

# Transition to Community Living Initiative

## Diversion Process

PASRR Manual for Adult Care Homes Licensed  
Under GS § 131D – 2.4



March 2015

# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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## Introduction

- Pre-Admission Screening and Resident Review (PASRR) became effective January 1989 as a result of the Omnibus Budget Reconciliation Act (OBRA) of 1987 (P.L. 100-203).
- This section of OBRA was enacted to assure that individuals with Serious Mental Illness or Serious and Persistent Mental Illness (SMI/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.
- North Carolina chose the Medicaid Uniform Screening Tool (MUST) to conduct Level I PASRR screenings for admission to adult care homes as a result of the US Department of Justice (DOJ) Settlement, implemented as the Transition to Community Living Initiative (TCLI).

## Background

The State of North Carolina entered into an agreement with the United States Department of Justice (USDOJ) on August 23, 2012. The agreement is known as the Transition to Community Living (TCL) Initiative. The purpose of this agreement is to assure that individuals with serious mental illness are presented with the full range of options available to reside within their communities in the least restrictive settings of their choice. The agreement is the end result of over a year of negotiations between the State and the USDOJ. The action was initiated by Disability Rights of North Carolina in 2010, and again in a findings letter from USDOJ on July 28, 2011. Part of the agreement requires that individuals seeking admission to Adult Care Homes (ACHs) must first complete a pre-admission screening to determine if the individual has a Serious Mental Illness (SMI) or a Serious and Persistent Mental Illness (SPMI). The settlement agreement specifically states:

“Beginning January 1, 2013, the State 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.”

In order to comply with the settlement regarding pre-admission screening for Personal Care Services, the following applies:

Effective January 1, 2013, all Medicaid beneficiaries referred to or seeking admission to Adult Care Homes licensed under G.S. 131D-2.4 must be screened through the Pre-admission Screening and Resident Review (PASRR). Adult Care Home providers licensed under G.S. 131D-2.4 will not receive PCS [Personal Care Services] prior approval without verification of an ACH PASRR number.

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For additional information on the requirements for billing PCS, see the Division of Medical Assistance (DMA) revised Clinical Coverage Policy 3L – Personal Care Services.

Adult Care Homes are residences for the aged and disabled adults who require twenty-four (24) hour supervision and assistance with personal care needs.

## **Important Changes in the PASRR Process Effective March 8, 2015**

Beginning on March 8, 2015, there are several new changes that affect PASRR determinations for Medicaid-eligible individuals with Serious Mental Illness (SMI) or Serious and Persistent Mental Illness (SPMI) seeking admission to family care homes or adult care homes licensed under GS § 131D-2.4. The following changes will take place:

- As part of the Level II Evaluation process, the evaluators will be providing Comprehensive Clinical Assessment (CCA) and completing the Community Integration Plan.
- A substance use assessment has been incorporated into the Level II determination process.
- A person's PASRR number does not expire as long as there is no change in the person's status.
- Two new codes have been added:
  - T – Time-Limited: This is a code that expires after six (6) months which is used for individuals who are terminally ill. If continued support is needed after six (6) months, the person has to be re-certified through the PASRR process.
  - P – Private Pay: This code identifies that the individual is not Medicaid-eligible and does not need to go through the PASRR determination process.

This manual has been prepared to explain the process for making PASRR determinations for individuals seeking admission to Adult Care Homes. A list of the acronyms used in this manual is provided in **Appendix A**.

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The following procedures address the Adult Care Home (ACH) Level I Preadmission Screening and Resident Review (PASRR) screening and the Level II Evaluation process as well as North Carolina's plans for assuring that PASRR screens have been performed for all Medicaid-eligible individuals who seek admission to a licensed ACH.

## Information for Referring Agencies

- All referring agencies must ensure that a Level I PASRR screening is completed for any Medicaid-eligible individual requesting admission to an Adult Care Home licensed under G.S. 131D-2.4.
- The following documents must be completed:
  - DMA Adult Care Home FL-2 completed within 90 days  
<http://info.dhhs.state.nc.us/olm/forms/dma/dma-372-124-ach-ia.pdf>
  - Current history and physical within 90 days
  - The information outlined in the following section that is obtained as part of the Level I PASRR screen
  - A Level I PASRR screening form. The PASRR screen can be completed through the online NC Medicaid Uniform Screening Tool (NCMUST) <http://www.ncmust.com/>. If a referral source has access, the PASRR screen may also be completed through Provider Link.
- If the Medicaid eligible individual seeking admission into or residing in an ACH licensed under GS § 131D-2.4 has not received a Level I PASRR screen, PCS prior approval will not be granted.
- If the individual is referred for a Level II evaluation, the documentation will need to be uploaded to NCMUST.
- Neither the ACH provider nor any of its affiliates may complete the Level I PASRR screen; however, an ACH provider may utilize an independent screener to complete the Level I PASRR screen, including the designated personnel identified in the section on "Who May Complete a Level I PASRR Screen."
- After the independent screener has completed either an electronic or a manual copy of the Level I PASRR screening tool, the tool can be uploaded directly into NCMUST by the independent screener, by the ACH or sent to the designated staff at DMH/DD/SAS along with the supporting documentation to upload into NCMUST.
- If the individual is referred for a Comprehensive Clinical Assessment and Community Integration Planning, that documentation, which includes documentation that information about housing options was provided, will need to be uploaded into NCMUST. See the section below on the Community Integration Plan.

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## Special Cases

- In situations where there is an emergency (e.g., adult protective services (APS) referrals or when a facility is closing), these cases will be given priority and will be processed within two (2) business days.

## The ACH/PASRR Process Overview

The ACH PASRR is potentially a two-step process for all Medicaid-eligible individuals who request admission to a licensed ACH. The first step is the completion of the Level I PASRR Screen designed to quickly identify (“pre-screen”) for indicators of SMI/SPMI. When indicators are found, the second step is to complete the Level II Evaluation process to determine diagnoses, service eligibility, and other clinical needs. If no indicators of SMI or SPMI are found as a result of the Level I PASRR, the individual will receive a PASRR number, without moving to step two, the Level II Evaluation. No further evaluation is needed. The Level I PASRR and the Level II Evaluation processes are further described below.

