NJ Division of Aging Services

Hospital EARC Application

Application Date	Application Type	Confirmation Number
	EARC	N/A

Application Disclaimer

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.10:166-1.8(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. 10:166-1.8(c).

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

Hospital Admission Information

Date of Hospital Admission	Hospital - Hospital Branch	Branch County

Request Type:

NF ☐

Vent SCNF ☐

Patient Information

Patient Name	Date of Birth	Gender	SSN
		Male Female Non-binary Other	

Address Information

Residency Type at Admission	Facility

- ☐ Private Home/Apartment
- ☐ Private Home/Apartment, with care
- ☐ Facility (Specify)
- ☐ Homeless

Address	County of Residency

Hospital EARC Eligibility Information

Questions	Answers
Is Medicaid expected to pay for any of the cost of the nursing facility stay?	YES / NO
Did patient apply for Medicaid and is application pending?	YES / NO
Date of Medicaid Application	
Will the patient's funds last less than six (6) months in a nursing facility?	YES / NO

Financial Information

Questions	Answers
Income	Check One
Patient’s monthly income is at, or below, the current NJ Care Special Medicaid Program’s maximum monthly income limit of $1,255	☐
Patient’s monthly income is at, or below, the current Medicaid institutional cap of $2,829	☐
Patient’s monthly income above $2,829, potential eligibility for Medicaid Qualified Income Trust	☐
Assets	Check one
Patient has no spouse in the community and resources no greater than $4,000 (plus $1,500 burial fund)	☐
Patient has no spouse in the community and resources at or below $64,000 (plus $1,500 burial fund)	☐
Patient has a spouse in the community with combined countable resources at or below $154,140 (plus $1,500 burial fund)	☐

Medical - PASRR Information

Questions	Answers

1. Does the patient have catastrophic illness, a debilitating and/or a chronic illness affecting functional status that may require long term nursing facility stay?	YES / NO
2. Diagnoses (minimum of one):	
3. Is this Patient Ventilator dependent?	YES / NO

PRE-ADMISSION SCREENING RESIDENT REVIEW (PASRR)

Questions	Answers
1. Date of Level I PASRR Screen	
1a. Level I Screen Outcome	**Circle one** Negative Positive MI Positive ID/DD/RC Positive Both MI and ID/DD/RC
1b. PASRR Not Applicable - Returning to same NF - PASRR on file at NF	☐
2. Did physician certify NF placement as 30-day exempted hospital discharge?	YES / NO
2a. Date positive Level I PASRR referred to Level II Authority	

MI PASRR Level II

Questions	Answers
Date of MI Level II Determination	
MI Level II Determination	**Circle one** No specialized services (Negative) Requires Specialized Services (Positive) MI Primary Dementia Exclusion Categorical Determination
MI Level II Categorical Determination (if applicable)	**Circle one** Terminal Illness Severe Physical Illness Respite Care Adult Protective Services

ID/DD/RC PASRR Level II

Questions	Answers
Date of ID/DD/RC Level II Determination	
ID/DD/RC Level II Determination	**Circle one** No specialized services (Negative) Requires Specialized Services (Positive) Categorical Determination
ID/DD/RC Level II Categorical Determination (if applicable)	**Circle one** Terminal Illness Severe Physical Illness Respite Care Adult Protective Services DDD Dementia

Cognition and ADLs Self Performance Information

Questions	Answers
Cognitive Status	
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)?	**Circle one** Independent Modified Independence Minimally Impaired Moderately Impaired Severely Impaired
2. Short-term Memory: Can patient recall 3 items from memory after 5 minutes?	YES / NO
3. Making Self Understood: How well does patient express or make self understood (expressing information content, however able)?	**Circle one** Understood Usually Understood Often Understood Sometimes Understood Rarely/Never Understood
4. ADL Self Performance (score over past 3 days)	**Circle one for each**
4a. Bed Mobility	Independent Set Up Supervision Limited Assistance Extensive Assistance Maximal Assistance Total Dependence Did Not Occur

4b. Transfer	Independent Set Up Supervision Limited Assistance Extensive Assistance Maximal Assistance Total Dependence Did Not Occur
4c. Locomotion (indoor/outdoor)	Independent Set Up Supervision Limited Assistance Extensive Assistance Maximal Assistance Total Dependence Did Not Occur
4d. Dressing (Upper and/or Lower Body)	Independent Set Up Supervision Limited Assistance Extensive Assistance Maximal Assistance Total Dependence Did Not Occur
4e. Eating	Independent Set Up Supervision Limited Assistance Extensive Assistance Maximal Assistance Total Dependence Did Not Occur
4f. Toileting (toilet use and/or toilet transfer)	Independent Set Up Supervision Limited Assistance Extensive Assistance Maximal Assistance Total Dependence Did Not Occur
4g. Bathing (over past 7 days)	Independent Set Up Supervision Limited Assistance Extensive Assistance Maximal Assistance Total Dependence Did Not Occur

Options Counseling Information

Patient and/or patient's family or authorized representative(s) has been provided with information and counseling about:	Check all that apply
Long-term care supportive services including discharge to community with supportive services, referral to ADRC/AAA and placement in Nursing Facility/Sub-Acute	☐
How to submit an application to determine financial eligibility for Medicaid benefits	☐
Medicaid eligibility dependent upon both clinical and financial eligibility. NF Preadmission Screening (PAS) utilized to determine clinical eligibility following NF admission	☐
Patient Choice of Setting	Check one
Nursing Facility – Long Term	☐
Sub-Acute Nursing Facility Placement – Short Term	☐

Sub-Acute Nursing Facility Placement – Short Term

Questions	Answers
Provider feels there is a potential for discharge of the patient to the Community in the future?	YES / NO
Patient/family expresses an interest in returning to Community?	YES / NO
Was a referral made to County ADRC/AAA?	YES / NO

Options Counseling

Date of Options Counseling	Name of Patient / Authorized Representative who received Options Counseling	Check One:
		☐ Patient ☐ Authorized Representative

Attestation Information

By submitting this Hospital EARC Screening Tool, I attest that the information represented is accurate to the best of my knowledge. I have provided counseling to the individual and/or their legal representative on the need to seek Medicaid eligibility at the CWA and discussed discharge options. I also understand that if discharge occurs prior to OCCO authorization date, then the Hospital EARC is not valid.

Name of Certified Hospital EARC Screener	Certified Hospital EARC Assessor Certification No.	Hospital EARC Screener Phone Number

Discharge Location (if known):

Attestation Comments:

OCCO Determination (FOR OCCO USE ONLY)

IMPORTANT: THIS AUTHORIZATION IS NOT A GUARANTEE OF MEDICAID PAYMENT. MEDICAID PAYMENT IS CONTINGENT UPON FULL AND FINANCIAL ELIGIBILITY WITHIN 90 DAYS OF ADMISSION TO THE NF AS PER N.J.A.C. 10:166-1.8(c).

OCCO Determination	Choose one
Authorized	☐NF ☐Vent SCNF Valid Through: *Valid for this Hospital Admission only.*
Not Authorized NF	☐ Requires on-site PAS in Hospital. OCCO Regional Office will schedule on-site PAS assessment.
Referral Dismissed	☐PASRR Level I ☐PASRR Level II ☐RFI not responded to ☐Other
Inappropriate Referral	☐Valid Clinical Assessment on File ☐MCO Enrolled ☐Incorrect Data ☐Other

OCCO Determination Comments:

Name of OCCO Reviewer	Signature of OCCO Reviewer	Date of Review