



North Carolina Preadmission Screening and Resident Review (PASRR) Joint Training

December 6, 2023

Agenda

- PASRR Overview
- NC PASRR Process
- Level I Screening and Review
- Significant Change in Condition
- Level II Evaluations
- Required Documentation
- Recommendations, Determinations and Notifications
- Questions and Answers

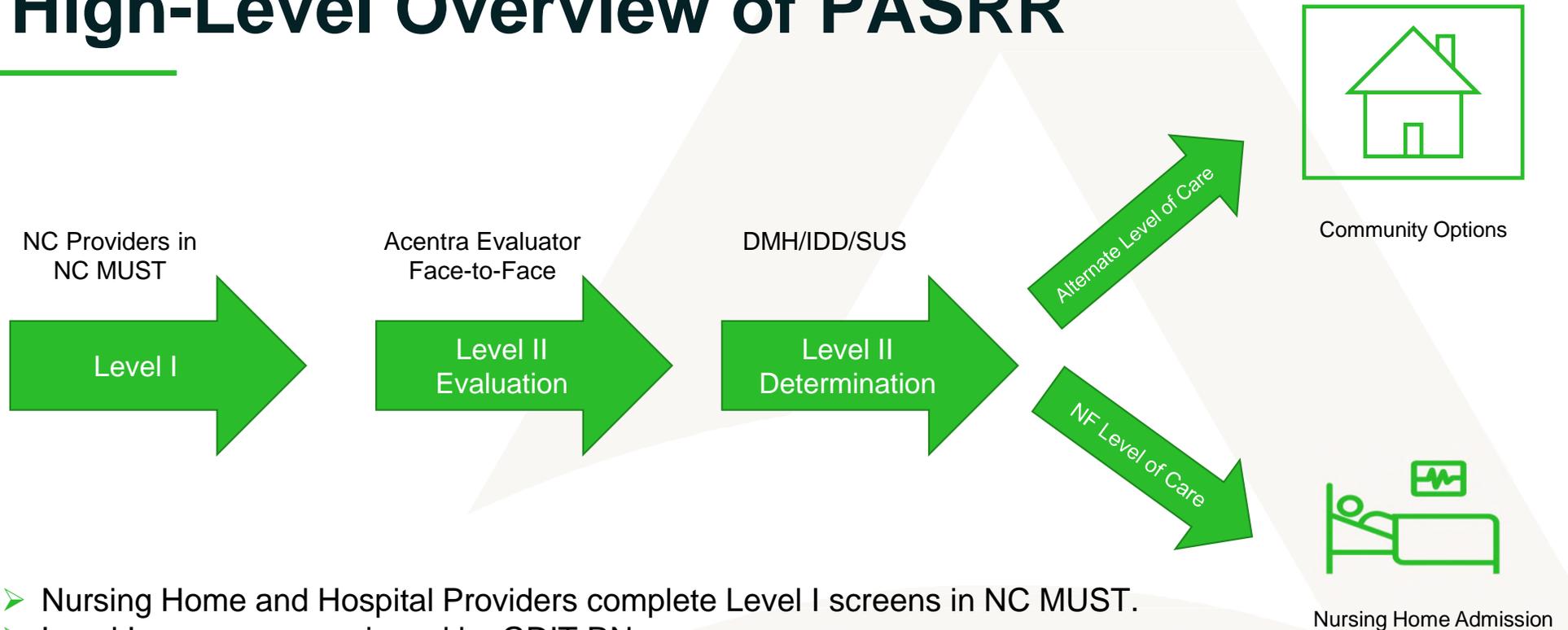


Training Objectives

- Develop an understanding of PASRR
- Identify the structure and purpose of PASRR
- Discuss the requirements for PASRR Level I
- Discuss the requirements for PASRR Level II and Resident Review
- Identify the types of PASRR outcomes
- Discuss the requirements for meeting PASRR compliance



High-Level Overview of PASRR



- Nursing Home and Hospital Providers complete Level I screens in NC MUST.
- Level I screens are reviewed by GDIT RNs.
- Level II Evaluations are completed by master's level clinicians, licensed in the state of NC, employed by Acentra Health.
- Determinations and notifications are completed by DMH/IDD/SUS.
- Nursing Home staff add PASRR outcomes to individual resident files to facilitate and document the implementation of recommendations.

