



**NORTH CAROLINA PREADMISSION SCREENING
ANNUAL RESIDENT REVIEW REQUIREMENTS**

PASARR

**North Carolina Department of Health & Human Services
Division of Medical Assistance**

North Carolina Provider Manual

**EDS Medicaid Fiscal Agent
P. O Box 300015
Raleigh, NC 27622-0015
Phone: (800) 688-6696
Fax: 1-866-216-3424**

**NORTH CAROLINA PREADMISSION SCREENING AND ANNUAL
RESIDENT REVIEW (PASARR) REQUIREMENTS FOR MEDICAID
CERTIFIED NURSING FACILITIES**

Table of Contents

I.	Introduction	3
II.	PASARR (LEVEL I & LEVEL II) OVERVIEW	5
II.A	LEVEL 1 IDENTIFICATION SCREENS	6
II.B	LEVEL 1 OUTCOME.....	8
II.C	LEVEL II SCREENS.....	9
	i. Pre-admissions Screens (PAS)	
	ii. Annual Resident Reviews	
II.D	CONDITIONS WHICH MAY REQUIRE UPDATED LEVEL I SCREENS (INCLUDING TIME LIMITED ADMISSIONS), OR LEVEL II TRACKING UPDATES	11
	i. Status changes	
	ii. Time Limited Admissions Which Require Level I Updates	
	iii. Transferred/Discharged/Deceased MI/MR Residents Which Require Updates	
II.E	CONDITIONS WHICH DO NOT REQUIRE AN UPDATED LEVEL I SCREEN	13
II.F	APPEALS PROCESS AND RIGHTS.....	13
III.	INSTRUCTIONS FOR FACILITIES: LEVEL I SCREENING FORM	14
III.A	DEMOGRAPHICS.....	14
III.B	SECTION I: MENTAL ILLNESS SCREEN	15
III.C	SECTION II: MENTAL RETARDATION SCREEN	17
	SECTION III: RELATED CONDITIONS SCREEN	17
III.D	SECTION IV: DEMENTIA.....	18
III.E	SECTION V: CATEGORICAL DETERMINATIONS	19
IV.	GENERAL INFORMATION	21
IV.A	REPORTS/COORDINATION OF PASARR AND NF PROCESSES.....	21
IV.B	TRACKING FORM	21
IV.C	DEFINITIONS.....	24
IV.D	PASARR REVIEW AUTHORIZATION CODES & CORRESPOND TIMEFRAMES.....	28
IV.E	SUCCESSFUL SUBMISSION	29
	APPENDIX A: LEVEL I IDENTIFICATION SCREENING FORM	
	APPENDIX B: TRACKING FORM	

I. INTRODUCTION

Preadmission Screening and Annual Resident Reviews (PASARR) is a federally mandated program for screening applicants and residents of Medicaid certified nursing facilities who are suspected as having mental illness (MI), mental retardation (MR), and/or conditions related to mental retardation (RC). PASARR screenings must be performed prior to admission and annually thereafter for persons who are suspected as meeting the federal definitions for MI, MR, and/or RC. A *Level I* identification screening must be performed before anyone, regardless of payment source, can be admitted to any Medicaid certified nursing facility. When the *Level I* screening indicates the possibility of MI, MR, or RC, a *Level II face to face in-depth evaluation* must be performed to assess for nursing facility placement and for potential specialized care needs of the individual.

The following procedures will address PASARR (*Level I and Level II*) screens and their processes, as well as the State's plans for assuring that PASARR screens have been performed for all appropriate current nursing facility (NF) residents placed in or residing at Medicaid certified facilities. *Section II* reviews the two PASARR processes (both *Level I* and *Level II* reviews). *Section III* provides instructions for the Level I protocol and *Section IV* supplies general definitions and other administrative information regarding PASARR.

EDS has been contracted by the Division of Medical Assistance to conduct and coordinate the aforementioned screening processes, to include: ***Level I Screens*** (which apply to all applicants to and residents of Medicaid certified NF's); and ***Level II Screens*** (which apply to all applicants to and residents of Medicaid certified NF's with suspected MI and/or MR/RC).

EDS must be contacted with the protocol data for *preadmission* screening and *change in status* information. Level I identification screening information may be communicated by facsimile or mail, as follows:

EDS
P.O. Box 30015
Raleigh NC 27622-0015
Phone: (866) 688-6692
Fax: (866) 216-3424

The referral source (i.e., hospital discharge planner, NF staff, county case worker, etc.) is responsible for contacting EDS before any applicant, regardless of payment source, is admitted to a North Carolina Medicaid certified NF. EDS reviewers utilize the screening protocol found in ***Appendix A*** of this manual to arrive at Level I determinations. The referral source should be prepared to provide a Level I Screening Form that outlines specific information regarding the individual's history, behaviors, diagnoses, medical and pharmacological treatment. Once information is submitted electronically, a *Level I* determination will be available within six hours of receipt* of information by EDS. A *Level I* determination can have one of two outcomes, either "approved" or notification of a "referral for *Level II* face-to-face evaluation".

For persons who are Medicaid applicants or recipients, the *Level I* and *Level II* (if applicable) screens must be performed prior to contact with the EDS Long Term Care (LTC) team, for nursing facility placement. Following completion of the appropriate screen(s), EDS will assign an authorization number. That number must be noted in block ten (10) of the FL2. This number must be communicated to EDS at the time of the nursing facility prior approval request. In turn, EDS will issue a prior approval number (also called the service review number) which will continue to be the Medicaid billing number.

The EDS *Level I* PASARR number is usually assigned the day of screening and is communicated to the referral source when the screen is complete. For *Level II* identified individuals (persons suspected of meeting criteria for MI and/or MR/RC), the review number is assigned when the *Level II* is completed (usually within seven business days from the referral for a Level II evaluation). EDS will communicate both the screening results and the PASARR number at the conclusion of the Level II evaluation process via Provider Link and fax.

For general information on procedures and review status, call 1-800-688-6696 between 8:00 am and 4:30 pm, and request to speak with a North Carolina PASARR telephone analyst. For problem resolution or policy clarification, please request to speak with a NC PASARR nurse analyst or PASARR supervisor.

**Facsimile submitted requests turn-around time starts when the fax transmission has been successfully submitted to EDS (your fax confirmation can verify submission time/date, please keep your confirmations).*

**Provider link submitted requests turn-around time starts when the request is "read" or received (downloaded by EDS) for processing, during normal business hours, 8:00 am – 4:30 pm, EST. If posted after hours, weekends, or holidays, the timeframe will begin at 8:00am the following business day.*

II. PASARR PROCESS OVERVIEW (Level I Screening & Level II Face-to-Face Evaluation)

The PASARR process was initiated nationwide in response to the requirements of the Federal Nursing Home Reform Act of 1987 (Subtitle C of Public Law 100-203, OBRA 87; and P.L. 104-315). This act requires states participating in the Federal Medicaid program to establish special pre-admission and annual screening processes for applicants and residents of Medicaid certified nursing facilities with serious mental illness (MI), mental retardation (MR), and conditions related to mental retardation (RC). As discussed later in this manual, reevaluations of residents with MI or MR/RC must also be performed whenever the individual experiences a significant *change in status*. A significant *change in status* includes physical or behavioral health changes which affect previous PASARR placement and service decisions.

The PASARR process developed out of the discovery that Federal de-institutionalization requirements resulted in large numbers of “trans-institutionalized” mentally disabled persons from state hospitals to nursing facilities (NF). For many of these individuals it was discovered that, in addition to not requiring nursing facility services, they were not receiving needed treatment for their mental disabilities.

