



Uniform Screening Tool (MUST)

PASRR User Documentation

October 29, 2018

Version 9

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PREFACE

The purpose of this manual is for the provision of information and instructional guidance to those providers who participate in the North Carolina Medicaid Uniform Screening Program (USP).

It is designed to provide instructions for the understanding and completion of the Medicaid Uniform Screening Tool (MUST) form related to the PASRR Only Screening.

Providers are responsible for familiarizing themselves with all Medicaid policies and procedures currently in effect as it relates to long term care services.

The Division of Medical Assistance (DMA) publishes Medicaid General Bulletins the first working day of each month and Special Bulletins as needed, on their website. These publications contain important update information regarding Medicaid programs.

For up-to-date news, providers should review these websites often.
www.ncdhhs.gov/dma/bulletin.htm and www.ncmust.com

Please note that throughout this document, privacy blocks have been placed within the screen shots to hide particular data for security reasons.

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Chapter 1: Getting Started

The NC MUST application is an online system and requires the end user to meet minimum hardware and software specifications as well as other prerequisites before access to the application can be granted. In order to gain access, please complete the following steps outlined below. More detailed information is available by selecting the associated links within each topic.

Prerequisites

1. Computer with Internet Access

To access the application, all users will need access to a personal computer with internet access. Please read Must System Requirement for information related to your specific environment

2. Email Account

A valid email account is required for correspondence to be emailed through the MUST tool. If you do not have a company email account, free email accounts can be set up using many search vendors such as AOL, Google, Yahoo etc...

3. Create your user login credentials

Users must establish a user ID and password with the North Carolina Identity Management Service (NCID). The NCID Service is the standard identity management and access service provided to State, local, business and citizen users by the State of North Carolina. NCID enables its customers to achieve an elevated degree of security and access control to real time resources such as the MUST application. Users can leverage the NCID service to:

- Create and Manage user accounts
- Provide user self-service functions such as self-registration and password recovery

Access to the MUST system will **NOT** be granted without an NCID. To create your user credentials, follow the instructions in [Chapter 2: Creating your user login credentials](#)

4. Login

Once the user has created an account through NCID, the user name and password created will be used to log into the MUST application. To log in, please follow the instructions located in [Chapter 3: Logging Into MUST](#) (First Time Users)

5. Organization Registration

Each Organization will be required to register their business entity within the MUST application. Each Organization is required to have at least one user with the Primary Administrator role. The primary Administrator is the user who initially registers the Organization.

Before registration, the administrator will need to be prepared with organization information such as the mailing address, phone, fax, organization type and level of care that Organization provides.

If you will be your Organizations Primary Administrator, please follow the instructions located in [Chapter 5: Organization and User Registration](#).

If you will not be the Primary Administrator for your Organization or your Organization is already registered, please continue with step (5).

6. User Registration

Non administrative users need to register in the MUST system under the organization they will be working for. The Organization Registration Code (ORC) must be provided to each user prior to registration. The Organization Administrator is responsible for providing users with the ORC. Please contact your Organization Administrator to get the ORC. To register as a non-administrative user, follow the instructions found in [User Registration](#) located in Chapter 5.

Chapter 2: Creating your user login credentials

IMPORTANT: The information contained in this section was provided by the State of North Carolina Office of Information Technology Services. For questions or to request additional information, the ITS Customer Service Desk can be reached by:

Business and Individual users

- Should contact the ITS Customer Support Center if they have a problem getting an NCID ID.
- Should contact DHHS Customer Service Center if they have a problem self-registering for the DHHS-USP-USERS NCID application group.

ITS Customer Service Center (800) 722-3946 ITS.Incidents@ncmail.net	DHHS Customer Service Center (919) 855-3200 option #2 DHHS.Customer.Support.Center@ncmail.net
--	---

State and Local government users

- Should determine whether their county security administrator has been created. Please refer to [Appendix D: NCID County Agency Security Administrator](#) for instructions on locating your county security administrator or setting one up if one does not currently exist.
- Should contact their local government security administrators if after requesting an NCID ID it is not approved in a day or two. Please refer to the ITS Customer Service desk: <http://www.its.state.nc.us/Support/CustomerSupportCenter/CSCInternet/Default.asp>
- Should contact their local government security administrators if they have a problem self-registering for the DHHS-USP-USERS NCID application group.

What Is NCID?

The **North Carolina Identity Service (NCID)** is a user authentication and coarse grained authorization to protect web-based applications from unauthorized access. NCID provides an environment by which users can login and gain access to the applications they have been granted rights to use. All new applications would be required to integrate with NCID for authentication and authorization. Authentication is the act of a user providing credentials such as a user id and password in order for the system to verify that they are who they say they are. Authorization is a process that occurs automatically and determines what a user can access. It is often referred to as access control. For more information on NCID please visit <https://www.ncid.its.state.nc.us/>

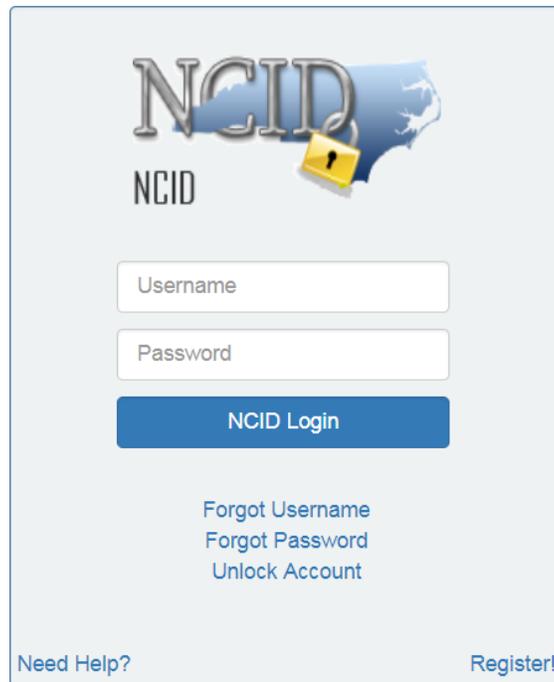
Users will use the same Logon ID and password in all applications integrated with NCID.

Registering for an NCID account

If you already have an NCID account, you do not need to create a new one. Please proceed to Part 2, [Step 12](#) in the instructions below. If your account has been deactivated or locked out, contact your organization's Administrator.

Part 1 - To register for an NCID account:

1. Go to URL <https://ncid.nc.gov>



The image shows a login form for the NCID system. At the top, there is a logo with the text "NCID" in large, stylized letters, with a blue map of North Carolina and a yellow padlock icon to the right. Below the logo, the text "NCID" appears again in a smaller font. The form contains two input fields: "Username" and "Password". Below these fields is a blue button labeled "NCID Login". Underneath the button are three links: "Forgot Username", "Forgot Password", and "Unlock Account". At the bottom left of the form area is a link "Need Help?" and at the bottom right is a link "Register!".

[Privacy and Other Policies](#)

[Contact Us](#)

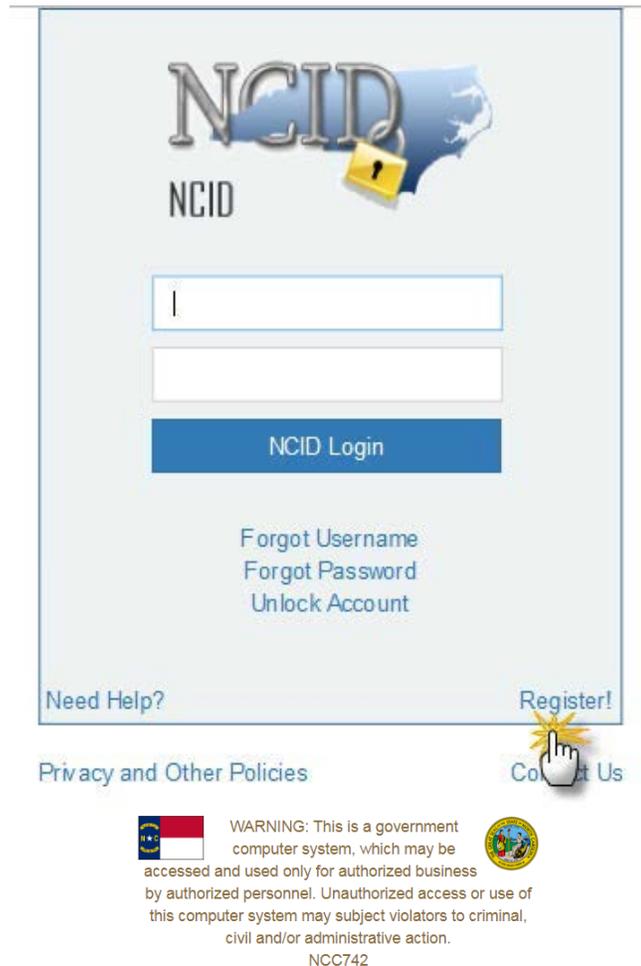


WARNING: This is a government computer system, which may be accessed and used only for authorized business by authorized personnel. Unauthorized access or use of this computer system may subject violators to criminal, civil and/or administrative action.



NCC745

2. At the NCID page you will click on the link [Register!](#)



3. Choose user type:

- **Individual** - Request access to conduct online transactions with the State of North Carolina. These users may or may not be citizens of the State.
- **Business User** - request access to the State of North Carolina on the behalf of a business.
- **State Employee** – Currently employed or assigned to work within the State of North Carolina government.
- **Local Government Employee** – Currently employed or assigned to work for a North Carolina county or municipality.

4. Choose your User type then click "continue" (choosing Business user account will allow you access to the password self service)



North Carolina Identity Management



New User Registration

Please indicate your user type from one of the following categories:

Individual	Request access to the State of North Carolina services as an individual or citizen.
Business	Request access to the State of North Carolina services on the behalf of a business.
State Employee	Currently employed or assigned to work for an agency within the State of North Carolina government.
Local Government Employee	Currently employed or assigned to work for a North Carolina county or municipality.

This system is the property of the State of North Carolina and is for authorized use only. Unauthorized access is a violation of federal and state law. All software, data transactions, and electronic communications are subject to monitoring.



[Privacy and Other Policies](#)

[Contact Us](#)

5. Complete all required fields on the form & self-challenge questions click "create account" when completed:



New User Registration
Self Service Password Reset

North Carolina Identity Management

To create your account, NCID will email you a code. You will need this code once you complete the form below and click the "Continue" button.

Requested UserID*

Prefix (Optional)

First Name*

Middle Initial (Optional)

Last Name*

Suffix (Optional)

Email Address*

Confirm Email Address*

Telephone Number*

Telephone Extension (Optional)

Mobile Number (Optional)

Street - Line 1*

Street - Line 2 (Optional)

City*

State*

Zip*

New Password*

- Password is case sensitive.
- Must be at least 8 characters long.
- Must not include part of your name or user name.
- Must not include a common word or commonly used sequence of characters.
- Can be changed no more often than once every 3 days.
- Must have at least 4 types of the following characters:
 - Uppercase (A-Z)
 - Lowercase (a-z)
 - Number (0-9)
 - Symbol (!, #, \$, etc.)
 - Other language characters not listed above
- New password may not have been used previously.

I'm not a robot

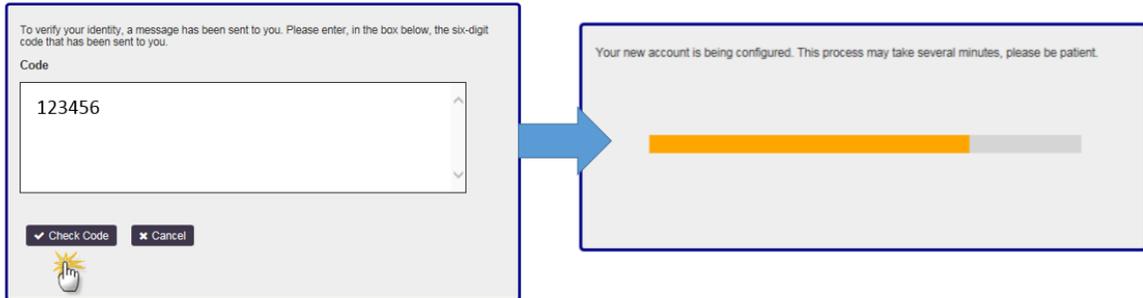


▶ Continue

✕ Cancel

6. Once completed. You will receive an email from NCID "New NCID User Registration ncid.notifications@nc.gov at the email address provided on your registration form with a six digit code to verify your identity.

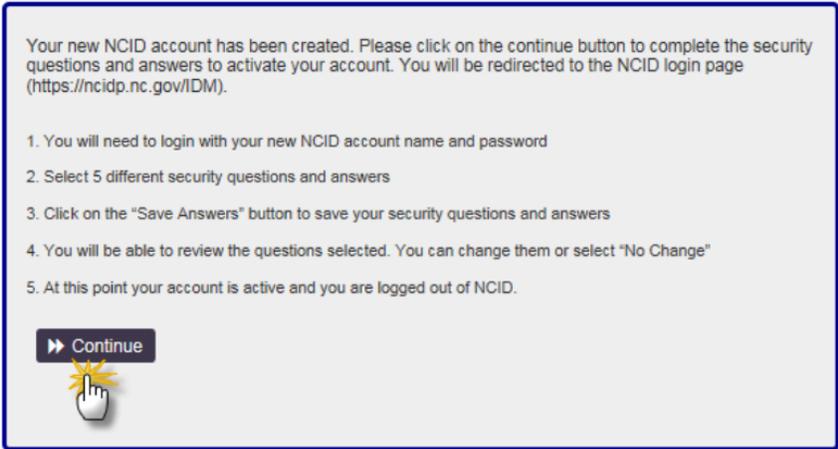
Once you enter the six digit authentication and choose "Check Code" your account will be configured.



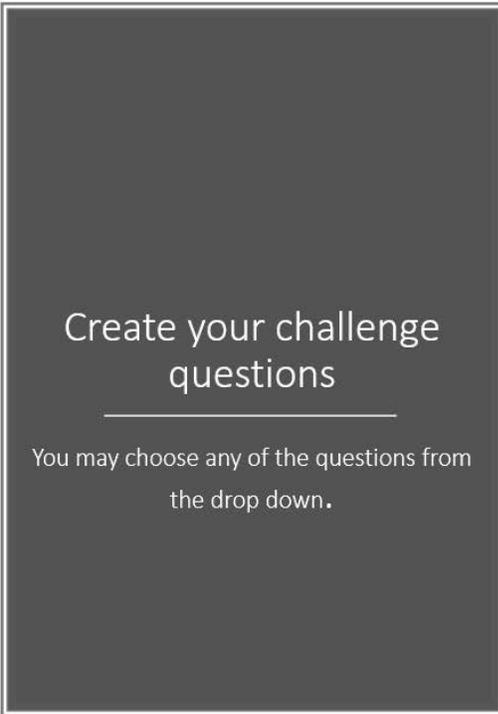
Note: If no action is taken on this email within 3 days. Your account will be deleted

7. Choose continue to create your self-service password challenge questions.

Please choose continue to create your self-service password challenge questions.



8. Create your challenge questions:



If you forget your password or lock your account, you can access your account by answering your security questions.

Please choose your questions and answers that can be used to verify your identity in case you forget your password or lock your account. Because the answers to these questions can be used to access your account, be sure to supply answers that are not easy for others to guess or discover.

Please type your security answers

— Please select a question item from the list —

⊙

— Please select a question item from the list —

⊙

— Please select a question item from the list —

⊙

— Please select a question item from the list —

⊙

— Please select a question item from the list —

⊙

— Please select a question item from the list —

⊙

➔ Save Answers

This form is a light grey rectangle with a blue border. It contains instructions at the top, followed by a header 'Please type your security answers'. Below this are five identical question sets. Each set consists of a dropdown menu with the text '— Please select a question item from the list —', a radio button, and a text input field. At the bottom of the form is a button labeled '➔ Save Answers'.

9. Once you have chosen and answered your security questions, click "Save Answers."

If you forget your password or lock your account, you can access your account by answering your security questions.

Please choose your questions and answers that can be used to verify your identity in case you forget your password or lock your account. Because the answers to these questions can be used to access your account, be sure to supply answers that are not easy for others to guess or discover.

Your answers meet the requirements. Click Save Answers when ready.

What was the name of your first pet?

What is the middle name of your oldest child?

In which city or town did your mother and father meet?

What is your father's middle name?

In which city was your mother born?



10. Click continue.

Thank you. Your security questions and answers have been successfully saved. If you ever forget your password or lock your account, you can reset your password or unlock your account by answering your security questions.

