

# SNBC Pre-Admission Screening (PAS) Checklist

## Review Member Programs

- Verify member is active on HP coverage currently and during time of PAS
- Verify waiver status

## Complete The Following

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Waiver Programs: *CAC, CADI, BI</b>  | <input type="checkbox"/> <b>No Waiver OR *DD Waiver</b>  |
| <input type="checkbox"/> Review PAS and OBRA I (if available)  | <input type="checkbox"/> Review PAS and OBRA I   |
| <input type="checkbox"/> Verify if admission is for short-term rehab vs long term placement<br><br><input type="checkbox"/> Long term placement – complete DHS- 5181 for financial worker<br><br><input type="checkbox"/> Short-term rehab – no further documents needed | <input type="checkbox"/> Verify if admission is for short-term rehab vs long term placement<br><br><input type="checkbox"/> Long term placement – complete DHS 5181 for financial worker<br><br><input type="checkbox"/> Short term rehab – no 5181 form needed  |
| <input type="checkbox"/> Contact Waiver Case Manager to verify that waiver CM is aware of PAS<br><br>*OBRA Level 2 Referrals to be handled by waiver worker/county   | <input type="checkbox"/> Complete OBRA Level I<br><br><input type="checkbox"/> If Level 2 screening is needed, follow process below<br><br><input type="checkbox"/> Send copy of PAS and OBRA 1 to Nursing Home<br><br><input type="checkbox"/> Complete DHS 3427T Telephone Screening<br><br>*Use information from PAS and OBRA to complete<br>*See Pages 2 & 3 for Sample Screening<br><br><input type="checkbox"/> Enter completed 3427T form into MMIS |

## OBRA Level 2 Process


## Documents to Save in Member File:

- |   |  |
|---|--|
| <input type="checkbox"/> Mental Health- Contact county of <i>hospital or clinic location</i> . Fax OBRA Level 1 to this location.<br><br><input type="checkbox"/> Developmental Disability/Related Condition- Contact county of <i>financial responsibility</i> . Fax OBRA Level 1 to this location.<br><br><input type="checkbox"/> Both Mental Health/Dev. Disability- Contact county of <i>financial responsibility</i> . Fax OBRA Level 1 to this location. | <input type="checkbox"/> OBRA Level I<br><br><input type="checkbox"/> PAS<br><br><input type="checkbox"/> DHS 3427T (if applicable)<br><br><input type="checkbox"/> Document communications in Progress Notes and/or Post Discharge Summary Note |
|---|--|


\*See Page 3 & 4 for a list of contact numbers for counties

NOTE: For all people under the age of 21, an in-person MNCHOICES assessment must occur prior to NF admission. Additionally, DHS must approve all NF admissions for people under the age of 21 to determine if the person meets nursing facility level of care and if admission can be prevented. This assessment is completed by the county of hospital/clinic location. If admission cannot be prevented, it must be approved by DHS by calling 651-431-4300 or emailing [DSD.ReponseCenter@state.mn.us](mailto:DSD.ReponseCenter@state.mn.us). It is important to include that the person is under 21 in subject line.

Clear Form



DHS-3427T-ENG 7-18



# LTC Screening Document – Telephone Screening

County Code for  
COS, COR, CFR

DOCUMENT CONTROL NUMBER

All fields in sections A – F must be completed in MMIS for types 00, 19, and 28 in order to establish NF LOC.

**SECTION A: PERSON INFORMATION (ALT1)**

Date Entered in MMIS

PERSON LAST NAME	PERSON FIRST NAME	MI	PMI NUMBER	REFERENCE NUMBER
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
DATE SUBMITTED	DATE OF BIRTH	SEX	REFERRAL DATE	ACTIVITY TYPE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 100%;" type="text"/>	01 - Telephone Screen
COS	COR	CFR	LTCC CTY	PRIMARY DIAGNOSIS (Program Type 19 only)
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	Not Required

IS THERE A HISTORY OF A DD DIAGNOSIS?

WHAT IS THE DIAGNOSIS? ICD 10 Codes

IS THERE A HISTORY OF A MI DIAGNOSIS?

WHAT IS THE DIAGNOSIS?

IS THERE A HISTORY OF A BI DIAGNOSIS?

WHAT IS THE DIAGNOSIS?

