DEPARTMENT OF HUMAN SERVICES

Bulletin

Adult Mental Health Level II OBRA Screening for Nursing Facility Admission

NUMBER
#21-25-02

February 12, 2021

OF INTEREST TO
County and Tribal Social Services Directors
Social Services Supervisors and Staff
Tribal Health Directors
Long Term Care Consultation Contacts
Nursing Facility Administrators and Admission Staff
Hospital Discharge Planners
Certified Health Care Home and Clinic Staff
Managed Care Organizations
Senior Linkage Line Staff
Area Agency on Aging Directors
Adult Protection

ACTION/DUE DATE
Please conduct Level II PASRR for people who have a mental illness and prepare for implementation

EXPIRATION DATE
February 12, 2023

TOPIC

The federal Preadmission Screening and Resident Review (PASRR) policies and procedures governing nursing facility (NF) admissions for persons who have or may have a serious mental illness. This bulletin replaces bulletin #18-25-01.

PURPOSE

To assist all stakeholders with the policies and procedures for PASRR Level II Mental Health for people who have or may have a serious mental illness. This bulletin replaces DHS bulletin #18-25-01.

CONTACT

Larraine Pierce
651-431-2243
larraine.pierce@state.mn.us

SIGNED

Gertrude Matemba-Mutasa
Interim Director,
Behavioral Health

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

I. How should this bulletin be used?

All entities that play a role in the process for Preadmission Screening and Residential Review (PASRR), Level II, for people who may have a serious mental illness are required to become familiar with this information. This information includes background information on the multiple laws, codes, and policies that are pertinent in PASRR. These include the Code of Federal Regulations (CFR), State Statutes, Center for Medicaid and Medicare (CMS) policy and Minnesota Department of Human Services (the Department) policies and procedures. The information in the bulletin is available to guide counties and tribal nations through the PASRR Level II process for people who have or may have a mental illness. Please refer to the Community Based Services Manual (CBSM) for information about the process for people who have an Intellectual Disability or a related condition and people who are being served through waivers.

A. History and Overview

Prior to 1967, treatment for people who had a serious mental illness often occurred at state-owned and administered hospitals. Frequently, once a person was committed to a state hospital, he or she stayed there indefinitely. The cost of running these hospitals was borne totally by the states.

In 1967, President Lyndon B. Johnson signed the act creating Medicare and Medicaid. Medicaid does not pay for state hospital service; however, Medicaid does pay for nursing facility care. Following the enactment of the Medicaid program, many individuals who were at state hospitals were transferred to nursing facilities.

There were several good reasons for people to move from a state hospital to a nursing facility:

1. Proximity to family members
2. Smaller, more home-like settings
3. The ability of states to draw on Medicaid for part of the funding for people they had been supporting completely

One major problem with these moves is that nursing facilities were not intended to function as treatment centers for people that have mental illnesses.

Congress responded to concerns created by the transfer of people from state hospitals to nursing facilities by developing the Preadmission Screening and Resident Review Program (PASRR) as part of the Omnibus Budget Reconciliation Act (OBRA) in 1987. This program was part of OBRA. PASRR is designed to:

1. Avoid unnecessary nursing facility admissions by identifying people who have a serious mental illness and whose needs might be met through other community-based services.

2. Evaluate and make recommendations about the need for mental health services for the person both in and out of the nursing facility.

B. Overview of Preadmission Screening (PAS):

A Preadmission screening (PAS) is the first stage of the PASRR process. All people who are applying for admission to a Medicaid (MA)-certified nursing facility (NF), certified boarding care home and swing bed must be screened. The PAS is used to ensure people meet the state's nursing facility level of care for MA payment and screen people for an intellectual disability, a developmental disability or a related condition or a **serious mental illness.**

In Minnesota, most preadmission screenings are processed by the Senior Linkage Line©. PAS can also be completed by a lead agency assessor. For the purpose of PAS, lead agencies are counties and tribal nations. PAS may also be performed by managed care organizations under contract with the Department to perform Long Term Care Consultation activities under Minnesota Statutes, section 256B.0911.