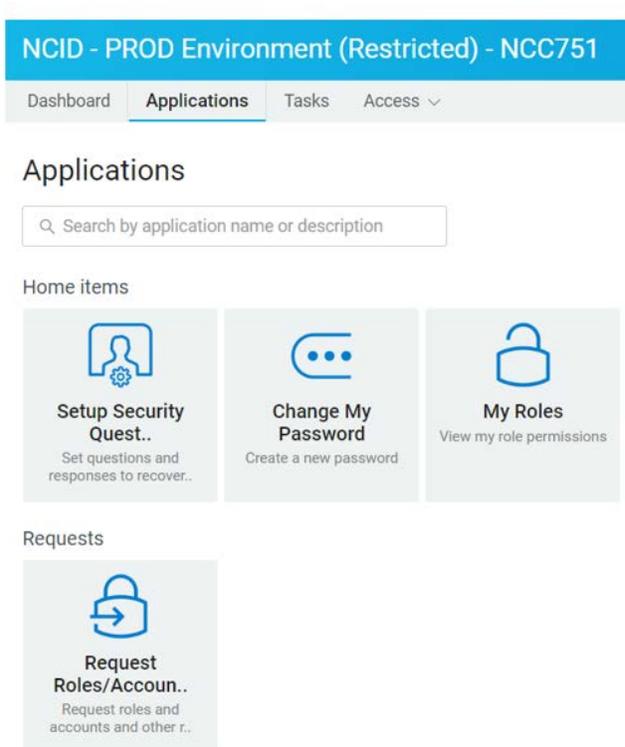


11. You have completed your NCID registration.

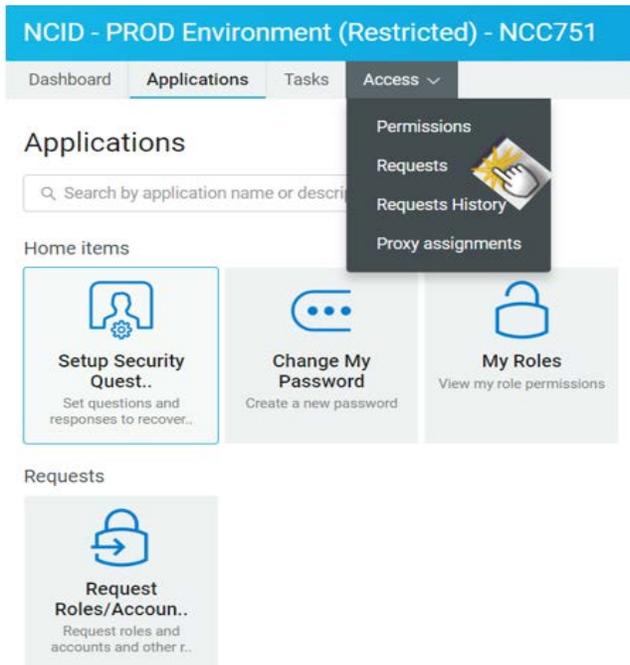


Part 2 - Subscribing to the DHHS User Group:

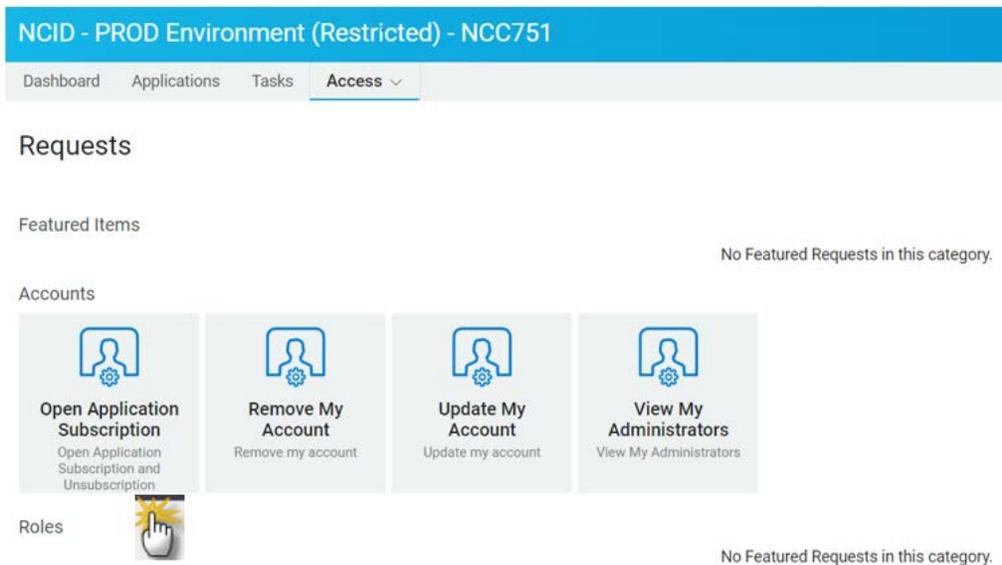
12. Log back into <https://ncid.nc.gov> using your new User ID & password. Click continue and the Applications Screen appears.



13. Click on the Access tab and then choose Requests.



14. Under Request, choose the Open Application Subscription tab.



15. Click the downward arrow next to "Grant Application Access Role: *" and choose "DHHS-USP-Users".

Open Application Subscription

Open Application Subscription and Unsubscription

Subscribe to the Application(s):

Grant Application Access Role: * None

Unsubscribe from the following Application(s): DHHS-USP-Users

None Available

Submit Cancel

16. Click the "Submit" button.

Subscribe to the Application(s):

Grant Application Access Role: * DHHS-USP-Users

Unsubscribe from the following Application(s):

None Available

Submit Cancel

17. Once you receive the submission was successful confirmation, click "Close".



You have completed your NCID Registration.

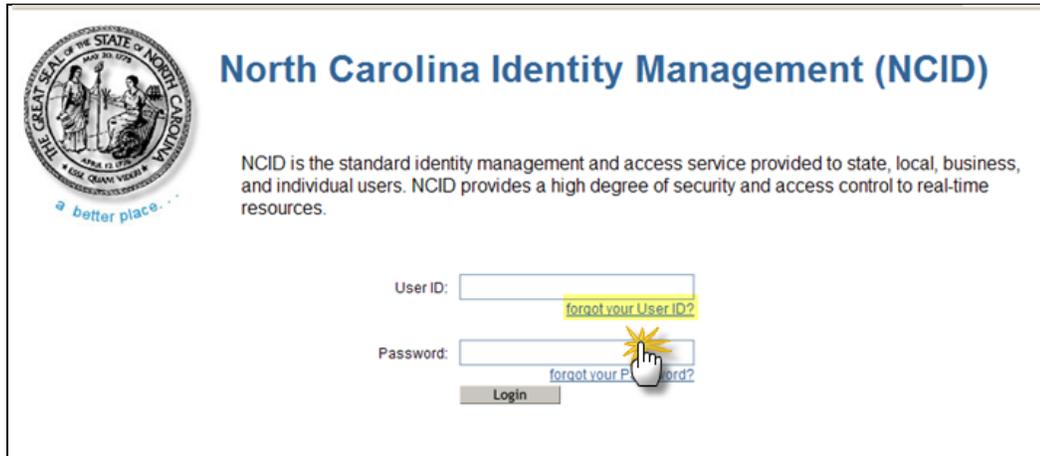
Once you have created your NCID account, proceed with Logging on for the first time.

Please refer to [Chapter 3: Logging Into MUST](#)

REMEMBER: You must link your NCID user account with the USP application in order to log in. To do so log on to: <https://www.ncmust.com/wps/myportal/usp> and authenticate your new NCID ID within the USP application.

Retrieving your NCID User ID

1. "Click" on the [forgot your User ID?](#) link



 **North Carolina Identity Management (NCID)**

NCID is the standard identity management and access service provided to state, local, business, and individual users. NCID provides a high degree of security and access control to real-time resources.

User ID: [forgot your User ID?](#)

Password: [forgot your Password?](#)

Login

2. Enter the information used when it was initially created.



 **North Carolina Identity Management (NCID)**

[Change Password](#) [Forgotten Password](#) [Enrollment](#)

User Lookup

First Name

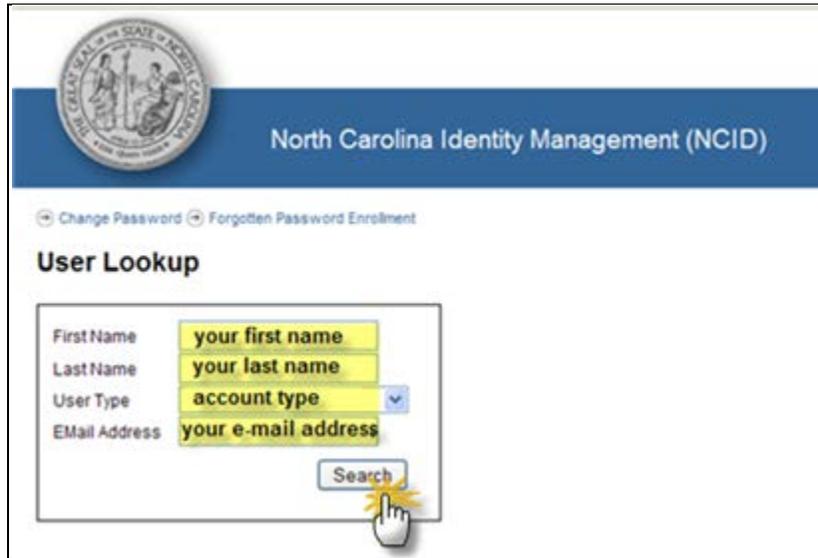
Last Name

User Type

EMail Address

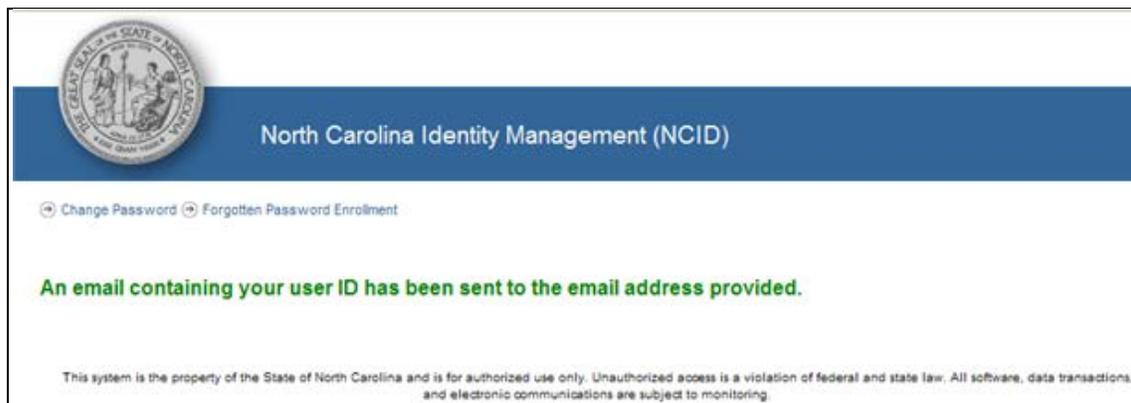
Enter the information used when ID was initially created.

3. Click "search"



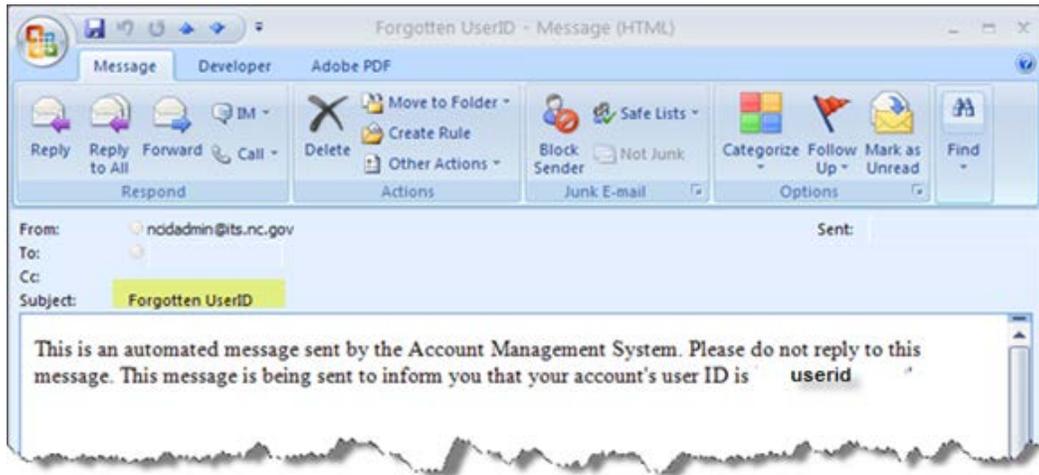
The screenshot shows the North Carolina Identity Management (NCID) website. At the top left is the state seal. The header is a blue bar with the text "North Carolina Identity Management (NCID)". Below the header are links for "Change Password" and "Forgotten Password Enrollment". The main section is titled "User Lookup" and contains a form with the following fields: "First Name" with the placeholder "your first name", "Last Name" with "your last name", "User Type" with a dropdown menu showing "account type", and "EMail Address" with "your e-mail address". A "Search" button is located at the bottom right of the form, with a hand cursor pointing to it.

4. You will get the following confirmation and NCID will email your user id.



The screenshot shows the confirmation page on the North Carolina Identity Management (NCID) website. It features the same header and navigation links as the previous screenshot. The main content area displays a green message: "An email containing your user ID has been sent to the email address provided." Below this message is a disclaimer: "This system is the property of the State of North Carolina and is for authorized use only. Unauthorized access is a violation of federal and state law. All software, data transactions, and electronic communications are subject to monitoring."

5. You will also receive an email notification:



Retrieving your NCID Password

In order to retrieve your NCID password you will need to know your user id. Please follow the below steps to help you recover your password

1. Enter your user id in the requested area and “click” the [forgot your Password](#) link.



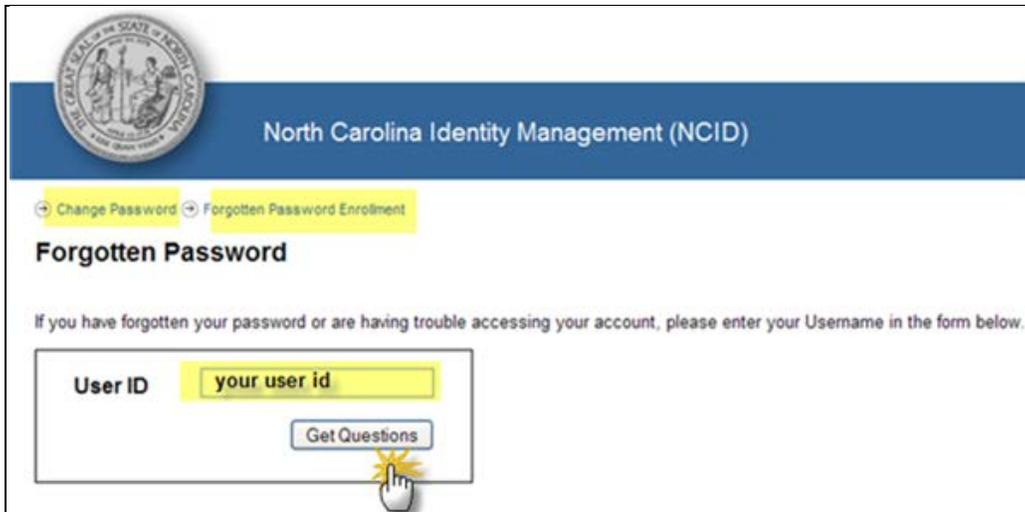
 **North Carolina Identity Management (NCID)**

NCID is the standard identity management and access service provided to state, local, business, and individual users. NCID provides a high degree of security and access control to real-time resources.

User ID: [forgot your User ID?](#)

Password: [forgot your Password?](#)

2. On the next screen you will be prompted to confirm your user id once again.



 **North Carolina Identity Management (NCID)**

[Change Password](#) [Forgotten Password Enrollment](#)

Forgotten Password

If you have forgotten your password or are having trouble accessing your account, please enter your Username in the form below.

User ID

3. Answer your enrollment questions:

North Carolina Identity Management (NCID)

[Change Password](#) [Forgotten Password Enrollment](#)

Forgotten Password

In order to confirm your identity you must correctly answer the questions below. These questions have been configured previously by you, when you setup your password self service. (Answers are not case sensitive)

What was the name of your favorite childhood restaurant?

What is the name of the first elementary school you attended as a child?

In which city was your mother born?

4. Create a new password and confirm new password: Ensure the new password follows the required password criteria “click” on **Change password** .

North Carolina Identity Management (NCID)

Change Password

Change your password now, as grace logins will expire and your account will be locked!

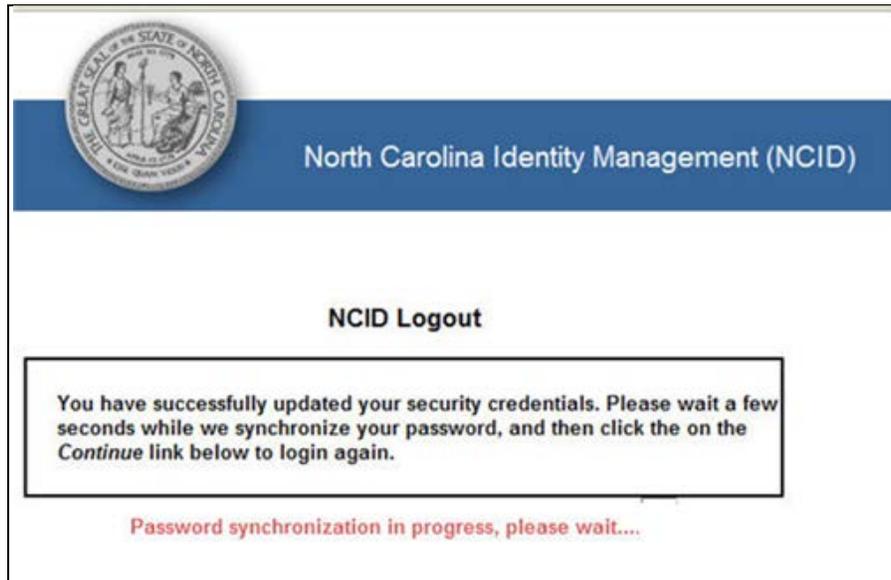
Your password must conform to the following policy:

- ✔ Passwords cannot contain more than 3 characters in consecutive & sequential order.
- ✘ Password must have at least 1 numbers.
- ✘ Password must have at least 8 characters.

