



**NC Department of Health and Human Services
Division of Health Benefits**

**An Introduction to North Carolina's
PREADMISSION SCREENING AND
RESIDENT REVIEW (PASRR) Process**

October 2022

Training Objectives

- **Develop an understanding of PASRR**
- **Discuss the structure and purpose of PASRR**
- **Discuss how to begin the PASRR process**
- **Discuss requirements for submitting a PASRR screen**

What is PASRR?

PASRR is a federally mandated program for screening applicants and residents of Medicaid certified nursing facilities who are suspected as having mental illness (MI), intellectual disability (IDD), and/or conditions related to intellectual disability (RC).

When Should Screenings Be Performed?

PASRR screenings must be performed prior to admission, and with significant changes in condition thereafter, for persons who are suspected as meeting the federal definitions for MI, IDD, and/or RC.

Purpose of PASRR

Preadmission Screening and Resident Review

- Administered by CMS
- Developed in 1987
- Anyone entering a Medicaid-funded nursing facility is screened for serious mental illness, intellectual disability, or developmental disability (related condition)
- If known or suspected condition is identified, then the request is referred for a Level II assessment
 - This ensures that SNF placement is the most appropriate placement
 - Enables patient to receive needed services

Does the Individual Have a PASRR Condition?

Four Ds of PASRR - MI

1. **Diagnosis - Is serious mental illness present or suspected?**
2. **Dementia – if present, is it primary?**
3. **Duration – has the individual had any significant life disruptions due to the illness**
4. **Disability – Specifically focuses on symptoms related to interpersonal functioning**

The PASRR Process

– Level I Screens

- Required before anyone, regardless of payment source, can be admitted to any Medicaid certified nursing facility
- May be automatically adjudicated or manually reviewed by NC Medicaid PASRR nurse reviewers
- If the Level I screen indicates the possibility of MI, IDD, or RC, a Level II in-depth evaluation must be performed to assess for nursing facility placement potential specialized care needs of the individual

– Level II Screens

- Apply to all applicants and residents of Medicaid-certified NFs with suspected MI and/or IDD and/or RC)
- Conducted by Qualified Mental Health Professionals (QMHPs) and include an in-person assessment and record review

Level I Screens

Level I screens are “identification screens”. They should be performed:

- 1) Prior to nursing facility admission;**
- 2) Whenever there is a significant change in status in a nursing facility resident**

Exclusion to Level I Screenings

- 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. Such cases would be referred to NC Medicaid following readmission.**
- 2. Individuals who have had a previous PASRR screening and transfer from one facility to another. However, a Tracking Form should be submitted to NC Medicaid by the receiving and discharging facilities to report the transfer of these individuals.**

Exclusions to Level I Screenings Cont.

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

- **For an individual with SMI or IDD/RC, and the individual also has a primary diagnosis of a dementing illness**
- **Information specific to establishing that the symptoms of dementia supersede the symptoms/conditions associated with mental illness or intellectual disability is required**

Time-Limited Requests

- **Convalescent Care admissions**
- **Provisional admission**
- **Emergency admission**

Time Limited Requests Cont.

Provisional Admissions

- Includes respite, emergency placement, interstate transfer
- Respite may be requested for a maximum of 7 days
- Documentation, including the FL2, progress notes, H&P, etc., is still required

Time Limited Requests

Emergency Admissions

- Require temporary nursing facility admission in an emergency protective services situation (NF level of care is approved for no greater than 7 calendar days)

Examples of When an Updated Level I Screen May Be Required

- a) **Status Changes**
- b) **Time Limited Admissions Requiring Level I Updates**
- c) **Transferred/ Discharged/ Deceased MI/IDD/RC Residents Requiring Updated Level I Screens**

Convalescent Care

Convalescent Care admissions are federally allowed without a Level II screen, when all of the following conditions are met:

- (a) Admission to a SNF occurs directly from a general hospital after receiving acute inpatient medical care, and;**
- (b) NF services are required for the hospitalized condition, and;**

Convalescent Care Cont.

- **Only hospital facilities may request a 30-day placement**
- **The attending physician has certified that SNF care is unlikely to exceed 30 calendar days. This physician certification must be provided to NC Medicaid at the time of the screen.**

Requirements for Submitting Level I Screens

The referral source (i.e., hospital discharge planner, NF staff, county case worker, etc.) or “screeener” is responsible for contacting NC Medicaid with the required documentation for preadmission screening and change in status information.

The screener should be prepared to provide information regarding the individual’s history, behaviors, diagnoses, medical and pharmacological treatment.

Requirements for Submitting Level I Screens Continued

Please accurately fill out the section of screen that pertains to:

- Mood and behaviors**
- Intrapersonal function**
- Functional limitations**
- Medications and reasons/indications for medications**

Requirements for Submitting Level I Screens Continued

If Dementia is the primary diagnosis please indicate that by marking “yes”

For any DSM -V diagnosis that has corresponding classifications for mild, moderate, severe, please include this on the screen

North Carolina LTC FL2 Form

Correct
FL2

FL-2 (06)
INSTRUCTIONS ON REVERSE SIDE

**NORTH CAROLINA MEDICAID PROGRAM
LONG TERM CARE SERVICES**

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)

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 NUMBER 14. DISCHARGE PLAN

HOME DOMICILIARY (REST HOME) HOME DOMICILIARY (REST HOME) SNF HOME
 SNF ICF SNF ICF ICF DOMICILIARY (REST HOME)
 HOSPITAL OTHER ICF OTHER DATE APPROVED/DENIED OTHER (REST HOME)
 OTHER

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

1. 5.
2. 6.
3. 7.
4. 8.

