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09.10 INTRODUCTION

The Omnibus Budget Reconciliation Act (OBRA) of 1987 provides for Pre-Admission Screening and Annual Resident Review (PASARR) requirements. The PASARR Program is designed to screen applicants prior to nursing home placement. Identified individuals who have a serious mental illness or mental retardation are referred through the Level II process to determine the need for nursing facility services and specialized services or specialized rehabilitation services. Title XIX certified nursing facilities are prohibited from admitting any new resident who has a serious mental illness (MI) or is mentally retarded (MR) unless it has been determined whether the individual requires the level of services provided by the nursing facility and whether the individual is in need of specialized services or specialized rehabilitation services for mental illness or mental retardation.

Prior to admission, the **CLTC reviewer or designee** will initiate the Level I Screening to identify those applicants suspected of having mental illness or mental retardation. If the applicant has or is suspected of having mental retardation or a related condition, or a serious mental illness, the case will proceed through the Level II evaluation process.

A signed Memorandum of Agreement with the Department of Health and Human Services allows hospitals and nursing facilities to complete the Level I Screening and portions of Level II screenings, as negotiated in each individual regional, for their patients or residents. Nurses or social workers (to include social work designees or social services' workers) are to conduct the Level I screening.

Nursing facilities are to comply with pre-admission screening mandates of PASARR without exception. All nursing facilities have been informed in writing by the Department of Health and Human Services of their responsibilities concerning the Annual Resident Review portion of the PASARR process. Any instance of non-compliance should be reported to DHHS's Division of Nursing Homes and Home Health. Failure to meet this requirement will result in recoupment action by the Department of Health and Human Services.

The Resident Review component is required for those nursing facility residents who have MR or a serious MI. The nursing facility must initiate a new Level II review on these applicants when a significant change in condition occurs. The State must ensure needed follow-up care for those applicants identified in need of specialized services through the PASARR process.

09.20 PASARR POLICIES AND PROCEDURES

09.21 Referrals for PASARR

All admissions to a Title XIX certified nursing facility require pre-admission screening regardless of pay source. A referral for this screening may originate from any knowledgeable source such as:

- Applicant
- Family member
- Interested neighbor or friend
- Physician
- Hospital staff
- Nursing home staff
- Staff of a public or private agency

Agencies that might make referrals include the Department of Social Services (DSS), Department of Health and Environmental Control (DHEC), Department of Mental Health (DMH), Department of Disabilities and Special Needs (DDSN), home health agencies, etc.

Regardless of age, the request for nursing home pre-admission review must be referred to the local CLTC office or completed by participating nursing homes or hospitals.

Hospitals should be encouraged to begin discharge planning as soon as possible to facilitate the PASARR process and allow ample time for any subsequent evaluation that may be needed. Nursing facilities also should prioritize their waiting lists and screen applicants as soon as possible to allow time for any further evaluation that may be indicated.

Nursing Facilities should confirm that PASARR Level I and Level II processes are complete prior to admitting the applicant to the facility. In cases where the applicant is admitted to the Nursing Facility without the appropriate screening, the Nursing Facility will be responsible for completing the required screening.

The Centralized Intake

- Receives referral for applicant requesting PASARR screening for nursing home placement.
- Checks Phoenix for possible existing record.
- Creates the appropriate application in Phoenix if there is no active PASARR or Pre-Admission Screening for Nursing Home Placement Application. Screens the application for appropriateness (Refer to Section 09.21.10.).
- Completes available Participant Information in Phoenix

- a. If referral is for PASARR only (non-Medicaid), annotates in the Narrative.
 - b. If referral is for PASARR and Medicaid level of care certification, ensures a Nursing Home Placement application is completed.
- Releases referral to the Area Office.

The designated Area Office Staff:

- Receives documents, creates the correspondence file, and assigns the case to a **Nurse Consultant**.

09.21.10 Appropriateness of Referrals for Level I Screening

Level I screening is necessary in the following circumstances:

1. All new admissions to Title XIX certified nursing facilities regardless of pay source.
2. Prior to nursing home re-admission from a hospital for in-patient treatment of a psychiatric condition, if the applicant has exceeded the 10 day bed hold.
3. Out-of-state transfers (see Section 8.21.11).
4. Respite care admissions to a nursing facility for up to fourteen (14) days or less; respite care admissions to a hospital are not subject to Level I screening.