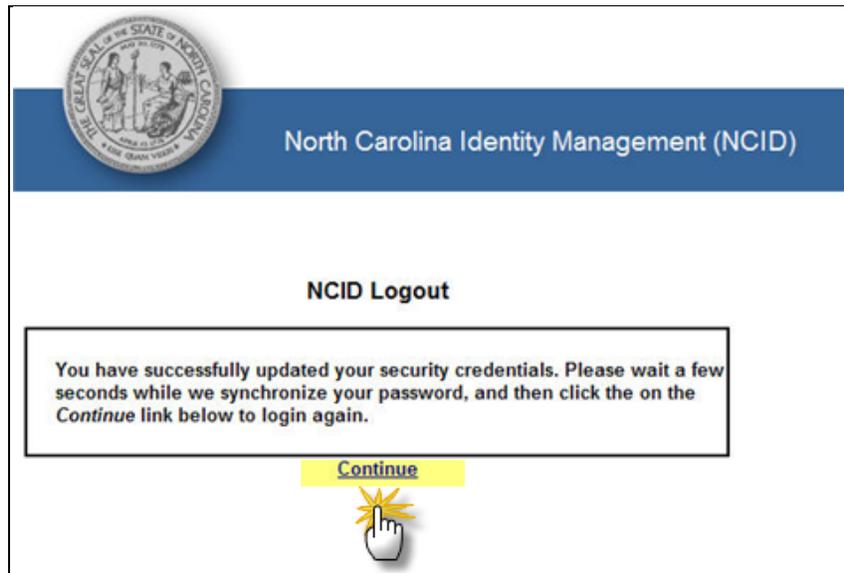
New Password

Re-enter New Password

5. Once you "click" **change password** you will get the following confirmation: ** allow a few seconds for the synchronization process to complete do not close this window.*



6. Once Synchronization has been completed "click" on the *continue* link



7. Once you have successfully changed your password you will be re-directed to the login page

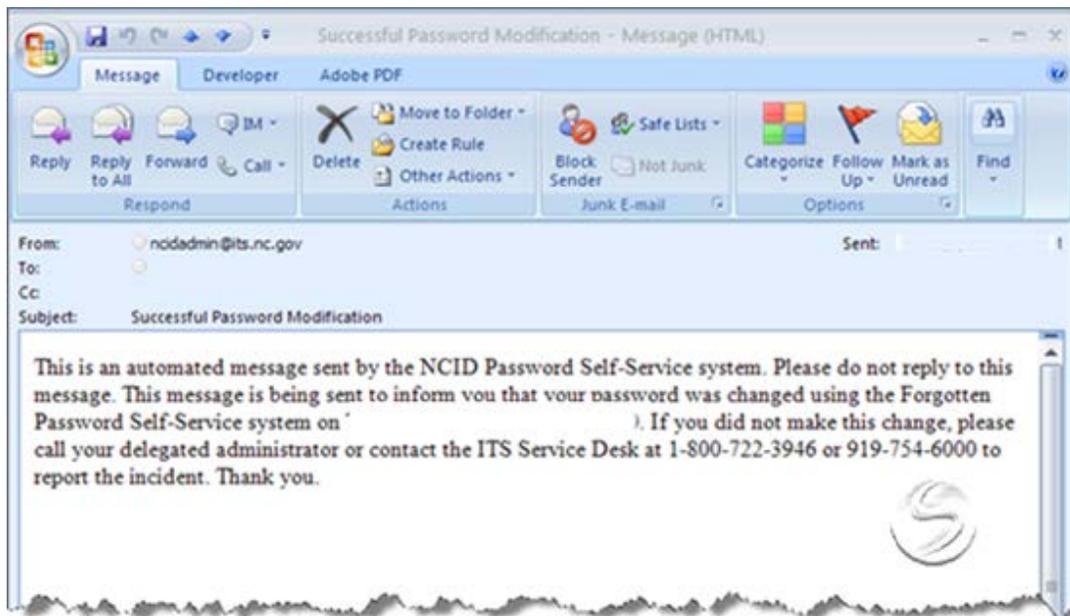
North Carolina Identity Management (NCID)

NCID is the standard identity management and access service provided to state, local, business, and individual users. NCID provides a high degree of security and access control to real-time resources.

User ID: [forgot your User ID?](#)

Password: [forgot your Password?](#)

Note: You will receive an email notification



Chapter 3: Logging Into MUST

Access to the NC MUST Application is only available to users who have completed the NCID registration process. If you have **not** completed this registration, please follow the instruction in [Chapter 2: Creating your user login credentials](#).

Upon completing the NCID registration process you will be able to access the MUST application. To login, please type <https://www.ncmust.com/wps/portal/usp> into your browsers address bar. After successfully navigating the login page, you should add the link to your favorites.

The login page below will be displayed. Please enter your login ID and password and select the Log In button to continue.

NOTE: If you mistype your login password after 3 attempts, you will be locked out of

The instructions below are for two scenarios; First Time User and Returning Users. Returning users who have already completed the prerequisites for the First Time user proceed to [Logging In \(Normal Login\)](#). Otherwise, all First Time Users need to follow the instruction below.

Logging In (First Time Users)

To login, please type <http://www.ncmust.com/wps/portal/usp> into your browsers address bar. After successfully navigating the login page, you should add the link to your favorites.

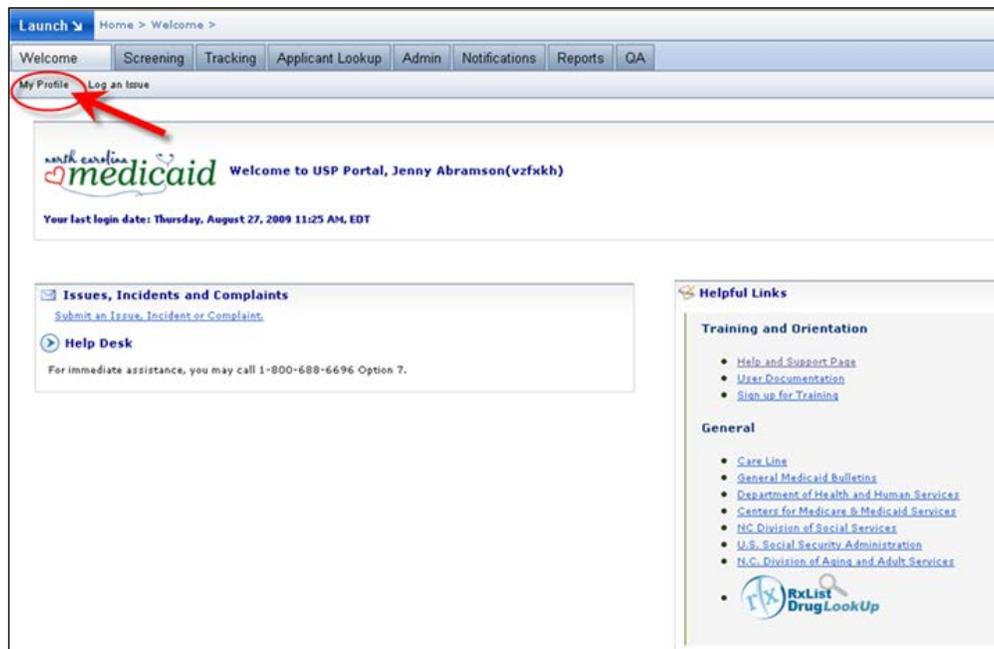
Type your NCID **user ID** and **Password**. You are now fully authenticated and can begin accessing the application.

First time user are required associate there account with an organization before any other actions can be taken in the system. Follow the below steps to associate your role with your particular Organization

Requesting a Role:

Once you have created your NCID ID and Password via <https://ncid.nc.gov/login/login.html> please follow the below instructions to request a role within your particular organization:

Go to "MY Profile" (located beneath the Welcome tab)



Scroll down the page to "Add New Association"

The screenshot shows a user profile page with several sections. The 'Add New Association (Step 1)' section is highlighted in yellow. It contains the following text and form elements:

Add New Association (Step 1)

Enter Organization Name Actions

Enter ORC Code

You must register yourself under at least one organization. To add an association:
1. Enter the **Organization Name** and click on the **Get ORC code** Link.
OR
2. Enter the Organization **Registration Code** and click on the **Get Roles** Link.

After you select this link, you will need to select the role you are registering for from the dropdown list on step 2.

Type your Organization Name in the "Enter Organization Name" Text box

This is a close-up of the 'Add New Association (Step 1)' form. A red arrow points to the 'Enter Organization Name' text box, which contains the text 'Brooks'. The 'Actions' button 'Get ORC code' is also visible.

Add New Association (Step 1)

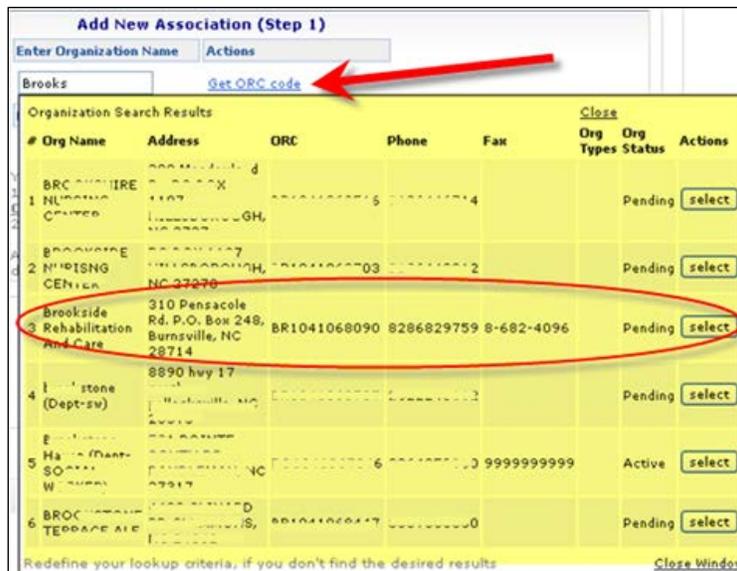
Enter Organization Name Actions

Enter ORC Code

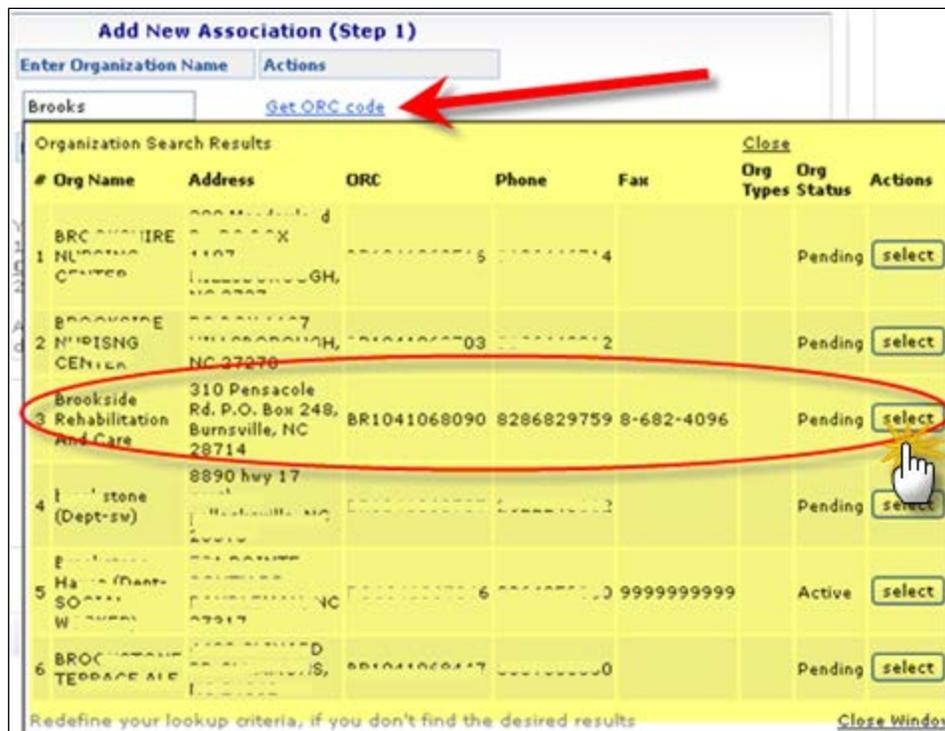
You must register yourself under at least one organization. To add an association:
1. Enter the **Organization Name** and click on the **Get ORC code** Link.
OR
2. Enter the Organization **Registration Code** and click on the **Get Roles** Link.

After you select this link, you will need to select the role you are registering for from the dropdown list on step 2.

Click on "Get ORC Code" link
(your organization will show up in a box...)



Click the "Select" button next to the organization name.



(the ORC code will populate into the text box "Enter ORC Code" below) as shown

Add New Association (Step 1)

Enter Organization Name	Actions
Brookside Rehabil...	Get ORC code
Enter ORC Code	
BR1041068090	Get Roles Cancel

You must register yourself under at least one organization. To add an association:
1. Enter the **Organization Name** and click on the **Get ORC code** Link.
OR
2. Enter the **Organization Registration Code** and click on the **Get Roles** Link.

After you select this link, you will need to select the role you are registering for from the dropdown list on step 2.

Click on the "Get Roles" Link
(You will be taken to the top of the page; you will need to scroll down again)

Add New Association (Step 1)

Enter Organization Name	Actions
Brookside Rehabil...	Get ORC code
Enter ORC Code	
BR1041068090	Get Roles Cancel

You must register yourself under at least one organization. To add an association:
1. Enter the **Organization Name** and click on the **Get ORC code** Link.
OR
2. Enter the **Organization Registration Code** and click on the **Get Roles** Link.

After you select this link, you will need to select the role you are registering for from the dropdown list on step 2.

Click on the drop down arrow under "Select roles" link and highlight your desired role

Add New Association (Step 2)

ORC Code	Select Role	Actions
BR1041068090	Select Role Select Role Screener Tracker	Add New Association Cancel

1. Select the appropriate role from the drop down list above and click on the **Add New Association** link. The new association will be added to the current list.
2. You may cancel the add new association by clicking on the **Cancel** link.
3. **After you are finished, select the Submit Change button below to save your changes.**

Click on the "Add New Association" Link
(You will be taken to the top of the page; you will need to scroll down again)

ORC Code	Select Role	Actions
GL1041068239	Screener	Add New Association Cancel

1. Select the applicable Role from the drop down list above and click on the **Add New Association** link. The new association will be added to the current list.
2. You may cancel the add new association by clicking on the **Cancel** link.
3. **After you are finished, select the Submit Change button below to save your changes.**

Click on "submit changes" button on the lower left hand corner.

Sl.#	ORE	Role	Status	Action
1	ED1041067487	Help Desk	SAVED	Delete Association
2	ED1041067487	Nurse Admin	SAVED	Delete Association
3	ED1041067487	Usp Administrators	SAVED	Delete Association
4	TE1041067490	Admin	SAVED	Delete Association
5	TE1041067490	Screener	SAVED	Delete Association
6	TE1041067490	Tracker	SAVED	Delete Association

Add New Association (Step 1)

Enter Organization Name: [Get ORE code](#)

Enter ORE Code: [Get Roles](#) [Cancel](#)

Screening Referrals:

Yes, I would like to receive screening referrals:

Please Note: The changes made above will not be saved until the **Submit Changes** button is clicked.

[Submit Change](#) [Cancel Changes](#)

At this point your Admin will receive an email. Once approved you will also receive an email confirming your role was granted.

*If your Organization has not been registered, then proceed to [Chapter 5: Organization and User Registration](#). Each Organization will be required to register their business entity within the MUST application. Each Organization is required to have at least one user with the Primary Administrator role. The primary Administrator is the user who initially registers the Organization within MUST.

Logging In (Normal Login)

To login, please type <https://www.ncmust.com/wps/portal/usp> into your browser's address bar. After successfully navigating the login page, you should add the link to your favorites.

Type your NCID **user ID** and **Password**. You are now fully authenticated and can begin accessing the application.

Logging Out

To log out, click on **Log Out** link in the upper right corner of the screen.



NOTE: After 30 minutes of inactivity you will be automatically logged you off. Any unsaved changes will be lost and you will be required to log back into the system.

Chapter 4: Organization Types and User Roles

The Medicaid Uniform Screening Tool (MUST) defines a separate set of user roles for each Organization type that is selected during Organization Registration. When the Organization is initially registered (See [Chapter 5: Organization and User Registration](#)), the Organization Admin is responsible for selecting all the types applicable to that organization.

Based on the Organization types selected, users registering under that organization will be offered a pre-defined set of roles from which to select.

An Organization can elect to register with more than one type. For instance, if the organization will be performing both screenings and admissions, then the admin of the organization would select both Admitting Agency as well as a Referring Agency. The roles granted to the organization will be a combined set of roles from each Type.

Types of Organizations

Since the initial deployment of the MUST application will only allow for PASRR screenings, the only applicable organization types are Admitting Agency and Referring Agency. Any additional types are reserved for future releases of the MUST tool and should not be selected.

Below is a description of each organization type and the user roles that will be granted to the organization and provided to the registering users.

Admitting Agency

An Admitting Agency is any organization that provides admission service for new applicants. Examples are nursing facilities, adult care homes and hospitals. This type will allow users of the organization to select roles to perform such tasks as Applicant Lookup and Tracking of applicants for the purpose of PASRR.

By selecting Admitting Agency, the roles granted to the organization and made available to the users registering under the organization are:

- [Administrator](#)
- [Tracker](#)
- [Notification Viewer](#)

Referring Agency

A Referring Agency is an agency who assists an applicant in obtaining care in one of the Medicaid long term care services programs. Examples are physician's offices, hospitals and home care agencies and community care networks. Referring agencies are responsible for the submission of the PASRR Level I screens.

By selecting Referring Agency, the roles granted to the organization and made available to the users registering under the organization are:

- [Administrator](#)
- [Screener](#)
- [Tracker](#)
- [Notification Viewer](#)

NOTE: The only organization type with screening capabilities is the Referring Agency. If the registering organization needs these capabilities it is strongly recommended that they register as a Referring Agency.

User Roles

The differing user roles available to a user allow access to parts of the system associated with that role. The roles made available to the registering user are determined by what type of organization they are registering under.

The current list of all available user roles and a description is as follows:

Administrator

The organization administrator is responsible for submitting the organization registration form, signing the Confidentiality and Security Agreement, and approving individual users to the application. There may be more than one person assigned as administrator in an organization, but only one is designated as the primary administrator. The primary administrator signs the Confidentiality and Security Agreement and returns it to DXC Technology before any organization or individual users will gain access to the MUST

application. If the primary administrator leaves the organization, a new person needs to be designated as the primary administrator and a new Confidentiality and Security Agreement will need to be submitted to DXC Technology.

The Organization Administrator will be responsible for the following:

- Completing the Organization Registration form
- Completing Confidentiality and Security Agreement
- Approving subsequent users registering for access to the MUST application
- Ensuring that those users gain access to only those areas that are needed
- Disabling inactive user accounts
- Keeping the Organizations Profile up to date
- Delegating the Admin role to one or more backups within the Organization
- Taking the necessary action to correct a security breach.

An administrator can have more than one role within the organization. For example, the administrator can also have a screener role or a tracker role. All administrators have the ability to create user roles, edit, activate, deactivate, or suspend user accounts. They also have access to view all notification letters. This role is designated as an "Admin" in the application.

Selecting the Administrator role gives you access to the following functions within the system.

- Administration (see [Chapter 6: Admin Functions \(Administrators Only\)](#))

Screener

Screeners are individuals who perform the screening on behalf of the applicant. They may be medical professionals, discharge planners, case manager, to name a few. The screener will gather information pertaining to the medical, functional and behavioral health capabilities of the applicant, and enter the information into the MUST application. Screeners also have the ability to perform an applicant look up (with required identifiers) on any individual who has a submitted screening in the application and can view all notification letters. Screeners may be associated with more than one organization, but must register (using the organization registration code) with each organization separately. This role is designated as a "Screener" in the application.

