PASRR Provider Training FAQs
August 25, 2026

What mental health diagnoses typically trigger a Level II PASRR evaluation?

A Level II evaluation is considered when the Level I screening identifies a suspicion or diagnosis of Serious Mental Illness (SMI). Diagnosis alone is not the sole determining factor. PASRR also considers the duration of illness, level of functional impairment, treatment history, and whether the condition has resulted in significant disruptions in major life activities. Common diagnoses that may meet SMI criteria include schizophrenia spectrum disorders, schizoaffective disorder, bipolar disorder, major depressive disorder with significant impairment, and other severe psychiatric illnesses. A Level II may also be required when there is insufficient information to rule out SMI, ID, or RC during the Level I review, or when a significant change in the individual's condition warrants further evaluation. The purpose of the Level II evaluation is to determine whether nursing facility placement is appropriate and to identify any specialized services or supports the individual may need to be successful in the nursing home setting.

How are diagnoses such as depression, PTSD, anxiety, adjustment disorders, and other mental health conditions considered during the PASRR process?

Diagnoses are evaluated individually and in the context of severity, chronicity, treatment history, and functional impact. The presence of depression, PTSD, anxiety disorders, or adjustment disorders does not automatically require a Level II evaluation, but they should be submitted for evaluation by the PASRR process if not previously identified. PASRR focuses on whether the condition meets federal and state criteria for SMI and whether the condition significantly affects functioning and service needs.

How does the presence or absence of active treatment, services, or medications affect Level II determination requirements?

Current psychiatric treatment, behavioral health services, psychotropic medications, psychiatric hospitalizations, or ongoing mental health interventions may support the need for additional PASRR review. Conversely, the absence of treatment may indicate the condition is inactive, historical, or does not currently meet SMI criteria; however, diagnosis alone should never be used as the only determining factor. Comprehensive clinical review is required. Community providers should submit for a PASRR for all diagnoses identified and allow the PASRR process determine whether a level II evaluation is warranted. It is not the responsibility of the hospitals or nursing facilities to determine what level of PASRR is warranted.

What guidance is available for distinguishing between mental illness diagnoses that require additional PASRR review and those that do not?

It cannot be emphasized enough the importance of completing a level I screening accurately and completely. This tool allows for the PASRR process to know whether to continue to a level II

PASRR. Again, it is not the responsibility of the nursing facility or hospital to discern what meets the PASRR target population criteria. Include all relevant diagnoses, whether there are functional impairments (due to the psychiatric/IDD/RC) and the recency/intensity of behavioral or other supports needed for these diagnoses. This enables NC Medicaid or the PASRR reviewer to determine whether a Level II evaluation is warranted.

What steps should facilities take when a resident is admitted with incomplete, inaccurate, or missing behavioral health information on a hospital PASRR screening?

A completed PASRR is required prior to admission. If PASRR documentation received from a hospital is incomplete, inaccurate, or unavailable, the receiving facility should make every effort to obtain the missing information before or immediately after admission. This may include contacting the hospital discharge planner, medical records department, attending physician, behavioral health providers, family members, or legal representatives to gather the necessary documentation.

If there is uncertainty regarding PASRR status, diagnoses, or supporting records, the facility should submit the available information and notify NC PASRR helpdesk of the circumstances. Additional documentation can be uploaded as it becomes available. Additionally, if there is a change in condition due to a new diagnosis, the facility would be responsible for submitting a change in condition PASRR request as soon as possible.

When discrepancies are identified between a resident's medical record and existing PASRR documentation, what is the appropriate process for correction?

(See response to prior question)

Facilities should collect supporting clinical documentation, update the screening information within NC MUST as appropriate, and submit a review request if the discrepancy may affect the PASRR determination. Documentation supporting the correction should be retained in the resident record.

How should facilities address newly identified diagnoses that were not included on the original screening?

A Change of Condition or Resident Review request should be submitted.

What are the responsibilities of hospitals and nursing facilities in ensuring PASRR screenings are completed accurately prior to admission?

Hospitals generally are responsible for:

- Completing or initiating the PASRR Level I screening before referral to a Medicaid-certified nursing facility.
- Providing complete and accurate clinical information regarding psychiatric diagnoses, treatment history, medications, and functional status.

- Ensuring supporting documentation accompanies the referral packet.

Nursing facilities generally are responsible for:

- Verifying that a completed PASRR screening accompanies the referral prior to admission.
- Reviewing referral information for completeness and consistency.
- Following up on missing or conflicting behavioral health information before or after admission, as required by state policy.
- Ensuring PASRR recommendations and specialized service requirements are incorporated into care planning.
- Reporting significant changes or previously unidentified PASRR conditions when discovered. Changes in condition include both worsening or improvements that might impact changes in care needs

PASRR compliance is ultimately a shared responsibility among hospitals, nursing facilities, state Medicaid agencies, and state mental health authorities.

