

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)



North Carolina Department of Health and Human Services
Division of Medical Assistance

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Robin Gary Cummings, M.D.
Deputy Secretary for Health Services
Director, Division of Medical Assistance

Clinical Determination Notification

Date:

MUST ID:

RE:

PASRR Number: --G

PASRR Expiration Date

In accordance with the agreement between the State of NC and the US Department of Justice, a Medicaid eligible individual seeking admission to an Adult Care Home must have had an independent screening completed.

After completion of the Pre-admission Screening and Resident Review (PASRR) Level I screen and a Comprehensive Clinical Evaluation, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) has made the following determination:

Level of Care Determination:

- PASRR indicates a Primary Diagnosis of Dementia

Placement Options Available:

- Eligibility for Admission to an Adult Care Home is appropriate.

The criteria used by the DMH/DD/SAS in making this decision are available upon request at (800) 429-4940

If you have questions regarding this notice, please contact:

N.C. Medicaid Uniform Screening Program

P.O. Box 300015 Raleigh, North Carolina 27622-0015

1-800-688-6696

www.ncdhhs.gov

Tel 919-855-4100 • Fax 919-733-6608

Location: 1985 Umstead Drive • Kirby Building • Raleigh, NC 27603

Mailing Address: 2501 Mail Service Center • Raleigh, NC 27699-2501

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Enclosures:

cc: Johnnie McManus, DMH/DD/SAS

Sabrina Lea, DMA

Legal Representative

Nursing Facility

Referring Facility

Attending Physician

Notice to Applicant:

This letter (and attachments) may contain protected health information (PHI) from HP Enterprise Services, and is covered by the Electronic Communications Privacy Act, 18 U.S.C. 2510-2521 and the Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164, which is intended only for the use of the individual or entity named in this letter. Any unintended recipient should contact HP Enterprise Services and return the letter. N.C. Medicaid Uniform Screening Program, P.O.Box 300015, Raleigh, North Carolina 27622-0015

www.ncdhhs.gov

Tel 919-855-3060 • Fax 919-733-8871

Location: 695 Palmer Drive • Raleigh, NC 27603

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Director, Division of Medical Assistance

Clinical Determination Notification

Date:

MUST ID:

RE:

PASRR Number: --K

PASRR Expiration Date

In accordance with the agreement between the State of NC and the US Department of Justice, a Medicaid eligible individual seeking admission to an Adult Care Home must have had an independent screening completed.

After completion of the Pre-admission Screening and Resident Review (PASRR) Level I screen and a Comprehensive Clinical Evaluation, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) has made the following determination:

Level of Care Determination:

- Clinical Evaluation indicates the presence of a SMI/SPMI
- Community Living Options Counseling has been provided.
- The individual has chosen admission to an Adult Care Home.
- The individual has been determined to be psychiatrically and medically stable at the time of the Clinical Evaluation

Placement Options Available:

- The individual has been provided with an array of community living options and has chosen to reside at an Adult Care Home.

Specialized Service Determination:

- Care coordination by **LME/MCO** will continue. Ongoing Community Living Options will be provided.

www.ncdhhs.gov

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The criteria used by the DMH/DD/SAS in making this decision are available upon request at (800) 429-4940

If you have questions regarding this notice, please contact:

N.C. Medicaid Uniform Screening Program
P.O. Box 300015 Raleigh, North Carolina 27622-0015

1-800-688-6696

Enclosures:

cc: Johnnie McManus, DMH/DD/SAS
Sabrena Lea, DMA
Legal Representative

Nursing Facility

Referring Facility

Attending Physician

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Division of Medical Assistance

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Aldona Z. Wos, M.D., Ambassador (Ret.), Secretary DHHS

Robin Gary Cummings, M.D.

Deputy Secretary for Health Services
Director, Division of Medical Assistance

PASRR Level II Referral Notification

Date: 01/16/2015

MUST ID:

RE:

In accordance with the agreement between the State of NC and the US Department of Justice, a Medicaid eligible individual seeking admission to an Adult Care Home must have had an independent screening completed.

The recent Level I screen on the above named individual indicates that she/he is suspected of having Mental Illness, Intellectual/Developmental Disability. As a result, it is a federal requirement that an evaluation be performed to assess placement and service needs through the Preadmission Screening Resident Review (PASRR) process.

If the above named individual is applying for Adult Care Home placement, a representative from EarthMark Consultants, Inc. will coordinate the evaluation process with the individual and/or facility assisting the individual with appropriate placement. The EarthMark representative will coordinate the evaluation with the facility staff. Following the completion of this evaluation, N.C. Medicaid Uniform Screening Program will mail a report to you which will summarize the evaluation and will identify whether annual reviews will be required.

