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COVID-19 Policy Guidance for Long-Term Care Medicaid Certified Facilities:  
Resumption of In-Person Clinical Eligibility Determinations and PASRR Resident Review  
Requirements Pre-Admission

November 1, 2021

This policy guidance replaces the prior documents dated 3/18/20, 7/2/20, and 3/22/21. Pursuant to section 1135(b)(5) of the Social Security Act, DHS has received approval from the Centers for Medicare and Medicaid Services (CMS) to modify the deadline for initial and annual level of care determinations and to allow the provision of services in advance of the initial determination of level of care. The waiver of the initial and annual level of care determinations are effective March 1, 2020 and will terminate upon termination of the public health emergency including any extensions. This communication outlines processes to facilitate fee for service payment to long term care facilities serving those individuals who are determined financially eligible for NJ Medicaid programs during the period of time in which managed care enrollment is not active. These processes are in accordance with regulatory requirements which includes but is not limited to N.J.A.C. 8:85, Medicaid Communication No. 16-09, and Preadmission Screening and Resident Review (PASRR) under Section 1919 (e) (7) of the Social Security Act and Chapter 42 of the Code of Federal Regulations. A list of resources and links can be found at the bottom of this communication.

**Effective November 15, 2021**, in accordance with Executive Order No.103 which addresses the state's coordinated response to address the novel coronavirus outbreak, this serves as notification of the Department of Human Services' resumption of face-to-face assessments for referrals received by the Division of Aging Services, Office of Community Choice Options (DoAS OCCO). DoAS OCCO will no longer suspend face-to-face visits to Hospitals – acute, subacute, and psychiatric; Nursing Facilities (NFs); Special Care Nursing Facilities (SCNFs); and Assisted Living facilities (ALs). Face-to-face assessment, reassessment, transfer requests, and I Choose Home/Money Follows the Person activities will be permitted to resume, although telephonic processes will continue on an as needed basis.

Preadmission Screening and Resident Review (PASRR) Level I and Level II requirements will no longer be waived prior to admission. PASRR Level I, and as appropriate Level II and Resident Review shall be initiated prior to NF/SCNF admission.

The following processes are in place to facilitate placement in long term care facilities to ensure that these services are available to the individuals who are in need as well as facilitate Medicaid payment for those individuals who are determined financially eligible for NJ Medicaid programs. These processes are in accordance with the following which includes but is not limited to N.J.A.C. 8:85, Medicaid Communication No. 16-09, and Preadmission Screening and Resident Review (PASRR) under Section 1919 (e) (7) of the Social Security Act and Chapter 42 of the

Code of Federal Regulations. A list of resources and links can be found at the bottom of this communication.

**1. EARC Certified Acute Care Hospitals seeking discharge of individuals to a Medicaid certified nursing facility or Ventilator special care nursing facility**

This process continues to be active and allows for the completion of Hospital EARCs, by currently certified acute care hospitals, for acute care hospital to Medicaid certified nursing facility or ventilator special care nursing facility discharges in accordance with Hospital EARC standards and guidelines specified. **Individuals enrolled in a NJ FamilyCare MCO are excluded from EARC and require MCO authorization for services.**

The Hospital EARC is a screening tool which provides a 90-day authorization for patients of certified acute care hospital being discharged to a Medicaid certified nursing facility or ventilator special care nursing facility with an expectation of billing Medicaid for all or part of their stay regardless of the length of stay. These patients include those who are NJ FamilyCare enrollees without enrollment in a NJ FamilyCare MCO or potential NJ FamilyCare enrollees. **Individuals enrolled in a NJ FamilyCare MCO are excluded from Hospital EARC and require MCO authorization for services.** The authorization is dependent upon the establishment of financial eligibility for NJ FamilyCare, clinical eligibility for institutional care if necessary, and notification of admission by the receiving facility. DoAS OCCO is responsible for the Hospital EARC authorization process. Hospital staff trained and certified through the DoAS-established curriculum and with authorized access to the online portal system can complete the Hospital EARC screening tool.

Hospital and nursing facility staff are expected to follow all Hospital EARC guidelines including but not limited to ensuring the individual meets the eligibility criteria and verification of no MCO enrollment. The hospital certified screener shall submit the Hospital EARC through the DHS web-based portal and receive a determination of "Authorized". The PASRR section shall be completed in full with the resumption of all PASRR requirements. The receiving nursing facility shall obtain the Hospital EARC OCCO authorization which must include Patient Name, Date of Submission, and Confirmation Number. Copies of the full Hospital EARC, and Hospital EARC authorization from the sending hospital are all required in order for a Medicaid certified NF or Ventilator SCNF to admit individuals who meet the EARC criteria. The nursing facility shall also submit the Long Term Care Notice of Admission (LTC-2) form to the appropriate OCCO office within two working days of admission as per N.J.A.C. 8:85-1.8. Failure to obtain all required forms and submit an LTC-2 may jeopardize NF Medicaid payment.

