

## **Pre-Admission Screening and Resident Review (PASRR)**

### **Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) North Carolina Department of Health and Human Services**

*"As part of the Omnibus Budget Reconciliation Act (OBRA) enacted in 1987, Congress developed the Pre-Admission Screening and Resident Review (PASRR) program to prevent inappropriate admission and retention of people with mental disabilities in nursing facilities. Federal law mandates that Medicaid-certified nursing facilities (NF) may not admit an applicant with serious mental illness (MI), mental retardation (MR), or a related condition [Intellectual or Developmental Disabilities (I/DD)], unless the individual is properly screened, thoroughly evaluated, found to be appropriate for NF placement, and will receive all specialized services necessary to meet the individual's unique MI/MR needs. States are required to have a PASRR program in order to screen all NF applicants to Medicaid certified NFs (regardless of payer source) for possible MI/MR, and if necessary to further evaluate them according to certain minimum requirements. The state uses the evaluation to determine, prior to admission, whether NF placement is appropriate for the individual, and whether the individual requires specialized services for MI/MR. As a condition of the Centers for Medicare and Medicaid Services' (CMS) approval of a Medicaid state plan, the state must operate a preadmission screening program that compiles with federal regulations. Additionally, the PASRR regulation requires resident reviews when there is a significant change in a NF resident's physical or mental condition. All applicants to Medicaid certified NFs (regardless of payer source) receive a Level I PASRR screen to identify possible MI/MR. These screens generally consist of forms completed by hospital discharge planners, community health nurses, or others as defined by the state. Individuals who do or may have MI/MR are referred for a Level II PASRR evaluation."*<sup>1</sup>

*The State of North Carolina entered into a settlement agreement with the U.S. Department of Justice in 2012. PASRR is also part of the process for North Carolina complying with this U.S. Department of Justice settlement agreement. The purpose of this agreement was to make sure that persons with mental illness are able to live in their communities in the least restrictive settings of their choice. The NC Department of Health and Human Services is implementing the agreement through the Transition to Community Living Initiative (TCLI).<sup>2</sup> Specifically, North Carolina "will refine and implement tools and training to ensure that when any individual is being considered for admission to an adult care home, the State shall arrange for a determination, by an independent screener, of whether the individual has SMI. The State shall connect any individual with SMI to the appropriate PIHP (Prepaid Inpatient Health Plan) and/or LME (Local Management Entity) for a prompt determination of eligibility for mental health services. Once an individual is determined to be eligible for mental health services, the State and/or the PIHP and/or LME will work with the individual to develop and implement a community integration plan."<sup>3</sup>*

- PASRR began in January 1989 through the Omnibus Budget Reconciliation Act (OBRA) of 1987.
- The PASRR section of OBRA assures individuals with Serious Mental Illness (SMI) or Severe and Persistent Mental Illness (SPMI), Intellectual or Developmental Disabilities (I/DD), and/or Conditions Related (RC) to Developmental Disabilities entering or residing in Medicaid-certified nursing facilities receive appropriate placement and services.
- In addition, beginning in 2013 all individuals with Medicaid in North Carolina referred to or seeking admission to Adult Care Homes (ACH) must be screened through PASRR to determine if the individual has a Serious Mental Illness or a Severe and Persistent Mental Illness. ACH providers licensed under [G.S. 131D-2.4](#) receive prior approval for Personal Care Services only with verification of the Adult Care Home PASRR number.
- The Adult Care Home PASRR has two steps for all Medicaid-eligible individuals who request admission to a licensed ACH.
  - Step 1 – Complete Level I PASRR screening to identify indicators of SMI/SPMI.
  - If no indicators of SMI or SPMI are found in Level I PASRR, the individual will receive a PASRR number and no further evaluation is needed.
  - Step 2 occurs only when SMI/SPMI indicators are found in Step 1 - Complete Level II Evaluation to determine diagnoses, service eligibility, and other clinical needs.
- Level I PASRR Screen - Level I screening includes specific diagnostic, medical, functional, and behavioral health questions about an individual to identify persons who are potentially SMI/SPMI.

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<sup>1</sup> [Centers for Medicare and Medicaid Services](#)

<sup>2</sup> [North Carolina Department of Health and Human Services](#)

<sup>3</sup> [United States Department of Justice](#)

- Staff from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services have been identified as Level I PASRR screeners, provide technical assistance to other Level I PASRR screeners, and assist in locating Level I PASRR screeners across the state. DMHDDSAS Level I PASRR staff and regions covered are:
  - Eastern NC - Call (919) 715-7774
  - Central NC - Patricia McNear (919) 218-3272, [patricia.mcnear@dhhs.nc.gov](mailto:patricia.mcnear@dhhs.nc.gov)
  - Western NC - Bill Joyce (336) 312-0212, [bill.joyce@dhhs.nc.gov](mailto:bill.joyce@dhhs.nc.gov)
- Recent PASRR changes
  - For PASRR Level II evaluations, evaluators will do both a Comprehensive Clinical Assessment (CCA) and complete the Community Integration Plan (CIP). The CIP provides the housing choice an individual has made after being provided information about the options and benefits of transitioning to supported housing and the array of services and supports available. A substance use assessment was added also to the PASRR Level II determination process.
  - An individual's PASRR number does not expire as long as there is no change in the person's status.
- Individuals presenting with SMI or SPMI but have a primary diagnosis of dementia are exempt from the full PASRR Level II evaluation. Dementia needs to be confirmed in writing from a physician, physician assistant, or nurse practitioner and documented in the medical record that dementia is primary and supersedes other medical conditions. The individual automatically receives PASRR authorization, and the individual and provider move forward to determine the most appropriate residential option.

### **Codes Used in Pre-Admission Screening and Resident Review (PASRR)**

<b>Adult Care Home Code</b>	<b>Description</b>
<b>K</b>	Patient has serious mental illness (SMI) and is psychiatrically and medically stable. This individual is being referred to the LME/MCO for care coordination.
<b>R</b>	Patient has SMI and is psychiatrically unstable and, therefore, not appropriate for community level of care and placement. Refer to the LME/MCO for care coordination.
<b>U</b>	Patient has SMI and is psychiatrically stable and is medically unstable and medical needs cannot be met in a community placement setting.
<b>O</b>	No SMI or severe and persistent mental illness (SMI/SPMI)
<b>G</b>	Dementia primary
<b>T</b>	Time-limited - code expires after 6 months for individuals who are terminally ill. If continued support is needed after 6 months, the person has to be re-certified through the PASRR process.
<b>P</b>	Private pay - code identifies the individual is not Medicaid-eligible and does not need to go through the PASRR determination process.
<b>X</b>	Cancelled
<b>Z</b>	Denied nursing facility placement

<b>Nursing Facility Code</b>	<b>Description</b>
<b>B</b>	One-year limitation - Must stay at intermediate care facility/skilled nursing facility (ICF/SNF) or hospital level of care
<b>C</b>	One-year limitation - Must stay at state-operated nursing facility
<b>F</b>	30-60 Day Limited stays - Level II reviews only
<b>J</b>	One-year limitation - Locked state psychiatric hospital only
<b>H</b>	Lifetime, no level of care restrictions – Dementia is primary or does not meet Level II target population
<b>A</b>	Lifetime, no level of care restrictions - has an existing number
<b>E</b>	30 Day Rehabilitation services only
<b>D</b>	7 Day Respite or Emergency Care
<b>X</b>	Cancelled
<b>Z</b>	Denied nursing facility placement