What is PASRR?

- PASRR is mandated by the Social Security Act, Title 42, Subpart C, Sections 483.100 through 483.138, Code of Federal Regulations.
- PASRR is intended to ensure that Medicaid-certified NF applicants and residents with possible serious mental illness (SMI), intellectual disabilities (IDD), or related conditions (RC), are identified and evaluated for the need for nursing facility level of services and other specialized services.



Purpose of PASRR

➤ Preadmission Screening and Resident Review

- Administered by CMS
- Developed in 1987

➤ Anyone entering a Medicaid-funded nursing facility is screened for serious mental illness, intellectual disability, or developmental disability (related condition)

➤ If known or suspected condition is identified, then the request is referred for a Level II assessment

- This ensures that SNF placement is the most appropriate placement
- Enables patient to receive needed services

Goal of PASRR

- Provide services to individuals with SMI/ID/RC while receiving nursing facility care
- Support community setting options for vulnerable populations



When Should PASRR Process be Performed?

- The entire PASRR process, including Level screenings and Level II evaluations and determinations, must be performed **prior to admission**, and with **significant changes in condition thereafter**, for persons who are suspected as meeting the federal definitions for SMI, IDD, and/or RC.

Does the Individual Have a PASRR Condition?

Four Ds of PASRR - SMI

- 1. Diagnosis** – Is serious mental illness present or suspected?
- 2. Dementia** – if present, is it primary?
- 3. Duration** – has the individual had any significant life disruptions due to the illness?
- 4. Disability** – Specifically focuses on symptoms related to interpersonal functioning

42 CFR 483 Subpart C – Serious Mental Illness

➤ Serious Mental Illness (SMI): An individual is considered to have a serious mental illness if the individual meets the requirements in 42 CFR 483.102(b)(2) based on 3 things:

1. Diagnosis,
2. Level of impairment (serious limitations), **and**
3. Duration of illness (recent treatment).

Goal of PASRR Program:

Identify possible SMI at Level I, confirm SMI at Level II, provide recommendations for care in the least restrictive setting

42 CFR 483 Subpart C – SMI Diagnosis

1. Diagnosis: A major mental disorder under the Diagnostic and Statistical Manual of Mental Disorders (3rd Ed., Revised 1987), incorporated by reference, such as a schizophrenic, mood, paranoid, panic, or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder *that may lead to a chronic disability*, but not a primary diagnosis of dementia, including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder. An individual is considered to have dementia if he or she has a primary diagnosis of dementia or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder.



42 CFR 483 Subpart C – SMI Level of Impairment

2. Level of Impairment: Functional limitations in major life activities within the past three to six months that would be appropriate for the individual's developmental stage. Individual typically has at least one of the following on a continuing or intermittent basis:
- a. Serious difficulty interacting appropriately and communicating effectively with other persons, a possible history of altercations, evictions, firing, fear of strangers, or avoidance of interpersonal relationships and social isolation;
 - b. Serious difficulty in sustaining focused attention for long enough to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifest difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks; *or*
 - c. Serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system;



42 CFR 483 Subpart C – Duration of Illness

- 2.** Recent Treatment: A treatment history indicating the individual has experienced at least one of the following:
- a.** Psychiatric treatment more intensive than outpatient care more than once in the past two years (for example, partial hospitalization or inpatient hospitalization); *or*
 - b.** Within the last two years, due to the mental disorder, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.



42 CFR 483 Subpart C – Intellectual Disability

➤ **Intellectual Disability:** Characterized by significant limitations in both **intellectual functioning** and in **adaptive behavior**, which covers many everyday social and practical skills. This disability originates **before the age of 18**.

1. **Intellectual functioning** (also called intelligence) – refers to general mental capacity, such as learning, reasoning, problem solving, and so on. One way to measure intellectual functioning is an IQ test. Generally, an IQ test score of around 70 or as high as 75 indicates a limitation in intellectual functioning.
2. **Adaptive Behavior** - collection of conceptual, social, and practical skills that are learned and performed by people in their everyday lives.
 - a. Conceptual skills—language and literacy; money, time, and number concepts; and self-direction.
 - b. Social skills—interpersonal skills, social responsibility, self-esteem, gullibility, (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
 - c. Practical skills—activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.
3. **Age of Onset** - evidence of the disability during the developmental period, which in the US is operationalized as before the age of 18.