All people who are applying for admission to a MA-certified NF must be screened regardless of their source of funding for the NF stay. This includes individuals whose NF service will be paid through Medicare, Medicaid, commercial insurance, long term care insurance, and private payment.

People who are a resident of an NF and are transferred for psychiatric hospital services, need to have a PAS and Level II before they return to their former NF or to a new NF.

Serious Mental Illness Criteria:

The National Institute of Mental Health defines a **serious mental illness** as a mental, behavioral, or emotional disorder resulting in serious functional impairment**, which substantially interferes with or limits one or more major life activities.** Mental illness diagnoses for PAS are based on the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) for the following mental disorders: "A schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to ***a chronic disability***." The Department interprets these disorders based on the DSM-5. They include, but are not limited, to Schizophrenia (295.90), Schizoaffective Disorder (295.70), Bipolar Disorder I (296.4) and II (296.89), Major Depressive Disorder (296.22, 296.23,296.24, 296.32, 296.33 or 296.34) Agoraphobia (300.22), Panic Disorder (309.21), Generalized Anxiety Disorder (300.02), Post-traumatic Stress Disorder (309.81), and All Cluster A and Cluster B Personality Disorders. This list does not eliminate other major mental disorders noted in the DSM-5. In order to have a serious mental illness, the person must have a diagnosis of a major mental illness and a functional impairment or chronic disability that interferes with or limits one or more major life activities.

Substance abuse disorders:

Because PASRR focuses on serious mental disorders which the PASRR technical assistance center defines as anxiety, depression, post-traumatic stress disorder (PTSD), bipolar disorder, schizophrenia, and psychotic disorder, substance abuse is not considered a mental health disorder for the purposes of PAS and OBRA Level II.

Diagnosis of Neurocognitive Disorders:

The DSM-5 now uses the term neurocognitive disorder for diagnoses that in the past were identified as dementia, including Alzheimer's disease or a related disorder. A neurocognitive disorder (NCD) alone is not considered a serious mental illness. If a person has both a diagnosis of a mental health disorder **and** a diagnosis of a major NCD, the person should have a level II screening. The goal of screening someone with a NCD, such as dementia, and a mental illness is to determine how much the person might benefit from mental health services, if any.

If the Level II screener determines that the person's NCD is too advanced to allow for benefit from mental health services, they are not subject to PASRR resident review unless they have made a significant improvement in the NCD. If they are referred for a review the improvement in their NCD must be documented. The level II screening that exempts the person from resident reviews should be kept in their active NF file.

C. Diagnosing Professionals:

For the purposes of a PASRR Screening, a serious mental illness diagnosed by the following professionals are accepted:

- Physician (Minnesota Statutes, Sections 147.02 through 147.037)
- Advance Practice Registered Nurse (Minnesota Statutes, Section 148.171, subdivision 3)
- Psychiatric Nurse (Minnesota Statutes, Section 245.462)
- Licensed Independent Clinical Social Worker (Minnesota Statutes, Section 245.462)
- Licensed Psychologist (Minnesota Statutes, Section 245.462)
- Psychiatrist (Minnesota Statutes, Section 245.462)
- Licensed Marriage and Family Therapist (Minnesota Statutes, Section 245.462)
- Licensed Professional Clinical Counselor (Minnesota Statutes, Section 245.462)

  Please note that this list includes diagnostic practitioners who are not mental health professionals as identified in Minnesota Statutes, Section 245.462.

