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

August 25, 2026

Housekeeping

- Intended Audience: PASRR Providers
- 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 the NCLIFTSS (Linking Individuals and Families for Long-term Services and Supports) website hosted by Acentra Health.

Agenda

- PASRR Overview
- PASRR Conditions
- Status Changes/Resident Review
- PASRR Level I & Level II Process
- Local Contact Agency (LCA)
- Questions and Answers

Today's Presenter:
Amee Hurlocker, MA, LPA/LCMHC; NC PASRR Manager

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
- Review of the Local Contact Agency (LCA)

PASRR Overview

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 nursing facility (NF) applicants and residents with possible serious mental illness (SMI), intellectual/developmental disabilities (IDD), or related conditions (RC), are identified and evaluated for the need for nursing facility level of services and other specialized services.

- PASRR was finalized prior but supports the Supreme Court's Olmstead decision (1999).

Purpose of PASRR

- It is a screening process for anyone entering a Medicaid-funded nursing facility who may have or may be suspected to have a serious mental illness, intellectual disability, or developmental disability (related condition).
- If a known or suspected condition is identified, then the request is referred for a Level II assessment
  - This ensures that Skilled Nursing Facility (SNF) placement is the most appropriate level of care
  - Enables patient to receive needed services
- PASRR 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.

High-Level Overview of PASRR

NC Providers in NCMUST

Level I

- Nursing Home and Hospital Providers complete Level I screens in NCMUST
- Level I screens are reviewed by RNs

NCLIFTSS Evaluator Face-to-Face

Level II Evaluation

- Level II Evaluations are completed by master's level clinicians, licensed in the state of NC, employed by NCLIFTSS

DMH/IDD/SUS

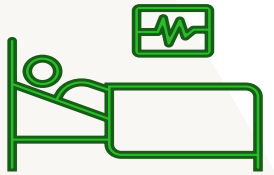
Level II Determination

- Determinations and notifications are completed by DMH/IDD/SUS

Alternate Level of Care

Community Options

NF Level of Care



Nursing Home Admission

- Nursing Home staff add PASRR outcomes to individual resident files to facilitate and document the implementation of recommendations.

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

- Prior to New Admission
- Status Changes / Significant Change in Condition
- Time Limited Approval Ending (30-60-90-day approvals)

- 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 at least 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 age **22**.
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

Status Change or Significant Change in Resident's Condition

- PASRR is required for a **new admission** and **significant change in condition**. Readmissions and interfacility transfers no longer require annual resident review as this process is no longer in place and has been replaced with significant change in 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.

MDS 3.0 RAI Manual v1.18.11 October 2023 (cms.gov)

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

MDS 3.0 RAI Manual v1.18.11 October 2023 (cms.gov)

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 and potential specialized care needs of the individual

Level II Evaluations and Determinations

- Applies 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 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, the individual also has a primary **medical** diagnosis of a dementing illness.

•Documentation is required to establish that the symptoms of dementia supersede the symptoms/conditions associated with mental illness or intellectual disability. A dementia primary note can be signed by an MD, DO, PA or NP.

•Keep in mind that even if Dementia is documented to be the primary diagnosis, IF there is a co-existing serious diagnosis such as Schizophrenia, Bipolar Disorder or MDD, moderate-severe, a Level II face-to-face evaluation will still take place. Someone with IDD/RC and primary dementia will also be seen face-to-face.

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.
  - Evaluators will not halt delirium since it is a medical condition, but symptoms can overlap with dementia. Once the delirium clears, a new evaluation will need to be completed for clarity.
- **Terminal Illness**: Hospice Certification or documentation from physician if not receiving hospice services. Individuals with IDD/RC and terminal illness certification will still require a face-to-face evaluation. If significant improvement and patient comes off Hospice, a Level II will be required (change in condition).
- **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 who will 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	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.

