Discharge to Community to NF	Other	YES	NO	NO	NO
NEW ADMISSION: OUT-OF-STATE					
Out-of-State to NF	Medicaid	YES	NO	NO	YES
Out-of-State to NF	Other	YES	NO	NO	NO
Out-of-State Hospital (Ohio resident) to NF (hospital exemption met)	Medicaid or MCP	NO	YES	NO	YES*
Out-of-State Hospital (Ohio resident) to NF (hospital exemption met)	Other	NO	YES	NO	NO
Out-of-State Hospital (Ohio resident) to NF (hospital exemption NOT met)	Medicaid or MCP	YES	NO	NO	YES*
Out-of-State Hospital (Ohio resident) to NF (hospital exemption NOT met)	Other	YES	NO	NO	NO
Out-of-State Hospital (non-Ohio resident) to NF	Medicaid	YES	NO	NO	YES
Out-of-State Hospital (non-Ohio resident) to NF	Other	Yes	NO	NO	NO
TRANSERS (any move from NF to different NF, with or without an intervening hospital stay, is considered a NF transfer and all PASRR records are to be copied to the receiving NF)					
NF to different NF	Medicaid or MCP	NO	NO	NO	YES*
NF to different NF	Other	NO	NO	NO	NO
NF to Hospital to different NF	Medicaid or MCP	NO	NO	NO	YES*
NF to Hospital to different NF	Other	NO	NO	NO	NO
NF to Hospital (used up leave days) to different NF	Medicaid or MCP	NO	NO	NO	YES*
NF to Hospital (leave days) to different NF	Medicaid or MCP	NO	NO	NO	YES*
No previous PASRR records available from previous NF	Medicaid or MCP	NO	NO	YES	YES*
NO previous PASRR records available from previous NF	Other	NO	NO	YES	NO
NF to Hospital for <i>psychiatric treatment</i> to different NF	Medicaid or MCP	NO	NO	YES	YES*
NF to Hospital for <i>psychiatric treatment</i> to different NF	Other	NO	NO	YES	NO
ICF-IID to NF	Medicaid	YES	NO	NO	YES
ICF-IID to NF	Other	YES	NO	NO	NO
READMISSIONS					
NF to Hospital (used up leave days) to same NF	Medicaid or MCP	NO	NO	NO	YES*
NF to Hospital (leave days) to same NF	Medicaid or MCP	NO	NO	NO	NO*
NF (Medicaid) to Hospital (regardless of leave days) to same NF (Medicare primary payer)	Medicare primary	NO	NO	NO	NO
NF to Hospital for <i>psychiatric treatment</i> (leave days) to same NF	Medicaid or MCP	NO	NO	YES	NO*
NF to Hospital for <i>psychiatric treatment</i> (used up leave days) to same NF	Medicaid or MCP	NO	NO	YES	YES*
NF to Hospital for <i>psychiatric treatment</i> to same NF	Other	NO	NO	YES	NO

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Scenario	Payment Source (for NF admission)	Preadmission Screen (ODM 3622)	Hospital Exemption (ODM 7000)	Resident Review (ODM 3622)	Level of Care Determination (LOC)
CHANGE OF PAYER TO MEDICAID					
NF change of payer to Medicaid	Medicaid	NO	NO	NO	YES
NF (Medicaid) to Hospital to same NF (leave days) with Medicare as primary payer (now Medicare primary payer is ending and revert back to Medicaid primary payer)	Medicare primary ends/ Resuming Medicaid	NO	NO	NO	NO
NF (Medicaid) to Hospital to same NF (used up leave days) with Medicare as primary payer (now Medicare primary payer is ending and revert back to Medicaid primary payer)	Medicare primary ends/ Resuming Medicaid	NO	NO	NO	YES
NF change of payer to Medicaid (PAS requirements not met upon admission)	Medicaid	YES	NO	NO	YES
NF disenrolling from hospice and changing payer to Medicaid	Medicaid	NO	NO	NO	YES
NF disenrolling from MCP and changing payer to Medicaid	Medicaid	NO	NO	NO	YES
EXPIRED PASRR TIME LIMITS (the following scenarios are all NF residents with expired time limits)					
Hospital Exemption		NO	NO	YES	
Hospital Exemption (seeking approval for specified period of time)		NO	NO	YES	
Hospital Exemption (previously approved for specified time) seeking extension		NO	NO	YES	
Emergency Admission		NO	NO	YES	
Emergency Admission (seeking approval for specified period of time)		NO	NO	YES	
Emergency Admission (previously approved for specified time) seeking extension		NO	NO	YES	
Respite Admission		NO	NO	YES	
Respite Admission (previously approved for specified period of time)		NO	NO	YES	
Respite Admission (previously approved for specified time) seeking extension		NO	NO	YES	
SIGNIFICANT CHANGE IN CONDITION					
Significant change in condition		NO	NO	YES	
Significant change in condition (specified period of time)		NO	NO	YES	
Significant change in condition (extension)		NO	NO	YES	
OTHERS (miscellaneous)					
Individual in NF with no evidence of PASRR requirements being met	Medicaid or MCP	YES	NO	NO	YES*
Individual in NF with no evidence of PASRR requirements being met	Other	YES	NO	NO	NO
Individual in NF and required Resident Review not completed	Medicaid or MCP	NO	NO	YES	YES*
Individual in NF and required Resident Review not completed	Other	NO	NO	YES	NO
180 since PAS/ID completed and individual NOT admitted to NF	Medicaid or MCP	YES	NO	NO	YES*
180 since PAS/ID completed and individual NOT admitted to NF	Other	YES	NO	NO	NO
PAS/SMI or PAS/DD that NF services necessary and individual NOT admitted during timeframe specified by categorical determination	Medicaid or MCP	YES	NO	NO	YES*
PAS/SMI or PAS/DD that NF services necessary and individual NOT admitted during timeframe specified by categorical determination	Other	YES	NO	NO	NO

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