



## Screening Procedures for Long Term Care Services

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## I. Introduction and Overview

### I-A: Long Term Care Screening Overview

This manual serves as a reference for Long Term Care Providers, such as nursing facility, hospital, and social service staff, regarding state and federal screening requirements for North Dakota Long Term Care (LTC) services, including:

- *Preadmission Screening and Resident Review (PASRR) Level I Screens and Level II Evaluations.* Applies to applicants and residents of Medicaid certified nursing facilities, regardless of the individual applicant's or resident's method of payment.
- *Long Term Care Medical Necessity Screening.* Applies to all North Dakota Medicaid eligible individuals applying to or receiving Long Term Care nursing facility or waiver services as part of the Medical Assistance (Medicaid) Admission and re-certification requirements, as well as applicants and residents subject to PASRR (regardless of method of payment).

In the following sections, we provide you with a description of screening requirements, screening processes, and important definitions that you will need to know in order to follow these program requirements. Both PASRR and Medicaid screening requirements advocate for the individual, through promoting the least restrictive and most appropriate placement at the earliest possible time.

### I-B: Ascend Management Innovations

Ascend Management Innovations (Ascend) is a Tennessee-based utilization review firm that specializes in integrated disease management directed at both behavioral and medical health care. Our staff is well versed in Long Term Care review processes, including Level of Care and PASRR screening in North Dakota, as well as in a variety of states.

Screening information can be forwarded by facsimile, mail, phone, email, or web-based submission. All phone and facsimile numbers are toll free. Contact information is as follows:

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## II. Preadmission Screening and Resident Reviews (PASRR)

### II-A: History of PASRR

The Preadmission Screening and Resident Review (PASRR) process is a product of broad sweeping nursing facility reform that originated in the 1980s from a Congressional initiative directing CMS (then HCFA) and the GAO to investigate nursing facility quality. The catalyst was a combination of concerns regarding psychopharmacologic restraints, poly-pharmacy, and quality of care issues in nursing facilities. Subsequent investigation identified a high number of “trans-institutionalized” residents moved from psychiatric hospitals to nursing facility (NF) care during the deinstitutionalization movement. The CMS funded Institute of Medicine (IOM) study also reported widespread quality problems and recommended strengthening Federal regulations to address patients’ rights, quality of care, and quality of life. A GAO (1987) report corroborated the IOM findings, citing more than one third of nursing facilities operating at a level below minimum Federal standards. As a result, the Omnibus Reconciliation Act of 1987 (OBRA-87), known as the Nursing Home Reform Act, mandated broad-spectrum reform in the nursing facility industry.

These efforts, for the first time, clarified the nursing facility industry’s responsibility for addressing behavioral health needs of residents, and a portion of that reform required that residents with mental illness (MI), mental retardation (MR), and conditions related to mental retardation (referred to in regulatory language as related conditions or RC) participate in comprehensive Preadmission Screening and Annual Resident Review evaluations (PASARRs) to assess:

- Whether the individual requires the level of care provided in an institutionally based setting and, if so, whether an NF is the appropriate institution.
- Whether the individual has behavioral health treatment needs. For residents exhibiting active, or specialized, treatment needs, the state authority was determined as responsible for providing that treatment.

Routine and ongoing rehabilitative treatment needs were determined to be the responsibility of the NF following their identification through the PASARR process.

PASARRs were referred to as Level II evaluations to distinguish them from their counterpart Level I screens, where Level I screens are an identification process for Medicaid certified nursing facilities to identify residents subject to the Level II. The Level I is a brief screening tool to identify people with MI, MR, and RC. Once an individual is identified, a Level II evaluation must be performed to determine whether the individual has special behavioral health treatment needs.

In October 1996, the Annual portion of Level II evaluations was repealed, re-naming the project PASRR, through Public Law 104-315. Federal regulations for PASRR can be found in 42 CFR §483.100-§483.138, the Federal Nursing Home Reform Act of 1987 (Omnibus Budget Reconciliation Act, OBRA, of 1987), and Subtitle C of Public Law 100-203. Federal guidelines for implementing PASRR requirements can be found in the September 26, 1991 Requirements for Long Term Care Facilities and November 30, 1992 PASARR Requirements.

## II-B: PASRR Impact

Although unable to separate the effect of PASRR from other reform components (i.e., the RAI and OBRA 1990 LTC requirements), a pre- and post- OBRA-'87 analysis of more than 250 NFs in 10 states identified meaningful improvements in NF treatments (Phillips, Hawes, Morris, & Fries, 1994). Decision making through the reform process has also been supported through a variety of legal decisions, such as the June 1999 Supreme Court position regarding Tommy Olmstead v. L.C. and E.W. (The Olmstead Decision) which supported ADA mandates of "the most integrated setting appropriate" for people with mental or physical disabilities and required "community-based treatment for persons with mental disabilities when the state's treatment professionals determine that such placement is appropriate." In keeping with the Olmstead decision, assessment procedures must maintain a focus on identifying the most integrated appropriate setting.

## II-C: The Level I Purpose and Components

The Level I screen and, as applicable, level of care screen, is completed within 6 business hours of submission to Ascend. The purpose of the Level I screen is to identify those individuals intended for evaluation through the PASRR Level II process (i.e., those individuals with known or suspected MI, MR, and RC). A copy of the completed Level I screen and LOC determination letter will be mailed and/or faxed to the admitting facility. This letter and the Level I screen must be maintained in the resident's medical record at all times and a copy must be transferred with the individual if she or he moves to another NF. The Level I portion is applicable only to nursing facility applicants/residents (swingbeds are exempt) and occurs:

- Prior to admission to a Medicaid certified nursing facility (regardless of the applicant's type of payment)
- For residents of Medicaid certified NFs experiencing changes in status that suggests the need for a first-time or updated PASRR Level II evaluation (referred to as a "status change")
- Prior to the conclusion of an assigned time limited stay for individuals with MI, MR, and/or RC whose stay is expected to exceed time-limited provisions

**Level I screens do not apply to the following individuals:**

- Re-admitted NF residents following medical hospital treatment. If there was a significant change in status for an individual with MI, MR, and/or RC, Ascend must be contacted following the individual's readmission.
- Individuals with MI, MR, and/or RC transferring from one facility to another, (although transfers of residents with MI, MR, and/or RC must be reported to Ascend through a Tracking Form)
- Swingbed admissions

If the Level I Screen indicates that the applicant does have indicators for MI, MR, and/or RC, a Level of Care Form must be completed and forwarded to Ascend (regardless of the individual's method of payment). If the individual with MI, MR, and/or RC meets criteria for nursing facility level of care, s/he will be referred for a Level II PASRR evaluation, which then must be completed prior to the individual's admission to a nursing facility. If the applicant does not meet NF level of care, it is a federal requirement that NF admission cannot occur (again, regardless of his/her method of payment). Nursing facility/swingbed residents who do not appear to meet nursing facility level of care criteria will be evaluated onsite by an Ascend nurse evaluator prior to initiation of an onsite Level II. If the onsite nursing assessment reveals LOC is not met, the PASRR Level II will not take place and the individual cannot continue to reside in a nursing facility/swingbed.

The Level I screening form includes trigger questions to identify those individuals who may meet criteria for serious mental illness, mental retardation, or related conditions. These trigger questions are required federally as a method for looking beyond the individual's diagnosis to ensure that individuals suspected of having one or more of the three mandatory conditions are identified. Once identified, the individual with MI, MR, or RC may require a comprehensive onsite Level II evaluation, an abbreviated (categorical) evaluation, or may be exempted altogether from the Level II process.

The following subsection describes the three groups targeted through this process, along with a description of possible outcomes. Appendix A provides a detailed explanation of how to complete the Level I Screen.

## II-D: Individuals Targeted through PASRR

There are three groups of individuals targeted for evaluation through the PASRR process. Those include individuals with any one or a combination of the following: Serious Mental Illness, Mental Retardation, and Related Conditions.

### II-D-01: Mental Illness

The federal definition for mental illness (MI) is designed to include individuals with a potential for and history of episodic changes in treatment and service needs, as follows:

- **Diagnosis** of a major mental illness, such as schizophrenia, schizoaffective disorder, bipolar disorder, Major Depression, panic disorders, Obsessive Compulsive Disorder; and the individual does not have a primary diagnosis of dementia. If the individual has a sole diagnosis of dementia, s/he is excluded from further evaluation; if co-morbid dementia and another psychiatric condition, the dementia must be confirmed as primary (more progressed than symptoms of the co-occurring psychiatric condition) to be exempted.
- **Duration: Recent Treatment**, addresses significant disruption or major treatment episodes within the past two years and due to the disorder. An individual meets the duration qualifier if s/he has experienced one or more of the following:
  - Psychiatric treatment more intensive than outpatient care (e.g., partial hospitalization, inpatient psychiatric hospitalization, crisis unit placement) once within the past two years for a nursing facility resident or more than once in the past two years for a nursing facility applicant; or
  - A continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding year; or
  - A major episode of significant disruption such as an involuntary psychiatric hospitalization, suicide attempts or gestures, 1:1 monitoring, and/or other issues related to maintaining safety.
- **Disability**: referred to as Level of Impairment in regulatory language, is characterized by active symptomatology within the preceding six month period and related to interpersonal functioning, concentration/pace/ persistence, or adaptation to change.

### II-D-02: Dementia

A person with Dementia who has no other mental health conditions is excluded from further evaluation through PASRR. On the other hand, a person who has both Dementia and another behavioral health condition (Psychiatric or MR) is not necessarily excluded from further review. The exclusion **can only occur if the Dementia diagnosis is**

**primary** over (and more progressed than) the other mental health diagnosis. When co-occurring diagnoses are present, Federal guidelines are very strict that an exemption cannot occur unless sufficient evidence is present to confirm the progression of the Dementia. The kinds of information helpful to establishing primary Dementia (when it co-occurs) include a neurological assessment, mental status examinations, CT scans, and any other tests that establish that symptoms of disordered memory and orientation are associated with progressed Dementia.

**PASRR is not designed to target:**

- People with episodic or situational emotional conditions
- People prescribed psychoactive medications for non-psychiatric conditions
- Swingbed candidates
- People needing temporary (30 or fewer days) nursing facility stays, such as those convalescing from hospital stays
- People admitted to facilities that do not participate in the Medicaid program (non-Medicaid funded facilities)
- People with co-morbid Dementia and mental illness when the Dementia is late stage or the basis for substantial functional impairments, including reality testing and other executive functioning
- People who are being readmitted or transferring if the initial Level I screen is still valid and there has been no significant change in status

**II-D-03: Mental Retardation**

Criteria for identifying Mental Retardation is provided in the Diagnostic and Statistical Manual, Fourth Edition Revised, with the diagnosis based on combined analysis of cognitive and adaptive functioning, with significantly sub-average intelligence (i.e., IQ of approx. 70 or less) with concurrent impairments in adaptive functioning and onset before age 18. Causes can be heredity (e.g., PKU) or can be a result of embryonic development (e.g., Down syndrome, anoxia, toxins), medical problems (e.g., lead poisoning), or psychological problems (e.g., severe deprivation). Levels of MR include:

- *Mild:* IQ approx. 50-55 to 70, accounts for 85% of all cases of Mental Retardation
- *Moderate:* IQ approx. 35-40 to 50-55
- *Severe:* IQ approx. 20-25 to 35-40
- *Profound:* IQ approx. below 20-25

- *Unspecified:* When there is a strong presumption of Mental Retardation but the person's intelligence is untestable by standard tests.

Key challenges are confirming that lowered cognitive levels are developmentally related and do not result from other medical causes (e.g., stroke, TIA, accidents or injuries) during adulthood. Because formalized testing was less normative in rural areas for elderly individuals with MR, a key challenge is to research developmental information and medical history to confirm developmental onset if that has not been done previously.

#### II-D-04: Related Condition

Individuals with a Related Condition (RC) have service or treatment needs similar to individuals with mental retardation. RC is a federal term whose definition is very similar to developmental disability. RC is defined as a severe, chronic disability that meets all of the following conditions:

- Is attributable to cerebral palsy, epilepsy, or any other condition other than mental illness, found to be closely related to mental retardation because it results in impairment of general intellectual functioning or adaptive behavior similar to MR and requires treatment or services similar to MR
- Is present prior to age 22
- Is expected to continue indefinitely
- Results in substantial functional limitations in three or more of the following major life activities:
  - Self-care
  - Understanding and use of language
  - Learning
  - Mobility
  - Self-direction
  - Capacity for independent living

#### II-E: Level II Evaluation Process

##### II-E-01: Exemptions and Categorical Determinations

Once, and if, an individual is determined to meet standards for one of the three Level II conditions, the next decision is to determine whether a comprehensive onsite Level II evaluation should be performed or if, instead, the individual might be eligible for an abbreviated (referred to as *categorical* Level II) evaluation or an exemption from the Level II

process. An **exemption** means that certain situations or conditions, while meeting criteria for Level II evaluation, do not warrant that process. Very often, copies of medical records will be needed in order for us to make these decisions.

### Exemptions

Options for exempting an individual from a Level II evaluation include:

- **Convalescent Care:** A temporary stay, physician certified as 30 or fewer days, for an individual admitted from a hospital to a NF to convalesce specifically for the condition for which s/he was hospitalized. If the individual is determined to need nursing facility care beyond the 30-day period, and as soon as that decision occurs, s/he must be evaluated through the Level II process. Contact with Ascend must occur before the 30th day.
- **Primary Dementia/Secondary Mental Illness:** Despite co-morbidity of serious mental illness and Dementia, the Dementia condition has progressed and is primary.

