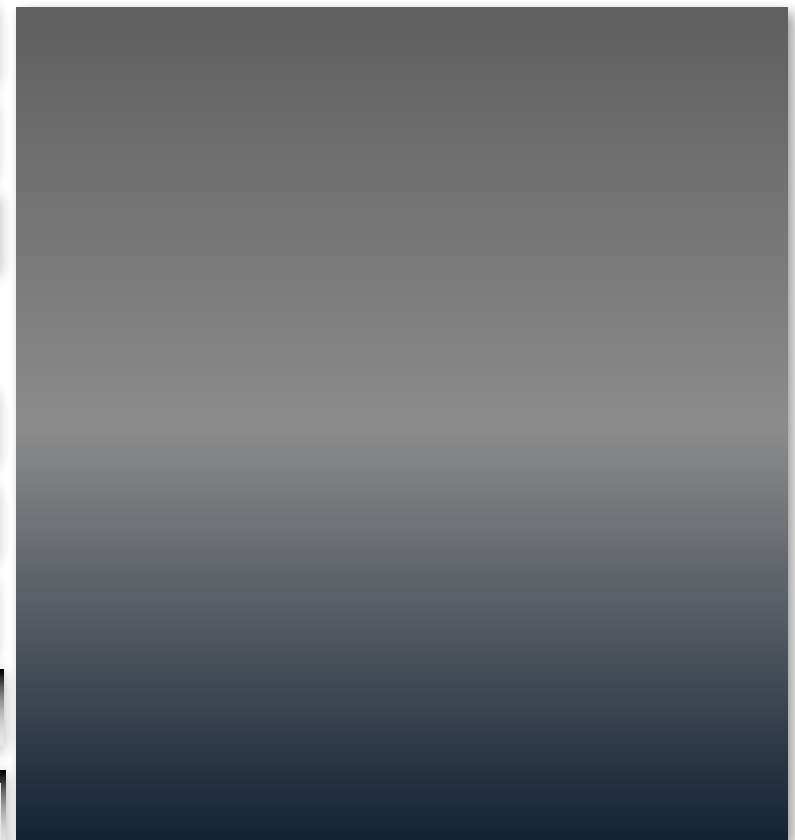


# NC Pre-Admission Screening and Resident Review An Overview



# Agenda

- 1 Introductions
- 2 PASRR Background
- 3 How to Submit A PASRR
- 4 Level 1 Forms
- 5 Athorizations
- 6 Notification / Final Determination Letters
- 7 Out Of State PASRR
- 8 Relationship between PASRR and Medicaid
- 9 Q&A



# Introductions



- **Melissa Robinson**  
Account Executive  
State and Local Government  
Hewlett Packard Enterprise
- **Wanda Kelly**  
NC PASRR Supervisor  
HealthCare Consultant IV  
Hewlett Packard Enterprise
- **Jenny Abramson**  
Information Healthcare Analyst  
Applications Delivery  
Hewlett Packard Enterprise
- **John Cook**  
Long Term Care Nurse Consultant  
North Carolina Division of Medical Assistance



# PASRR Background



## What is PASRR?

Stands for Preadmission Screening Resident Review

## Who is subject to PASRR in North Carolina:

- Skilled Nursing Facilities (SNF)
- Adult Care Homes (ACH)

