

## INSTRUCTIONS FOR COMPLETING THE ENHANCED AT RISK CRITERIA SCREENING TOOL

### General

This screening tool is to be used **only** for those acute care hospital patients being discharged to a Medicaid certified NF with the expectation of billing Medicaid for all or part of their stay and meet the target population as outlined in the EARC-PAS Hospital Process. Only discharge planners who have been trained by the Department of Human Services or their designated Master Trainers, and received certification, can complete this tool.

The EARC-PAS Screening Tool, once authorized, will serve as a 90 day authorization for Nursing Facility (NF) placement for individuals who complete the Medicaid eligibility process. It is **IMPORTANT** to relay to the individual/legal representative that Medicaid payment is contingent upon full clinical and financial eligibility within 90 days of admission to the NF as per N.J.A.C. 8:85-1.8(b). NF admission must occur within 10 days of the EARC-PAS Authorization. If the patient is not discharged to a NF within 10 days of the authorization, the EARC-PAS is then invalid, and a new EARC-PAS must be submitted when the patient is ready for discharge. The admitting NF is responsible to submit the Notice of NF Admission (LTC-2) within two business days of admission as per N.J.A.C. 8:85-1.8(c).

This form and all PASRR documents must accompany the patient to the NF to be permanently filed in their active NF chart.

The admitting NF is responsible to submit a LTC-2 Notification from Long-Term Care Facility regarding the admission of the patient to initiate an on-site NF Pre-Admission Screening (PAS) to establish full clinical eligibility as required for Medicaid NF reimbursement.

### Type of Request

Place a check beside the type of request being made, either NF or Vent SCNF.

### Section 1 – Identifying Information

Complete the patient's name, date of birth, address, county of residence, Social Security and Medicare number, living arrangements prior to hospitalization and all known diagnosis(es).

### Section 2 – Mental Illness, Intellectual Disability and/or Developmental Disability

All questions in this section must be completed.

### Section 3 – Insurance Information

Complete patient's Medicaid status. Indicate whether patient has applied for Medicaid. **Indicate whether Medicaid is the expected payor for nursing facility services and if patient is within 6 months of spend down.**

### Section 4 – Cognitive Status and ADL Self Performance

Assess patient's cognitive status based on the following criteria:

1. **How well does patient make decisions about organizing the day** (e.g., when to get up or have meals, which clothes to wear or activities to do)?
  - **INDEPENDENT** - Decisions consistently reasonable
  - **MODIFIED INDEPENDENCE** - Some difficulty in new situations only
  - **MINIMALLY IMPAIRED** - In specific situations, decisions become poor or unsafe and cues/supervision necessary at those times
  - **MODERATELY IMPAIRED** - Decisions consistently poor or unsafe, cues/supervision required at all times
  - **SEVERELY IMPAIRED** - Never/rarely makes decisions
2. **Test short-term memory**, evaluated by the ability of the client to recall three unrelated items after 5 minutes.

3. **How well does patient express or make self understood** (expressing information content - however able).

- **UNDERSTOOD** - Expresses ideas without difficulty
- **USUALLY UNDERSTOOD** - Difficulty finding words or finishing thoughts BUT if given time, little or no prompting required
- **OFTEN UNDERSTOOD** - Difficulty finding words or finishing thoughts prompting usually required
- **SOMETIMES UNDERSTOOD** - Ability limited to making concrete requests
- **RARELY / NEVER UNDERSTOOD**

4. Assess patient's **ADL Self Performance (Bed Mobility, Transfer, Locomotion, Dressing (upper/lower), Eating, and Toileting (Toilet use and Toilet transfer)) during the LAST 3 DAYS** considering all episodes of these activities. Assess patient's **ADL Self-Performance for bathing during the last 7 days**. Determine the 3 most dependent (highest) episodes of assistance and then code using the least dependent of these 3 episodes. Exception: Bathing is coded for single most dependent episode over the past 7 days. The following ADL coding addresses the client's physical functioning in the routine personal activities of daily life.

- **INDEPENDENT** - No help, setup, or oversight.
- **SETUP HELP ONLY** - Article or device provided within reach of client.
- **SUPERVISION** - Oversight, encouragement or cueing.
- **LIMITED ASSISTANCE** - Consumer highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance.
- **EXTENSIVE ASSISTANCE** - Consumer performed part of activity completing greater than 50% of task on own. Weight-bearing assistance if applicable to task.
- **MAXIMAL ASSISTANCE** - Consumer involved and completed less than 50% of task on own. Weight-bearing assistance if applicable to task.
- **TOTAL DEPENDENCE** - Full performance of the activity by another.
- **ACTIVITY DID NOT OCCUR** – The ADL was not performed by consumer or others (regardless of ability).

### Section 5 - Medical

Complete all requested medical information.

### Section 6 – Financial Information

Complete financial information. Question 1 pertains to patients who are currently or potentially community Medicaid eligible. Question 2 pertains to those patients who are currently or potentially institutionally eligible for Medicaid. Assets - check one box.

### Section 7 – Initial Plan of Care

D/C planner is to counsel patient/family on Medicaid eligibility process, including need for both Medicaid financial **and** clinical eligibility following admission to the NF to ensure Medicaid payment; and to discuss all options and indicate their choices. D/C planner is to obtain patient or family signature, or document verbal consent to plan.

### Section 8 - Attestation

The hospital discharge planner shall attest to the patient information that appears on the completed EARC-PAS Screening Tool with his or her signature. Only a Certified EARC-PAS Assessor may conduct EARC-PAS; the Certified EARC-PAS Assessor must provide his/her EARC-PAS Certification Number along with remaining attestation information requested on the form.