

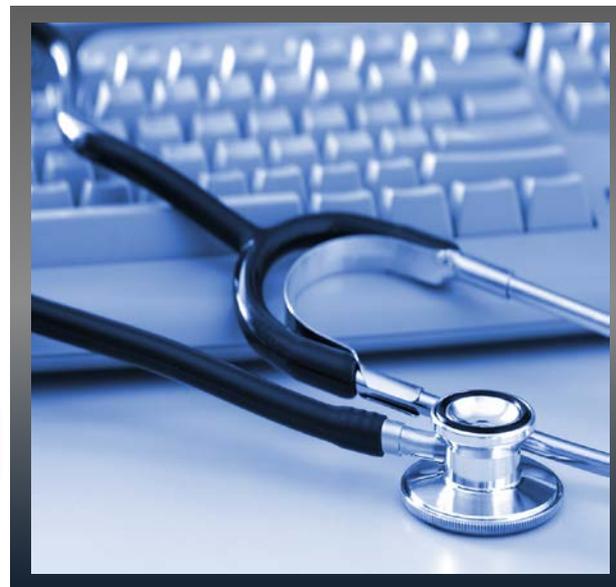
# ACH: Adult Care Home

## Updates to PRE-ADMISSION SCREENING AND Review Process



# Agenda

- 1 Introduction
- 2 PCS & PASRR
- 3 ACH Paper Form
- 4 Submitting a PASRR NCMUST / Provider Link
- 5 Notification Letters
- 6 FAQ's





Target Implementation  
Date: March 2, 2015

# Background



NC Department of  
Health and Human Services





# DEFINITIONS - ACRONYMS

Target Implementation

Date: March 2, 2015

**ACH** – Adult Care Home

**CCA** – Comprehensive Clinical Assessment

**DMA** – Department of Medical Assistance

**DMH** – Department of Mental Health

**DSM (4/5)** - Diagnostic and Statistical Manual of Mental Disorders

**ECI** – Earthmark Consultants Inc.

**LME** – Local Management entity

**MCO** – Managed Care Organization

**NCMUST** – North Carolina Medicaid Uniform Screening Tool

**PCS** – Personal Care Services

**PCP** – Primary Care Physician

**QMHP** – Qualified Mental Health Professional

**SMI** – Serious Mental Illness

**SPMI** - Serious and Persistent Mental Illness





Target Implementation  
Date: March 2, 2015

# PCS & PASRR



# Who Is Subject to PASRR Screens ?

- Individuals wishing to be admitted on or after March 1, 2013 to an Adult Care Home licensed under G.S. 131D-2.4, must be screened through the PASRR Level I process.
- Beginning November 26, 2013, only individuals who are eligible for Medicaid are required to participate in the pre-admission screening process. Individuals with private insurance or who are private pay, and any person who requests admission to an ACH within a Continuing Care Retirement Community (CCRC) is exempt from this process.
- If an individual was admitted to an ACH as private pay after January 1, 2013 (the effective date of the USDOJ Settlement) and then becomes Medicaid eligible, a PASRR is required in order for the ACH to receive an authorization to provide Personal Care Services.
  - If the initial admission was **before January 1, 2013 no PASRR** is required even if the individual become Medicaid eligible.



# Submission Methods

## NCMUST

- Direct Access
- Faster Response Time
- Able to view Workflow Real-time
- Level I Responses Immediately
- Available 24/7 365

## PROVIDER LINK

- Third Party Access
- Interactive Website
- Available Web Forms



# Who may complete a PASRR Screen?

- ✓ Physicians
- ✓ Physician Assistants
- ✓ Family Nurse Practitioners, and other mid-level practitioners
- ✓ RNs and LPNs
- ✓ Medical/Clinical and Non-Licensed Social Workers
- ✓ Qualified Mental Health Professionals
- ✓ Psychologists
- ✓ Pharmacists
- ✓ Hospital Discharge Planners
- ✓ Case managers from regional, local and community organizations who make referrals to long-term care services and supports
- ✓ Staff of CRCs (Community Resource Connections for Aging and Disabilities)





# ACH Electronic PASRR level 1

- Provider Fills out Online-Form and submits via web into NCMUST.com
- System will run form thru the ACH business Rules and determine the proper outcome
- PASRR number is adjudicated
- Provider will be notified via mail / email



# ACH Paper Based PASRR Process

- Download and print the offline ACH PASRR Level I form.
- Have the appropriate\* person fill out the form
- Sign and date the form.
- Supply all corresponding documents



**\*Please note:** The person filling out the form cannot complete the form ahead of time with a legal representative or someone associated with, paid by, or employed by the adult care home and then request that a health care provider sign the form.



Target Implementation  
Date: March 2, 2015

# SMI/SPMI



## LEVEL II





# ACH PASRR Level II process

- After form is submitted into system via web the business rules determine a Level II review process
- Evaluator will make attempt to contact facility
- Evaluator schedules appointment and makes visit to facility where an evaluation will take place
- Evaluator submits recommendations to DMH
- Final Determination is completed by DMH in NCMUST
- Providers are notified



## Authorization Codes & Corresponding Time Frames/ Restrictions

G	Dementia Primary (requires MD certification)
O	Level I : No evidence of SMI / SPMI
	Level II Referral Notification
K	Level II: Evidence of SMI / SPMI
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	Time Limited : 6 Months (Terminal Illness Certification)
P	Cancelled : Private Pay
X	Cancelled (No longer seeking placement / Consent not granted )





End of PASRR Presentation



# Program Updates From DMA:

- 3051 Request Form
- Service Plan Pilot
- PCS Utilization 2014

# PASRR Status Summary

<b>PASRR Status Summary</b>		
<b>Status</b>	<b>Total Beneficiaries</b>	<b>Percent</b>
PASRR Upon Original Request (since 11/26/2013)	4004	63%
No PASRR Upon Original Request	2155	34%
<i>Since Received a PASRR</i>	1830	<i>85%</i>
<i>Outstanding; No PASRR Received</i>	71	<i>3%</i>
<i>Result was 0 hours, removed due to ineligibility</i>	256	<i>12%</i>
TD Issued for No PASRR	176	3%
TD Issued for Other Reasons (during scheduling process)	69	1%
<b>Total Beneficiaries</b>	<b>6402</b>	<b>100%</b>

# Announcements

- ICD-10 Preparation

# Announcements

- DHHS Office of Internal Audit to audit of PCS program
  - Organizational Structure of the Business Unit
  - Assessment and Eligibility Processes
  - Provider Claims Submission and Payment
  - Provider Qualifications

<b>Items needed about Beneficiary:</b>
Plan of Care/Service Plan:
RN Supervisory Visit documentation for 1 year prior to selected date of service:
Aide documentation and logs of service:
Aide timesheets for service time period:
<b>Items needed about Aide (Personnel File):</b>
Education Verification:
Identification Documentation:
Background Check Documentation:
Completion of training and orientation certificates (6 areas of training):
Aide Evaluations:
Confirmation that Nurse Aide I is listed on Nurse Aide Registry:
Confirmation that Nurse Aide II completed state approved training (if applicable):
Confirmation that Para Professionals completed first aid/CPR and DMH core competency training:
<b>Items needed about Provider:</b>
Copy of Quality Improvement Plan:

# Reports from Other Divisions



# Stakeholder Feedback

