NEW JERSEY HUMAN SERVICES
DoAS
Division of Aging Services

Nursing Facility (NF) Clinical Screen

Application Date	Application Type	Confirmation Number
	LTC-2E	N/A

Acknowledgement

The NF Clinical Screen process is indicated for a NF resident who is residing in a Medicaid Certified Nursing Facility, admitted within the last 30 to 60 days, or had a prior NF Clinical Screen or EARC completed which is set to expire within 30 days, and:

1. With an expectation of billing Medicaid for all or part of their stay and
2. Is not currently enrolled in a Medicaid MCO or PACE program and
3. Was admitted to the NF without an Enhanced at Risk Criteria screening (EARC) and
4. Residing in the NF a minimum of 30 days, and
5. The provider has submitted the LTC-2(A), Notice of Admission via the NF Portal.

NOTE: A resident admitted to the NF who was eligible for new MCO enrollment during a hospitalization will be enrolled with a MCO the 1st of the month following hospital discharge.

The NF Clinical Screen, once authorized by the Office of Community Choice Options (OCCO), will serve as a 180-day authorization for continued NF placement. Authorization start date will be from the date of admission if submitted after day 30 and up through day 60 of admission; authorization start date will be from date of submission if submitted after day 60 of admission. Medicaid payment is contingent upon full clinical and financial Medicaid eligibility within a 180-day timeframe as per N.J.AC. 10:166-1.8(b.1).

☐ By proceeding with this screening tool, you acknowledge all requirements are met.

Nursing Facility Admission Information

Name of Nursing Facility	NF Provider Number	Date of Nursing Facility Admission	Days

Request Type:

☐ Private pay with admission to NF within last 30 to 60 days (Initial Request).

☐ Private pay admission with admission >60 days (Initial Request).

☐ 180 Day NF Clinical Screen Request - following initial authorized NF Clinical Screen or valid EARC.

☐ Change in status – Prior NF Clinical Screen Not Authorized but change in status identified.

Date of Most Recent MDS 3.0	Type of MDS 3.0 Assessment
	☐ Initial (Admission) ☐ Quarterly ☐ Annual ☐ Significant Change in Status

Resident Information

Resident Name	Gender	SSN	Date of Birth

Validation of Demographic Detail

☐ The above demographic detail is valid; no changes made.
☐ Modification to above demographic detail was conducted following verification of legal documentation
Demographic Detail:

Responsible Party Information

Relationship:	☐ Legal Guardian	☐ Child
	☐ Power of Attorney	☐ Friend
	☐ Spouse	☐ Other
	☐ Self	
Other Relationship:		
Last Name:		
First Name:		
Contact Number:		

Validation of Responsible Party Information

☐ Contact information matches resident's NF Record, and identified contact is not a billing agent or representative payee. No changes made.
☐ Updated contact information to match resident's NF record.

Demographic Detail:

Financial Eligibility Information

Is Medicaid expected to pay for any of the cost of the nursing facility stay?	☐ YES ☐ NO
Did resident apply for Medicaid and is application pending?	☐ YES ☐ NO
Will the resident's funds last less than six (6) months in a nursing facility?	☐ YES ☐ NO
Income	**Check One**
Resident's monthly income is at, or below, the current NJ Care Special Medicaid Program's maximum monthly income limit of $1,305	☐
Resident's monthly income is at, or below, the current Medicaid institutional cap of $2,901	☐
Resident's monthly income above $2,901, potential eligibility for Medicaid Qualified Income Trust	☐
Assets	**Check One**
Resident has no spouse in the community and resources no greater than $4,000 (plus $1,500 burial fund)	☐
Resident has no spouse in the community and resources at or below $64,000 (plus $1,500 burial fund)	☐
Resident has a spouse in the community with combined countable resources at or below $157,920 (plus $1,500 burial fund)	☐

Medical Information

Questions	Answers
Does the resident have catastrophic illness, a debilitating and/or a chronic illness affecting functional status that may require long-term nursing facility stay?	☐ YES ☐ NO
Primary diagnosis contributing to the need for NF placement (minimum of one):	

PRE-ADMISSION SCREENING RESIDENT REVIEW (PASRR)

Date of Level I PASRR Screen	
Level I Screen Outcome	☐ Negative ☐ Positive MI ☐ Positive ID/DD/RC ☐ Positive Both MI and ID/DD/RC
Resident admitted as a 30-day exempted hospital discharge:	☐ YES ☐ NO
MI PASRR Level II	
Date of MI Level II Determination	
MI Level II Determination	☐ No Specialized Services ☐ Requires Specialized Services ☐ MI Primary Dementia Exclusion ☐ Categorical Determination
MI Level II Categorical Determination (if applicable)	☐ Terminal Illness ☐ Severe Physical Illness ☐ Respite Care ☐ Adult Protective Services
ID/DD/RC PASRR Level II	
Date of ID/DD/RC Level II Determination	
ID/DD/RC Level II Determination	☐ No Specialized Services ☐ Requires Specialized Services ☐ Categorical Determination
ID/DD/RC Level II Categorical Determination (if applicable)	☐ Terminal Illness ☐ Severe Physical Illness ☐ Respite Care ☐ Adult Protective Services ☐ DDD Dementia

Validation of PASRR Detail

☐ The above PASRR detail is valid. (PASRR documentation NOT REQUIRED)
☐ Modified above PASRR detail. (NEW PASRR Level I and when indicated, Level II documentation REQUIRED for any positive Level I.)