What education or resources can help improve hospital compliance with PASRR requirements?

NC Medicaid PASRR training materials, NC MUST resources, Acentra Health educational materials, PASRR webinars, and provider training sessions are recommended.

How do facilities determine when a new PASRR screening is required versus when a Change of Condition should be submitted?

Generally:

- A new PASRR screening is required when an individual is seeking admission to a Medicaid-certified nursing facility and no valid PASRR exists for the admission episode.
- A Change of Condition (COC) or Resident Review request is typically used when a resident is already in the nursing facility and experiences a significant clinical, psychiatric, functional, or behavioral change that may affect the current PASRR determination or service recommendations.

What events or clinical changes typically warrant a Change of Condition review?

Examples include:

- Time-limited extensions/resubmission
- Increased behavioral or psychiatric symptoms.
- Symptoms are not responding to treatment.
- Significant improvement affecting prior recommendations.
- Major physical changes impacting behavioral functioning.
- Changes that require major revisions to the care plan.
- Changes resulting in different placement or service needs.

How should facilities handle new diagnoses, treatment changes, or emerging behavioral health concerns after admission?

Facilities should assess clinical significance, update care plans, gather supporting documentation, and submit a Change of Condition request when the changes may affect PASRR findings or recommendations.

Are medication changes alone sufficient to trigger additional PASRR review?

Generally, no. Medication changes alone do not automatically require PASRR review unless they reflect a significant change in psychiatric condition, behavioral status, level of functioning, or service needs.

What is the purpose of a Resident Review, and when should one be requested?

A Resident Review evaluates whether existing PASRR findings, placement recommendations, and specialized services remain appropriate following a significant change in condition. A review should be requested when meaningful changes occur that may affect:

- Placement appropriateness.
- Level of care needs.
- Specialized services needs.
- Behavioral health treatment requirements

What circumstances require reevaluation of an existing PASRR determination?

Re-evaluation may be warranted when there is substantial clinical improvement, decline, emergence of significant psychiatric symptoms, transfer-related concerns, or changes affecting placement recommendations and specialized services.

Common triggers include:

- Significant psychiatric improvement or decline.
- New serious diagnoses.
- Major medical changes.
- Changes affecting community placement potential.
- Discovery of previously unreported behavioral health history.
- Changes suggesting the resident may no longer fit the assumptions of the existing determination.

How can facilities ensure that PASRR information continues to accurately reflect a resident's needs over time?

Conduct routine chart reviews, monitor behavioral and psychiatric status, maintain updated diagnoses, document treatment outcomes, and submit Resident Reviews when clinically indicated.

How does hospice enrollment affect PASRR requirements and review processes?

Hospice enrollment or a hospice level of care does not eliminate PASRR requirements. Individuals with a terminal illness who are being certified for hospice services may qualify for a **Categorical Determination for Terminal Illness**, which can allow admission to a nursing facility without a full Level II evaluation.

To support this exemption, documentation such as a **Certificate of Terminal Illness** (CTI) and hospice enrollment information should be submitted with the Level I screening. Additionally, an individual does NOT need to be on hospice for the exemption as long as the MD/DO provides a signed certification statement indicating that the individual has 6 months or less life expectancy. Providing this documentation up front can help expedite the review process and reduce delays.

If the required documentation is not available, incomplete, or if there are questions regarding eligibility for the exemption, additional review may still be necessary before a PASRR determination can be made. Also, keep in mind that individuals with IDD/RC will have a face-to-face review even if they have a certificate of terminal illness.

If a resident already has a Level II PASRR determination and later elects hospice services, what additional PASRR actions may be required?

A review may be appropriate if hospice enrollment reflects a significant change in condition, alters service recommendations, or affects placement considerations. Clinical circumstances should guide the determination.

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What PASRR requirements apply to hospice patients receiving respite care or nursing facility services?

PASRR still applies in Medicaid-certified nursing facilities unless a specific exemption or categorical determination applies under applicable regulations. Documentation of PASRR status must remain available. A facility must submit for a PASRR screen requesting a 7-day respite prior to admission to a nursing facility. Hospitals can NOT submit for a 7-day respite for patients discharging from an acute care hospital setting.

Are there special considerations for PASRR reviews involving short-term stays, respite admissions, or end-of-life care?

Yes. Federal PASRR regulations include certain categorical determinations and exemptions, which include short-term convalescent stays, respite admissions, emergency placement and terminal/end-of-life circumstances; however, facilities should ensure all applicable PASRR requirements are met and that documentation supports the resident's admission status and care needs.

What documentation is most helpful in supporting PASRR screenings, reviews, and determinations?