If you would like to participate in this process or provide information to contribute to the evaluation, please contact the facility assisting the individual with nursing facility placement or the facility in which the individual currently resides.

If you have questions regarding this notice, please contact:

N.C. Medicaid Uniform Screening Program

2610 Wycliff Road, Suite 201

Raleigh, NC 27607

Phone: 1-855-883-8018

Notice to Applicant:

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Division of Medical Assistance

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Ambassador (Ret.)
Secretary DHHS

Robin Gary Cummings, M.D.
Deputy Secretary for Health Services
Director, Division of Medical Assistance

Clinical Determination Notification

Date:
RE:

MUST ID:

PASRR Number: --O
PASRR Expiration Date

After completion of the Pre-admission Screening and Resident Review (PASRR) and a Comprehensive Clinical Evaluation, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) has made the following determination:

Level of Care Determination:

- Clinical Evaluation indicates the absence of a SMI/SPMI
- The individual is approved for admission to an Adult Care Home.

Placement Options Available:

- The individual has chosen to live in an Adult Care Home.

The criteria used by the DMH/DD/SAS in making this decision are available upon request at (800) 429-4940

If you have questions regarding this notice, please contact:

N.C. Medicaid Uniform Screening Program

P.O. Box 300015 Raleigh, North Carolina 27622-0015

1-800-688-6696

Enclosures:

cc: Johnnie McManus, DMH/DD/SAS
Sabrena Lea, DMA
Legal Representative

Nursing Facility
Referring Facility
Attending Physician

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Robin Gary Cummings, M.D.

Deputy Secretary for Health Services
Director, Division of Medical Assistance

ACH PASRR Level I Determination Notification

Date:

MUST ID:

RE:

PASRR Number:

O

PASRR Expiration Date:

In accordance with the agreement between the State of NC and the US Department of Justice, a Medicaid eligible individual seeking admission to an Adult Care Home must have had an independent screening completed.

The Medicaid Uniform Screening Program has reviewed the above named individual. The individual does not meet the federal definition for mental illness and the PASRR number is listed above.

The Level I Screening and PASRR number remains valid for the individual's stay. A copy of this notice should be transferred with the individual if he/she relocates to another Adult Care Home. No further PASRR screening is required unless a significant change occurs with the individual's status which suggests a diagnosis of a serious mental illness.

If you have questions regarding this notice, please contact:

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2610 Wycliff Road, Suite 201

Raleigh, NC 27607

Phone: 1-855-883-8018

cc: Johnnie McManus, DMH/DD/SAS

Sabrena Lea, DMA

Legal Representative

Referring Facility

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Division of Medical Assistance

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Aldona Z. Wos, M.D., Ambassador (Ret.), Secretary DHHS

Robin Gary Cummings, M.D.
Deputy Secretary for Health Services
Director, Division of Medical Assistance

ACH PASRR Cancelled Notification

Date:

MUST ID: P

RE:

PASRR Number:

PASRR Expiration Date:

In accordance with the requirements of the US Department of Justice and the State of North Carolina, the Preadmission Screening and Resident Review (PASRR) program for Medicaid certified Adult Care Homes licensed under G.S. 131D-2.

Private Pay individuals will no longer require a screening thru the PASRR process. The PASRR process will only be required for Medicaid Eligible individuals. If an individual becomes Medicaid eligible during their current Adult Care Home stay the individual will require a Level I Screening through the PASRR program in order to continue services.

In accordance with the State of North Carolina (NC) and the US Department of Justice (USDOJ), the Medicaid Uniform Screening Program the above named individual was to be screened for an Adult Care Home PASRR Level II evaluation. This evaluation has been cancelled.

If you have questions regarding this notice, please contact:

N.C. Medicaid Uniform Screening Program

2610 Wycliff Road, Suite 201

Raleigh, NC 27607

Phone: 1-855-883-8018

cc: Johnnie McManus, DMH/DD/SAS

Sabrina Lea, DMA

Legal Representative

Referring Facility

Attending Physician

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Robin Gary Cummings, M.D.
Deputy Secretary for Health Services
Director, Division of Medical Assistance

Clinical Determination Notification

Date:

MUST ID:

RE:

PASRR Number: --R

PASRR Expiration Date

In accordance with the agreement between the State of NC and the US Department of Justice, a Medicaid eligible individual seeking admission to an Adult Care Home must have had an independent screening completed.

