Hospital Processes

Here are some common scenarios encountered by hospital discharge planners.

Community to hospital to Nursing Facility (non-Medicaid)

*This individual needs a Hospital Exemption or a Pre-Admission Screening with a Review Results letter or an approval by OMHAS following a direct referral to Ascend.*

1. Use the HENS to complete a Hospital Exemption Notification OR
2. Use the HENS to Complete a Pre-Admission Screening OR
3. For individuals in a behavioral unit or a behavioral hospital, fax a direct referral to Ascend OR
4. Fax the following information to Council on Aging to get a Pre-Admission Screening authorization Review Results letter:
   - Hospital Cover Letter
   - PAS/RR Identification Screen (3622)
   - History and Physical signed by the MD within 180 days
   - Hospital face sheet/ demographics (not required but helpful to Council on Aging)
   - Psychiatric Consultations or other appropriate consultations
   - Wait for a Review Results letter from Council on Aging BEFORE sending the individual to the NF

Community to hospital to Nursing Facility (traditional Medicaid)

*This individual needs a LOC authorization. They also need a HENS hospital exemption or a Pre-Admission Screening Review Results letter or an approval by OMHAS following a direct referral to Ascend.*

Fax the following information to Council on Aging to get a LOC authorization:

- Hospital Cover Letter
- Copy of the approval from OMHAS after a direct referral to Ascend.
- History and Physical signed by MD or DO
- Continuity of Care/ Nursing Facility Transfer Document signed by the MD or DO
- Medication Reconciliation sheet
- Hospital face sheet/ demographics (not required but helpful to Council on Aging)
- Psychiatric Consultations (if applicable)

Details about an individual going from the community to a hospital to a Nursing Facility as a hospital exemption

- The MD has documented that the individual’s expected stay in the NF is less than 30 days
• The work in HENS must be completed no later than the date of discharge from the hospital
• The individual is NOT reviewed for mental illness, mental retardation, developmental disabilities, or related conditions
• The individual must be a full admission to the hospital; they cannot be coming from the emergency room or an observation bed
• The individual will be a "new admission" to the NF; they must have come to the hospital from the community, assisted living, independent living, out-of-state, or from a facility that is not certified by Ohio Medicaid
• The individual did NOT come to the hospital directly from an Ohio Medicaid-certified NF
• The individual must have a Hospital Exemption in HENS
• If the individual does not have a valid 7000 or HENS, then Pre-Admission Screening is required; the submitter may use the HENS to get a PAS determination.
• If the individual does not have a valid 7000 or HENS, the NF’s payment can be jeopardized. If the HENS is not completed, a Pre-Admission Screening (PAS) must be authorized. The submitter may use the HENS to get a PAS determination, or Council on Aging may process the request and issue a Review Results letter. The PAS effective date is the date the submitter sends Council on Aging enough information to make a PAS determination. If the individual needs a Further Review, the PAS date is the date of OMHAS’s and/or DODD’s authorization. A Medicaid LOC cannot be dated prior to the date of the Pre-Admission Screening effective date.
• Only the discharging hospital can complete the 7000 or HENS
• The NF is responsible for making sure the 7000 is valid or that a HENS was completed
• The NF is responsible for maintaining the hospital exemption documentation in the resident’s record at the nursing facility according to Ohio Administrative Code 5160-3-15.1 (H) (4).
• Council on Aging is not required to retain 7000s and cannot provide copies of 7000s if they are lost by the hospital or NF
• If the individual was admitted to the NF prior to 2/01/10, the following documentation could be used in lieu of the 7000 form: Documentation signed and dated by a physician, no later than the date of the hospital discharge, that the resident will stay at the NF for "less than 30 days" or for a "hospital stay." This was typically documented on the hospital Continuity of Care form by the individual’s admitting hospital staff. Often a box was available for checking on the Continuity of Care to document a hospital stay. The Continuity of Care must have matched the admitting hospital stay, Continuity of Cares for re-hospitalizations do not apply.
• As of 4/1/15 all Hospital Exemptions must be processed through HENS to be valid. Paper 7000s are only valid only if Council on Aging has given prior permission