- Psychiatric evaluations, testing and psychiatrist’s notes, if available
- Current or most recent History and Physical
- FL2 dated within 30 days of submission (hospitals may submit comparable document)
- Hospital discharge summaries
- Behavioral health treatment records
- Current medication lists
- Case specific progress notes
- MDS assessments
- Therapy documentation
- Care plans
- Guardian or family information when relevant

What are best practices for documenting significant changes in condition or increases in medical complexity?

Document objective changes, clinical observations, dates of onset, treatment interventions, provider assessments, and resulting impacts on functioning, behavior, and care needs.

How can facilities clearly demonstrate that a resident's care needs have evolved or become more complex over time?

Provide comparative documentation showing prior versus current status, increased assistance needs, treatment failures, new diagnoses, behavioral changes, and revised care plans. Be specific in what has changed that warrants the skilled needs being requested.

What information is needed when a resident's needs may exceed the capabilities of their current placement setting?

Facilities should submit clinical evidence describing functional limitations, behavioral concerns, treatment requirements, safety risks, specialized service needs, and attempts to manage the resident within the current setting.

What are facility responsibilities following a Level II determination?

Facilities should review all recommendations, incorporate applicable findings into care planning, coordinate recommended services, and maintain documentation demonstrating implementation efforts. If a person declines a Specialized Service recommendation that was recommended under the PASRR determination- have this documented as well.

How quickly should recommended services, evaluations, or interventions be implemented?

Implementation should occur as soon as clinically feasible and consistent with the resident's needs and facility processes. Delays should be documented and justified.

How should facilities document efforts to obtain recommended services when barriers exist?

Document referral dates, provider contacts, scheduling efforts, insurance communications, waitlists, resident preferences, and interim interventions used while awaiting services.

What follow-up information should be communicated regarding implementation of PASRR recommendations?

Facilities should maintain records of services obtained, interventions completed, resident outcomes, barriers encountered, and ongoing care plan updates.

What options are available when a resident's care needs can no longer be met in the facility specified by the PASRR determination?

The facility should evaluate alternative placements capable of meeting the resident's medical, psychiatric, behavioral, and functional needs while coordinating with care teams, families, and community resources. A change in condition should also be submitted.

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How should facilities pursue alternative placement when a resident requires a higher level of care or specialized services?

Document unmet needs, obtain applicable assessments, communicate with discharge planning partners, and coordinate referrals to appropriate settings or providers.

What resources exist for residents who require both behavioral health treatment and significant assistance with activities of daily living?

Depending on individual needs, resources may include specialized nursing facilities (like Black Mountain, Longleaf or O'Berry), behavioral health providers, managed care resources, state-funded services, community behavioral health programs, and other specialized supports identified during the PASRR process.

How current must a PASRR screening be prior to admission to a nursing facility?

PASRR screening must be completed prior to admission to a Medicaid-certified nursing facility. Facilities should verify that the screening and any associated determination remain applicable to the current admission circumstances. A facility should never use an old PASRR number that was given during another unrelated admission. If a person was discharged and is looking to return they will need a new PASRR. Transfers from one nursing facility do not count as they are not discharging from that level of care.

When should an existing PASRR determination be reviewed to determine whether it remains valid for a new admission or transfer?

Review should occur whenever a resident is readmitted, or experiences a significant change that may affect the prior determination.

How are demographic updates managed within PASRR records?

Facilities should promptly update demographic information in NC MUST and ensure consistency between the PASRR record and the resident's medical record.

What are best practices for maintaining accurate PASRR documentation throughout a resident's stay?

Maintain complete PASRR determinations, screening records, supporting clinical documents, change-of-condition submissions, recommendations, and implementation documentation in the resident record.

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What practitioner credentials are acceptable for completing and signing PASRR-related documentation and supporting forms?

Credentials vary based on document type and regulatory requirements. Generally, documentation should be completed and signed by appropriately licensed practitioners acting within their scope of practice, including physicians, nurse practitioners, physician assistants, psychologists, psychiatrists, and qualified behavioral health professionals when applicable.

- FL2: FL2 must be 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.
- Certificate of Terminal Illness: MD or DO sign and date 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 sign and dated statement that 30 days or less of short-term rehab is required, in addition to all other required documentation.
- Primary Dementia documentation: 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.

What common system or submission challenges do facilities encounter when uploading PASRR documentation?

Common issues include incomplete forms, missing signatures, unsupported file formats, scan quality problems, mismatched demographic information, and delayed submission of supporting records.

What alternatives or troubleshooting options are available when electronic document submission is unsuccessful?

Facilities should utilize NC MUST resources, verify file requirements, contact the PASRR Help Desk at 919-813-5603 and work directly with them when technical issues prevent successful submission.

What resources are available to help facilities navigate PASRR system requirements and workflows?

Resources include:

- NC Medicaid PASRR website
- NC MUST Help and Support resources
- Acentra Health PASRR training and education
- Provider webinars
- PASRR Help Desk support
- NC Medicaid provider education material
- CMS PASRR guidance resources