PASARR is an advocacy program designed to respond to those issues, with the responsibility of insuring that persons with mental disabilities are placed in the least restrictive living environments, maximizing their functional capacities, and that the placements meet any special treatment needs the individuals may have. Its assessment process, referred to as a Level II face-to-face in-depth evaluation, accomplishes this task through the performance of a thorough evaluation which ultimately determines (both prior to admission and annually thereafter) a response to each of the three federally mandated questions:

- 1) Whether the NF applicant/resident does indeed, have a disability of MI and/or MR/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 his/her mental disability.

Referred to as the Level I or “identification screen,” specific diagnostic and functional questions about an individual are raised to identify those persons with mental illness, mental retardation, and conditions related to mental retardation. The Level I and, when required, the Level II screens must be performed prior to nursing facility admission (excluding those situations discussed in *Section II.D.ii* of this manual). Individuals determined to meet the MI and/or MR/RC definitions for inclusion in the PASARR population must then be evaluated annually if admitted to Medicaid certified nursing facilities.

II.A LEVEL I IDENTIFICATION SCREENS

Level I identification screens apply only to Medicaid certified nursing facility applicants/residents (swing-beds are exempt) and occur:

- 1) Prior to nursing facility admission;
- 2) Whenever there is a significant change in status in a nursing facility resident (referred to as a “status change”), *See Section II.D.i.*

Level I screens do not apply to the following individuals:

- 1) Individuals who have had a previous Level I and who 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 MI or MR/RC. Such cases would be referred to EDS following readmission).
- 2) Individuals who have had a previous PASARR screening and transfer from one facility to another. However, a *Tracking Form* should be submitted to EDS by the receiving and discharging facilities to report the transfer of these individuals.
- 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.

Other than the exceptions noted above, all applicants for admission to Medicaid certified nursing facilities must have a Level I PASARR screen to determine the potential presence of “serious mental illness,” mental retardation, or a related condition prior to their admission to nursing facility care. Each of these conditions is defined in *Section IV.D.*

Level II Referral

When the submitted Level I screen indicates that the individual does have indicators of a serious mental illness or mental retardation, s/he will be referred for a Level II face-to-face evaluation. The Level II must be completed prior to the individual’s admission to a Medicaid certified nursing facility (*regardless of whether the individual is a Medicaid recipient or is a private payee*). The referral source will be notified of the need for a Level II screen during the initial notification via Provider Link or fax, and the process discussed in *Section II.C.i* called *Pre-admission Screen – PAS* is initiated.

It is important to note that an identified PASARR Level I screen with suspected MI/MR/RC can not be completed (*referred for a face-to-face assessment*) until a FL-2 or MDS, and current History and Physical are received by the EDS clinical reviewer.

Dementia Exemption

When the referral source is initiating a Level I identification screen for an individual with MI or MR/RC and the individual also has a primary diagnosis of a dementing illness (e.g., Dementia or Alzheimer’s Disease), the

individual may not require Level II screening or may be allowed an abbreviated “categorical” Level II screen. The referral source can avoid unnecessary Level II screens and the delays associated with them if they can provide clear evidence of a dementia diagnosis, e.g., a neurological assessment and diagnosis, a mental status exam establishing symptoms of disordered memory and orientation, or other information specific to establishing that the symptoms of dementia supersede the symptoms/conditions associated with mental illness or mental retardation.

Incomplete Submissions

Incomplete requests are not subject to the normal turn-around timeframe. EDS will return incomplete requests to the provider.

II.B LEVEL I OUTCOMES

As a result of the Level I screen, the following outcomes may occur that include a negative or positive finding for the patient's eligibility for the PASARR population either with a serious mental illness, mental retardation, or condition related to mental retardation:

- 1) Negative Finding: When the individual is determined to be exempt from the Level II PASARR population ("*A*" *alpha character at the end of the review number*) and receives or is applying for Medicaid benefits, the facility should follow general procedures for Medicaid level of care screens through the EDS LTC prior approval unit. The referral source is provided with a PASARR review number which s/he will be required to supply to the EDS LTC staff at the time of that screen. That number must be entered into block ten (10) of the FL2. The EDS LTC department will then issue a Service Review Number (SRN) based upon NF level of care and this number will continue to be used for Medicaid billing purposes. If the individual is approved for admission, the receiving facility must contact EDS upon the individual's admission to request a written copy of the Level I approval for the individual's records.
- 2) Negative Finding: When the individual is determined to be exempt from the Level II PASARR population ("*A*" *alpha character at the end of the review number*) and is not a Medicaid recipient or applicant, the facility should follow its general admission procedures and the referral source will be provided with notification of this determination through provider link or fax.
- 3) Positive Finding: When the individual is found to meet the Level II PASARR criteria by the EDS I nurse analyst, the referral source will be asked to forward specific current information identified in *Section II.C.i* of this manual (e.g., history and physical examination, the MDS, FL-2, physician notes, available intellectual testing, etc.). Upon receipt of that information, the need for a Level II face to face assessment will be determined. If the patient meets federal criteria for Level II status, a referral is initiated by the EDS PASARR nurse and the referral source is notified via Provider Link of the referral status of their request. The review process will be completed within 7 business days of the Level II referral (*day of the initial written notification that the patient meets Level II PASARR population criteria*). The written notification of the Level II determination will be provided to the referral source by the 7th business day. During the written notification, the facility will be provided with an EDS PASARR number for the screened individual. If that individual is a Medicaid recipient or applicant, the referral source should then initiate contact with the EDS LTC team for nursing facility level of care determination and should provide the assigned EDS PASARR number. The EDS LTC team will then issue an authorization number (also called a service review number) which will be used for Medicaid billing. The receiving facility must contact EDS upon the individual's admission to request a written copy of the Level II approval for the individual's records. This can be accomplished by submitting a tracking form via facsimile, mail, or electronic submission.

If the Level II outcome determination indicates that nursing facility placement is not appropriate, the referral source will be notified by written notification of the determination. The applicant/resident and/or legal guardian will also receive written notification, accompanied by notification of appeal rights through the fair hearing process.

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) PASARR Unit is the agency which will make final determinations regarding appropriateness of placement and need for specialized services and, in cases where specialized services are determined as necessary, the DMH/DD/SAS will arrange for provision of those services

It is the responsibility of the referral source to initiate the Level I screen with EDS before an applicant is admitted to a nursing facility. Admitting facilities are then responsible for re-initiating contact for residents meeting the criteria explained in *Section II.D* of this manual. Failure to notify EDS of a patient's admission may result in a lapse in the screenings for Level II PASARR individuals.

II.C LEVEL II SCREENS

The Level II screening is triggered by evidence of a serious mental illness (MI), mental retardation (MR) or condition related to mental retardation (RC) as defined by state and federal guidelines. The purpose of the Level II screening is to determine if the individual has any special needs due to his/her identified condition that need to be addressed in a nursing facility or if those special needs are so significant that they cannot be met in a nursing facility and can only be met in a psychiatric hospital or a specialized facility dedicated to the care of the developmentally disabled. For those suspected of meeting state and federal PASARR criteria for MI or MR/RC, Level II screens must be performed both prior to admission (PAS) and annually thereafter (ARR), to assess for both NF placement appropriateness and specialized service needs.

i. Pre-admission Screens (PAS)

Level II face-to-face Pre-admission screens (PAS) must occur prior to admission (excluding those situations described in *Section II.D.ii*) and are completed within 7 business days. The referral source will be asked to send some or all of the following patient information to the EDS PASARR department which is required to make an appropriate assessment of the individual's present condition. This information is considered to be part of the Level II screening by Federal regulations:

1. A current history and physical (performed within the past 12 months) that includes:
Complete medical history; review of all body systems;
2. A comprehensive drug history including, but not limited to, current or immediate past use of medications that could mask symptoms or mimic mental illness;
3. Current physician's orders and treatments
4. Copies of most recent intellectual testing, if available (only requested for individuals with mental retardation or related conditions).
5. A copy of the FL2, MDS, or physician notes which document diagnosis.

Upon receipt of this information, the information is assessed for referral to a Level II face to face evaluation.