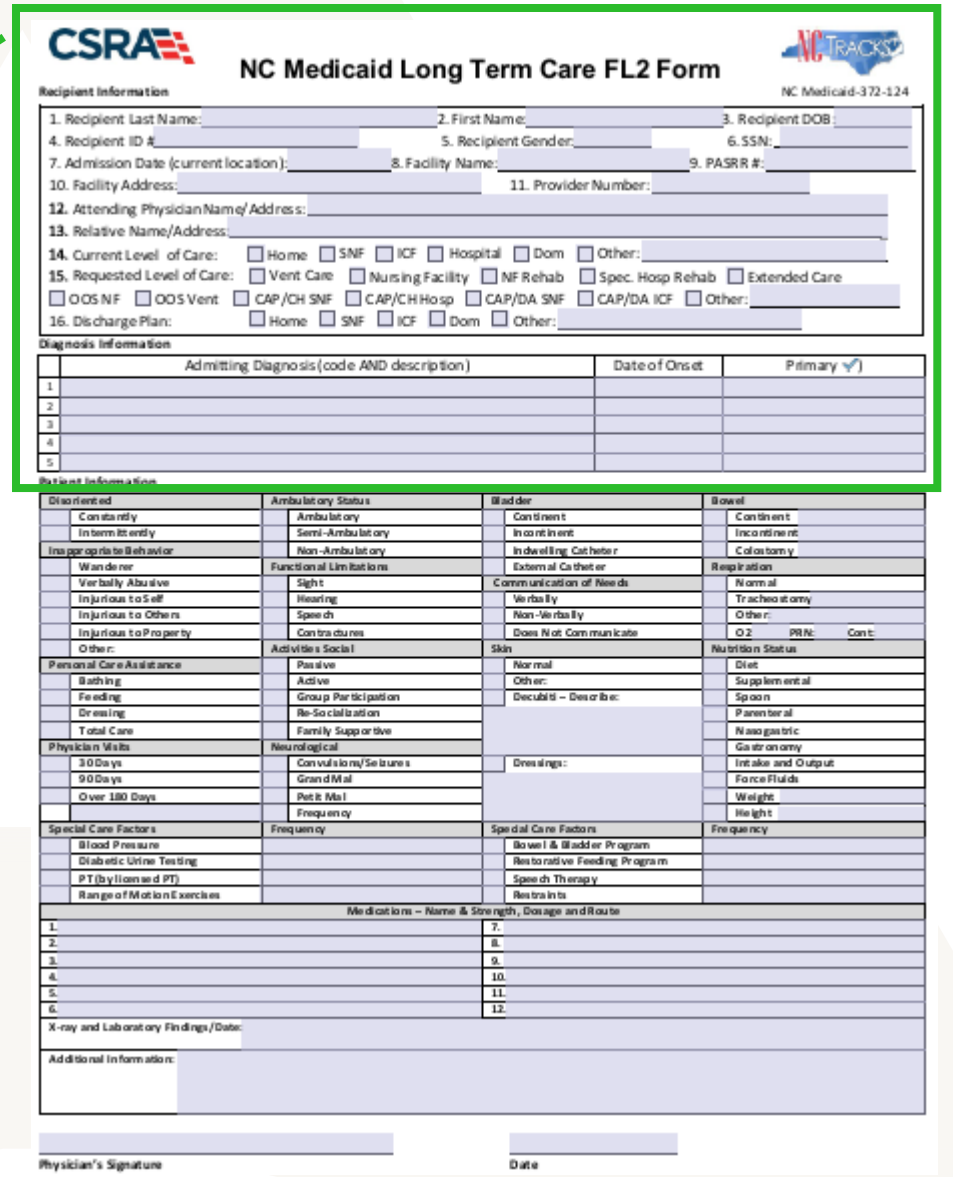
Level II Documentation Requirements

Uploaded Before Evaluation, if not already added at Level I:

- Level I screen (completed in NC MUST)
- FL2 (no older than 30 days)
- 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



CSRA

NC Medicaid Long Term Care FL2 Form

NC TRACKS

Recipient Information

NC Medicaid-372-124

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 ✓
1			
2			
3			
4			
5			

Patient Information

Disoriented	Ambulatory Status	Bladder	Bowel
Constantly	Ambulatory	Continent	Continent
Intermittently	Semi-Ambulatory	Incontinent	Incontinent
Inappropriate Behavior	Non-Ambulatory	Indwelling Catheter	Colostomy
Wanderer	Functional Limitations	External Catheter	Respiration
Verbally Abusive	Sight	Communication of Needs	Normal
Injurious to Self	Hearing	Verbally	Tracheostomy
Injurious to Others	Speech	Non-Verbally	Other:
Injurious to Property	Contractures	Does Not Communicate	O2 PRN: Cont:
Other:	Activities Social	Skin	Nutrition Status
Personal Care Assistance	Passive	Normal	Diet
Bathing	Active	Other:	Supplemental
Feeding	Group Participation	Decubiti – Describe:	Spoon
Dressing	Re-Socialization		Parenteral
Total Care	Family Supportive		Nasogastric
Physician Visits	Neurological		Gastronomy
30 Days	Convulsions/Seizures	Dressings:	Intake and Output
90 Days	Grand Mal		Force Fluids
Over 180 Days	Petit Mal		Weight
	Frequency		Height
Special Care Factors	Frequency	Special Care Factors	Frequency
Blood Pressure		Bowel & Bladder Program	
Diabetic Urine Testing		Restorative Feeding Program	
PT (by licensed PT)		Speech Therapy	
Range of Motion Exercises		Restraints	