Level I screening is not necessary in the following circumstances:

1. Interfacility transfers (from one Title XIX nursing facility to another Title XIX nursing facility) are not considered new admissions for purposes of PASARR and are not subject to Level I screening. The transferring nursing facility is responsible for sending all PASARR information to the receiving facility.

Note: If an applicant is hospitalized for a non-psychiatric related condition and enters a different nursing facility, a new PASARR is not necessary. The transferring nursing facility may supply a copy.

2. Admissions to facilities that are not certified for Medicaid

participation.

3. Intra-facility conversions from one pay source to another.
4. Re-admission to Title XIX certified nursing facilities from a hospital, including hospitalization for in-patient psychiatric care if within the ten (10) day bed hold.
5. Patients admitted to a nursing facility from a hospital for acute in-patient treatment of the same condition for which they were hospitalized where the nursing facility stay is anticipated to be less than 30 days, as certified by a physician.
6. Swing bed or Administrative Days admissions.

09.21.11 Out-of-State Referrals

Persons who are out-of-state and seeking admission to a South Carolina Title XIX nursing facility are subject to the pre-admission screening requirements. South Carolina will accept any state's Level I or Level II forms that include the necessary information; or, the transferring State may choose to complete South Carolina Level I and/or Level II forms. CLTC must review and approve **all** out-of-state admissions. If Level II has positive findings (specialized services are required), the appropriate South Carolina State Authority must review the Level II packet and render a determination before admission to the nursing facility. Nursing facilities must not admit any out-of-state resident who has not been appropriately screened prior to admission according to South Carolina PASARR policies.

The assigned **Nurse Consultant**

- Receives referring state's PASARR information and files in correspondence file.
- Reviews thoroughness of information and inclusion of South Carolina requirements.
- Initials Level I screening if no indicators present.
- Mails a copy of the Level I screening to the admitting nursing facility.
- Refers the Level II evaluation packet to the appropriate State Authority if the Level I screening has positive findings.
- Receives South Carolina State Authority Final Determination Form.
- Sends evaluative packet and PASARR Notification Form to applicant and/or primary contact and admitting facility. (MI evaluative packet includes the PASARR Level I screening form, Mini Mental State Exam form (if applicable), psychiatric evaluation form and final

determination form DMH.) (MR evaluative packet includes Level I and final determination report from DDSN.)

- Completes corresponding section (s) in Phoenix including the final determination under the PASARR Recommendation tab in Phoenix.

09.22 Confidentiality

As with all applicants, confidentiality is important. Due to the nature and type of information obtained and shared, confidentiality must be safeguarded for all applicants regardless of pay source. (See Chapter 01.22.)

09.23 Applicant Involvement

The assessor must attempt to involve the applicant as much as possible in the actual screening process. Accurate screening can only be made when the assessor is able to see and speak to the applicant. If the applicant is enrolled in CLTC waiver, Level I screening may be completed by a **Nurse Consultant** by telephone. A face-to-face contact is necessary if completion of the Level II screening including completion of the Mini-Mental State Exam is indicated.

Completion of the PASARR may include conferring with the applicant's physician or other professionals caring for the applicant. When an applicant is physically or mentally unable to participate in the interview, the legal guardian, primary contact, and/or permitted caregiver may be interviewed for completion of the screening.

09.24 Consent

Consent Form 121 is required following current CLTC Policy and Procedure. Hospitals and nursing facilities that conduct PASARR Level I screenings on non-Medicaid applicants are not required to obtain an informed consent. (Refer to Chapter 02.21.)

A CLTC Consent Form 121 is required in order to share information with any agency or person other than the entity which completed the form.

09.25 Timeliness Standard for Completion of Level I Screening

CLTC's intent is to facilitate nursing home admission for all applicants regardless of pay source. Attempts must be made to complete the Level I Screening and to communicate the findings as quickly as possible to the appropriate parties. The Level I Screening Form will be completed **within ten (10) business days** of assignment to a CLTC **Nurse Consultant** or referral to an entity designated to complete the screening. Cases must be prioritized according to the individual needs of applicants. Hospitalized applicants should be seen as soon as possible following referral. Any delay in the PASARR process should be reported to the **Lead Team Nurse Consultant** and/or the **Area Administrator** and referral

source and documented in the Narrative in Phoenix.