## Level I Preadmission Screening and Resident Review (PASRR) Process

### Who Is Subject to Level I PASRR Screens?

- All Medicaid-eligible individuals wishing to be admitted to an Adult Care Home licensed under G.S. 131D-2.4, must be screened through the Level I PASRR process.
- If the admission was before January 1, 2013, no PASRR is required, even if the individual subsequently becomes Medicaid-eligible and remains in the same ACH setting; **however, if there is a change in status or if the individual moves to another facility or is referred for Personal Care Services, a PASRR will be required.**
- 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.

### Who Is Not Subject to Level I PASRR Screens?

- Individuals who were admitted to an ACH prior to January 1, 2013 and who do not meet one of the criteria above in the section, “Who Is Subject to Level I PASRR Screens.”
- Individuals who have private insurance or are private pay.
- Individuals who have had a previous PASRR for an ACH and enter a medical or psychiatric hospital, an acute or sub-acute rehabilitation facility, or a long-term acute care hospital for medical or psychiatric treatment, and who return to the ACH after treatment. These individuals

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do not need an additional PASRR unless there has been a significant change in psychiatric or medical status for those with SMI/SPMI.

- Individuals requesting admission to an ACH within a Continuing Care Retirement Community (CCRC).
- Individuals who have requested to transfer from one ACH to another **AND** already have an ACH PASRR can transfer if they are medically and psychiatrically stable.

## What is the Level I PASRR Screen?

- The Level I or “identification screen” includes specific diagnostic, medical, functional, and behavioral health questions about an individual in order to identify persons who are potentially SMI/SPMI.

## When Must a Level I PASRR Screen Be Submitted?

- Prior to the admission of Medicaid-eligible individuals into an Adult Care Home or prior to the receipt of an authorization for Personal Care Services.
- When an individual covered by private insurance or under private pay status was admitted to an ACH on or after January 1, 2013 subsequently becomes Medicaid-eligible.
- Whenever there is a significant change in psychiatric or medical status for an individual residing in an ACH (referred to as a “status change”).
- When an individual admitted before January 1, 2013 has a “status change,” moves to another facility or requires Personal Care Services.

## Who May Complete a Level I PASRR Screen?

The Level I screen must be completed by an independent screener. An independent screener is someone who is not a legal representative of the individual and not employed by or paid by, or affiliated with a licensed adult care home. Level I PASRR screens may be completed by:

- 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 and case managers

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- Case managers from regional, local and community organizations who make referrals to long-term care services and supports
- Staff of Aging Disability Resource Centers (ADRCs)

## Who May Not Complete a Level I PASRR Screen?

- Any person who is a legal representative for the individual requesting admission to an ACH
- Any person employed by or paid by, or affiliated with any licensed adult care home

## Getting Help with a Level I PASRR Screen

NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) staff have been identified as Level I PASRR screeners, to assist in locating other Level I PASRR screeners and to provide technical assistance to screeners or physician's offices with registering to become a screener. The following staff persons are available to assist:

- Barbara Flood – EAST – 919-218-3872, [barbara.flood@dhhs.nc.gov](mailto:barbara.flood@dhhs.nc.gov)
- Patricia McNear – CENTRAL – 919-218-3272, [patricia.mcnear@dhhs.nc.gov](mailto:patricia.mcnear@dhhs.nc.gov)
- Bill Joyce – WEST – 336-312-0212, [bill.joyce@dhhs.nc.gov](mailto:bill.joyce@dhhs.nc.gov)

For information on becoming a PASRR screener or registering for access to the NCMUST system, please **see Appendix B – Getting Started with NCMUST.**

## Contents of the Level I PASRR Screen

- The Level I screening is an online request which is completed once all the documentation listed below has been obtained.
- The basic documentation needed for review by a Level I screener is:
  - Signed Release of Information for the individual Level I screener and the DMA contractor
  - Name, Email Address, and Phone Number of the person providing the information
  - FL-2 completed within 90 days
  - Physical Examination performed within 90 days
  - Medication Administration Record (MAR) if the individual is in a licensed facility/list of medications if the individual is at home.
  - Psychiatric Evaluation performed within 90 days (if available)
  - Psychological Evaluation/Clinical Assessment (if available)
  - Behavior Plan (if applicable)

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- Any document that indicates the individual's full Social Security Number
- **For details on all information that must be included in the above documents, see *Appendix C – Level I PASRR Screen Information Needed.***
- The automated NC Medicaid Uniform Screening Tool (NCMUST) system managed by the Division of Medical Assistance (DMA) contractor scans the screening data submitted by the PASRR Level I screener to arrive at a Level I determination.
- Once information is submitted through the web-based tool, a Level I determination is typically available in less than 15 minutes; however based on the time of day submitted, need to clarify information, and other factors, the determination may take up to 1 full business day.

## Level I Outcomes

- A Level I determination can have one of two outcomes: “Negative for SMI/SPMI” or “Referral for a face-to-face Level II Evaluation.”
  - **Negative for SMI/SPMI:** There is no indication that the person has Serious Mental Illness or Serious and Persistent Mental Illness. A valid PASRR number will be assigned to the individual seeking admission, and all required notifications will be generated. This ends the screening process.
  - **Referral for a Level II Evaluation:** There are indicators that the individual has SMI or SPMI and is being referred for a Comprehensive Clinical Assessment (CCA) and Community Integration Planning. The DMA contractor completes the CCA process at the individual's location.
- Licensed Adult Care Home providers that want to proceed with the admission of a Medicaid-eligible individual should register with NCMUST in order to be able to check the status of a Level I PASRR screening for that individual. ***See Appendix B - Getting Started with NCMUST for information on how to register.***

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## Level II Evaluation Process