Describe Reason for PASRR Correction:
☐ Initial PASRR detail identified with errors ☐ Recent change in condition requiring an updated PASRR

Cognitive Patterns and Functional Abilities

Cognitive Status

1.* Was the Brief Interview for Mental Status (BIMS) Conducted? (MDS C0100)	☐ YES ☐ NO **If no, skip to item 3.**
2.* Brief Interview for Mental Status (BIMS) Summary Score (MDS C0500):	☐ 13-15: Cognitively Intact ☐ 8-12: Moderately Impaired ☐ 0-7: Severe Impairment ☐ 99: Resident was unable to complete interview. **If 99, skip to Functional Abilities Section**
3.* Makes Self Understood: Ability to express ideas and wants, consider both verbal and nonverbal expression (MDS B0700)	☐ Understood ☐ Usually Understood ☐ Sometimes Understood ☐ Rarely/never understood
4.* Short-term Memory OK: Seems or appears to recall after 5 minutes (MDS C0700)	☐ Memory OK ☐ Memory Problem
5.* Cognitive Skills for Daily Decision Making (MDS C1000)	☐ Independent ☐ Modified Independence ☐ Moderately Impaired ☐ Severely Impaired

Functional Abilities

1.* Eating (MDS GG0130A)	☐ Independent ☐ Set Up or Clean-Up Assistance ☐ Supervision or Touching Assistance ☐ Partial/Moderate Assistance ☐ Substantial/Maximal Assistance ☐ Dependent ☐ Activity Did Not Occur
2.* Toileting Hygiene (MDS GG0130C)	☐ Independent ☐ Set Up or Clean-Up Assistance ☐ Supervision or Touching Assistance ☐ Partial/Moderate Assistance ☐ Substantial/Maximal Assistance ☐ Dependent ☐ Activity Did Not Occur

3.* Shower/bathe self (MDS GG0130E)	☐ Independent ☐ Set Up or Clean-Up Assistance ☐ Supervision or Touching Assistance ☐ Partial/Moderate Assistance ☐ Substantial/Maximal Assistance ☐ Dependent ☐ Activity Did Not Occur
4.* Upper body dressing (MDS GG0130F)	☐ Independent ☐ Set Up or Clean-Up Assistance ☐ Supervision or Touching Assistance ☐ Partial/Moderate Assistance ☐ Substantial/Maximal Assistance ☐ Dependent ☐ Activity Did Not Occur
5.* Lower body dressing (MDS GG0130G)	☐ Independent ☐ Set Up or Clean-Up Assistance ☐ Supervision or Touching Assistance ☐ Partial/Moderate Assistance ☐ Substantial/Maximal Assistance ☐ Dependent ☐ Activity Did Not Occur
6.* Putting on/taking off footwear (MDS GG0130H)	☐ Independent ☐ Set Up or Clean-Up Assistance ☐ Supervision or Touching Assistance ☐ Partial/Moderate Assistance ☐ Substantial/Maximal Assistance ☐ Dependent ☐ Activity Did Not Occur
MOBILITY (MDS GG0170)	
1.* Bed Mobility: Rolling (MDS GG0170A)	☐ Independent ☐ Set Up or Clean-Up Assistance ☐ Supervision or Touching Assistance ☐ Partial/Moderate Assistance ☐ Substantial/Maximal Assistance ☐ Dependent ☐ Activity Did Not Occur
2.* Bed Mobility: Sit to lying (MDS GG0170B)	☐ Independent ☐ Set Up or Clean-Up Assistance ☐ Supervision or Touching Assistance ☐ Partial/Moderate Assistance ☐ Substantial/Maximal Assistance ☐ Dependent ☐ Activity Did Not Occur