09.26 Accurate PASARR Level I Completion

The Level I Screening Form, DHHS Form 234, must be completed accurately and appropriately using all available information. The assessor should first attempt to obtain the information from the applicant or primary contact. However, information may also be obtained from the physician or others permitted in caregivers supports. The assessor should consider the validity of the information received.

A team conference is required to review the information and render a joint recommendation. The form must be signed and dated by the assessor and by the reviewer if completed by CLTC. For pre-admission screening purposes, Level I Screenings are valid for one year, unless there are significant changes in the applicant's condition that would warrant a new Level I Screening. The Level I can be updated by the assessor or designee **within a one-year period** to verify the continued appropriateness of the Screening. Any information added to the Level I as an update shall be entered in the corresponding comments section. If significant changes have occurred, a new Level I must be completed.

The assigned **Nurse Consultant**

- Receives assignment for PASARR screening.
- Contacts applicant and/or primary contact to arrange a visit with the applicant for completion of Level I Screening-
- Obtains the CLTC Consent Form 121. Consent must be obtained from the primary contact if applicant requests or is unable to sign.
- Completes Level I Screening following PASARR User's Guide instructions.
- Enters information into PASARR Sections of Phoenix.
- Signs and dates the assessor fields in Phoenix.
- Consults with a second **Nurse Consultant** and makes a team decision regarding the need for further screening. The reviewer signs and dates the reviewer fields.
- Updates other sections of Phoenix as appropriate.

- **Note:** Level I Screening Forms completed by designated hospitals or nursing homes are **forwarded weekly** to CLTC Area Office for review. **Designated Support Staff** keys the application, participant information, Level I determination and routes to **Nurse Consultant** for review. It is important for these screenings to be reviewed timely for completeness and accuracy. Any problems should be resolved with the facility by contacting the assessor for clarification or to request more information.

It is the **Nurse Consultant's** responsibility to ensure that the Level I Screening Form is properly completed before making recommendations. The recommendation may involve the need for professional judgment by the **Nurse Consultant** team. Input from the **Lead Team Nurse Consultant, Area Administrator** and/or **Central Office Staff may be needed if the team is unable to reach a consensus**. Applicants should not be admitted to a nursing facility if indicators of MI or MR are identified until the CLTC **Nurse Consultant team** completes their review.

- If the recommendation is for “No Further Evaluation”, the assigned **Nurse Consultant** checks the appropriate line on the Level I Screening and obtains another **Nurse Consultant's** signature in the Reviewer section.
- If indicators are present, but no further evaluation is recommended, the assigned **Nurse Consultant** checks the appropriate line on the Level I Screening and explains justification or reason for recommendation in the comment section. Consults with another **Nurse Consultant** team member and obtains the Reviewer's signature.
- Keys PASARR information into Phoenix as appropriate.
- Sends a copy of Level I Screening Form to the nursing facility, if applicant has finalized plans for specific nursing facility placement. Date sent and to whom sent must be noted under the PASSAR tab labeled “facility” in Phoenix.

09.26.10 Appropriateness for Referrals to Level II Evaluation – Mental Illness

If the recommendation is for Further Evaluation – MI, the assigned **Nurse Consultant**

- Explains rationale for basis of decision in comment section.
- Completes the corresponding PASARR sections in Phoenix.
- Creates an electronic referral to Centralized Intake for a nursing home placement application.
- Once the application is released to the Area Office and assigned to the Nurse Consultant, completes an assessment in Phoenix.
- If the applicant does not meet level of care and has a primary pay source other than Medicaid, the process can continue.
- Obtains or completes the Mental Illness Social History and obtains a copy of the applicant's most recent history and physical, pertinent medical records and/or treatment plans.
- Has a physician complete the PASARR Psychiatric Evaluation Level II, DHHS Form 250. (For directions for form use and billing instructions, refer to section 09.27.)
- Enters PASARR as case proceeds.
- Prepares and mails, faxes or hand-delivers the review packet after the PASARR Psychiatric Evaluation Level II, DHHS form 250, is returned from the physician. The packet includes:
 - Copies of the Level I Screening, Mini Mental State Exam (if applicable),
 - Consent Form 121,
 - Assessment,
 - Copy of the applicant's current history and physical,
 - MI Social History,
 - PASARR Psychiatric Evaluation Level II, DHHS Form 250; and,
 - Other pertinent copies of the medical record.

