

April 3, 2020

Coronavirus (COVID-19) Frequently Asked Questions for Nursing Facilities

Will the PASRR (Pre-Admission Screening and Resident Review) Level I and Level II requirements be temporarily waived?

Yes, there are portions of the PASRR requirements that are temporarily waived. The Centers for Medicare and Medicaid Services (CMS) granted approval to waive PASRR related requirements for ND Medicaid under its 1135 waiver. PASRR Level I and II assessments as required by 42 CFR 483 Subpart C, may be waived for 30 days upon admission to a nursing facility.

Every effort should be made to submit a Level I assessment upon the individual's admission to the nursing facility, except when doing so would cause undue hardship due to safety and/or staffing concerns. When a Level I is submitted prior to admission and identifies the need for a Level II assessment, the requirement for that Level II to be completed prior to admission is temporarily waived. Instead, a temporary emergency outcome will be given and the individual may be admitted to the nursing facility. The nursing facility is responsible for submitting a new Level I assessment within 30 days of admission.

If submitting a Level I assessment prior to admission would cause undue hardship due to safety and/or staffing concerns, the individual may be admitted to the nursing facility. The nursing facility is responsible for submitting a Level I assessment within 30 days of admission. If this option is chosen, the submitter should put 'Level I not completed prior to admission due to national emergency' in the comments section so that Maximus/Ascend staff can ensure correct effective dates.

In both scenarios, the admitting nursing facility should assess for potential risk of psychiatric crisis due to the lack of evaluation prior to admission.

The 1135 waiver applies to pre-admission processes associated with PASRR. All status changes that require a Level I assessment should continue to follow the standard policies and procedures currently in place on page 13 of the ND Provider Manual found at <http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-all.html>.

Level I assessments must still be submitted to the ND Medicaid vendor Maximus/Ascend.
(Revised 4/3/2020)

Will there be temporary flexibility in the Nursing Facility Level of Care (LOC) timeline requirements?

Yes. Every effort should be made to complete a LOC determination upon the member's admission to the nursing facility. If a nursing facility is unable to complete a LOC determination before a ND Medicaid member is admitted to the facility, follow the Retro LOC process for ND Medicaid members within 30 days of admission. In the comments section of the Retro LOC Form (SFN 114) put "Retro request due to national emergency".

MEDICAL SERVICES

600 E Boulevard Ave Dept 325 | Bismarck ND 58505-0250

701.328.7068 | Fax 701.328.1544 | 800.755.2604 | 711 (TTY) | Provider Relations 701.328.7098 | www.nd.gov/dhs

As a reminder, the admitting nursing facility is responsible for ensuring that the resident meets LOC upon admission and completing the LOC process.

Continue to follow the Retro LOC process for residents who apply for ND Medicaid after admission to a nursing facility.

Original nursing facility level of care determination requests must still be submitted to the ND Medicaid vendor Maximus/Ascend.

What are the temporary MDS requirements for individuals admitted to a nursing facility?

Minimum Data Set (MDS) assessment timeframes as required by 42 CFR 483.20 are temporarily waived. This temporary waiver authority is described in the following CMS Health Care Providers Fact Sheet: <https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>.

The assessment reference date (ARD) of MDS assessments must still be within the assessment reference period. Assessments are not required to be submitted within a certain number of days of the ARD. The transmitted MDS files will be processed as they are received. The Department will continue to generate reports and classification notices necessary for billing residents and payers. (Revised 4/3/2020)

My facility may have additional unforeseen costs due to the pandemic. What should I do?

For now, keep track of the additional costs. ND Medicaid will be issuing guidance for reporting these costs on the June 30, 2020 cost report.

What is the status of the long-term care payment study?

The payment study is on hold until further notice.