

## INSTRUCTIONS FOR COMPLETION OF THE

### New Jersey Department of Human Services Division of Aging Services

#### NOTIFICATION FROM LONG-TERM CARE FACILITY FOR ADMISSION AND TERMINATION

Complete each section and submit to the Office of Community Choice Options Regional Office for notice of PAS request, admission, termination, and transfer.

**Notification -Type of Notification: Check the appropriate box.**

- Request PAS
- Notice of Admission
- Notice of Termination
- Notice of Transfer

#### SECTION I - PATIENT INFORMATION

1. Name - self explanatory
2. Social Security Number - patient's number  
(Note: the Medicare number is NOT ALWAYS the patient's SSN)
3. Sex - self-explanatory.
4. Date of Birth-self – explanatory
5. HSP#-12digit Medicaid Number, if available (Confirmed By: Give name of CWA approving financial eligibility) NJ Family Care, MLTSS, FFS, MCO write in name of MCO if know.

#### SECTION II - PROVIDER INFORMATION

1. Provider Number-7 digit Molina provider number
- 2- 4 Facility name and address
5. Facility Phone number
6. SCNF

#### SECTION III - Status PASRR

1. Enter date of PASRR level1 screen.
2. Check the appropriate box, negative or Positive. If positive, continue to check the appropriate box for the positive screen.
3. Date of the Positive Level II evaluation. (unless PASRR 30 Day Exempted Hospital Discharge)
4. Outcome of PASR Level II evaluation- check the applicable box for yes or no for specialized services.

#### SECTION IV – REQUEST FOR PAS:

**Check off box indicating type of PAS Request:**

- a. Private to Medicaid
- b. PAS Exempt >20days (**Physician 20 day note must accompany request or PAS will not be completed**).
- c. Medicare to Medicaid
- d. Out of State Approval Admission,
- e. SCNF to NF
- f. NF to SCNF
- g. Transfer
- h. EARC PAS
- i. Other

**SECTION V - ADMISSION INFORMATION  
(IF THIS IS A TERMINATION, SKIP TO SECTION V)**

1. Admission Date-
  - This is the date resident was admitted to the facility. **For Private to Medicaid cases this date should reflect the date the patient was originally admitted to the facility. This type of case should be sent to the field office 6 months prior to the anticipated date of conversion to Medicaid.**
  - Transfer- Check the box yes or no.
2. Date of PAS –if applicable
3. Admitted from-check appropriate location:
  - Community/Boarding Home
  - Medicare to Medicaid
  - Psychiatric Hospital
  - Private to Medicaid-complete “anticipated Medicaid Effective Date”  
(Note: It is no longer necessary to attach PA-4)
  - Hospital - Acute Care Hospital or Rehab Hospital-**also** complete #5
  - Other Long Term Care Facility (LTCF)-**also** complete #5
  - Other (specify)-use this category if above categories do not apply.
4. Name and Address of Hospital/LTCF Admission Date-self explanatory
5. If admitted from Hosp/LTCF, give the name/address of previous residence-self explanatory

**SECTION VI - TERMINATION INFORMATION  
(IF THIS IS AN ADMISSION, SKIP TO SECTION V)**

1. Discharge Date-date patient was discharged from the facility
2. Discharged to: (check one)
  - Home – Community (including relative’s home)/County of residence
  - Facility (includes NF and AL)/ County of Residence
  - Other (use this category if above categories do not apply. Include name and address of “other”/County of residence
  - Death (Date)-self explanatory
  - Check “In LTCF” **or** “In Hospital”

**SECTION VII - CERTIFICATION**

1. By signing this certification, Provider is attesting that the facility has a “valid PAS on file”. Complete Name, Title, Phone Number, and Date

**SECTION VIII - CWA USE ONLY (TO BE COMPLETED BY CWA ONLY)**

**Section IX - GENERAL INFORMATION FOR NURSING FACILITIES:**

Send an LTC-2 for all new admissions that have been prescreened, private to Medicaid, out of state and EARC, and PAS Exempt cases. LTC-2 is now required to be sent for PASRR notification regardless of payor source and for notice of termination.

N.J.A.C. 10:63-1.8 (k) mandates the nursing facility (NF) to submit the LTC-2 (formerly MCNH-33) form to the Office of Community Choice Options Regional Field Office, serving the county where the NF is located within two working days of status of admission, termination, request for PAS for all persons who are currently Medicaid eligible, or will be eligible within 180 days and for PASRR notification regardless of payor source.