Selecting the screening role gives you access to following functions within in the system.

- Screening (see [Chapter 7: Screening](#))
- Notifications (see [Chapter 8: Notifications](#))
- Applicant Lookup (see [Chapter 9: Applicant Lookup](#))

Tracker

A tracker manages the placement of applicants within facilities. The tracker can admit applicants into their facility, transfer applicants in and out of their facility and discharge applicants from their facility, as well as report deceased applicants. With the tracking function, the tracker will also be able to request an applicant's existing PASRR number or verify whether the applicant has an existing PASRR number. If a user is not the organization administrator and will not be performing screenings, but desires to have applicant look up capabilities, it is recommended they register as a Tracker. This will allow the user to search for existing submitted screenings for an applicant as well as the ability to view notification letters. This role is designated as a "Tracker" in the application.

Selecting the Tracker role gives you access to following functions within in the system. Please select the link associated to read a detailed description or if you are reading from a printed copy, search the table of contents for specific content:

- Tracking (see [Chapter 10: PASRR](#))
- Notifications (see [Chapter 8: Notifications](#))
- Applicant Lookup (see [Chapter 9: Applicant Lookup](#))

Notification Viewer

Notification viewer has the ability to review notification letters sent. The administrator, screener and tracker have the notification viewer role automatically built into their roles. Notification viewer is also available as a separate role. Its purpose is to allow a designated person within the organization to receive and manage only the notification letters sent to or on behalf of the facility. Notification viewer, as a stand-alone role, does not have the ability to view or submit a screen.

Selecting the Notification Viewer role gives you access to following functions within in the system. Please select the link associated to read a detailed description or if you are reading from a printed copy, search the table of contents for specific content:

- Notifications (see [Chapter 8: Notifications](#))

REMEMBER: There can be more than one organization Admin. If the primary Admin leaves, a new Confidentiality & Security Agreement is required to be completed by the new primary Admin. A screener can belong to more than one organization.

Chapter 5: Organization and User Registration

Registering a user or an organization requires that the following prerequisites be satisfied:

- The user must complete the [NCID](#) registration process to obtain their login credentials. Please refer to [Chapter 2: Creating your user login credentials](#).
- Please refer to Logging in (First Time Users) in [Chapter 3: Logging Into MUST](#) for detailed instructions.

The MUST application is a role based system and as such needs to know the following information:

- Who you are?
- Who do you work for?
- What are you allowed to do in the system?

Each Organization is required to register their business entity within the MUST application and is also required to have at least one user with the Primary Administrator Role. The Primary Administrator Role is granted to the user who registers the organization.

If you will **not** be the Primary Administrator for your Organization **and** your Organization has already been registered by an existing Administrator, please continue with the [User Registration](#) section below.

If you will be the Primary Administrator, then prior to registration you will need to be prepared with organization information such as the mailing address, phone, fax, [organization type](#) and level of care that Organization provides. Please refer to [Chapter 4: Organizations Types and User Roles](#) for a detailed description.

To register the Organization, please follow the instructions below.

Organization Registration

Access the following URL <http://www.ncmust.com/mustapp/admingettingstarted.jsp>

Under Step 3, click on the **Organization Registration form** link

The PDF document that will open contains two forms. **The Confidentiality and Security Agreement** and the **Organization Registration Form**. You are required to complete both forms

Complete the **Confidentiality and Security Agreement**. Please see the following section [Confidentiality and Security Agreement Guidelines](#) for information regarding the "Confidentiality and Security Agreement" form.

Complete the **Organization Registration Form**.

Enter your Organization Information and Mailing Address.

- **Organization name** – is the name of your organization (Medicaid enrollment name).
- **Department/Site** If your organization has more than one facility and uses the same name, then use this field to identify the location being registered. Please note each separate facility needs to be registered individually.
- **Medicaid Provider Number** – 20 characters (optional)
- **NPI** – 20 characters (optional)
- **Telephone Number, Fax Number** – phone numbers associated with the organization.
- **Address** - City, State, Zip Code and County

Enter the **Admin Contact** exactly as it was created in your NCID registration.

Add your credentials using the following list. **Note:** If you will not be assuming the screener role, you do not need to enter your credentials. If you decide at a later time that you will be assuming the screener role, you can update this by accessing **My Profile** from the **Welcome** Tab.

BSW (Bachelor of Social Work)	CM (Case Manager)
DO (Doctor of Osteopath)	FNP (Family Nurse Practitioner)
LCSW (Licensed Clinical Social Worker)	LNHA (Licensed Nursing Home Administrator)
LPA (Licensed Psychological Associate)	LPC (Licensed Professional Counselor)
LPN (Licensed Practical Nurse)	LVN (Licensed Vocational Nurse)
MD (Medical Doctor)	MSW (Master of Social Work)
PA (Physician Assistant)	PhD (Doctor of Philosophy)
QMHP (Qualified Mental Health Professional)	RN (Registered Nurse)
Resource Specialist	SW (Social Worker)
Other (Specify in Comment)	

Select the appropriate **Organization Type** (refer to [Chapter 4: Organizations Types and User Roles](#) for description). You may select more than one.

Check the **Agency Type(s)** that are applicable, from the list below. You may select more than one.

Acute Rehab	Long Term Acute Care Hospital (LTACH)
Adult Care Home	Mental Retardation Center (MRC)
Aging and Disability Resource Center (ADRC)	Neuro-Medical Center
Alcohol Drug and Treatment Center (ADATC)	Nursing Facility
Department of Social Services	Physician Office
Developmental Center	Psychiatric Residential Treatment Facility
Health Department	Residential Home
Home Care Agency	Retirement Community
Home Health Agency	Senior Center
Hospice	Specialty Hospital
Hospital	State Psychiatric Hospital
Local Management Entity (LME)	Supervised Living
Long Term Acute Care Facility (LTAC)	Other

Once both forms have been completed, you will need to return them by regular **mail** or **fax** to:

NC Medicaid Uniform Screening Program
PO Box 300015
Raleigh, NC 27622-001
Fax: 1-919-816-3145

Once the USP Helpdesk receives the applications, we will activate the Organization and the Administrator account. An email will be sent to the person who registered the Organization letting them know that they are approved and ready to start accessing the system. Until that time, no actions can be performed within the system.

Following the approval, the Primary Administrator has the responsibility of approving subsequent user's registrations under his organization as well as assigning and approving his own roles within the system. The Primary Administrator can also delegate the Administrator Role to registered users under his organization. For more information regarding the Administrators functions, please refer to [Chapter 6: Admin Functions \(Administrators Only\)](#).

IMPORTANT: If the primary administrator relinquishes his role completely, then a new **Confidentiality and Security Agreement** form will need to be submitted containing the new Primary Administrator's information. Should the administrator remain the primary entity but assign the role of administrator to one or more others, in addition to himself, then a new Security Agreement Form is **not** required.

NOTE: The ORC is the unique identifier created for your organization. Keep the Organization Registration Code (ORC) in a safe place. All users who will register in the organization will need this code.

Confidentiality and Security Agreement Guidelines

The confidentiality and security agreement is designed to maintain the identity of Medicaid applicants for the protection of health information in accordance with state and federal law. The names and signature of the Authorized Manager and designated Administrator documented on this form signify that they have read this agreement and understand the obligation to protect confidential protected health and sensitive information.

The organization's manager, while not having a role within this application, is the legally responsible party for the entity. In the event of a breach, the manager assumes the responsibility for corrective action under HIPAA and *NC Identity Theft* legislation and meeting the notification requirements of *NC Identity Theft* legislation.

Providers must read, sign, and return via US mail or fax the "Confidentiality and Security Agreement Form" to DXC Technology.

Upon receipt of the confidential security agreement form, the DXC Technology Helpdesk analyst will review the form for completion, accuracy and validate each required field. The analyst verifies the following data:

- A check has been entered in the small box at the end of the sentence that reads (Please check here if this is a CHANGE of designation Security Administrator). A check in this box will indicate that a provider change has occurred.
- Organization Name, Street Address, City, State, and Zip code.
- Organization Phone Number.
- Printed name of the Administrator (First, Middle, Last).
- Administrator Signature.
- Date of administrator signature.
- Printed name of the organization manager (CEO), Executive Director, Office Manager, or Supervising Physician).
- Signature of organization manager.
- Date of organization manager's signature.

Once all required field information is reviewed by the DXC Technology Helpdesk Analyst for completion and accuracy, the form will be retained for audit purposes. A copy of the form can also be provided upon request. To avoid delays, please be sure to complete the form accurately.

NOTE: If the designated organization administrator, signing the Confidentiality & Security Agreement, leaves the company, a new Confidentiality & Security Agreement must be completed and submitted to DXC Technology.

User Registration

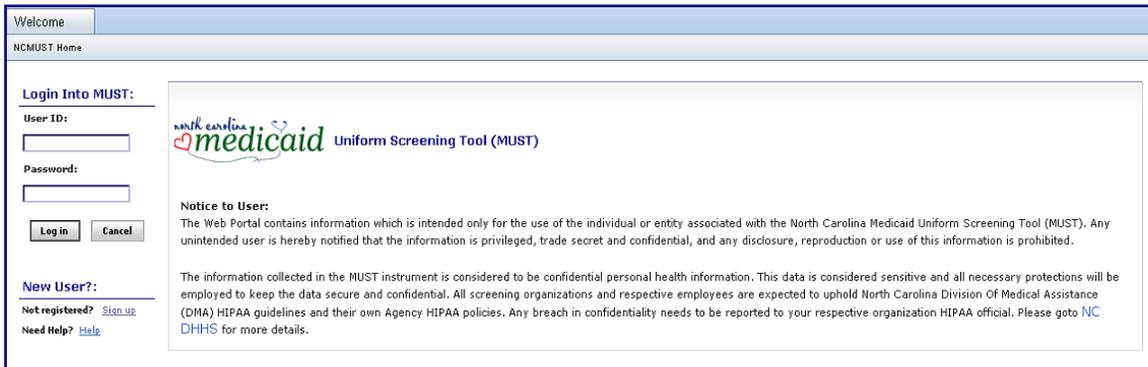
User registration allows a user to associate themselves with an Organization and apply for roles within the system. For more information on user roles, please review Chapter 4: [User Roles](#) or consult your Organization Administrator

Registering as a user under an existing organization requires that the following prerequisites are satisfied:

- The user must complete the [NCID](#) registration process to obtain their login credentials. Please refer to [Chapter 2: Creating your user login credentials](#)
- Please refer to Logging in (First Time Users) in [Chapter 3: Logging Into MUST](#) for detailed instructions.
- The organization must be registered and have received an organization registration code (ORC).

To register for user roles, please follow the instruction below:

1. Access and log in to the MUST application as described in [Chapter 3: Logging Into MUST](#) or type <https://www.ncmust.com/wps/portal/usp> into your browsers address bar. Then type your NCID username and password and select the Login button.



To begin the user registration process, click on **My Profile** link. If you are new to the system, you will also see an additional link as shown below.



Your current user information is retrieved from your NCID registration and auto populated on the form. This information can only be updated through the NCID web application. If corrections are needed, you will need to login to NCID and make the correction on that site. Once those are made, you can select the “[click here](#) to sync with NCID” link as shown below.

View/Update My Information for Logged In User (czg07l)

User Information

Name:	Login Name:
Jane Doe	jdoe
Telephone Number:	Email Address:
919-888-8888	jane.doe@email.com
Medicaid Provider Number:	NPI:
<input type="text"/>	<input type="text"/>

If your information is incorrect, please update in NCID, then [click here](#) to sync information into MUST.

If you are associated with a particular Medicaid Provider Number or NPI, enter that information here. These are optional fields.

Select the User’s credentials using the drop down box. If the desired credential is not listed in drop down box, select “Other” and enter the credentials in the **Comment** field.

Credentials:

All administrators and screeners are required to enter their credentials.
If applicable enter credential number in comment field.

Credential:	Select Credential
Comment:	<input type="text"/>

Under "Current Organization Associations and Roles" if you have not obtained the ORC code from the Organization Administrator, enter the name of the organization in the Organization Name field and click "Get ORC Code" Select the appropriate organization. The ORC will populate in the ORC field.

Current Organization Associations And Roles

Sl.# ORC Role Status Action

Click here to cancel all PENDING changes

Add New Association (Step 1)

Enter Organization Name Actions

EDS Get ORC code

Org Name	Address	ORC	Action
EDS LHS (Dept-claims)	4705 Hargrove st Raleigh, NC 27616	ED1042237424	select
EDS Nurse Admin	4905 waters edge dr raleigh, NC 27606	ED1042237454	select

Redefine your lookup criteria, if you don't find the desired results [Close Window](#)

After you select this link, you will need to select the role you are registering for from the dropdown list on step 2.

OR

If you have obtained the ORC from the Organization Administrator, enter the code in the ORC field.

Current Organization Associations And Roles

Sl.# ORC Role Status Action

Click here to cancel all PENDING changes

Add New Association (Step 1)

Enter Organization Name Actions

EDS Get ORC code

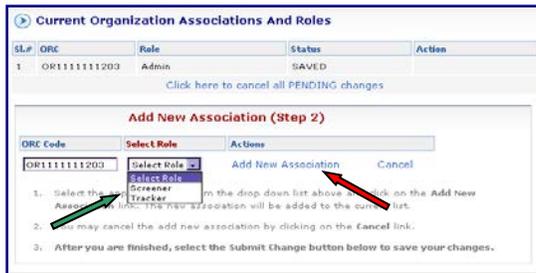
Enter ORC Code

ED1042237424 Get Roles Cancel

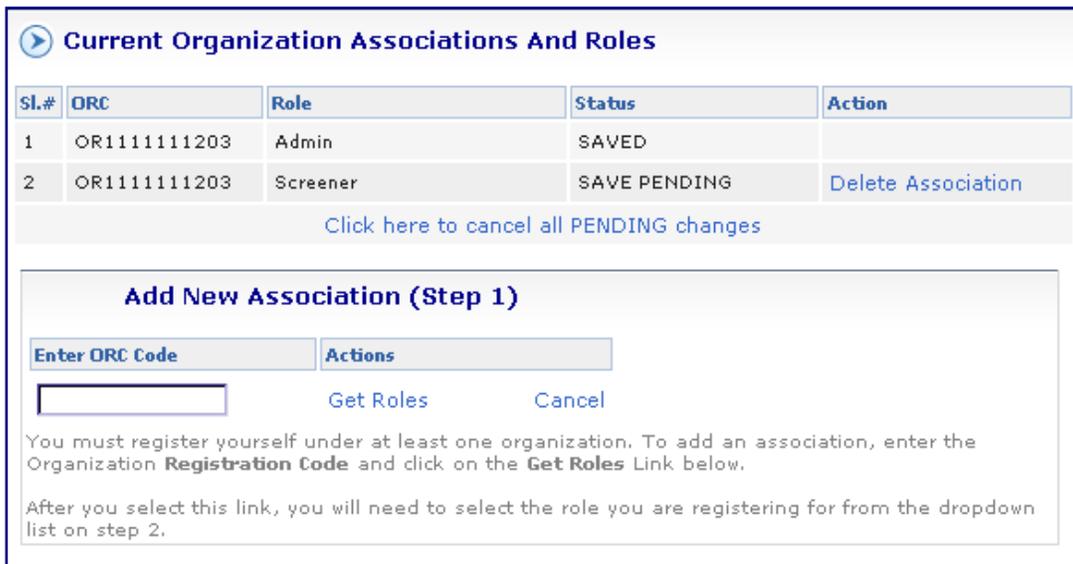
You must register yourself under at least one organization. To add an association:
 1. Enter the **Organization Name** and click on the **Get ORC code** Link.
OR
 2. Enter the Organization **Registration Code** and click on the **Get Roles** Link.

After you select this link, you will need to select the role you are registering for from the dropdown list on step 2.

Once the ORC code is entered, click on **Get Roles**. The screen will refresh and a **Select Role** drop down list will appear. Click the drop list box and select the desired role. If you don't see the role you need, please contact your Organization Administrator. For more information on user roles, please read [Chapter 5: Organizations Types and User Roles](#)



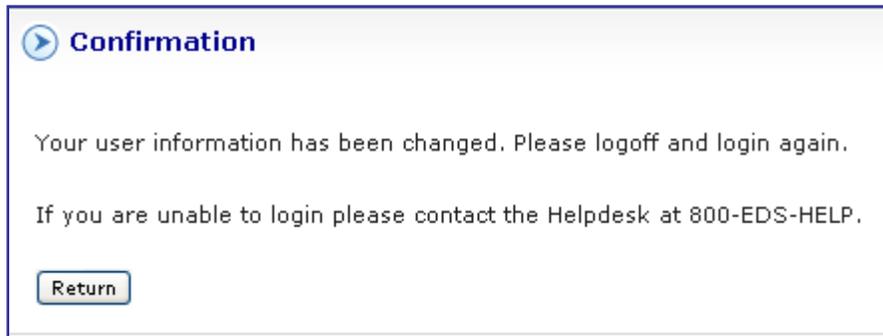
After you select the desired role, click on the [Add New Association](#) link. This will save the requested role and it will appear above under the heading **“Current Organization Associations and Roles”**. You will also notice that the role is in **SAVED PENDING** status.



To add additional roles, repeat steps 6 thru 8.

Once all desired roles have been added, click on the **Submit Change** button at the bottom left of the screen. **IMPORTANT:** If you don't click on the Submit button, the saved roles will not be submitted and your changes will be lost.

The following confirmation page will appear. Click on the return button to view your role requests.



You will now notice (above) that the roles you have registered for are in the 'SAVE PENDING' status. This means that your roles have been submitted for approval by your Organization Admin. Your administrator will receive an automated email message alerting them to your registration.

You will also receive an automated email message once your Administrator has approved your roles. Until that approval is made, you will not have access to system functionality derived from the role.

NOTE: Users who are employed by more than one Organization may

Adding Additional User Roles After Initial User Registration

User roles can be can be requested at any time by following the same steps above.

Chapter 6: Admin Functions (Administrators Only)

The Organization Administrator is a key role within the application. The administrator registers the organization in MUST and manages the security for the organization's users. They can also modify an organization details, display a list of the organization's users, approve new user roles, add user roles to self or others, and can edit or deactivate user roles.