Results of the face-to-face assessment and medical record information are reviewed by EDS PASARR professionals, a summary of findings is completed documenting recommended placement and specialized services needs. A verbal call is placed to the referring facility within seven (7) business days from the date the Level II referral notification was first completed.

The admitting nursing facility must notify the EDS PASARR department of the individual's date of admission via a Tracking Form. In order to receive written results of these processes, the referral source must identify the admitting placement on the initial screen. This can be accomplished by faxing/ mailing the *Tracking Form (Appendix B)*. Level II outcome determinations resulting in a "C", "B", or "J" alpha code remain valid for one year unless the resident experiences a change in status. Significant changes and other conditions which require an update, as described in *Section II.D* should be reported to EDS PASARR department using the Level I screening process.

ii. Annual Resident Reviews

Annual Resident Reviews are performed on all individuals meeting the federal PASARR criteria identified for MI and/or MR/RC during the previous year's Level II screening. It is federally required that subsequent evaluations occur "annually" following completion of a preadmission (PAS) evaluation. "Annually" is federally defined as occurring within the quarter of the anniversary date of the previous Level II face to face assessment. For example, if a previous evaluation was performed on January 12, 1999, the "annual" review must be performed no later than March 31, 2000. The exception to the annual evaluation is a situation where the individual's status changed to the extent that his/her mental health/mental retardation needs changed. EDS will be responsible for conducting the annual evaluations.

Many of these uniquely identified residents in a particular facility will be reviewed during the same quarter. The facility will be contacted by EDS via a notification letter prior to quarter in which these Level II screens are due. They are also notified by the assigned Level II network evaluator to schedule a time convenient for the facility to complete the annual reviews. The facility will be asked to have available to Level II network evaluator selected medical record information during the visit. These assessed individuals are automatically tracked by EDS and will not require any further referral excluding those in identified situations described in this manual.

Assessment Meeting

If the referring worker is unavailable to meet the Level II network evaluator at the time of the agreed-upon assessment, another facility professional should be identified by the referring agent, on site to meet the EDS evaluator. This will ensure that medical record information is available to the EDS evaluator at the time of assessment, that arrangements are managed properly in order to facilitate the face-to-face assessment, and to avoid any unnecessary delays in completion of the PASARR review.

II.D CONDITIONS WHICH MAY REQUIRE UPDATED LEVEL I SCREENS (INCLUDING TIME LIMITED ADMISSIONS), OR LEVEL II TRACKING UPDATES**i. Status Changes**

A status change is defined by the presence of newly emerging or changing conditions or needs. These should be reported to EDS PASARR department by submitting a Level I screen and may occur in one of three ways.

- a. If the individual's physical status changes significantly, such that his/her mental retardation needs are more likely to respond to treatment, the facility should report such changes to EDS for an screening of need for further assessment (Level II).
- b. If a serious mental illness or mental retardation/ related condition was not discovered at the pre-admission screen, and that condition later emerged or was discovered, the facility should report those symptoms, diagnoses, etc., to the EDS PASARR department to assess for further screening needs. The facility should monitor data on the MDS to identify any issues which might be positive indicators of a mental disability.
- c. If an individual has been previously screened for the PASARR population, begins to exhibit increased symptoms or behavioral problems, these should be reported to EDS to assess for further screening needs.

EDS may request additional medical record information to determine further need for an early Level II ARR.

ii. Time Limited Admissions Which Require Level I Updates

The following situations define temporary time-limited nursing facility admissions for MI/ MR/ RC applicants meeting federal and state specified criteria. These admissions will be permitted following submission of the Level I screen by the referral source. A subsequent EDS authorization number is issued with an "end-date" for the time limited stay. Prior to expiration of that time period, the receiving facility must update the Level I screen if the individual's stay is expected to exceed the allotted time frame. This may result in a Level II face to face assessment.

- 1) **Convalescent Care** admissions are Federally allowed without a Level II screen, as long as all of the following conditions are met: 1) Admission to a NF occurs directly from a general hospital after receiving acute inpatient medical care, and; 2) NF services are required for the hospitalized condition, and; 3) the attending physician has certified that NF care is unlikely to exceed 30 calendar days. This physician certification must be provided to EDS at the time of the screen.

Clearly, persons whose admission for convalescence is likely to exceed 30 days should not apply for this exemption. If at any time it appears that the individual's stay may exceed 30 days, and no later than the 25th calendar day, the receiving facility must submit an updated Level I screen to determine whether the person will continue to require NF care and to assess for further screening needs (Level II process).

- 2) **Provisional Admission** allows for temporary (7 day) admission of persons whose delirium precluded the ability to make an accurate diagnosis. Facilities with admissions approved under this category must follow Level I screening procedures for an update, at such time that the delirium clears or no later than the 5th calendar day following admission. The submission of an updated Level I screen on the 5th calendar day will determine need for continued care and for further assessment under the Level II process.
- 3) **Emergency Admission** applies to Nursing Facility Applicants who have evidence of MI and/or MR/RC and require temporary nursing facility admission in an emergency protective services situation (NF care is approved for no greater than 7 calendar days).

If at any time it appears that the individual's stay may exceed 7 days (*Provisional & Emergency admissions*), no later than the 5th calendar day, the receiving facility must submit an updated Level I screen to EDS to determine whether the person continues to require NF care and to assess whether further screening under the Level II process may be necessary. This standard applies if:

- a. based on the MI/MR/RC individual's physical and/ or environmental status, there is a sudden and unexpected need for immediate NF placement;
 - and
 - b. the above need requires temporary placement until alternative services/ placement can be secured and no other placement options are available.
- 4) **Respite** allows temporary (7 day) care for an individual with MI/MR/RC to allow respite for the caretaker to whom the individual will return following the temporary stay. If at any time it appears that the individual's stay may exceed 7 days, no later than the 5th calendar day, the receiving facility must submit an updated Level I screen.

iii. Transferred/ Discharged/ Deceased MI/ MR/ RC Residents which Require Updated Level I Screens

Information in this category must be reported to EDS for all residents enrolled in the PASARR process who meet criteria below:

- 1) ***Transfer/Discharge of MI/MR/RC residents:** NFs must report to EDS any persons with MI, MR, or conditions related to MR (RC) who are discharged from the facility. Unless there has been a significant change in their status, *tracking* information, (submitted via a tracking form discussed in detail in *Section IV.B* of this document), is the only information that will be required. Status changes for both MI and MR/RC residents must be reported to EDS through the process described in *Section II.D.i* of this document.
- 2) ***Deceased MI/MR residents:** NFs must report deceased MI/MR resident information to EDS using the *tracking* process discussed in *Section IV.B* of this document.

II.E CONDITIONS WHICH DO NOT REQUIRE AN UPDATED LEVEL I SCREEN

The following circumstances do **not** require an update to the Level I process for nursing home residents:

- 1) ***Re-admissions after hospitalization or temporary leave*** for persons who have had a PASARR screen do not require a Level I or Level II screen before the readmission occurs. Under PASARR regulations, a temporary absence is defined as one in which the individual planned to return to that facility or to another facility at the end of the absence.

Although a re-admission does not require a PAS (Level II) screen before admission, any significant change in status should prompt such a referral following the individual's return to the facility. For example, a resident with MI who is treated in a psychiatric unit receives a new resident assessment at re-admission. That resident assessment should trigger an updated Level I referral, to determine whether the individual's annual PASARR review should be performed sooner than its annual due date. While not required, in some cases it may be advisable that a Level II be requested before the resident's return to the nursing facility. If an evaluation is performed earlier than the annual due date, the individual's anniversary date for subsequent reviews will be one year following the change in status evaluation. Status change procedures are discussed in *Section II.D.i*.

- 2) ***Transfers who have had a prior Level I and did not require a Level II evaluation*** do not require an update to the Level I, unless there has been a significant change in status as addressed earlier in this document.