**SECTION B: SCREENING/ASSESSMENT INFORMATION (ALT2)**

CURRENT LIVING ARRANGEMENT	PLANNED LIVING ARRANGEMENT		
Living Situation Prior to Placement	<input style="width: 100%;" type="text"/>		
ASSESSMENT TEAM	HOSP TRANSFER		
02-Health Plan	Y or N; Typically its Y.		
OBRA SCREENING LEVEL 1	CURRENT HOUSING TYPE	OBRA LEVEL 2 REFERRAL – MI	OBRA LEVEL 2 REFERRAL – DD
Y	Prior to Placement @ SNF	Y or N	Y or N

**SECTION C: GENERAL FUNCTION AND HISTORY (ALT3)**

Complete below based on PAS data provided by hospital

DRESSING	GROOMING	BATHING	EATING	BED MOBILITY	TRANSFERRING	WALKING	BEHAVIOR	TOILETING
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
SPECIAL TREATMENTS	CLINICAL MONITORING	NEURO DIAGNOSIS	CASE MIX	ORIENTATION	SELF PRESERVE	HEARING	VISION	
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	

FALLS

Have you experienced any falls in your home or while out in the community? 00 - No 01 - Yes

If no, does concern about your balance or falling affect your daily activities or access to the community? 00 - No 02 - Yes

Did a fall result in a fracture within the last two weeks? 00 - No 03 - Yes

Toileting Value 00/01= N

Toileting Value 02-06= Y

Case Mix Not Required

10/16

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**SECTION D: SCREENING/ASSESSMENT RESULTS (ALT4)**

ASSESSMENT RESULTS  
 04 - Person will/resides in a nursing facility or certified boarding care.

EFFECTIVE DATE INFORMED CHOICE LEVEL OF CARE  
 Date of Admission to SNF Y or N 02-NF/Certified Boarding Care

**SECTION E: PROFESSIONAL CONCLUSIONS (ALT4)**

PERSON NEEDS CONSTANT SUPERVISION AND/OR ASSISTANCE OF ANOTHER PERSON TO BEGIN AND COMPLETE TOILETING  
 Y or N

**SECTION F: PROGRAM TYPE (ALT4)**

PROGRAM TYPE  
 28-Special Needs Basic Care  
 (SNBC)

**NOTES**

Place in your MNITS ID# here

OBRA Level 2 County Referral Numbers

Aitkin	P-218-927-7200
Anoka	P-763-422-7200 F- 763-324-3620
Benton	P- 320-968-5087 F- 320-968-5330
Becker	P- 218-847-5628 F-
Blue Earth	P- 507-304-4222 F- 507-304-4336
Brown	P- 507-359-6542
Carlton	P- 218-879-4583
Carver	P-952-361-1600 F-952-361-1660
Cass	P-218-547-1340 F-218-547-1448
Chippewa	P- 320-269-6401

## OBRA Level 2 County Referral Numbers

Chisago	P- 651-213-5600
Clay	P- 218-299-5200 F- 218-299-7106
Cottonwood	P- 1-800-622-5207
Crow Wing	P- 218-824-1250 F- 218-824-1141
Dakota	P- 651-554-5611 F- 651-450-2783
Faribault	P- 507-526-3265 F- 507-526-2039
Fillmore	P- 507-765-2175
Hennepin	P- 612-348-8071 OR Front Door @ 612-596-8500
Houston	P- 507-725-5811 F- 507-556-3012
Isanti	P- 763-689-1711 F- 763-689-9877
Itasca	P-218-327-2941 F-218-327-5548
Jackson	P- 1-800-622-5207
Kandiyohi	P- 320-231-7800 F-320-231-6285
Koochiching	P-218-283-7013
LacQuiParle	P- 320-598-7594 F-320-598-7597
LeSueur	P- 507-357-8288 F-507-357-6122
Lincoln	P- 507-694-1452 F- 507-694-1859
Lyon	P- 507-537-6747 F- 507-537-6088
Martin	P- 507-238-4757
Mille Lacs	P- 320-983-8208 F-320-983-8306
Mower	P- 507- 437-9721 F- 507-437-9701
Nicollet	P- 507-387-4556
Nobles	P- 507-295-5226 F- 507-372-5094
Norman	P-218-784-5400 F-218-784-7142
Olmstead	P- 507-328-6500
Ottertail	P- 218-998-8230 F- 218-998-8270
Pennington	P-218-683-7013 F- 218-681-2880
Pine	P- 1-800-450-7463 F- 320-216-4101
Polk	P- 218-281-3127
Ramsey	P- 651-266-4444 F- 651-266-4432
Redwood	P- 507-637-4050
Rice	P- 507-332-6115 F- 507-332-6247
Rock	P- 507-283-5066 F- 507-283-5074
Roseau	P- 218-463-2411 F- 218-463-3872
Scott	P- 952-496-8686 F- 952-496-8685
Sherburne	P- 763-765-4096 F- 763-765-4000
St. Louis-Duluth	P- 218-726-2583 F- 218-733-2975
Stearns	P- 320-656-6000 F- 320-656-6460
Washington	P- 651-430-6455
Watonwan	P- 507-375-7811
Wilkin	P-218-643-7161 F-218-643-7175
Winona	P- 507-457-6515 F- 507-454-9381
Wright	P- 763-682-7414 F- 763-682-8920
Yellow Medicine	P- 320-564-2211 F- 320-564-4165