

Nursing Facility Transfers involving a Hospital Stay

Nursing Facility to hospital to different Nursing Facility (Traditional Medicaid)

This individual's PAS/RR records follow them to the new NF (NF).

- A new PAS Review Results letter is not needed.
- A new Hospital Exemption ([7000](#)) or HENS is not needed.
- If the first NF does not have PAS/RR records, the second NF should seek guidance through PASRR@medicaid.ohio.gov
- The hospital should ask for a new LOC if the individual will be 100% Traditional Medicaid on their day of admission at the second NF.
- If the individual will be non-Medicaid (for example Medicare) for a while at the second NF the hospital does not request a LOC. The second NF should request a LOC when the individual returns to 100% Medicaid status.
- The first and second NFs need to follow the law if the individual is in the middle of a Further Review situation: from **Ohio Administrative Code 5160-3-15.2 (G)**

Nursing Facility to hospital to different Nursing Facility (non-Medicaid)

The hospital does not need to fax anything to the PAA (such as Council on Aging).

- The first NF needs to send a copy of the individual's PAS/RR records to the second NF.
- If the first NF does not have PAS/RR records to send to the second NF, the second NF needs to seek guidance at PASRR@medicaid.ohio.gov
- The first and second NF need to follow the law if the individual is in the middle of a Further Review situation: See **Ohio Administrative Code 5160-3-15.2 (G)**

Process if a current Nursing Facility resident becomes hospitalized

If a NF resident goes out to the hospital and then returns to the same NF:

- A new Pre-Admission Screening (PAS) is not needed
- A new Hospital Exemption or HENS is not needed
- A new LOC is not needed unless the individual is covered by Traditional Medicaid and has used their bed-hold days for the year
- If the hospital stay was a psychiatric stay, the NF needs to use HENS to report a "significant change in condition" (code #7).

If a NF resident is hospitalized and then is admitted to a different NF:

- A new LOC is needed for the new nursing facility if the payment source is 100% Traditional Medicaid. If the individual is skilled under Medicare for awhile at the second NF, the second NF asks for a LOC once the individual is cut from Medicare.
- A new PAS is not needed. If a PAS was done at the first NF, the first NF is required to forward it to the second NF. If the individual entered the first NF under a hospital exemption, the first NF should forward the Resident Review PASRR screen to the second NF if it was already completed. If the first NF did not complete a PASRR, then the second NF seek guidance at PASRR@medicaid.ohio.gov. The first and second NF need to follow the law if the individual is in the middle of a Further Review situation: see **Ohio Administrative Code 5160-3-15.2 (G)**