II.F APPEALS PROCESS AND RIGHTS

Federal PASARR regulations include a provision by which individuals may appeal adverse determinations made through the PASARR program. Adverse determinations include decisions that an individual does not require the level of services provided by a nursing facility or that the individual does or does not require specialized services. These appeals procedures apply to both Medicaid and non-Medicaid individuals.

Individuals and/or legal representatives are always provided with written notification of an appeal determination. Mailed determinations are accompanied by notification of appeal rights through the fair hearing process. An evidentiary hearing will be provided at the request of those individuals and will be held at the Division of Medical Assistance. The DMH/DD/SAS is responsible for representing the State's position regarding the PASARR determination.

Individuals determined through the fair hearing process to require a transfer or discharge, as well as those persons who do not appeal a Level II determination of transfer or discharge, must be discharged according to requirements in Subpart E of the federal rules.

III. INSTRUCTIONS FOR FACILITIES: LEVEL I SCREENING FORM

The Level I Form (or “identification screen”) is used to determine those individuals who may be subject to a Level II screen under the federally mandated PASARR program. It applies to all nursing facility applicants and residents, regardless of payment source. Swing-beds are federally exempt from this process. This form should be completed on all individuals prior to admission to a North Carolina Medicaid certified NF and should be updated whenever there is significant *change in status* in a NF resident (see *Section II.D.i*). Please see Appendix A for the Level I Identification Screening form.

The Level I Screening form must be completely filled out, with yes or no answers indicated and no blank spaces left, or it may be considered incomplete. When using the web-system for submissions, each section must be completed or the ‘section does not apply’ indicator should be selected to indicated a ‘no’ response.

The Level I screening format is consistent with federal program requirements. An electronic form or facsimile may be submitted through Provider Link or by mail. Mailed information is discouraged due to the extended time it takes to receive the information. The following instructions should be used as a guideline for completion:

III.A Demographics

Patient Name/ Social Security #/ Medicaid ID

Identify the full name of the applicant/resident; the individual’s social security number, and the applicant/resident’s Medicaid number. Indicate “N/A” if the individual has not applied for or is not receiving Medicaid benefits. If a request is received without a name or social security number, it can not be processed. Please be sure to fill this out completely.

Mailing Address

Identify the address and contact person to which correspondence regarding the screened individual should be directed.

Sex/ Date of Birth/ County/ Payment Status/ Marital Status

Identify the individual’s sex as “M” (male) or “F” (female); Identify the individual’s date of birth, county of eligibility (if Medicaid), payment status, and marital status. If a request is received without a date of birth, it can not be completed. Please be sure to fill this out completely.

Referring Facility Source Name/ Address/ Phone/ Facility

Identify the name of the referring facility/ individual referring the applicant/resident for a Level I screen; Identify the address, phone number, and the facility at which the referral source is employed. There should always be a referral source for each request.

Anticipated Admitting Facility/ Address/ Contact Person/ Phone*

Identify the name, address, contact person, and phone number for the anticipated admitting facility, if identified. If not known or identified, indicate as “unknown.” If you are ALSO the referral source, you may write same as referring facility & be sure to complete the admit date.

**Please note that in instances due to advanced discharge planning where the admitting facility is not yet identified on the screening form, you must submit a tracking form (Section IV.B) or complete on-line tracking transfer request. This prevents any interruption in patient care. Referrals for Level II reviews involve the facility’s responsibility to notify EDS of patient’s exact location, or the review may be subject to cancellation due to EDS’s inability to locate patient for the face-to-face assessment.*

Patient’s Current Address

Indicate the full address of the individual’s current residence. If an on-site screen (Level II face to face assessment) is required, this should reflect the location at which the screen will occur. If the patient is currently in the hospital, identify the name, address and room number of that setting.

III.B SECTION I: MENTAL ILLNESS SCREEN

- 1.A) *Psychiatric Diagnoses:* Begin by indicating all applicable diagnoses. For paper or fax-based requests, if the individual is diagnosed with psychiatric conditions not included in the check-list, write those diagnoses in the space provided.
- 1.B) *Psychiatric Medications/Diagnosis/Purpose:* Indicate any psychotropic medications (include tranquilizers and anti-depressants) which the individual routinely receives. If the individual typically is prescribed a medication within that drug group and it has been temporarily discontinued (e.g., because s/he is in the hospital), that drug should be noted. Diagnosis/Purpose refers to the condition for which that medication is being prescribed.

EDS USE ONLY: Should not be completed by the referral source. EDS PASARR Level II network evaluators will determine whether, based on information provided by the federal source, the identified diagnosis is consistent with the parameters of the federal requirements for a disability mental illness.

2.A) **Psychiatric treatment received in the past two years:* Indicate any mental health/psychiatric intervention in which the individual has participated in the previous two years, along with specific dates for those services. Inpatient psychiatric hospitalization refers to hospital treatment in a psychiatric facility or a general hospital psychiatric unit; partial hospitalization/day treatment refers to a participation in a structured, outpatient group program of at least three hours per day for a specified number of days per week; “other” refers to any alternative mental health/psychiatric services, to include psychiatric consultations, group therapy, individual therapy, etc.

For recent inpatient psychiatric treatment related to dementia, this should be indicated in Section IV, Part 1.E, in the “other” category.

2.B) **Intervention to prevent hospitalization:* Indicate whether, in the absence of psychiatric treatment, the individual has been “at risk” for intense psychiatric treatment because of a mental illness. The services/conditions included in this section refer to services/conditions which are typical of the seriously mentally ill population as a result of the chronicity of the illness. Supportive living (boarding home, group home, supervised living, etc.) refers to settings designed or monitored by the mental health system as a result of the individual’s symptomology; housing intervention/legal intervention refers to systemic intervention resulting from the individual’s psychiatric status/condition, suicide attempt/other refers to any other conditions/symptoms which may have resulted from the individual’s mental illness and, therefore, put him/her at risk for psychiatric hospitalization (although such hospitalization may never have occurred).

*If referral source is unable to obtain this information (from the family, guardian, or the individual) and, based on the individual’s behavior, diagnosis, and/or symptoms, such a history is suspected, the referral source should indicate that “no information is available,” rather than responding “no” to the questions regarding treatment history.

EDS USE ONLY: Should not be completed by the referral source. The EDS Level II evaluators will determine, based on supplied information, whether the individual meets federal criteria regarding psychiatric treatment history.

3) *Role Limitations within the past 6 months and due to the mental illness:* Each of the three categories (3.A. through 3.C) are to be rated according to their presence/absence within the past 6 months. Each of these sections should be rated according to the impact the mental illness (or psychiatric symptoms), if present, has on the evaluated individual and should not be rated with respect to the impact of a physical illness or diagnosis. If the individual presents with some of the symptoms/behavioral problems, not related to a physical condition, and s/he has no diagnosis of mental illness, the individual should still be rated.

3.A) *Interpersonal Relationships:* Circle F, O, or N to indicate frequently, occasionally, or never, respectively. Any behavioral/ symptomatic conditions that are observed by the referral source, facility, and/or family and that are not noted in the supplied list, should be written in the space provided.

3.B) *Concentration/task limitations:* See instructions for “3.A.” This area is rating the individual’s ability to concentrate/complete tasks, as impacted by his/her emotional status (not related to physical condition).

3.C) *Significant problems adapting to typical changes within the past 6 months and due to MI:* Circle Y or N to indicate yes or no, respectively. This area is rating the individual’s response to any recent lifestyle changes and whether that response may be indicative of or consistent with a serious mental illness.

EDS USE ONLY: Should not be completed by the referral source. The EDS Level II evaluator will determine, based on provided information, whether the individual’s functional status is consistent with a psychiatric disability in federal rules. Combined, the responses to questions 1 through 3 will determine whether the individual meets the federal definition of “seriously mentally ill”.