- The Level II process includes all elements of the assessment needed to meet state guidelines for determining eligibility for mental health, intellectual/developmental disability and substance use services. It includes the following components: a comprehensive clinical assessment (CCA) and completion of a community integration plan (CIP), each of which is described below. The DMA contractor sends an evaluator to perform the Level II Evaluation at the location where the individual is at the time of the referral. ***See Appendix D - Diagnoses Approved for SMI (Serious Mental Illness) or SPMI (Serious and Persistent Mental Illness) Designation.***

## Comprehensive Clinical Assessment (CCA)

- The comprehensive clinical assessment is a face-to-face assessment that takes place after the Level I PASRR screen when the screen has identified a person as having indicators for Serious Mental Illness or Serious and Persistent Mental Illness.
- The CCA consists of the following elements:
  - demographic information;
  - social history/social development;
  - family history (medical/psychiatric);
  - substance use assessment;
  - functional assessment/activities of daily living (ADLs);
  - the psychiatric service screen;
  - mini-mental status examination;
  - psychiatric evaluation/observation;
  - affective observation;
  - psychiatric behavior assessment; and
  - case abstract and medical diagnosis.
- Additional information on the elements of the CCA can be found in the DHHS Implementation Bulletin #36, the DMA Clinical Coverage Policy 8C, and the DMH/DD/SAS Records Management and Documentation Manual.
- Even though during the CCA process, the individual may have been identified to have SMI or SPMI, if it is determined during the DMH/DD/SAS medical review process that the individual does not meet the criteria for SMI or SPMI, the individual would not be eligible for participation in the Transition to Community Living Initiative.

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## The Community Integration Plan (CIP)

- The purpose of community integration is to ensure that the individual with SMI or SPMI requesting admission or who is at risk of admission to an ACH is provided with informed choices.
- As part of the Level II Evaluation process, after the CCA confirms SMI or SPMI, the evaluator will explain the variety of residential choices available. The evaluator will document the discussion and any resulting decisions. Informed choices for housing include any community-based housing preference (with or without benefits available as a participant in the Transition to Community Living Initiative) in addition to residing in an Adult Care Home.
- The evaluator will also provide information about the services which may be available regardless of where the individual chooses to reside, and will document the discussion.
- When the evaluator offers housing options, the options presented are all available in the community. Eligibility determinations for specific services and housing options occur during the person-centered planning process.
- Effective March 8, 2015, the Community Integration Plan is completed by the evaluator as part of the Comprehensive Clinical Assessment process (The LME-MCOs were responsible for completing the CIPs prior to March 8, 2015).
- See **Appendix E – Community Integration Plan** and **Appendix F – Guidelines for Completing the Community Integration Plan**.
- The CIP documents that community integration planning occurred and indicates which residential option and other services were chosen by the individual or his or her legal representative.
- The CIP is not to be construed as a complete plan; it is part of the person-centered planning process. Together the results of the CCA and the CIP must be used in the development of the individual's Person-Centered Plan. (See the section on "LME-MCO Responsibilities" for more information on the required timelines for completion of the Person-Centered Plan).
- The individual is not bound by the choices made on the CIP and may choose other available options at any time during the process.
- In those cases where the individual is unable to make decisions on his or her own, the legally responsible person (LRP) represents his or her best interest with respect to the TCL Initiative and community living options.

A legally responsible person is defined as follows by statute: when applied to an adult, who has been adjudicated incompetent, a guardian; or when applied to an adult who is incapable of making or communicating their decisions but who has not been adjudicated incompetent, a health care agent named pursuant to a valid health care power of attorney. To the extent

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practicable, the LRP should take the individual's wishes and preferences into consideration in making decisions concerning community living options.

## Final Steps

- If the Community Integration Plan results in a decision by the individual or his or her legally responsible person (LRP) to participate in the TCL Initiative and live in the community, the evaluation documents (which at a minimum include the Level I PASRR screen, the Comprehensive Clinical Assessment and the Community Integration Plan) are uploaded into NCMUST. DMH/DD/SAS reviews the uploaded documents and transmits these documents to the appropriate LME-MCO for transition planning. Notifications are disseminated, but no PASRR number is generated.
- If the Community Integration Plan results in a decision by the individual or his or her legally responsible person (LRP) to be admitted to an ACH, the evaluation documents are uploaded into NCMUST. DMH/DD/SAS reviews the uploaded documents and, if in agreement with the recommendation, will issue a PASRR number and disseminate notifications to all involved parties.

## Exemptions from the Level II Evaluation

- Individuals with other related conditions such as intellectual/developmental disabilities or substance use only do not meet the criteria for participation in the Transition to Community Living Initiative.
- Individuals presenting with SMI or SPMI, but who have a **primary** diagnosis of dementia or a certified terminal illness are exempted from the full assessment and planning process. These conditions must be documented in writing by a Physician, Physician Assistant or Nurse Practitioner. It must be documented in the medical record that dementia is primary and supersedes all other medical conditions.
- In these cases, the individual will receive a PASRR authorization, and the individual and provider will move forward to determine the most appropriate residential option.

## PASRR Final Determination

- **The PASRR final determination is made by the DMH/DD/SAS Medical Director. A letter of notification of the decision is generated by DMH/DD/SAS to reflect the final determination.**

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- When available documentation does not include evidence of which diagnosis is primary and/or a physician certification is not available, documentation may be requested and a record review will be conducted by DMH/DD/SAS.

## **Important Clarification – A Co-Occurring Condition Is Not Exempt**

- Individuals with the co-occurring conditions of SPMI or SMI and substance use or intellectual/developmental disability are eligible for participation in Transition to Community Living Initiative (TCLI).
- SPMI and SMI specifically include individuals who otherwise satisfy the relevant criteria and who have a co-occurring condition, such as a substance abuse disorder, developmental disability, acquired brain injury or other condition.
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## PASRR Authorizations Codes

When a PASRR number is generated as described above, a corresponding authorization code is affixed. A corresponding code is affixed. The code, which appends the number, denotes the determination of the individual’s status as a result of the assessment. See the table below for an explanation of authorization codes.