The PASARR Packet Cover Letter should accompany the packet. Copies of all records should be scanned into Phoenix.

- If no response is received from the State Authority within **5 business days**, the **Nurse Consultant** calls the contact person.
- If no response is received within **7 business days**, the **Nurse Consultant** e-mails PASARR and informs the Lead Team Nurse Consultant and/or Area Administrator.

- Receives S.C. State Authority Final Determination and sends evaluative packet and PASARR Notification to the applicant and/or primary contact, and the admitting nursing facility. (MI evaluative packet includes PASARR Level I Screening form, Mini Mental State Exam (if applicable), psychiatric evaluation Level II form and the final determination from DMH.)
- Completes PASARR data in Phoenix as required. If specialized services are recommended which cannot be received in a nursing facility, the **Nurse Consultant** sends a copy of the final determination form to the Central Office designee. The date the form is signed by the State Authority or the date of the verbal notification by the State Authority will be used for the determination date.

A PASARR Level II evaluation is not required for all applicants exhibiting behavioral or adaptation problems. Only applicants who have or are suspected of having a serious mental illness must be referred to Level II.

A serious mental illness is defined in terms of diagnosis, behavior, and recent treatment history. These three (3) components are identified below.

I. Diagnosis:

- Schizophrenia
- Bi-polar disorder
- Severe mood/panic/anxiety disorder
- Severe depression
- Other psychotic disorder
- Personality disorder
- Somatoform disorder
- Other mental disorder that may lead to a chronic disability

And

II. Impairment:

Level of impairment - The disorder results in functional limitations in major life activities within the past 3 to 6 months. An individual typically has at least one of the following characteristics on a continuing or intermittent basis:

- a. Interpersonal functioning - The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation.

- b. Concentration, persistence, and pace - The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.

- c. Adaptation to change - The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.

And

III. Treatment:

Recent Treatment - The treatment history indicates that the individual has experienced at least one of the following:

- Psychiatric treatment more intensive than outpatient care and more than once in the past 2 years (e.g., partial hospitalization or inpatient hospitalization).

OR

- Within the last 2 years, due to mental disorder, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

But

Not a primary diagnosis of dementia, including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder. Dementia must be confirmed by the completion of Mini-Mental State Exam in this situation.

Note: The Mini-Mental State Exam is a copyrighted form. An uncompleted form may not be duplicated. These forms must be ordered through Central Office. Once the form is completed

with participant information, the form may be copied for participant record purposes.

Applicants who have attempted suicide within the past 2 years or who may be considered a danger to self or others should be referred for Level II review, even if all of above criteria are not met. The appropriate recommendation should be checked on the Level I Screening and the Comment Section should be utilized to explain the basis for the decision.

All medications should also be reviewed for psychotropic drug dosages to determine whether they are prescribed for control of physical non-psychiatric conditions, a minor mental illness, or a serious mental illness. If the applicant is maintained on a psychotropic drug with no significant impairment, referral to Level II is not required.

Any applicant seeking discharge from an Institute of Mental Disease (IMD) facility must be reviewed through the Level II process prior to admission to a Title XIX nursing facility. The Level I and Level II Screenings will be completed per agreement with the DMH facility. Since the IMD is part of the State Mental Health Authority, an independent physician or psychiatrist must complete the psychiatric evaluation concerning placement options and specialized service needs. Final determinations regarding the need for continued specialized services must be made by the appropriate State Authority.

09.26.20 Appropriateness of Referral for Level II Evaluation – **Mental Retardation**

If the recommendation is for Further Evaluation–MR, the **assigned Nurse Consultant**

- Explains basis for rationale of decision.
- Completes Assessment and the Social History for Mental Retardation, DHHS Form 248.
- Obtains copies of the current history and physical from the attending physician and any pertinent medical records or treatment plans as available.
- Prepares the review packet which includes copies of the PASARR Level I Screening, Consent Form 121, Assessment, MR Social History, DHHS Form 248, current history and physical and available pertinent medical or treatment records.