III.C SECTION II: MENTAL RETARDATION SCREEN

- 1.A) MR Diagnosis:* Check Y (yes) or N (no) to indicate whether the individual is diagnosed with mental retardation. Specify whether the level of retardation is mild, moderate, severe, or profound, if known. If this information is unavailable, indicate “UK” for unknown.
- 1.B) Undiagnosed but suspected MR:* If the individual has not been diagnosed with mental retardation (but such a condition is suspected) or the referral source is uncertain as to whether or not such a diagnosis has been assigned (but suspects that it may be appropriate), the referral source should check “Y” to indicate that suspicion. If 1.A was checked “Y”, it will not be necessary to answer 1.B, because the suspicion has already been confirmed through a diagnosis.
- 1.C) History of receipt of MR services:* If the individual has received services from a developmental disabilities program or from other MR affiliates, indicate “Y” and specify the type(s) of services.
- 1.D) Onset before Age 18:* Check “Y” for yes and “N” for no. If Y, then indicate at what age the individual was diagnosed MR.
- 1.E) Education Level:* Indicate the last grade level completed, if special education, and whether the individual has a history of employment and can handle finances independently.

SECTION III: RELATED CONDITIONS SCREEN

- 1.A) Diagnoses which impair intellectual functioning or adaptive behavior:* This question, along with questions 3 and 4, is determining whether the individual falls within the parameters of a condition related to mental retardation (“related condition”), meaning that an individual with such a condition may need treatment similar to that of a person with mental retardation. There are a number of diagnoses/conditions which are considered related, to include those listed (CP, autism, complicated epilepsy), as well as other conditions such as post encephalitis (prior to age 22), etc. If the referral source is unsure about a diagnostic inclusion in this category, list any suspected related conditions and the EDS Level II evaluator can make the determination.
- 1.B) Substantial functional limitations in 3 or more of the following areas:* This question refers to whether the diagnosis/condition has severely impacted functional areas which are similar to the functional impact found with typical MR individuals.
- 1.C) Was the condition manifested before age 22:* Was the identified condition congenital or developed at any time during the developmental period (e.g., head injury, encephalitis)? Individuals whose condition occurred prior to age 22, and who meet criteria for numbers 2 and 3 (above), meet the definition for MR and/or RC and are therefore eligible for various treatment services provided by the State.

EDS USE ONLY: Do not complete this section. EDS will determine, based on information supplied, whether the individual appears to meet federal criteria for MR/RC.

If the referral source is mailing the protocol information for a Pre-admission Screen, and there is any additional pertinent information regarding the applicant/resident, then comments can be indicated at the bottom of page 1.

III.D SECTION IV: DEMENTIA

If the individual appears to be subject to a Level II screen, the dementia section determines whether the individual is eligible for other alternatives as per Level II federal requirements. MI and/or MR individuals may be exempt from the Level II face-to-face screening if the diagnosis can be corroborated and can be determined as primary (“primary” implies that the symptoms of the dementia supersede symptoms of any concurrent psychiatric condition). “Primary” implies that the symptoms of dementia supersede symptoms of any co-occurring Mental Retardation or Related condition AND that the treating MD has verified, in writing, that this individual can not benefit from MR/RC specialized services).

- A) *Does the individual have a primary diagnosis of dementia or Alzheimer’s disease?* This is asking two questions: Does the individual have such a diagnosis? Is that diagnosis primary? The physician should determine whether the dementing condition (if present) is primary, meaning that the dementia symptoms supersede the symptoms/ behaviors of the MI/MR/RC.
- B) *Does the individual have any other organic disorders?* This is referring to whether there is another organic condition for which the presenting symptoms/behaviors may be attributed.
- C) *Is there evidence of undiagnosed dementia or other organic mental disorders?* Although the individual may not be diagnosed with dementia or a like disorder, this question is asking whether there are presenting symptoms consistent with such a diagnosis.
- D) *Is there evidence of affective symptoms which might be confused with dementia?* It is often very difficult to make a differential diagnosis between dementia and some psychiatric conditions that might mimic dementia (e.g., depression). This question is asking whether some of the presenting symptoms are affective (emotionally based) in nature, possibly indicating a potential for confusion between dementia and another psychiatric condition.
- E) *Can the facility supply any corroborative information to affirm that the dementing condition exists and is the primary diagnosis?* The federal rules require that states must make a reasonable effort to confirm this information before applying any exemptions for persons with suspected dementia. This is primarily to assure that the intended target populations are evaluated as needed and to prevent inappropriate exemption of individuals who have serious MI/MR/RC which might be confused with dementia. Examples of the types of information required to confirm such a diagnosis are listed.

EDS USE ONLY: Do not complete this section. If the individual appears to meet the parameters of primary dementia and s/he is also MI/MR, then the process may cease at this point (meaning that the individual may not require a Level II evaluation). EDS will determine whether an on-site Level II is required, based on data submitted by the facility.

III.E SECTION V: CATEGORICAL DETERMINATIONS

CONVALESCENT CARE EXEMPTION

Convalescent care allows the individual to be placed in a NF for 30 calendar days without performance of a Level II. However, several provisions apply and **all of these** must be met before the individual can be admitted under this exemption (see below). EDS will assign a PASARR number to individuals approved through this exemption and, for Medicaid individuals; this number should be communicated to EDS following the Level I. At that time, EDS will review the FL2 to determine nursing facility level of care needs. It is the receiving facility's responsibility to re-establish contact with EDS PASARR department prior to the conclusion of the 30 calendar days, **and no later than the 25th calendar day**, to update the individual's Level I screen if s/he is expected to remain beyond that time. If the individual remains in the facility longer than 30 days and EDS PASARR department has not been contacted to conduct further screening, the individual's authorization will have expired.

- 1) Does the individual meet all of the following criteria:
 - a) Admission to a NF directly from medical care in a general hospital: (the individual must be in the hospital at the time of application);
 - b) Need for NF care is required for the condition for which care was provided in the hospital;
 - c) The attending physician has certified prior to admission that the individual will require less than 30 days NF care (and this 30-day certification is provided to EDS at the time of the screen). Clearly, an individual whose medical condition will require longer than 30 days to stabilize **will not be eligible** for convalescent care and should not apply for this exemption.

OTHER CATEGORICAL REVIEWS

Categories 2.A., 2.B., and 2.C. allow for temporary admission (7 calendar days) of MI/MR individuals who meet certain federal criteria. It is the responsibility of the referral source to contact EDS PASARR department prior to admission to complete appropriate protocols. If the individual is determined to meet the categorical determination standards, the referral source will be provided an EDS PASARR number. Following receipt of this number, EDS should be contacted for Medicaid individuals, to review the FL2 and to communicate the assigned number.

If at any time it appears that the individual's stay may exceed 7 calendar days, and no later than the 5th calendar day, the receiving facility must update screens as follows: contact EDS PASARR department to update the Level I and initiate the Level II. Following completion of the Level II, a new review number will be provided. For Medicaid individuals, that number should then be communicated (by the facility) to EDS during the Level of Care review.

- 2.A) *Emergency:* Refers to immediate need for placement as a protective service measure. This standard applies if:

-
- a. based on the MI/MR individual's physical and/or environmental status, there is a sudden and unexpected need for immediate NF placement; and
- b. the above need requires temporary 7 day placement until alternative services/placement can be secured and no other placement options are available.
- 2.B) *Delirium:* A condition whereby the presence of delirious state precluded the ability of the referral source to determine Level I measures and there is a subsequent need to allow the delirium to clear before proceeding with that screen.
- 2.C) *Respite:* Temporary (7 day) care for an individual with MI/MR to allow respite for the caretaker to whom the individual will return following the temporary stay.

EDS USE ONLY: Do not complete this section. EDS will determine, based on provided information, whether the individual meets criteria for a categorical determination. EDS will supply an expiration date to correlate with the determination. It is the responsibility of the receiving facility to update appropriate screens if at any time it appears the individual's stay will exceed 7 calendar days and no later than the 5th calendar day from admission.

