

**July 18<sup>th</sup>, 2024**  
**PASRR Provider Training**  
**Frequently Asked Questions**

Page | 1

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**Q.** Are time frames going to be associated steps? Does the PASRR team have a max amount of they must complete their review process and respond back to organizations?

**A.** The review process can vary from case to case. If a case is stopped after a level 1 screening and does not have to escalate to a level 2 evaluation, the time will most likely be shorter and a letter assigned sooner. Federal guidelines require the process to be "timely." We try to complete the process anywhere from 5-9 days after submission.

**Q.** If a patient is at their baseline for mental condition, especially if chronic, does the SNF need to take back?

**A.** If the SNF can continue to meet the needs of the resident, then they should take back.

**Q.** What if transferred from SNF/NF from another state and no PASRR status from that state provided? Does the Facility have some time to assess correctly?

**A.** Yes. This must be completed within 7 days of the expected admission date.

**Q.** If a patient is admitted to a SNF from a hospital, and the screening is completed in the hospital prior to admission, but it does not reflect mental illness diagnoses or related conditions as documents in their hospital records and is determined to be Level 1, I conduct a new screening for accuracy when they do admit. I sometimes find that the Level Determination returns at Level 2 once I add information not previously coded. Is there any concern that the hospital team may be just clicking through the screening without taking sufficient measures to complete it accurately the first time - especially since the intention of the screening is pre-admission?

**A.** You are absolutely creating the best practice in that situation, Ms. Stone. Often times hospitals don't get the entire picture and may not have access to the full chart or "affect" of the resident. It is the responsibility of the SNF to follow through if a variance of MI is noted to not have been present on the d/c hospital's PASRR notes.

**Q.** Along with slides, will copies of this chat be available?

**A.** Yes, the presentation and recording will be placed on the Acentra Health NCLIFTSS website: <https://ncliftss.acentra.com/>

**Q.** What documents should the facility have in the residents file? I find many do not have documents during the entire stay at the facility.

**A.** Different facilities may have access to different information. We prefer that the facility at least provide an H&P and FL2 form.

**Q.** Do we need to submit for level 2 PASRR when a significant change is related to hospice services beginning/ending in the facility?

**A.** Yes, they may be issues and H for serious terminal illness

**July 18<sup>th</sup>, 2024**  
**PASRR Provider Training**  
**Frequently Asked Questions**

Page | 2

---

**Q.** If someone already has a halted PASRR and has a medical change and is now on Hospice, do I need to submit for a significant change?

**A. Yes, submit for medical change**

**Q.** For the provider signature, does this have to be a MD, DO or can it be NP or PA?

**A. It can be all of the above, but if you are referring to the FL2, it does need to be an MD or DO signature.**

**Q.** I have been waiting for a Level II evaluator for over a week now. What is usually the wait time?

**A. Different cases can take different processing times depending on what documentation is received and if there is an escalation from level one to level 2. Occasionally there is a site visit required and this can add more time to the processing. For the specific cases that you are wanting a status update, please call or email the help desk and they can help and get the message to us.**

**Q.** From a hospital perspective we find that there can be significant delays for patients waiting on a Level II eval when they are medically stable for discharge. Sometimes we wait more than a week. Is Acentra looking to add more evaluators that can see our patients in the evenings and/or weekends so patients are not staying longer than they need to be and can be discharged in a timely manner to get the rehab they need in a SNF? Is there a way to find out when a patient will be seen once sent to a Level II screener? We are also working with insurance companies around insurance authorization so getting the screen done ASAP is so important.

**A. At Acentra Health, we are focused on recruiting. Workforce shortages continue to pose challenges. We are treating this need with a sense of urgency.**

**Q.** How can we find out what added services are provided to patients that receive a Level II PASRR once they get to a SNF?

**A. Audits are done by DHSR. They would be able to see if that is implemented. This is also included in specialized services. The services would be listed on the printed determination letter. The nursing facility would add this to the nursing care plan and implement them while the beneficiary is at the facility. This would possibly show up in an audit and the survey would show if they were documented and implemented, also why or why not, the reason was documented.**

**Q.** We had a survey recently and were cited. They stated that we should do PASRR's annually even if there is no change. Is this correct?

