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 __________

Type of Request:* Required to begin processing*--See ODM’s Most Common Scenarios
☐ LOC Validation Effective Date Requested__________
Specify Waiver ___PP   AL ___OHC
OR
___NF to hospital to same NF

☐ LOC: Effective Date Requested__________

Request Info:
NF Name :

Guardian/Authorized Rep/DPOA/Sponsor, please list:
Name:__________________________________________

Formal Support _____Yes _____ No

If yes type of Support:__________

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

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 Sunday12:00 Midnight   Revised: 5/5/2022