D. . Possible indicators of a history of a serious mental illness:

Any of the following situations may indicate that a person has a serious mental illness:

- Receiving County or County Contracted Mental Health Case Management Services
- Receiving Tribal or Tribally Contracted Mental Health Case Management Services

- Commitment for mental illness or a dual commitment for mental illness and another disorder
- Stay of commitment for a mental illness
- Provisional Discharge from a commitment for a mental illness
- Lodging in an Institution for Mental Disease in the past two years and symptoms of a mental illness
- Suicidal ideation within the last two months
- Receiving or a history of receiving mental health services that are more intensive than traditional mental health clinic services. These more intensive services include Adult Rehabilitative Mental Health Services (ARMHS), Assertive Community Treatment (ACT), Intensive Residential Treatment Services (IRTS), Dialectical Behavior Therapy (DBT), Children's Therapeutic Services and Supports (CTSS), Intensive Treatment in Foster Care (ITFC), and Mental Health Crisis Response Services.
- Admission to a community psychiatric hospital unit

E. Symptoms of a serious mental illness:

The Department is recommending that county or tribal PASRR screeners use the DSM-5 to determine if a person has potential symptoms of a serious mental illness.

F. Overview of Level II MH:

The Local Mental Health Authority is either a county or tribal nation. The county or tribal nation where the person is located at the time that the PAS is submitted is responsible for conducting the Level II Mental Health (MH). The Level II MH screener determines whether:

- The person has a serious mental illness;
- The person would be better served in another nursing facility or a setting other than an NF; and
- Mental health services should be offered to the individual in the nursing facility or in the community, if any.

G. Qualifications of a Level II MH screener:

The Level II MH screener must meet the qualifications identified to be an Adult Targeted Mental Health Case Manager (Minnesota Rules, part 9520.0912, subpart 2). The person does not need to have the title, be identified as, or fill the role of an Adult Targeted Mental Health Case Manager, but must meet the qualifications:

- Bachelor's Degree in one of the behavioral sciences or related fields from an accredited college or university
- At least 2,000 hours of supervised experience in the delivery of mental health services to adults who have a mental illness

- Skills to identify and appraise the person's needs
- Knowledge about local community resources and how to access those services
- Receive clinical supervision from a mental health practitioner at least once per month
- Complete at least 30 hours of training in a two year period. The training must be approved by the case management provider and shall be related to the needs, characteristics and services available to the people that the case manager is screening.

H. Qualifications of a Level II MH assessor:

If the county or tribal Level II screener finds that the person has mental health symptoms, but has no mental health diagnosis, a mental health professional (Minnesota Statutes, Section 245.462, subdivision 18) must perform a brief diagnostic assessment prior to admission to the NF.

I. Mental Health Services and Specialized Services

The federal definition of specialized services includes "services approved by the state which, combined with services provided by a nursing facility, result in a continuous and aggressive implementation of an individualized plan of care for a person who has a mental illness that interferes with activities of daily living". For our purposes, the term "mental health services" is used in place of "specialized services" to mean any service that a person receives to support them to manage or mitigate symptoms of a mental illness that interferes with their life.

Mental health services can take a wide variety of forms. Some individuals will need things like a quieter room in a low traffic area to reduce overstimulation. Others might need a specific routine that is followed every day with no changes. They might need gentle prompts to finish tasks of daily living due to the interference of mental health symptoms. They might also need to continue receiving mental health services from their ACT Team or from their ARMHS provider. The screener should include both the formal mental health services and other accommodations as recommendations on the screening form if the individual, a family member or services provider identifies a need for the service.

The Level II Screener should consider whether each person is receiving any MA funded or commercially covered mental health services. If they are receiving services, these services should be continued while the person is at the nursing facility and after discharge. Continuing the person's mental health services is just as important as continuing services for any other chronic illness during the nursing facility stay. Continuing services may also be an important social support that they otherwise lack. PASRR data from 2018 indicates that individuals who were admitted to the NF with a serious mental illness and less significant physical health issues are more frequently single and less likely to have family involvement. Continuing mental health services provides continuity and support for them.