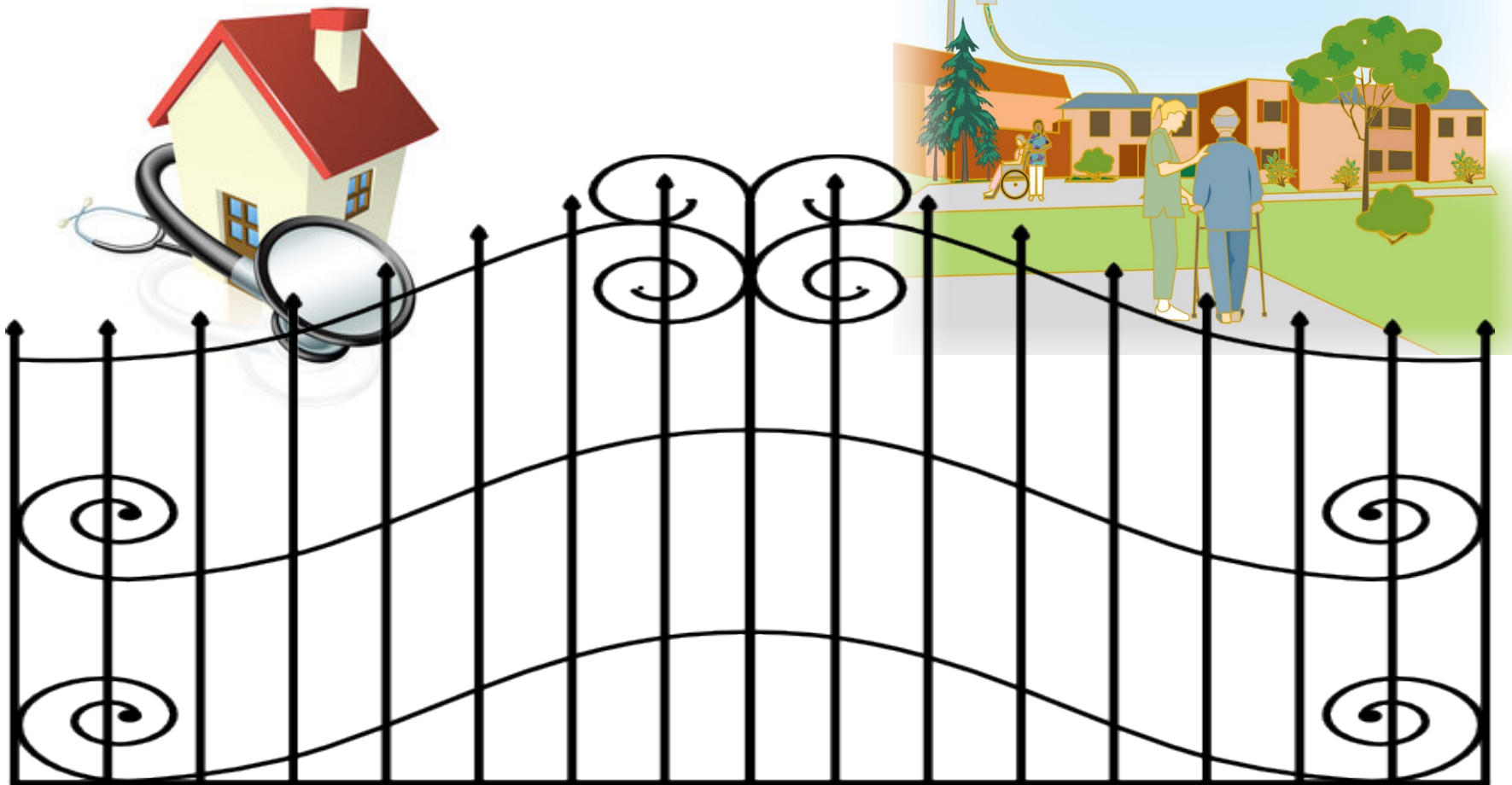


# NC PASRR Gatekeeper to specific

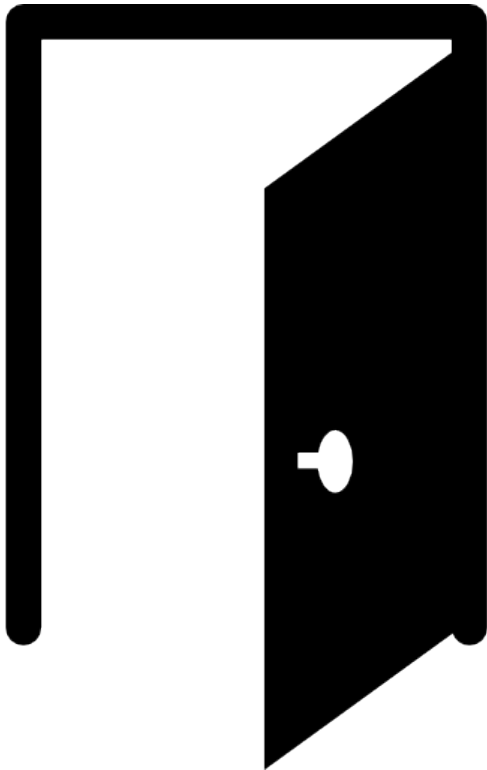
## Long Term Care Facilities

1. Adult Care Homes/Assisted Living Facilities

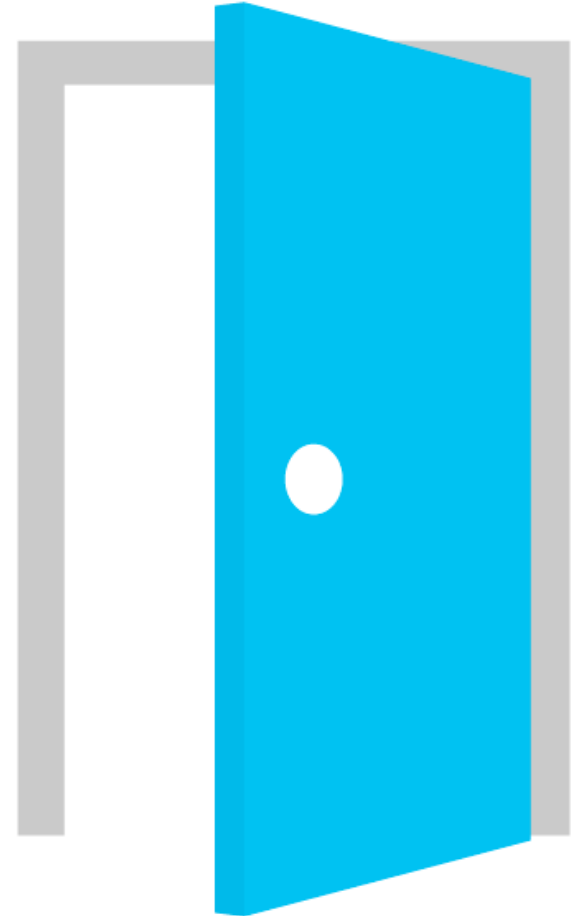
2. Skilled Nursing Facilities



# How to Submit A PASRR



**PROVIDER  
LINK**



**\*NCMUST**



# Adult Care Homes/Assisted Living Facilities



# Adult Care Home On-Line PASRR Level 1

- Provider completes the online interactive form and submits via web into NCMUST.com
- NC MUST is available 24x7
- NC MUST will adjudicate the form thru the ACH business Rules and determine the proper outcome
- PASRR number is provided for screenings that do not flag SMI/SPMI
- Provider will be notified via mail / email – notifications are provided both ways
- These screenings are processed on average in 10-15 seconds
- Providers have easy access to Existing PASRR Numbers, Tracking Data, most recent Notification Determination for reference
- Providers can submit and receive approvals on a 24x7 basis





# Adult Care Home PASRR Level I

- PASRR Level I
- screens for “*TRIGGERS*”
  - Objective to identify all possible triggers of PASRR
  - ACH triggers are directly related to DSM IV diagnoses identified as SMI by Division of Mental Health
  - Whenever an individual has a positive TRIGGER, a HPE PASRR reviewer/clinician evaluates the records to determine if there is or is not a SMI/SPMI
    - Yes: always refer for Level II
    - No: may admit with or without conditions



# Adult Care Home PASRR Level II process

- After the Level I is submitted via NC MUST, the business rules determine if a Level II review process is required
- Our HPE Level I clinical team gathers data to support Comprehensive Clinical Assessment/Community Integration Plan for the Level II: obtaining the required Consent to Participate, ACH FL2 form & the most recent History & Physical
- The Evaluator will make attempt to contact facility to verify location and works with screener and Legally Responsible Party (if applicable) to schedule appointment
