

**New Jersey Department of Human Services
Division of Aging Services
Office of Community Choice Options**

**INSTRUCTIONS FOR COMPLETING THE
HOSPITAL ENHANCED AT RISK CRITERIA (EARC) SCREENING TOOL**

GENERAL INFORMATION

Only discharge planners, who have completed the required training and received certification by the Department of Human Services, can complete this tool.

The Hospital Enhanced At-Risk Criteria (EARC) Screening is the process utilized for individuals who meet the target population:

Target Population:

The Hospital EARC process is indicated for individuals:

1. Discharging from:
 - a. An acute, non-psychiatric hospital setting; or
 - b. A Long Term Acute Care Unit (LTAC);
2. Entering a Medicaid Certified Nursing Facility or Vent SCNF with an expectation of billing Medicaid for all or part of their stay:
 - a. Currently Medicaid eligible but not yet enrolled in NJ FamilyCare with a Managed Care Organization (MCO); or
NOTE: MCO enrollment cannot be initiated during hospitalization, deferred to 1st of month after D/C.
3. Potentially Medicaid eligible within 180 days.

Exclusions – NOT ELIGIBLE FOR HOSPITAL EARC, REQUIRES ONSITE OCCO CLINICAL ASSESSMENT:

NOTE: Requires submission of completed LTC-4, Referral for Onsite OCCO Clinical Assessment form, available via the EARC Portal, as well as from the DoAS forms website at:

<https://www.state.nj.us/humanservices/doas/home/forms.html>.

1. Individuals who are being referred for placement in a Special Care Nursing Facility (SCNF): AIDS, Behavioral, Huntington's, Neurologically Impaired, Pediatric or TBI;
2. Individuals who are in a Psychiatric Hospital or Psychiatric Acute Care Unit.

Other Exclusions – NOT ELIGIBLE FOR HOSPITAL EARC OR ONSITE OCCO CLINICAL ASSESSMENT:

NOTE: The Screener must explore alternative options to nursing facility placement.

1. Individuals who are seeking Home and Community Based Waivers returning to the community;
2. Individuals who would not qualify for Medicaid within 6 months of NF placement who would be considered as private pay;
3. Individuals who have a valid PAS on file;
4. Individuals enrolled in NJ FamilyCare with a MCO upon entrance to hospital;
NOTE: If MCO enrolled, an authorization for any NF placement must be obtained from the MCO prior to discharge to the NF.
5. Medicaid Fee-For-Service (FFS) individuals admitted from and returning to the same NF;
NOTE: Medicaid FFS represents individuals residing in a nursing facility enrolled in Medicaid prior to July 1, 2014. These individuals are not MCO enrolled.
6. Individuals whose PASRR Level II determination indicates "Requires Specialized Services";
7. Individuals who are medically unstable including those in the Emergency Room;
8. Individuals who are not in a NJ hospital.

IMPORTANT: Outreach to the applicable Regional OCCO via telephone is necessary for situations outside the parameters of the identified target population or exclusion criteria.

- **Northern Regional Office of Community Choice Options (NRO OCCO):**
Counties: Bergen, Essex, Hudson, Hunterdon, Middlesex, Morris, Passaic, Somerset, Sussex, Union and Warren
Phone: (732)777-4650
- **Southern Regional Office of Community Choice Options (SRO OCCO):**
Counties: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Monmouth, Ocean and Salem
Phone: (609)704-6050

NF admission must occur within 10 days of the authorized OCCO determination. If discharge is delayed, a new Hospital EARC must be submitted. The Hospital EARC will serve as a 90 day authorization for NF placement for individuals who complete the Medicaid eligibility process. It is IMPORTANT to relay to the individual/legal representative that Medicaid payment is contingent upon full clinical and financial eligibility within 90 days of admission to the NF as per N.J.A.C. 8:85-1.8(b.1.). The admitting NF is responsible to submit the Notice of NF Admission (LTC-2) within two business days of admission as per N.J.A.C. 8:85-1.8(c).

This form and all PASRR documents must accompany the patient to the NF to be permanently filed in their active NF chart.

The admitting NF is responsible to submit a LTC-2 Notification from Long-Term Care Facility regarding the admission of the patient to initiate an on-site OCCO assessment to establish full clinical eligibility as required for Medicaid NF reimbursement.

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HOSPITAL ADMISSION:

Identify hospital information as requested.

REQUEST TYPE:

Identify request type as NF or Vent.

IDENTIFICATION:

Identify demographics as requested.

- Include full legal name of the individual
- The address must be where the individual resided prior to hospitalization.
 - If identified as homeless, address should be that of the hospital in which the individual is currently located.