Categories 3.A & 3.B allow for an abbreviated desktop review for MI/MR/RC individuals presenting with one of the following conditions.

For individuals with a terminal illness with life expectancy of 6 months or less (3.A.) or individuals in a coma or persistent vegetative state (3.B.), the level II evaluation is complete via paper review. The individual will not be subject to a face-to-face Level II evaluation.

Persons determined to meet 3.A. and 3.B categories (e.g., terminal illness, severe medical condition, and coma) will be tracked by EDS and will not require an update by the facility, unless a significant change in the individual's mental health/mental retardation treatment needs occurs.

MAILING INFORMATION

This information should be completed for all individuals.

EDS SUMMARY:

This section will be completed by EDS PASARR nurse to provide a synopsis of the Level I screen results. Written determinations will be provided to the referral source upon completion of the form and/or receipt of any requested corroborative data. The receiving facility must contact EDS to receive a copy of this form. This signed and dated form will be mailed to the receiving facility following that contact and should be kept in the individual's permanent medical record. This form should be transferred with the individual if s/he relocates and will not require an update unless there has been a significant change in status or unless the

individual was approved under a categorical or convalescent admission. A description of status changes and time-limited approvals, which warrant Level I updates, is provided in Section II.D of this manual.

*Note: On-line submissions do not require a verbal notification as determinations are immediately accessible on-line. The determination letter can be printed off from the on-line patient record by the requestor.

IV. GENERAL INFORMATION

IV.A REPORTS/COORDINATION OF PASARR & NF PROCESSES

A written response to the Level I determination will be provided to the referral source at the time that the assessment is completed or within a maximum of 24 hours of receipt of any additional information requested by the EDS Level 1 nurse analyst. **Written notification via Provider Link will be forwarded to nursing facilities (and other appropriate parties), following electronic or faxed receipt of the tracking form from the admitting facility indicating the admission date.** If an applicant is denied as a result of the Level II process, written notification will be automatically provided to the individual and his/her legal guardian, along with appeals rights through the *fair hearing* process. If a resident is denied as a result of the Level II process, EDS will forward a preliminary denial notification to alert the individual/guardian and the facility of the individual's denial. Notification of appeal rights for the resident will be forwarded at a later date, after DMH/DD/SAS has worked with the facility to identify and secure alternative placement.

Reports from Level II evaluations will also be forwarded to nursing facilities and must be maintained in the individual's medical record so that they remain accessible to facility staff. PASARR reports are required to identify both specialized service needs and treatment needs which fall below the level of specialized services, if appropriate. These determination reports work in conjunction with the facility's initial and *annual resident* assessment process to define a holistic care plan for the resident.

Facilities must maintain these reports (Level I and Level II, as applicable) in the evaluated individual's permanent medical record and should transfer this data with the resident if s/he relocates. As indicated in *Section IV.B*, please report transfers, discharges, and deceased Level II residents to EDS so that tracking for subsequent Annual Resident Reviews can occur and to avoid disruption in care for the individual subject to review.

IV.B TRACKING FORM

The *Tracking Form* must be submitted to the EDS PASARR department for:

1) **First time admissions for individuals screened through Level I and/or Level II**

It communicates to EDS that an applicant has been admitted to a Medicaid certified nursing facility so that EDS can, in turn, forward appropriate screening information to the receiving facility. Level I and, if applicable, Level II results must be kept in the individual's medical records so that they are available to the facility's care planning team. Both Level I and Level II information should be transferred with the resident if s/he transfers to another Medicaid certified NF. Unless there is a change in mental status, no further contact with EDS is required for residents who are

not subject to the PASARR Level II process.

2) Residents in the Level II process who are transferred, discharged, or deceased –

It communicates the location of all residents reviewed through Level II if:

- The **Level II resident transfers** to another Medicaid certified nursing facility;

resident has either been placed in a less restrictive setting than NF **or** the resident no longer resides in a Medicaid certified NF or Medicaid certified NF bed.

The following instructions should be used when completing the *Tracking Form*:

**Corresponding
Section:**

Identifying Information:

**Demographic
Information**

Resident/Applicant Name:

Print full name of the individual. MI refers to middle initial.

DOB/Date of Birth and SS#/Social Security Number:

Provide the individual's date of birth and Social Security number.

Section I

New Admissions (Transfer/ Tracking) Request

Complete for all NF admissions for which a copy of the screen has not been received. Note that a copy of the Level I and, if applicable, Level II screening information **must be** transferred with the individual whenever s/he transfers. If a nursing facility accepts a previous NF resident, it is the responsibility of the receiving facility to ensure that a copy of the PASARR screening information is transferred with the individual and, if the information was not transferred, to contact the former NF to obtain a copy of screening information. After receipt of that information, and unless there is a change in mental status, no further contact with EDS is required for residents who are **not** subject to the PASARR Level II process.

Section II

Purpose of Tracking Form Submission

I would like to request a copy of Level II screening information:

If the individual was not previously in a NF placement, the receiving facility should request a copy of Level II screening results to maintain in the individual's record. If the individual was previously a NF resident, screening information should be transferred with the individual and the *Tracking Form* should be forwarded to EDS to provide notification of that individual's transfer.

I am not requesting screening data. Submission is for the purpose of notifying EDS of a change in patient's location (tracking).

This section is to reflect residents evaluated through the Level II. Although screening information must be transferred with the individual as s/he transfers to other NFs, receiving facilities must also contact EDS via *Tracking* to notify EDS of the new location information of individuals evaluated through PASARR. EDS must also be notified through *Tracking* if a resident assessed through the Level II process expires or is discharged from the Medicaid certified nursing facility. You do not need to notify EDS if the individual with a Level II condition is temporarily being admitted to a hospital but is expected to return to the NF within 30 days.

Section III

Transferred, Discharged, Deceased Level II Residents

Complete only for individual's who were evaluated through the Level II process.

A. Transfer/Tracking:

If the individual is transferred between facilities at the NF Level of Care or higher, this section should be completed.

Admitting Facility:

Provide the name of the admitting facility which will be or is the individual's new residence.

Admission Date:

Provide the admission date to the facility listed above.

Address/City:

Provide the address and City of the facility listed above.

Contact Person/Phone:

Provide a contact person's name and phone number at the above facility.

B. Discharge/Tracking:

If the individual is relocating to another facility which is not a Medicaid certified nursing facility or moves to a lower level of care, check the appropriate transferring location.

*Note: Do not submit this form for a temporary absence which does not qualify as a discharge. This action causes the PASARR number to expire. If the patient wishes NF care in the future, a new screening would be required.

C. Deceased:

If the individual has expired, please provide the date.

For residents with no evidence or diagnoses of MI, MR or RC, the initial Level I assessment remains valid unless the patient is discharged to a lower level of care (i.e., home, adult care home) or experiences a status

change. EDS **must be contacted for screening** before the EDS LTC prior approval unit will issue a SRN. The EDS PASARR number must be reflected in block 10 of the FL2.

