

Q. Do you have to have NCID access Or NC Must I have been trying to get access?

A. Yes, you do need to have an NCID for access to NC MUST.

Q. When a resident has a significant change of any type, must a new PASRR be submitted or does that only apply if it is a new mental health dx?

A. Technically, yes. At times, there is some interplay between mental health and physical/medical conditions. If there is a new mental health condition or a physical/medical condition that impacts the mental illness, IDD or RC then you would need to apply for a significant change in condition. Also, if the SMI, IDD or RC will affect the efficacy of the treatment of the medical/physical condition, then you would submit a significant change in condition.

Q. I Created an NCID account and an NCMUST but still can't login or have access.

A. You can contact the help desk for assistance. Phone Support: Call 919-813-5603 or toll-free at 888-245-0179 Email Support: Contact us at uspquestions@dhhs.nc.gov Messages will be answered during business hours, and a team member will respond as soon as possible.

Q. Is a resident being on an antipsychotic alone on admission a reason to run a screen for a level two if they have had a recent screen before admission?

A. It would depend on why it was prescribed if it is new. If it was not working, mental health needs, or escalating behaviors, then yes. If there was a dosage adjustment, then no. There are also times when an antipsychotic may be used for off-label reasons and that alone can trigger a review. It's always important to list on FL2 if a medication is being used for an off-label purpose.

Q. Are halted PASRRs categorized as a level 1?

A. Halted (H) is considered Level II determination.

Q. Who is the best entity to complete the level 1 screening information if a person is not coming from a hospital or already in a SNF? The person's PCP? MCO? SNF looking to admit them?

A. If a person is coming from the community, often the individual's PCP will complete the FL2 and provide medical records for the admitting facility to upload.

Q. If a patient lives at a CCRC community and will need SNF at discharge from hospital, are PASRR's required. Most do not accept Medicaid.

A. If the patient will be discharged to a Medicaid-certified nursing facility, then they will require a PASRR number regardless of whether they previously resided in the community placement. If they were discharging back to the CCRC, they would not require a PASRR #.

Q. If a patient has a pre-existing PASRR without SMI, but subsequently has a diagnosis of depression (not major depression) or anxiety that requires an anxiolytic or antidepressant but no intense inpatient MH services, does a change in condition need to be submitted? If the patient has never had a PASRR, do we indicate depression (that is not MDD) on the PASRR application?

A. Yes. It is better to over identify than under identify mental health issues, even if it might not rise to the severity of severe SMI. It is important to list all symptoms, psychotropics, and treatment. This information can help the Level I and II teams determine if they meet all criteria for SMI (Diagnosis, Duration and Level of Impairment).

Q. Does the SNF change the location (if going from one SNF to another SNF from the hospital)? Or is the hospital responsible and if so, how is that possible without doing another PASRR application?

A. A new Level I is not required for interfacility transfers unless there has been a significant change in condition. It is the receiving facilities' responsibility to change the physical location of the patient in NCMUST. There is a feature in NC MUST that allows SNFs to note the transfer.

Q. Are there instances where PASRR recommends permanent psychiatric placement? Such as a psychiatric facility.

A. There are times when a Level II determination will recommend a psychiatric admission for stabilization and treatment, but we would not recommend permanent psychiatric treatment.

Q. When a resident has a dx depression, but it is not a primary or secondary diagnosis and the depression does not affect their ADLs, does it still require a review?

A. Yes, please submit for review and let us make the final determination. It is better to over identify than under identify mental health issues, even if it might not rise to the severity of severe SMI. It is important to list all symptoms, psychotropics, and treatment. This information can help the Level I and II teams determine if they meet all criteria for SMI (Diagnosis, Duration, and Level of Impairment).

Q. Are Level II PASRR's able to be completed virtually? How do you approach this if the person is incarcerated?

A. They can be completed virtually on a case-by-case basis for incarceration, isolation, or state of emergency.

Q. What happens if a SNF chooses to accept a patient prior to getting the PASRR number (application done at hospital and went to manual review) but yet the SNF claims they will follow for PASRR at the SNF (not knowing if going to level 2 or not). Is this okay or absolutely NOT?

A. A PASRR number must be obtained before admission to a nursing facility. If a patient is discharged prior to completion of Level II evaluation, the nursing facility will be responsible for submission of new screen.