Goal of PASRR Program:

Identify possible IDD at Level I , confirm IDD at Level II, provide recommendations for care in the least restrictive setting



42 CFR 483 Subpart C – Related Condition

➤ **Related Condition:** individuals who have a severe, chronic disability that meets the following **(4)** conditions:

1. Is attributable to one of the following:
 - a. Cerebral palsy or epilepsy.
 - b. Any other condition, (other than mental illness), found to be closely related to ID because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons diagnosed with ID, and requires treatment or services similar to those required for these persons.
2. Is manifested before the person reaches the age of **22** years.
3. Is likely to continue **indefinitely**.
4. Results in substantial functional limitations in **3 or more** of the following areas of major life activity:
 - a. Self-care
 - b. Understanding and use of language
 - c. Learning
 - d. Mobility
 - e. Self-direction
 - f. Capacity for independent living.

Goal of PASRR Program:

Identify possible RC at Level I ,
confirm RC at Level II, provide
recommendations for care in the
least restrictive setting



What is Resident Review?

- PASRR Code of Federal Regulations, Title 42, Volume 3 and Section 483.100 through 483.138 were completed in 1992. These included “annual” resident review requirements.
- The Balanced Budget Act of 1996 Section 1919(e)(7)(B)(iii) to the Social Security Act eliminated the requirement for annual resident review and replaced it with review upon **significant change** in physical or mental condition.
- PASRR is required for a new admission and significant change in condition. Readmissions and interfacility transfers also no longer require annual resident review as this process is no longer in place and has been replaced with significant change in condition.



Significant Change in Resident's Condition

Section 1919(e)(7)(B)(iii) of the Social Security Act

- A review and determination must be conducted promptly after a nursing facility has notified the State mental health authority or State intellectual disability or developmental disability authority, as applicable, under subsection (b)(3)(E) **with respect to** a mentally ill or intellectually disabled resident, that there has been a significant change in the resident's physical or mental condition.



Significant Change in Resident's Condition Cont.

- Resident Review evaluation and determination is required upon a significant change in physical or mental status.
- A decline or improvement in an NF resident's physical or mental status that is anticipated to require intervention.
 - Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions
 - Impacts more than one area of the resident's health status
- A significant change may require referral for a Preadmission Screening and Resident Review (PASRR) evaluation if a mental illness, intellectual disability (ID), or related condition is present or is suspected to be present



CMS' RAI Manual - Guidance on Significant Change

In instances where the individual was previously identified by PASRR to have mental illness, intellectual disability, or a related condition, the following conditions may be noted as the reason for referral (note, this is not an exhaustive list):

- A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.
- A resident with behavioral, psychiatric, or mood-related symptoms that have not responded to ongoing treatment.
- A resident who experiences an improved medical condition—such that the resident's plan of care or placement recommendations may require modification.
- A resident whose significant change is physical, but with behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, that may influence adjustment to an altered pattern of daily living.
- A resident who indicates a preference to leave the facility. (This preference may be communicated verbally or through other forms of communication, including behavior.)
- A resident whose condition or treatment is or will be significantly different than described in the resident's most recent PASRR Level II evaluation and determination.

CMS' RAI Manual - Guidance on Significant Change

In instances where the individual had not previously been found by PASRR to have a mental illness, intellectual disability/developmental disability, or a related condition, the following conditions may be noted as the reason for referral (note that this is not an exhaustive list):

- A resident who exhibits behavioral, psychiatric, or mood-related symptoms suggesting the presence of a diagnosis of mental illness as defined under 42 CFR §483.102 (where dementia is not the primary diagnosis).
- A resident whose intellectual disability as defined under 42 CFR §483.102, or whose related condition as defined under 42 CFR §435.1010, was not previously identified and evaluated through PASRR.
- A resident transferred, admitted, or readmitted to a NF following an inpatient psychiatric stay or equally intensive treatment.

PASRR – Compliance Check

Did the resident have SMI, ID, or RC at the time of admission or was SMI, ID, or RC identified after admission?