### Categorical Determinations

There are several circumstances by which an onsite Level II can be bypassed or, because of the individual's fit into a certain category, an abbreviated Level II evaluation can be performed at the Level I phase. The federal intent behind Categorical decisions was to permit an uninterrupted admission for an individual needing an expedited Level II evaluation. By virtue of belonging in a certain category, decisions can be made to permit nursing facility admissions and to determine that specialized services are not needed for individuals in those categories. In some cases, a categorical decision means that the individual may still be subject to an evaluation following admission; in other cases, that categorical decision stands on its own. Categorical Level II determinations can occur for:

- *Provisional Admissions in cases of delirium:* This means that the individual's cognitive status could not be evaluated as a result of delirium, regardless of the presence or absence of a Level II condition. As such, the individual may be admitted and evaluated once the delirium clears. The provider is permitted up to 7 calendar days following admission to initiate the remaining assessment components. This screening type requires follow up Level I/LOC procedures for an update at such time that the delirium clears and no later than the 7<sup>th</sup> calendar day following admission.
- *Type I Provisional Emergency:* This means that the individual has been identified as having MI, MR, or RC and there is an urgent need for placement. Generally applied for crises situations (e.g., loss of a caregiver, loss of a residence, etc.) the Division's admission standards require a sudden and unexpected need for placement with no other placements available. To obtain a provisional approval, the facility must complete the Level I/LOC screens within 2 working days of the emergency admission. The NF must convey the nature of the emergency that

Ascend, in turn, must report to the Division's claims processing division for payment determination. Under this standard, the individual is permitted to remain for up to 7 calendar days regardless of the outcome of the Level I/LOC screening process. If the individual is determined to need nursing facility care beyond the 7-day period, and as soon as that decision occurs, the facility must update the Level I/LOC processes with Ascend. If determined not to meet NF criteria, s/he must be discharged by the 7th calendar day from admission.

## II-E-02: Onsite Level II Evaluations

Preadmission Screen (PAS) Level II evaluations must occur prior to admission and are completed within seven to nine business days from referral for a Level II evaluation, although Ascend strives for a five-business day average. Resident Reviews (RR) occur when residents experience changes in status. Ascend completes the onsite Level II evaluation for all individuals with MI, and Regional DD staff complete all MR and RC onsite Level II evaluations.

### Mental Illness Evaluations

When history and symptoms indicate that a Level II evaluation is needed, Ascend will coordinate an onsite Level II PASRR evaluation for individuals suspected of having a major mental illness. The referral source will be asked to send the following medical records to Ascend for MI Level II evaluations.

- A current history and physical (performed within the past 12 months) that includes a complete medical history with review of all body systems;
- A comprehensive drug history including, but not limited to, current or immediate past use of medications that could mask symptoms or mimic mental illness; and
- Current physician's orders and treatments.

Receipt of this information will initiate a referral for a Level II PASRR evaluation. A North Dakota-based nurse completes a report based on review of medical records and interviews with the individual, guardian/family, and facility staff. The report is then sent to Ascend's board-certified psychiatrist for final determination. Ascend notifies the referral source (as above) of the Level II MI determination by telephone within seven business days following the receipt of the individual's records from the referral source. A formal notification letter is sent to the referral source, individual/guardian, attending physician, and receiving facility (if known).

## Mental Retardation and Related Condition Evaluations

Onsite evaluations for individuals with MR/RC are completed by Regional DD staff. Ascend forwards medical records for MR/RC Level II evaluations to the Regional DD Program Administrator and, once a referral is made for onsite MR/DD evaluation, the Regional DD Coordinator makes the final determination. The Regional Developmental Disabilities Coordinator notifies the referral source (e.g., NF, hospital, applicant, guardian) of the Level II MR/RC determination.

### II-E-03: Level II Outcomes (Determination & Notifications)

When the Level II PASRR evaluation is completed, the applicant will become part of PASRR population and Ascend is responsible for tracking him/her through nursing facility placements. This process is continuous until s/he exits PASRR population.

### Level II Approvals

An *Approval* indicates that the NF placement is appropriate. There are three (3) types of Approvals.

- Applicant is appropriate for NF placement/services.
- Applicant is appropriate for short-term NF placement. Short-term stays are time-limited and require re-assessment of the individual if placement is expected to extend beyond the approved timeframe.
- Applicant does not have MI or MR/RC. If s/he is a Medicaid recipient, a LOC determination will be provided for short or long-term stay. If the individual is not a Medicaid recipient, neither PASRR nor LOC screening applies.

### Level II Denials

A *Denial* indicates that NF placement is **not** appropriate. There are two (2) types of Denials.

- Applicant does not meet minimum LOC standards.
- Applicant is not appropriate for NF placement due to the need for special behavioral health services.

### II-E-04: Notification Process

Ascend staff will call the referring individual upon completion of the psychiatrist's determination, followed by documentation of the assessment outcome, and, as applicable, appeal rights to the individual/legal representative. A notification letter and a *Summary of Findings Report* will also be forwarded to the admitting facility, individual/legal guardian, and Primary Care Physician, following receipt of admitting information (either by telephone or through receipt of the Tracking Form).

The notification letter and *Summary of Findings Report* must be maintained in the NF resident's medical records at all times. If the individual transfers to another NF, a copy must be transferred to the new NF placement. As appropriate, these reports identify any behavioral health treatment and service needs that are the responsibility of the NF staff, as well as specialized treatment needs that must be delivered by specialized providers. These determination reports work in conjunction with the facility's resident assessment process to define a holistic care plan for the resident.

If admission is denied, written notification will be forwarded to the individual, his/her legal guardian, Primary Care Physician, and the referral source, along with appeal rights through the fair hearing process.

#### II-E-05: Change in Status Process

Whenever the following events occur, nursing facility staff must contact Ascend to update the Level I screen for determination of whether a first time or updated Level II evaluation must be performed. These situations suggest that a significant *change in status* has occurred:

- If a resident with MI, MR, and/or RC experiences a significant physical status improvement, such that s/he is more likely to respond to special treatment for that condition **or** s/he might be considered appropriate for a less restrictive placement alternative.
- If an individual with MI, MR, and/or RC was not identified at the Level I screen process, and that condition later emerged or was discovered. The facility should monitor data on the MDS to identify a mental disability.
- If a resident experiences increased symptoms or behavioral problems related to MI, MR, and/or RC.
- An update to the Level II is needed to confirm appropriateness of NF following receipt of inpatient psychiatric services.
- If an individual with MI, MR, and/or RC who was approved under a time limit is expected to stay beyond the approved timeframe. This would apply to individuals approved under Convalescent Care (30 day maximum approval), Emergency Type I (7 day maximum approval), and Delirium (7 day maximum approval) decisions.

#### II-E-06: Status Change Quality Monitoring Process

When federal regulations eliminated Annual Resident Reviews, legislation placed increased emphasis on states to ensure a system of managing and monitoring significant status changes of NF residents with MI, MR, and/or RC. NF staff must report status changes according to the above-described procedures. The following process monitors NF staff compliance with those reporting requirements:

- NF staff forward *Tracking Forms* to Ascend to report admissions/transfers of residents with MI and to Regional



### III. Medicaid Level of Care Determination

The Level of Care process is directed at determining medical need for long-term care services for two populations:

- Individuals who are Medicaid eligible. Long Term Care services include:
  - Nursing Facility (NF)
  - Swingbed (SB)
  - Home and Community Based Waiver (HCBS)
  - MSP Personal Care (PC)
  - Children with Medically Fragile Needs (CMFN)
  - Program of All-inclusive Care for the Elderly (PACE)
  - Money Follows the Person (MFP)
  - Technology Dependent Medicaid Waiver
- To determine level of care needs for NF applicants and residents with MI, MR, and/or RC, regardless of method of payment, as part of federally mandated PASRR requirements. For PASRR purposes, the Level of Care determination is performed prior to admission and whenever a resident with MI, MR, and/or RC experiences a significant status change as described in the Change in Status Section.
- Level of Care reviews are also mandated for any North Dakota Medical Assistance recipients entering/residing in Minnesota NFs.

#### **PACE** - (\*ND State LOC/PASRR Policy for PACE Enrollees Admitted to NF -1.19.12)

- Level of Care recertification is required for all **PACE** enrollees, annually, who are admitted to a NF, per 460.160(b). The PACE annual LOC would be waived and default to the NF policies as outlined in the Ascend Screening Procedures for LTC (Rev. 2.14.10). Circumstances as outlined in Section III-C, Admission Process and Outcomes and III-D, Continued Stay Review, may require repeating. **PACE** will be responsible for the oversight and coordination of those screenings and care, as indicated in the **PACE** Federal Guidelines.
- Regardless of payer source, a LOC determination is required for **PACE** enrollees who enter a NF as a new admission, regardless of length of stay. The LOC must be completed along with appropriate PASRR screening forms (Level I and or Level II). If the person should disenroll from PACE, while residing in a NF, a new LOC is not required unless the conditions warrant, as per Ascend Screening Procedures for LTC Services. If a **PACE** enrollee has been admitted to, discharged from or had a change in status from temporary to permanent

while in a NF, the State of ND must be notified with the **PACE** ID number, admission/discharge date and LOS determined by Ascend.

\*Policy posted at [www.pasrr.com](http://www.pasrr.com)/North Dakota Web Based PASRR/LOC System/Educational Information.

### III-A: The Level of Care Purpose and Components

The Level of Care (LOC) Determination is completed within 6 business hours of submission to Ascend. A copy of the completed LOC determination letter will be mailed to the admitting facility or social service program, as appropriate. This letter and the LOC determination must be maintained in the resident's medical record at all times and should not be removed during facility chart thinning process. If the level of care is applicable at time of transfer from NF to NF (e.g., an approved LOC determination occurred within 90 days and the individual's medical and treatment needs have not changed), a copy of the determination must be transferred with the individual. The LOC Determination occurs for the following:

- Medicaid eligible NF or SB *Applicants* (also applies for individuals who are dually eligible for both Medicare and Medicaid).
- ND Medicaid Eligible NF Applicants/Residents in Minnesota NFs: Because of a reciprocity agreement with Minnesota, ND is the responsible payer for two years for these individuals. Therefore, all determination requirements described in this manual apply.
- Medicaid eligible NF or SB *Resident Continued Stay Review*: Occurs for individuals whose prior level of care determination indicated heightened potential for medical improvement or potential for discharge to a less restrictive placement. This includes individuals approved under Type II Emergency approval that will be described later in this section.
- Medicaid eligible NF or SB *Resident Medical Status Change*: When a Medical Assistance resident's medical status improves to the extent that s/he no longer meets eligibility criteria.
- *Applicants* with MI, MR, and/or RC: As part of PASRR requirements. This includes LOC updates for individuals with MI, MR, and/or RC approved for time-limited admissions and expected to stay beyond that time limit.
- *Transfer of NF or SB Resident* with Medical Assistance: Prior to NF or SB transfers for Medical Assistance recipients if an approved LOC determination wasn't performed within 90 calendar days of date of transfer.
- *Change in Payment Status*: When a private pay NF or SB resident converts to Medical Assistance.

- *Administrative* determination: for expired or discharged individuals whose Medicaid eligibility was not known at death/discharge, to determine a retroactive eligibility date.
- *HCBS, PC, MFP, CMFN, PACE and Tech. Dependent Service Applicants/Recipients*: Initially and annually for Home and Community-Based Service (HCBS), Personal Care (PC), Money Follows the Person (MFP), Children with Medically Fragile Needs (CMFN), Program of All-inclusive Care for the Elderly (PACE), and Technology Dependent Waiver recipients.

LOC Determinations are **not required** for the following individuals:

- Private pay NF applicants/residents without diagnoses or suspicion of MI or MR/RC (per *Level I screen*).
- Private pay swingbed applicants/residents.
- Basic care facility residents/applicants.
- Residents transferring from NF to NF or SB to SB who have had approved LOC determinations within 90 calendar days and the LOC determination is still accurate.
- Residents returning to NF after a SB admission who have had approved NF LOC determinations within 90 calendar days and the NF LOC determination is still accurate.
- LOC Determinations are **not required** for the following individuals: Re-admitted NF resident, to the same NF, following in-patient hospital treatment that have not been discharged from the NF. If there was a significant change in status for an individual with MI, MR, and/or RC, Ascend must be contacted **following the individual's readmission.**
- A PACE enrollee who disenrolls while residing in a NF does not need a new LOC (PACE Policy 1.19.12)

### III-B: Emergency (Type II) Admissions

*Type II* is an emergency admission standard for individuals applying to NF or SB under certain circumstances. Note that the criteria for Type II emergency differs from the PASRR Type I emergency. While *Type I* applies to NF applicants with MI, MR, and/or RC, the Emergency Type II definition is provided for Medical Assistance applicants to NFs without MI, MR, and/or RC. Emergency Admission (Type II) applies to:

- NF applicants without evidence/diagnoses of MI or MR/RC; and
- SB applicants regardless of presence/absence of MI, MR, and/or RC

Admissions under Type II are permitted if all below criteria are met:

- Based on the individual's physical and/or environmental status, there is a sudden and unexpected need for immediate NF or SB placement;
- The above need is discovered with less than one (1) business day within which to expedite appropriate determinations with Ascend and efforts to reach Ascend were unsuccessful or impossible (e.g., weekend, evening, holiday);
- The individual is determined by the receiving facility to meet minimum LOC criteria for NF/SB care; and
- There are no other viable placement options available until the next business day.