Codes for ACH	Definition
<b>G</b>	Dementia Primary (requires documentation see above)
<b>LEVEL II: REFERRAL NOTIFICATIONS</b>	
<b>K</b>	Level II: Positive evidence of SMI/SPMI individual is medically and psychiatrically stable. This individual is being referred to the LME-MCO for community housing options and care coordination/informed choice. The individual may be served in several community settings. See <b>Appendix G - LME-MCO Contact Information</b> .
<b>U</b>	Level II: Medically unstable – Individual has SMI/SPMI and is medically unstable. Medical needs cannot be met a community setting.
<b>R</b>	Level II: Psychiatrically unstable – Individual has SMI/SPMI and is psychiatrically unstable and needs care in a more structured setting. Refer to LME-MCO for care coordination ( <b>Appendix G – LME-MCO Contact Information</b> ).
<b>T</b>	Time-Limited : 6 Months – Individual has terminal illness (requires MD Certification)
<b>O</b>	Level II : No evidence of SMI/SPMI after the evaluation
<b>P</b>	Cancelled : Private Pay
<b>X</b>	Cancelled (No longer seeking placement/Consent not granted)
	<b>A PASRR number will not have an expiration date unless there is a change in status.</b>

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## How Long Is a PASRR Number Valid?

- Effective March 8, 2015, for individuals with no evidence or diagnosis of SMI/SPMI, the PASRR number remains valid with no expiration unless there is a change in the individual's psychiatric or medical status. A change in status shall require a new PASRR.
- For individuals with a SMI/SPMI diagnosis who have chosen to live in an ACH, the PASRR number remains valid with no expiration, unless there is a change in psychiatric or medical status. Residents of ACHs who exhibit a significant change in mental health or medical symptoms or needs must be rescreened through the Level I process as a Status Change. A change in status can occur for individuals with newly-discovered diagnoses or symptoms of SMI or SPMI as well as those known to have a SMI or SPMI and whose related treatment or medical needs may have changed significantly.

## Transfer to Another Adult Care Home

- Individuals who have requested to transfer from one ACH to another **AND** already have a PASRR number can transfer.
- An individual may transfer to a new ACH without a new PASRR.
- If an individual transfers to a new ACH, the receiving facility is required to submit a NC Adult Care Tracking Form to DMH/DD/SAS.

## LME-MCO Responsibilities

- DMH/DD/SAS will upload the PASRR, Comprehensive Clinical Assessment and Community Integration Plan packets to the LME-MCOs through a secure File Transfer Program (FTP) daily, except for holidays and weekends. This constitutes notice to the LME-MCO that an individual from their area has chosen community living through participation in the TCL Initiative. The LME-MCO must access the FTP daily to obtain the information packets.
- When DMH/DD/SAS notifies the LME-MCO that an individual with SMI or SPMI has chosen community living through participation in the TCL Initiative, the LME-MCO must make arrangements to meet with the individual as soon as possible to avoid delayed hospital discharge, maintaining the individual in a more restrictive level of care when medical necessity for that level of care is no longer indicated, resulting in inefficient use of hospital resources.
- The LME-MCO will coordinate the development of the Person-Centered Plan (PCP) using the information in the CCA, the CIP, and associated documents. The meeting for the Person-Centered Plan must be scheduled within 10 calendar days of completion of the CIP, with the PCP meeting occurring no more than 30 days from the date of the CIP. The PCP document shall be completed within 30 calendar days of the PCP meeting date.

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- There are three potential options for the TCL Initiative:
  - The individual with SMI or SPMI is interested in transitioning with a housing slot as well as services. This requires a PCP prior to transition.
  - The individual with SMI or SPMI is interested in Supported Employment or ACT. This requires a PCP prior to beginning the services.
  - The individual with SMI or SPMI who is interested in other services that are not enhanced should be served using the appropriate treatment documentation.
- Based on the results of the Level II Evaluation, the LME-MCO must make immediate arrangements for service provision.
- The LME-MCO will inform and show the individual the available options for residing in his or her community of choice.
- The LME-MCO may request a housing slot funded by DHHS through the Transition to Community Living (TCL) Initiative.
- When DMH/DD/SAS notifies an LME-MCO of an individual with SMI or SPMI and the individual, after information about housing options has been provided as part of the Community Integration Plan, has chosen admission to an ACH, the LME-MCO must move that individual's name to their In-Reach list.
  - The In-Reach list contains names of individuals with SMI/SPMI who reside in ACHs in the geographic area of the LME-MCO.
  - The LME-MCO must implement individualized strategies to address concerns and objections to placement in an integrated setting and maintain contact with the individuals choosing to reside in ACHs.
  - Admission to an ACH triggers the In-Reach process as outlined in the USDOJ Settlement.

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## Appendix A - Acronyms

**ACH** – NC licensed Adult Care Home

**CCA** – Comprehensive Clinical Assessment

**CIP** – Community Integration Plan

**DHHS** – NC Department of Health and Human Services

**DMA** – NC Division of Medical Assistance

**DMH/DD/SAS** – NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services

**FTP** – File Transfer Program

**LME-MCO** – Local Management Entity-Managed Care Organization

**LRP** – Legally Responsible Person

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

**PASRR** – Pre-Admission Screening and Resident Review

**PCS** – Personal Care Services

**PCP** – Person-Centered Plan

**PCP** – Primary Care Physician

**RC** – Related Condition

**QMHP** – Qualified Mental Health Professional

**SMI / SPMI**– Serious Mental Illness / Serious and Persistent Mental Illness

**TCLI** – Transition to Community Living Initiative

**USDOJ** – United States Department of Justice

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## Appendix B - Getting Started with NCMUST

PASRR Screening for an individual requesting admission to an ACH is accomplished through the online Medicaid Uniform Screening Tool (NCMUST). ACH providers, who are not currently registered with NCMUST to review the status of a PASRR, shall follow the steps below. Remember, no one employed by or affiliated with an ACH may complete a PASRR screen, but an ACH provider needs to be able to check the status of a screen for a potential resident.