Was the entire PASRR process completed prior to admission?

Was there a significant change in condition related to a confirmed PASRR condition or possible new PASRR condition?

If yes to above, was a Resident Review completed prior to admission?

NF
Hospital

PASRR Level I Screen

Identifies those who may have SMI or ID/RC. If “positive” for a PASRR protected condition, a Level I Clinical review is completed, and a Level II may be required prior to admission under most circumstances.

Acentra
Health

PASRR Level II Evaluation

Confirms if an individual has SMI/ID/RC and assesses the need for nursing facility level of care and services and/or additional specialized services.

DMH/IDD/
SUS

PASRR Level II Determination

Provides a summary of all findings including the results from the evaluation. The determination report includes recommendations which are to be included in nursing care plans.

The PASRR Process

➤ Level I Screens

- Required before anyone, regardless of payment source, can be admitted to any Medicaid-certified nursing facility
- May be automatically adjudicated or manually reviewed by NC Medicaid PASRR nurse reviewers
- If the Level I screen indicates the possibility of MI, IDD, or RC, a Level II in-depth evaluation must be performed to assess for nursing facility placement potential specialized care needs of the individual

➤ Level II Evaluations and Determinations

- Apply to all applicants and residents of Medicaid-certified NFs with suspected SMI and/or IDD and/or RC)
- Conducted by Qualified Mental Health Professionals (QMHPs) at Acentra Health and include an in-person assessment and record review



Level I Screens

Level I screens are “identification screens.” They should be performed:

1. Prior to nursing facility admission
2. Whenever a nursing facility resident experiences a significant change in condition related to a PASRR condition



Exclusion to Level I Screens

1. Individuals who have had a previous Level I screening and are re-admitted to a nursing facility after treatment in a hospital, unless there has been a significant change in status for an individual with SMI or IDD/RC.
2. Individuals who have had a previous PASRR screening and transfer from one facility to another. Please note, the location should be updated via the tracking module in NC MUST.



Exclusion to Level I Screens Cont.

3. Individuals admitted to swing beds, adult care home beds, rest home beds, or other facility/bed types that do not participate in the Medicaid program or are not considered Medicaid-certified nursing facilities.



Dementia Exclusion

- For an individual with SMI or IDD/RC, and the individual also has a primary diagnosis of a dementing illness
- Information specific to establishing that the symptoms of dementia supersede the symptoms/conditions associated with mental illness or intellectual disability is required



Time-Limited Requests

- Convalescent Care admissions
- Provisional admission
- Emergency admission



Time-Limited Requests Cont.

➤ Provisional Admissions

- Includes respite, emergency placement, interstate transfer*
- Respite may be requested for a maximum of 7 days
- Documentation, including the FL2, progress notes, H&P, etc., is still required

*Out of state residents – within 7 days of expected admission, NC NF will submit PASRR screen via NC MUST and attach all out of state documentation (LI/LII, H&P, LOC, psych notes, POA) to ensure NC PASRR process occurs prior to admission.



Time-Limited Requests Cont.

➤ Emergency Admissions

- Require temporary nursing facility admission in an emergency protective services situation (NF level of care is approved for no greater than 7 calendar days)



Convalescent Care

- Convalescent Care admissions are federally allowed without a Level II screen, when all of the following conditions are met:
 - Admission to a SNF occurs directly from a general hospital after receiving acute inpatient medical care, and;
 - NF services are required for the hospitalized condition, and



Convalescent Care Cont.

- Only hospital facilities may request a 30-day placement
- The attending physician has certified that SNF care is unlikely to exceed 30 calendar days. This physician certification must be provided to NC Medicaid at the time of the screen



Review – When Should Level I be Completed?

- Status Changes
- Time Limited Admissions Requiring Level I Updates
- Transferred* MI/IDD/RC Residents Requiring Updated Level I Screen due to a significant change in condition

* Level I documentation must be transferred with the resident but unless there is a significant change in condition, no further action is needed. If a Level II has been completed in the past, Level II documentation must also be transferred with the resident and the receiving NF must immediately update the resident's new location in the NC MUST tracking module.