Under emergency standards (*Type I* and *Type II*), the facility must complete appropriate determination forms with Ascend within two (2) business days of the emergency admission. The NF or SB must convey reasons for the emergency admission to Ascend who will, in turn, report emergency admissions to claims processing to allow retroactive Medicaid payments to admission.

### III-C: Admission Process & Outcomes

At the conclusion of the document-based LOC determination, one of the following outcomes will occur:

- Long Term Approval: Review information indicates the individual's needs meet LOC criteria on a long-range basis. No additional review date shall be established. It is the responsibility of the NF to contact Ascend to update screening processes if the individual later improves to the extent that NF/SB level of care may no longer be needed.
- Short Term Approval: Review information indicates the individual's needs meet LOC criteria for a short-term placement not to exceed six (6) months in length. At the conclusion of the assigned timeframe, a new determination is required if the individual requires services longer than the approved timeframe.
- Denial: If the individual's needs do not meet LOC standards, Medicaid will not pay for admission to a NF/SB or for other Medical Assistance services.
- Level II Required (NF only): If the individual is suspected or known to have MI or MR/RC, a Level II evaluation must be performed before admission to a Medicaid certified NF can occur. The Ascend nurse reviewer will determine whether the Level II must be performed onsite and, if so, the individual cannot be admitted until the Level II process is complete.

Level of care decisions will be reported to the referring agency within 6 hours of Ascend's receipt of (completed) determination information. Written notification will be forwarded within two (2) business days of

the decision to the individual (or legal representative) and the referring agency. For adverse decisions, notifications include a process for appealing the decision.

### III-D: Continued Stay Review

The Continued Stay Review (CSR) is a re-evaluation of medical and nursing needs for NF/SB residents who exhibit potential for discharge to a less restrictive level of care or who have reached the end of a time-limited approval and require longer placement. The CSR begins with an updated Level of Care determination which is document-based. If that screen suggests that the resident no longer meets NF/SB level of care, the document-based determination will be followed by an onsite evaluation by an Ascend nurse. Individuals for whom the CSR applies include:

- Medical Assistance (or Medicaid Applying) NF/SB residents whose initial review determined potential for medical improvement to the extent that NF/SB care would not likely result in need for long term placement in that setting.
- An individual with North Dakota Medicaid housed in (or relocating to) a Minnesota NF. Individuals in Minnesota at the time of review will receive a document-based clinical review rather than an onsite CSR to determine continued need for long term care services.
- NF residents with MI or MR/RC who experience significant changes in status. If Ascend's review staff concur that a status change is occurring, the individual will be referred for an onsite evaluation by either Ascend's ND nurses or the Regional DD Staff.

#### III-D-01: CSR Process

A CSR may occur for any of the reasons described earlier in this section (e.g., facility request due to medical improvement, Medical Assistance application, etc.). For individuals receiving a short-term LOC approval, the process is as follows.

- Ascend's reviewer will inform the individual submitting the admission determination of the short term approval.
- The receiving NF/SB sends a tracking form to Ascend. Upon its receipt, Ascend issues a letter to the receiving NF with an end date for the individual's stay.
- The week prior to the designated end date, Ascend will contact the NF/SB to coordinate the CSR.
- Prior to the end date, the NF/SB submits an updated LOC form to Ascend.
- During the CSR, Ascend's review nurse reviews the updated LOC determination. Supportive documentation shall be solicited from the facility to reflect the individual's current medical and functional status and any nursing needs.

### III-D-02: CSR Outcomes

- Long Term Approval: Review information indicates the individual's needs qualify for NF/SB LOC on a long-range basis. Continued care will be approved and no additional review date shall be established.
- Extended Short Term Approval: Review information indicates the individual's needs qualify for NF/SB LOC on a short-range basis for up to six (6) additional months. If NF/SB placement is expected to extend beyond the approved timeframe, aforementioned procedures will be repeated.
- Potential Denial/Onsite Assessment Required: If the individual's needs are questionable or do not appear to meet LOC standards, an onsite review of the individual's medical and service needs shall be conducted by Ascend's ND nursing staff.

### III-D-03: Onsite CSR Process

Onsite CSRs are performed within five (5) business days of the referral for the onsite review. The following shall occur as part of that process:

- Ascend's North Dakota licensed nursing staff shall schedule and conduct an onsite assessment, including a chart review and, as needed, obtain copies of medical records information that clarifies medical and nursing needs. These will be forwarded to Ascend.
- Ascend's physician reviewers will review all assessment information, including any medical records, and make a final determination of the individual's need for NF/SB level of care.

### III-D-04: Onsite CSR Outcomes

- Long Term Approval: The physician review process indicates the individual's needs qualify for NF/SB LOC on a long-range basis. Continued care will be approved and no additional review date shall be established.
- Extended Short Term Approval: The physician's review process indicates that the individual's needs support continued qualification for NF/SB LOC on a short-range basis for up to six (6) additional months. If NF or SB placement is expected to extend beyond the approved timeframe, aforementioned procedures will be repeated.
- Denial: The physician's review process indicates that the individual's needs no longer support continued qualification for Medicaid funded NF or SB LOC.

Determinations of level of care denials through the physician's review process are reported to the housing facility by the seventh (7<sup>th</sup>) business day from the date that the telephonic review resulted in a determination that an onsite

CSR would be required. Written notification, which includes appeal rights, is forwarded within two (2) business days of the decision to the individual (or legal representative) and the housing facility.

### III-E: Retrospective Reviews

If an individual applies for Medical Assistance while residing in a NF, the NF may request a Retrospective Review LOC determination. NF providers must obtain approval from the Medical Services Long-term Care Administrator before submitting a Retrospective LOC request to Ascend. In order for Ascend to review a Retrospective LOC, the referral source must submit a Nursing Facility Request for State Retro Level of Care Review Form signed and dated by the Medical Services Long-term Administrator along with documentation representative of the individual's level of care needs. Through the Retrospective Review process, Ascend's clinicians may backdate an individual's approval for up to three (3) months prior to submission of the Retrospective LOC determination form. The referral source should identify the first date within that three (3) month period when the individual likely met NF LOC criteria and submit information to Ascend for no more than a five (5) day period. Ascend will have 48 hours from the receipt of referral to review the LOC determination form and issue a determination. A Retrospective Review may be either approved or denied.

### III-F: Interpretation of Criteria

When completing the Level of Care Determination Form, keep in mind that you need to provide information that justifies the individual's need for 24-hour care. It is important to remember that you are simply reporting the facts about the individual. You do not need to know whether criteria are met. Ascend's review nurses will review the information you submit, apply criteria, and make the decision about whether the individual meets criteria for level of care.

The criteria for Sections A, B, C, and D are described in detail below. You will be given a description of how the criteria are applied as well as a description of information that is needed by Ascend's clinicians in order to complete the review.

### III-F-01: Section A

An individual who applies for care in a nursing facility, or who resides in a nursing facility, may demonstrate that a nursing facility level of care is medically necessary only if any one of the criteria in this subsection is met. The individual only needs to meet criteria on one item in Section A in order to meet LOC. If one item is met in Section A, no further information is needed on Sections B, C, and D.

#### A.1 Criteria

*The individual's nursing facility stay is, or is anticipated to be, temporary for receipt of Medicare part A benefits. A nursing facility stay may be based on this criterion for no more than fourteen days after termination of Medicare part A benefits.*

##### Interpretation

This criterion is used for individuals who enter nursing facility or swingbed using Medicare Part A. Medicaid will pay for placement for no more than 14 days after Medicare has ended. If this is the only item indicated on the LOC form, the approval will be given for 30 days.

##### Information Needed for Review

No additional information is needed unless the individual will need NF/SB placement for longer than 30 days. If the placement will need to continue beyond 30 days, you will need to mark other areas on the form that apply to the individual and submit corresponding supporting information.

#### A.2 Criteria

*The individual is in a comatose state.*

##### Interpretation

This criterion applies to individuals in a coma (e.g., unaware of self and the environment) or a "persistent vegetative state" (e.g., wakeful but devoid of conscious content).

##### Information Needed for Review

Provide information detailing the cause and date of onset of the individual's coma or persistent vegetative state.

#### A.3 Criteria


*The individual requires the use of a ventilator at least six hours per day.*

##### Interpretation

The individual must rely on the ventilator for a minimum of 6 hours per day, 7 days per week. This

criterion does not apply to CPAP or BiPAP usage.

#### **Information Needed for Review**

Detail the cause of the individual's condition, the expected duration of ventilator use, the date ventilator use began, plans for weaning (if available), and other anticipated needs.  Additional supporting documentation may include respiratory therapy notes, history and physical (H&P), home health notes, and nursing notes.


#### **A.4 Criteria**

*The individual has respiratory problems that require regular treatment, observation, or monitoring that may only be provided by or under the direction of a registered nurse or, in the case of a facility which has secured a waiver of the requirements of 42 CFR 483.30(b), a licensed practical nurse, and is incapable of self-care.*

#### **Interpretation**

The individual's respiratory problems must require regular care under the direction of an RN or an LPN. If the family has been trained by a professional and is delivering a service that is typically a nursing service, it would qualify. "Regular" means the service occurs daily or every other day. The major focus of this criterion is the individual's ability to self-manage cognitively or physically.

#### **Information Needed for Review**

Detail the individual's diagnosis, the type of therapy needed, how long placement is anticipated to last, and why the individual is incapable of self-care.  Additional supporting documentation may include respiratory therapy notes, history and physical (H&P), home health notes, and nursing notes.

#### **A.5 Criteria**

*The individual requires constant help sixty percent or more of the time with at least two of the activities of daily living of toileting, eating, transferring, and locomotion. For purposes of this subdivision, constant help is required if the individual requires a caregiver's continual presence or help without which the activity would not be completed.*

#### **Interpretation**

This criterion is based on assistance the individual needs, rather than those services which are currently received. This assistance includes verbal (e.g., constant instruction or cueing) and physical assistance. If the individual is independent with the usage of adaptive equipment, then s/he would not meet this criterion. Toileting refers to use of the toilet as well as care of incontinence. Eating

refers to the act of getting food to mouth and does not include set-up. Transferring refers to movement from surface to surface (e.g., chair to bed). Locomotion refers to movement from place to place (e.g., room to room).

#### **Information Needed for Review**

Detail what type of assistance the individual needs, why assistance is needed, and how long assistance is expected to be needed. 📁 Additional supporting documentation may include history and physical (H&P), home health notes, and nursing notes.

### **A.6 Criteria**

*The individual requires aspiration for maintenance of a clear airway.*

#### **Interpretation**

The individual is unable to manage suctioning independently. This criterion applies to deep suctioning which is not just within the cannula but into the trach. This can include someone who has a tracheostomy or a breathing tube inserted through the nose or mouth and into the trachea. This applies to deep suctioning and does not include suctioning or swabbing of the mouth.

#### **Information Needed for Review**

Detail the individual's diagnosis or reason for aspiration and the anticipated length of placement. Tracheostomy care does not meet this criterion if the individual is able to self-manage. 📁 Additional supporting documentation may include history and physical (H&P), home health notes, and nursing notes.

### **A.7 Criteria**

*The individual has dementia, physician-diagnosed or supported with corroborative evidence, for at least six months, and as a direct result of that dementia, the individual's condition has deteriorated to the point when a structured, professionally staffed environment is needed to monitor, evaluate, and accommodate the individual's changing needs.*

#### **Interpretation**

This criterion applies to individuals who have a progressed dementia. The dementia must be physician-diagnosed or present for at least six months, and it must result in deterioration to the point that the individual requires a structured environment. Cognitive deficits related to dementia include memory impairment along with aphasia, apraxia, or disturbance in executive functioning. *Aphasia* is partial or total loss of ability to communicate verbally or using written words. Individuals

may have difficulty speaking, reading, writing, recognizing names of objects, or understanding what others have said. In short, aphasia is the inability to produce or comprehend language. *Apraxia* is the loss of the ability to carry out purposeful movements even though the individual wants to. It is the lapse in carrying out movements that a person knows how to do and is physically able to perform. For example, when taking a bath the brain does not send the signals that allow the person to perform the necessary sequence of activities to do this correctly. It's the disturbance or inability to carry out or perform voluntary skilled movements. The actions are slowed and disorganized, appearing as though the individual has to think out each movement along the way. *Executive functioning* is needed for goal directed behavior. Disturbance in executive functioning is the inability to plan, sequence and initiate to a goal. It's the inability to initiate and stop actions. The individual is not able to control impulsive thoughts, such as when watching someone write a letter he or she would attempt to pull the pen out of the other person's hand. Family report of symptoms can substitute for physician diagnosis of dementia. Evidence must indicate the dementia has progressed and is not early stage.

#### **Information Needed for Review**

Detail evidence supporting the presence and progression of dementia. Descriptions of behaviors or deficits must be provided. Explain how the dementia has impacted social or occupational functioning as well as the level of need for staff assistance. In order for the individual to meet this criterion, the dementia must cause significant impairment in the individual's life related to social functioning, occupational functioning, or safety. A diagnosis alone for the period of 6 months is not sufficient without the supportive description because this criterion is for individuals with a progressed dementia. For example, an individual diagnosed with dementia who has no significant impairment in social or occupational functioning (school, work, shopping, ADLs, attending to finances, etc) could possibly function at a lower level of care than a nursing facility. Dementia often exists for a long time and is compensated for by family before the individual seeks care or assistance. Family members and other caregivers are important in telling the story of the individual's declines related to dementia. That story will be key for our clinicians in understanding the impact of dementia on the individual's day-to-day life. 📁 MD notes or nursing notes may be sources of this information. Report from family and other caregivers will be essential in describing the individual's dementia-related decline.