**A. There may have been other things that their surveyor saw or may have been concerned about and they may have wanted the person to have a PASRR for another reason. You can always reach out to your area's state surveyor office and ask those questions. If there are further questions on the determination after that, you can take those to the Division of Mental Health and Developmental Disabilities. Unless otherwise directed by the state, the PASRR process is not required annually for individuals found to have SMI, ID, or RC. Although "annual resident review" still appears in the 1992 CFR text, this practice has been struck down and replaced with "significant change in physical or mental condition" per the 1996 update to the Social Security Act.**

**July 18<sup>th</sup>, 2024**  
**PASRR Provider Training**  
**Frequently Asked Questions**

Page | 3

**Q.** If a Nursing home accepts a resident but the PASRR is several years old should a new level 1 be completed prior to admission?

**A.** If it is an inner facility transfer, technically you don't have to. But it is a great idea, because a lot can change in a year or two. If they are coming from a community setting or a readmission from a hospital, you will need to start the PASRR process over again.

**Q.** Need more clarification on Dementia. A patient has dementia but is admitted to the hospital for hypertension. How do I answer the "Is dementia the primary diagnosis?"

**A.** Even if you do not know if dementia is the primary diagnosis, make sure you list all the information. All information should be included in the level one screening along with supporting documentation.

**Q.** We don't have to submit a change of condition PASRR when the MD makes a med change?

**A.** It depends on what the change is for and what their current condition is. If MD is trying to find a different medication that may work better but no change in condition. But if there is a new diagnosis or a new medication because there is a new behavior or symptom, you would want to submit that medical change.

**Q.** Once a screen goes to Level II, is there anything specific that needs to be done on the hospital's end? Or do we just wait until a determination is made?

**A.** There is nothing more you need to do once it goes to Level II. Once the PASRR# is issued you'll be able to access it in the system.

**Q.** Can you explain the Halted level 2 again

**A.** A level 2, when required, is when a level 1 says a level 2 is required. This means a face-to-face evaluation may be needed. Perhaps they have dementia, terminal illness, or a serious medical condition and cannot participate in the evaluation or benefit for specialized services, this is when we halt the level 2.

**Q.** What happens if we are cited due to not receiving an approved PASRR in a timely manner?

**A.** Follow the PASRR process, do not admit anybody without PASRR being completed. If you are coming up on a deadline, will need to make sure you complete the PASRR.

**Q.** Yes, specialized services...From the hospital, just wondering what we can tell patients they will receive once they get to the SNF?

**A.** Sharing results of the Level II is absolutely encouraged, there may be changes. It doesn't mean that the treating team won't make changes as that is within their prevue to do.

**Q.** What about tags we are getting because of a backlog for PASRR evaluations? Where we do submit, but it takes over a week?

**A.** Examples requested

**July 18<sup>th</sup>, 2024**  
**PASRR Provider Training**  
**Frequently Asked Questions**

Page | 4

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- Q.** Can the nursing home request that the hospital redo a PASSR screening if it is several years old or is that something that we should do after they are admitted.
- A.** **If they were sent to the hospital for a significant change in condition and was discharged from the Nursing Facility, then yes, the PASRR process should be started again. But if the PASRR is still valid and no significant change, no, a new screening is not needed.**
- Q.** I learned recently from a screener who was seeing a patient in our hospital that they had to complete the screening with someone with dementia when we said the patient is not alert/oriented. The screener was not able to complete their screening because the patient could not participate so it was not a good use of their time. How can this be prevented? Can a family member be contacted by the screener if we document what is needed? And if so, where could we document that in NC MUST (would really love a comment section in NC MUST for more info)
- A.** **Evaluators can interview the family if there is a P.O.A. on file listing that person as an agent or a legal guardian. Collateral staff and family information is always useful, but often not sufficient on their own. Our evaluators are trained to determine if a client's diagnosis of dementia is a primary mental health issue that supersedes the mental health/current symptoms on record. Doing a face-to-face evaluation, even a brief one, is often the best way to obtain the best comprehensive clinical picture of the client.**
- Q.** Do the State Surveyors understand this? Have they been told differently? Any recent training in where they have received a different understanding about having to do annual PASRR's?
- A.** **We will ensure to follow up with DHSR regarding this.**
- Q.** What if Psych services have ended? Does fac. still report a new request for PASRR? Or any change in Specialized treatments that are discontinued while at the facility.
- A.** **If a resident declined a recommended psych service (for example psychotherapy), you would just need to note that in their chart/care plan but would not need to submit a new PASRR.**