

# MEETING SUMMARY

June 9, 2025, Quarterly Nursing Facility Call

06/9/2025, 2:00 p.m. – 3:15 p.m.

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## Host

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### Presenters:

Ellen Olsen, Vice President of Operations, Acentra Health  
Dawn Sybrant, DHHS Administrator II, MLTC  
Seila Idrizovic, DHHS Program Specialist, MLTC  
Melissa (MJ) Kramer, DHHS Behavioral Health Practitioner IV, MLTC  
Tonya Remaklus, DHHS Administrative Specialist, MLTC

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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>

### Announcement:

### Introduction

- Angie Gonzales-Dorn – The new Program Manager II
- Melissa (MJ) Kramer – Our Behavioral Health Practitioner IV
  - Nebraska Medicaid & Long-Term Care (MLTC) has added a couple of new programs that are focused on identifying possible gaps in services for nursing facility residents. We want to make you aware that your facility may receive requests from the MLTC team for additional information or documentation to assist in ensuring that nursing facility residents across Nebraska receive the care and resources they need.
    - One program involves a review of the Preadmission Screening and Resident Review (PASRR) Level II evaluations of nursing home residents that identify specific services the nursing home is expected to provide or arrange with outside entities. Incorporating recommended PASRR services into a resident's care plan is already part of the federal requirement for PASRR. You may be asked to provide copies of resident care plans, progress or provider notes, or other documents to confirm the services are being provided, the required services are unavailable, or there has been a change in the resident's condition and the services are no longer applicable. This is part of a collaborative effort to better provide services for nursing facility residents who live with a severe mental illness and/or intellectual disability or related condition.
    - A second program involves a review of residents' responses to Minimum Data Set version 3.0 (MDS) Section Q. MDS Section Q identifies the resident's goals and expectations for nursing home stay, if they want to be asked about their return to the community, and whether or not a referral was made to a Local Contact Agency (LCA). If the MDS is coded to reflect the resident has an expectation of returning home, to an assisted living, or to another community setting, and the resident desires a referral, you may be asked for documentation indicating your referral and efforts to support the resident in reaching this goal. If discharge of the resident is not possible at the time due to factors such as lack of community resources, you may be asked for documentation

indicating why the discharge isn't possible. This is part of a collaborative effort to identify the services utilized to provide effective discharge resources and referrals.

## **PASRR REVIEW**

- **Requirements for PASRR can be found in 471 NAC Chapter 12 section 006.**
- The federal regulations **require** that any resident admitting to a Medicaid certified nursing facility must have a valid PASRR, regardless of who the payor is, by the day of admission and must continue to have a current PASRR as long as the resident resides in the NF. When there is a gap in valid PASRR dates.
  - Medicaid **cannot** reimburse for those days.
  - The 30-Day Hospital Exempt and time limited Level II PASRRs are the most common types of PASRR that could have a gap in valid dates.

Ellen Olsen with Acentra Health provided a demonstration and training for the newly launched feature in Atrezzo to admit and discharge residents from the facility. This is especially useful when a facility has a resident with a time-limited PASRR. Atrezzo will track the timeframes for the facility. Acentra staff will email and make phone calls to ensure a new Level I PASRR is submitted if the resident is going to remain in the facility beyond the time-limited PASRR. This also allows facilities to track data regarding types of PASRRs and numbers.

Atrezzo has had this capability for several years. However, Acentra has improved the functionality and ease of use.

The call was recorded, so we highly recommend watching the recording that will be posted to the following webpage along with the summary of the call:

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

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The Atrezzo demonstration took most of the time for call. There were great questions and some discussion.

Below are some general reminders that our team did not have time to give.

## **NF LOC Review**

- **Requirements for NFLOC can be found in 471 NAC Chapter 44**
- If a resident is Medicaid eligible on the date of admission,
  - a referral to the Area Agency on Aging (AAA) or League of Human Dignity (LHD) is required
    - **on or before** the date of admission
- Reimbursement for room and board will not start until the NF LOC is referred and completed
- The NF Pay Date uses the referral date when MMIS processes information to set the pay date
- The information used is both the NF LOC referral date and the PASRR dates.
- When you have a resident that enters as private pay and then applies for Medicaid
  - **as soon as you receive the notice of action assigning the facility the role of nursing facility**
    - make the nursing facility level of care referral
    - not necessary to wait for the notice of action
- a NF LOC is not required if
  - residents are approved for the Aged and Disabled Waiver or for Program of All-Inclusive Care for the Elderly (PACE) upon admission to the nursing facility
    - It is possible that MMIS will not automatically set a NF Pay Date, but it does not happen very often.
    - If you have an issue contact Angie or Seila
  - the resident enters on hospice,