### III-F-02: Section B

If no criteria of section A is met, an individual who applies for care in a nursing facility or who resides in a nursing facility may demonstrate that a nursing facility level of care is medically necessary if any two of the criteria in this subsection are met. If no criteria are met in Section A, the individual must meet two items in Section B. If two items are met in Section B, then no further information is needed in Sections C and D.

#### B.1 Criteria

*The individual requires administration of prescribed:*

*(a) Injectable medication;*


*(b) Intravenous medication or solutions on a daily basis; or*

*(c) Routine oral medications, eye drops, or ointments on a daily basis.*

#### Interpretation

This criterion is for individuals who require assistance with administration of prescribed medications. These medications include daily injectable meds, IV meds, oral meds, eye drops, and ointments. These medications may be administered by a family member. Both the individual's physical and cognitive abilities must be considered. The need for assistance must be based on medical conditions, not on MI/MR/RC. This criterion includes psychiatric medications and applies to medications that are prescribed on a daily basis.

#### Information Needed for Review

Detail the individual's self-management capacity (e.g., cognitive status, physical limitations, etc), description of assistance needed (e.g., set-up, administration, etc), and frequency of assistance. Set-up may include setting up syringes, med minders, or other medication administration devices.  Additional supporting documentation may include history and physical (H&P), home health notes, and nursing notes.

#### B.2 Criteria


*The individual has one or more unstable medical conditions requiring specific and individual services on a regular and continuing basis that can only be provided by or under the direction of a registered nurse or, in the case of a facility which has secured a waiver of the requirements of 42 CFR 483.30(b), a licensed practical nurse.*

#### Interpretation

Close attention must be paid to fluctuations in clinical presentation because some conditions are unstable in some individuals but not in others (e.g., chronic renal failure, brittle diabetes, COPD).

This criterion requires the presence of instability along with the nursing needs that relate to that medical condition. It focuses on the need for 24-hour supervision and monitoring and that self-monitoring is not possible for the individual. If the family has been trained by a professional and is delivering a service that is typically a nursing service, it would qualify. “Regular” means the service occurs daily or every other day. Instability is determined by taking a close look at the individual’s entire clinical presentation.

### **Information Needed for Review**

Describe changes in the individual’s clinical presentation, lab values, and vital signs because these indicators are clues to whether the condition is unstable. Other indicators include medication dosage adjustment based on symptoms such as weight change, swelling, or shortness of breath and medication dosage adjustment based on vital sign changes. Also include a description of expected length of placement. Include a description of why the individual is unable to self-monitor the condition. It is important for the referral source to communicate the individual’s experience with the medical condition and any other potentially related medical conditions in order to determine if the condition is unstable. Our clinicians also need to understand why the individual is unable to monitor the medical condition independently. Family members and other caregivers may be able to provide information about how an individual’s clinical presentation has been impacted by his medical condition.  Additional supporting documentation that may be useful includes H&P, recent MD notes, and nursing notes.

### **B.3 Criteria**

*The individual is determined to have restorative potential and can benefit from restorative nursing or therapy treatments, such as gait training or bowel and bladder training, which are provided at least five days per week.*

#### **Interpretation**

The individual’s potential for restorative response from rehabilitation services (e.g., physical therapy, occupational therapy, speech therapy, etc) is the focus of assessment. “Restorative” suggests an expectation that, as a result of the services, the individual will regain skills. Those services must be delivered by a qualified professional no less than five days a week. The five days can be made up by a combination of one or more treatments (e.g., PT 3 days per week and OT 2 days per week). Routine maintenance services (e.g., range of motion exercises) are considered part of everyday care and are not restorative. Therapies must be delivered by a therapist or by restorative aides or

assistants under the direction of the therapist.

#### **Information Needed for Review**

Detail what the individual is attempting to restore, goals, progress, and expected length of restorative care. Detail the diagnosis/reason that warrants restorative care and the frequency of therapy needed. ☞ Therapy notes and/or orders will be requested, and Ascend must know if an end date for therapy has been established.

#### **B.4 Criteria**

*The individual requires administration of feedings by nasogastric tube, gastrostomy, jejunostomy, or parenteral route.*

#### **Interpretation**

The individual receives nourishment via a gastrointestinal or intravenous tube. A key consideration is whether the individual is able to self-manage feedings.

#### **Information Needed for Review**

Detail whether the need is short-term or long-term, the reason/diagnosis for the feeding tube, and the frequency of feedings. Also detail why the individual needs assistance and is incapable of self-care.

#### **B.5 Criteria**

*The individual requires care of decubitus ulcers, stasis ulcers, or other widespread skin disorders.*

#### **Interpretation**

This criterion references skin disorders that have a potentially detrimental effect on an individual's overall physical health. For example, a decubitus ulcer that is not treated appropriately may quickly lead to serious complications. However, many skin disorders, while unpleasant, pose minimal threat to physical health (e.g., forms of dermatitis, acne, etc) and are not likely to require nursing facility level of care. To meet this criterion, the individual must be unable to self-manage care for the skin disorder (e.g., an individual who is obese and cannot reach or see the area in order to treat it).

#### **Information Needed for Review**

Detail the diagnosis, the reason for assistance, the extent and type of treatment needed, and location of skin disorder. If there is a wound, detail the stage, size, and any other info that gives a sense of severity. Detail whether short-term or long-term care is expected (e.g., prognosis).


## B.6 Criteria

*The individual requires constant help sixty percent or more of the time with any one of the activities of daily living of toileting, eating, transferring, or locomotion. For purposes of this subdivision, constant help is required if the individual requires a caregiver's continual presence or help without which the activity would not be completed.*

### Interpretation

This criterion is based on assistance the individual needs, rather than those services which are currently received. This assistance includes verbal (e.g., constant instruction or cueing) and physical assistance. If the individual is independent with the usage of adaptive equipment, then s/he would not meet this criterion. Toileting refers to use of the toilet as well as care of incontinence. Eating refers to the act of getting food to mouth and does not include set-up. Transferring refers to movement from surface to surface (e.g., chair to bed). Locomotion refers to movement from place to place (e.g., room to room).

### Information Needed for Review

Detail what type of assistance the individual needs, why assistance is needed, and how long assistance is expected to be needed.  Additional supporting documentation may include history and physical (H&P), home health notes, and nursing notes.

## III-F-03: Section C

If no criteria of section A or B is met:

## C Criteria

*An individual who applies to or resides in a nursing facility designated as a facility for non-geriatric individuals with physical disabilities may demonstrate that a nursing facility level of care is medically necessary if the individual is determined to have restorative potential.*

### Interpretation

The focus must be directed at potential for restoration or improvement, and the individual must demonstrate gains and benefit over time. Specific services must be carefully delineated. The focus should be placed on the individual's ability to regain lost skills (e.g., an individual with a TBI who is learning to walk again). For individuals with TBI, the definition of restorative care is expanded to include cognitive skill building, behavioral management, adaptive skills, socialization skills, community integration skills, cooking skills, and other trainings that are aimed towards fostering independence and remaining in the community. Designated ND facilities provide these services, directed at community reintegration, and typically geared toward individuals not

considered “geriatric” (e.g., Dakota Alpha). These services are expected to improve level of functioning for these individuals. This criterion can also be used for individuals using Adult Residential Service and Transitional Care Service if TBI criteria are not met in Section D.

#### **Information Needed for Review**

Detail goals, progress toward goals, length of time progress is retained, types of rehab, and frequency of services. Also include diagnosis/reason rehab is needed. It is also useful to describe the length of time the individual has had the condition that needs rehab.

#### **III-F-04: Section D**

If no criteria of section A, B, or C is met, an individual who applies for care in a nursing facility may demonstrate that a nursing level of care is medically necessary if:

#### **D Criteria**

1. *The individual has an acquired brain injury, including anoxia, cerebral vascular accident, brain tumor, infection, or traumatic brain injury; and*
2. *As a result of the brain injury, the individual requires direct supervision at least eight hours a day.*

#### **Interpretation**

Individuals living with the more severe brain injuries typically experience symptoms and deficits that fall into four major groups: cognitive, perceptual, physical, and behavioral/emotional. As brain injuries manifest in highly unique and complex ways, individuals may not require typical nursing facility services yet may require 24-hour supervision and specialized training (i.e., relearning language skills, learning to live with an altered sense of balance, development of coping and behavioral skills). This supervision must add up to a minimum of 8 hours per day, 7 days per week. “Direct supervision” means the individual requires a caregiver to be present to provide oversight, prompts, and cueing. Physical assistance would also count as direct supervision.

#### **Information Needed for Review**

Detail the diagnosis and age of onset of the brain injury. Detail the type of supervision required and the frequency of supervision. Be specific with frequency in order to demonstrate that the supervision adds up to 8 hours per day, 7 days per week. It is also useful to know who will be providing the services (e.g., family member, program for TBI, NF, etc).

#### **N O T E S**

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## IV. General Information

### IV-A: The Tracking Form

The *Tracking Form* is a way for Ascend (and the Regional DD Coordinators) and NF/SB providers to communicate with each other for the following purposes:

- For first time admissions to NFs/SBs. This alerts Ascend to send admission determination information. If a resident transfers and existing determination information is still valid (i.e., LOC determination is under 90 days and no change has occurred in the individual's medical needs), copies of determination information (*Level I and LOC*, as applicable) must be sent by the transferring facility to the receiving NF/SB.
- For all NF applicants with MI and MR/RC (new admissions, transfers, discharges, and expired residents with MI and MR/RC). Ascend is required to track changes in placement for residents with MI and MR/RC. MR/RC tracking information must be sent to the Regional DD Coordinator; tracking information for residents with MI must be sent to Ascend.
- All Residents who expire or leave the NF/SB system altogether. This allows Ascend to close records of residents no longer receiving LTC services.

### IV-B: Appeal Process

The recipient or an authorized representative (e.g. guardian, family member), may appeal adverse decisions. Appeal requests must be in writing and submitted to:

Appeals Supervisor  
North Dakota Department of Human Services  
Dept. 325  
600 East Boulevard Avenue  
Bismarck, ND 58505  
(701) 328-4864

## IV-C: Quality Management

As required by the Department, Ascend must obtain supportive documentation in a variety of situations:

- To clarify medical status and confirm the individual's LOC needs.
- To determine whether the individual requires a PASRR evaluation (either through a status change decision or to clarify whether the individual meets federal criteria for MI, MR, and/or RC).
- As a periodic random quality check of data integrity. This request will not delay the telephone review decision, but will provide the information needed to monitor the integrity of the telephone review process.

Requested documents may be sent by mail, facsimile, or web system. Ascend staff will review the records submitted and prepare reports reflecting the accuracy of phone-based reviews. Consistent facility variance between information given on the LOC/Level I form and medical record documentation may indicate the need for additional training for that facility. If variances persist despite additional training, Ascend has the option to terminate phone-based reviews for that facility.

## IV-D: Medicaid Payment Alert

The facility is responsible for submitting a *Medicaid Payment Alert Form* for Medicaid admissions and for individuals applying for Medicaid to:

Claims Processing  
North Dakota Department of Human Services  
Medical Services Division  
600 East Boulevard Avenue  
Bismarck, ND 58505

This form must be submitted after a LOC determination is obtained. The *Medicaid Payment Alert Form* is required in order to complete county Medicaid eligibility requirements, if applicable, as well as to initiate payment through Claims Processing.



## V. Commonly Used Terms

**Applicant** - Any individual seeking admission to a Medicaid certified nursing facility in the state of North Dakota or individuals with North Dakota Medicaid who are entering NFs in the State of Minnesota.

**Categorical Determinations**– Applies to individuals with known or suspected MI, MR, or RC who, by virtue of belonging to a certain category of needs, can be subject to an abbreviated Level II (e.g., need for emergency placement, presence of delirium).

**Change of Status (Status Change)** - A condition which warrants referral for an updated Level I screen to determine whether an onsite Level II is required. The Minimum Data Set (MDS)/resident assessment process should be monitored to determine any changing or newly identified needs.

**Continued Stay Review** - Re-evaluation of NF/SB resident with Medical Assistance whose initial review determined potential medical improvement to the extent that nursing facility/swingbed (NF/SB) care may not be needed long term. Telephonic Continued Stay Reviews, which result in denial of NF/SB level of care, are followed by onsite Continued Stay Reviews which are reviewed by a physician for final determination of level of care need.

**Exemption** – A situation where an individual with MI, MR, or RC can be excluded from PASRR evaluation (e.g., because of primary Dementia or because s/he meets criteria for convalescent care).

**Convalescent Care** – An exemption from PASRR. Convalescent Care exemptions can be applied when an individual is transferred from a hospital to a NF for the condition in which s/he was treated in the hospital -and- the attending physician certifies in writing that the individual’s stay in the NF is unlikely to exceed 30 calendar days.

**Home and Community Based Services (HCBS Waiver)** – Medicaid benefits and targeted services and supports offered as an alternative to institutional placement for individuals with defined needs. HCBS Waiver services in North Dakota are offered to individuals with Traumatic Brain Injuries (TBI) and MR/DD, as well as to individuals who are determined to meet criteria for Aged and Disabled.

**Traumatic Brain Injury (TBI Waiver)** - Medicaid benefits and targeted services and supports for alternative home and community based services for individuals who have suffered a brain injury and would otherwise be eligible to be admitted to a nursing facility.

**Money Follows the Person (MFP grant)** – grant funding and targeted services available to individuals currently residing in a long-term care facility seeking community placement.