- Our Evaluator completes the Adult Care Home CCA/CIP Level II and submits forms along with recommendations to Division of Mental Health via NC MUST
- Final Determination is completed by DMH in NC MUST
- Providers are immediately notified via email & regular mail within 1-2 days
- Providers are able to print a copy of Level II determination
- Patient and/or Legal Rep receives a copy via certified mail
- DMH can download & zip all key documents for LME posting





Terminal Illness

Out Of State

1

2

3

Private Pay

## ACH Codes

**NOT VALID FOR NURSING FACILITY PLACEMENT**

### Authorization Codes & Corresponding Time Frames/ Restrictions

G	Dementia Primary
	Level II Referral Notification
K	Level II SMI Choosing ACH
U	Level II : Medically unstable- Medical Needs cannot be met in ACH
R	Level II : Psychiatrically unstable -Behavioral Health Needs cannot be met in ACH
T	Terminal : 6 Months
O	Level II : No SMI after evaluation
P	Cancelled : Private Pay
X	Cancelled

# Skilled Nursing Facility



# Skilled Nursing Facility PASRR Level I

- Provider completes the online interactive form and submits via web into NCMUST.com
- NC MUST is available 24x7
- NC MUST will adjudicate the form thru business Rules and determine the proper outcome
- PASRR number is provided for screenings that do not flag for MI/IDD or Dual diagnoses
- Provider will be notified via mail / email – notifications are provided both ways
- These screenings are processed on average in 10-15 seconds
- Providers have easy access to Existing PASRR Numbers, Tracking Data, most recent Notification Determination for reference
- Providers can submit and receive approvals on a 24x7 basis and track status



# Skilled Nursing Facility PASRR Level I



- PASRR Level I
- screens for “*TRIGGERS*”
  - Objective to identify all possible triggers of PASRR
  - Whenever an individual has a positive TRIGGER, a HPE PASRR reviewer/clinician evaluates the records to determine if there is or is not a PASRR condition
    - Yes: refer for Level II or apply categorical/exclusions
    - No: may admit with or without conditions