HOSPITAL EARC ELIGIBILITY:

Identify items that may indicate an individual's expectation and eligibility for Medicaid.

FINANCIAL ELIGIBILITY INFORMATION:

Identify financial eligibility information as requested.

Any questions related to financial eligibility should be directed to the County Welfare Agency. CWA contact information can be found at:

<https://www.nj.gov/humanservices/dfd/programs/njsnap/cbss/index.html>

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- **Income** includes earned (receiving a pay check), or unearned (receiving interest from an investment account) income such as Social Security, pension, earnings, salaries, tips, interest, dividends, and rental income.
- **Assets** (aka Resources) include anything that can be converted to cash such as checking or savings accounts, certificates of deposit, retirement accounts and case value life insurance.

MEDICAL:

Identify a minimum of one diagnosis impacting the individual's functional status requiring transfer to a nursing facility. Ventilator dependence should be indicated for anyone seeking a Vent SCNF admission.

PREADMISSION SCREEN RESIDENT REVIEW (PASRR):

Federal law (Title 42:483.100-138) mandates that all Medicaid-Certified Nursing Facilities (NF) may not admit an individual with serious mental illness (MI), intellectual, developmental disability (ID/DD) or a related condition (RC) unless the individual has been properly screened, evaluated, and determined to be appropriate for NF placement regardless of payment source.

The PASRR Level I Screen (LTC-26) must be completed by the referring entity **prior to discharge** for a first-time admission to any Medicaid-Certified Nursing Facility.

1. Identify date and outcome of PASRR Level I.
 - If selecting readmission to the same NF, then remaining PASRR items are not required.
 - If the PASRR Level I is **NEGATIVE**, no PASRR attachment required.
 - If the PASRR Level I is **POSITIVE** for MI, ID/DD/RC or both, a copy of the Level I PASRR (LTC-26), as well as the PASRR Level II determination from the Level II authority when applicable, must be attached prior to submission of the Hospital EARC.
 - Guidance related to the PASRR process can be found at the following website:
<https://www.state.nj.us/humanservices/doas/services/pasrr/>
 - If positive MI, the Level II Psychiatric Evaluation or Categorical Determination forms can be accessed from the following website: <http://www.state.nj.us/humanservices/dmhas/forms/>
 - The Notice of Referral for Level II PASRR Evaluation (LTC-29) form can be accessed from the following website:
<http://www.state.nj.us/humanservices/doas/home/forms.html>
2. If positive Level 1, identify if physician certified as a 30-day exempted hospital discharge.
 - If yes, identify date of notification to Level II authority, then skip to next section
 - If no, complete remaining PASRR items for Level II determination
3. & 4. Identify date and applicable Level II determination – MI, ID/DD/RC or both MI & ID/DD/RC.
 - If Categorical determination, identify category
 - **NOTE:** Any positive Level I PASRR that has not been certified as a 30-day exempted hospital discharge requires the Level II determination from the Level II authority to be attached prior to submission of the EARC.

COGNITION and ADL SELF PERFORMANCE:

Identify all items of Cognition and Activities of Daily Living (ADL).

1. **DAILY DECISION MAKING:** How well does patient make decisions about organizing the day (e.g., when to eat, choose clothes, when to go out)?
(CODING DEFINITIONS)
 - **INDEPENDENT:** Decisions consistently reasonable
 - **MODIFIED INDEPENDENCE:** Some difficulty in new situations only
 - **MINIMALLY IMPAIRED:** In specific situations, decisions become poor or unsafe and cues/supervision necessary at those times
 - **MODERATELY IMPAIRED:** Decisions consistently poor or unsafe, cues/supervision required at all times
 - **SEVERELY IMPAIRED:** Never/rarely makes decisions
2. **SHORT-TERM MEMORY:** Can patient recall 3 items from memory after 5 minutes?
(CODING DEFINITIONS)
 - **YES:** Short-term Memory OK
 - **NO:** Short-term Memory problem
3. **MAKING SELF-UNDERSTOOD:** How well does the patient express or make self-understood? (This item includes expressing information content – both verbal and non-verbal. This item is not intended to address differences in language understanding, such as only speaking in a language not familiar to the screener.)
(CODING DEFINITIONS)
 - **UNDERSTOOD:** Expresses ideas without difficulty
 - **USUALLY UNDERSTOOD:** Difficulty finding words or finishing thoughts, BUT if given time, little or no prompting required
 - **OFTEN UNDERSTOOD:** Difficulty finding words or finishing thoughts, prompting usually required
 - **SOMETIMES UNDERSTOOD:** Ability is limited to making concrete requests
 - **RARELY OR NEVER UNDERSTOOD**
4. **ACTIVITIES OF DAILY LIVING (ADLs)**
(ADL DEFINITIONS, ADL CODING GUIDELINES, ADL CODING DEFINITIONS)
ADL DEFINITIONS:
 - a. **BED MOBILITY:** How the person moves to and from a lying position; turns from side to side, and positions his or her body while in bed; EXCLUDES transfer out of bed (this is considered in the transfer ADL).
 - b. **TRANSFER:** Including moving to and between surfaces. To/from bed, chair, wheelchair, standing position; EXCLUDES to/from bath and toilet.
 - c. **LOCOMOTION:** How the person moves between locations on the same floor (walking or wheeling). If the person uses a wheelchair, this measures self-sufficiency once he or she is in the chair.
 - d. **DRESSING (upper and/or lower body):** How the person dresses and undresses (street clothes, underwear), including prostheses, orthotics, pullovers, belts, pants, skirt, shoes, fasteners, etc..
 - e. **EATING:** How the person eats and drinks (regardless of skill), includes intake of nourishment by other means (such as tube feeding or total parenteral nutrition).
 - f. **TOILETING (toilet use and/or toilet transfer):** How the person moves on and off the toilet or commode; uses the toilet room (or commode, bedpan, urinal), cleanses him- or herself after toilet use or incontinent episode(s), changes bed pad, manages ostomy or catheter, adjusts clothes.