Q. Does a halted PASRR fall back to category 1?

A. A halted PASRR screen is considered a level II PASRR.

Q. Who can we contact when we have issues with how Level 1 is being processed? Ex) asking for records we've already uploaded, or sending for Level 2 when it is clearly not indicated from the records?

A. You can contact the help desk. Phone Support: Call 919-813-5603 or toll-free at 888-245-0179. Email Support: Contact us at uspquestions@dhhs.nc.gov. Messages will be answered during business hours, and a team member will respond as soon as possible.

Q. Duke uses a FL-2 that was created in EPIC, and has not been a problem. Do we have to start doing these other FL-2's now?

A. NC Hospitals are allowed to use their own electronic FL2 Form.

Q. Is there somewhere I can order the up-to-date FL2 Forms I have DMA Long Term Care FL2? NC Medicaid Long Term Care FL2 Form

A. [https://www.nctracks.nc.gov/content/public/dam/jcr:7b40e362-99ec-4a77-8d93-16e255d25f01/Long%20Term%20Care%20FL2%20\(NC%20Medicaid%20372-124\)%209.2018.pdf](https://www.nctracks.nc.gov/content/public/dam/jcr:7b40e362-99ec-4a77-8d93-16e255d25f01/Long%20Term%20Care%20FL2%20(NC%20Medicaid%20372-124)%209.2018.pdf)

Q. Is a PASRR required for a resident in Assisted Living who receives Medicaid (SA) services?

A. No. Residents of an Assisted Living facility are not required to obtain a PASRR. They are only required for Medicaid-certified nursing home facilities.

Q. A PASRR 2 resident with MI and dementia has a significant change related to ADL's only (not related to their MI). Does this require any notification or action with PASRR?

A. No. Unless there is an improvement enough to the point that a nursing home is no longer appropriate.

Q. If a resident is started on a new psychiatric medication, do we have to do a new review?

A. If the individual meets the requirements for significant change. I would err on the side of safety and say yes and to allow a level 2 evaluator to make the determination. Medication dose adjustments /titrations don't need to, but a new medication should probably be assessed. Exemption would be Halted cases. I have seen Halted re-submitted that did not need to be

Q. Some psychotropic meds may require monitoring (blood levels, monitor EKG) would this be considered special care?

A. No. That would be routine medical care.

Q. If a resident is admitted from another facility, and we try to admit them, but they are still admitted to the other facility do you get them discharged from that facility to admit them into yours?

A. No

Q. Does the LCA referral need to be sent if resident does not want the referral?

A. No. Follow RAI guidance for Section Q.

Q. If someone has a mental health diagnosis and transitions to hospice, new PASRR screening should be submitted for change in condition?

A. Yes.

Q. Where can I get A correct FL2 Form?

A. [https://www.nctracks.nc.gov/content/public/dam/jcr:7b40e362-99ec-4a77-8d93-16e255d25f01/Long%20Term%20Care%20FL2%20\(NC%20Medicaid%20372-124\)%209.2018.pdf](https://www.nctracks.nc.gov/content/public/dam/jcr:7b40e362-99ec-4a77-8d93-16e255d25f01/Long%20Term%20Care%20FL2%20(NC%20Medicaid%20372-124)%209.2018.pdf)

Q. If the family declines, still submit PASRR screening, correct?

A. Yes. It is federal law.

Q. Can you show how to change a resident's address once they admit to a SNF?

A. This will need to be changed in NC Must.

Q. I am having difficulty getting the hospital discharge planners to appropriately fill out the screening form. They do not include the mental health dx or meds.

A. Yes, this is a known issue. If you discover a SMI, IDD or RC, please resubmit for a change of status review because a face-to-face interview (Level II) may be required so that your facility is in compliance and the individual is assured to be in the proper level of care with needed specialized services, if appropriate.

Q. If a person came with a Halted PASRR and gets sent out to the hospital do we do a change of condition?

A. No. The point of us halting it means they do not need to go through the PASRR process anymore. The only time it gets a little confusing is if it's typically not going to change due to a terminal illness.

Q. If a patient comes on or off of hospice and they are level 1 or 2, does that mean they always need a significant change submitted?

A. If they have a PASRR condition or identified diagnosis, yes.

Q. When information has been requested for the consideration of a level 2 PASRR does the H&P have to be within the last 30 days? Can you use the most recent one and then a progress note within the last 30 days?

A. Yes. The H&P should be recent, within 30 days. However, we know that a lot of individuals have long hospital or nursing facility stays and their original H&P may be older than 30 days; In that case, please submit the most recent physician notes.