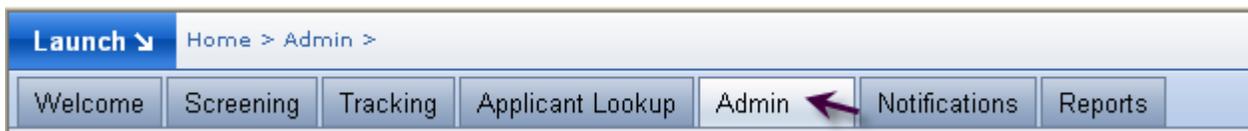
How do I become an Organization Admin?

The Organization Administrator Role can be granted to you in two different ways:

- The Admin role is assigned to the person who initially registers the Organization. (see [Chapter 5: Organization and User Registration](#))
- Or, the Admin role can be delegated to a user by another existing Admin. See [Delegating the Administrator Role](#): below

Administrator Functions

To access the available Administrator functions, select the Admin Tab as shown below.



Navigation is provided from the submenu options as shown below:



The following functions are available to the administrator from this page:

- View and Modify Organization Profile
- Show a list of users that are registered under the organization
- Edit a user's profile

Modify the Organization Details

The Organization Profile page allows the administrator to make changes to the organization's information such as name, address, fax & phone, department, Medicaid provider number, NPI, provider type, and the organization web site.

Also from the Organization Profile page, the administrator can view the list of Users who are registered to the organization and activate, deactivate or create user roles

To modify an organization, follow these steps:

1. Click on the **Admin** tab. The organization profile is displayed. The admin can edit the organizations profile and mailing address by changing applicable data, see example below.

Launch ▾ Home > Admin >

Welcome Screening Applicant Lookup Admin Notifications

Current User: User, Test P (test.user1) Org Name: Organization Name ORC:OR1111111203 Org Roles: Admin, Screener, Tracker

Organization Profile >

Organization Profile Show Users For Organization Name

Organization Name - registered on 2008-05-01

Organization Name:	Organization's ORC:	Department/Site:	Medicaid Provider Number:
Organization Name	OR1111111203		
NPI:	Telephone Number (999-999-9999):	Fax Number (999-999-9999):	Organization's Web Site:
	999 - 999 - 9999	999 - 999 - 9999	

Mailing Address

Address:	Address 2:		
Address			
City:	Stat:	Zip:	County
City	NC	99999	Alamance - 001

Check the **Agency Type(s)** that are applicable. You may select more than one. The agency type is used when a referring agency wants to refer an applicant to your organization. They will filter the organizations by the Agency Type to identify only those facilitates that are applicable. Please select all that apply so your organization isn't overlooked.

Agency Type

Please select all that apply to your organization

- Acute Rehab
- Adult Care Home
- Aging and Disability Resource Center (ADRC)
- Alcohol Drug and Treatment Center (ADATC)
- Department of Social Services
- Developmental Center
- Health Department
- Home Care Agency
- Home Health Agency
- Hospice
- Hospital
- Local Management Entity (LME)
- Long Term Acute Care Facility (LTAC)
- Long Term Acute Care Hospital (LTACH)
- Mental Retardation Center (MRC)
- Neuro-Medical Center
- Nursing Facility (Skilled)
- Physician Office
- Psychiatric Residential Treatment Facility
- Residential Home
- Retirement Community
- Senior Center
- Speciality Hospital
- State Psychiatric Hospital
- Supervised Living
- Other

Submit Changes

To change the **Organization Type**, please contact the DXC Technology Helpdesk.

After making the necessary edit changes, click the **Submit Changes** button. A system message will display.

Display a List of Users

From the Organization Profile page, the administrator can view the list of Users who are registered to their organization. The administrator can create user roles, authorize user roles, and activate or suspend a user's role on the system.

To display a list of users, follow these steps:

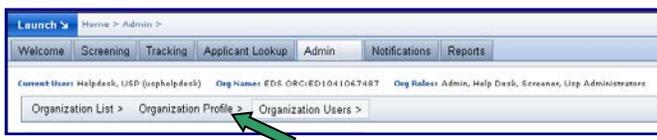
1. Click on the link Show Users for (organization name).



A list of registered users appears. To access a particular user's account, click on the link of their user login name. An example is shown below.



To return to the previous page, click on the **Organization Profile** link.



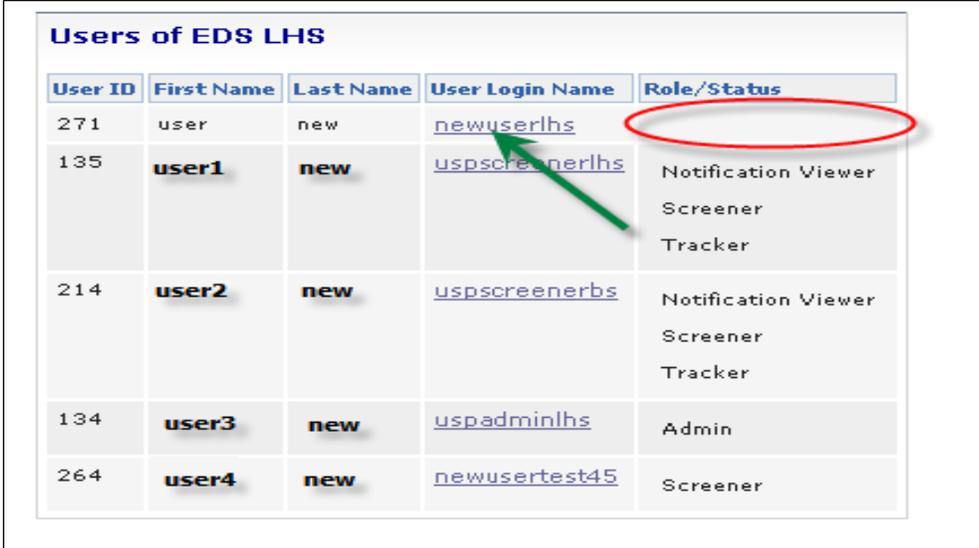
Approve User Roles

The administrator of the organization approves the user role when a new user registers to the organization. The user registers to the organization and the role status remains pending until the administrator gives the user permission to use the MUST application. The administrator will receive an email message notifying them of a user requesting role approval. The user will also receive an email notifying them of a pending role status.

To approve a user role, follow these steps:

1. Complete the steps in the previous section [Display a List of Users](#).

A list of registered users displays as shown in the example below. Notice the user login name "**newuserlhs**" has no Role/Status. Click on the user login name link to access.



User ID	First Name	Last Name	User Login Name	Role/Status
271	user	new	newuserlhs	
135	user1	new	uspsscreeenerlhs	Notification Viewer Screener Tracker
214	user2	new	uspsscreeenerbs	Notification Viewer Screener Tracker
134	user3	new	uspadminlhs	Admin
264	user4	new	newusertest45	Screener

The Edit User Role page opens.

Role	Status	Action
Admin	No Record	Create Role
DSS Users	No Record	Create Role
Notification Viewer	Pending	Approve Reject
Screener	Pending	Approve Reject
Tracker	Pending	Approve Reject

Under the **Action** box, click the **Approve** button for the role that has a pending status (in this example "Notification Viewer"). The role status changes from **Pending** to **Active** and a **Deactivate** button appears. Repeat this step to approve additional roles for this user. Click the **Submit Changes** button

Role	Status	Action
Admin	No Record	Create Role
DSS Users	No Record	Create Role
Notification Viewer	Active	Deactivate
Screener	Active	Deactivate
Tracker	Active	Deactivate

NOTE: Once a role is approved, it can

Click on the **Organization Users** link to return to the previous page. The list of users for the organization displays now showing 3 user roles for login user "newuser".

Users of EDS LHS				
User ID	First Name	Last Name	User Login Name	Role/Status
271	user	new	newuserlhs	Notification Viewer Screener Tracker
135	user1	new	uspscreenerlhs	Notification Viewer Screener Tracker
214	user2	new	uspscreenerbs	Notification Viewer Screener Tracker
134	user3	new	uspadminlhs	Admin
264	user4	new	newusertest45	Screener



To approve additional users, click on the **user login name** link to open the Edit user Role page.

Delegating the Administrator Role:

Only the administrator of the organization can assign and approve the Admin Role to an existing user. An organization can contain multiple administrators however only one admin acts as the security admin and is responsible for the Confidentiality and Security Agreement. If this individual leaves that position and a new admin is appointed, a new Confidentiality and Security Agreement must be sent in. To add an administrator role to another user:

Access the [Approve User Roles](#) page as described above. After the specific user's account is selected, click on the **Create Role** button next to the Admin user role. The user role status is changed to pending and the administrator will need to approve the new role. The user will receive an email notifying them of the change in user role status.

Edit User Information

The administrator cannot edit the user's information. If user information is incorrect or needs updating users should follow Step 3: Edit User Information Please have your users follow this instructions in [Registering for an NCID account](#)

Activate/Deactivate a User Role

To activate or deactivate a role, the administrator will access the [Approve User Roles](#) as described above. After the specific user's account is selected, click on the **Deactivate** button for the user role to deactivate. The user role status is changed from **Active** to **Deactivate**. The user will receive an email notifying them of the change in user role status. See example below.

The screenshot shows two side-by-side panels. The left panel, titled 'Edit User', displays user details for 'user new' and includes fields for Last Name, First Name, Middle Initial, Telephone Number, Email Address, and Medicaid Provider Number. The right panel, titled 'Edit User Roles', contains a table with columns for Role, Status, and Action. The table lists roles: Admin (No Record), DSS Users (No Record), Notification Viewer (Active), Screener (Active), and Tracker (Active). A green arrow points to the 'Deactivate' button in the Action column for the 'Screener' role.

Role	Status	Action
Admin	No Record	Create Role
DSS Users	No Record	Create Role
Notification Viewer	Active	Deactivate
Screener	Active	Deactivate
Tracker	Active	Deactivate

NOTE: The organization administrator has the

Chapter 7: Screening

Important Announcement:

Prior to using the screening functionality, please review the Requirements and Prerequisites documented in [Appendix F: Screening Requirements and Prerequisites](#) as well as [Appendix G: PASRR Requirements and Prerequisites](#)

A PASRR screening is required for all Nursing Facility admissions, regardless of payer source. If the patient is not a North Carolina Medicaid applicant then you may complete a PASRR Only request.

The screening functionality is only accessible to users with the "Screening Role". Users with access to Screening will see the "Screening" tab as shown below. You can also determine your available access by looking at your current roles as identified in the magnified area below:



If you are not able to access a particular tab, Please refer to [User Registration](#) in Chapter 5.

Screening Overview

The functions available to the user from the screening tab are as follows.

- Screening
- My Inbox
- Submit New Screen

The picture below illustrates these available options

Screenings My Inbox Submit New Screen

Screening Filter

Filter By Condition Filter Value Action

MUST ID Equals

[Show Archived Screen]

Screening List

Page: 1/1 Displaying: 1-4 of 4

MUST ID	Applicant Name	SSN	USP ID	Medicaid ID	Status	Submission Date	Completed Date	Screener Name
8790	Love, Test He	1111	USP633	900333999R	QMHP Assignment	07/24/2008		Helpdesk, USP (Alpha Org)

Screening Page

The Screening page contains a complete history of all the screenings submitted by the user's organization. These screenings may be in various stages of the workflow process (Running, Saved, Completed, etc.). **Please Note:** Once a screen is submitted, it cannot be deleted.

Screenings My Inbox Submit New Screen PASARR Level 2 Screens

Screening Filter

Filter By Condition Filter Value Action

MUST ID Equals

Screening Filter

The **Screening Filter** can be used to access or search applicants more quickly within the specific organization rather than by scrolling through all the screenings.

- The **Filter By** drops down to allow a search by:
 - Applicant First Name
 - Applicant Last Name
 - Completed Date
 - MUST ID
 - Medicaid ID
 - SSN
 - Screener First Name
 - Screener Last Name
 - Status
 - Submission Date
 - USP ID
 - Screening Type
- The **Condition** is the value used to determine how the search will evaluate the "filter by" value with the text value. Currently "equals" is the only condition available.
- Filter Value** is a free-form text entry of what is being searched for.

The following example uses the Screening Filter to search for applicants whose first name is "Rita".

- a. In the Filter by drop box select the **Applicant First Name**
- b. Leave the Condition of **Equals**
- c. Enter "Rita" in the Filter Value
- d. Click on **Add** button

Screening Filter

Filter by	Condition	Filter Value
Applicant First Name	Equals	rita

Applicant First Name [v] Equals [v] [Add] [Clear Filters]

Screening List

Page: 1/2 >> Displaying: 1 - 20 of 36

MUST ID	Applicant Name	SSN	USP ID	Medicaid ID	Status	Submission Date	Completed Date	Screener Name
1331	anderson, rita	1213	USP		Completed	10/18/2007	10/18/2007	(edit)(x)
1302	booth, rita	1119	USP		Completed	10/16/2007	11/15/2007	(edit)(x)
1229	anderson, rita	1213	USP		Completed	08/29/2007		(edit)(x)
1193	booth, rita	1119	USP		Completed	08/16/2007		(edit)(x)
1192	anderson, rita	1213	USP		Completed	08/16/2007		(edit)(x)

NOTE: Clear Filters button can be selected to search by other filters or to display the entire list of screenings. Adding an additional filter condition (with an existing one) will create the parameter of **"and"**.

- To select a particular screening, click on the **MUST ID** link in the far left column.

Screening List

The screening list is displayed with column headings that can be used to sort the screenings. When the **Screenings** are initially opened, they will be listed according to the most recent screening entered, regardless of status. By clicking on any of these blue column headers the screenings will be sorted in alpha or numeric order, based on the column heading.

- **MUST ID** is a unique number assigned by the tool for each screening within the MUST application to identify that particular screening. This column displays all the screenings by their MUST ID number with the latest screenings being displayed first. An applicant may have several screenings thus they will also have several MUST ID numbers. The details of the screening (to be discussed later on) may be accessed by clicking on the MUST ID number.
- **Applicant Name** column lists the name of the applicant being screened by their last name followed by their first name and middle initial.
- **SSN** column lists the last four numbers of the applicant's Social Security Number. Not all applicants may have an SSN. Note: when entering a SSN into the MUST application as in the Screen Filter section above all 9 characters must be typed in.
- **USP ID** is a unique identifying number assigned by the MUST application for an individual being screened. This column lists the USP ID number for the individual applicant. Unlike the MUST ID an individual applicant only receives one USP ID. If the applicant does not have a SSN, the Helpdesk can be called and a USP ID will be issued to uniquely identify them within the application.
- **Medicaid ID** column lists the applicant's Medicaid number. Not all applicants will have a Medicaid ID number.
- **Status** column lists the stage that the screening is in: Completed, Running or Saved. See examples in Screening List on page 71.
 - a. Completed – (Green) The MUST screening is completed and has been through the entire workflow process
 - b. Running – (No Color). The MUST screening has been submitted for processing but is still in the workflow process. It could be:
 - Waiting on a decision to be entered by the screener. If a decision is not entered within 30 days the application will automatically terminate the screening.
 - Awaiting further documentation from the screener, or
 - Could have been sent for a Level II PASRR review
 - c. Saved - (Peach) The MUST screening has been saved by the screener as it is not complete.
 - All data that has been placed on the screening will be held for up to 90 days if it is not submitted. After 90 days of no activity on the screening, the screening will no longer be available. **NOTE:** No notification will be

sent to the screener prior to a saved screening being removed from the list of screenings.

- **Submission Date** column is the date the completed screening was submitted to the application for review and recommendation.
- **Completed Date** column is the date the screening completed the entire workflow process.
- **Screener Name** column is the name of the screener that submitted the screening for processing.

NOTE: The MUST ID assigned to a screening is considered PHI (protected health information). All HIPAA rules apply regarding the use of the MUST ID.

My Inbox

Click on the **My Inbox** sub-tab:

My Inbox provides a tool to manage the screenings the current logged in user has initiated. These screenings are in saved or running status and waiting on a response from the screener. To see if action needs to be taken, select the MUST ID link and review the details of the screen.

The screenshot shows a web interface with a navigation bar containing 'Screenings', 'My Inbox', 'Submit New Screen', and 'Screening Referral'. Below the navigation bar is a 'Screening Filter' section with a 'Filter By' dropdown set to 'MUST ID', a 'Condition' dropdown set to 'Equals', and an empty 'Filter Value' input field with an 'Add' button. Below the filter is a 'Screening List' section with 'Page: 1/1' and 'Displaying: 1-15 of 15'. The list contains the following data:

MUST ID	Applicant Name	SSN	USP ID	Medicaid ID	Status	Submission Date	Completed Date	Screener Name
1838	Man, Snow	0057	USP370		Saved			Screener, USP (Alpha Organization)
1837	Can, Tin	0056	USP369		Saved			Screener, USP (Alpha Organization)
1830	Patty, Peppermint	5444	USP264	666555444R	Running	01/03/2008		Screener, USP (Alpha Organization)
1429	Test, Other	9999	USP357		Saved			Screener, USP (Alpha Organization)

Accessing Applicant Data

To obtain applicant data, click on the **MUST ID** for the applicant that needs to be accessed. The screen will display the details about that individual screening. The following is a portion of the detail screen, along with a description of each section.

MUST ID#: 9754 (PASARR Only Review) Status: Completed Submitted: 2008-09-03 15:39:08.0

Applicant Information:

Workflow Status: (WorkFlow Completed)

Corticon Messages:

Applicant

Last Name	First Name	Middle Name	Date of Birth
Test	Case	Two	02/02/1955
Medicaid ID	SSN	PASARR #	Prior Approval #
	555993388	2008000336A	

Physical Address:

Street Address:	City, State Zip:	Phone#:	County Of Residence:	Legal Guardian:
341 Magnolia Road	Granite Falls, NC 27511	999-999-9999	Currituck - 027	

Current Facility Address:

Facility Name:	Phone#	Street Address:	City, State Zip:
Magnolia Health Care	999-999-9999	341 Magnolia Health Care	Granite Falls, NC 28563

Permanent Address:

Street Address:	City, State Zip:	Phone#:	Legal Guardian:
341 Magnolia Road	Granite Falls, NC 27511	999-999-9999	

Applicant Information

Applicant	Displays the applicant's name, date of birth (DOB), MID, SSN and PASRR# information
Current Facility Address	Displays the current facility the applicant is in. This field only populates if the information was entered on the screening form.
Last Tracking Address	Displays the last address entered into the MUST application if the applicant is currently being tracked through the PASRR Level II process. This will not be present in most cases
Physical Address	Displays the physical address of the applicant
Currently Assigned	Displays the name of the individual that currently has ownership of the screening
Workflow Tasks	Displays any tasks waiting to be performed (Currently not being shown)
Workflow Status	Displays a chronological log from when the screening was begun and every process that occurred thereafter. This area may be expanded by clicking on . This is a good place to track the process status of the screening.