Level II Evaluation and Determination

- Completed when the Level I screen indicates possible MI, IDD, and/or RC, or upon a significant change in condition.
- If a Level II evaluation is needed, the referral source is notified that a Level II PASRR evaluation is required.
 - The health records should be available for the evaluation which will be completed by a qualified mental health professional.
 - PASRR numbers are assigned with a corresponding authorization code.



Level I Documentation Requirements – FL2

- Example of a correct FL2



NC Medicaid Long Term Care FL2 Form



NC Medicaid-372-124

Recipient Information

1. Recipient Last Name: _____ 2. First Name: _____ 3. Recipient DOB: _____
 4. Recipient ID #: _____ 5. Recipient Gender: _____ 6. SSN: _____
 7. Admission Date (current location): _____ 8. Facility Name: _____ 9. PASRR #: _____
 10. Facility Address: _____ 11. Provider Number: _____
 12. Attending Physician Name/Address: _____
 13. Relative Name/Address: _____
 14. Current Level of Care: Home SNF ICF Hospital Dom Other: _____
 15. Requested Level of Care: Vent Care Nursing Facility NF Rehab Spec. Hosp Rehab Extended Care
 OOS NF OOS Vent CAP/CH SNF CAP/CH Hosp CAP/DA SNF CAP/DA ICF Other: _____
 16. Discharge Plan: Home SNF ICF Dom Other: _____

Diagnosis Information

| | Admitting Diagnosis (code AND description) | Date of Onset | Primary <input checked="" type="checkbox"/> |
|---|--|---------------|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

The example form shows a completed version of the form with a green border. It includes recipient information, diagnosis information, and detailed clinical data sections.

Diagnosis Information

| Disoriented | Ambulatory Status | Bladder | Bowel |
|---|------------------------|-----------------------------|-------------------|
| Continently | Ambulatory | Continent | Continent |
| Intermittently | Semi-Ambulatory | Incontinent | Incontinent |
| Inappropriate Behavior | Non-Ambulatory | Incontinence Catheter | Colostomy |
| Wander | Functional Limitations | System of Catheter | Rectal Pouch |
| Verbal Abuse | Sight | Communication of Needs | Normal |
| Injurious to Self | Hearing | Verbal | Tracheostomy |
| Injurious to Others | Speech | Non-Verbally | Other: |
| Injurious to Property | Contractions | Does Not Communicate | O2 PRN Cont. |
| Other: | Activities Social | Skin | Nutrition Status |
| Person of Care Assistance | Passive | Permal | Diet |
| Walking | Active | Other: | Supplemental |
| Feeding | Group Participation | Disorbit - Desorbit | Spoon |
| Dressing | Re-socialization | | Parenteral |
| Total Care | Family Supportive | | Nasogastric |
| Physician Visits | Neurological | Dressings: | Gastronomy |
| 0-30 Days | Conversations/Issues | | Intake and Output |
| 30-90 Days | General Med | | Force Fluids |
| Over 90 Days | Psych Med | | Weight |
| | Frequency | | Height |
| Special Care Factors | Frequency | Special Care Factors | Frequency |
| Blood Pressure | | Bowel & Bladder Program | |
| Diabetic Urine Testing | | Restorative Feeding Program | |
| PFT (by licensed PFT) | | Speech Therapy | |
| Range of Motion/Exercise | | Restorative | |
| Medications - Name & Strength, Dosage and Route | | | |
| 1. | | 7. | |
| 2. | | 8. | |
| 3. | | 9. | |
| 4. | | 10. | |
| 5. | | 11. | |
| 6. | | 12. | |