Nursing facility admission may also be a good time to recommend services if the person needs them. Examples of services that may be of use include, but are not limited to:

- Adult Rehabilitative Mental Health Services, Transition to Community Living (ARMHS-TCL)
- Psychotherapy
- Family Psychotherapy
- Assertive Community Treatment (ACT)
- Vocational Rehabilitation
- Targeted Mental Health Case Management

Medical Assistance currently reimburses for the following mental health services concurrent with nursing facility care:

- H0040 – Assertive Community Treatment (ACT)
- 90833- 90838 – Psychotherapy and Family Psychotherapy
- 90846, 90847 – Family Psychotherapy
- H2017 – ARMHS, Transition to Community Living
- S9484 - Mental Health Crisis Response Services

The following services cannot be provided concurrently with nursing facility services:

- 90839, 90840 – Psychotherapy for Crisis, Not allowed
- H0032 – Individual Treatment Plan, Not allowed
- 90882 – Community Intervention, Not allowed
- H2019 U1 – Dialectical Behavior Therapy, Not allowed

Commercial insurance may reimburse for some mental health services while at nursing facilities. Check with the person's insurance company to determine what their policies are. A person who has a serious mental illness has the right to refuse mental health services unless they are under commitment or otherwise legally required to participate in the services.

J. County of Financial Responsibility versus County of Location:

Level II MH PASRR referrals are sent to the person's county of location at the time the PAS is submitted. County of location has been chosen for several reasons. Between one third and one half of the people who receive a Level II Screen are not receiving any county services and are unknown to any county social services agency. Using the county of location for these individuals cuts down on travel to screen individuals face-to-face. If the Level I screen triggers for both a Level II MI and DD, the person shall be referred to their county of financial responsibility (CFR).

The Level II screening should always be completed prior to the Skilled Nursing Facility (SNF) admission. However, in those rare situations where a nursing facility, boarding care home, or swing bed admits that person prior to the completion of the Level II screen, **the county or Tribal Nation of the location of the person when the PAS is submitted remains responsible for finishing the Level II screen unless the county or tribal nation of the nursing facility location is willing to take on the screening effort.**

Some County staff people have expressed concern about payment for Level II MI Screening when the county of location rather than the county of residence performs the screening. In relation to program coverage, the Unitary Residence and Financial Responsibility Act, under Minnesota Statutes, section 256G.01, subdivision 3, states that "This chapter applies to all social service programs administered by the commissioner i**n which residence is the determining factor in establishing financial responsibility.**" Level II Mental Health PASRR Screening is distinctive from many other social services required in Minnesota. The County of Financial Responsibility, the county where the person lives, is not the determining factor in establishing financial responsibility. The State of Minnesota reimburses for Level II Mental Health Screens regardless of where the person is screened. The County or Tribal Nation that completes the screening is the one responsible for billing the state.

K. Process for Level II MH screener:

Scenario One:

If the person that is to be screened is a client of a county or Tribal Nation and they are located in that county or Tribal Nation at the time the PAS is submitted:

- The Level II Screener may use the person's current plan in addition to any current information held by the county or Tribal Nation and information shared through the Senior Linkage Line to make the Level II MH determination.
- A client of the county or Tribal Nation is any person who is receiving social services such as waiver services, case management services, or is in the process of having a long term care assessment or MN Choices screen.
- The Level II Mental Health Screener may also talk with other people or service providers who may know this person's functioning and need for mental health services.
- Should the Level II MH screener be unable to make the Level II determination about the appropriateness of a nursing facility admission and the need for mental health services, the Level II screener should seek additional information regarding the needs of the individual from the individual, family members and county or Tribal staff that have worked with them.
- If the person has mental health symptoms but no diagnosis, the Level II Screener should refer the person to a mental health professional for a diagnostic assessment.

- After the review of all of the information about the person, the screener should fill out the on-line Level II form and inform all entities listed on the form of the results.