**Children with Medically Fragile Needs (CMFN Waiver)** – Medicaid benefits and targeted services designed to reduce extended hospitalizations and prevent skilled nursing facility placements for children who are medically fragile by providing assistance for families who require long term supports and services to maintain their child in a family home setting while meeting their child’s unique medical needs

**Program of All-inclusive Care for the Elderly (PACE)** – Benefits and targeted services designed to allow comprehensive health services for individuals over age 55 who are categorized as "nursing facility eligible".

**Personal Care (PC)** - Medicaid benefits and targeted services and supports offered as an alternative to institutional placement for individuals with defined needs.

**Level I Screen** - An assessment conducted prior to NF admission or when there is indication of a resident's change in status. This screen identifies the presence of serious mental illness, Mental Retardation, or conditions related to Mental Retardation. Swingbeds are exempt from the Level I process.

**Level II Evaluation** - The Level II evaluation determines whether the individual has special needs due to his/her mental condition that need to be addressed in a nursing facility. It is also designed to determine whether 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 individuals with developmental disabilities. Level II PASRR evaluation must be performed both prior to admission (PAS) and when a resident with MI, MR, and/or RC experiences a significant change in placement or MI, MR, and/or RC service needs. Swingbeds are exempt from the Level II process.

**Level of Care Determination (LOC)** - An assessment of an applicant or resident of a NF/SB to determine if s/he meets minimum medical necessity requirements for Long Term Care services. A Level of Care determination is also required initially and annually for participants in the Traumatic Brain Injury (TBI) and HCBS waiver programs.

**Mental Retardation/Related Condition (MR/RC)** - Sub-average intellectual functioning (*mild, moderate, severe, profound*) existing concurrently with deficits in adaptive behavior and manifesting during the developmental period (prior to the age of 18); or a severe, chronic disability whose condition is related to Mental Retardation (see Related Condition).

**Referral Source** - Person assisting applicant with nursing facility placement (*e.g., hospital discharge planner, nursing facility admissions coordinator, county caseworker, home health worker*).

**Related Conditions (RC)** - 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 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 (*e.g., autism*); and b) manifested before the person reached age 22; and c) likely to continue indefinitely; and d) results in substantial functional limitations in three (3) or more of the following areas of major life activity: self-care, understanding and use of language, learning, mobility, self-direction, and/or capacity for independent living.

**Serious Mental Illness (SMI or MI)** - A condition which results in the presence of all of the following: a) DSM-IV-TR 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 six (6) months which are inconsistent with the individual's developmental stage/ 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 two (2) years which includes either psychiatric treatment that is more intensive than outpatient or supportive services (to include judicial or housing intervention) to prevent the need for more intensive services.

**Specialized Services/MI** - North Dakota defines specialized services as inpatient psychiatric care.

**Specialized Services MR/RC** - MR and RC evaluations are referred to the North Dakota Department of Developmental Disabilities (DD) for processing.



## VI. Commonly Used Abbreviations

<b>C</b>	<b>CM</b>	Case <b>M</b> anager
	<b>CMFN</b>	Children with <b>M</b> edically <b>F</b> ragile <b>N</b> eeds
	<b>CMS</b>	Centers for <b>M</b> edicare and Medicaid <b>S</b> ervices
	<b>CSR</b>	Continued <b>S</b> tay <b>R</b> eview
<b>D</b>	<b>DD</b>	Developmental <b>D</b> isabilities
<b>H</b>	<b>HCBS</b>	Home and <b>C</b> ommunity <b>B</b> ased <b>S</b> ervices
<b>L</b>	<b>LI</b>	Level <b>I</b> Screen
	<b>LII</b>	Level <b>II</b> Screen (PASRR screen)
	<b>LOC</b>	Level of <b>C</b> are Determination
	<b>LTC</b>	Long <b>T</b> erm <b>C</b> are
<b>M</b>	<b>MFP</b>	<b>M</b> oney <b>F</b> ollows the <b>P</b> erson
	<b>MI</b>	<b>M</b> ental <b>I</b> llness
	<b>MR</b>	<b>M</b> ental <b>R</b> etardation
<b>N</b>	<b>NF</b>	<b>N</b> ursing <b>F</b> acility
<b>P</b>	<b>PACE</b>	<b>P</b> rogram of <b>A</b> ll-inclusive <b>C</b> are for the <b>E</b> lderly
	<b>PASRR</b>	<b>P</b> re- <b>A</b> dmission <b>S</b> creen and <b>R</b> esident <b>R</b> eview
	<b>PC</b>	<b>P</b> ersonal <b>C</b> are
<b>R</b>	<b>RC</b>	<b>R</b> elated <b>C</b> ondition (similar to developmental disability)
<b>S</b>	<b>SB</b>	<b>S</b> wing <b>b</b> ed
	<b>SC</b>	<b>S</b> tatus <b>C</b> hange
	<b>SMI</b>	<b>S</b> erious <b>M</b> ental <b>I</b> llness
	<b>SS</b>	<b>S</b> pecialized <b>S</b> ervices
<b>T</b>	<b>TBI</b>	<b>T</b> raumatic <b>B</b> rain <b>I</b> njury

## Appendix A: Quick Reference for Screening Requirements

Client Status	Level of Care Determination	Level I
NF Applicant (Medicaid/Medicaid Applicant) <i>including ND Medicaid moving to Minnesota NF</i>	<b>YES</b>	<b>YES</b>
NF Applicant (Non-Medicaid)	<b>Only if Level I identifies suspected or known MI or MR/RC</b>	<b>YES</b>
NF Resident (Medicaid or Medicaid Applicant)	<b>Only if:</b> <ul style="list-style-type: none"> <li>• CSR (potential for improvement)</li> <li>• LOC is questionable or no longer met</li> <li>• Level II Status Change</li> <li>• Time limited stay has ended &amp; continued stay is desired</li> </ul>	<b>Only if:</b> <ul style="list-style-type: none"> <li>• Resident with MI or MR/RC experiences change in status</li> <li>• Resident with newly identified MI or MR/RC</li> <li>• Resident with MI or MR/RC Short term approval ends</li> </ul>
NF Resident (Non-Medicaid)	<b>Only if:</b> <ul style="list-style-type: none"> <li>• Resident with MI or MR/RC</li> <li>• Medicaid Applicant</li> </ul>	<b>Only if:</b> <ul style="list-style-type: none"> <li>• Resident with MI or MR/RC experiences change in status</li> <li>• Resident with newly identified MI or MR/RC</li> <li>• Resident with MI or MR/RC Short term approval ends</li> </ul>
NF Resident transferring (Medicaid or Medicaid Applicant) from NF to NF or NF-Hosp- different NF	<b>Only if:</b> <ul style="list-style-type: none"> <li>• No LOC approval within 90 days</li> <li>• LOC changed – possibly no longer meets LOC for NF.</li> </ul>	<b>Only if:</b> <ul style="list-style-type: none"> <li>• Resident with MI or MR/RC &amp; change in status</li> <li>• Resident with newly identified MI or MR/RC</li> </ul>
NF Resident transferring (Medicaid or Medicaid Applicant) from NF-Hosp- same NF	<b>Only if:</b> <ul style="list-style-type: none"> <li>• LOC changed – possibly no longer meets LOC for NF.</li> </ul>	<b>Only if:</b> <ul style="list-style-type: none"> <li>• Resident with MI or MR/RC &amp; change in status</li> <li>• Resident with newly identified MI or MR/RC</li> </ul>
NF Resident transferring (Medicaid) from NF-SB-NF	<b>Only if:</b> <ul style="list-style-type: none"> <li>• No NF LOC approval within 90 days</li> <li>• LOC changed – possibly no longer meets LOC for NF.</li> </ul>	<b>Only if:</b> <ul style="list-style-type: none"> <li>• Resident with MI or MR/RC &amp; change in status</li> <li>• Resident with newly identified MI or MR/RC</li> </ul>
NF or SB Resident transferring (Non-Medicaid) from NF to NF or SB to SB or NF or SB-Hosp-NF or SB	<b>Only if:</b> <ul style="list-style-type: none"> <li>• Resident has MI or MR/RC</li> <li>• Resident is a Medicaid Applicant</li> </ul>	<b>Only if:</b> <ul style="list-style-type: none"> <li>• Resident with MI or MR/RC &amp; change in status</li> <li>• Resident with newly identified MI or MR/RC</li> </ul>
Swingbed Applicant (Medicaid)	<b>YES</b>	<b>NO</b>
Swingbed Resident (Medicaid)	<b>Only if</b> <ul style="list-style-type: none"> <li>• CSR (potential for improvement);</li> <li>• LOC is questionable or no longer met</li> </ul>	<b>NO</b>
Swingbed Applicant or Resident (non-Medicaid)	<b>NO</b>	<b>NO</b>
Swingbed Transfer (Medicaid)	<b>Only if:</b> <ul style="list-style-type: none"> <li>• Not approved for SB LOC within 90 days or current LOC is not valid</li> </ul>	<b>NO</b>
Basic Care Beds/Facilities (applicants)	<b>NO</b>	<b>NO</b>
HCBS Applicant	<b>YES</b>	<b>NO</b>
HCBS Recipient	<b>YES</b> <ul style="list-style-type: none"> <li>• Up to 2 months prior to end date</li> <li>• To terminate services</li> </ul>	<b>NO</b>

Client Status	Level of Care Determination	Level I
PC Applicant	YES	NO
TBI Applicant	YES	NO
MFP Applicant	YES	NO
MFP Recipient	YES • Up to 2 months prior to end date	NO
CMFN Applicant	YES	NO
CMFN Recipient	YES • Up to 2 months prior to end date	NO
PACE Applicant	YES	NO
PACE Recipient	YES • Up to 2 months prior to end date	NO
Administrative – discharged/deceased resident & Medicaid status unknown at time of discharge/death	YES (as requested)	NO

## Appendix B: Web System Access

### How can I access the Web Based System?

#### 1. My agency needs to complete a Level I and a Level of Care. How can I find the Web Based System?

- If you are required to submit PASRR Level I or ND Level of Care reviews, you may access the Web Based System by going to [www.PASRR.com](http://www.PASRR.com).
- Once on the home page, select the link to North Dakota Web Based PASRR/LOC System. This will bring you to the North Dakota Home Page.
- Your facility’s supervisor can register as a provider supervisor by accessing the Supervisor Registration link on the ND Homepage under “Supervisor Tools”. Supervisors must be designated to maintain their agency user information.
- Supervisors are responsible for adding and removing all staff members who will be using the Web System. Once this has been done, you will receive an automatically generated e-mail. Follow the instructions in the e-mail to establish your password.
- Instructions on this process are available in the Educational Information section at the link “Getting Started for Supervisors”.

#### 2. I have privileges to use this application; how do I complete a screen?

On the ND Home Page, locate the blue padlock icon labeled, “Login to Complete a Screen”.

- Click the link and enter your user name and password.
- This will bring you to a history page displaying all screens you have submitted for the last two (2) weeks. To

enter a screen, select the box titled “Enter Referral”.

- Select which type of referral you would like to complete. If you need to complete both a Level I and a Level of Care, select the third option. You can also submit tracking through the web system.

### 3. I have some questions about how to fill out the forms.

- On the ND Home Page, tutorials are provided for your assistance. To access these, look for the Educational Information section on the right side of the screen.
- There, you will find instructions on how to complete the Level I and the Level of Care.
- If these do not answer your questions, please contact Ascend.

## How can I obtain a login and Password Privileges?

### 1. My agency needs privileges to use this application.

- If you are required to submit PASRR Level I or ND Level of Care reviews, you may access the Web Based System. Your facility’s supervisor can register as a provider supervisor by accessing the Supervisor Registration link on the ND Homepage. Supervisors must be designated to maintain their agency user information.
- Once the supervisor has completed the Supervisor Registration form and pressed submit, Ascend will receive it and process the request.

Ascend will forward an email within two (2) business days to the supervisor. The email will include an approval or denial message and a link to the online system. If approved, the new user may access the link provided in the email and reset their password. Once the password has been reset, sign the electronic user agreement, which will automatically appear on the Login page. The agreement confirms that the user will use the application only for the intended purpose. The supervisor’s agreement also confirms that he or she will remain responsible for periodically updating the user screen.

**2. My agency has privileges to use this application; however we need to update our user information.  
(Enter new employees and remove users who are no longer employed by your agency).**

The supervisor must enter the system using their unique user name and password through the Supervisor Log-In.

- On the ND Home Page, locate the link labeled "Supervisor Login".
- Click the link and enter your user name and password. The supervisor will then be able to update users through the "User Management Link" or Reset their password.
- To add a new user, click the link labeled "Add User" and complete the form. Press save once completed. The Web System will send an email to the user's email address which you provided. The email will provide instructions on how to reset their password. Once they reset their password, they will begin to submit reviews to Ascend using the Web Based system.
- To edit a user; locate the user in the table of users. Click on the link labeled "edit". The system will take you into the form for that user. Edit the information and press "Save" located at the bottom.

**3. I forgot my password and/or user login.**


There are two ways to obtain password information or user sign-ons.

- First, a designated supervisor from your facility maintains login information for your agency. Contact your supervisor for specific information.
- Secondly, Ascend can resend you a link to reset your password. On the ND Homepage, click the blue icon labeled "Login". Below the user name and password you will notice text in blue which states, "Forgot your password?" Click the blue text. The system will ask you to enter your email address. Once you have entered the information, press reset and Ascend will send an automatic email to your email account. Follow the instructions on the email.