X-ray and Laboratory Findings/Date: _____
 Additional Information: _____

Physician's Signature: _____ Date: _____



Level I Documentation Requirements – FL2

- Adult Care Home FL2s are not accepted for PASRR requests

| PRIOR APPROVAL | | Adult Care Home FL2 Form | | ON-SITE REVIEW | |
|--|-------|--------------------------|---|----------------|--------------------------------------|
| UTILIZATION REVIEW | | | | | |
| IDENTIFICATION | | | | | |
| 1. PATIENT'S LAST NAME | FIRST | MIDDLE | 2. BIRTHDATE (M/D/Y) | 3. SEX | 4. ADMISSION DATE (CURRENT LOCATION) |
| 5. COUNTY AND MEDICAID NUMBER | | 6. FACILITY | | ADDRESS | |
| 7. PROVIDER NUMBER | | | 8. ATTENDING PHYSICIAN NAME AND ADDRESS | | |
| 9. RELATIVE NAME AND ADDRESS | | | 10. CURRENT LEVEL OF CARE | | |
| 11. RECOMMENDED LEVEL OF CARE | | | 12. PRIOR APPROVAL NO. | | |
| 13. DATE APPROVED/DENIED | | | 14. DISCHARGE PLAN | | |
| 15. ADMITTING DIAGNOSES – PRIMARY, SECONDARY, DATES OF ONSET | | | | | |
| 1. | | 5. | | | |
| 2. | | 6. | | | |

| PRIOR APPROVAL | | Adult Care Home FL2 Form | | ON-SITE REVIEW | |
|--|---------------------------|-------------------------------|---|------------------|--------------------------------------|
| UTILIZATION REVIEW | | | | | |
| IDENTIFICATION | | | | | |
| 1. PATIENT'S LAST NAME | FIRST | MIDDLE | 2. BIRTHDATE (M/D/Y) | 3. SEX | 4. ADMISSION DATE (CURRENT LOCATION) |
| 5. COUNTY AND MEDICAID NUMBER | | 6. FACILITY | | ADDRESS | |
| 7. PROVIDER NUMBER | | | 8. ATTENDING PHYSICIAN NAME AND ADDRESS | | |
| 9. RELATIVE NAME AND ADDRESS | | | 10. CURRENT LEVEL OF CARE | | |
| 11. RECOMMENDED LEVEL OF CARE | | | 12. PRIOR APPROVAL NO. | | |
| 13. DATE APPROVED/DENIED | | | 14. DISCHARGE PLAN | | |
| 15. ADMITTING DIAGNOSES – PRIMARY, SECONDARY, DATES OF ONSET | | | | | |
| 1. | | 5. | | | |
| 2. | | 6. | | | |
| 3. | | 7. | | | |
| 4. | | 8. | | | |
| 16. PATIENT INFORMATION | | | | | |
| DISORIENTED | AMBULATORY STATUS | BLADDER | BOWEL | | |
| CONSTANTLY | AMBULATORY | CONTINENT | CONTINENT | | |
| INTERMITTENTLY | SEMI-AMBULATORY | INCONTINENT | INCONTINENT | | |
| INAPPROPRIATE BEHAVIOR | NON-AMBULATORY | INDWELLING CATHETER | COLIC/SPY | | |
| WANDERS | FUNCTIONAL LIMITATIONS | EXTERNAL CATHETER | REGISTRATION | | |
| VERBALLY ABUSIVE | SIGHT | COMMUNICATION OF NEEDS | NORMAL | | |
| INABLE TO SELF | HEARING | VERBALLY | TRACHEOSTOMY | | |
| INABLE TO OTHERS | SMELL | NON-VERBALLY | OTHER | | |
| INABLE TO PROPER | CONTRAL/LEG | DOES NOT COMMUNICATE | IG | PS | COU |
| OTHER | ACTIVITY/SEDENTARY | SMN | NUTRITION STATUS | | |
| PERSONAL CARE ASSISTANCE | PASSIVE | NORMAL | DIET | | |
| EATING | ACTIVE | DIET | SUPPLEMENTAL | | |
| DRESSING | GROUP PART/CLAYTON | DIET/TYPE/DESCRIBE | SPICEN | | |
| TOTAL CARE | RE-ORGANIZATION | UNDERSTAND | PROCTER/EN | | |
| PHYSICIAN VISITS | NEUROLOGICAL | GI | GASTROINTEL | | |
| 30 DAYS | CONVULSION/SEIZURES | | GASTRITIS/DYS | | |
| 60 DAYS | URINARY/BL | | IBS/IBD/IBS | | |
| EVER THE DATE | HEIT/SC | | WEIGHT | | |
| | FREQUENCY | | HEIGHT | | |
| 17. SPECIAL CARE FACTORS | | FREQUENCY | SPECIAL CARE FACTORS | FREQUENCY | |
| BLOOD PRESSURE | | | BOWEL AND BLADDER PROGRAM | | |
| ENRITIC/DRUG TESTING | | | RESTORATIVE/FACILITY PROGRAM | | |
| PT (BY LICENSED PT) | | | SPEECH THERAPY | | |
| RANGE OF MOTION EXERCISED | | | RESTRAINTS | | |
| 18. MEDICATIONS/NAME & STRENGTH, DOSAGE & ROUTE | | | | | |
| 1. | | 7. | | | |
| 2. | | 8. | | | |
| 3. | | 9. | | | |
| 4. | | 10. | | | |
| 5. | | 11. | | | |
| 6. | | 12. | | | |
| 19. X-RAY AND LABORATORY FREQUENCY/DATE | | | | | |
| 20. ADDITIONAL INFORMATION | | | | | |
| 21. PHYSICIAN'S SIGNATURE | | | | | |
| DATE | | | | | |



