

Department of Public Health
and Human Services

Section:
RESIDENTIAL MEDICAL
INSTITUTIONS

MEDICAL ASSISTANCE

Subject:
Preadmission Screening

Supersedes: MA 902-1 (07/01/05)

References: ARM 37.40.201, .202

GENERAL RULE--Authorize payment to a qualified residential medical institution only after:

1. A preadmission screening has been performed (verified through receipt of Form SLTC-61, "Screening Determination"); and
2. Eligibility has been determined.



NOTE: Hospitals, Montana Development Center in Boulder, Montana State Hospital in Warm Springs, and other psychiatric treatment centers do not require preadmission screening as discussed in this section. Swing bed stays in a hospital do require preadmission screening.

**PREADMISSION
SCREENING
DETAILS**

The screening criteria is the same for both waiver and nursing home services. An applicant must enter a nursing facility or the HCBS Waiver Program within 90 days of the SLTC-61 screening determination date. (This date can be found on the SLTC-61 in the 'Screening Determination' box.) However, if the screening determination date is more than 90 days prior to the date of entry into the nursing home or HCBS Waiver Program, a new screening must be completed.

When an individual living in the community applies for a preadmission screening while waiting for a bed in a facility, the screening remains effective for 90 days after the date of screening.

When an individual has been living in a nursing home as a private pay patient and later applies for Medicaid, a preadmission screening is effective for 90 days from the date it was completed. However, if a preadmission screening was done and the individual does not qualify for Medicaid for more than 90 days, an updated screening should be completed, although it may, at the discretion of the screener, be backdated to the initial date of continuous care. Medicaid eligibility, however, can only be retroactive three months from the date of Medicaid application.

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When an individual has been living in the community and participating in the HCBS Waiver Program, the preadmission screening used for the waiver program may be used for a nursing home stay as long as there is no break in services. However, an updated screening should be completed.

When a nursing home Medicaid recipient loses Medicaid eligibility at any time during a continuous nursing home stay, an updated screening must be completed before a future nursing home Medicaid span is authorized.



If there is a break in nursing home services (and/or waiver services) after a preadmission screening has been used to grant Medicaid eligibility for either nursing home or waiver coverage, the preadmission screening expires and a new preadmission screening must be completed prior to granting subsequent Medicaid eligibility for these services.

▶ **EFFECTIVE
DATE**

The effective date of a preadmission screening is based on criteria established by the Department's Senior and Long Term Care Division. Effective November 1, 2005, preadmission screenings may be backdated up to 30 days prior to the date of referral if the nursing home resident meets level of care criteria. In addition, certain other situations may enable the Foundation to backdate a screening more than 30 days at their discretion.

PROCEDURE:

Responsibility

ACTION

▶ Applicant/
Representative

1. Complete Forms HCS-250, "Application for Assistance" or HCS-245, "Application for Long-Term Care or Related Medical Assistance", participate in an interview, and provide verification.
2. Contact the Mountain Pacific Quality Health Foundation for a preadmission screening.

Mountain Pacific
Quality Health
Foundation

3. Complete Form SLTC-61, "Screening Determination".
4. Provide the county office and the facility with Form SLTC-61 indicating whether the applicant's placement is authorized.

Eligibility Case
Manager

5. If placement is authorized, determine applicant's non-financial and financial eligibility and:
 - a. Approve; or
 - b. Deny.

- ▶ 6. If approved, enter the beginning nursing home coverage date on the system nursing home screen. In CHIMES, the effective date of the screening will be completed as well as the individual's institution entry (and discharge, if applicable) date. In TEAMS, the beginning nursing home span date will be the later of:
- a. The date the applicant entered the medical facility;
 - b. The SLTC-61 "effective date"; or
 - c. The date of beginning Medicaid eligibility.

Example: J. Q. Public enters the nursing home on January 2. He applies for Medicaid on January 15. Eligibility case manager advises him that a preadmission screening is required before Medicaid can pay NH expenses.

Mr. Public requests a prescreening on January 17. The Foundation screens him on January 23, which is the screening determination date, and sets an effective date of January 2.

Mr. Public's resources exceed program standards until January 13. On January 13, his resources are within standards; he is therefore eligible for Medicaid back to January 1. His nursing home coverage begins January 2 (TEAMS NUHS dates 01/02/XX-999999).

However, if Mr. Public is not Medicaid eligible until February 1 due to excess resources, the first day of NH coverage will be February 1.

7. Notify the applicant and the nursing home of:
- a. the beginning date of NH coverage; and
 - b. the amount the client is responsible to pay toward the cost of care.

▶ Document notification to applicant and facility in the system.

8. If placement is not authorized, deny application for nursing home coverage via system notice, and evaluate applicant for other types of Medicaid coverage for services other than those provided by the nursing home. The nursing home charges cannot be used toward meeting an incurment.

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