## Appendix C: Level I Screening Instructions

The *Level I Form* is used to identify individuals who may be subject to a *Level II PASRR evaluation* (those *known or suspected* as having diagnoses of Major Mental Illness [MMI], Mental Retardation [MR], and/or Related Conditions [RC]). The PASRR Level I screen applies to applicants and residents of all Medicaid certified nursing facilities, regardless of the individual's method of payment. This form must be completed on all individuals prior to NF admission. This format is consistent with federal requirements for identifying individuals with known or suspected MMI, MR, and RC. Screening information can be entered two ways:

- Online at [www.pasrr.com](http://www.pasrr.com)
- Complete the PASRR Level I form and fax to Ascend at 1.877.431.9568 if you do not have web access.

 Note: Advantages to completing the Level I online at [www.pasrr.com](http://www.pasrr.com):

- *Increased efficiency* by providing the ability to submit all information at one time (**including** the questions historically asked by Ascend reviewers when certain presenting information is present).
- *Increased accessibility* by offering the capacity to submit information 24-hours per day, 7 days per week, 365 days per year, along with **the capacity to obtain a decision for the majority of individuals about the need for Level II evaluation (or the approval for admission when a Level II is not needed) without delays.**
- *Immediate information access and improved communication between referring agencies and admitting nursing facilities* through the ability to electronically print the completed web-based form (and authorizations when the admission approval is granted) for the admitting nursing facility, signifying to the admitting facility that appropriate approvals were provided. The web-based system will allow the person entering the information to print both the screening information and a description of the outcome.
- *Federal compliance and reduced exposure for nursing facilities through providing nursing facilities with documentation* of all information reported to Ascend so that, in the event of a state or federal audit, the basis for the Level II referral decision is clearly provided.
- *HIPAA Compliance* through the web-based system which only allows *submission* of information, with users unable to gain access to Ascend's database or any client data. Our web-based data is HIPAA compliant and integrates access control, authentication, and a 128-bit encryption key signed by Verisign to guarantee the security of network connections, the authenticity of local and remote users, and the privacy and integrity of data communications. As a contractor of the State of North Dakota, Ascend maintains fully compliant HIPAA practices with all communications about personally identifiable client information.
- *'User Friendly' access* with no IS/IT modifications or programming needs from providers to access information or submit screens. With web-based access, the provider simply accesses a specified internet address, enters a code, and begins entering information. The only changes necessary on the part of the provider may be to change settings on individual computers to print the completed screening information. Any special printing instructions will be provided on the website.
- *Scoring:* The outcome is scored electronically and, in many cases, will not require Ascend review as frequently as will be required when the screening form is submitted by fax.

It is recommended that the referral source gather all screening information prior to initiating the electronic screen. Information is best obtained from several sources: the individual, any family or caregivers, and the treating provider.

This information is required by federal law and must accurately portray known *or suspected* conditions, behaviors, or symptoms. The following instructions should be used as a guide for completion.

Demographics: Name, Mailing Address, SS#, Date of Birth, and Gender

Complete all items. Ensure that spelling is correct and numbers are correctly entered. If the screening information does not include all identifying information, the screen cannot be processed.

Payment Method

Provide the client's method of payment. Note that PASRR Level I screening is required for all admissions to Medicaid certified nursing facilities, regardless of the individual's method of payment.

Living Situation Prior to Current Placement

Identify the individual's placement prior to his/her current placement. Prior living situation can have an impact on whether a person meets criteria for a Level II screen.

Current Location

Identify the location category of the screened individual. *Community* includes any community placement (such as home, with family, independent living, group home, etc.).

\*Provide Admission Date

If the individual is currently residing in a facility setting (medical facility, nursing facility, or psychiatric facility), provide the admission date.

Receiving Nursing Facility Name and Address

Provide the name of the nursing facility that agreed to accept the client for admission. The accepting nursing facility information must be provided before the screen can be printed by the referral source.

SECTION I: MENTAL ILLNESS SCREEN

**NOTE:** The federal definition for mental illness is designed to include individuals with a potential for and history of episodic changes in treatment and service needs. Federal guidelines include a three component definition that includes:

**Diagnosis** of a major mental illness, such as Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Major Depression, Panic Disorders, Obsessive Compulsive Disorder; and the individual does not have a primary diagnosis of Dementia; and

**Duration:** *Recent Treatment*, related to significant disruption or major treatment episodes within the past two years and due to the disorder. This might include at least one episode of hospital care for a mental disorder within the preceding two years or significant life disruption related to the disorder; and

**Disability:** referred to as *Level of Impairment* in regulatory language, is characterized by active psychiatric symptoms within the preceding six month period and related to interpersonal functioning, concentration/pace/persistence, or adaptation to change.

Each of the questions in Sections I-IV is directed at determining suspicion or presence of those components.

1. Does the individual have any of the following major mental illnesses (MMI)?

These diagnoses (schizophrenia, schizoaffective disorder, major depression, psychotic/delusional disorder, bipolar disorder or *manic depression*, and paranoid disorder) typically reflect the presence of a major mental illness and generally qualify as federally mandated conditions which automatically warrant further evaluation through PASRR.

Check the box(es) to reflect applicable diagnoses. If the suspicion of one or more of these diagnoses is present, check *suspected*, and note those suspected conditions.

2. Does the individual have any of the following mental disorders?

These diagnoses (personality disorder, anxiety disorder, panic disorder, and situational depression) typically reflect mental health conditions that *may* require further evaluation through PASRR depending upon their *extent* and *severity*. Check the box(es) to reflect applicable diagnoses. If the suspicion of one or more of these diagnoses is present, check *suspected*, and note those suspected conditions.

**NOTE:** *Situational depression* (generally a recent diagnosis and short term condition that occurs as a result of the individual's life situation) should be noted in this section. A situational depression *may* require PASRR evaluation if the depression is *more severe* than or *lasts longer* than a typical reaction to life stressors.

3. Does the individual have a diagnosis of a mental disorder that is not listed in #1 or #2? (Do not list dementia here.)

List any additional diagnoses not listed in Sections 1 or 2. Note that situational depression must be listed in number 2, and dementia must be listed in number 12. Do not list dementia or situational depression in this section.

SECTION II: SYMPTOMS

4. Interpersonal – Currently or within the past 6 months, has the individual exhibited interpersonal symptoms or behaviors (not due to a general medical condition)?

These reflect serious interpersonal problems which generally occur when major mental illness is present. Each of the three is to be rated according to its presence/absence within the past six (6) months. **Regardless of whether a known mental illness is present, identify interpersonal symptoms which apply to the individual.** Examples of symptoms to include here are altercations, evictions, firings, social isolation, and fear of strangers. These are only a few examples of many possibilities.

5. Concentration/Task related symptoms – Currently or within the past 6 months, has the individual exhibited any of the following symptoms or behaviors (not due to a general medical condition)?

These reflect concentration and performance problems which generally occur when major mental illness is present. Each of the three is to be rated according to its presence/absence within the past six (6) months. **Regardless of whether a known mental illness is present, identify task or concentration related symptoms which apply to the individual.** Choices under this item include serious difficulty completing tasks that s/he should be capable of completing (e.g., physically the individual has been able to complete the task but mental illness symptoms prevent completion at present), required assistance with tasks which s/he should be capable of completing, and substantial errors with tasks which s/he should be able to complete.

6-8. Adaptation to Change – Currently or within the past 6 months, has the individual exhibited any of the following symptoms in #6, 7, or 8 related to adapting to change?

These reflect serious adaptation problems which generally occur when major mental illness is present. Each of the three is to be rated according to its presence/absence within the past six (6) months. **Regardless of whether a known mental illness is present, identify adaptation symptoms which apply to the individual.** Examples of symptoms to include here are suicidal ideation, hallucinations, excessive tearfulness, and serious loss of interest in things. These are only a few examples of many possibilities. Use # 8 to describe any symptoms that have not been previously addressed by the listed items.

SECTION III: HISTORY OF PSYCHIATRIC TREATMENT

9. Currently or within the past 2 years, has the individual received any of the following mental health services?  
Treatment information is sought over the past two years because of the cyclical nature of mental illness. As such, it is very important that the screener obtain information from the individual, caregivers, or others who know the client well. These services (inpatient psychiatric hospitalization, partial hospitalization, and residential treatment) are generally received by persons with major mental illness conditions. If the exact dates are unknown, obtain approximate dates from the client or caregiver. **Regardless of whether a known mental illness is present, identify applicable treatments received by the individual.**

10. Currently or within the past 2 years, has the individual experienced significant life disruption because of mental health symptoms?  
Treatment information is sought over the past two years, because of the cyclical nature of mental illness. As such, it is very important that the screener obtain information from the individual, caregivers, or others who know the client well. These types of disruption (legal intervention, housing changes, or suicide attempts) often occur for persons with major mental illness conditions. If the exact dates are unknown, obtain approximate dates from the client or caregiver. Note that, to be applicable, these occurrences should be a result of the mental health symptoms (for example, if a housing change occurred due to a medical condition, this item would not be applicable). **Regardless of whether a known mental illness is present, identify disruptions reported for the individual.**

11. Has the individual had a recent psychiatric/behavioral evaluation?  
If a psychiatrist, psychologist, or behavioral specialist has been consulted within the past 60 days, respond *yes*. Provide the approximate date of the consultation.

SECTION IV: DEMENTIA

12. Does the individual have a diagnosis of dementia or Alzheimer's disease?  
If the individual has received a medical diagnosis of dementia or Alzheimer's Diseases, respond *yes*. If the answer is no, proceed to question 15.

13. If yes to #12, is corroborative testing or other information available to verify the presence or progression of the dementia?  
If specific tests have been administered to verify the presence and/or progression of dementia, list those in this section.

*✎ A note about dementia:* Under federal law, a person with dementia who has no other mental health conditions is excluded from further evaluation through PASRR. On the other hand, a person who has both dementia **and** a major mental illness is not necessarily excluded from further review. The exclusion **can only occur if the dementia diagnosis is primary** over (and more progressed than) the other mental health diagnosis. When co-occurring diagnoses are present, Federal guidelines are very strict that an exemption cannot occur unless sufficient evidence is present to confirm the progression of the dementia. The kinds of information helpful to establishing primary Dementia (when it co-occurs) include: a neurological assessment, mental status examinations, CT scans, and any other tests that establish that executive functioning symptoms (e.g., disordered memory, orientation, abstract thinking, etc.) are associated with progressed dementia.

SECTION V: PSYCHOTROPIC MEDICATIONS

14. Has the individual been prescribed psychoactive (mental health) medications now or within the past 6 months?

List any psychoactive medications (antidepressants, anti-psychotics, mood stabilizers, anti-anxiety medications, and/or tranquilizers) which are prescribed currently or have been prescribed over the past 6 months. If any of the medications are prescribed for the client, list the medication, cumulative milligrams per day, diagnosis, and start and end dates (as applicable). While start and end dates may be approximate, the remaining items must be provided. Do not list medications if used for a medical diagnosis.

SECTION VI: MENTAL RETARDATION/RELATED CONDITION

**NOTE:** The definition for Related Condition is as follows:

- Is attributable to cerebral palsy, epilepsy, or any other condition other than mental illness, found to be closely related to mental retardation because it results in impairment of general intellectual functioning or adaptive behavior similar to MR and requires treatment or services similar to MR
- Is present prior to age 22
- Is expected to continue indefinitely
- Results in substantial functional limitations in three or more of the following major life activities: self-care, understanding, and use of language, learning, mobility, self-direction, and capacity for independent living.

15. Does the individual have a diagnosis of mental retardation (MR)?

Answer *yes* or *no* to reflect whether the individual is currently diagnosed as mental retardation.

16. Does the individual have presenting evidence of MR that has not been diagnosed?

Answer *yes* or *no* to reflect whether the individual is suspected of having mental retardation but does not have an actual diagnosis of mental retardation.

17. Is there presenting evidence of a cognitive or behavioral impairment or suspicion of MR that occurred prior to age 18?

Answer *yes* or *no* to reflect whether the individual's cognitive or behavioral impairment occurred prior to age 18.

18. Has the individual ever received services from an agency that serves people affected by MR?

Answer *yes* or *no* to reflect whether the individual has received services from an agency that typically specializes in provider services for individuals with MR.

19. Does the individual have a diagnosis which affects intellectual or adaptive functioning?

Answer *yes* or *no* to reflect whether the individual has a diagnosis of an RC as described in the box above. Examples of Related Conditions include but are not limited to blindness, deafness, traumatic brain injury, quadriplegia, paraplegia, autism, and epilepsy.

20. Did this condition develop prior to age 22?

If you answered *yes* to 19, you should answer *yes* or *no* to whether this condition developed prior to age 22. If you answered *no* to 19, then you should answer *no* to 20 as well.

21. Are there substantial functional limitations?

Answer *yes* or *no* to reflect whether the individual has functional limitations in any of the listed areas due to the condition indicated in question 19. If you answered *no* to 19, then you should answer *no* to 21 as well.

**SECTION VII: EXEMPTIONS AND CATEGORICAL DECISIONS (ASCEND MUST APPROVE USE OF CATEGORIES AND EXEMPTIONS PRIOR TO ADMISSION)**

**22. Does the admission meet criteria for 30-day Convalescence?**

Convalescent care allows the individual with MI, MR, and/or RC to be placed in a NF for 30 calendar days without performance of a *Level II PASRR evaluation*. However, several provisions apply and all of these must be met before the individual may be admitted under this exemption (see below). It is the receiving facility's responsibility to re-establish contact with Ascend prior to the conclusion of the 30 calendar days, and no later than the 25th calendar day, to update the individual's *Level I* and *Level of Care screens*.

Does the individual meet all of the following criteria?