- Completes PASARR Packet Cover Letter. The review packet should be scanned into Phoenix.
- Enters PASARR data in Phoenix as case proceeds.
- If no response is received from the State Authority within **five (5) business days**, the **Nurse Consultant** calls the State Authority contact person.
- If no response is received within **seven (7) business days**, the **Nurse Consultant** e-mails PASARR and informs the Lead Team Nurse Consultant and/or Area Administrator.
- Receives S.C. State Authority Final Determination and sends evaluative packet and PASARR Notification to applicant and/or primary contact, and admitting facility. (MR evaluative packet includes PASARR Level I Screening and the final determination form from DDSN.)
- Completes PASARR data in Phoenix. If specialized services are recommended and it is recommended these services cannot be received in a nursing home, sends a copy of the determination form to the Central Office. For determination date, use the date the form was signed by the State Authority or the date of verbal notification by the State authority.

The presence of a mental retardation (MR) or diagnosis of a related disability requires Level II review. Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period. Persons with related disabilities include individuals with a severe, chronic disability which occurred before age 22. These conditions are closely related to mental retardation because they result in impairment of general intellectual functioning or adaptive behavior similar to that of persons with mental retardation. Some examples of related disabilities may include cerebral palsy, epilepsy, autism, etc.

Any applicant seeking discharge from a DDSN facility must be reviewed by CLTC through the Level II process prior to admission to a Title XIX nursing facility.

09.26.30 Appropriateness of Referral for Level II Evaluation - **Dual Diagnosis of MI/MR**

For applicants diagnosed with both mental retardation and serious mental illness (dually diagnosed) both State Authorities must conduct a Level II review.

09.27 Level II Review

Based on the Level I review, an applicant suspected of having a serious mental illness or mental retardation must be referred for Level II evaluation.

Processing Level II Psychiatric Evaluation Claims for Medicaid Applicants.

The assigned **Nurse Consultant**

- Completes the PASARR Psychiatric Evaluation Request for Medicaid applicants, obtains the **Area Administrator's** signature and mails form to the physician along with the Level II Psychiatric Evaluation Form, DHHS Form 250.
- Receives the completed Psychiatric Evaluation and prepares the Level II packet.
- Physician bills directly using Health Insurance 1500 Claim Form.

Note: If the Health Insurance 1500 Claim Form is received in the CLTC Area Office, the **Nurse Consultant** forwards it to:

Medicaid Claims Receipt
P. O. Box 1412
Columbia, SC 29202

Processing Level II Psychiatric Evaluation Claims for Non-Medicaid Applicants

The assigned **Nurse Consultant**

- Completes the PASARR Psychiatric Evaluation Request for Non-Medicaid Applicants, obtains the **Area Administrator's** signature and mails form to the physician along with the Level II Psychiatric Evaluation Form, DHHS Form 250.
- Receives completed forms from physician. Scans the Level II Psychiatric Evaluation Form, DHHS Form 250, into Phoenix and adds the form to the Level II evaluation packet.
- Routes the PASARR Psychiatric Evaluation Request for Non-Medicaid Applicants to **Support Staff**.

The **designated Support Staff**

- Determines whether or not the physician has completed the PASARR Psychiatric Evaluation Request for Non-Medicaid correctly.

- If name of the physician completing the form is not identical to the signature, contacts physician's office to obtain correct name or practice name.
- Verifies physician's name/ Practice name has a corresponding social security number or Federal ID number listed. Example: Dr. Solo Practice/247-09-5555 **or** The Solo Practice Group/51-98765.)
- If the PASARR Psychiatric Evaluation Request for Non-Medicaid Applicants is complete, forwards the form to Central Office for processing scans the form into Phoenix.
- If the PASARR Psychiatric Evaluation Request for Non-Medicaid Applicants is incomplete, confers with **Nurse Consultant** and calls physician's office to clarify/correct the information. Makes corrections and forwards to Central Office for processing.
- Forwards claim to Fiscal Affairs for processing.

Once Level II forms are completed, the appropriate State Authority must review all available information and make a final determination as to the need for specialized services. The Level II process of PASARR consists of a comprehensive review of the applicant's need for nursing home care and specialized services for a serious mental illness or mental retardation. This determination of specialized services needs must be made by the appropriate State Authority. Level I and Level II determinations are valid for one year unless there is a significant change in the applicant's condition. Level II final determination forms from the State Authority cannot be updated. A new complete Level I and Level II form must be completed if there are significant changes.

Any individual with a serious mental illness or mental retardation determined through Level II to be in need of specialized services but not in need of nursing home services, shall be considered inappropriate for placement or continued residence in a Medicaid-certified nursing facility. However, it is the responsibility of the appropriate State Authority to provide or arrange for specialized services when it is required. The only exception to this would involve an applicant determined in need of specialized services who has resided in the facility for at least 30 months.