16. 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	OR PRN CONT
OTHER	ACTIVITIES-SOCIAL	SKIN	NUTRITION STATUS
PERSONAL CARE ASSISTANCE	PASSIVE	NORMAL	DIET
BATHING	ACTIVE	OTHER	SUPPLEMENTAL
FEEDING	GROUP PARTICIPATION	DEGRIT/DESCRIBE	SPOON
DRESSING	RE-SOCIALIZATION		PARENTERAL
TOTAL CARE	FAMILY SUPPORTIVE		NASOGASTRIC
PHYSICIAN VISITS	NEUROLOGICAL		GASTROSTOMY
30 DAYS	CONVULSIONS/SEIZURES		INTAKE AND OUTPUT
60 DAYS	GRAND MAL	DRESSINGS:	FORCE FLUIDS
OVER 180 DAYS	PETIT MAL		WEIGHT
	FREQUENCY		HEIGHT

17. SPECIAL CARE FACTORS FREQUENCY SPECIAL CARE FACTORS FREQUENCY

BLOOD PRESSURE BOWEL AND BLADDER PROGRAM

DIABETIC URINE TESTING RESTORATIVE FEEDING PROGRAM

PT (BY LICENSED PT) SPEECH THERAPY

RANGE OF MOTION EXERCISES RESTRAINTS

18. MEDICATIONS / NAME & STRENGTHS, DOSAGE & ROUTE

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

X-RAY AND LABORATORY FINDINGS/ DATE

20. ADDITIONAL INFORMATION

21. PHYSICIAN'S SIGNATURE MA-2280 Figure 4a 22. DATE

Incorrect FL2 Type

Adult Care Home
FL2s are not
accepted for PASRR
requests

The form is titled "Adult Care Home FL2 Form" and is divided into several sections:

- PROVIDER INFORMATION:** Includes fields for Agency Name, Agency Address, Agency Phone, and Agency Fax.
- PATIENT INFORMATION:** Includes fields for Patient Name, Date of Birth, Sex, Race, and Ethnicity.
- ASSESSMENT INFORMATION:** Includes fields for Assessor Name, Assessor Title, Date of Assessment, and Type of Assessment.
- ASSESSMENT RESULTS:** A large table with columns for "Area of Assessment", "Assessment Findings", "Assessment Results", and "Recommendations".
- ADDITIONAL INFORMATION:** Includes fields for "Comments" and "Signature of Assessor".

Completing the FL2

- **The FL2 must be signed by a MD or DO and dated within 30 days of the PASRR request**
- **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**

Completing the FL2 Cont.

BLOCK NUMBER AND DESCRIPTION:

INSTRUCTIONS:

- 1. and 2 Recipient First and Last NAME: Required Field
- 3 . BIRTHDATE: Required Field
- 4. Recipient ID # Not a Required Field
- 5. Gender Required Field
- 6. SSN Not a Required Field
- 7. Admission Date (Current Location) Required Field only if the individual is in a facility when the FL-2 is completed, Admission date (month, day and year) should be noted
- 8. Facility Name: Required Field Only if the individual is currently living in a NH.
- 9. PASRR Number Not a Required Field.
- 10. Facility Address Required Field only if the individual is in a facility when the FL-2 is completed.
- 11. PROVIDER NUMBER: Not a Required Field
- 12. ATTENDING PHYSICIAN Name/Address Physician's name required only. Address not required.
- 13. RELATIVE Name/Address Not a Required Field

Completing the FL2 Cont.

- **14. CURRENT LEVEL OF CARE:** Required Field
- **15. REQUESTED LEVEL OF CARE:** Required Field
- **16. Discharge Plan** Not a Required Field
- **Diagnosis Information** Required Field - Diagnosis should be listed (not just ICD-10 codes)
- **PATIENT INFORMATION:** Required Field - Blocks applicable to the individual should be checked.
- **MEDICATIONS** Required Field if MAR not submitted. If MAR submitted, medications on the MAR can be reviewed
- **19. X-RAY & LAB FINDINGS/DATE:** Not a Required Field
- **20. ADDITIONAL INFORMATION:** Not a Required Field
- **21. PHYSICIAN'S SIGNATURE:** Required Field
- **22. DATE:** Required Field - The physician who signs the FL-2 must also date it. FL2 must be dated within the last 30 days from the PASRR submission screen

Level I Screens – Required Documentation

Documentation Required For All Screens	<ol style="list-style-type: none"> 1. A NC LTC FL2 that has been signed and dated by a MD or DO 2. Comprehensive patient progress notes, from within the last 30 days. 3. Pscyh notes and neurocognitive notes relating to patient's health/medical condition and status 4. The most recent patient History and Physical (H&P)
If the patient has been certified terminal by a physician and has SMI, IDD, and/or RC	<p>The provider must submit a MD or DO signed and dated certification statement that the patient has six months of less life expectancy, in addition to all other required documentation</p>
30-day Convalescent Requests	<p>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.</p>
If a patient's Dementia is the primary diagnosis	<p>The provider must submit a MD or DO signed and dated certification statement that the patient's Dementia diagnosis is primary and supersedes mental illness.</p>

Level II Assessments

Level II Assessments (which apply to all applicants to, and residents of, Medicaid certified NFs with suspected MI and/or IDD and/or RC) are conducted by Qualified Mental Health Professionals (QMHPs) and include an in-person assessment and record review.

Level II Assessments Cont.

The Level II assessments answer the questions below:

- 1) Whether the NF applicant/resident does indeed, have a disability of SMI and/or IDD/RC and, if so:
- 2) Whether the NF applicant/resident requires the level of services provided by nursing facility and;
- 3) Whether the individual requires specialized services for their mental disability.

Technical Assistance

For technical assistance, please contact the Helpdesk:

- 919-813-5603 (Direct)**
- 888-245-0179 (Toll Free)**
- 919-224-1072 (Fax)**

Q & A