The lower portion of the applicant detail screen is shown below:

Screening Information:

Screener

Screener Name	Phone#	Email	Organization
User, Screener	919-123-4567	screener.user@email.com	Alpha Organization

Screening Outcome:

Screening disposition: Disposition Date: Best Fit Program: Alternate Fit Programs:

This is a PASARR ONLY form which does not produce an outcome.

Attachments and Messages:

Attachments

Screening Form: UniformScreening.pdf

All Attachments

File Name	Size	Description	Attached By	Date	Task ID
There are no attachments for this screen					

Messages:

Date	Author	Message
There are no messages for this screen		

Screening Information

Screener	Displays the name of the screener, their phone number, email and organization they are associated with
-----------------	--

Screening Outcome	<i>This is a PASARR ONLY form which does not produce an outcome</i>
--------------------------	---

Attachments and Messages

Attachments	'UniformScreening.pdf' is a PDF version of the screening that was just entered. This form may be printed. Also available in this area will be any additional information that has been requested. This information will be stored in files that can be brought up by clicking on them (currently not shown).
--------------------	--

Messages	Displays any messages by date, author and message text.
-----------------	---

NOTE: Any field with  can be selected or clicked on and the field will open to display more information. When  is clicked the field will be closed or minimized.

Submitting a New Screen

A PASRR screening is required for all Nursing Facility admissions, regardless of payer source. If the patient is not a North Carolina Medicaid applicant then the screener may complete a PASRR Only review.

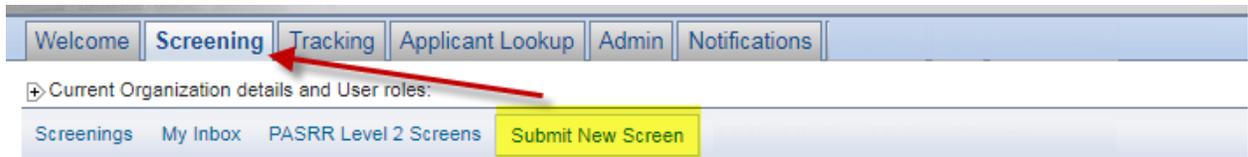
The PASRR screening is a four (4) page form designed to determine the appropriateness of nursing facility care for individuals with mental illness (MI), intellectual/developmental disability (IDD) or conditions related to mental retardation (RC). For more information on PASRR, refer to [Appendix G: PASRR Requirements and Prerequisites](#).

NOTE: Prior to submitting a new screening, please confirm applicant does not have an existing PASRR #. For instructions on performing an applicant lookup, refer to [Chapter 9: Applicant Lookup](#)

To initiate a new screening, following these steps:

Click on the **Screening Tab** and then the **Submit New Screen** sub-tab.

The header page that contains the demographic information for the screener and applicant displays.



 **Submit New Screen**

Step 1. Verify Your Contact Information

Screener Name: USP, Screener		Organization: Alpha Org	Organization Id: AL1041067488
Address: 111 Raleigh, NC 27613	Telephone: 999-999-9999	Fax: 999-999-9999	Email: screener.user@email.com

Submit this Screen On-Behalf

Selecting this option box allows you to enter Contact details of the person on-behalf of whom you are entering this screen.

Step 2. Enter Applicant Information

Last Name:	First Name:	Middle Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN (999999999):	USP ID:	Date of Birth (mm/dd/yyyy):
<input type="text"/>	<input type="text"/>	<input type="text"/> 

Step 3. Select Screening Type Details

Preferred Setting of Care: ▼

You have selected the PASRR Screening for Adult Care Home (ACH). The screening (person interviewing and collecting the clinical data provided on the form) can only be completed by an authorized community member who is not a legal representative of the individual being screened, and is not employed, paid by or affiliated with a licensed ACH.

If you are legal representative of the individual being screened, paid by or affiliated with a Licensed Adult Care Home, please refer to the following process prior to completing the online screen. [Follow the Paper Based Process](#)

Screening Type: ▼

Select appropriate Screening Type based on the screening to be created. The Screening Type can NOT be changed after you start filling the form.

Continue

Enter the Applicant information above and then select the type of form you wish to complete. This information will automatically populate on the form. If you need to change your contact info, please follow the instructions for updating User Account in the User Documentation.

Step 1: Verify Your Contact Information

Make sure that the screener name, organization, organization ID, organization address, telephone, fax and e-mail are all correct.

Step 2: Enter Applicant Information

Key in the applicant's last name, first name, middle name if applicable, date of birth, social security number (obtain a USP ID for an undocumented resident that does not have a social security number).

NOTE: For **applicants that do not have a Social Security Number**, must contact the DXC Technology Helpdesk for an assignment of a USP ID before proceeding with a screening.

Step 3: Select Screening Type Details:

Preferred Setting of Care:

Nursing Facility (NF)	
Adult Care Home (ACH)	Please visit dma.com for Adult Care Home Instructions

Screening type

PASRR Only Review	This option would be selected for applicants that are being admitted to a Medicaid certified Nursing Facility with a payer source other than North Carolina Medicaid and need a PASRR number prior to admission.
Change in Condition Review	This option would be selected if there is a significant change in mental condition, either better or worse and a new PASRR screening needs to be performed

Click on **Continue** to proceed with the screening submission.

Complete the 4 page PASRR screening form. Refer to [Appendix A](#) for a sample PASRR screening form and field descriptions.

NOTE: If you receive an error: "**information does not match**" Please contact the DXC Technology helpdesk to verify the applicant information

Save Submit Delete

NOTE: Click the **Save** button often to avoid losing data. Also click **Save** to finish data entry at a later time. After 30 minutes of inactivity the user will be logged off the

1. Check the screener certification box on the last page

The last field on the form is a legally binding verification by the screener that all entered data is complete and truthful to the best of the screener's knowledge. An example is shown.

Once all information has been entered, click **Submit**. If the screening form has errors, follow the instructions under [Correcting Errors](#). Upon successfully

Screener Certification
Who supplied the information entered on this form?
<input type="checkbox"/> Applicant
<input type="checkbox"/> Family Member
<input type="checkbox"/> Friend
<input type="checkbox"/> Medical Record
<input type="checkbox"/> Doctor
<input type="checkbox"/> Nurse
<input type="checkbox"/> Case Manager
<input type="checkbox"/> Social Worker
<input type="checkbox"/> Other
<input type="checkbox"/> By checking this box I certify that I have completed the above screening of the applicant to the best of my knowledge.
I understand falsification as: an individual who certifies a material and false statement in this screening will be subject to investigation for Medicaid fraud and will be referred to the appropriate state agency for investigation.
This screening is NOT physician's orders. There is no physician's signature on the form
Form Serial Number: 3265
<< 1 2 3 4 5 6 Page 7 >>
Save Submit Delete

completing the MUST form the unique MUST ID number will be displayed in the top left corner of the screen. This is the MUST ID number that will appear on the MUST Notification letters.

Correcting Errors

If the screening form was not completed properly, you will receive errors that will appear in red at the top of the page. To correct the errors, do one of the following:

NOTE: The MUST screening is a legal document and is considered to be a part of the applicant's medical records however it does not require a physician's signature and the MUST screening is **NOT considered Physician Orders**.

Please fix the following errors and click Submit to submit your form.		
Page Number	Error	Section
1	Street Address is required.	Applicant's Permanent Mailing Address
1	City is required.	Applicant's Permanent Mailing Address
1	Zip Code is required.	Applicant's Permanent Mailing Address
1	Physical Address Location Type is required.	Applicant's Current Location (Physical Address)
1	Gender is required.	Personal Details
1	Marital Status is required.	Personal Details
1	Who has Legal Responsibility for this Applicant? is required.	Personal Details
2	Has History of, or Currently has a Substance Abuse Problem is required.	Substance Abuse
2	Is there a Terminal Prognosis? is required.	Terminal Prognosis
2	Is there a Cognitive Impairment Diagnosis? is required.	Cognitive Impairment
3	Is there an MH Diagnosis? is required.	Mental Health (MH) Diagnoses
3	Is there an I/DD Diagnosis or Suspicion of I/DD? is required.	Intellectual/Developmental Disability (I/DD) Diagnosis
3	Is there an RC Diagnosis? is required.	Conditions Related to Intellectual/Developmental Disability (I/DD) Diagnoses
3	Oriented to Time is required.	Orientation
3	Oriented to Person is required.	Orientation
3	Oriented to Place is required.	Orientation
3	Is this a request for a Short Term Nursing Facility Stay? is required.	Categoricals
4	Makes Self Understood is required.	Communication
4	Understand/Use of Language is required.	Communication
4	Does Applicant Have Any Functional Limitations? is required.	Functional Limitations
4	Who supplied the information entered on this form? is required.	Screeener Certification
4	By checking this box I certify that I have completed the above screening of the applicant to the best of my knowledge. I understand falsification as: an individual who certifies a material and false statement in this screening will be subject to investigation for Medicaid fraud and will be referred to the appropriate state agency for investigation. This screening is NOT physician's orders. There is no physician's signature on the form is invalid. Value: 2. Format: check box	Screeener Certification

There are errors on the form that have been marked in red. Please correct these errors before submitting the form. You may also view the explanation of these errors by scrolling up.

1. Click on the page number link highlighted in blue to go to the page where the error is. The field that is missing or incorrect will be highlighted in **red**. Correct the necessary information. Additional fields that need correcting will also be highlighted in red. Once all red highlighted fields have been corrected, click **submit** again. If there were no more errors, you will receive the "Screening has been submitted. MUST ID: XXXX" message.

OR

Click on the specific error link highlighted in red to go to that error. The field that needs correcting will be highlighted in **pink**. Correct the necessary information. Additional fields that need correcting will be highlighted in red. Once all red highlighted fields have been corrected, click **submit** again. If there were no more errors, you will receive the "Screening has been submitted. MUST ID: XXXX" message.

Reviewing Screening Outcome / Results

The workflow process is real time and a result is generated instantaneously. The user can review the results by returning to the Screening List. To review a screening outcome, follow these steps:

1. Click on the **Screenings** tab to view processed screenings. Screenings are listed from most recently submitted.
2. Under the screening list, click on the MUST ID of the screening you wish to open

▶ **MUST ID# : 8781 (PASARR Only Review)** **Status: Completed** **Submitted: 2008-07-2**

▶ **Applicant Information:** ▾

Applicant

Last Name	First Name	Middle Name	Date of Birth
Release	may12		01/01/1980
Medicaid ID	SSN	PASARR #	Prior Approval #
200805010A	123456321	2008000203B	

Physical Address:

Street Address:	City, State Zip:	Phone#	County Of Residence:	Legal Guardian
4905 wateres edge	Raleigh, NC 27606	919-919-9191	Wake - 092	

▶ **Screening Information:** ▾

Screener

Screener Name	Phone#	Email	Organization
USP, Screener	123-456-7890	screener.user@email.com	Alpha Org

Screening Outcome:

Screening disposition:	Disposition Date:	Best Fit Program:	Alternate Fit Programs:
This is a Pasarr only form which does not produce an outcome.			

▶ **Attachments and Messages:** ▾

Attachments

NOTE: The screening does not guarantee Medicaid eligibility, payment of services and/or admission into the program.

With a PASRR screening, an applicant with no signs of MI, IDD or RC will receive an immediate PASRR number. Two notification letters will be generated and will be available in the screener's Notifications box. One letter is for the screener to place in the applicant's file and the other letter is the applicant's copy. This copy may be printed and handed to the applicant at the time of the screening.

To view the notification, follow the instruction under [Chapter 8: Notifications](#)

Manual Review

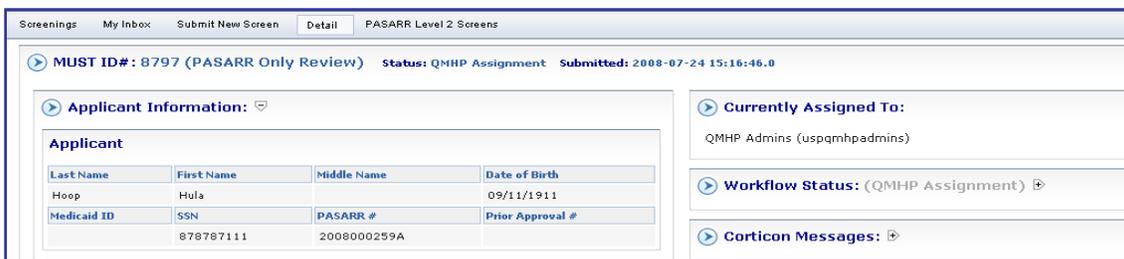
If a submitted screening requires a manual review, the status will indicate "PASRR Manual Review" A PASRR Nurse Analyst will review the screening and make a determination. If DXC Technology requires additional information, the status will then reflect "PASRR Review Addl Info" and the documentation requested will be indicated in the **Messages** section (see **Attachments** section below).

Level II Referral

If the result of the PASRR screening indicates the applicant is suspected of having a mental illness, a face to face level II evaluation is required. When the screening has been submitted, the screening status will indicate "QMHP Assignment" meaning the screening was sent to EarthMark Consultants Inc. for review. For more information about EarthMark and the evaluation process, click [here](#).

To check the status of a screening sent for a level II evaluation:

1. In the **Screening List**, click on the MUST ID of the desired screening
2. In the right column under "Workflow Status", click on the "+" to expand the workflow. The screener can determine where in the manual review this screening is.



3. Two PASRR Level II Referral Notifications will be sent to the screener's notification inbox (screener copy and applicant copy). When the level II evaluation has been completed, a PASRR Level II Determination Notification will be sent to the screener's notification inbox.

Attachments

If the screening goes to manual review and the reviewer requests further information, under **Attachments and Messages**, the **Message** field will indicate the request for specific information. In the following example, the request is for submission of the patient's psychiatric evaluation and FL2 form

Attachments and Messages:

Attachments

Screening Form: UniformScreening.pdf

User Attachments

File Name	Size	Description	Attached By	Date	Task ID
There are no attachments for this screen					

Add Attachment

Attachment Path: Attachment Description:

Messages:

Date	Author	Message
02/07/2008 10:51	uspnurse	Please submit psych eval and FL2

Adding Attachments

If the requested information is available on the screener's hard drive, it can be added to the screening and sent back through the USP application as an attachment. To add the requested attachment:

1. Click the **Browse** tab under **Add Attachment**. This will open windows explorer on the current user's workstation.

Add Attachment

NOTE: You can delete an attachment later only if the current task is INCOMPLETE/PENDING

Attachment Path: Attachment Description:

2. Select the desired file and add an attachment description (see below)

Add Attachment

NOTE: You can delete an attachment later only if the current task is INCOMPLETE/PENDING

Attachment Path:	Attachment Description:
F:\Uniform Screening\Psych <input type="button" value="Browse..."/>	Psych Eval
<input type="button" value="Upload"/>	

3. Click on **Upload**. After each upload, the attachment information will appear.

▶ **Attachments and Messages:** ▾

Attachments

Screening Form: [UniformScreening.pdf](#)

All Attachments

File Name	Size	Description	Attached By	Date	Task ID
Psych Eval.doc	28672	Psych Eval	USP Helpdesk	11/12/2008 16:50	6825

Add Attachment

NOTE: You can delete an attachment later only if the current task is INCOMPLETE/PENDING

Attachment Path:	Attachment Description:
<input type="text"/> <input type="button" value="Browse..."/>	<input type="text"/>
<input type="button" value="Upload"/>	

Repeat steps 1, 2 and 3 to add additional documentation.

Messages:

Date	Author	Message
02/07/2008 10:51	uspnurse	Please submit psych eval and FL2
02/07/2008 11:41	uspsallroles	See attached note

NOTE: The file size limit for attachments is 4MB (per attachment). For larger files, please save as a PDF, TIF or GIF or use WinZip to compress your file size.

Attaching Files Using WinZip

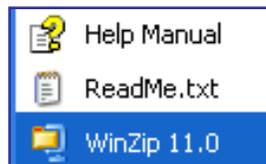
Due to file size limitations, attachments should be no larger than 4MB, per attachment. Converting Word documents to a PDF file type will reduce the file size. Printers that have an email/scan option will automatically convert the scanned documents to a PDF format. A freeware PDF converter program is available that will convert a Word document to PDF at <http://www.primopdf.com/>.

NOTE: Freeware programs are for public use and may put your computer at risk for contracting viruses. Information regarding freeware is provided to you as a courtesy and is not an endorsement. **Use at your own risk**

In the event the requested documentation is larger than 4MB, the documents can be compressed using WinZip and attached as a single file. Most computers with a Windows based operating system will have the WinZip program.

To zip multiple files or documents, follow these steps:

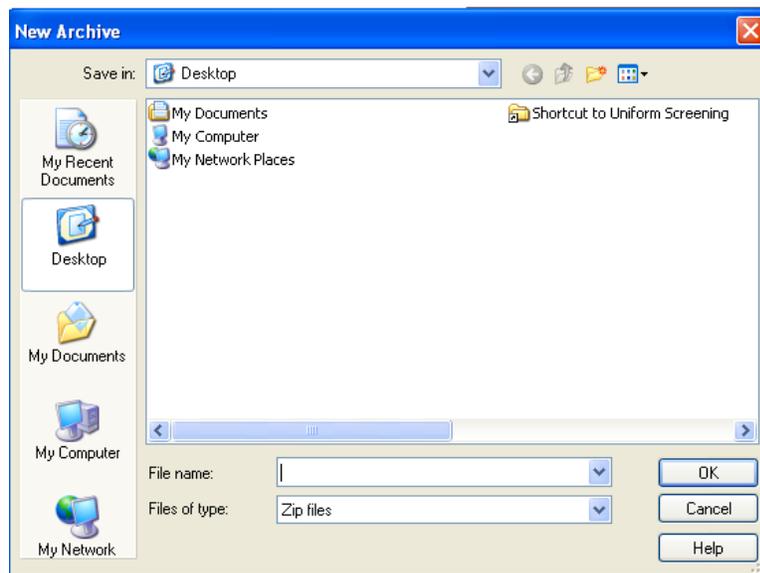
1. On the task bar, click **Start**, select **All Programs**, select the **WinZip** program, then select the WinZip executable file.