Scenario Two:

If the person that is to be screened is not a client of the county or Tribal Nation where they are located at the time the PAS is submitted:

- The Level II Mental Health Screener needs to hold a face-to-face meeting with the person being screened. If it is not feasible to talk with the person due to health issues or other concerns, the Level II Mental Health Screener should talk with their hospital social worker, guardian, representative or family members to better understand the person's mental health issues and service needs.
- The Level II Mental Health Screener may also talk with other people or service providers who may know the person's functioning and need for mental health services.
- If the person has mental health symptoms but no diagnosis, the Level II Screener should refer the person to a mental health professional for a diagnostic assessment.
- After meeting with the person and/or their representative and reviewing any diagnostic and collateral information, the screener should fill out the on-line Level II form and inform all entities listed on the form of the results.

L. Timeframe for Level II Screenings:

Level II screeners have **nine** business days from the referral to the county or tribal nation to complete the Level II Screening. Screeners will find that they are pressured by both the hospital staff who want to discharge the person to the nursing facility and the nursing facility staff that wants to admit the person as soon as possible. Both face financial pressures to move quickly. Medicaid does not pay hospitals for inpatient days that are not due to medical necessity. Nor does Medicaid pay certified nursing facilities, boarding care homes and swing beds for the person's admission and stay at the facility until the Level II Screening is finished. Despite the pressure from both sides, the Level II Screening must be done in a clinically responsible manner to assure that the person is being admitted to the most integrated community setting and provided the mental health services that they need. The determination of the Level II screener may make a big difference in the person's life.

A level II screen is valid for sixty (60) days if the person does not transfer from a hospital to a community living site before NF admission. The screen is also valid for 60 days if the person is in a community site at the time of screening and does not relocate to a different community site. Community sites include foster care, family or own home, board and lodge sites and other non-nursing facility locations. A new screen is recommended but not required if the person

experiences significant changes in their mental and/or physical health status during the sixty day period.

M. Outcome of Level II MH

Medicaid certified NFs must not admit any person with a serious mental illness unless that person has had a Level II Mental Health Screening by the local county or Tribal mental health authority. The Local Mental Health Authority (LMHA) decides that the person fits in one of the following categories:

1. No serious mental illness and the person needs nursing facility care

The person meets the level of care criteria for nursing facility care and does not have a serious mental illness that significantly impacts his or her daily functioning. This person can be admitted to the nursing facility.

2. The person has a serious mental illness and needs nursing facility care

The person meets the level of care criteria for nursing facility care and has no other reason for NF care than a serious mental illness. This person can be admitted to a nursing facility but must be evaluated for need of mental health services. Mental health services can range from medical management of medications to individual therapy to psychosocial rehabilitation. If the person is currently receiving mental health services the screener can assist in facilitating continuation of those services while the person is at the nursing facility.

The local mental health authority is responsible to know mental health services in the local area. The LMHA is also responsible to recommend appropriate mental health services for individuals who have a serious mental illness and will be receiving nursing facility care. LMHAs are not responsible to pay for these services. However, the Level II Screener may help to advocate for those services with a payment source.

Examples of some situations in which a person who has only a serious mental illness may be admitted to a nursing facility include the following:

- A person is so impacted by their mental illness that they are not able to care for themselves or keep themselves safe. Other settings have been tried and were unable to keep them safe. People who have unremitting psychosis or an unremitting major mood disorder are typical examples. The screener should document that despite the person’s significant impairment from their symptoms of mental illness, they do not need inpatient services.
- A person is receiving a series of electro convulsive treatments and has short term memory loss and confusion. The screener should document that despite the

person's significant impairment from their symptoms of mental illness they do not need inpatient services.

3. Rehabilitation

This is any short term stay, of initially 30 days, for an injury, illness or disorder for which the person was hospitalized prior to seeking nursing facility admission. This usually includes issues such as knee and hip replacements or regaining strength (reconditioning) after an illness such as pneumonia or sepsis. The Level II screener should consider recommending any mental health services that the person is receiving to continue during this period to maintain continuity of care.

4. Severe Physical Illness

This is an illness that prevents a person from benefiting from mental health services. This might include such things as dementia, coma, severe ALS or Parkinson's disease among others.