Advance Categorical Determinations

The assigned **Nurse Consultant**

- Reviews case and determines need for Advance Categorical Determination.
- Completes Assessment

- Explains rationale for basis of decision in Comment Section.
- Obtains any documentation to support decision; i.e., physician's progress notes, nursing home orders, etc.
- Checks Advance Categorical Determination recommendation in Phoenix
- Enters PASARR data Phoenix
- Routes PASARR Notification Form and PASARR Level I Screening to the applicant and/or primary contact, and admitting facility.

09.27.10 Advance Categorical Determination Group for **Mental Illness**

Certain categories of applicants who require nursing facility care may meet criteria which will allow the **Nurse Consultant** to classify the individual for an advance decision that specialized services or special rehabilitation services are not required. Because this is actually a Level II process, through an agreement with the State Authority, an Assessment, must be completed. Only the CLTC **Nurse Consultant** may apply these criteria. The circumstances in which these classifications are allowed are as follows:

1. The individual could not participate in or benefit from specialized services due to a comatose or semi-comatose state or functioning at brain stem level, as documented in the medical record.
2. The individual has an illness which results in a level of physical impairment so severe that the individual could not be expected to benefit from specialized services. In such cases, the person's need for medical care overrides his/her need for specialized services.
3. The individual is being admitted to the nursing facility on a provisional basis for a period not to exceed 14 days to provide respite for in-home caregivers.
4. The individual is being admitted to the nursing facility on a provisional basis not to exceed 7 days while alternative arrangements can be made. The admission must be at the request of the South Carolina Department of Social Services, Division of Protective Services, due to suspicion of abuse or neglect on an emergency basis.
5. The individual is being admitted directly to the nursing facility from acute inpatient care for a period not to exceed 30 days, as certified by the attending physician. The admission must be for treatment of the same condition that necessitated the

hospitalization and must not be due to a psychiatric condition. If the applicant's stay at the nursing home exceeds 30 days, the Level II process **MUST** be completed **by the 40th calendar day**. It is the **Nurse Consultant's** responsibility to monitor all assigned cases for Advance Determinations.

It is the **Nurse Consultant's** responsibility to monitor the time frame of a case for Advance Determination.

09.27.11 Advance Categorical Determination Group for **Mental Retardation**

Certain categories of applicants who require nursing facility care may meet criteria which will allow the **Nurse Consultant** to classify the individual for an advance decision that specialized services are not required. Because this is actually a level II process through an agreement with the State Authority, an Assessment, must be completed. Only the **CLTC Nurse Consultant** may apply these criteria. The circumstances in which these classifications are allowed are as follows:

1. The individual has a diagnosis of dementia in combination with the mental retardation or related condition. In these cases, the dementia diagnosis must be substantiated by a Mini-Mental State Examination.
2. The individual is being admitted to the nursing facility on a provisional basis for a period not to exceed 14 days to provide respite for in-home caregivers.
3. The individual is being admitted to the nursing facility on a provisional basis not to exceed 7 days while alternative arrangements can be made. The admission must be at the request of the South Carolina Department of Social Services, due to suspicion of abuse or neglect on an emergency basis.
4. The individual is being admitted directly to the nursing facility from an acute in-patient setting for a period not to exceed 30 days, as certified by the attending physician. The admission must be for treatment of the same condition that necessitated the hospitalization and may not be due to a psychiatric condition. If the applicant's stay at the nursing facility exceeds 30 days, the Level II must be completed **by the 40th calendar day**.

It is the **Nurse Consultant's** responsibility to monitor the time frames of a case for Advance Determination.

09.27.12 Level II Determination Notification

Upon receipt of a final determination from the State Authority, the **Nurse Consultant team** should review the summary and recommendations. Notification of the Level II determination is required and is communicated via the PASARR Notification Form. Because advanced categorical determinations are in fact Level II determinations, written notice is also required. A copy of the evaluation and final determination report(s) must be sent to the applicant and/or primary contact and admitting nursing facility.

09.28 Timeliness for Completion of Level II Determinations

The State Authority must make the Level II determination **within 7 business days** of referral. This report may be communicated by telephone or fax with written follow-up by mail. Details of delays should be e-mailed to **PASARR**.