

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 13, 1986

ALL-COUNTY LETTER NO. 86-116

• TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: PREADMISSION SCREENING

Effective July 1, 1986, the State Department of Health Services implemented a Preadmission Screening (PAS) Program statewide as required by Assembly Bill 2684 (Jones), Chapter 213, Statutes of 1986.

The PAS Program has been ongoing in five Medi-Cal field offices since July 1984. The five field offices include Oakland, San Diego, San Francisco, San Jose, and Santa Rosa. The objective of PAS is to identify individuals who, although eligible for skilled nursing facility (SNF) or intermediate care facility (ICF) placement, could be diverted prior to admission to a nursing home and receive home and community-based services (i.e., In-Home Supportive Services (IHSS); Adult Day Health Care (ADHC); Multipurpose Senior Services Program (MSSP) and Linkages) to keep them functioning independently to their fullest potential for as long as possible. Additionally, AB 2684 requires all Medi-Cal recipients residing in nursing homes who have not been preadmission screened to be reviewed under a postadmission screening process. The Medi-Cal field office will conduct the postadmission screening which is required in order to determine the patient's potential for returning to the community with the support of in-home and community-based services.

This new law mandates the participation of all acute care hospitals and long-term care (LTC) facilities in the PAS Program. It requires that all Medi-Cal eligibles and Medicare patients who have an approved application for Medi-Cal (crossovers) be prescreened prior to admission to an LTC facility.

Persons who are referred to certified LTC programs for the mentally ill or developmentally disabled, and persons who have been residing in the residential care portion of a multi-level facility, are exempted from PAS.

In the PAS Program, the Medi-Cal field office is contacted by the acute care hospital or LTC facility on all Medi-Cal and crossover patients pending LTC placement. If diversion to the community is not possible, the Medi-Cal field office will authorize placement in the LTC facility. If diversion is a possibility, the Medi-Cal field office will authorize a home health agency (HHA) or comparable Medi-Cal provider, to conduct an onsite assessment of the individual. The assessment agency will complete and mail the assessment form MC 3003 (Attachment I) to the Medi-Cal field office within two working days of the visit. The MC 3003 form is a medical review form, and it is intended that the information obtained on this form be shared with county welfare departments on any cases which are referred for IHSS. It is not intended that this form replace DSS' assessment form (SOC 293) although the information on it may assist counties in their IHSS assessments. The MC 3003, which is being revised so that the top portion more closely resembles the top portion of DSS' form SOC 293, accompanied by a cover sheet (Attachment II), will be mailed by the Medi-Cal field office to the appropriate county IHSS contact person. Medi-Cal field offices have been given the names of IHSS Program Managers as IHSS contact persons. In order to assist the county in planning its workload, the Medi-Cal field office will first telephone the county IHSS contact person to inform him/her that a referral is forthcoming. Counties may inform Medi-Cal field offices of any changes as needed.

It will not be necessary for the county IHSS office to perform any follow-up activities in regard to the PAS referral outside of its normal IHSS assessment and case processing. If any questions arise regarding the PAS Program, the county IHSS contact person should contact the local Medi-Cal field office PAS Coordinator.


 LOREN D. SUTER
 Deputy Director
 Adult and Family Services


 THELMA FRAZIEAR, Chief
 Medi-Cal Operations Division
 Department of Health Services

Attachments

cc: CWDA

Date: _____

TO: County Welfare Department IHSS Unit

FROM: Department of Health Services

(Medi-Cal Field Office)

(Address of Field Office)

(Phone number of Field Office)

(PAS Coordinator)

(Coordinator's Phone Number)

Screening Agency _____
(Agency Performing the Assessment)

Beneficiary's Name _____

Referral For:
(Check one)

IHSS
(New Case)

Increased Level
of IHSS