2. Click on **New** to create a new zip file.

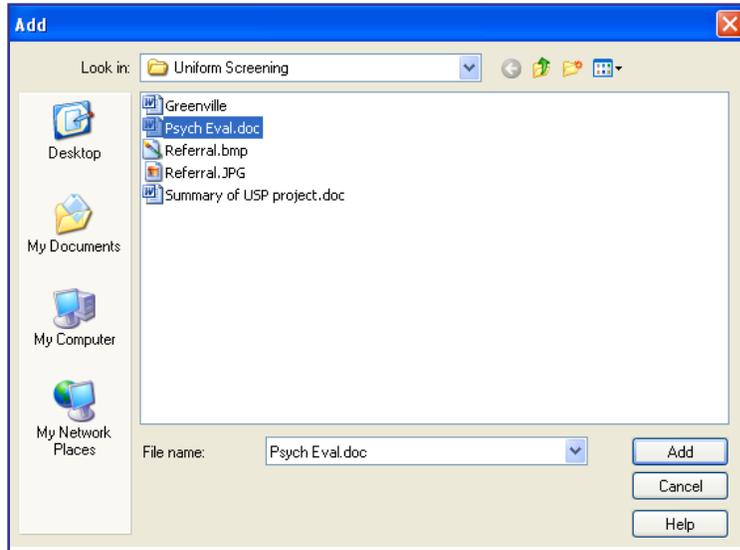


3. Name the zip file and save it to the Desktop by clicking **OK**



4. The command box to add documents will appear. To add documents to the zip file, locate the document by following its original path. Once located, click on **Add**. The document(s) will appear in the WinZip window.

Note: To attach multiple documents located in the same folder, hold the **Ctrl** (control) button and select the multiple documents.



The zip file has now been created. To attach the zip file to the screening follow steps 1-3 under **Attachment** above.

Remember: the zip file created was saved to the desktop, so when you select **Browse** to add the attachment, look for the file on the desktop.

Time Limits and Auto Populating

Time Limits

- After 30 minutes of inactivity the user will be logged off the system and will have to log back in. Click the **Save** button often to avoid losing data.
- A saved screen (not submitted) is available for 90 days. After 75 days, an email notification will be sent to the screener indicating the screening must be submitted or the screening will be closed.
- Screenings in the Screening List will be available for 90 days, regardless of status. Once a completed screening is 21 days old (from completion date), it will roll into an archived list where it will remain until the 90th day. To view these screenings, click on the [\[Show Archived Screen\]](#) link.
- To retrieve a screening older than 90 days, the Applicant Lookup function (Chapter 9) will allow you to access the applicant and any related screenings.

The screenshot shows a web application interface for managing screenings. At the top, there are navigation tabs: "Screenings", "My Inbox", "Submit New Screen", and "PASARR Level 2 Screens". Below the tabs is a "Screening Filter" section with a table for defining filters. The table has four columns: "Filter By", "Condition", "Filter Value", and "Action". One filter is added: "MUST ID" with the condition "Equals". Below the filter table are two links: "[Show Archived Screen]" and "[Generate ARRs]". Underneath is a "Screening List" section. At the bottom left, it says "Page: 1/4 >> Last". At the bottom right, it says "Displaying: 1-20 of 63".

Filter By	Condition	Filter Value	Action
MUST ID	Equals		Add

Auto Populating

If a screening is resubmitted within 30 days of the completion of the screening all the fields will be populated on the form. The screener will only need to go in and change the fields that have changed since the last screening. After 30 days, only the demographic data will auto-populate.

Chapter 8: Notifications

The MUST system automatically generates notification letters based on the outcome of the screening. All notifications are sent to the applicants, the screeners, providers if applicable, and legal guardian based on approval, denial or termination of the screening. The MMIS system automatically generates notification letters when prior approved services are denied or reduced.

After an applicant is screened, a MUST notification letter is generated the notification letters are designed to reflect different scenarios based on the results of the screening. Notification letters will be sent automatically by U.S. Mail to the applicant. The screener will have the option to print the letter and provide a copy of the letter to the applicant and/or responsible person at the time of the screening. The applicant will then take the letter to their local county Department of Social Services (DSS) and/or applicable local provider agency.

All of the notification letters are stored in the MUST system and comply with NC state and federal security guidelines including HIPAA.

An email notification will be sent to the Screener's Notifications page.

NOTE: A few notes to keep in mind when screening an applicant:

- * Notification letters for screeners will be e-mailed, if applicable, to the organization address into which the screener is currently logged.
- * Notification letters to applicants will be mailed to the "Mailing Address" provided in the screening form.
- * If the applicant already resides in a facility, the letter will be mailed to the "Current Facility" address entered in the screening form.
- * If the "Legally Responsible Person" address is filled in the screening form, this will override the "Mailing Address".
- * All Notification letters are e-mail notifications and therefore may be printed by the user at time of receipt or later in addition to the letters that are applicable for the mailing process.

Copies of all correspondence and written notifications, as required by DMA policies and federal regulations, are maintained in a secure electronic form that can be identified and

referenced to a specific request. The correspondence and written notifications can be viewed or printed out, on-line in real time.

Notices are automatically sent via a mailing service which sends notifications for the USP. Some letters are considered Due Process which is a state mandated notification. The MUST will talk with the MMIS (Medicaid Management Information System), auto-populate the data into MMIS and auto-send the notification letters which are also processed by the contracted mailing service for MMIS.

To access and view the Notifications, follow these steps:

1. Access and log in to the MUST application as described in [Chapter 3](#)
2. Click on the **Notifications** tab



3. The notifications list will appear. The user will be able to quickly view the MUST ID, the applicant name, type of letter, the PDF file attachments, the creation date & time, and who it was sent to. All notification letters are printed in duplicate, containing an agency copy and an applicant copy.

Log ID	MUST ID	Applicant Name	Notification Name	PDF File	Date Created	Date Sent	Receiver	Method	Address
4979	2438		MUST Notification Letter	MUST_NotificationA_2438.pdf	11/15/2007 14:09	11/15/2007 14:09	Screeener	Email	Screeener User john.doe@email.com
4977	2435		MUST Notification Letter	MUST_SClosed_2435.pdf	11/15/2007 11:14	11/15/2007 11:14	Screeener	Email	Screeener User john.doe@email.com
4976	2434		MUST Notification Letter	MUST_SClosed_2434.pdf	11/15/2007 11:01	11/15/2007 11:01	Screeener	Email	Screeener User john.doe@email.com
4973	2433		PASARR Determination Notification	PASARR_X_2433.pdf	11/15/2007 09:35	11/15/2007 09:35	Screeener	Email	Screeener User john.doe@email.com
4972	2433		PASARR Level II Referral Notification	PASARR_L2_Referral_2433.pdf	11/15/2007 09:08	11/15/2007 09:08	Screeener	Email	Screeener User john.doe@email.com
4877	2308		MUST Notification Letter	MUST_Closed_2308.pdf	11/02/2007 14:44	11/02/2007 14:44	Screeener	Email	Screeener User john.doe@email.com
4717	1972		MUST Notification Letter	MUST_Closed_1972.pdf	10/13/2007 15:07	10/13/2007 15:07	Screeener	Email	Screeener User john.doe@email.com
4510	2313		MUST Notification Letter	MUST_NotificationA_2313.pdf	10/09/2007 18:39	10/09/2007 18:39	Screeener	Email	Screeener User john.doe@email.com

4. To open a particular notification, click on the PDF file link.

The following is a description of the various notification letters utilized:

PASRR Level I Determination Notice

The PASRR Level I Determination notification is generated when an applicant has been screened for entrance into a nursing facility, where there is no evidence of MI, MR, or RC. The applicant/guardian will receive a copy of the PASRR Determination notice via US mail and the screener/organization facility will receive a copy of the letter via email. The email notification will be listed as *PASRR_A*.

PASRR Level II Determination Notice

The PASRR Level II Determination notification is generated when an applicant is referred to a Level II screening. Because the applicant has the right to appeal, an appeal form is included. The applicant/guardian will receive a copy of the PASRR Determination notice via US mail and the screener/organization facility will receive a copy of the letter via email. The email notification will be listed as *PASRR_E, B or C*.

PASRR Level II Referral Notice

The PASRR Level II Referral notification is generated showing the results of the current screening as the applicant having suspected MI, MR, or RC. The applicant/guardian will receive a copy of the PASRR Referral notice via US mail and the screener/organization facility will receive a copy of the letter via email. The email notification will be listed as *PASRR_L2_Referral*.

Nursing Facility Authorization Codes

Nursing Facility NOT VALID FOR ADULT CARE HOME PLACEMENT Authorization Codes & Corresponding Time Frames/ Restrictions	
A	Lifetime, no level of care restrictions
H	Lifetime, no level of care restrictions. (Dementia primary or Does Not Meet Level II Target Population Criteria)
B	No limitation unless change in condition. Must stay at SNF or Hospital LOC. No specialized services required.
C	No limitation unless change in condition. Must stay at SNF or Hospital LOC. These individuals receive specialized services
E	30-Day Rehabilitation services only.
D	7-Day Respite or Emergency only
J	Locked State Psychiatric hospital or State Operated NF only.
F	30, 60 or 90 Day Time Limited stays – Level II Reviews Only
Z	Denial .Nursing facility placement is not appropriate

Adult Care Home Authorization Codes

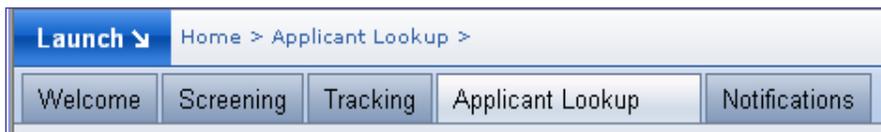
ACH Codes NOT VALID FOR NURSING FACILITY PLACEMENT Authorization Codes & Corresponding Time Frames/ Restrictions	
G	Dementia Primary
	Level II Referral Notification
K	Level II SMI Choosing ACH
U	Level II : Medically unstable- Medical Needs cannot be met in ACH
R	Level II : Psychiatrically unstable -Behavioral Health Needs cannot be met in ACH
T	Terminal : 6 Months
O	Level II : No SMI after evaluation
P	Cancelled : Private Pay
X	Cancelled

Chapter 9: Applicant Lookup

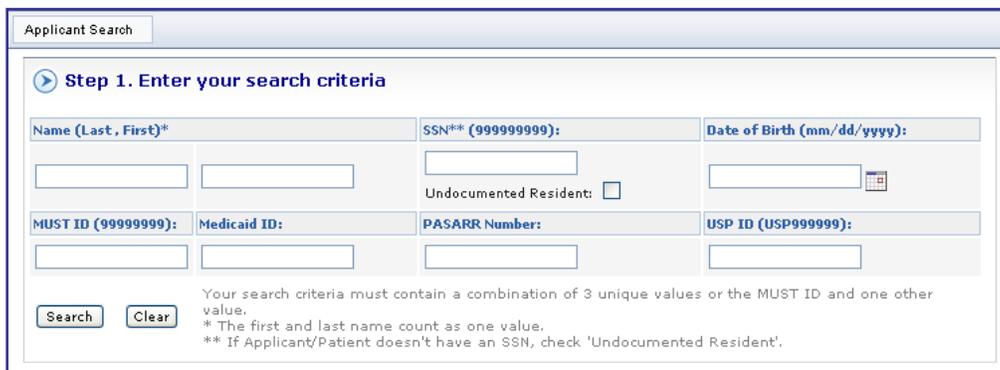
The online PASSAR system allows Referring agencies and Admitting facilities an on-line capacity to search for screening requests based on the applicant's unique identifiers (using multiple search criteria such as MID, SSN, name, etc.). Any applicant who has a screening entered into the application will be searchable through the applicant lookup function. The tool can access any applicant within any organization that has been assigned a MUST ID. This function is especially helpful in determining if the applicant has been previously screened and has received a PASRR number. The results show the applicant's screening history and corresponding determinations.

To access the **Applicant Lookup** tab, follow these steps:

1. Access and log in to the MUST application as described in [Chapter 3](#)
2. Click on the **Applicant Lookup** tab



The **Applicant Search** page allows all users to perform a single record search based on at least 3 out of the 7 identifying pieces of information as noted below:

The image shows a web form titled 'Applicant Search'. It has a sub-header 'Step 1. Enter your search criteria'. The form contains several input fields: 'Name (Last, First)*' (split into two boxes), 'SSN** (999999999):', 'Date of Birth (mm/dd/yyyy):' (with a calendar icon), 'MUST ID (99999999):', 'Medicaid ID:', 'PASARR Number:', and 'USP ID (USP999999):'. There is also an 'Undocumented Resident:' checkbox. At the bottom left are 'Search' and 'Clear' buttons. Below the buttons is a note: 'Your search criteria must contain a combination of 3 unique values or the MUST ID and one other value. * The first and last name count as one value. ** If Applicant/Patient doesn't have an SSN, check 'Undocumented Resident'.'

- First and Last Name (treated as 1 piece of info)
- DOB (Date of Birth)
- SSN (Social Security Number)
- MID (Medicaid Identification)
- MUST ID (If MUST ID is selected as one of the values, only one of the other values is required)

- PASRR number
- USP ID

Entering 3 Identifiers

1. Enter any combination of 3 identifying values (except MUST ID) as shown below, in this example, Name, SSN, and DOB have been selected:

Applicant Search

Step 1. Enter your search criteria

Name (Last, First)*		SSN (999999999):	Date of Birth (mm/dd/yyyy):
<input type="text" value="Duck"/>	<input type="text" value="Donald"/>	<input type="text" value="120000090"/>	<input type="text" value="01/02/1860"/>
MUST ID (99999999):	Medicaid ID:	PASARR Number:	USP ID (USP999999):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your search criteria must contain a combination of 3 unique values or the MUST ID and one other value.
* The first and last name count as one value.

There are no results matching your search criteria. You may change your criteria for search or click on 'Create Applicant' button above, to create an Applicant with the above supplied data.

2. Click Search button. The system returns the applicant file. An example is shown:

Applicant Search

Step 1. Enter your search criteria

Name (Last, First)*		SSN (999999999):	Date of Birth (mm/dd/yyyy):
<input type="text" value="Duck"/>	<input type="text" value="Donald"/>	<input type="text" value="120000090"/>	<input type="text" value="01/02/1860"/>
MUST ID (99999999):	Medicaid ID:	PASARR Number:	USP ID (USP999999):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your search criteria must contain a combination of 3 unique values or the MUST ID and one other value.
* The first and last name count as one value.

Step 2. Select an Applicant

(Displaying 1 of 1 record(s)) Narrow your search to see more.

USP ID	Last Name	First Name	Middle Name	Date Of Birth	Gender	SSN	Medicaid ID	PASARR Number
USP992	Duck	Donald		01/02/1860	Male	120000090	123456789	2008000460A

3. Click on the applicant's **First Name** in blue. Details of the applicant displays.

Tracking Options

Admit
 Discharge
 Report Deceased
 Create PASARR History
 Hide Options

Screening History For (Duck, Donald)

MUST ID	Status	Screening Type	Submission Date	Completed Date	Screener Organization	Screener Name
11254	Saved	PASARR Only Review			EDS	Helpdesk, USP
11138	Completed	PASARR Only Review	09/05/2008	09/05/2008	EDS	Helpdesk, USP

Tracking History For (Duck, Donald)

Tracking ID	Tracking Code	Organization Name	Tracking Status	Tracking Date	Submitted Date
There are no Tracking Records for this applicant					

PASARR History For (Duck, Donald)

Pasarr #	Start Date	End Date	Level II Diag. Type	Went To Level II	isCategorical B	DMH Certification
2008000460A	09/05/2008			false	false	

Complete screening, tracking and PASRR history displayed for this applicant. The most recent info will be at the top of the list and is in chronological order.

Entering 2 Identifiers

When the MUST ID is used, then only one other piece of identifying information is required. The search is performed the same way as is done using 3 identifiers.

Entering Invalid Identifiers

Should incorrect applicant data be entered into Applicant Search, an error message "There are no Applicants found matching the search criteria. Please revise your search criteria".

MUST ID's Not in Your Organization

The *Applicant Lookup* tool can access any applicant, not only within the user's organization but within any organization, or in other words, any applicant that has been assigned a MUST ID. All that is needed is the applicant's MUST ID and one other piece of identifying information. In the previous example, on page 123, when the *Applicant Detail* was accessed, the 6th column over identified the screener's organization as, *Alpha Organization*.

REMEMBER: Always perform an applicant lookup prior to submitting a new PASRR request, to determine if the applicant has an existing PASRR #.

Chapter 10: Applicant Tracking

Important Announcement:

Prior to using the screening functionality, please review the Requirements and Prerequisites documented in [Appendix G: PASRR Requirements and Prerequisites](#)

What is Applicant Tracking

The MUST application has a tracking mechanism designed to monitor a patient's location and due date information to assure timely assessments.

NOTE: Currently Applicant Tracking is set to only track those recipients that have PASRR Level II authorizations – or those applicants that have been determined to have MI, MR or related conditions. So, not all applicants that have USP # will be located within this tool – only those with PASRR Level II assignments. In the future, this application may be expanded to include a broader base of applicants.

The permanent medical record transfers with the patient in the case of:

- **Transfers** to another Medicaid-certified facility
- **Relocation** to another facility which is not a Medicaid certified NF or moves to a lower level of care
- **Resident is deceased**
- **Being discharged** from the nursing facility. Discharge means that the resident has either been placed in a less restrictive setting than the nursing facility or the resident no longer resides in a Medicaid-certified nursing facility bed.

Tracking

To access the Tracking portlet, follow these steps:

1. Access and log in to the MUST application as described in [Chapter 3](#).

Click on the **Tracking** tab.