Q. I have an NCID user name and PW...does this follow me or do I need a new user name and PW if I have changed nursing facilities?

A. If you move from one organization to another, you can technically associate your existing NCID with the new organization. However, many facilities use specific formatting

requirements for their NCIDs. Because of this, it's usually best to deactivate the existing NCID and create a new one to ensure proper alignment with the facility's standards.

Q. If you try to admit a resident to facility but it states there are multiple people to that USP how do you continue to admit resident?

A. If the system shows multiple people linked to the same USP, stop and verify you selected the correct person before continuing the admission. The USP ID is a unique number assigned in the MUST application to the individual being screened, and each person should only have one USP ID. Unlike the MUST ID, a person only receives one USP ID.

Q. If I have a resident with a level 1 PASRR, and they have a dementia/Parkinson's diagnosis-do I need to do a new PASRR for them or do I need to wait for a significant change?

A. If they only have a dementia diagnosis, you do not need to refer for a significant change because dementia is not a PASRR target population diagnosis.

Q. If we have a referral from a hospital and the Resident has a previous Level 1 PASRR, does a new request need to be made? Or do we just use the previous PASRR?

A. If there is no change in their mental or physical condition, then they wouldn't require another PASRR, unless there is a new admission to a new facility.

Q. Is a halted or "H" PASRR considered level 2?

A. Yes, halted PASRRs are considered Level II.

Q. Is there a list of severe mental health diagnoses other than what is listed on the power point for level II PASRR??

A. The mental illnesses listed are documented from DSM-V to be the most severe mental health diagnosis. It is not an exhaustive list, but keep in mind that even an individual with a diagnosis that may be less severe than those, but who may require a lot of psychotropics to remain stabilized (Level of impairment) or have a history of psychiatric hospitalizations over the past several years (Duration), may still necessitate an in-person via Level II to ensure that they are in the correct level of care and to evaluate for the need for specialized services, if they do indeed meet full criteria once assessed in person.

Q. Does a diagnosis of dementia and a diagnosis of depression trigger a need for a review for a level 2 PASRR?

A. It depends on whether dementia is documented to be the primary medical diagnosis superseding depression and/or if the depression is significant enough to meet full SMI criteria.

Q. If patient has depression (never dx'd with MDD) and/or anxiety-either on meds or not, do you consider this as SMI?

A. It may or may not be. This case would likely be sent for a Level II review to determine if the patient met full criteria for SMI depending upon the severity of symptoms (Level of

Impairment) and duration of the symptoms. When in doubt, send in for review. It is always better to over identify than under identify.

Q. Is there a way of ranking diagnosis and documenting diagnosis that would affect if we have to submit for a level 2 after a resident has been admitted and has a significant change?

A. No. List the diagnoses that you would list in your normal records. All diagnoses should be listed on FL2, not just mental illnesses. Also, please write out the diagnoses instead of using ICD-10 codes. If there is a note indicating that dementia is primary and supersedes the mental illness, you can indicate (Primary) beside the dementia diagnosis on the FL2.

Q. Does any PASRR have a timeframe on them? For example, if you have a 2023 PASRR or older does the resident need an updated one?

A. If a PASRR number does not have an end date, they are valid until the resident has been identified as having a significant change.

Q. How often should PASRR numbers be updated if they are level "A"? Is it okay to accept PASRR's that are over 10 years old?

A. As long as there has not been a mental health diagnosis added. It would not expire.

Q. Why would you need a significant change for someone going to hospice if they have no SMI , IDD or RC?

A. You would not. This only applies to people with PASRR for identified conditions (SMI, IDD or RC).

Q. What about if someone is homeless with a mental health dx and chooses to not stay in the facility. Are we accountable for obtaining their outside mental services.

A. No. You can make the referral for the PASRR # and our Level II evaluators will do our best to complete the interview so a PASRR # can be issued, but if they are their own decision-maker you cannot be held accountable for "making" them stay in the facility or obtaining services.

Q. If a person re admits to the hospital but has prior PASSR can they admit to SNF without a new review?

A. If the person is identified with a PASRR condition (SMI, IDD or RC) and is admitted to the hospital, you would need a new PASRR screen if there has been a significant change in their mental health (decline or improvement) or physical/medical condition that might affect their SMI, IDD or RC.