- To inquire about using the DHHS free web-based tool or for assistance in getting started, please refer to the NCMUST [Getting Started](#) page.
- Representatives of an Adult Care Home who want to register in order to check the PASRR status of a person requesting admission may do so here: <http://www.ncmust.com>.
- For help regarding policy-related questions, please contact Home and Community Care at NC DMA, 919-855-4340.
- For help in accessing a Level I PASRR screener or for process questions, contact the following DHHS PASRR Liaisons:
  1. Barbara Flood – EAST - 919-218-3872, [barbara.flood@dhhs.nc.gov](mailto:barbara.flood@dhhs.nc.gov)
  2. Patricia McNear – CENTRAL – 919-218-3272, [patricia.mcnear@dhhs.nc.gov](mailto:patricia.mcnear@dhhs.nc.gov)
  3. Bill Joyce – WEST – 336-312-0212, [bill.joyce@dhhs.nc.gov](mailto:bill.joyce@dhhs.nc.gov)
- Technical and operational program help is available by contacting the PASRR Help Desk at **1-855-883-8016**. Choose option 7 from the main menu and then option 2 for the Technical Help Desk. To contact the Help Desk by email, please send questions to [uspquestions@hp.com](mailto:uspquestions@hp.com)
- One-on-one or group training is available online. Register online now at <http://www.ncmust.com>.

### Electronic Submission by a Level I Screener

For currently registered users of the NC Medicaid Uniform Screening Tool (NCMUST) or Provider Link, there are no further requirements. The tool now has the option to select the ACH PASRR Screening form. Please note that the screening form is identical to the PASRR for Skilled Nursing Facilities (SNF).

For those who are not registered and would like to submit the ACH PASRR Level I form electronically, please follow the steps below.

- Refer to the [Getting Started](#) page. <http://www.ncmust.com/>
- Technical support is available by contacting the PASRR help desk at 1-855-883-8018. Choose option 7 from the main menu and then option 2 for the technical help desk.
- One-on-one or group training is available online. Register Online at <http://www.ncmust.com/info>.

# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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## Appendix C – PASRR Level I Screen Information Needed

The following information must be provided to the Level I PASRR screener for completion of the screening process:

- Signed Release of Information to the individual Level I screener and DMA contractor
- Name, Email Address and Phone Number of the person providing the information
- FL-2 completed within 90 days
- Physical Examination performed within the past 90 days
- Medication Administration Record (MAR) if the individual is in a licensed facility/a list of medications if the individual is at home
- Psychiatric Evaluation performed within the past 90 days (If available)
- Psychological Evaluation/Comprehensive Clinical Assessment performed within the past 30 days (if available)
- Behavior Plan (if applicable)

The information below must be included in the documents listed above, or provided additionally:

- Last, First and Middle Name of the individual being screened
- Social Security # (complete, not the last four digits),
- Date of Birth
- Street Address
- Phone #
- Gender
- Marital Status
- Medicaid #
- Medicare #
- Medicaid County of Origin
- Legally Responsible Person (LRP)
- LRP Address
- LRP Phone # (Home and Work)
- Attending/Primary Care Physician, Address, Phone #
- Substance Abuse Information/Date of Last Use/Drug of Choice
- Intellectual/Developmental Disability Level, if applicable
- Current Medical Diagnosis
- Psychotropic Medication
- Mental Health Information, including Diagnoses
- Behavioral Information (e.g., task limitations, behaviors exhibited within the past 6 months)
- Mental Health Treatment (last 2 years with dates for treatment)
- Interventions to prevent hospitalization, including dates where applicable

# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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- Evidence of the person's orientation to person, place, time
- Type of communication the person uses
- Functional Limitations (self-care, self-direction, mobility, independent living, learning)
- Name and number of someone who knows the person well

# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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## Appendix D - Diagnoses Approved for Designation as SMI (Serious Mental Illness) or SPMI (Serious and Persistent Mental Illness)\*

ICD 9	ICD10	Bipolar I disorder, Current or most recent episode depressed
296.52	F31.32	Moderate
296.53	F31.4	Severe
296.54	F31.5	With psychotic features
296.50	F31.9	Unspecified
296.40	F31.0	Bipolar I disorder, Current or most recent episode hypomanic
296.40	F31.9	Unspecified
		Bipolar I disorder, Current or most recent episode manic
296.42	F31.12	Moderate
296.43	F31.13	Severe
296.44	F31.2	With psychotic features
296.40	F31.9	Unspecified
296.7	F31.9	Bipolar I disorder, Current or most recent episode unspecified
296.89	F31.81	Bipolar II disorder
	F06.33	With manic features
	F06.33	With manic- or hypomanic-like episodes
	F06.34	With mixed features
301.83	F60.3	<b>Borderline personality disorder</b>
297.1	F22	<b>Delusional disorder</b>
		<b>Major depressive disorder, Recurrent</b>
296.32	F33.1	Moderate
296.33	F33.2	Severe
296.34	F33.3	With psychotic features
296.30	F33.9	Unspecified
		<b>Schizoaffective disorder</b>
295.70	F25.0	Bipolar type
295.70	F25.1	Depressive type
295.90	<b>F20.9</b>	<b>Schizophrenia</b>

\*Note: Other diagnoses with significant functional limitations may be designated as SMI/SPMI but need to have additional review above and beyond the automated system provided through the NCMUST.

# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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## Appendix E – Community Integration Plan

MID#: \_\_\_\_\_

MUST# \_\_\_\_\_

### COMMUNITY INTEGRATION PLAN

FOR

\_\_\_\_\_

This Community Integration Plan (CIP) documents the housing choice an individual has made after being provided information about the option of transitioning to supported housing including its benefits and the array of services and supports available. This CIP document addresses housing choice and options that precede the development of the person-centered plan (for [Enhanced Services defined in DMA Clinical Coverage Policy 8A](#)) or the treatment plan (for [Basic Services defined in DMA Clinical Coverage Policy 8C](#)).

