



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

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**TO:** Medicaid Nursing Facility Providers  
**SUBJECT:** Pre-admission Screening (PAS) Screen Action Code 2  
**EFFECTIVE:** February 1, 2015

**PURPOSE:** The Division of Medical Assistance and Health Services (DMAHS) along with the Division of Aging Services, Office of Community Choice Options (DoAS OCCO) is issuing this newsletter to clarify the procedure for determining eligibility for long-term services and supports for individuals placed in nursing facilities. This is a change of an action code definition used in the state Medicaid eligibility system that enables communication between the agencies that conduct clinical and financial eligibility determinations.

**BACKGROUND:** Financial and clinical eligibility determinations for Medicaid long-term services and supports are processed concurrently. In order to be financially eligible for the higher monthly income limit of 300% of the Federal Benefit Rate, (\$2,199 in 2015 and 2016), an individual must meet an institutional level of care (LOC) determined by the DoAS OCCO. Individuals with monthly income below 100% of the Federal Poverty Level, (\$981 in 2015 and 2016), may be eligible for state plan services without the official LOC assessment. Benefits under the state plan cover short term and rehabilitative stays in a nursing facility. Once these individuals are determined to need custodial nursing facility coverage, they too will need to be assessed for LOC by their managed care organization (MCO) and a determination made by OCCO.

**ACTION:** This newsletter is for clarification purposes only. No action is required.

**CLARIFICATION:** One code in the Medicaid eligibility Pre-admission Screening (PAS) system used by the County Welfare Agencies (CWAs) and the Office of Community Choice Options (OCCO) was redefined. Effective February 1, 2015, an Action Code 2 with a Location Code E on the Pre-admission Screen section *now* indicates an Enhanced At Risk Criteria Pre-admission Screening (EARC-PAS) which certifies an institutional LOC for 90 days. Prior to February 1, 2015, this code was used as a notification to the CWAs for an official clinical determination using the NJ Choice assessment tool that is valid for 12 months. This new code definition does not change the process for concurrent eligibility determinations. EARC-PAS assessments have been used for years in discharging individuals from hospitals to nursing facilities or rehabilitation centers. Individuals who have an EARC screening, and potentially need long-term nursing facility care beyond 90 days, are identified by OCCO at day 61; at which time an official NJ Choice assessment is scheduled. (Please see Provider FAQs

at [www.state.nj.us/humanservices/dmahs/home/MLTSS\\_Provider\\_FAQs.pdf](http://www.state.nj.us/humanservices/dmahs/home/MLTSS_Provider_FAQs.pdf) for further information on the EARC-PAS and facility responsibilities.)

When a CWA receives an application for Medicaid eligibility, the caseworker will check the state system to ensure that a NJ Choice Assessment has either been requested or completed within the last 12 months. A completed assessment is given an action code 1 or 3 in the PAS system. If the CWA does not see that a request was made, or if they see a current action code 2, they will send a CP-2 to OCCO to inform them that an application has been received and that the clinical eligibility process is required.

**Financial eligibility should continue to be processed while awaiting the clinical determination.** If the CWA sees an open request for an assessment, they will call their appropriate OCCO office to determine the assessment status and advise OCCO of the need for clinical eligibility. Once clinical eligibility has been established and data entered, the clinical eligibility date may go back to the date of the EARC -PAS assessment when clinical eligibility was first certified (Location Code E/Action Code 2). To clarify, the need for a further clinical assessment for individuals residing in a nursing facility with an EARC - PAS is not a new requirement. Clinical eligibility is only required for individuals seeking long-term nursing facility placement and will not delay a Medicaid eligibility determination for long-term services and supports.

Questions regarding this Newsletter should be directed to the Medicaid Member/Provider Hotline at 1-800-356-1561.

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