

## TERMINOLOGY / ABBREVIATIONS

**Individual** – a person seeking admission to a nursing facility

**Resident** – an individual residing in a nursing facility or hospital

**ODM-3622** – Level I screening form for pre-admission screening and/or resident reviews

AAA	Area Agency on Aging
DODD	Ohio Department of Developmental Disabilities
H&P	History and Physical
ID/RC	Intellectual Disability/Related Condition
MAR	Medication Administration Record
MDS	Minimum Data Set
NF	Medicaid-certified nursing facility
ODM	Ohio Department of Medicaid
OhioMHAS	Ohio Department of Mental Health and Addiction Services
SMI	Serious Mental Illness

## QUESTIONS

## ANSWERS

## Contact Information and Resource Access

How do I contact Maximus?

**Call** for general and referral questions: 833.917.2777

**Fax** referrals to: 877.431.9568

General **Email**: [OHPASRR@maximus.com](mailto:OHPASRR@maximus.com)

How do I access PASRR resources online for Maximus?

Visit our website for information regarding Ohio Level II PASRR:

<https://maximus.com/svcs/ohio>

## Referral Submissions &amp; the Assessment Process

When can I expect the results for my Level II?

For **Pre-Admission Screenings**, results should be available within three (3) calendar days of the initial referral. This includes the face-to-face clinical interview, the quality review, the summary of findings development, and identification of PASRR services.

For **Resident Reviews**, results should be available within five (5) calendar days from the initial referral. This includes the face-to-face clinical interview, the quality review, the summary of findings development, and identification of PASRR services.

For **expedited** Pre-Admission Screenings (inpatient psychiatric hospitalizations operated by and or licensed by the state), results should be available within an average of 48-hours of the initial referral.

Ascend will fax the referral source, local Area Agency on Aging (AAA) and admitting facility (if known) a copy of the summary and determination upon completion and mail the applicant, primary care provider and any legal guardian, a copy of the summary and determination within one (1) business day of the determination.

QUESTIONS	ANSWERS
When is a PASRR required?	According to federal regulations, a PASRR Level I screen (ODM-3622) must be completed for all individuals planning to enter a Medicaid-certified nursing facility (NF) or for NF residents following a significant change in condition regardless of payer source. If the Level I screening form is positive for indications of serious mental illness, then a Level II determination must occur prior to entry of the nursing facility. If a status change has been indicated for a nursing facility resident, nursing facilities have within 72 hours to submit their change in status.
How long is my Emergency Categorical Approval valid?	An emergency categorical approves the individual for NF services to be admitted for up to seven (7) days and is valid for use within twenty-four hours from the date of the determination, or immediately following discharge from a medical or surgical unit of a hospital. Specialized services are not appropriate for the emergency categorical.
How long is my Respite Categorical Approval valid?	A respite categorical approves the individual for NF services to be admitted for up to 14 days and must be used within sixty days from the date of the determination. A respite categorical determination is not appropriate if the individual does not plan to return to the caregiver at the conclusion of their NF stay. Specialized services are not appropriate for the respite categorical.
I have a positive Level I screen. What documents should I send to Maximus?	Submit a history and physical (H&P) completed within the past year, in addition to current medication records. We also encourage sending any relevant clinical information, such as psychiatric records, progress notes, case notes, most recent Minimum Data Set (MDS), etc.
What is the process for completing a Level II for someone out of state?	For an out-of-state resident to be considered for placement in an Ohio nursing facility, follow the standard submission process, including completion of the Ohio Department of Medicaid (ODM) form 3622. Upon completion of the ODM-3622, if the applicant is found to have indications of serious mental illness (SMI) and or intellectual disability/related condition (ID/RC), then the application (ODM-3622) and supporting documents are submitted to the OhioMHAS and/or DODD respectively for further review.
Will there be support staff available on weekends?	Staff are available Monday-Sunday, including holidays from 8:00 a.m. – 5:00 p.m. EST. If your call is not immediately answered, leave a message and you will receive a call back.

QUESTIONS	ANSWERS
Who will let the hospital or NF staff know when an assessor is coming so the patient/resident can be informed?	Assessors are instructed to call the referral source prior to arrival. They are also asked to display a badge identifying them with OH PASRR and complete a form indicating they conducted the assessment, which requires a member of the facility to sign the form acknowledging they were there. Assessors will need access to supporting documents, such as the H&P and the Medication Administration Record (MAR), if Ascend has not received it prior to their arrival at the facility.