

PRE-ADMISSION REVIEW FOR NURSING HOME ADMISSIONS

Submit to: Ohio District 5 Area Agency on Aging Inc., 2131 Park Ave. West, Ontario, Ohio 44906

Phone: 567-247-6439

Fax: 419-522-7711

Email: pre-ad@aaa5ohio.org

Date _____

Submitter: _____ Facility Name _____ Phone# _____

Return Fax# _____ #Pages _____

Client Info:

Client Name _____ DOB _____ SS# _____

Medicaid Number# _____ or Application Date: _____ County of Medicaid _____

Scenario:

- Community to NF
- Community to Hospital Observation or ER _____
- Community to Hospital to NF (*new NF admits only*)
- NF to Hospital to different NF: Date of 1st NF Admission: _____
- NF to Hospital to same NF (*leave days exhausted*)(LOC Validation) Original Admission date _____

<p>Type of Request: * Required to begin processing*--See ODM's Most Common Scenarios</p> <p><input type="checkbox"/> LOC Validation Effective Date Requested _____ Specify Waiver ___ PP ___ AL ___ OHC OR ____ NF to hospital to same NF</p> <p><input type="checkbox"/> LOC: Effective Date Requested _____</p>	<p>Request Info:</p> <p>NF Name : _____</p> <p>Guardian/Authorized Rep/DPOA/Sponsor, please list: Name: _____</p> <p>Formal Support ___ Yes ___ No</p> <p>If yes type of Support: _____</p>
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Required Forms needed to complete request: (please Submit as applicable)

PAS Review Results letter---OR---Hospital Exemption Form

If PAS Review Results letter indicates a Level II referral, please send a copy of the PAS and the Level II determination letter

ODM 3697 or Hospital transfer form or Continuity of Care (with ADL/IADL info) + Medications.

MUST INCLUDE:

Signature by Physician, Nurse Practitioner, or Physician's Assistant. (Signer MUST date their own signature)

ONE Primary Diagnosis Must be marked.

Specify either Skilled or Intermediate Level of Care

If requesting:

- NF to Hospital to different NF or
- NF to Hospital to same NF (*leave days exhausted*)

must also provide ORIGINAL PASRR RECORDS

ORIGINAL PASRR RECORDS:

PAS Review Results letter

If PAS Review Results letter indicates a Level II referral, please send a copy of the PAS and the Level II determination letter

Hospital Exemption Form with the Resident Review for the expired exemption (and applicable Review Results Letter if after December 30, 2019)

*** IF admission was before 2009, please send Convalescent Statement in lieu of Hospital Exemption form

	No Help	Supervision	Hands On Assistance
a) Shopping			
b) Meal Preparation			
c) Environmental (1) House Cleaning			
(2) Heavy Chores			
(3) Yard Work/Maint.			
d) Laundry			
e) Community Access: (1) Telephone			
(2) Transportation			
(3) Legal/Finance			

HENS WEBSITE is available 24 hours/day—Please allow up to 24 hours for all other submissions

Weekend Coverage: PSA 3 Fax: 1-419-222-8262 -Phone: 1-419-222-7723-Friday's 4:30 - 12:00 Midnight Saturday's unless Monday is a statewide Holiday then through Sunday 12:00 Midnight Revised: 5/5/2022