

NURSING FACILITY SERVICES

The PAS-2000 is completed when:

- The individual enters a Medicaid certified facility.
- The individual transfers from one facility to another. Each facility, i.e., building, must have an original approved PAS-2000 even when the client moves from one facility to another governed by the same corporation, and even when 60 days has not passed since the completion of the PAS-2000 for the first facility.
- The individual is admitted to an acute care facility and returns to the same facility, after 60 days.
- The individual's condition changes to the extent that he no longer requires nursing facility services.

When a nursing facility resident is admitted to an acute care facility, moves to a distinct part of the facility which provides nursing facility services, and returns to the original nursing facility, special PAS-2000 procedures apply, depending on individual circumstances. Distinct part, as used in the following, means the part of the acute facility which provides nursing facility services. The special PAS-2000 procedures are:

- The individual moves from the acute care facility to a Medicare-only distinct part. No new PAS-2000 is required for the distinct part. However, a new PAS-2000 is required when the individual returns to the original nursing facility.
- The individual moves from the acute care facility to a distinct part which is dually certified for Medicare and Medicaid. Two PAS-2000's are required, one when the client enters a distinct part and another when he returns to the original nursing facility.

When nursing facility care is approved for a limited time, a new PAS-2000 must be submitted by the facility before the end of the approved period, or the payment for nursing facility services cannot continue beyond that period.

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When the PAS-2000 indicates the client is not in need of nursing facility care, the application for Medicaid, unless withdrawn, is processed for any other coverage group for which the person qualifies, and all client notification procedures apply.

2. Procedures Related To The PAS-2000

a. Who Originates the PAS-2000

The originating provider of the PAS-2000 may include, but is not limited to, a hospital, physician, nursing facility or waiver agency.

b. Responsibilities of the Originating Provider

- To submit the PAS-2000 to the level of care evaluator
- To submit the original, reviewed PAS-2000, with the admission documentation, to the provider of nursing facility services

c. Responsibilities of the Level of Care Evaluator

- To determine the client's need for and level of care, and to evaluate for the presence of mental illness/retardation
- To return the original form, with the review determination, to the originating provider
- To provide a computer printout of all PAS-2000 review results to county DHHR offices and to the BMS LTC Unit. The list includes the following:
 - Individual's name
 - SSN
 - Case number, if applicable
 - County

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C. ESTABLISHING MEDICAL NECESSITY, PHYSICIAN'S PROGRESS NOTES OR ORDERS

In certain circumstances, which may be beyond the control of the client or his representative, an individual may be admitted to a Medicaid certified nursing facility without the completion of a PAS-2000. When this occurs and the client applies for Medicaid and payment of nursing facility services for a prior period, the Worker may obtain and use the physician's progress notes or orders in the client's medical records to establish medical need. A valid PAS-2000 for current eligibility must still be obtained.

This information is obtained from the nursing facility and the facility may request that the physician add such notes to the client's records. This method may also be used when application is made and payment requested for a deceased individual when no valid PAS-2000 was completed.

This procedure is used only for backdating eligibility for nursing facility care when no PAS-2000 exists for the period for which payment of services is requested. The progress notes or orders cannot be used to change an existing PAS-2000 which does not certify need for nursing facility care. Eligibility may only be backdated up to 3 months prior to the month of application.

The Worker must record the reason for the use of the progress notes or orders in Case Comments.