# Skilled Nursing Facility PASRR Level II process

- After the Level I is submitted via NC MUST, the business rules determine if a Level II review process is required
- Our HPE Level I clinical team gathers data to support referral for the Level II: obtaining FL2 form, the most recent H&P & psychological consult if available
- The Evaluator will make attempt to contact facility to verify location and works with screener and LRP (if applicable) to schedule appointment
- Our Evaluator completes the Level II evaluation and submits recommendations to Division of Mental Health via NC MUST
- Final Determination is completed by DMH in NC MUST
- Providers are immediately notified via email & regular mail within 2 days
- Providers are able to print a copy of Level II notification





# Skilled Nursing Facility



Out Of State



Categorical & Time Limited

## Nursing Facility

**NOT VALID FOR ADULT CARE HOME PLACEMENT**

### Authorization Codes & Corresponding Time Frames/ Restrictions

A	Lifetime, no level of care restrictions
H	Lifetime, no level of care restrictions. (Dementia primary or Does Not Meet Level II Target Population Criteria)
B	No limitation unless change in condition. Must stay at SNF or Hospital LOC. No specialized services required.
C	No limitation unless change in condition. Must stay at SNF or Hospital LOC. These individuals receive specialized services
E	30-Day Rehabilitation services only.
D	7-Day Respite or Emergency only
J	Locked State Psychiatric hospital or State Operated NF only.
F	30, 60 or 90 Day Time Limited stays – Level II Reviews Only
Z	Denial .Nursing facility placement is not appropriate

# NOTIFICATIONS / FINAL DETERMINATION

## **Level II Referral Notice**

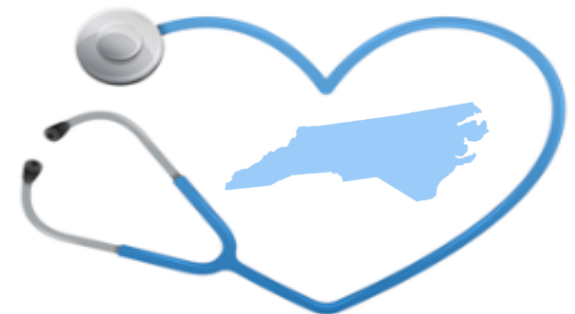
Your patient has been referred for a Level II PASRR, face to face evaluation. You can expect to hear from a network Level II evaluator within the next **2 working days** to schedule the screening.

For more information; if the patient's location changes notify HP immediately, this change could result in a cancellation and no PASRR number will be issued.



## Out Of State PASRR Process

- Accurate Completion of Forms
- Address of Record (never Hospital)
- Required Documentation: OOS PASRR, FL2, H&P and MD Rehab Attestation
- NC Legally Responsible Party, HCPOA or POA
- Authorization end dates: 30 Day Rehab, 10 day application, extension required
- Bed Availability vs Residents Rights: According to CMS in their guidance regarding resident rights, nursing home residents have a right to visit and be visited by others from outside the facility, and to have the assistance of their families in the care plan process. **42 CFR 483.10(j); 42 CFR 483.20(k)**



# Relationship between PASRR and Medicaid



- **Prior Approval for Nursing Facility Admission**

NC DMA Clinical Policy No: 2B-1, Amendment C: Preadmission Screening and Resident Review Process A. The PASRR Process “Before the PASRR contractor can approve a nursing facility level of care, a Level I or, if appropriate, Level II PASRR number must be obtained for all new admissions...”

- **Prior Approval for Personal Care Services**

NC DMA(PCS) Clinical Coverage Policy No: 3L Amended Date: November 1, 2015 5.1 Prior Approval Medicaid shall require prior approval for PCS. 5.2 Prior Approval Requirements 5.2.2 “b. Obtain an ACH PASRR screen if seeking admission to, or residing in, an adult care home licensed under G.S. 131D-2.4”

- **Time Limited Prior Approval**

Call the NCTracks Help Desk (800-688-6696) AFTER a PASRR extension appears in NCMust.com to extend the Prior-Approval for payment purposes.



# PASRR Reference Information or to find more information

## **FOR SNF Facilities and Providers :**

[dma.ncdhhs.gov/providers/clinical-coverage-policies](http://dma.ncdhhs.gov/providers/clinical-coverage-policies)

## **FOR ACH Facilities and Providers:**

[www2.ncdhhs.gov/tcli/communications.html](http://www2.ncdhhs.gov/tcli/communications.html) for ACH [PASRR Manual for Adult Care Homes Licensed](#)

**Federal Guidelines** can be found at [www.cms.gov](http://www.cms.gov) or [www.ecfr.gov](http://www.ecfr.gov)





**Hewlett Packard**  
Enterprise

# Contact Us

NC PASRR Helpdesk 1-855-883-8018

[www.NCMUST.com](http://www.NCMUST.com)