After completion of the Pre-admission Screening and Resident Review (PASRR) Level I screen and a Comprehensive Clinical Evaluation, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) has made the following determination:

Level of Care Determination:

- Clinical Evaluation indicates the presence of a SMI/SPMI
- Clinical Evaluation indicates the individual is psychiatrically unstable.

Placement Options Available:

- Coordinate with LME/MCO to identify appropriate placement options

The criteria used by the DMH/DD/SAS in making this decision are available upon request at (800) 429-4940

If you have questions regarding this notice, please contact:

N.C. Medicaid Uniform Screening Program

P.O. Box 300015 Raleigh, North Carolina 27622-0015

www.ncdhhs.gov

Tel 919-855-4100 • Fax 919-733-6608

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1-800-688-6696

Enclosures:

cc: Johnnie McManus, DMH/DD/SAS

Sabrena Lea, DMA

Legal Representative

Nursing Facility

Referring Facility

Attending Physician

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Division of Medical Assistance

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Ambassador (Ret.)
Secretary DHHS

Robin Gary Cummings, M.D.
Deputy Secretary for Health Services
Director, Division of Medical Assistance

Clinical Determination Notification

Date:

MUST ID:

RE:

PASRR Number: --T

PASRR Expiration Date (6 months)

In accordance with the agreement between the State of NC and the US Department of Justice, a Medicaid eligible individual seeking admission to an Adult Care Home must have had an independent screening completed.

After completion of the Pre-admission Screening and Resident Review (PASRR) Level I screen and a Comprehensive Clinical Evaluation, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) has made the following determination:

Level of Care Determination:

- PASRR indicates Terminal Illness

Placement Options Available:

- Eligibility for Admission to an Adult Care Home is appropriate.

If the resident is expected to extend beyond the end date or expiration date shown above further approval and screening must be obtained thru the N.C Medicaid Uniform Screening Program. The residing Adult Care Home is responsible for initiating the new screening if appropriate within five (5) calendar days of the PASRR expiration date noted above.

The criteria used by the DMH/DD/SAS in making this decision are available upon request at (800) 429-4940

If you have questions regarding this notice, please contact:

N.C. Medicaid Uniform Screening Program

www.ncdhhs.gov

Tel 919-855-4100 • Fax 919-733-6608

Location: 1985 Umstead Drive • Kirby Building • Raleigh, NC 27603

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Page 2 of 3
Subject Line
Date

P.O. Box 300015 Raleigh, North Carolina 27622-0015

1-800-688-6696

Enclosures:

cc: Johnnie McManus, DMH/DD/SAS

Sabrena Lea, DMA

Legal Representative

Nursing Facility

Referring Facility

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Secretary DHHS

Robin Gary Cummings, M.D.
Deputy Secretary for Health Services
Director, Division of Medical Assistance

Clinical Determination Notification

Date:

MUST ID:

RE:

PASRR Number: --U
PASRR Expiration Date

In accordance with the agreement between the State of NC and the US Department of Justice, a Medicaid eligible individual seeking admission to an Adult Care Home must have had an independent screening completed.

After completion of the Pre-admission Screening and Resident Review (PASRR) Level I screen and a Comprehensive Clinical Evaluation, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) has made the following determination:

Level of Care Determination:

- PASRR indicates individual is medically unstable

Placement Options Available:

- Coordinate with LME/MCO to identify appropriate placement options

The criteria used by the DMH/DD/SAS in making this decision are available upon request at (800) 429-4940

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Page 2 of 2
Subject Line
Date

cc: Johnnie McManus, DMH/DD/SAS

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Robin Gary Cummings, M.D.

Deputy Secretary for Health Services
Director, Division of Medical Assistance

ACH PASRR Cancelled Notification

Date:

MUST ID: X

RE:

PASRR Number:

PASRR Expiration Date:

In accordance with the agreement between the State of NC and the US Department of Justice, a Medicaid eligible individual seeking admission to an Adult Care Home must have had an independent screening completed.

The Medicaid Uniform Screening Program the above named individual was to be screened for an Adult Care Home PASRR Level II evaluation. This evaluation has been cancelled due to:

- o Individual no longer seeking placement
- o Cancelled at the request of the individual and/or their legal guardian.

If you have questions regarding this notice, please contact:

N.C. Medicaid Uniform Screening Program

2610 Wycliff Road, Suite 201

Raleigh, NC 27607

Phone: 1-855-883-8018

cc: Johnnie McManus, DMH/DD/SAS

Sabrina Lea, DMA

Legal Representative

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