- If the resident comes off hospice during their stay (and after admitting on hospice) contact Angie or Seila for assistance to get a pay date for the NF.
  - Our office does not require a NF LOC evaluation when a resident enters the NF on hospice.
  - Every resident (regardless of hospice status) has a NF Hospice Pay Date in our system that is the same as the date of admission (unless there is a PASRR missing).
  - Our staff must make a manual adjustment to give the facility a NF Pay Date.
- started hospice before you received the role of nursing facility notice or the notice of action determining the resident eligible for Medicaid,
  - If the resident comes off hospice AFTER being determined eligible for Medicaid contact Angie or Seila for an NF Pay Date.
  - If eligibility is retro effective prior to the entry into hospice, contact Angie or Seila to have a NF Pay Date established. Remember the NF Hospice Pay Date is always established as the date of admission. If the resident goes on hospice AND DOES NOT COME OFF HOSPICE prior to the determination date for eligibility (notice date at the top of the notice of action), the requirement for the NF LOC eval is met.
  - For example, resident A entered the NF on 10.12.2023. Resident A went on hospice on 1.3.2025. Resident A was determined eligible for Medicaid on 6.13.2025 and Medicaid was retro effective back to 11.1.2024. Because hospice on 1.3.2025 meets the requirement for the NF LOC, our office will need to be contacted to adjust the NF Pay Date to 11.1.2024.
  - If Resident A came off hospice on 5.20.2025, which is prior to the determination date for eligibility (remember that was 6.13.2025) then the facility has 14 days from 6.13.2025 to make the NF LOC referral. The resident **MUST be on hospice at the time of eligibility determination.**
- have a level II with no end date
  - If the resident has a Level II PASRR, the LOC determination is included in the assessment,
  - a separate LOC referral is not required
- Criteria for a 14-day post Medicaid referral was added to the chapter 12 regulations
  - In June 2020
  - This means that when a resident is newly determined eligible for Medicaid while residing in a nursing facility
    - the facility has 14 days from the date of determination for eligibility to make that referral
  - The best way to know the determination date for eligibility is to look at the “Date of Notice” on the Notice of Action
    - The facility has 14 days from that date to make the level of care referral

### **MDS Assessment Questions**

- Send to Tonya Remaklus, [Tonya.Remaklus@Nebraska.gov](mailto:Tonya.Remaklus@Nebraska.gov)
- Claims Issues
  - Demographic Issues
    - If you know you have a NFLOC but are being told you don’t
      - It is probably a demographic problem.
      - Atrezzo – stores the PASRR.
      - Connect stores the NF LOCs
      - Check with AAA &/or LHD and double check the demographics.
    - If there is a PASRR issue, contact Seila or Angie
  - SSN & DOB
    - If the SSN or DOB does not match what we have in Casemix it gets stuck in load errors.
    - Tonya sends out a lot of emails asking for verification of SSN &/or DOB
  - Hospice
    - When someone is in hospice at NF
      - Hospice should be billing room & board.

## Duplicate Assessments

- Use the Active Resident report as a tool to determine if original assessment was accepted
- The last assessment date is one of the columns. If the last assessment date is not the date you expect to see, then you need to check Casemix load errors, especially if your validation report says accepted. CMS does NOT edit for as many fields as Nebraska does. If you have a validation report that says accepted, this does not mean Nebraska has accepted that assessment in the Casemix resident profile.
- If you discover an error on an assessment that was transmitted and accepted into the resident profile, you will need to follow the RAI manual to determine if a significant correction to a prior quarterly/comprehensive is needed. This is especially handy when the error is discovered in the same cut off period and there is still time to submit the significant correction (provided it meets the definition in the RAI manual).
- Per the RAI manual, the ARD on the significant correction to a prior quarterly/comprehensive is the date the error is discovered.
- When Casemix receives 2 assessments in the same cut off period, the assessment with the most recent ARD is the care level that will be established for that period.
- If the error is discovered in a different cut off period, then the facility needs to follow the RAI Manual for completing the next assessment. In Medicaid, there is no penalty for doing an early assessment.
- It is important to remember that once a quarterly or comprehensive assessment is accepted in the resident profile in Casemix, **Medicaid will NOT remove or delete that assessment.** The facility will need to send a significant correction to a prior quarterly/comprehensive OR a new assessment.

## Claims Questions

- Send to Seila Idrizovic, [Seila.Idrizovic@Nebraska.gov](mailto:Seila.Idrizovic@Nebraska.gov)

## Reports/Tools that help NF's track their assessments and residents

- Active Resident report
- Care Level report
- Load Errors
- Weighted Days report
- Emails that are sent about SSN verifications or MDS Issues

## Acentra Training

- Acentra holds monthly training for PASRR, hosted by Ellen Olsen. 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.kepro.com/>
    - [NEPASRR@kepro.com](mailto:NEPASRR@kepro.com)
    - 1-833-840-9945