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g. **BATHING (consider last 7 days):** How the person takes a full-body bath or shower (includes bed bath). Including how the person transfers in and out of tub or shower and how each part of the body is bathed: arms, upper and lower legs, chest, abdomen and perineal area; EXCLUDES washing of back and hair.

ADL CODING GUIDELINES for ADL Self Performance

Assess the individual's ADL self-performance during the **LAST 3 DAYS** (except bathing, during last 7 days) considering all episodes of the ADLs. Determine the 3 most dependent episodes of assistance, then code using the least dependent of those 3 episodes.

ADL CODING DEFINITIONS

The following coding definitions apply to all ADLs, including Bed Mobility, Transfer, Locomotion, Dressing (upper and/or lower body), Eating, Toileting (toilet use and/or toilet transfer) and Bathing:

- **INDEPENDENT:** No help, setup or oversight
- **SETUP HELP ONLY:** Article or device provided within reach of individual
- **SUPERVISION:** Oversight, encouragement or cueing
- **LIMITED ASSISTANCE:** Individual is highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance
- **EXTENSIVE ASSISTANCE:** Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
- **MAXIMAL ASSISTANCE:** Weight-bearing support (including lifting limbs) by 2+ helpers – OR – Weight-bearing support for more than 50% of subtasks
- **TOTAL DEPENDENCE:** Full performance of the activity by another
- **ACTIVITY DID NOT OCCUR:** The activity was not performed by the individual or others (regardless of ability)

OPTIONS COUNSELING:

Identify areas where discussion occurred with patient and/or authorized representative during options counseling regarding the EARC process and need for Medicaid eligibility:

Provide information related to community and long-term care supportive services:

- The Aging and Disability Resource Connection (ADRC) website can provide a wealth of information related to supportive services. This website can be found at: <https://www.adrcnj.org/>
- NJ Information and Assistance Hotline: 1-877-222-3737 (toll-free)
- Provide information to access the online NJ FamilyCare Aged, Blind, Disabled Programs website and online application. This website can be found at:
<https://www.state.nj.us/humanservices/dmahs/clients/medicaid/abd/>

Discuss the need for Medicaid financial eligibility to be established, providing contact information regarding the applicable County Welfare Agency (CWA)

- CWA contact information can be found at:
<https://www.nj.gov/humanservices/dfd/programs/njsnap/cbs/index.html>

Identify choice of setting as NF – Long Term, or Sub-Acute – Short Term

If sub-acute selected, respond to sub-items to indicate potential for and interest in discharge to the community; as well as if a referral has been made to the County ADRC/AAA.

Identify if options counseling occurred with patient or legal representative; including the name of the individual and date.

ATTACHMENTS:

Attach any positive PASRR Level I outcome and when applicable, the Level II determination issued from the Level II authority. If the required attachments are not included at the point of submission, the EARC will be returned to the Screener as a RFI (Request for Information) and not processed until all required PASRR documentation is provided with the EARC.

Other documents may be attached that may be useful to OCCO (i.e., Legal Guardianship documentation)

Attachments must be PDF format.

ATTESTATION:

Identify your name and EARC Certification No. to indicate your attestation to the validity of the information that is being submitted to OCCO.

For instances of a Request for Information (RFI), an additional attestation is required. This attestation relates specifically to the information that has been corrected or supplied by the Screener in replying to the RFI, regardless if it is the originator of the initial EARC.