Q. What if they have a new SMI but no significant change. Do you still submit?

A. Yes. Submit a referral for a newly added SMI diagnosis.

Q. In SNFs if we admit a resident with dementia who is on an antidepressant but did not admit with a depression diagnosis then the provider adds the diagnosis of depression does this trigger a significant change since this is a newly added diagnosis?

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A. Technically yes, but antidepressants are often used off label. It's important to put the indication of every medication on the FL2. If off-label uses are listed, the case may not require a Level II review.

Q. So are you saying that EVERY resident who has a significant change based on the RAI manual must submit for an updated PASRR?

A. No. Only people with identified PASRR conditions (SMI, IDD or RC) would have an updated PASRR.

Q. And if PASRR is older than 2023, does the hospital need to do a new one or just the SNF??

A. If they went to the hospital for a significant change in condition, then the hospital would need to do a new one before the patient is discharged back to the facility.

Q. Patient that is a Level II-Does the letter have if the patient requires special needs, so that it can be added to the care plan?

A. It would be listed on the determination letter

Q. If someone has a mental health diagnosis and transitions to hospice, new PASRR screening should be submitted for change in condition? Also even if the family declines, still submit PASRR screening correct?

A. That is correct. If the family declines, the screening still occurs because it is a federal mandate to make sure that the patient is in the least restrictive level of care and receives specialized services, as appropriate.

Q. What do you do when a hospital won't complete a PASRR for a new admission saying they have one already from months/ years ago, but resident went to the community since then and now is a new admit.

A. If the patient has a PASRR condition (SMI, IDD or RC) and is admitted to the hospital with an older PASRR # and is now going to be discharged to a Medicaid-certified nursing facility, they must have a referral to Level I and possible Level II prior to discharge and admission to the SNF.

Q. Is there anything that should be done after receiving a Halted PASRR? Should we be resubmitting right away?

A. A halted PASRR authorization number means that the person is exempt from future review processes unless there is a significant change in condition and then a new referral would be made. Otherwise, there would be no need to resubmit.

Q. Will there be a list of diagnosis that qualify for Level 2 resubmission that we can utilize? I know a few states have this available.

A. That information is included in the uniform screening tool completed in NC MUST.

Q. When submitting for PASRR, what other documents are required besides the FL2, such as a History & Physical? And are there specific time frames that these documents must be (H&P within last 90 days, within last 6 months, etc?)

A.

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 within 30 days of the PASRR screen submission. 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, if available. 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, DO, NP or PA signed and dated certification statement that the patient's Dementia diagnosis is the primary mental health condition and supersedes mental illness.

Q. Is an audit appropriate? In other words, I'm going through and if there is a PASRR that is a few years old, I am auditing. then "review" it and notice that medications or diagnoses are missing, is it appropriate to update the PASRR?

A. If there is an SMI, IDD or RC PASRR condition, then it would require a new referral. Similarly, If the missing medication is a psychotropic needed for one of these conditions, then it would need a new referral. If the psychotropic is for an off-label medical use that is not for a PASRR condition, then a new referral would not be required.

Q. When information has been requested for the consideration of a level 2 PASRR does the H&P have to be within the last 30 days? Can you use the most recent one and then a progress note within the last 30 days?

A. If the H&P is older than 30 days, please submit the most recent physician's progress notes.

Q. If a resident was evaluated for hospice and hospice declines them, do we need to submit a change to PASRR?

A. If their case was Halted -no need to submit again. If a person requires a level 2 and has a new terminal diagnosis that would be significant change in condition whether they choose hospice or not

Q. Is there a list of the SMI other than the power point slide? We have a few residents that have

A. The mental illnesses listed are documented from DSM-V to be the most severe mental health diagnosis. It is not an exhaustive list, but keep in mind that even an individual with a diagnosis that may be less severe than those, but who may require a lot of psychotropics to remain stabilized (Level of impairment) or have a history of psychiatric hospitalizations over the past several years (Duration), may still necessitate an in-person via Level II to ensure

that they are in the correct level of care and to evaluate for the need for specialized services, if they do indeed meet full criteria once assessed in person.

Q. If a patient that has a halted PASRR and goes out to the hospital for aggressive behaviors and returns with Dementia as their new diagnosis, that would require me to do a change in condition?