Completing the FL2

Requirements below are commonly missed and are the typical reasons for Level I delays:

- The FL2 must be signed by a MD or DO and dated within 30 days of the PASRR request
- Full diagnoses, not just the ICD-10 codes, must be entered
- The patient's current location should match the patient location entered on the FL2
- If the patient has been admitted to the nursing home facility, please ensure admission date is entered



Level I Screens – Required Documentation

| Level I Outcome | Documentation Required |
|--|--|
| Documentation Required For All Level I Screens | <ol style="list-style-type: none">1. NC LTC FL2 that has been signed and dated by MD or DO.2. Comprehensive patient progress notes, from within the last 30 days.3. Psych notes and neurocognitive notes relating to patient's health/medical condition and status.4. The most recent patient History and Physical (H&P). |
| Patient certified terminal by physician and has possible SMI, IDD, and/or RC | MD or DO signed and dated certification statement that the patient has six months or less life expectancy, in addition to all other required documentation. |
| 30-day Convalescent Requests | If a 30-day convalescent placement is requested, the provider must submit a MD or DO signed and dated statement that 30 days or less of short-term rehab is required, in addition to all other required documentation. |
| If a patient's Dementia is the primary diagnosis | The provider must submit a MD or DO signed and dated certification statement that the patient's Dementia diagnosis is primary and supersedes mental illness. |



Level II Evaluation and Determination

- Acentra Health will contact Level I Screener to confirm location and schedule the evaluation.
 - Facility staff will facilitate scheduling process with the individual's family/supports.
 - Acentra Health completes evaluations Monday – Friday, 8am to 5pm and will accommodate afterhours when possible.

Documentation Requirements

Uploaded Before Evaluation if not already added at Level I:

Level I screen (completed in NC MUST)

FL2

Current History and Physical (H&P)

Current Medication List

Psych Notes

Relevant Medical & Nursing Progress Notes

Guardianship/POA if applicable

Purpose of PASRR Level II

- Prevents individuals with mental illness, developmental disabilities, intellectual disabilities or related conditions from being inappropriately placed in nursing homes for long-term care
 - Ensures Medicaid nursing facilities individuals receive **Specialized Services** for their individual needs related to their mental health or IDD needs
 - Ensures individuals have the opportunity to live in the least restrictive setting that best meets their needs



What are Specialized Services?

§ 483.120 Specialized services.

(a) Definition - (1) For mental illness, specialized services means the services specified by the [State](#) which, combined with services provided by the NF, results in the continuous and aggressive implementation of an individualized plan of care that -

(i) Is developed and supervised by an interdisciplinary team, which includes a [physician](#), qualified mental health professionals and, as appropriate, other professionals.

(ii) Prescribes specific therapies and activities for the treatment of persons experiencing an acute episode of serious mental illness, which necessitates supervision by trained mental health personnel; and

(iii) Is directed toward diagnosing and reducing the resident's behavioral symptoms that necessitated institutionalization, improving his or her level of independent functioning, and achieving a functioning level that permits reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time.

(2) For intellectual disability, specialized services means the services specified by the [State](#) which, combined with services provided by the NF or other service providers, results in treatment which meets the requirements of [§ 483.440\(a\)\(1\)](#).

(b) Who must receive specialized services. The [State](#) must provide or arrange for the provision of specialized services, in accordance with this subpart, to all NF residents with MI or IID whose needs are such that continuous supervision, treatment and [training](#) by qualified mental health or intellectual disability personnel is necessary, as identified by the screening provided in [§ 483.130](#) or [§§ 483.134](#) and 483.136.