**Person Providing Housing Options:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Others present at request of individual:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Living Arrangements Discussed, including benefits of supported housing:**

Supported Housing (Transition to Community Living Initiative Housing slot)

.5600 Mental Health Group Homes

Living with Family with Supports

Private Residence with Supports

Adult Care Home (ACH)

Family Care Home (FCH)

Other Arrangements Discussed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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**Current Services:**

Assertive Community Treatment (ACT)

Community Support Team (CST)

Outpatient Therapy (OPT)

Medication Management

Supported Employment

Psychosocial Rehabilitation (PSR)

Other Supports and Services Discussed: \_\_\_\_\_

\_\_\_\_\_

**MH/DD/SA Services of interest to Person:** \_\_\_\_\_

**Other Comments or concerns:** \_\_\_\_\_

\_\_\_\_\_

***I am free to choose appropriate and available housing options. After being fully informed of all options available, I have chosen:***

Supported Housing (TCLI housing slot)

.5600 Mental Health Group Homes

Living with Family with Supports

Private Residence with Supports

Adult Care Home (ACH)

Family Care Home (FCH)

Other \_\_\_\_\_

# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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*If a Person Centered Plan (for Enhanced Services), or an appropriate Treatment Plan (for Basic Services) is developed for me it will reflect my choices among the available services and supports.*

Signature of Person: \_\_\_\_\_ Date: \_\_\_\_\_

***Person Providing Choice and Housing Options:***

I provided information about the option of transitioning to supported housing, its benefits, and the array of services and supports available.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

***Legally Responsible Person (LRP):***

As LRP of the person or general guardian of \_\_\_\_\_, I have been informed of the housing and service options available to my ward, and agree/disagree with this plan.

Check here if this is a verbal consent

***Signature:*** \_\_\_\_\_ ***Title:*** \_\_\_\_\_

***Agency:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

-----  
***Signature of first Witness if verbal consent given:*** \_\_\_\_\_

***Title:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

***Signature of second Witness if verbal consent given:*** \_\_\_\_\_

***Title:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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## PART 2

### FOR COMPLETION BY LME/MCO

Expected start date for services: \_\_\_\_\_

Scheduled Person Centered Plan Meeting Date: **(No More than 10 days from CIP date):**

\_\_\_\_\_  
*[See Guidelines in Part 2 of the Guidance for when a PCP is required]*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

LME-MCO: \_\_\_\_\_ Date: \_\_\_\_\_

# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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## Appendix F – Guidelines for Completing the Community Integration Plan (CIP)

### **Guidelines for Completing the Community Integration Plan (CIP)**

The Community Integration Plan (CIP) has been developed as a tool for interviewing people who meet requirements for Diversion under the US DOJ Settlement/Transition to Community Living Initiative (TCLI). This tool is used to gather information and begin the discussion about whether an individual is interested in services and housing options available through TCLI. For background information, the US DOJ Settlement can be found here: [US DOJ Settlement](#)

The following guidance has been developed to assist those meeting with individuals to record the information required. All questions should be completed; if a question is not answered, please include the reason in the comments section. Remember, the information on the form should reflect the desires of the individual. Information from others, e.g., legally responsible person, family member, friends, staff, can be included in this discussion, but the plan is about what the person desires.

### **Guidelines for Each Section**

**Medicaid Identification Number (MID)** – The person’s Medicaid number goes in the upper right hand corner. This number can be found from a variety of sources including the person’s Medicaid card, a hospital if a patient, or an assisted living facility. Include all letters and numbers if the person receives Medicaid but an MID cannot be located, indicate that in the space provided.

**NC Medicaid Unified Screening Tool (MUST) Number** – Please insert the NC MUST number in the upper right hand corner.

**Person’s Name** – The person’s legal name should be included in the space under the title, “Community Integration Plan For \_\_\_\_\_.” This name must match the name on the Medicaid card.

**Legally Responsible Person** – Indicate if the person has a legal representative. If he or she does not, no other information on this form regarding LRPs needs to be completed.

# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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**Person Providing Housing Options** – This is the name of the evaluator who is speaking with the identified person about housing and service options.

**Agency** – This is the name of the evaluator’s agency (e.g. Earthmark) responsible for providing housing and service options.

**Position** – This is the job title of the evaluator completing the CIP.

**Others Present at Request of Individual** – Enter the names of any other people the individual requested or permitted to participate in this planning process.

## **Living Arrangements Discussed, including benefits of supported housing**

Check all options discussed on the CIP form. Descriptions are provided below:

- Supported Housing (TCLI Housing Slot).** When a person qualifies for participation in TCLI, including verification of income, application for a Housing Slot may be made which will offer rent and other subsidies for start-up and ongoing tenancy support.
- .5600 Mental Health Group Home.** These are group homes or Alternative Family Living (AFL) homes. The group homes most often have six individuals while AFLs have a maximum of 3 people. These homes offer 24 hour supervision of individuals who reside there. For background information, rules for .5600 homes can be found here: [.5600 Rules](#)
- Living with family, with supports.** An individual may choose to live with a family member or spouse and receive supports and services. This person may or may not qualify for a housing slot, but he or she is choosing not to make application.
- Private Residence with supports.** An individual may choose to live on their own and receive supports and services. This person may or may not qualify for a housing slot, but he or she is choosing not to make application.
- Adult Care Home (ACH).** Regardless of meeting criteria for TCLI and a housing slot, an individual may still choose admission to an ACH. An ACH is an assisted living residence in which the housing management provides 24 hour scheduled and unscheduled personal care services for 2 or more individuals.
- Family Care Home (FCH).** A FCH is an Adult Care Home designated for 2 – 6 individuals. FCH licensure is the same as ACH licensure, so for the purposes of the TCLI it is the same as admission to an ACH. As above, regardless of meeting criteria for TCLI and a housing slot, an individual may choose admission

# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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to a FCH. The FCH home is a more intimate, home-like setting than a larger ACH.