**2. Non-EARC Hospitals seeking discharge of individuals to a custodial resident setting including Nursing Facility, Special Care Nursing Facility, Community Residential Services, and Assisted Living**

The facility shall outreach the DoAS OCCO office to discuss the individual circumstances and obtain further direction and appropriateness of a submission of a Referral for Onsite OCCO Clinical Assessment via the LTC-4. OCCO shall conduct an in-person assessment for appropriate referrals. If OCCO identifies an emergent need for transfer, a transfer

approval may be issued via email communication and clinical eligibility will be established at a later date in accordance with DoAS OCCO policy. Psychiatric and acute psychiatric hospital units shall continue to follow the “NJ FamilyCare Guidance for State Psychiatric Hospital Discharges” guidance dated March 2019 for non-facility discharges.

### **3. Medicaid Certified New Jersey Nursing Facilities; Special Care Nursing Facilities; and Assisted Living Facilities**

Medicaid Certified NJ NFs, SCNFs, and ALs are expected to comply with all requirements as outlined in N.J.A.C. 8:85 including but not limited to admission criteria and notification, request for nursing facility level of care eligibility, Medicaid financial eligibility and billing, and transfer requests. In accordance with Medicaid Communication No. 16-09 “Subject: Assisted Living (AL), Nursing Facility (NF), and Special Care Nursing Facility (SCNF) Provider Communication: Clinical Eligibility Standards and Timeframes”, DoAS OCCO has the ability to back-date the clinical eligibility to begin on the 15<sup>th</sup> day for AL/SCNF or the 31<sup>st</sup> day for NF after the referral receipt date which allows payment to the provider without penalty as a result of DoAS OCCO failure to conduct the assessment timely.

All referrals to DoAS OCCO seeking clinical eligibility determination will be processed and an in-person assessment scheduled for referrals that meet the criteria for assessment. In the event that an in-person assessment cannot occur within 30 days of referral, OCCO will process the referral to facilitate appropriate payment to the NF, SCNF, and AL. All referrals, which comply with the requirements outlined in both 8:85 and Medicaid Communication No. 16-09 including the determination of clinical eligibility, will be processed to facilitate appropriate payment to the NF, SCNF, and AL in accordance with the Medicaid communication.

The temporary suspension of Preadmission Screening and Resident Review (PASRR) prior to admission is no longer in effect. Individuals for whom a positive Level I result is indicated, a Level II referral/evaluation shall be submitted to the Level II authority in accordance with standard protocols. The Level II Authority shall assist the facility in obtaining alternate placement for the provision of specialized services for individuals who are determined to require specialized services. All Level II determinations must be submitted to the DoAS OCCO regional office by the Level II authority.

### **4. Community Referrals via the County Welfare Agencies (CWAs) and the Aging and Disability Resource Connections (ADRCs)**

Individuals referred to DoAS OCCO for individuals residing in a community home (excluding Medicaid Assisted Living facilities – see #3) will be offered an in-person clinical assessment. In the event that the individual declines an in-person assessment, the NJ Screen for Community Services (SCS) will be utilized to presumptively determine clinical eligibility. If clinical eligibility is determined, the information will be entered into the NJ Medicaid Management Information System (NJMMIS). If clinical eligibility is not determined, the individual will be advised of the need for a face-to-face visit which will be

scheduled at a later date. These individuals will also be provided options counseling for unmet needs including a referral to the ADRC, Medical Assistance Customer Center, and other local resources.

**5. For referrals not included in this communication and questions, please outreach your local OCCO office.**

**Resource Items:**

1. DoAS Long Term Services and Supports and Office of Community Choice Options (OCCO) Contact List is available at [DoAS Provider Resources](#)
2. Hospital EARC Criteria and Guidelines are available at [DoAS Provider Resources](#)
3. New Jersey Regulations are available at <https://www.state.nj.us/humanservices/providers/rulefees/regs/>
4. Preadmission Screening and Resident Review information is available at DoAS PASRR Page at <https://www.state.nj.us/humanservices/doas/services/pasrr/index.html>
5. NJ FamilyCare Guidance for State Psychiatric Hospital Discharges is available at [DoAS Provider Resources](#)
6. Medicaid Newsletter No. 16-09 “Provider Communication: Clinical Eligibility Standards and Timeframes” is available at [https://www.state.nj.us/humanservices/dmahs/info/resources/medicaid/2016/16-09\\_AL\\_NF\\_SCNF\\_Clinical\\_Eligibility\\_Standards\\_and\\_Timeframes.pdf](https://www.state.nj.us/humanservices/dmahs/info/resources/medicaid/2016/16-09_AL_NF_SCNF_Clinical_Eligibility_Standards_and_Timeframes.pdf)