A. If the aggressive behaviors were due to a SMI, IDD or RC and now dementia is determined to be the primary medical condition responsible for these behaviors, then you would submit a change in condition. If the person did not have a prior PASRR for an SMI, IDD or RC condition and the aggression was exacerbated by medical condition and the person has now been diagnosed with Dementia, then this is a medical issue and would not require a PASRR review – only if they had a coexisting SMI, IDD or RC condition.

Q. When psychotropics are prescribed for non-MH dx (example: Cymbalta for neuropathy), do we add this on a new PASRR screen?

A. Yes. Please specify on the FL2 and/or medical record when a psychotropic is being used for an off-label purpose.

Q. For a level II screening on a resident coming from out of state, who was Medicaid in their previous state, but is in the process of getting a NC Medicaid number, should the level II screening be submitted before or after their receive their NC Medicaid ID?

A. Level II screening needs to be completed prior to admission to the nursing facility, so it is not dependent on obtaining NC Medicaid. All PASRRs are required prior to admission, even for out-of-state residents.

Q. If a resident's Level II PASRR is about to expire and they are still in the facility, when would another Level II PASRR need to be completed?

A. Submit for another screen 5-7 business days in advance of expiration of current PASRR.

Q. So, no reviews once PASRR is halted, unless the situation you just described?

A. Individuals with a "H" Halted PASRR, do not require another referral unless there is a change in condition (decline or improvement) in their PASRR condition (SMI, IDD, RC)

Q. Is increase in reported symptoms on PHQ-9 alone sufficient to need PASRR rescreening or should it wait to be addressed and confirmed by a provider before resubmitting?

A. If the symptoms were significant enough to change the treatment plan (psychotropics, frequency of therapy/mental health visits, etc.) then it would require a change in condition review.

Q. If a resident already has a level 2 and they receive a new mental health diagnosis should I resubmit for a level 2?

A. Yes. That would qualify as a significant change.

Q. I understand a private paying Assisted Living does not need a PASRR. But does a Medicaid Rest Home need a PASRR?

A. No. Only Medicaid-certified nursing facilities require PASRR #'s prior to admission.

Q. Would adjustment disorders such as adjustment disorder with depressed mood be identified as mental health diagnosis that would qualify for level 2 or require a new submission if added

A. Adjustment disorders and other transient, time-limited conditions do not meet diagnostic criteria for serious mental illness and would not require a referral unless it was co-occurring with another SMI, IDD or RC condition.

Q. Did I understand correctly that Halted do not need referrals with change in conditions? No restrictions, no end date unless a change in condition.

A. Halted do need a referral if there is a subsequent change in condition.

Q. Under the admit it ask for name, dob, ss, it will not identify resident. It gives the option to enter USP. If we have further educational needs, who can we contact?

A. Please contact the DHHS Helpdesk at 919-813-5603 or email: uspquestions@dhhs.nc.gov

Q. Is Insomnia considered a mental illness dx? We have been told in the past that it is.

A. Insomnia is a Sleep-Wake Disorder in the DSM5 – sometimes it is coded as a medical disorder. Alone, it typically doesn't rise to the seriousness of SMI, however if it is part of a constellation of symptoms indicative of a more serious mental disorder, then the person may be flagged for a Level II review.

Q. Why doesn't a person with a MSW or RN do the PASRR's?

A. Our current PASRR staff are all licensed in NC and have LCSW, MSW, LCMHC and LPA's. Nurses are able to do PASRR reviews with an MSN and psychiatric experience.

Q. If a resident has a dx of anxiety or depression and is stable with their medication treatment, their daily routine is not affected, they have never had in-patient psych treatment and only receive visits in the facility by the Psych team, does this warrant a level II review?

A. This scenario would not typically trigger a Level II review.

Q. If a patient has a diagnosis of major depressive disorder or adjustment disorder do you need to apply for level II PASRR?

A. If they have a Adjustment Disorder alone, no. However, if they have any sort of Major Depressive Disorder, a referral should be submitted.

Q. What if there is a change in the ICD code but not a new diagnosis? Example-- Prior dx code was dementia with anxiety but dx was changed to anxiety (due to new psychotropic regs)

A. That is not a change in condition

Q. How soon after receiving PASRR must someone be admitted to a facility?

A. There are no required timeframes for admission to a nursing facility after receiving a PASRR. As a reminder, a 7 Day Respite begins the day it is issued. An individual being

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admitted with a 30-Day exemption "E" must be admitted to a nursing facility directly from the discharging hospital. If a significant change is identified prior to admission, a new PASRR screen must be submitted.