Medications – Name & Strength, Dosage and Route

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

X-ray and Laboratory Findings/Dates:

Additional Information:

Physician's Signature Date

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)

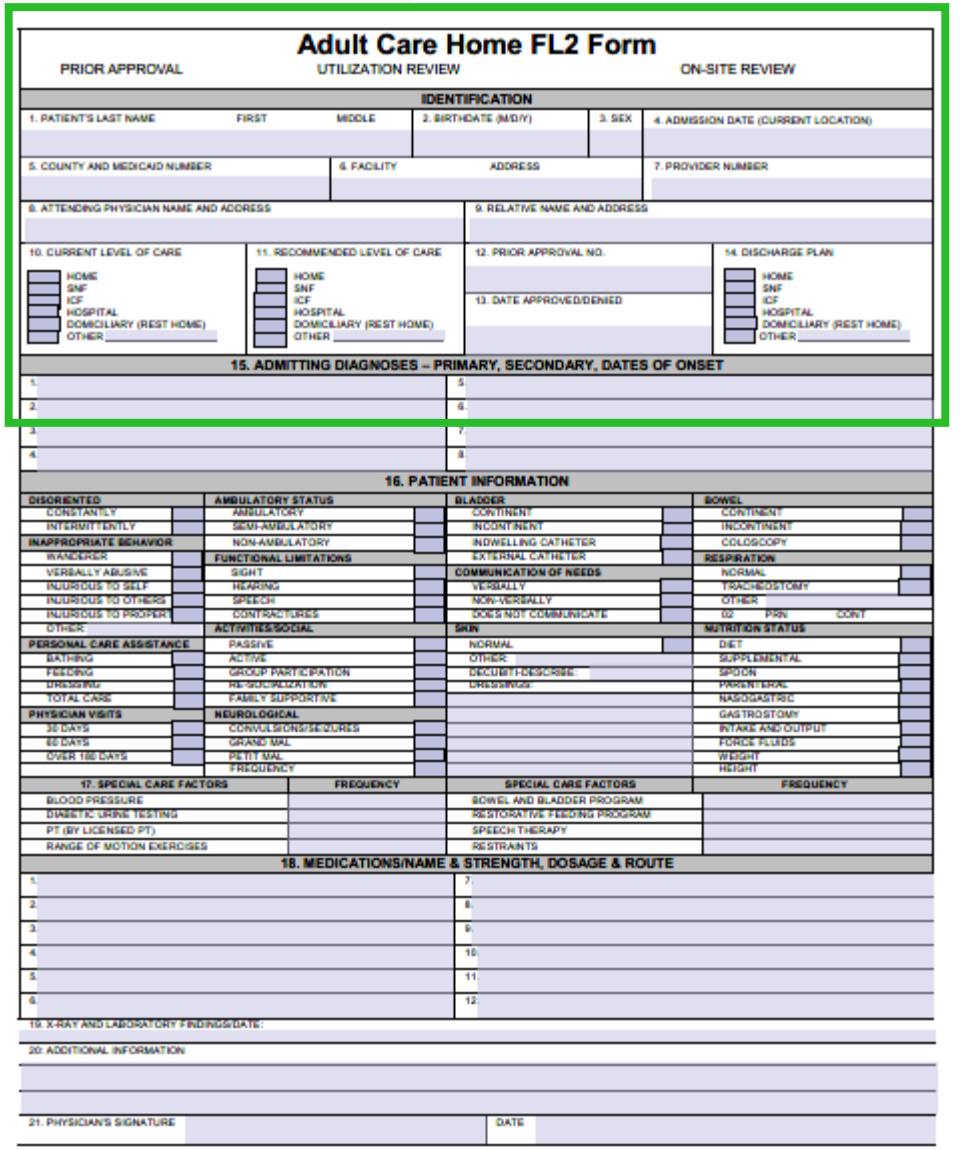
5. COUNTY AND MEDICAID NUMBER	6. FACILITY	ADDRESS	7. PROVIDER NUMBER

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
☐ HOME ☐ SNF ☐ ICF ☐ HOSPITAL ☐ DOMICILIARY (REST HOME) ☐ OTHER _____	☐ HOME ☐ SNF ☐ ICF ☐ HOSPITAL ☐ DOMICILIARY (REST HOME) ☐ OTHER _____		☐ HOME ☐ SNF ☐ ICF ☐ HOSPITAL ☐ DOMICILIARY (REST HOME) ☐ OTHER _____

15. ADMITTING DIAGNOSES – PRIMARY, SECONDARY, DATES OF ONSET

1.	5.
2.	6.



