

# MEETING SUMMARY

September 08, 2025, Quarterly Nursing Facility Call

09/08/2025, 2:00 p.m. – 3:00 p.m.

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## Host

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### Presenter:

Dawn Sybrant, Administrator II – MLTC Institutional Services  
Angie Gonzales-Dorn, Program Manager II – MLTC Institutional Services  
Alysa Knutson, Office Manager – MLTC Institutional Services  
Seila Idrizovic, Program Specialist – MLTC Institutional Services  
Tonya Remaklus, Administrative Specialist – MLTC Institutional Services

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## Summary

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This summary is also available at the following website address:

<https://dhhs.ne.gov/Pages/Medicaid-Nursing-Facilities.aspx>

### **Level II PASRR follow-up program**

- Federal partners visited, and determined that in their opinion we warehouse people in nursing homes and assisted living facilities.
- In Nebraska we consider assisted living facilities to be a community setting
- Behavioral Health deals with assisted living facilities
- Medicaid and Long-Term care deals with nursing homes
- Our goal is to check up on any resident with a level II PASRR, make sure they are getting what they need, and that the conditions are included in the resident's care plan.
- We want to be a support to the nursing homes, and do not want to cause stress or burden

### **PASRR Review**

- Requirements for PASRR can be found in 471 NAC Chapter 12 section 006.
- Medicaid cannot reimburse for room and board for days that a resident does NOT have a valid PASRR in place. This is a federal requirement with no exceptions.
- Medicaid cannot pay for claims when there isn't a valid PASRR in place for the resident.
- 60/90-day requirements
  - If PASRR evaluation is more than 90 days before admission
    - Then need a new LII PASRR – sub level 1.
  - If a LI screening is done and then admission is delayed for 60 days or more
    - Then need a new LI PASRR
- Do NOT take a LII patient until have a LII PASRR
- We go by LII DETERMINATION date.
  - Per federal regulations room & board will NOT be paid unless PASRR is done and is a LII.

- Please make sure you track time limited approvals. If you do the admit/discharge case in the Atrezzo system, Acentra will literally track it for you.
  - 30-Day hospital exempt
    - Was used a lot during COVID – not anymore.
    - Dr must sign off that they only need 30 days.
  - 7-Day emergency
    - At ER and need placement
    - Start the new PASRR the day they admit.
  - 30-Day respite
    - For when a family needs some respite time

### **Claims Staff – Tips, Trends, and Processes**

- Please see the recording
- For any questions contact Alysia Knudsen
  - [Alysia.Knudsen@Nebraska.gov](mailto:Alysia.Knudsen@Nebraska.gov)
  - 402.471.9537

### **NFLOC Review**

- Requirements for NFLOC can be found in 471 NAC Chapter 44
- If have a current NFLOC do not need a new one if
  - They didn't go home or to an ALF.
  - Went to hospital and back to facility.
- Need to step down to require a new NFLOC.
- If Resident enters under hospice – this meets NFLOC.
  - The Hospice Pay Date is auto populated and is usually the date of Admission.
  - **Let us know if the resident comes off hospice.**
- If on Medicare stay or Medicaid Managed Care
  - The referral needs to be made before last day of skilled stay if they are going to stay.
- Facility to facility transfers do not need a new NFLOC.
- If going to special needs facility
  - This is all done by prior authorizations. The prior authorizations include the NF level of care determination.
- Out of State
  - Nebraska requires a PASRR prior to a person going out of state.
  - If coming from out of state will need a Nebraska PASRR (471 NAC 12 007.08B)
  - If a facility thinks the PASRR will escalate to a LII – get as much information as possible to pass on to the PASRR vendor. Delay admission until the clinical review or the Level II PASRR are completed.
- Retro Medicaid – See 471 NAC 44 003.02
- If a resident enters on private pay and then becomes eligible for Medicaid
  - A referral needs to be made within 14 days of the **determination** date for eligibility. The determination date is the “notice date” on the Notice of Action.
- Need to have a plan in place for “This is how we will address family applying but not informing us.”
  - Resident and family, and POA need to know they must inform you if they assist a resident to apply for Medicaid.
  - Date stamp everything.
  - Keep fax transmittal sheets.
  - Referral needs to be made.
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### **Bed Move Review**

- Please be sure to report resident's movements **in and out** of Medicaid certified beds.
- You can send the form to [Tonya.Remaklus@Nebraska.gov](mailto:Tonya.Remaklus@Nebraska.gov).
- Follow the link below and under the section Bed Moves there is a link to the form.
  - <https://dhhs.ne.gov/Pages/Medicaid-Provider-Nursing-Facility-Casemix.aspx>

### **Weighted Days Review**

- Email blast with information has been sent.
- **Please include the name of facility and the city in the subject line**
- **If the difference in days is under 100 yours will be considered reconciled and complete and you will NOT hear from us.**
- Weighted days compares the count of days report to your facilities cost report (census). This is how your rates for the following fiscal year (July 1 – June 30) are determined, so it is important to have these reconciled as accurately as possible.
- Casemix access
  - Make sure whoever is going to be working the weighted days has current access.
  - If need access, please fill out the form in the link below and email back to [Tonya.Remaklus@Nebraska.gov](mailto:Tonya.Remaklus@Nebraska.gov)
    - <http://dhhs.ne.gov/Documents/Confidentiality%20Statement%20NCS%20Web.pdf>
  - **Reminders**
    - It can take up to 2 weeks to get your access.
    - Must log in every 60 days or the access will automatically be disabled.
    - When you email with issues logging into Casemix, **please include your user ID.**
- Common Issues
  - A1900 date doesn't match most recent on file.
    - Some software is known for grabbing a random (usually a re-entry) date in this field, so be sure to check that the right date is in this field.
  - Missing Resident or Resident showing that has discharged.
    - Most likely a demographic error causing the assessment to get stuck in load errors.
    - Check load errors to see if any are listed for the resident.
  - Hospital Bed holds.
    - If the resident was in a Medicaid bed and the bed was held this needs to be entered for that time regardless of the payor source.
    - Detailed instructions are included in the instructions tab in Casemix
    - Medicaid only allows for 15 days (per occurrence). If it goes over this you will have to note it when you send your weighted days as they will not reconcile, but I can put a note as to why in the spreadsheet.
    - Swing bed days cannot be counted/entered as bed hold days.
- Helpful for making weighted days smoother.
  - Check load errors (error report) weekly.
  - Check care level report monthly.
    - Available between the 14<sup>th</sup> and 18<sup>th</sup> of the month
  - Past Due
    - Lists residents with no assessments processed within the last 4 months (or more)

### **Acentra Training**

- Acentra holds monthly training for PASRR, hosted by Ellen Olson. This is an overlooked resource. In addition, their website has recordings of past training you can watch. They are around 50 to 55 minutes long.
  - The information for Acentra is below.
    - <https://nepasrr.acentra.com/>
    - [NEPASRR@kepro.com](mailto:NEPASRR@kepro.com)

- 1-833-840-9945