- *Admission to a NF directly from a hospital:* The individual must be in the hospital at the time of application; 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 admission that the individual will require less than 30 calendar days NF care* (clearly, an individual whose medical condition will require longer than 30 calendar days to stabilize will not be eligible for convalescent care [e.g., broken hip]) and should not apply for this exemption.

**Note: A 30-day Convalescent determination cannot occur if the individual was admitted for psychiatric issues.**

**23. Does the admission meet the criteria for Provisional Emergency or Provisional Delirium?**

These categories allow for seven (7) calendar days for temporary admission of individuals with MI, MR, and/or RC who meet certain criteria. For emergency admission, it is the responsibility of the referral source to contact Ascend within two (2) business days of the admission to report the admission and to complete the *Level I* and *Level of Care screens*. Regardless of the outcome of these *Level I* and *Level of Care screens*, if the individual is determined to meet the categorical determination standards, the individual may remain in the facility for a maximum of seven (7) calendar days. If at any time, it appears that the individual's stay may exceed seven (7) calendar days, and no later than the seventh (7<sup>th</sup>) calendar day, the receiving facility must update *Level I* and *Level of Care screens*. If the individual is determined not to meet medical necessity criteria, s/he must be discharged no later than the seventh (7<sup>th</sup>) calendar day.

- *Provisional Emergency:* Refers to immediate need for placement as a protective service measure.
- *Provisional 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

**24. Additional Comments**

Provide any additional comments which Ascend and/or the nursing facility will need.

**Section VIII: GUARDIANSHIP AND PHYSICIAN INFORMATION**

Please provide contact information for the individual's legal guardian, if applicable, and primary physician. It is a federal requirement that all Level II information is mailed to the legal guardian and primary physician.


**Section IX: REFERRAL SOURCE SIGNATURE**



## Appendix D: Level of Care Determination Form Instructions

The *Level of Care Form* is used to screen individuals who are entering nursing facility, swingbed, HCBS, MFP, CMFN, PACE, Tech Dependent Waiver Services, and MSP PC services. Criteria for nursing facility level of care are outlined in NDAC 75-02-02-09. The form must be completed before admission and at designated review points. LOC Determination information can be entered two ways:

- Online at [www.pasrr.com](http://www.pasrr.com) *For assistance with completing this form or accessing WEBSTARS™, call Ascend toll free at 1.877.431.1388 and ask to speak with a ND LTC nurse reviewer*
- Complete the LOC Determination Form and fax to Ascend at 1.877.431.9568 if you do not have web access.

 Note: Advantages to completing the Level of Care online at [www.pasrr.com](http://www.pasrr.com):

- *Increased efficiency* by providing the ability to submit all information at one time (**including** the questions historically asked by Ascend reviewers when certain presenting information is present).
- *Increased accessibility* by offering the capacity to submit information 24-hours per day, 7 days per week, and 365 days per year.
- *Immediate information access and improved communication between referring agencies and admitting nursing facilities* through the ability to electronically print the completed web-based form (and authorizations when the admission approval is granted) for the admitting nursing facility, signifying to the admitting facility that appropriate approvals were provided. The web-based system will allow the person entering the information to print both the screening information and a description of the outcome.
- *Federal compliance and reduced exposure for nursing facilities through providing nursing facilities with documentation* of all information reported to Ascend so that, in the event of a state or federal audit, the basis for the Level of Care decision is clearly provided.
- *HIPAA Compliance* through the web-based system which only allows *submission* of information, with users unable to gain access to Ascend's database or any client data. Our web-based data is HIPAA compliant and integrates access control, authentication, and a 128-bit encryption key signed by Verisign to guarantee the security of network connections, the authenticity of local and remote users, and the privacy and integrity of data communications. As a contractor for the State of North Dakota, Ascend maintains fully compliant HIPAA practices with all communications about personally identifiable client information.
- *'User Friendly' access* with no IS/IT modifications or programming needs from providers to access information or submit screens. With web-based access, the provider simply accesses a specified internet address, enters a code, and begins entering information. The only changes necessary on the part of the provider may be to change settings on individual computers to print the completed screening information. Any special printing instructions will be provided on the website.

It is recommended that the referral source gather all screening information prior to initiating the electronic screen. Information is best obtained from several sources: the individual, any family or caregivers, and the treating provider. Thorough information results in an expedited review so that placement delays do not occur.

The following instructions should be used as a guide for completion.

For this section, select which type of LOC screen is to be reviewed

Requested Screen Type	
<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> Swingbed
<input type="checkbox"/> CMFN	<input type="checkbox"/> PACE
<input type="checkbox"/> MFP Provisional	<input type="checkbox"/> MFP Final
<input type="checkbox"/> Tech. Dependent Medicaid Waiver	<input type="checkbox"/> HCBS Medicaid Waiver
<input type="checkbox"/> MSP Personal Care	<input type="checkbox"/> HCBS Medicaid Waiver & MSP Personal Care (check only if receiving both)
<input type="checkbox"/> HCBS/SPED ↓18	<input type="checkbox"/> MSP Personal Care & HCBS/SPED ↓18 (check only if receiving both)

Select the most appropriate expected length of stay. Short-term is defined as stays no more than 120 days. Long-term is defined as stays greater than 120 days. Include the start date and indicate if this screen is a status change. A status change is defined as an improvement in a NF resident's medical status. Anytime the MDS is changed to indicate an improvement a new LOC screen should be submitted to Ascend.

Expected length of stay:	<input type="checkbox"/> Short Term	<input type="checkbox"/> Long Term	Requested Start Date: _____
Status Change:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Complete all information in the following section. A LOC screen cannot be processed without a social security number and date of birth.

Demographics			
First/Middle Name: _____	Last Name: _____	Social Security Number: _____	
Address: _____		Payment Source: _____	
City: _____	State: _____	Zip: _____	Medicaid #: _____
County: _____	Phone: _____	Date of Birth: _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: _____		Marital Status: _____

If the individual will be going to a NF or swing bed, complete the following section. Prior living situation is asking where the person was residing prior to their current location. Current location is asking where the individual is currently. List the Receiving Facility if known. Be sure to include all admission dates.

For NF/SB Screens Only:	
Prior Living Situation:	<input type="checkbox"/> NF <input type="checkbox"/> Basic Care <input type="checkbox"/> Hospital <input type="checkbox"/> Other (Specify): _____
Current Location:	Admission Date: _____
Contact Person:	Phone: _____ Fax: _____
Address:	City, State, Zip: _____
Receiving Facility:	Admission Date: _____
Contact Person:	Phone: _____ Fax: _____
Address:	City, State, Zip: _____

Complete the following section only if the screen is for the MFP program.

For MFP Screens Only:
Transition Coordinator Agency: _____

**In determining level of care, the individual must require or meet a minimum of one of the criteria listed in Section A or two criteria included in Section B or criteria in Section C or all the criteria in Section D.**

Detail the individual's medical diagnoses, both current and historical. These can often be found listed as Axis III diagnoses in medical records.

To assist in determining appropriate criteria for level of care, document all known current and relevant historical medical diagnoses. These do not necessarily need to be the diagnoses for which the individual is seeking services. \_\_\_\_\_

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**Section A**

A.1 is for individuals who have Medicare Part A for the first 14 days and Medicaid and will be discharged no more than 30-days following screening. This criterion is for NF or Swing Bed only.

Nursing Facility stay is, or is anticipated to be, temporary for receipt of Medicare Part A benefits. Nursing facility stay may be based on this criterion for no more than fourteen (14) days beyond termination of Medicare Part A benefits. Approval under this item will not exceed 30 days. If placement is expected to exceed 30 days, indicate other criteria that apply to the individual in order to be considered for a longer term approval.

A.2 is for individuals in a comatose state. Our reviewers need to understand the diagnosis, cause, and date of onset of the condition. The approval could be long-term or short-term depending on the individual’s prognosis.

The individual is in a comatose state.

a. Date of Onset: \_\_\_\_\_

b. Cause of Coma: \_\_\_\_\_

\_\_\_\_\_

For criterion A.3, it is important to note that the individual must rely on the use of the ventilator 6 hours per day, 7 days per week. Individuals who are weaning and do not need the ventilator 6 hours per day would not meet this criterion. It is important for our clinicians to know date of onset, diagnosis, cause, anticipated needs, and anticipated weaning schedule for the individual. This approval could be short-term or long-term depending on the needs of the individual.

3.  The individual requires use of a ventilator for at least six (6) hours per day, seven (7) days per week.

a. Describe the diagnosis/condition associated with ventilator use: \_\_\_\_\_

\_\_\_\_\_

b. Is there a ventilator weaning schedule?  No  Yes If yes, describe the schedule: \_\_\_\_\_

Criterion A.4 is used for individuals who have respiratory problems. “Regular” means the services must occur daily or every other day. We need to understand the individual’s treatment needs and the reason that she is unable to manage these services independently. It is important for our clinicians to understand the individual’s diagnosis and nursing needs. The reason for assistance could be related to cognitive limitations or to physical limitations. The referral source should provide detailed information about those limitations and how they impact the individual’s ability to self-manage respiratory treatment. Additional supporting documentation may include respiratory therapy notes, history and physical (H&P), home health notes, and nursing notes.

4.  The individual has respiratory problems that require regular treatment, observation, or monitoring that can only be provided by or under the direction of a registered nurse (or in the case of a facility which has secured a waiver of the requirements of 42 CFR 483.30 (b), a licensed practical nurse) and s/he is incapable of self-care. For individuals being served in the community, these services may be provided by a family member or other support person who has been trained by a nurse or higher-credentialed professional.

a. Describe the individual’s respiratory problem(s): \_\_\_\_\_

\_\_\_\_\_

b. Describe the type(s) of treatment or monitoring needed: \_\_\_\_\_

\_\_\_\_\_

c. Describe the frequency of treatment or monitoring (e.g., constantly, hourly, daily, etc): \_\_\_\_\_

\_\_\_\_\_

d. Describe who will provide the treatment or monitoring: \_\_\_\_\_

\_\_\_\_\_

e. Explain why the individual is not able to self-manage the respiratory problem(s). Describe any cognitive and/or physical limitations. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Criterion A.5 applies to individuals who need the physical presence of a caregiver for at least two of the following ADL's, toileting, eating, transferring, or locomotion. Verbal or physical assistance and cues are all considered physical presence. It is important for our clinicians to understand what type of assistance is needed, the frequency of assistance, the medical reason assistance is needed, and the anticipated duration of assistance needed.

5.  The individual requires constant help at least 60% of the time with at least two (2) of the following Activities of Daily Living (ADLs). Constant help is required if the individual requires a caregiver's continual presence or help, without which the activity would not be completed. This criterion does not apply to individuals who need intermittent assistance.

- Toileting (e.g., use of toileting equipment, cleansing, adjustment of clothing)
- Eating (e.g., physical assistance with feeding or constant cues/prompting; does not include set-up or meal preparation such as cutting up food)
- Transferring (e.g., movement from surface to surface, such as bed to chair or chair to wheelchair)
- Locomotion (e.g., movement from place to place, such as room to room)

a.

For each ADL checked above, describe the assistance needed, including frequency of assistance: \_\_\_\_\_  
 \_\_\_\_\_

b.

Explain why the individual is not able to self-manage these ADLs. Describe any cognitive and/or physical limitations.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For criterion A.6, our clinicians need to understand the diagnosis or reason for suctioning, the frequency of suctioning, the date suctioning began, and the length of time suctioning is expected to be required. Tracheostomy care does not qualify if the individual is able to self-manage.

6.  The individual requires aspiration for maintenance of a clear airway. This criterion applies to deep suctioning.

- a. Describe the diagnosis/condition that requires suctioning: \_\_\_\_\_  
 \_\_\_\_\_
- b. Provide the date of initiation of suctioning: \_\_\_\_\_
- c. Describe the frequency of suctioning (e.g., constantly, hourly, daily, etc): \_\_\_\_\_
- d. Describe how long suctioning is expected to be required (e.g., for the next month, indefinitely, etc): \_\_\_\_\_  
 \_\_\_\_\_
- e. Explain why the individual is not able to self-manage suctioning. Describe any cognitive and/or physical limitations. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Criterion A.7 applies to individuals who have a progressed dementia. Our clinicians need to understand what dementia-related deficits the individual is experiencing, how long those deficits have been an issue, and what impact those deficits have on the person's life. In order for the individual to meet this criterion, the dementia must cause significant impairment in the individual's life related to social functioning, occupational functioning, or safety. Give the month, day and year of the diagnosis. Note that a diagnosis alone for the period of 6 months is not sufficient without the supportive description.

7.  The individual has dementia, physician diagnosed or supported with corroborative evidence, for at least 6 months, and as a result of that dementia, the individual's condition has deteriorated to the point that a structured, professionally staffed environment is needed to monitor, evaluate, and accommodate the individual's changing needs.

- a. Is there a diagnosis of dementia?  No  Yes If yes, provide date of diagnosis: \_\_\_\_\_
- b. Detail the individual's deficits related to dementia. Include details about impairments related to memory; use and understanding of language; ability to carry out motor activities; and ability to plan, carry out, and stop complex activities. Identify the source of this information and describe how these impairments have impacted the individual's day-to-day life (such as disruptions to employment, relationships, safety; cueing; wandering; etc). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If the individual does not meet any criteria in Section A, then the referral source should move on to Section B. Two items in Section B must be met in order for the individual to meet criteria.