5. Terminal Illness

Some nursing facilities provide hospice care. Many provide services for individuals who are near the end of life though it is not identified as hospice. In some situations a person with a terminal illness may still benefit from mental health services.

6. Emergency Admission

These admissions are handled a bit differently than the other admissions identified so far. In an Emergency Admission, **Protective Services** requests immediate admission for the person due to circumstances where the person is at immediate risk in the community. These circumstances might include having a caretaker die, living in an unsafe environment such as a garbage house or having abusive caretakers. Upon the request of protective services, the nursing facility may admit the person immediately. The Level II screener then has nine business days to assist in determining whether the person continues staying at the facility or moves to some other setting. **Impending hospital discharge is not considered an emergency.**

7. Provisional admission

If a person is moving from another state, they need a Minnesota PAS. If the PAS screen indicates that the person should have a Level II screen, they may be provisionally admitted to the NF in Minnesota. The screener has nine business days to conduct the face-to-face Level II screen. PASRR Technical Assistance Center staff indicated that allowing the person to be admitted to the in-state NF assures that the Level II Screener

is aware of the settings and services available in the new state. If the person can be better served in another setting with other services, the Level II Screener may recommend the person to consider these other settings. As with all individuals receiving any Level II MH Screen, the Screener considers if and what mental health services to recommend for the person while at the NF.

8. A mental illness exists and the person does not need nursing facility care

In some situations, the person does have a serious mental illness and may meet the level of care criteria for nursing facility but can be served better in an integrated community setting. This person cannot be admitted to a nursing facility. The local mental health authority must assist in finding an appropriate setting and services for this individual

Past data indicate that most people who have a serious mental illness are considering an admission to a nursing facility for either rehabilitation from a recent hospitalization or because they have serious physical health issues that require nursing facility care. PASRR Level II screeners rarely deny admission to nursing facilities. These denials occur when a person's major issue is their mental illness and any physical health issues are ones that can be dealt with in another setting in the community.

O. Health Insurance Portability and Accountability Act (HIPAA):

Many Level II screeners have questioned how much information they can share with the hospitals, nursing facilities and other organizations that are involved with a person when they are attempting to determine the most integrated community site that meets the person's needs and what, if any, mental health services to recommend for the person. According to the PASRR Technical Assistance Site (PTAC), Director's Corner Article, "*HIPAA permits providers to disclose protected health information (PHI) to other providers who are caring for, or providing services to, the same individual without consent."* For those who want to delve further into this issue, PTAC Director, Edward Kako cites the Office of National Coordinator for Health Information Technology 2015 Report: Guide to Privacy and Security of Electronic Health Information.

P. Required Notification Process

The Local Mental Health Authority must notify, in writing, the following entities of its PASRR determination:

1. The evaluated individual and their legal representative;
2. The admitting or retaining nursing facility;
3. The PAS submitter (usually hospital or clinic);
4. The managed care organization or other payment source, if not MA fee for service; and

5. The discharging hospital.

Each notice of the PASRR determination made by the local mental health authority must include:

1. Whether a nursing facility level of services is needed;
2. Whether mental health services are recommended;
3. The placement options that are available to the individual consistent with these determinations; and
4. The rights of the individual to appeal the determination.

Information to remain on file with the county or tribal local mental health authority:

1. A copy of any Level I and other referral documentation;
2. A copy of all Level II documents; and
3. Written indication that all relevant material, including the Level I screening and Level II screening and determination, has been shared with the NF.
4. Written that the findings have been shared with the applicant and legal representative, if requested.

II. Resident Review

Lead agencies are responsible to perform a Resident Review at the request of the NF or Certified Board and Care Home. The NF, Boarding Care Home or Swing Bed will refer the resident to the Lead agency in two situations. One is when the PAS did not indicate that the person had a serious mental illness but the NF staff believes the person does. The second is when there is a **change in the individual's situation** that ***significantly*** changes a person's mental health symptoms or their need for mental health services. These changes could be such things as a permanent change, either physically or mentally, for the worse or for the better, or a potential change in setting. The change in setting can be triggered by the treatment teams' decision that the person could be better served in a different setting or the person's desire to be move to a different setting. This setting change does not include lateral moves from one NF to another.