3.* Bed Mobility: Lying to sitting on side of bed (MDS GG0170C)	☐ Independent ☐ Set Up or Clean-Up Assistance ☐ Supervision or Touching Assistance ☐ Partial/Moderate Assistance ☐ Substantial/Maximal Assistance ☐ Dependent ☐ Activity Did Not Occur
4.* Transfer: Sit to Stand (MDS GG0170D)	☐ Independent ☐ Set Up or Clean-Up Assistance ☐ Supervision or Touching Assistance ☐ Partial/Moderate Assistance ☐ Substantial/Maximal Assistance ☐ Dependent ☐ Activity Did Not Occur
5.* Transfer: Chair/bed-to-chair transfer (MDS GG0170E)	☐ Independent ☐ Set Up or Clean-Up Assistance ☐ Supervision or Touching Assistance ☐ Partial/Moderate Assistance ☐ Substantial/Maximal Assistance ☐ Dependent ☐ Activity Did Not Occur
6.* Toilet: Toilet Transfer (MDS GG0170F)	☐ Independent ☐ Set Up or Clean-Up Assistance ☐ Supervision or Touching Assistance ☐ Partial/Moderate Assistance ☐ Substantial/Maximal Assistance ☐ Dependent ☐ Activity Did Not Occur
7.* Bathing: Tub/shower transfer (MDS GG0170FF)	☐ Independent ☐ Set Up or Clean-Up Assistance ☐ Supervision or Touching Assistance ☐ Partial/Moderate Assistance ☐ Substantial/Maximal Assistance ☐ Dependent ☐ Activity Did Not Occur
LOCOMOTION	
If resident is non-ambulatory	☐ YES **If yes, skip to item 12.** ☐ NO
8.* Locomotion: Walk 10 feet (MDS GG0170I)	☐ Independent ☐ Set Up or Clean-Up Assistance ☐ Supervision or Touching Assistance ☐ Partial/Moderate Assistance ☐ Substantial/Maximal Assistance ☐ Dependent ☐ Activity Did Not Occur

9.* Locomotion: Walk 50 feet with two turns (MDS GG0170J)	☐ Independent ☐ Set Up or Clean-Up Assistance ☐ Supervision or Touching Assistance ☐ Partial/Moderate Assistance ☐ Substantial/Maximal Assistance ☐ Dependent ☐ Activity Did Not Occur
10.* Locomotion: Walk 150 feet (MDS GG0170K)	☐ Independent ☐ Set Up or Clean-Up Assistance ☐ Supervision or Touching Assistance ☐ Partial/Moderate Assistance ☐ Substantial/Maximal Assistance ☐ Dependent ☐ Activity Did Not Occur
11.* Locomotion: Walking 10 feet on uneven surfaces (MDS GG0170L)	☐ Independent ☐ Set Up or Clean-Up Assistance ☐ Supervision or Touching Assistance ☐ Partial/Moderate Assistance ☐ Substantial/Maximal Assistance ☐ Dependent Activity Did Not Occur
12.* Locomotion: Does the resident use a wheelchair and/or scooter? (MDS GG0170Q6)	☐ YES **If 'Yes', then complete items 13 and 14.** ☐ NO
13.* Locomotion: Wheel 50 feet with two turns (MDS GG0170R)	☐ Independent ☐ Set Up or Clean-Up Assistance ☐ Supervision or Touching Assistance ☐ Partial/Moderate Assistance ☐ Substantial/Maximal Assistance ☐ Dependent ☐ Activity Did Not Occur
13a.* Locomotion: Wheel 50 feet with two turns, Manually or Motorized	☐ Manual ☐ Motorized
14. Locomotion: Wheel 150 feet (MDS GG0170S)	☐ Independent ☐ Set Up or Clean-Up Assistance ☐ Supervision or Touching Assistance ☐ Partial/Moderate Assistance ☐ Substantial/Maximal Assistance ☐ Dependent ☐ Activity Did Not Occur
14a.* Locomotion: Wheel 150 feet, Manually or Motorized	☐ Manual ☐ Motorized

Participation in (MDS) Assessment and Goal Setting Information

Resident's Overall Goal

1. Resident's overall goal established during (MDS) assessment process (MDS Q0310A):	☐ Discharge to the community ☐ Remain in this facility ☐ Discharge to another facility/institution ☐ Unknown or uncertain
2. Indicate information source for Q0310A (MDS Q0310B):	☐ Resident ☐ Family ☐ Legal guardian ☐ Other legally authorized representative ☐ None of the above
Activities to Support Discharge Planning	
Is active discharge planning in place for the resident to return to the community? (MDS Q0400)	☐ YES ☐ NO

Attachment Information

Attachment of the PASRR Level I and Level II documentation is only required if any NEW indication of a Positive PASRR Level I in the PASRR Verification Section.

☐PASRR Level I (Negative or Positive)
☐MI PASRR Level II Determination
☐ID/DD/RC Level II Determination
☐Other, specify:

Attestation Information

I certify that the information contained in this NF Clinical Screen accurately reflects the most recent MDS documentation and has been validated by the appropriate facility staff as current and accurate.

NF User:	Telephone Contact:
Email:	Title:
Comments:	

OCCO Determination (FOR OCCO USE ONLY)

IMPORTANT: This authorized NF Clinical Screen will serve as a 180-day authorization for continued NF placement. Authorization start date will be from the date of admission if submitted after day 30 and up through day 60 of admission; authorization start date will be from date of submission if submitted after day 60 of admission. Medicaid payment is contingent upon full clinical and financial Medicaid eligibility within a 180-day timeframe as per N.J.AC.10:166-1.8(b.1)

OCCO Determination	Choose one
Authorized	☐NF *Valid for 180 days for current NF admission only.*
Referral Dismissed	☐Dismissed Reason
	Dismissed Reason: (select one) ☐No response to RFI ☐Not eligible for NF Clinical Screening. Criteria for 3 ADLs IS NOT CODED. ☐Other, specify:

OCCO Determination Comments:

Name of OCCO Reviewer:
Date of Review: