



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

August 12, 2025

Welcome and Housekeeping

Thank you for joining us today!

- Today's Presentation – will be 45 minutes
- Q&A – 15 minutes at the **end** of the presentation
 - Questions can be entered in the Q&A chat throughout the presentation or at the end
- There will be a post-presentation survey prompt after the presentation
- A recording of today's presentation and the PowerPoint will be posted on NCLIFTSS website hosted by Acentra Health.

Agenda

- PASRR Overview
- NC PASRR Process
- Level I Screening and Review
- Status Changes/Resident Review
- Required Documentation
- Level II Evaluations
- Level II Recommendations, Determinations and Notifications
- NCMUST: Multifactor Authentication and Screening Types
- Questions and Answers

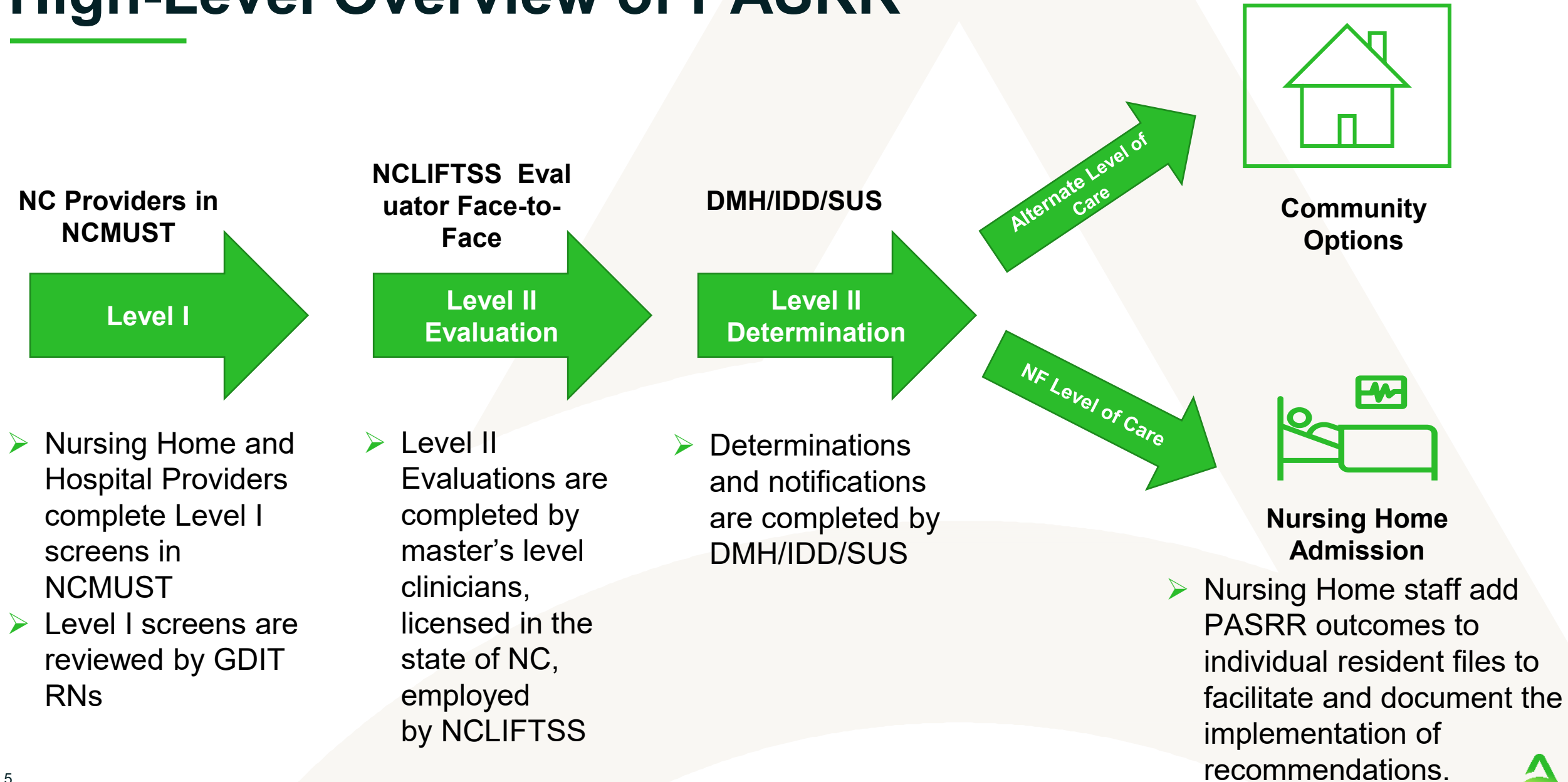
Today's Presenter:
Ellen Olsen, VP of Operations PASRR



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



What is PASRR?

- Developed in 1987, 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.
- Finalized prior but supports to the Supreme Court's Olmstead decision.

Purpose of PASRR

- 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 I 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.

Reasons to Complete the Level I (& Level II if indicated)

- Prior to New Admission
- Status Changes / Significant Change in Condition
- Time Limited Approval Ending
- Level I is **NOT** required for interfacility transfers unless there has been a significant change in condition

THE LEVEL I IDENTIFIES POSSIBLE SMI, IDD, AND/OR RC

PASRR Conditions



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



STATUS CHANGES

Resident Review



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' Examples of Significant Change for Residents with SMI/IDD/RC:

- Significant behaviors or symptoms related to SMI, IDD, RC
- Likely requires change to PASRR recommendations and services
- "Yes" answer in Section Q on the MDS
- Significant improvement and can now participate in evaluation process.

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.

CMS' Examples of Significant Change for Residents without confirmed SMI/IDD/RC:

- Significant behaviors or symptoms related to new diagnosis or possible SMI
- IDD/RC possible but no prior evaluation completed
- Inpatient admission or need for intensive support services

PASRR COMPLIANCE

PASRR Level I & II Process



PASRR Process Overview

➤ 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) from NCLIFTSS and include an in-person assessment and record review

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.
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 – Decided at Level II

- 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

Halted Level II Outcomes

- **Dementia:** Primary or Advanced **with SMI** and improvement not expected unless misdiagnosed.
 - To align with federal regulations, NCLIFTSS will never Halt for Dementia with ID/RC as this always requires the Level II.
 - ID/RC can be halted for another reason, i.e. terminal illness.
 - Evaluators will not halt delirium due to a medical condition as a primary of dementia. Once the delirium clears, a new evaluation will need to be completed.
- **Terminal Illness:** Hospice Certification or documentation from physician if not receiving hospice services and recovery unlikely. If significant improvement, a Level II will be required.
- **Serious Medical Condition:** Prognosis is poor and recovery unlikely. Must be supported by medical documentation. This means the person cannot participate in the evaluation or benefit from specialized services *due to the medical condition*. If significant improvement, a Level II will be required.
- **Does Not Meet Criteria for SMI/ID/RC:** After review of the Level I and submitted documentation by the Level II Evaluator, the individual does not meet for a PASRR Condition. A Level II onsite evaluation was ruled out.



Time-Limited Requests

- **Convalescent Care admissions** - All following conditions must be met:
 - Admission to a SNF occurs directly from a general hospital after receiving acute inpatient medical care
 - NF services are required for the hospitalized condition
 - The attending physician has certified that SNF care is unlikely to exceed 30 calendar days (certification must be provided to NC Medicaid at the time of the screen).
- **Provisional admissions**
 - Respite (maximum of 7 days)
 - Emergency Admissions - temporary nursing facility admission in an emergency protective services situation (maximum of 7 calendar days)
- **Level II Determinations with Time-Limited Approvals** (30, 60, 90 days)

Out of State Admissions

➤ Interstate transfers

- Must have PASRR Level I, and if indicated, Level II prior to admission.
- Admitting NF initiates the NC PASRR process.
- The out of state, discharging facility can send a copy of their state Level I/Level II if completed but must provide referral documentation to the admitting NF to initiate the PASRR process.

➤ If indicated, NCLIFTSS will complete the Level II evaluation via telehealth.

Level I Documentation Requirements

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, DO, NP or PA. A physician co-signature is no longer required when a NP or PA signs the FL2.2. 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 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

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: <input type="checkbox"/> Home <input type="checkbox"/> SNF <input type="checkbox"/> ICF <input type="checkbox"/> Hospital <input type="checkbox"/> Dom <input type="checkbox"/> Other:		
15. Requested Level of Care: <input type="checkbox"/> Vent Care <input type="checkbox"/> Nursing Facility <input type="checkbox"/> NF Rehab <input type="checkbox"/> Spec. Hosp Rehab <input type="checkbox"/> Extended Care		
<input type="checkbox"/> OOS NF <input type="checkbox"/> OOS Vent <input type="checkbox"/> CAP/CH SNF <input type="checkbox"/> CAP/CH Hosp <input type="checkbox"/> CAP/DA SNF <input type="checkbox"/> CAP/DA ICF <input type="checkbox"/> Other:		
16. Discharge Plan: <input type="checkbox"/> Home <input type="checkbox"/> SNF <input type="checkbox"/> ICF <input type="checkbox"/> Dom <input type="checkbox"/> Other:		

Diagnosis Information

	Admitting Diagnosis (code AND description)	Date of Onset	Primary ✓
1			
2			
3			
4			
5			



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: <input type="checkbox"/> Home <input type="checkbox"/> SNF <input type="checkbox"/> ICF <input type="checkbox"/> Hospital <input type="checkbox"/> Dom <input type="checkbox"/> Other:		
15. Requested Level of Care: <input type="checkbox"/> Vent Care <input type="checkbox"/> Nursing Facility <input type="checkbox"/> NF Rehab <input type="checkbox"/> Spec. Hosp Rehab <input type="checkbox"/> Extended Care		
<input type="checkbox"/> OOS NF <input type="checkbox"/> OOS Vent <input type="checkbox"/> CAP/CH SNF <input type="checkbox"/> CAP/CH Hosp <input type="checkbox"/> CAP/DA SNF <input type="checkbox"/> CAP/DA ICF <input type="checkbox"/> Other:		
16. Discharge Plan: <input type="checkbox"/> Home <input type="checkbox"/> SNF <input type="checkbox"/> ICF <input type="checkbox"/> Dom <input type="checkbox"/> Other:		

Diagnosis Information

	Admitting Diagnosis (code AND description)	Date of Onset	Primary ✓
1			
2			
3			
4			
5			

Recipient Information

Disoriented <input type="checkbox"/> Constantly <input type="checkbox"/> Intermittently Inappropriate Behavior <input type="checkbox"/> Wandering <input type="checkbox"/> Verbally Abusive <input type="checkbox"/> Injurious to self <input type="checkbox"/> Injurious to Others <input type="checkbox"/> Injurious to Property <input type="checkbox"/> Other:	Ambulatory Status <input type="checkbox"/> Ambulatory <input type="checkbox"/> Semi-Ambulatory <input type="checkbox"/> Non-Ambulatory Functional Limitations <input type="checkbox"/> Sight <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Contradictions Activities of Daily Living <input type="checkbox"/> Passive <input type="checkbox"/> Active <input type="checkbox"/> Group Participation <input type="checkbox"/> Re-socialization <input type="checkbox"/> Family Supportive Physician Visits <input type="checkbox"/> 30 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> Over 180 Days Neurological <input type="checkbox"/> Convulsions/Seizures <input type="checkbox"/> Grand Mal <input type="checkbox"/> Petit Mal <input type="checkbox"/> Frequency	Bladder <input type="checkbox"/> Continence <input type="checkbox"/> Incontinent <input type="checkbox"/> Incontinent Catheter <input type="checkbox"/> External Catheter Communication of Needs <input type="checkbox"/> Verbally <input type="checkbox"/> Non-Verbally <input type="checkbox"/> Does Not Communicate Skin <input type="checkbox"/> Normal <input type="checkbox"/> Other: Decubiti - Dressings: <input type="checkbox"/> Dressings: Special Care Factors <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Diabetic Urine Testing <input type="checkbox"/> P/T (by) (on) and (PT) <input type="checkbox"/> Range of Motion Exercises	Bowel <input type="checkbox"/> Continence <input type="checkbox"/> Incontinent <input type="checkbox"/> Colostomy Respiration <input type="checkbox"/> Normal <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Other: <input type="checkbox"/> O2 <input type="checkbox"/> PRN <input type="checkbox"/> Cont: Nutrition Status <input type="checkbox"/> Diet <input type="checkbox"/> Supplemental <input type="checkbox"/> Spoon <input type="checkbox"/> Parenteral <input type="checkbox"/> Nasogastric <input type="checkbox"/> Gastrostomy <input type="checkbox"/> Intake and Output <input type="checkbox"/> Force Fluids <input type="checkbox"/> Weight <input type="checkbox"/> Height Frequency <input type="checkbox"/> Bowel & Bladder Program <input type="checkbox"/> Restorative Feeding Program <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Restraints
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Physician's Signature	Date
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Level I Documentation Requirements – FL2

- Adult Care Home FL2s are not accepted for PASRR requests

Adult Care Home FL2 Form					
PRIOR APPROVAL		UTILIZATION REVIEW		ON-SITE 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		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.	
<input type="checkbox"/> HOME <input type="checkbox"/> SNF <input type="checkbox"/> ICF <input type="checkbox"/> HOSPITAL <input type="checkbox"/> DOMICILIARY (REST HOME) <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> SNF <input type="checkbox"/> ICF <input type="checkbox"/> HOSPITAL <input type="checkbox"/> DOMICILIARY (REST HOME) <input type="checkbox"/> OTHER		13. DATE APPROVED/DENIED	
14. DISCHARGE PLAN					
<input type="checkbox"/> HOME <input type="checkbox"/> SNF <input type="checkbox"/> ICF <input type="checkbox"/> HOSPITAL <input type="checkbox"/> DOMICILIARY (REST HOME) <input type="checkbox"/> OTHER					
15. ADMITTING DIAGNOSES – PRIMARY, SECONDARY, DATES OF ONSET					
1.		5.			
2.		6.			

Adult Care Home FL2 Form					
PRIOR APPROVAL		UTILIZATION REVIEW		ON-SITE 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		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.	
<input type="checkbox"/> HOME <input type="checkbox"/> SNF <input type="checkbox"/> ICF <input type="checkbox"/> HOSPITAL <input type="checkbox"/> DOMICILIARY (REST HOME) <input type="checkbox"/> OTHER		<input type="checkbox"/> HOME <input type="checkbox"/> SNF <input type="checkbox"/> ICF <input type="checkbox"/> HOSPITAL <input type="checkbox"/> DOMICILIARY (REST HOME) <input type="checkbox"/> OTHER		13. DATE APPROVED/DENIED	
14. DISCHARGE PLAN					
<input type="checkbox"/> HOME <input type="checkbox"/> SNF <input type="checkbox"/> ICF <input type="checkbox"/> HOSPITAL <input type="checkbox"/> DOMICILIARY (REST HOME) <input type="checkbox"/> OTHER					
15. ADMITTING DIAGNOSES – PRIMARY, SECONDARY, DATES OF ONSET					
1.		5.			
2.		6.			
3.		7.			
4.		8.			
16. PATIENT INFORMATION					
DISORIENTED		AMBULATORY STATUS		BLADDER	
<input type="checkbox"/> CONSTANTLY <input type="checkbox"/> INTERMITTENTLY <input type="checkbox"/> INAPPROPRIATE BEHAVIOR <input type="checkbox"/> WANDERING <input type="checkbox"/> VERBALLY ABUSIVE <input type="checkbox"/> INJUDICIOUS TO SELF <input type="checkbox"/> INJUDICIOUS TO OTHERS <input type="checkbox"/> INJUDICIOUS TO PROPERTY <input type="checkbox"/> OTHER		<input type="checkbox"/> AMBULATORY <input type="checkbox"/> SEMI-AMBULATORY <input type="checkbox"/> NON-AMBULATORY <input type="checkbox"/> FUNCTIONAL LIMITATIONS <input type="checkbox"/> SIGHT <input type="checkbox"/> HEARING <input type="checkbox"/> SPEECH <input type="checkbox"/> CONTRACTURES <input type="checkbox"/> ACTIVITY/SOCIAL <input type="checkbox"/> PASSIVE <input type="checkbox"/> ACTIVE <input type="checkbox"/> GROUP PARTICIPATION <input type="checkbox"/> RE-SOCIALIZATION <input type="checkbox"/> FAMILY SUPPORTIVE <input type="checkbox"/> PHYSICIAN VISITS <input type="checkbox"/> 30 DAYS <input type="checkbox"/> 60 DAYS <input type="checkbox"/> OVER 180 DAYS		<input type="checkbox"/> CONTINENT <input type="checkbox"/> INCONTINENT <input type="checkbox"/> INDEWELLING CATHETER <input type="checkbox"/> EXTERNAL CATHETER <input type="checkbox"/> COMMUNICATION OF NEEDS <input type="checkbox"/> VERBALLY <input type="checkbox"/> NON-VERBALLY <input type="checkbox"/> DOES NOT COMMUNICATE <input type="checkbox"/> SKIN <input type="checkbox"/> NORMAL <input type="checkbox"/> OTHER <input type="checkbox"/> DOES NOT COMMUNICATE <input type="checkbox"/> SKIN <input type="checkbox"/> NORMAL <input type="checkbox"/> OTHER	
RESPIRATION		SKIN		NUTRITION STATUS	
<input type="checkbox"/> NORMAL <input type="checkbox"/> TRACHEOSTOMY <input type="checkbox"/> OTHER		<input type="checkbox"/> NORMAL <input type="checkbox"/> OTHER <input type="checkbox"/> DOES NOT COMMUNICATE <input type="checkbox"/> SKIN <input type="checkbox"/> NORMAL <input type="checkbox"/> OTHER		<input type="checkbox"/> DIET <input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> SPOON <input type="checkbox"/> PARENTERAL <input type="checkbox"/> NASOGASTRIC <input type="checkbox"/> GASTROSTOMY <input type="checkbox"/> INTAKE AND OUTPUT <input type="checkbox"/> FORCE FLUIDS <input type="checkbox"/> WEIGHT <input type="checkbox"/> HEIGHT	
PERSONAL CARE ASSISTANCE		NEUROLOGICAL		17. SPECIAL CARE FACTORS	
<input type="checkbox"/> PASSIVE <input type="checkbox"/> ACTIVE <input type="checkbox"/> GROUP PARTICIPATION <input type="checkbox"/> RE-SOCIALIZATION <input type="checkbox"/> FAMILY SUPPORTIVE <input type="checkbox"/> PHYSICIAN VISITS <input type="checkbox"/> 30 DAYS <input type="checkbox"/> 60 DAYS <input type="checkbox"/> OVER 180 DAYS		<input type="checkbox"/> CONVULSIONS/SEIZURES <input type="checkbox"/> GRAND MAL <input type="checkbox"/> PETIT MAL <input type="checkbox"/> FREQUENCY		<input type="checkbox"/> BOWEL AND BLADDER PROGRAM <input type="checkbox"/> RESTORATIVE FEEDING PROGRAM <input type="checkbox"/> SPEECH THERAPY <input type="checkbox"/> RESTRAINTS	
18. MEDICATIONS/NAME & STRENGTH, DOSAGE & ROUTE					
1.		7.			
2.		8.			
3.		9.			
4.		10.			
5.		11.			
6.		12.			
19. X-RAY AND LABORATORY FINDINGS/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, DO, NP or a PA and dated within 30 days of the PASRR request. A physician co-signature is no longer required when a NP or PA signs the FL2.
- 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

PASRR Level II

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

Level II Evaluation and Determination Overview

- Completed **prior to admission** when Level I screen indicates possible MI, IDD, and/or RC.
- Completed **during admission** at the end of time limited approvals or upon a significant change in condition.
- When Level II evaluation is indicated, the referral source is notified via NCMUST.
 - Required Health records should be available for the evaluation.
 - Once completed, PASRR numbers are assigned with a corresponding authorization code.

Level II Evaluation

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

PASRR Level II Evaluation Criteria

- Level II is the function of evaluating and determining whether NF services and specialized services are needed
 - Confirmation of MI/ID/RC. The Level II must include a complete review of the following elements:
 - A history and physical (H&P)
 - A functional assessment, including activities of daily living (ADLs) and instrumental activities of living (IADLs)
 - A history of medication and drug use
 - An assessment of psychiatric history performed by a qualified assessor (e.g., a psychiatrist, a licensed social worker or BHP, or a nurse with substantial psychiatric experience)
 - Outcomes are focused on:
 - Is there a PASRR Condition (SMI/IDD/RC)?
 - Is the Nursing Home the Most Appropriate Level of Care?
 - Is there a need for Specialized Services?



Level II Determinations

- Provides a summary of all findings including the results from the evaluation. The Summary of Findings is initiated by the Level II Evaluator and is finalized by the State
- The Summary of Findings must contain the basis of the Evaluators determination
 - The narrative must support the Evaluators recommendations
 - The narrative includes confirming that the individual has a confirmed PASRR condition, is in the least restrictive level of care, and that specialized services are addressed
- Determinations are person centered
 - Involving the person, actively listening to them, soliciting their perception of their needs to make recommendations that include their choices, if possible, to improve their care at the nursing home or in another setting
- Includes Specialized Services recommendations or recommendations for services of a lesser intensity than Specialized Services, which are to be included in nursing care plans



Level II Recommendations

- The recommendations made will impact the person's life. We strive for the least restrictive setting that maintains resident safety in alignment with the Olmstead ruling
 - Whether individuals have MI or ID is never enough by itself to warrant admission into a NF. The individual's MI/ID must be severe enough to require NF level of care – whether alone, or more commonly, in combination with complex medical needs. Admitting individuals for levels of MI/ID that do not rise to NF level of care would constitute a severe violation of the Supreme Court's Olmstead decision.
- Recommendations include:
 - Can the NF meet the total needs of the individual?
 - Is the NF the least restrictive setting possible?
 - How long is NF placement appropriate?
 - 30 days
 - 60 days
 - 90 days
 - If not appropriate, where can we recommend?
 - Psychiatric setting
 - ICF/IDD
 - Home Health Services
 - ALF / ACH
 - Group Home



Recommended Services

- **Specialized Services MI**

- Individual or group psychotherapy
- Psychiatric Consultation
- Psychiatric Follow up care
- Psychological Testing
- Acute inpatient psychiatric care

- **Specialized Services ID/RC**

- Habilitation services
- Behavior modifications
- Communications skills training
- Community Living Skills

- **Services of a Lesser Intensity than Specialized Services**

- Documented as a free Text Box in NC Must, Possible Recommendations are:
 - Recreational / Group Activities
 - Supportive Counseling
 - Peer Supports



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.

Level II 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.

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.



Compliance with Level II Determinations

➤ 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.

Review - Level II Evaluation and Determination

- North Carolina completes 100% onsite evaluations for individuals with suspected SMI, ID, or RC.
- Completed by NCLIFTSS 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.

PASRR – Compliance Check for Facilities

Did the resident have SMI, IDD, or RC at the time of admission or was SMI, IDD, 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?

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.

NCLIFTSS

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.

NCMUST

MFA and Screening Types

Presented by:

Jenny Abramson, Sr. Lead Business Systems Analyst NC DHHS



NCMUST: PASRR SCREENING TYPE

1. PASRR Only Review

✓ When to Select:

- This should be used when **a new Level I screening is required**, but there is **no** significant clinical change that would warrant a full Change in Condition (STC) review.
- Typically applies to cases where the individual has not had a significant change in their medical, psychiatric, or cognitive status, but the screening must still be reviewed for PASRR compliance.
- The previous PASRR Level I expired, and a new submission is needed without a reported clinical change.

Step 3. Select Screening Type Details

Preferred Setting of Care: --SELECT--

Screening Type: --SELECT--

Select appropriate Screening Type to be used for this submission. The Screening Type can NOT be changed after the submission is created. The

Continue

Enter the Applicant information above and then select the type of form you wish to complete. This information will automatically populate on the form. If you need to change your contact info, please follow the instructions for updating User Account in the User Documentation.

2. Change in Condition (STC)


✓ When to Select:

- This should be used when there is a **significant change** in the individual's medical, psychiatric, or cognitive condition that may impact their PASRR eligibility.
- This change must be substantial enough to require a reassessment of the individual's PASRR status to determine whether new specialized services or a Level II evaluation are needed.
- Required by federal PASRR regulations when an individual experiences a decline or improvement that could impact their need for nursing facility placement or specialized mental health services.



MFA & SSO Implementation for PASRR

- **MFA Requirement:** All users must set up Multi-Factor Authentication (MFA) in **MyNCID** before accessing PASRR.
- **Single Sign-On (SSO):** Streamlined login experience using MyNCID credentials.
- **Ensure Accurate Contact Details:** MFA setup requires an **updated phone number and email**, ensuring proper authentication and eliminating the need for placeholder information

 PASRR Level I <small>NC Department of Health and Human Services Home page</small>		Rev March 22, 2013	
Screening Type			
Please Enter the Type of Screening PASRR Only Review		Date	
Screener Information			
Last Name	First Name	Telephone 999-999-9999	Fax 919-
Organization ID	Organization Name	Submitted On Behalf Of	Email(Be
Organization ID (Behalf Of)	Organization Name(Behalf Of)	Fax(Behalf Of)	Phone(Behalf Of)

Placeholder numbers (e.g., 999-999-9999) slow down processing because Level I and Level II Evaluators must manually verify the correct location and contact information.

Use the message feature to place phone number if they see the 999 entered until MFA is implemented.

Users should ensure their correct # are updated in MyNCID.

How to Prepare:

- Ensure your MyNCID account is active, your phone number is current, and MFA is set up.
- Watch for email notifications & Medicaid Bulletin updates.
- Training materials will be available on the DHHS PASRR webpage & login page.

Support Availability: The Helpdesk will be trained to assist with any MFA Setup issues.

 **More details to come—stay tuned for official communications!**



MFA Set up

If you are using <https://myncid.nc.gov>

1. Log into MyNCID portal at <https://myncid.nc.gov> with your ncid username and password
2. You will see the Profile Information page upon Successful Login
3. Click on the **MFA** tab on your profile page
4. Click on **ADD ENROLLMENT** button on the bottom right.
5. A pop-up window will appear prompting you to choose **MFA method**. Please note that office phone extensions are not supported
6. Follow onscreen prompts to add your chosen MFA method



Contact Information

DHHS Helpdesk

919-813-5603 (Direct)

888-245-0179 (Toll Free)

919-224-1072 (Fax)

Email: uspquestions@dhhs.nc.gov

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

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

Phone: 984-236-5290

Acentra Health/NCLIFTSS PASRR

Phone: 833-522-5429

Fax: 833-470-0597

PASRR II Inbox: NCPASRRLIEvaluations@acentra.com or NCLIFTSS@acentra.com

Website: <https://ncliftss.acentra.com/pasrr/>



Questions & Answers

We love to hear your Questions!





Accelerating
Better Outcomes