**Section B:** (If no criteria in Section A are met, an applicant or resident is medically eligible for NF level of care if at least two of the following criteria apply):

For the review, it is important for our clinicians to understand what assistance the individual needs, such as set-up or physical assistance, and the frequency of that assistance. Set-up may include setting up syringes, med minders, or other medication administration devices. In order to meet this criterion, the medications must be prescribed as daily medications. It is also important for the referral source to communicate what physical or cognitive limitations prevent the individual from being able to self-administer medications. Psychiatric and medical medications are included under this criterion. List each medication, dosage, route, and date started.

1.  The individual requires administration of a prescribed: a. injectable medication; b. intravenous medication and solutions on a daily basis; or c. routine oral medications, eye drops or ointments on a daily basis.

Provide the following information for each medication prescribed:

Medication	Diagnosis	Dosage	Route/Frequency	Date started	
				<input type="checkbox"/> less than 6 months	<input type="checkbox"/> 6 months to 1 year
				<input type="checkbox"/> 1-2 years	<input type="checkbox"/> greater than 2 years

Medication set-up is included in this criterion, and this assistance can be provided by a family member. Explain why the individual is not able to self-administer these medications. Describe any cognitive and/or physical limitations. \_\_\_\_\_

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Criterion B.2 is for individuals with an unstable medical condition that requires care by or under the direction of a nurse. For individuals being served in the community, these services may be provided by a family member or other support person who has been trained by a nurse or higher-credentialed professional. "Regular" means the services must occur daily or every other day. Because instability is so individualized, it is important for our clinicians to understand the individual's entire clinical presentation when reviewing this criterion. There are many indicators of instability, such as fluctuations in lab values, vital signs, and levels; increase in frequency of doctor visits; and concurrent diagnoses, such as a recent upper respiratory infection, which can lead to instability in a chronic condition. It is important for the referral source to communicate the individual's experience with the medical condition and any other potentially related medical conditions in order to determine if the condition is unstable. Our clinicians also need to understand why the individual is unable to monitor the medical condition independently.

2.  The individual has one or more unstable medical conditions requiring specific and individual services on a regular and continuing basis that can only be provided by or under the direction of a registered nurse, (or in the case of a facility which has secured a waiver of the requirements of 42 CFR 483.30 (b), a licensed practical nurse). For individuals being served in the community, these services may be provided by a family member or other support person who has been trained by a nurse or higher-credentialed professional.

a. Identify the individual's unstable medical condition(s): \_\_\_\_\_

b. Describe any recent fluctuations in the individual's medical presentation. This may include changes in lab values, vitals, or levels. It may also include increases in frequency of doctor visits. \_\_\_\_\_

c. Describe the services needed related to unstable medical condition(s). Include frequency and who will be providing those services. \_\_\_\_\_

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- d. Explain why the individual is not able to self-monitor the condition(s). Describe any cognitive and/or physical limitations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Criterion B.3 applies to individuals who have restorative potential and require restorative nursing or therapy at least 5 days per week. Restorative nursing or therapy is focused on regaining lost skills and does not include maintenance services or prevention of deterioration. For the review, our clinicians need to understand what type of therapy or therapies the individual requires, the frequency of those therapies, who will be administering them, and the expected duration of the therapies. It is also important for us to understand what goals the individual has and what type of progress is being made toward those goals. An individual who receives a combination of different therapies that add up to 5 days per week may meet this criterion. This criterion cannot be met if family members are administering the therapies.

3.  The individual is determined to have restorative potential and can benefit from restorative nursing or therapy treatments (e.g., gait training, bowel and bladder training, etc) which are provided at least five (5) days per week. Restorative services must add up to at least 5 days per week and must be delivered by a therapist or by restorative aides or assistants under the direction of the therapist. Therapy orders and notes, if available, are required for the review of this criterion in order to support the individual's needs.
- a. Identify restorative services, frequency, and who will provide them: \_\_\_\_\_  
 \_\_\_\_\_
- b. Describe the individual's goals and progress toward those goals: \_\_\_\_\_  
 \_\_\_\_\_
- c. Describe how long these services are expected to be needed (e.g., for the next month, indefinitely, etc): \_\_\_\_\_  
 \_\_\_\_\_

For criterion B.4, our clinicians need to understand why the individual needs assistance with feedings by the specified methods. The referral source should detail any physical or cognitive limitations. It is also important for our clinicians to understand the diagnosis or reason for tube feedings, the frequency of feedings, and who will be administering feedings. Individuals can meet this criterion if feedings are administered by a family member or other caregiver. The emphasis of this criterion is on the individual's ability to self-administer.

4.  The individual needs administration of feedings by:  
 nasogastric tube     jejunostomy     gastrostomy     parenteral route  
 Other (specify): \_\_\_\_\_
- a. Describe the diagnosis/condition for which the feeding tube is required: \_\_\_\_\_  
 \_\_\_\_\_
- b. Describe the frequency of tube feedings (e.g., constantly, hourly, daily, etc): \_\_\_\_\_  
 \_\_\_\_\_
- c. Describe how long tube feedings are expected to be needed (e.g., for the next month, indefinitely, etc): \_\_\_\_\_  
 \_\_\_\_\_
- d. Explain why the individual is not able to self-administer tube feedings. Describe any cognitive and/or physical limitations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Criterion B.5 is used for individuals who have a skin disorder that has a potential detrimental impact on the individual's overall physical health; therefore, our clinicians look not only at the current impact of the skin disorder but also at the potential impact if it is not treated properly. It is important for us to understand the type of skin disorder, the reason the individual needs assistance, the extent and type of treatment needed, and the location of the skin disorder. If there is a wound, it is important for us to understand the stage, size, treatment needed, and any other information that indicates the severity of the wound. An individual who has a yeast infection on his back and is unable to manage it himself due to obesity would meet this criterion.

5.  The individual requires care of:  
 decubitus ulcers     stasis ulcers  
 other widespread skin disorders (specify): \_\_\_\_\_

- a. Describe the stage, size, severity, and location of the wound or skin disorder: \_\_\_\_\_  
\_\_\_\_\_
- b. Describe the treatment required, including frequency (e.g., constantly, hourly, daily, etc): \_\_\_\_\_  
\_\_\_\_\_
- c. Explain why the individual is not able to self-manage care of the skin disorder. Describe any cognitive and/or physical limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This criterion applies to individuals who need the physical presence of a caregiver for toileting, eating, transferring, or mobility. Verbal or physical assistance and cues are all considered physical presence. It is important for our clinicians to understand what type of assistance is needed, the frequency of assistance, the medical reason assistance is needed, and the anticipated duration of assistance needed. The application of this criterion is exactly the same as A.5, except under this criterion the individual only requires assistance with one of the listed ADLs. This change is because under Section B, they must meet one other criterion in order to meet level of care.

6.  The individual requires constant help at least 60% of the time with one (1) of the following. Constant help is required if the individual requires a caregiver's continual presence or help, without which the activity would not be completed. This criterion does not apply to individuals who need intermittent assistance.

- Toileting (e.g., use of toileting equipment, cleansing, adjustment of clothing)
- Eating (e.g., physical assistance with feeding or constant cues/prompting; does not include set-up or meal preparation such as cutting up food)
- Transferring (e.g., movement from surface to surface, such as bed to chair or chair to wheelchair)
- Locomotion (e.g., movement from place to place, such as room to room)

- a. For each ADL checked above, describe the assistance needed, including frequency of assistance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Explain why the individual is not able to self-manage these ADLs. Describe any cognitive and/or physical limitations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the individual does not meet level of care criteria under Sections A or B, the referral source may move on to Section C. Section C applies to individuals with brain or spinal cord injuries or individuals who have experienced some other traumatic injury and have restorative potential related to that injury. There is no age limit, so the individual does not necessarily have to meet the non-geriatric portion of this criterion. The focus of this criterion is on the individual's potential to regain lost skills. The individual must demonstrate gains and benefit over time. This criterion is used for individuals seeking services at Dakota Alpha only. Because this criterion focuses on the individual's restorative potential, is important for our clinicians to understand the individual's goals, progress toward goals, length of time progress is retained, types of rehab, and frequency of services in addition to the individual's diagnosis. It is also useful for the referral source to describe the length of time the individual has had the condition that needs rehab. If an individual's rehab has plateaued and he is no longer making gains, then he is no longer demonstrating restorative potential and is not appropriate under this criterion. For individuals with TBI, the definition of restorative care is broader than for other medical conditions and includes cognitive skill building, behavioral management, socialization skills, cooking skills, and other trainings aimed at fostering independence and remaining in the community.

**Section C:** If no or insufficient criteria in Sections A or B were met, an individual who applies to or resides in a nursing facility designated as a facility for non-geriatric individuals with physical disabilities may demonstrate that nursing facility level of care is medically necessary if:

The individual is determined to have restorative potential. This criterion focuses on the individual's ability to regain lost skills. Maintenance and prevention of deterioration are not included in this criterion. Medical records are required for the review of this criterion in order to support the individual's needs.

- a. Describe the diagnosis/condition which has led to the individual's need to regain lost skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b. Describe the restorative services required for the individual, including type, frequency, who will provide, and expected duration of those services: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- c. Describe the individual's goals and progress toward those goals: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Section D is for individuals who require nursing care for an acquired brain injury. Individuals with brain injuries may also meet under Sections A, B, or C. The brain injuries covered under this criterion are anoxia, cerebral vascular accident, brain tumor, infection, or traumatic brain injury. For the purposes of this criterion, "direct supervision" means the individual requires a caregiver to be present to provide oversight, prompts, and cueing. Physical assistance would also count as direct supervision. The caregiver can be a family member or a staff person at a rehabilitation program. The key consideration is that the supervision must add up to 8 hours per day, 7 days per week. For the review, it is important for our clinicians to understand the type of supervision required and the frequency of that supervision in order to demonstrate that the supervision is needed for 8 hours daily.

**Section D:** If no criteria in Section A, Section B, or Section C is met, the individual who applies for care in a nursing facility may demonstrate that a nursing level of care is medically necessary if **both 1 and 2** are met below.

1.  The individual has an acquired brain injury which includes one of the following:  
 Date of Onset: \_\_\_\_\_
- anoxia \_\_\_\_\_
  - cerebral vascular accident \_\_\_\_\_
  - brain tumor \_\_\_\_\_
  - infection \_\_\_\_\_
  - Traumatic Brain Injury \_\_\_\_\_
2.  As a result of the brain injury, the individual requires direct supervision at least eight (8) hours per day, seven (7) days per week. Supervision includes oversight, cues, prompts, and physical assistance and may be provided by a family member or other support person. Medical records are required for the review of this criterion in order to support the individual's needs.  
 Describe the type(s) of supervision needed by the individual, including who provides and frequency: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In the Additional Comments area, detail any information you feel was not addressed in a different part of the screen.

**Additional Comments**

Use this area for any important information you think was not adequately addressed in the above sections.

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

Complete the following section completely. All information is required every time a screen is submitted.

**Referral Source Information**

Person completing form: \_\_\_\_\_ Facility: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



## Appendix E: Forms

Copies of screening forms can be obtained from Ascend’s website at [www.pasrr.com](http://www.pasrr.com). You do not need a login in order to access and print forms.

To access the North Dakota Web Based PASRR/LOC System, click the link located in Contract Sites.

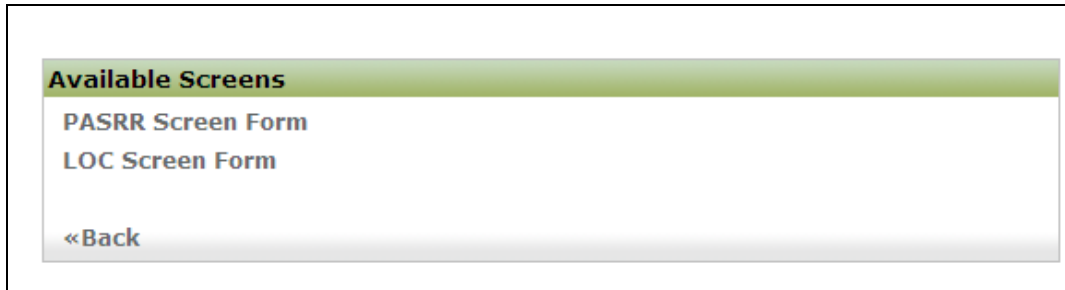


### Level I and Level of Care Forms

To print a copy of a Level I or Level of Care form, click the purple printer link named “Print a Copy of the Screen.”



From that link, you should select which screen type you wish to print.



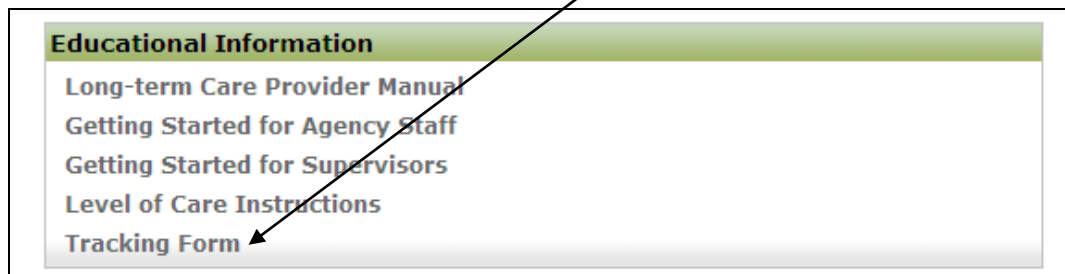
**Available Screens**

- PASRR Screen Form
- LOC Screen Form

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Tracking Form

To print a copy of the Tracking Form, click the “Tracking Form” link in the Educational Tools section.



**Educational Information**

- Long-term Care Provider Manual
- Getting Started for Agency Staff
- Getting Started for Supervisors
- Level of Care Instructions
- Tracking Form