- **Other arrangements discussed.** List any other housing options that may have been discussed.
- **Comments.** Please include any additional information related to the discussion of housing options. Be specific as the LME-MCO will need to follow up on any significant issues noted here.

**Current Services Received** – Check all services currently being received by the individual. Services most often in place include Assertive Community Treatment (ACT), Community Support Team (CST), Psychosocial Rehabilitation (PSR), Outpatient Treatment, and Medication Management. Service definitions for these and all available mh/dd/sa enhanced services may be found here: [DMA Clinical Coverage Policy 8A](#). Service definitions for Outpatient Treatment and Medication Management may be found here: [DMA Clinical Coverage Policy 8C](#)

**MH/DD/SA Services of Interest to the Person** – Discuss with the individual his or her interest in services that they are not currently receiving. If unaware of services discuss some of the common options listed above or others from DMA Clinical Coverage Policy 8A or 8C. Record any services the person is interested in. *[This is not an acknowledgement by the evaluator of eligibility for the service, just an indication of the person's interest.]*

**Other Comments/Concerns** – This section is to be used for information that is relevant to the person's overall status and desires. If there are any specific reasons why some sections of the CIP are not completed, indicate the reason in this section (e.g., the person does not have a MID).

**Type of Housing Desired by the Person** – Indicate the type of housing the individual is interested in pursuing. This is not a place to indicate what the evaluator thinks is appropriate. The evaluator's clinical recommendations should be found in the Level II Assessment.

**Signature of Person** – The person receiving information on housing options signs the form. If person declines to sign, indicate that on the form.

**Date signed** – This is the date the person signed the form.

**Signature of Person Providing Housing Options** – This is the signature of the person who led the discussion on housing options.

# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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**Title** – This is the job title of the person who signed above.

**Date** – This is the date the individual who provided housing options signed the form.

**Signature of the Legally Responsible Person (LRP)** – This is the signature of the legally responsible person. It may be obtained in person or verbally. If it is a verbal consent, there must also be a witness and witness signature. If LRP refuses to sign, indicate on the form. Informed consent must be obtained prior to or at the time of the screening. If the LRP is not available or not able to be present at the time of the screening; verbal consent of a LRP is necessary to do a clinical assessment. The consent can be verbal, but written is preferred. Verbal consent can be obtained on the phone, with a witness signature. It should be documented as a verbal consent by checking the box on the form and by obtaining witness signatures. Attempts should be made after to follow up with guardian for written consent.

If LRP is available only by phone and gives verbal consent, document verbal consent given, record LRP's name, title, agency (if applicable) and date it was given.

**Title of Legally Responsible Person** – This is the job title of the LRP if guardianship is held by an agency. If the LRP is not through an agency, indicate by N/A.

**Agency of Legally Responsible Person** – This is the agency that the LRP works for if guardianship is held by an agency. If the LRP is not through an agency, indicate by N/A.

**Date** – This is the date that the LRP signed the CIP.

# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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## PART 2

### FOR COMPLETION BY THE LME-MCO

**Expected Start Date for Services** – This is the expected date that any service will be started in order to begin the process of transitioning to the community. If an exact date is not known, document the anticipated date and explain in the comments.

**Scheduled PCP Meeting Date** – This is the date that the responsible staff at the LME-MCO schedules the PCP planning meeting. It must be scheduled no longer than 10 days after the completion of the CIP. The PCP meeting needs to occur no more than 30 days from the date of the CIP and needs to be completed within 30 calendar days of the PCP meeting date.

### IMPORTANT NOTES ABOUT PCPS

- The CIP is NOT a stand-alone document and should inform the development of the Person Centered Plan or Treatment Plan. Attach completed CIP to Person-Centered Plan or Treatment Plan.
- A person-centered plan is required for anyone with a Housing Slot or Supported Employment services.
- A person-centered plan is required for anyone receiving an Enhanced Service (a service defined in DMA Clinical Coverage Policy 8A)
- A person-centered plan is NOT required for an individual receiving only Basic Services (a service defined in DMA Clinical Coverage Policy 8C), UNLESS they have a Housing Slot. An appropriate treatment plan format may be used in this case for documenting service provision.

# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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## Appendix G - LME-MCO Contact Information by LME-MCO and by County

### Contacts by LME-MCO: Ask for the TCLI Transition Coordinator.

#### Alliance – 910-222-6354

- Cumberland
- Durham
- Johnston
- Wake

#### Cardinal Innovations – 704-939-7852

- Alamance
- Cabarrus
- Caswell
- Chatham
- Davidson
- Franklin
- Granville
- Halifax
- Mecklenburg
- Orange
- Person
- Rowan
- Stanly
- Union
- Vance
- Warren

#### CenterPoint Human Services – 336-778-3506

- Davie
- Forsyth
- Rockingham
- Stokes

#### CoastalCare – 910-550-2592

- Brunswick

# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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- Carteret
- New Hanover
- Onslow
- Pender

## **East Carolina Behavioral Health (ECBH)** – 252-695-6400

- Beaufort
- Bertie
- Camden
- Chowan
- Craven
- Currituck
- Dare
- Gates
- Hertford
- Hyde
- Jones
- Martin
- Northampton
- Pamlico
- Pasquotank
- Perquimans
- Pitt
- Tyrrell
- Washington

## **Eastpointe** – 919-587-0360

- Bladen
- Columbus
- Duplin
- Edgecombe
- Greene
- Lenoir
- Nash
- Robeson

# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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- Sampson
- Scotland
- Wayne
- Wilson

## **Partners Behavioral Health Management** – 828-323-8058

- Burke
- Catawba
- Cleveland
- Gaston
- Iredell
- Lincoln
- Surry
- Yadkin

## **Sandhills** – 910-673-9111

- Anson
- Guilford
- Harnett
- Hoke
- Lee
- Montgomery
- Moore
- Randolph
- Richmond