The intent of the resident review is similar to the intent of the original Level II screen:

1. To assure that all people with a serious mental illness have been screened
2. To assure that the person has access to appropriate mental health services
3. To assure that no other setting in the community would better serve the person

Changes that would not have an impact on the mental health services received or the setting that person is in do not rise to a level for review. For instance, an increase or decrease in a psychotropic medication, the prescription of psychotropic medication for a reason that is not a mental health symptom, a short-term fluctuation of mental health status or reactions to situations such as normal grief ***do not*** trigger a resident review.

To make the referral for a review, the NF will contact the LMHA and must fill out EDocs form DHS 3457 section A. The form should include the diagnosis, the reason for the review and a contact person at the NF to provide further information. The County or Tribal Level II MH screener responsible for doing the screening is the LMHA where the requesting nursing facility is located. The county or tribal screener will review the referral information on the 3457 and contact the person and the nursing facility to assess the changes and make recommendations. The screener will use the PASRR Level II Mental Health Tool and indicate resident review. These recommendations fall into three areas:

- Change of mental health services recommended for the person
- End of mental health services due to inability to benefit from them
- Consideration of a different setting that may serve the person better

If the person seems to have more difficulty dealing with their mental health symptoms, more intensive services can be recommended. If the person is more able to manage their symptoms, a less intensive service or none at all could be recommended. The screener can also recommend that the NF treatment team begin planning to discharge to another community setting.

III. Billing for Level II MH administrative activities

Minnesota has established the reimbursement process for the Level II Assessment. Effective September 1, 2012, counties are required to use the following process to receive reimbursement for the Level II Assessment:

- Bill using the 837P transaction requirements.
- Use the County or Tribal Nation requirements Provider Identifier (NPI) or Unique Minnesota Provider Identification (UMPI) as the pay to provider.
- Enter the NPI or UMPI of the County or Tribal Nation as both the pay to and Rendering/treating provider.
- Use the recipient's PMI (Personal Master Index) number. A PMI is a unique identification number that MAXIS assigns to each person.
- Enter the appropriate diagnosis code.
- Submit the cost of the Level II Assessment. Please use the usual and customary rate for the service.
- Use procedure code T2011.
- Enter 1 for the unit of service.
- A recipient is not required to be on a Minnesota Health Care Program to be eligible for the Level II Assessment reimbursement. If the recipient is not on a Minnesota Health Care Program, the county must use a Person Master Index (PMI) and bill the state for the Level II assessment. If the person does not have a PMI, the county should generate one.

The Lead Agency must **determine their usual and customary rate per hour** when billing for this service. For questions about fee-for-service coverage policies and billing procedures provided to Minnesota Health Care Programs (MHCP) members, contact the Provider Call Center or email Health Care Providers

Hours: 8:00 a.m. to 4:15 p.m. Monday through Friday
Voice: 651-431-2700 or 800-366-5411
TTY: 711 or 800-627-3529
Fax: Most forms include the number for where you need to fax the form. Call the Provider Call Center for the correct number to use if you do not see the number on the form you are sing.

Legal References and Resources

- Minnesota Statutes, section 251.012, subdivisions 1 through 4
- Minnesota Statutes, section 256.975, subdivisions 7a and 7b
- Minnesota Rules, part 9520.0912, subpart 2
- Omnibus Budget Reconciliation Act (OBRA) 1987. Public Law 100-203, Title IV, Subtitle C, Part 2, Section 4211
- Code of Federal Regulations, Title 42, Chapter 7, Subchapter XIX, §1396(F)
- Preadmission Screening and Resident Review (PASRR Level II MI) page

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-2225 (voice) or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.