IV.C DEFINITIONS

- A. ANNUAL RESIDENT REVIEW** – An extended annual assessment of nursing facility residents with serious mental illness, mental retardation, or conditions related to mental retardation to determine level of care needs and special treatment needs. As per federal regulations, ARR's must be performed annually. “*Annually*” is federally defined as occurring within the quarter of the anniversary date of the previous Level II.
- B. CHANGE IN STATUS** – A condition which warrants referral for an updated Level I screen, to include: 1) Significant change in medical status of an MI or MR/RC individual, such that mental health/mental retardation needs may be affected; 2) Discovery of an MI or MR/RC individual who has not been previously identified in the PASARR process; 3) Exacerbation of symptoms or behaviors related to MI or MR/RC which may reflect a change in mental health treatment needs. The MDS/resident assessment process should be used to “trigger” an updated Level I referral as these conditions emerge or are discovered.
- C. LEVEL 1 SCREEN** – An assessment conducted **prior to admission to a Medicaid certified NF, or when there is indication of a resident’s change in status**, to determine presence of serious mental illness, mental retardation, or conditions related to mental retardation. Swing-beds are currently exempt from both the Level I and Level II processes.
- D. LEVEL II SCREEN** – An extended clinical assessment of an individual who shows significant signs and symptoms of mental illness or mental retardation/related conditions in order to determine treatment and placement needs. Level II Screens include direct clinical assessment of the individual, record review, and psychiatric or mental retardation professional feedback through a summarized evaluation report.
- E. MENTAL RETARDATION (MR) / RELATED CONDITIONS (RC)** – Sub-average general intellectual functioning (mild, moderate, severe, profound) existing concurrently with deficits in adaptive behavior and manifesting during the developmental period; or a severe, chronic disability whose condition is related to mental retardation (see *Related Condition*).
- F. NF LEVEL OF CARE DETERMINATION** – An assessment of an applicant or resident of a nursing facility to determine if s/he meets minimum Medicaid medical necessity requirements for nursing facility care. These screens are performed by EDS LTC prior approval unit on Medicaid applicants and recipients after the Level I or, if applicable, Level II process. For persons requiring a Level II, appropriateness of placement will be determined during the Level II evaluation. If placement is determined as appropriate, EDS should then be contacted for Medicaid applicants/recipients to determine nursing facility level of care.
- G. REFERRAL SOURCE** – Person assisting applicant with nursing facility placement (i.e., hospital discharge planner, nursing facility admissions coordinator, county case worker, home health worker).

- H. RELATED CONDITIONS/RC (TO MENTAL RETARDATION)** – Severe, chronic disability whose condition is : (a) attributable to: Cerebral palsy or epilepsy; or any other condition, other than MI, found to be closely related to MR because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of a person with MR and requires treatment or services similar to those required for such persons (i.e., autism); (b) manifested before the person reached age 22; (c) likely to continue indefinitely; (d) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, understanding and use of language, learning, mobility, self-direction, capacity for independent living.
- I. SERIOUS MENTAL ILLNESS** – A condition which results in the presence of the following:
- A) A DSM-IV diagnosis of a mental disorder which is likely to lead to a chronic disability, excluding a primary diagnosis of dementia or a related disorder; **and**
 - B) Presence of functional disabilities within the past 6 months which are inconsistent with the individual’s developmental stage and medical condition and include deficits in one of the following: interpersonal functioning, concentration/task performance, or adaptation to change; **and**
 - C) Treatment history within the past 2 years which includes either psychiatric treatment more intensive than outpatient or supportive services (to include judicial or housing intervention) to prevent need for more intensive services.
- J. SPECIALIZED SERVICES** – Specialized services include both inpatient and “in NF” services provided by the DMH/DD/SAS. Federal regulations indicate that, “If the individual with mental illness or mental retardation is determined to require a NF level of care the State mental health or mental retardation authority (as appropriate) must also determine, in accordance with 483.130, whether the individual requires specialized services for the mental illness or mental retardation as defined in 483.120”.
- K. SPECIALIZED SERVICES/ MI** - Specialized Service include:
- Acute inpatient psychiatric treatment;
 - Initial psychiatric evaluation to determine a patient’s diagnosis and develop a plan of care;
 - Follow-up psychiatric services by a psychiatrist to evaluate patient response to psychotropic medications, to modify medication orders and to evaluate patient response to need for ancillary therapy services;
 - Psychological testing required for specific differential diagnosis which will result in the adoption of appropriate treatment services;
 - Individual or group psychotherapy as part of a plan of care addressing specific, acute patient symptoms.

Specialized services should be determined as required during the acute phase of a psychiatric condition. Acute, for purposes of this definition, refers to a state of mental illness that is characterized by:

- Symptoms of sudden onset which represent a change in clinical status from the patient’s typical or usual psychiatric status, and
- Symptomatology which significantly interferes with a patient’s ability to participate in Activities of Daily Living (ADL’s), and

-
- Symptoms that exceed normal, transient responses to psychosocial stressors, e.g., grief reactions that do not resolve within generally accepted timeframes.

Services are considered specialized, and beyond the normal scope and intensity of NF responsibility, when they involve treatment other than routine nursing care, supportive therapies such as activity therapy, and supportive counseling by NF staff and:

- Are provided attendant to a physician ordered, professionally developed plan of care with specific goals and interventions, and
- Can only be provided by a specialized licensed or certified practitioner, and
- Considering medical knowledge, the patient's prior treatment history and prior response to treatment, and the current clinical assessment of the patient, can be expected to result in specific, identified improvements in the patient's psychiatric status.

Recommendations for specialized services in the NF are preferred in lieu of inpatient psychiatric recommendations, where possible, in cases where it is felt that inpatient psychiatric services can be prevented through such services.

M) SPECIALIZED SERVICES/ MR AND RC – Specialized services for persons with MR/RC include:

- 1) Communication specialized services which may include services and equipment which, in combination, are directed toward enhancing capabilities or preventing, or decelerating regression with regard to the individual's receptive and/or expressive communication skills.
- 2) Behavior change intervention specialized services include intervention modification to address behaviors, such that the presence of those behaviors poses serious and meaningful disruption to the individual's current living environment or compromises the individual's adaptation to that environment. If applicable, it has been demonstrated that these behaviors have been resistant to less intensive rehabilitative intervention.
- 3) Self-help specialized services include services of a habilitative nature which will result in significant gains toward self-execution of skills related to self-care.
- 4) Community living skills specialized services include ADL training, where services are directed toward skill acquisition to facilitate alternative placement toward a less restrictive residence, and alternative placement is a realistic goal for the individual.

Not included as specialized services are OT, PT, Speech therapy. The DMH/DD/SAS considered sensory stimulation to be a rehabilitative service such as a segment of the therapeutic recreation. Sheltered workshops or day programs, if vocationally oriented, are not considered specialized services, while day treatment, if treatment oriented can be considered a specialized service.

DMH encourages recommendations that area programs act in liaison capacity with the Department of Education to assure appropriate educational services for assessed children.

- N) SWING-BED ADMISSIONS** – Applicants for swing-bed admission are not subject to Level I/Level II screens.

IV.D AUTHORIZATION CODES & CORRESPONDING TIMEFRAMES/ 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	One year limitation. Must stay at ICF/SNF or Hospital LOC.
C	One year limitation. Must stay at ICF/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 only. One year limitation.
F	30-60 Day limited stay – Level II Reviews Only.
Z	Denied nursing facility placement.

IV.E SUCCESSFUL SUBMISSION GUIDELINES

1. **When using a fax-based request, the key to a successful submission is to write clearly on the form and fill in all spaces. A yes/no answer is the only one that is complete. Completed forms that are legible are processed immediately. Incomplete submissions wait for more information to be gathered in order to initiate the review process.**
2. EDS on-line requests will typically turn-around more quickly than requests received through fax or other sources. For urgent requests, please submit on-line through the ProviderLink website. For information and registration instructions, log onto: www.providerlink.com
3. Level I Screens only apply if the resident is being transferred (discharged) to the Nursing Facility Level of Care:
 - ◇ If a patient is going to a rest home or group home level of care (anything below NF Level of Care); they do NOT require a Level I Screen or further participation in the PASARR program.
 - ◇ If the patient's level of care needs have increased to require NF level of care, than they DO require a Level I Screen.
4. If symptoms, history, and diagnosis indicate presence of MI, MR, or RC, please verify and include as much information as you can regarding the condition listed. This may eliminate a request for clarification from EDS PASARR, which may delay final review outcomes. Answering the following may be useful:
 - ◇ Are the symptoms described in the Level I related exclusively to the resident's mental illness, NOT his/her medical condition i.e., "depression related to loss of ambulation". You would differentiate whether or not this mental illness is attributable to the medical condition or a long-standing psychiatric history.
 - ◇ The criteria used to assess these conditions are diagnosis, disability, and duration.
5. EDS PASARR does not make final decisions regarding treatment. It is the responsibility of the facility to determine appropriate placement and treatment needs. *(In limited circumstances, when patients received specialized services from the State of North Carolina, then treatment decisions are made conjointly between the state and the facility).*
6. EDS PASARR needs to be informed of the location of the resident at all times.
 - ◇ If the patient is being **transferred (discharged)** to the hospital for a medical condition, and is expected to return to the same facility, please send a *North Carolina Facilities Tracking Form* immediately (see attached form).
 - ◇ If the patient is **deceased or transfers to a lower level of care**, or to a non-certified Medicaid facility, please completed the *North Carolina Facilities Tracking Form* and submit to EDS PASARR immediately.
 - ◇ Note: If the patient has a **"B" or "C" authorization code** and their level of care drops, then they must submit all new forms and information to EDS to return to Nursing Facility level of care.