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 process

- NCLIFTSS evaluator 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.
  - Level II 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 Determination and 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

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.

Neuro-Medical Treatment Center vs. Developmental Center Referrals
NC PASRR Specialized Placement Decision Framework

NEURO-MEDICAL TREATMENT CENTERS: Black Mountain • Longleaf • O'Berry

Primary Driver = Medical Complexity with SMI

- ✓ SNF Level of Care that requires a PASRR #
- ✓ Chronic & complex medical conditions
- ✓ 24/7 skilled nursing needs
- ✓ Medical fragility
- ✓ Ongoing nursing interventions
- ✓ Community setting cannot meet medical needs

Typical Referral Question

"Does the individual require continuous skilled nursing care due to medical needs?"

Medical/Nursing/Psychiatric Needs Drive Placement → Neuro-Medical Treatment Center

Neuro-Medical Treatment Center vs. Developmental Center Referrals
NC PASRR Specialized Placement Decision Framework

DEVELOPMENTAL CENTERS: Caswell • J. Iverson Riddle • Murdoch

Primary Driver = IDD & Complex Behavioral Needs

- ✓ ICF/IID Level of Care
- ✓ Intellectual/Developmental Disability
- ✓ Complex behavioral challenges
- ✓ Intensive habilitation supports
- ✓ Behavioral stabilization
- ✓ Community resources exhausted

Typical Referral Question

"Does the individual need specialized behavioral and habilitation supports related to I/DD?“

I/DD + Complex Behavioral Needs Drive Placement → Developmental Center

Skilled Nursing Facility Authorization Codes &Corresponding Time Frames/Restrictions

A	Level I - 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. *No specialized services required.*
C	Level II - No end date, no limitation unless change in condition. *Specialized services required.*
E	Level I - 30-Day Rehabilitation Services Authorization only.
D	Level I - 7-Day Respite or Emergency Placement Authorization only.
J	Level II - 1 year Authorization for placement at a **Locked** State Psychiatric Hospital or **State Operated** 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 **not** appropriate.

Compliance with Level II Determinations

- Requirements for Nursing Facilities
  - Ensure copies of all PASRR outcomes can be found in resident's medical record.
  - Document all Level II recommendations within the resident's care plan.

Compliance Requirement:

PASRR LI and LII notifications must be added to the resident's medical record 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 assessment 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 medical record 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 case 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.

PROGRAM OVERVIEW

LCA – Local Contact Agency

What is the LCA (Local Contact Agency) ?

As required under MDS 3.0, nursing facilities must make a referral when a person residing in a nursing facility indicates an interest in speaking to someone about the possibility of returning to the community. Since October 1, 2010, nursing facilities have been required to submit Section Q referrals to the state Medicaid program designated local contact agency entity.

NCLIFTSS serves as the Local Contact Agency (LCA) and was designated by the DHHS Division of Health Benefits to be responsible for contacting residents in nursing facilities to discuss options.

The LCA coordinates these face-to-face conversations with the person residing in the facility, the facility point of contact, and as appropriate, family members or other supports after a referral has been made by a skilled nursing facility.

Purpose of the LCA

The LCA coordinates a face-to-face conversation with the resident and Nursing Home Staff to discuss options for transitioning to the community once a resident indicates interest in learning more about transitioning home during their assessment (MDS 3.0 Section Q).

The LCA collects information about the services and supports needed to enable the resident to transition to a less restrictive setting.

The LCA's Options Counselors will provide options counseling and information with the resident about community-based services that may be available to support living outside of the nursing home.