(c) Services of lesser intensity than specialized services. The NF must provide mental health or intellectual disability services which are of a lesser intensity than specialized services to all residents who need such services.



Specialized Services Simplified

- Specialized Services are any supports or services recommended for the support of the SMI/IDD/RC, which exceeds the frequency or intensity provided by the scope of services a SNF provides under their reimbursement.
- Specialized Services are necessary as SNFs are not an equivalent to psychiatric facilities or ICFs
- Specialized Services recommendations can also be made even when the PASRR is denied



Specialized Services Simplified Cont.

Mental Illness Related Specialized Services

1. Individual or group psychotherapy
2. Psychiatric Consultation and/or Follow up care
3. Psychological Testing
4. Inpatient psychiatric care

Intellectual/Developmental Dis/RC Specialized Services

1. Habilitation services
2. Behavior modifications
3. Communications skills training
4. Community Living Skills
5. Psychological Testing
6. "Other"



PASRR Determinations

Note - It is not sufficient for an individual with SMI/IDD/RC to have skilled nursing needs for admission approval.

- CMS regulations state that an individual must also be able to have their MH/IDD needs met or they should not be admitted to a SNF.
- PASRR assesses these two things simultaneously:
 1. Is there SNF LOC need?
 2. Can the SMI/IDD/RC needs be met in the SNF?



Level II Determination and Notification

- In most cases, a PASRR number will be provided via NC MUST within approximately 30 minutes unless it is flagged for manual nurse review for out-of-state providers, out-of-state residents, or a Level II evaluation.
- For residents with no evidence or diagnosis of SMI, IDD or RC, the initial Level I screen remains valid unless there is a significant change in the resident's MI, IDD, or RC condition.



Level II Determination and Notification Cont.

➤ Requirements for Nursing Facilities

- Ensure copies of all PASRR outcomes can be found in resident's nursing file
- Document all Level II recommendations within the resident's nursing care plan

Compliance Requirement:

PASRR LI and LII notifications must be added to the resident's nursing file and all recommendations must be added to the resident's nursing care plan.



Level II Notifications

Authorization Codes & Corresponding Time Frames / Restrictions

| | |
|---|---|
| A | No end date, no mental or behavioral health restrictions |
| H | Halted - Level II Authorization. No end date, no restrictions (indicates primary diagnosis of dementia with SMI or Does Not Meet Level II Target Population Criteria) |
| B | Level II - No end date, no limitation unless change in condition. <i>No specialized services required.</i> |
| C | Level II - No end date, no limitation unless change in condition. <i>Specialized services required.</i> |
| E | Level II - 30-Day Rehabilitation Services Authorization only. |
| D | Level II - 7-Day Respite or Emergency Placement Authorization only. |
| J | Level II - 1 year Authorization for placement at a <u>Locked</u> State Psychiatric Hospital or <u>State Operated</u> Nursing Facility only. |
| F | Level II - 30, 60, or 90-Day Authorization for Time Limited Skilled Nursing Facility stays. |
| Z | Level II - Denial. Nursing facility placement is <u>not</u> appropriate. |



Review - Level II Evaluation and Determination

- North Carolina completes 100% onsite evaluations for individuals with suspected SMI, ID, or RC.
- Completed by Acentra Health and all Evaluators must be licensed in the state of North Carolina.
- Required prior to admission to Medicaid-certified Nursing Homes or upon significant change in condition.
- On average, Evaluators complete within 2-3 business days.
- Level II determinations are completed by DMH/DD/SUS in NC MUST and made available to the applicable facility.
- The Level II determination must go into the individual's file at the nursing home and all recommendations documented in the care plan.

Contact Information

DHHS Helpdesk

919-813-5603 (Direct)

888-245-0179 (Toll Free)

919-224-1072 (Fax)

Division of Mental Health, Developmental Disabilities, and Substance Use Services

Phone: 984-236-5290

Website: <https://medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/pre-admission-screening-and-resident-review-pasrr>

Acentra PASRR

Phone: 833-522-5429

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Questions and Answers

We love to hear your Questions!