## **Smoky Mountain Center** – 828-757-5726, 828-506-5769

- Alexander
- Alleghany
- Ashe
- Avery
- Buncombe
- Caldwell
- Cherokee

# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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- Clay
- Graham
- Haywood
- Henderson
- Jackson
- Macon
- Madison
- McDowell
- Mitchell
- Polk
- Rutherford
- Swain
- Transylvania
- Watauga
- Wilkes
- Yancey

## **Contacts by County: Ask for the TCLI Transition Coordinator.**

<u>County</u>	<u>LME/MCO</u>	<u>Contact #</u>
Alamance	Cardinal Innovations	704-939-7852
Alexander	Smoky Mountain	828-757-5726, 828-506-5769
Alleghany	Smoky Mountain	828-757-5726, 828-506-5769
Anson	Sandhills	910-673-9111
Ashe	Smoky Mountain	828-757-5726, 828-506-5769
Avery	Smoky Mountain	828-757-5726, 828-506-5769
Beaufort	ECBH	252-695-6400
Bertie	ECBH	252-695-6400
Bladen	Eastpointe	919-5870360
Brunswick	CoastalCare	910-550-2592
Buncombe	Smoky Mountain	828-757-5726, 828-506-5769
Burke	Partners Behavioral Health	828-323-8058
Cabarrus	Cardinal Innovations	704-939-7852
Caldwell	Smoky Mountain	828-757-5726, 828-506-5769
Camden	ECBH	252-695-6400

# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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Carteret	CoastalCare	910-550-2592
Caswell	Cardinal Innovations	704-939-7852
Catawba	Partners Behavioral Health	828-323-8058
Chatham	Cardinal Innovations	704-939-7852
Cherokee	Smoky Mountain	828-757-5726, 828-506-5769
Chowan	ECBH	252-695-6400
Clay	Smoky Mountain	828-757-5726, 828-506-5769
Cleveland	Partners Behavioral Health	828-323-8058
Columbus	Eastpointe	919-5870360
Craven	ECBH	252-695-6400
Cumberland	Alliance	910/222-6354
Currituck	ECBH	252-695-6400
Dare	ECBH	252-695-6400
Davidson	Cardinal Innovations	704-939-7852
Davie	CenterPoint Human Services	336-778-3506
Duplin	Eastpointe	919-5870360
Durham	Alliance	910-222-6354
Edgecombe	Eastpointe	919-5870360
Forsyth	CenterPoint Human Services	336-778-3506
Franklin	Cardinal Innovations	704-939-7852
Gaston	Partners Behavioral Health	828-323-8058
Gates	ECBH	252-695-6400
Graham	Smoky Mountain	828-757-5726, 828-506-5769
Granville	Cardinal Innovations	704-939-7852
Greene	Eastpointe	919-5870360
Guilford	Sandhills	910-673-9111
Halifax	Cardinal Innovations	704-939-7852
Harnett	Sandhills	910-673-9111
Haywood	Smoky Mountain	828-757-5726, 828-506-5769
Henderson	Smoky Mountain	828-757-5726, 828-506-5769
Hertford	ECBH	252-695-6400
Hoke	Sandhills	910-673-9111
Hyde	ECBH	252-695-6400
Iredell	Partners Behavioral Health	828-323-8058
Jackson	Smoky Mountain	828-757-5726, 828-506-5769
Johnston	Alliance	910-222-6354
Jones	ECBH	252-695-6400
Lee	Sandhills	910-673-9111
Lenoir	Eastpointe	919-5870360
Lincoln	Partners Behavioral Health	828-323-8058
McDowell	Smoky Mountain	828-757-5726, 828-506-5769
Macon	Smoky Mountain	828-757-5726, 828-506-5769

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Madison	Smoky Mountain	828-757-5726, 828-506-5769
Martin	ECBH	252-695-6400
Mecklenburg	Cardinal Innovations	704-939-7852
Mitchell	Smoky Mountain	828-757-5726, 828-506-5769
Montgomery	Sandhills	910-673-9111
Moore	Sandhills	910-673-9111
Nash	Eastpointe	919-5870360
New Hanover	CoastalCare	910-550-2592
Northampton	ECBH	252-695-6400
Onslow	CoastalCare	910-550-2592
Orange	Cardinal Innovations	704-939-7852
Pamlico	ECBH	252-695-6400
Pasquotank	ECBH	252-695-6400
Pender	CoastalCare	910-550-2592
Perquimans	ECBH	252-695-6400
Person	Cardinal Innovations	704-939-7852
Pitt	ECBH	252-695-6400
Polk	Smoky Mountain	828-757-5726, 828-506-5769
Randolph	Sandhills	910-673-9111
Richmond	Sandhills	910-673-9111
Robeson	Eastpointe	919-5870360
Rockingham	CenterPoint Human Services	336-778-3506
Rowan	Cardinal Innovations	704-939-7852
Rutherford	Smoky Mountain	828-757-5726, 828-506-5769
Sampson	Eastpointe	919-5870360
Scotland	Eastpointe	919-5870360
Stanly	Cardinal Innovations	704-939-7852
Stokes	CenterPoint Human Services	336-778-3506
Surry	Partners Behavioral Health	828-323-8058
Swain	Smoky Mountain	828-757-5726, 828-506-5769
Transylvania	Smoky Mountain	828-757-5726, 828-506-5769
Tyrrell	ECBH	252-695-6400
Union	Cardinal Innovations	704-939-7852
Vance	Cardinal Innovations	704-939-7852
Wake	Alliance	910-222-6354
Warren	Cardinal Innovations	704-939-7852
Washington	ECBH	252-695-6400
Watauga	Smoky Mountain	828-757-5726, 828-506-5769
Wayne	Eastpointe	919-5870360
Wilkes	Smoky Mountain	828-757-5726, 828-506-5769
Wilson	Eastpointe	919-5870360
Yadkin	Partners Behavioral Health	828-323-8058

# Pre-Admission Screening and Resident Review (PASRR) for Adult Care Homes (ACH)

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Yancey

Smoky Mountain

828-757-5726, 828-506-5769