

Nursing Facility
Long Term Care Services and Supports (LTSS)
INTERIM DOCUMENTATION OF NON-SCREENING DETERMINATION

INSTRUCTIONS:

This form serves as documentation by the nursing facility staff of the reason for determination of exemption from the Long-Term Services and Supports (LTSS) Screening for Medicaid-funded nursing facility level of care as provided by the hospital staff for an patient who, at the time of discharge from the hospital to a nursing facility, is not appropriate for LTSS Screening.

SECTION I: IDENTIFICATION OF INDIVIDUAL

Name: _____
Last First Middle

Social Security Number: _____ - _____ - _____ **Date of Birth:** ____/____/____ **Sex:** __ Male __ Female
MM DD YYYY

SECTION II: PROVIDER INFORMATION

Hospital Admission Date: _____ **Hospital Name:** _____

Hospital Staff Name: _____

SECTION III: REASON FOR NON-SCREENING

The NF is responsible for initiating the PASRR Level I, and coordinating with the hospital to request a Level II evaluation if indicated, due to the hospital staff advising the NF that a LTSS Screening is not indicated, or verifying a timely PASRR exists in the documentation, due to the following (check one):

- The individual refused the screening.
*Not applicable for individuals enrolled in Medicaid at time of admission to NF.
- The LTSS screening process determined failure to meet nursing facility level of care criteria.
- A LTSS Screening has previously been completed. Date: _____
*A copy of the previous screening must be obtained from the hospital prior to admission to the NF.
- Individual is private pay individual and will not become financially eligible for Medicaid within six months from admission to a Virginia nursing facility (as indicated by the hospital staff).
- Individual resides out-of-state and seeks direct admission to a Virginia nursing facility.
- Individual is an inpatient in an out-of-state hospital, in-state or out-of-state veteran's hospital, or in-state or out-of-state military hospital and seeks direct admission to a Virginia nursing facility.
- Individual who is a patient or resident of a state owned/operated facility by Department of Behavioral Health and Developmental Services (DBHDS) and seeks direct admission to a Virginia NF.
- A screening shall not be required for enrollment in Medicaid hospice services as set out in 12 VAC 30-50-270. The individual is currently enrolled in hospice services; therefore, a screening is not required.
Name of Hospice company: _____
- Individual is a client of Wilson Workforce Rehabilitation Center (WWRC) to which staff of WWRC shall perform screenings.

Nursing Facility Staff Signature

Date