

5101:6-2-32 NOTICE OF ADVERSE PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) DETERMINATIONS.

(A) NOTICE OF ADVERSE PREADMISSION SCREENING DETERMINATION

WHEN AN APPLICANT FOR ADMISSION TO A NURSING FACILITY, OR THE PASSPORT WAIVER, RECEIVES AN ADVERSE DETERMINATION AS THE RESULT OF A PREADMISSION SCREENING PERFORMED BY THE OHIO DEPARTMENT OF MENTAL HEALTH (ODMH) OR THE OHIO DEPARTMENT OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES (ODMR/DD), ODMH OR ODMR/DD SHALL PROVIDE THE AFFECTED INDIVIDUAL WITH WRITTEN NOTICE OF THE DETERMINATION IN ACCORDANCE WITH RULES 5122-21-03 AND 5123:2-14-01 OF THE ADMINISTRATIVE CODE.

- (1) THE NOTICE SHALL BE MAILED OR PERSONALLY DELIVERED AT THE TIME THE ADVERSE DETERMINATION IS MADE.
- (2) THE NOTICE SHALL CONTAIN A CLEAR AND UNDERSTANDABLE STATEMENT OF THE DETERMINATION AND THE REASONS FOR IT, CITE THE APPLICABLE REGULATIONS, OUTLINE THE IMPLICATIONS OF THE DECISION FOR ADMISSION TO THE FACILITY OR THE PASSPORT WAIVER, EXPLAIN THE INDIVIDUAL'S RIGHT TO AND THE METHOD OF OBTAINING A STATE HEARING, AND CONTAIN A TELEPHONE NUMBER TO CALL ABOUT FREE LEGAL SERVICES.
- (3) COPIES OF THE NOTICE SHALL BE SENT TO THE NURSING FACILITY; TO THE INDIVIDUAL'S ATTENDING PHYSICIAN; TO THE DISCHARGING HOSPITAL; TO THE BUREAU OF COMMUNITY SERVICES, ODHS (OR DESIGNEE); AND, IF THE INDIVIDUAL IS A MEDICAID APPLICANT OR RECIPIENT, TO THE COUNTY DEPARTMENT OF HUMAN SERVICES (CDHS).

(B) NOTICE OF ADVERSE RESIDENT REVIEW DETERMINATION

WHEN A RESIDENT OF A NURSING FACILITY RECEIVES AN ADVERSE DETERMINATION AS THE RESULT OF A RESIDENT REVIEW PERFORMED BY ODMH OR ODMR/DD, THE DETERMINING AGENCY SHALL PROVIDE THE AFFECTED INDIVIDUAL WITH WRITTEN NOTICE OF THE DETERMINATION.

- (1) THE NOTICE SHALL BE MAILED OR PERSONALLY DELIVERED AT THE TIME THE ADVERSE DETERMINATION IS MADE.
- (2) THE NOTICE SHALL CONTAIN A CLEAR AND UNDERSTANDABLE STATEMENT OF THE DETERMINATION AND THE REASONS FOR IT, CITE THE APPLICABLE REGULATIONS, OUTLINE THE IMPLICATIONS OF THE DECISION FOR CONTINUED RESIDENCE IN THE FACILITY, EXPLAIN THE INDIVIDUAL'S RIGHT TO AND THE METHOD OF OBTAINING A STATE HEARING, AND CONTAIN A TELEPHONE NUMBER TO CALL ABOUT FREE LEGAL SERVICES.
- (3) COPIES OF THE NOTICE SHALL BE SENT TO THE NURSING FACILITY; TO THE INDIVIDUAL'S ATTENDING PHYSICIAN; TO THE DISCHARGING HOSPITAL; TO THE BUREAU OF COMMUNITY SERVICES, ODHS (OR DESIGNEE); AND, IF THE INDIVIDUAL IS

A MEDICAID APPLICANT OR RECIPIENT, TO THE CDHS.

EFFECTIVE DATE: JUNE 1, 1997

CERTIFICATION: ARNOLD R. TOMPKINS

May 21, 1997
DATE

PROMULGATED UNDER: REVISED CODE CHAPTER 119.

STATUTORY AUTHORITY: REVISED CODE SECTION 5101.35

RULE AMPLIFIES: REVISED CODE SECTION 5101.35

REVIEW DATE: 6-1-02