APPENDIX A:

Level I Identification Screening Form

(Locate online at www.providerlink.com)

Please Print

NORTH CAROLINA LEVEL I SCREENING FORM
THIS MUST REMAIN IN THE INDIVIDUAL'S RECORD

CONFIDENTIAL

Patient Name:
Mailing Address:
Referring Facility:
Facility Address:
Telephone:
Submitted By:
Submitter's Signature & Title:

SS #:
Medicaid #
Sex
DOB:
Pmt. Status:
Marital Status:
Admit Date to Nursing Facility:
Admitting Facility:
Address:
Contact Person:
Telephone:
Patient's Current Location:
Address:
County:

Does the individual desire NF services? Yes No

SECTION I: MENTAL ILLNESS SCREEN
1.A. Psychiatric Diagnoses excluding Dementia, Alzheimer's, and/or Organic Brain Disorders
1.B. Psychiatric Medication Diagnosis / Purpose

3.C. Significant problems adapting to typical changes within 6 months due to MI (excluding medical problems, Dementia Alzheimer's, and/or Organic Brain D/Os)
Notes:

NC Medicaid USE ONLY: Meets diagnosis criteria for diagnosis/chronicity? Y N UTD

NC Medicaid USE ONLY: Meets criteria for disability? Y N UTD
MI Decision: Meets criteria for SMI? Y N UTD

2.A. Psychiatric treatment received in past 2 years (excluding treatment for Dementia, Alzheimer's and/or Organic Brain D/O's)
2.B. Intervention(s) to prevent hospitalization(s). Include date(s)

SECTION II: MENTAL RETARDATION SCREEN
1.A. MR diagnosis: Mild Moderate Severe Profound
1.B. Undiagnosed but suspected MR: N Y N/A
1.C. History of receipt of MR services: N Y
1.D. Onset before age 18: N Y
1.E. Education Level
History of gainful employment? N Y
Ability to handle finances? N Y

NC Medicaid USE ONLY: Meets criteria for duration? Y N UTD

NC Medicaid USE ONLY: Meets criteria for MR? Y N UTD

Role limitations in past 6 months due to MI (excluding medical problems, Dementia, Alzheimer's and/or Organic Brain D/O) :
3.A. Interpersonal Functioning (excluding medical problems, Dementia, Alzheimer's and/or Organic Brain D/O)
3.B. Concentration/Task limitations within past 6 months due to MI (excluding medical problems, Dementia, Alzheimer's and/or Organic Brain D/O)

SECTION III: RELATED CONDITIONS SCREEN
1.A. Related Condition diagnosis which impairs intellectual functioning or adaptive behavior: Blindness Cerebral Palsy Autism Epilepsy Deafness Closed Head Injury Other
1.B. Substantial functional limitations 3 or more of the following secondary to Related Condition and not a medical condition: Mobility Learning Capability for independent living Understanding/use of language?
1.C. Was the condition manifested prior to the age 22? N Y

NC Medicaid USE ONLY: Meets criteria for Related Condition? Y N UTD

NC Medicaid USE ONLY: Meets criteria for Related Condition? Y N UTD

Comments related to applicant's MI, MR, and/or RC:

Patient Name: _____

Patient Social Security Number: _____

**STOP HERE IF THERE IS NO EVIDENCE OF MI, MR, and/or RC.
OTHERWISE, CONTINUE.****SECTION IV: DEMENTIA (complete for both MI & MR)**1.A. Does the individual have a primary diagnosis of Dementia or Alzheimer's?
_____ N _____ Y (specify) _____1.B. Does the individual have any other organic disorders?
_____ N _____ Y (specify) _____

1.C. Is there evidence of undiagnosed Dementia or other organic mental disorders?

Y N disoriented to time Y N disoriented to situation

Y N disoriented to place Y N paranoid ideation

Y N severe ST memory deficit

1.D. Is there evidence of affective symptoms which might be confused with Dementia?

Y N frequent tearfulness Y N severe sleep disturbance

Y N frequent anxiety Y N severe appetite disturbance

1.E. Can the facility supply any corroborative information to affirm that the dementing condition exists and is the primary diagnosis?

_____ Dementia work-up _____ Thorough mental status exam

_____ Medical / functional history prior to onset of dementia
Other _____**Documentation must be provided to support diagnosis of Primary Dementia****NC Medicaid USE ONLY:**

Does the individual have a primary dementia diagnosis?

Dementia decision: Y N**SECTION V: CATEGORICALS****Convalescent Care Exemption**

1. Does the admission meet all of the following criteria?

_____ Admission to a NF directly from a hospital after receiving acute medical care in the hospital; and

_____ Need for NF care is required for the condition for which care was provided in the hospital; and

_____ The attending physician has certified prior to NF admission that the individual will require less than 30 calendar days NF services.

* Individuals meeting all criteria are exempt for Level II screens for 30 calendar days. The receiving facility must update Level I screen at such time that it appears the individual's stay will exceed 30 days and no later than the 25th calendar day.

NC Medicaid USE ONLY:Meets convalescent exemption? Y N

Expiration Date: _____

The following decisions indicate the individual does meet NF eligibility and does not require specialized services for the time limit specified. An updated Level I Screen is required if the stay is expected to exceed 7 calendar days & no later than the 5th calendar day.

2.A. _____ Emergency protective service situation for MI/MR/RC individual needing 7 calendar day NF placement

2.B. _____ Delirium precludes the ability to accurately diagnose. An updated Level I is required at such time that the delirium clears and/or no later than 5 calendar days from admission

2.C. _____ Respite is needed for in-home caregivers to whom the MI/MR/RC individual will return within 7 calendar days

NC Medicaid USE ONLY:Meets categorical determination? Y N

Expiration Date: _____

If the individual chooses admission to a NF, she/he meets the North Carolina Level of Care criteria for placement.

*Further evaluation requirements are specified below:

3.A. _____ Terminal illness with life expectancy of 6 months or less (Level II evaluation will be completed via paper based review)

3.B. _____ Coma or persistent vegetative state (Level II evaluation will be completed via paper based review)

NC Medicaid USE ONLY:Approval for Categorical/Exempted Admission: Y N**Mailing Information - Please Print:**

Legal representative's name and address:

Name: _____

Street Address: _____

City: _____

State & Zip Code: _____

Primary physician's name and address:

Name: _____

Street Address: _____

City: _____

State & Zip Code: _____

NC MEDICAID SUMMARY - OFFICE USE ONLY

Date and Time Received: _____

_____ Level I approved

_____ Requires Level II MI evaluation

_____ Requires Level II MR/RC evaluation

_____ Requires paper review

_____ Time limited approval

Expiration Date: _____

_____ Status Change

_____ Early ARR required

_____ Categorical ARR

NC Medicaid Reviewer

Date

APPENDIX B:

Tracking Form

(Locate online at www.providerlink.com)