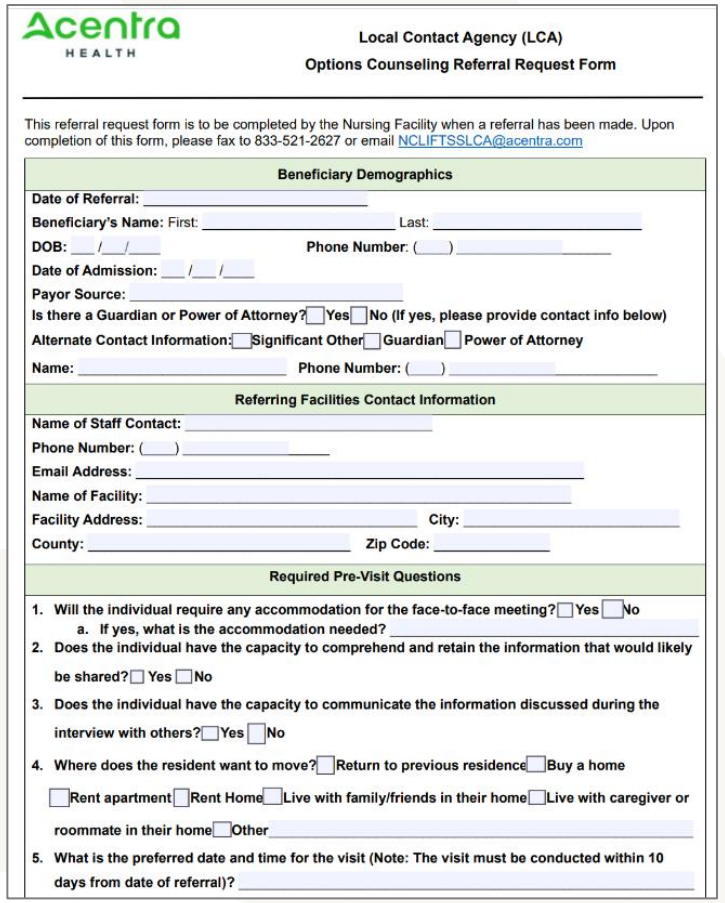
LCA's do not make the decision about a resident's "transition ability" but rather help residents and their families think through their options about transitioning.

LCA Referral Process

- Acentra Health will reach out to the nursing facility and schedule the counseling session within **5 days** from the date of referral. The Acentra Health Options Counselor will conduct the counseling session within **10-days** from the date of referral.

- There are three ways the Nursing Facility can make the referral:
  1. Fax the Options Referral Form to **833-521-2627**
  2. Email the Options Referral Form to **NCLIFTSSLCA@acentra.com**
  3. Call the Acentra Customer Support Line **833-522-5429** and select **Option 6**

Link to referral form: LCA-Options-Counseling-Referral-Request-Form-.pdf



Acentra HEALTH

Local Contact Agency (LCA)
Options Counseling Referral Request Form

This referral request form is to be completed by the Nursing Facility when a referral has been made. Upon completion of this form, please fax to 833-521-2627 or email NCLIFTSSLCA@acentra.com

Beneficiary Demographics

Date of Referral: _____
Beneficiary's Name: First: _____ Last: _____
DOB: __ /__/____ Phone Number: (____) _____
Date of Admission: __ /__ /____
Payor Source: _____
Is there a Guardian or Power of Attorney? ☐ Yes ☐ No (If yes, please provide contact info below)
Alternate Contact Information: ☐ Significant Other ☐ Guardian ☐ Power of Attorney
Name: _____ Phone Number: (____) _____

Referring Facilities Contact Information

Name of Staff Contact: _____
Phone Number: (____) _____
Email Address: _____
Name of Facility: _____
Facility Address: _____ City: _____
County: _____ Zip Code: _____

Required Pre-Visit Questions

1. Will the individual require any accommodation for the face-to-face meeting? ☐ Yes ☐ No
   a. If yes, what is the accommodation needed? _____
2. Does the individual have the capacity to comprehend and retain the information that would likely be shared? ☐ Yes ☐ No
3. Does the individual have the capacity to communicate the information discussed during the interview with others? ☐ Yes ☐ No
4. Where does the resident want to move? ☐ Return to previous residence ☐ Buy a home ☐ Rent apartment ☐ Rent Home ☐ Live with family/friends in their home ☐ Live with caregiver or roommate in their home ☐ Other _____
5. What is the preferred date and time for the visit (Note: The visit must be conducted within 10 days from date of referral)? _____

Contact Information

NC Medicaid Helpdesk
919-813-5603 (Direct)
888-245-0179 (Toll Free)
919-224-1072 (Fax)
Email: uspquestions@dhhs.nc.gov

Division of Mental Health, Developmental Disabilities, and Substance Use Services
Phone: 984-236-5290

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

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NCLIFTSS PASRR
Phone: 833-522-5429
Fax: 833-470-0597
PASRR II Inbox: NCPASRRLIIEvaluations@acentra.com or NCLIFTSS@acentra.com
Website: ncliftss.acentra.com/pasrr/

Questions & Answers

We love to hear your Questions!

Acentra HEALTH

Accelerating Better Outcomes