The screenshot shows a web application interface with a navigation bar at the top containing tabs: Welcome, Screening, Tracking, Admin, Notifications, and Applicant Lookup. Below the navigation bar, there is a 'Select Organization' dropdown menu set to 'Tes'ting Org - ORC:TE1041067942' with a 'Go' button. Below that, it displays 'Current User: Bell, Amanda (preprod_screener)', 'Org Name: Tes'ting Org - ORC:TE1041067942', and 'Org Roles: Screener, Tracker'. A row of buttons includes 'Get PASARR Info' (which is highlighted), 'Admit', 'Transfer Out', 'Discharge', 'Deceased', and 'Transfer In'. The main content area features a 'Search For PASARR Information' section with a search icon. This section contains four input fields: 'Last Name*', 'First Name*', 'SSN** (999999999)', and 'USP ID** (prefix USP)'. Below the fields are two lines of explanatory text: '* indicates mandatory field' and '** fill either SSN or USP ID along with other mandatory fields and click on 'Submit' button'. A 'Submit' button is located at the bottom of the search section.

The Tracking submenu displays. This screen is set to default to **Get PASRR Info** information. Other request tabs available are **Admit, Transfer Out, Discharge, Deceased** and **Transfer In**. The functioning of each tab will be discussed below.

Request PASRR Information

This tab is useful for a user desiring PASRR information on an applicant. Remember, only applicants who have been screened and assigned a PASRR number, will be in this database. To Request PASRR Information, follow these steps:

1. Enter valid last name

Enter valid first name

Enter valid SSN

Click submit

PASRR information and PASRR history for the applicant is displayed

Get PASARR Info Admit Transfer Out Discharge Deceased Transfer In

▶ **PASARR Information For (Duck, Donald)**

Last Name:	First Name:	Middle Name:	Date Of Birth	Gender:	SSN (999999999):
Duck	Donald		01/02/1860	Male	120000090

LookUp another PASARR Print

▶ **PASARR History**

PASARR #	Start Date	End Date	Level II Diag. Type	Went To Level II	isCategorical B	DMH Certification
2008000460A	2008-09-05			false	false	

Admit New Applicant

After an applicant has been screened and assigned a PASRR number, the applicant is ready to be admitted into a facility that can provide the needed services to the applicant. In order for a facility to receive this applicant, the applicant must be admitted through the Tracking portlet. To admit an applicant:

1. Access and log in to the MUST application as described in [Chapter 3](#). Click on the **Tracking** tab.
2. Click on the **Admit** sub-tab to access the following:

Welcome Screening Tracking Admin Notifications Applicant Lookup

Select Organization: Testing Org - ORC:TE1041067942 Go

Current User: Bell, Amanda (preprod_screener) Org Name: Tes'ting Org - ORC:TE1041067942 Org Roles: Screener, Tracker

Get PASARR Info Admit Transfer Out Discharge Deceased Transfer In

▶ **Search For Applicant To Admit Into Tes'ting Org - ORC:TE1041067942**

Last Name*:	First Name*:
<input type="text"/>	<input type="text"/>
SSN** (999999999):	USP ID** (prefex USP):
<input type="text"/>	<input type="text"/>

* indicates mandatory field
 ** fill either SSN or USP ID along with other mandatory fields and click on 'Submit' button

Submit

3. Enter valid last name
4. Enter valid first name
5. Enter valid SSN
6. Click **Submit** (applicant information is displayed)

7. Enter the ORC of the Admitting organization **or** enter the organization name and click [Get ORC Code](#) to search for the ORC
8. Enter applicant admission date (admission date cannot be more than 60 days from the current date)
9. Enter notes (optional: may be used to help identify new patient)
10. Click **Admit Applicant** and a confirmation will populate showing applicant was successfully admitted.

If errors in demographics are noted after 30 days, contact the DXC Technology Helpdesk and a DXC Technology Nurse Analyst can go into the screen and make the needed corrections

Transfer Out

If for any reason, a PASRR applicant in your facility needs to be transferred to another facility, this may be accomplished through the application, as long as the applicant was admitted into your facility through the tracking portlet. Once you transfer the applicant from your facility, that applicant is available to be transferred into another facility. To transfer an applicant from your facility:

1. Access and log in to the MUST application as described in [Chapter 3](#). Click on the **Tracking** tab.
2. Click on the **Transfer Out** sub-tab. Applicants who are currently admitted into your facility will display.



Get PASARR Info Admit **Transfer Out** Discharge Deceased Transfer In

Transfer Out Of EDS ORC:ED1041067487

USP ID	Last Name	First Name	Date of Birth	Gender	Action
USP902	Duck	Donald	01/02/1860	Male	Transfer Out

3. To select the applicant to be transferred out, click the Transfer Out button beside their name
4. The applicant's information is displayed. Verify the information is correct (see below)

Get PASARR Info Admit **Transfer Out** Discharge

Transfer Out (Duck, Donald)

Step 1. Verify Applicants Information

Last Name:	First Name:	Middle Name:
Duck	Donald	
Gender:	Date Of Birth:	SSN:
Male	01/02/1860	120000090
PASARR number :	Organization ID:	Recipient ID:
2008000460A	1041067487	902

Step 2. Enter the Organization Registration Code

ORC:

Step 3. Verify and Continue

5. Enter a valid ORC to where the applicant is being transferred (communication between the current ORC and the new ORC is required, the transfer to ORC will receive this applicant in their organization)

Get PASARR Info	Admit	Transfer Out	Discharge	Deceased	Transfer In
-----------------	-------	---------------------	-----------	----------	-------------

Transfer Out (Duck, Donald)

Step 4. Verify Organization

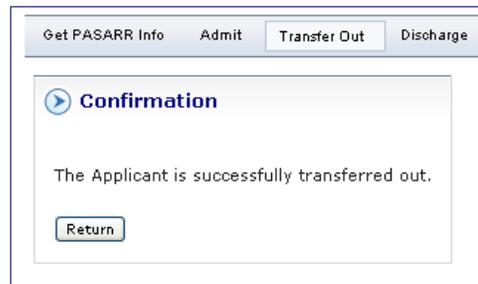
Transfer to Organization:	Transfer to Organization ID:	Options:
Alpha Org	1041067488	<input type="button" value="Change Organization"/>
Transfer to Contact:	Transfer Area code:	Transfer Out Date (mm/dd/yyyy):
<input type="text" value="John Doe"/>	<input type="text" value="Hospital/General"/>	<input type="text"/>

Enter Notes (Not more than 5 words) :

Step 5. Verify And Continue

<input type="button" value="Transfer Out"/>	<input type="button" value="Cancel"/>
---	---------------------------------------

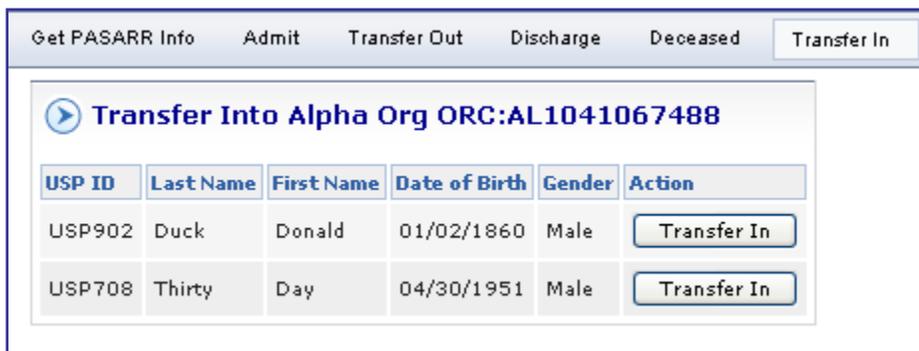
6. Click **continue**
7. New ORC information is displayed with the administrator name as contact person
8. Enter valid transfer out date (this date cannot be prior to the applicant's admission date. Enter notes (optional)
9. Click **Transfer Out**
10. Successful transfer notice is displayed



Transfer In

Once an applicant has been successfully transferred out by the previous facility, the receiving facility must transfer the applicant into their facility. To admit an applicant into a new facility:

1. Access and log in to the MUST application as described in [Chapter 3](#). Click on the **Tracking** tab.
2. Click on the **Transfer In** sub-tab. Applicants currently transferred out from another organization (with your ORC) will appear on your list of applicants associated with your org
3. To select the applicant to be transferred in, click the *Transfer In* button beside their name



The applicant's information is displayed. Verify the information is correct

Get PASARR Info Admit Transfer Out Discharge Deceased **Transfer In**

▶ **Transfer In (Duck, Donald)**

Step 1. Verify Applicants Information

Last Name:	First Name:	Middle Name:
Duck	Donald	
Gender:	Date Of Birth:	SSN:
Male	01/02/1860	120000090
PASARR number :	Organization ID:	Recipient ID:
2008000460A	1041067488	902

Step 2. Enter Transfer Information

Transfer In Date (mm/dd/yyyy):	Notes (Not more than 5 words) :
<input type="text"/>	<input type="text"/>

Step 3. Verify And Continue

Enter the transfer in date (date cannot be prior to the previous org transfer out date). Enter notes (optional: may be used to help identify new patient)

Click on the **Transfer In** button

Successful update message is displayed

Get PASARR Info Admit Transfer Out Discharge Deceased

▶ **Confirmation**

The Applicant's record has successfully been updated.

Discharge Applicant

An applicant that will be discharged to home or to a lower level of care facility will need to be discharged from your facility. To discharge an applicant:

1. Access and log in to the MUST application as described in [Chapter 3](#). Click on the **Tracking** tab.
2. Click on the **Discharge** sub-tab. Applicants who are currently admitted into your facility will display.



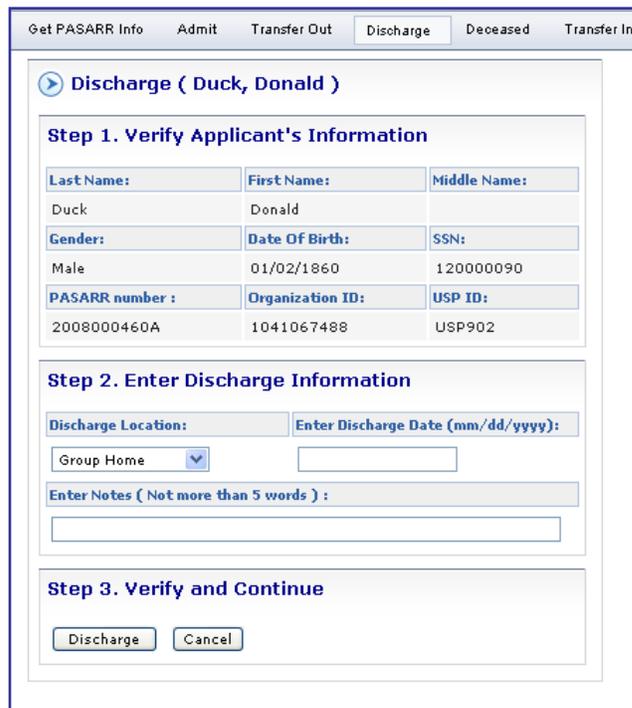
Get PASARR Info Admit Transfer Out **Discharge** Deceased Transfer In

▶ **Discharge From Alpha Org ORC:AL1041067488**

USP ID	Last Name	First Name	Date of Birth	Gender	Action
USP902	Duck	Donald	01/02/1860	Male	<input type="button" value="Discharge"/>
USP893	ApplicantkScreen206	ForLoadTest	01/01/1961	Male	<input type="button" value="Discharge"/>

To select the applicant to be discharged, click the *Discharge* button beside their name.

The applicant's information is displayed. Verify the information is correct



Get PASARR Info Admit Transfer Out **Discharge** Deceased Transfer In

▶ **Discharge (Duck, Donald)**

Step 1. Verify Applicant's Information

Last Name:	First Name:	Middle Name:
Duck	Donald	
Gender:	Date Of Birth:	SSN:
Male	01/02/1860	12000090
PASARR number :	Organization ID:	USP ID:
2008000460A	1041067488	USP902

Step 2. Enter Discharge Information

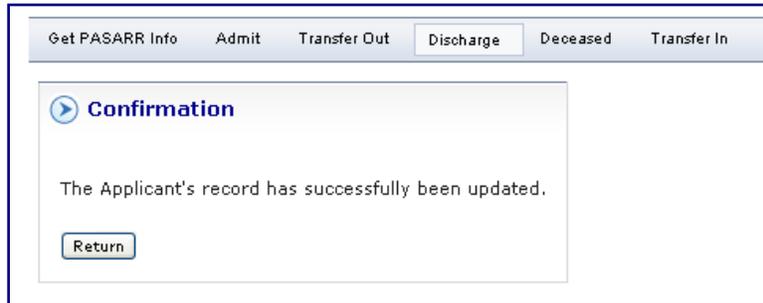
Discharge Location: Enter Discharge Date (mm/dd/yyyy):

Enter Notes (Not more than 5 words) :

Step 3. Verify and Continue

Select the discharge location from the drop down box. Enter valid discharge date (cannot be prior to the admission date). Enter notes (optional).

Click on the **Discharge** button.



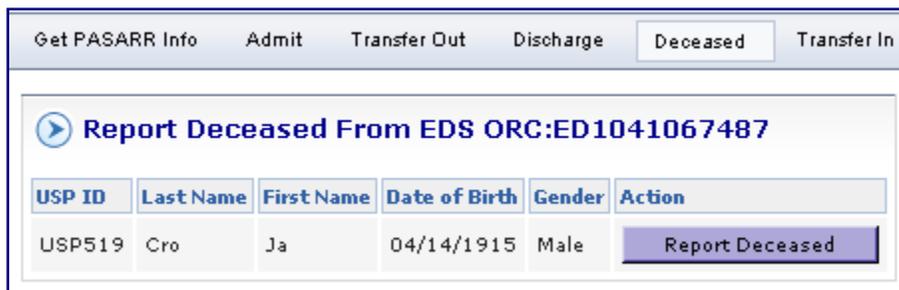
Successful discharge notice is displayed.

Deceased applicant

Once a patient expires, they should be reported as deceased in the tracking portlet. To report a deceased applicant:

1. Access and log in to the MUST application as described in [Chapter 3](#). Click on the **Tracking** tab

Click on the **Deceased** sub-tab. Applicants who are currently admitted into your facility will display page



A To select the applicant to report deceased, click the Report Deceased button beside their name

Get PASARR Info	Admit	Transfer Out	Discharge	Deceased	Transfer In
-----------------	-------	--------------	-----------	----------	-------------

Report (Cro, Ja S) as deceased

Step 1. Verify Applicant's Information

Last Name:	First Name:	Middle Name:
Cro	Ja	S
Gender:	Date Of Birth:	SSN:
Male	04/14/1915	222552222
PASARR number :	Organization ID:	USP ID:
2008000196E	1041067487	USP519

Step 2. Enter Deceased Information

Deceased Date (mm/dd/yyyy): **Enter Notes (Not more than 5 words) :**

Step 2. Verify and Continue

The applicant's information is displayed. Verify the information is correct
 Enter date of death (cannot be prior to the admission date). Enter notes (optional)
 Click on the **Report Deceased** button.

Get PASARR Info	Admit	Transfer Out	Discharge	Deceased	Transfer In
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Confirmation

The Applicant's record has successfully been updated.

Successful update message is displayed

Chapter 11: Due Process and Appeals Rights

Purpose of Due Process

Due process allows all Medicaid applicants the right to appeal prior approval decisions for Medicaid services based on Medicaid medical policies. Due Process is a course of judicial proceedings or other governmental activities designed to safeguard the legal rights of all individuals.

Effective January 01, 2006, the Division of Medical Assistance (DMA) implemented specific changes to the appeal process to ensure that DMA staff and contractors provide consistent, prompt processing of all requests for prior approval of Medicaid services and to comply with HIPAA guidelines for notifications to the providers and applicants.

Prior approval is required for many Medicaid services, products, and procedures to verify medical necessity. Prior approval must be obtained before delivering a service, product or procedure that requires prior approval. Requests for prior approval must be submitted as specified in the clinical coverage policies on DMA's website at <http://www.dhhs.state.nc.us/dma> . Requests for mental health, developmental disability or substance abuse services must be done so in accordance with the published policies of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS).

When a completed MUST form is submitted, if the request is approved for Nursing Facility, MUST notifies the screener of the approval so that the provider can make arrangements to promptly provide the requested service to the applicant. If, based upon the information submitted the request cannot be approved, MUST may deny or reduce/change the request. Both the applicant and screener will receive written notification of the MUST decision. The notice will also explain how the applicant may appeal Medicaid's decision in the event he/she believes Medicaid's decision to be incorrect.

If a request for prior approval does not contain sufficient information for the MUST to determine whether the request should be approved or denied, the MUST tool will suspend for manual review to be reviewed by the USP nursing staff.

Once reviewed by the USP nursing staff and a determination outcome received, the USP review nurse will re-enter the request back into the USP work flow process with the following outcomes:

- Request for additional information
- Approve the request
- Deny the request

If the outcome is to request additional information, the system will send written notification to the screener and the applicant that the form lacks the necessary documentation to review the request. The screener must submit additional documentation as specified by USP nursing staff within 15 business days of the date of the notice for additional information.

If there is no response from the screener or if the screener does not submit the additional information within the 15 business day from the date of this notice, the screening information will be terminated requiring a new screening.

NOTE: Prior to the implementation of the

Appeals Rights

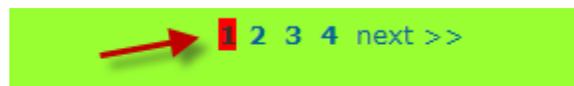
Federal PASRR regulations include a provision by which applicants may appeal adverse determinations made through the PASRR program. Adverse determinations include decisions that an applicant does not require the level of services provided by a nursing facility or that the applicant does or does not require specialized services. These appeal procedures apply to both Medicaid and non-Medicaid applicants.

Applicants and/or legal representatives are always provided with written notification of an appeal determination. Mailed determinations are accompanied by notification of appeal rights through the fair hearing process. The appeals process is initiated when the applicant mails in the completed Appeal form to DMA. An evidentiary hearing will be provided at the request of those individuals and will be held at the Division of Medical Assistance. The DMH/DD/SAS is responsible for representing the State's position regarding the PASRR determination.

Individuals determined through the fair hearing process to require a transfer or discharge, as well as those persons who do not appeal a Level II determination of transfer or discharge, must be discharged according to requirements in Subpart E of the federal rules.

Appendix C: Useful Tips for Navigating the Screening Form

1. The **Form Serial Number** that displays at the top left corner of the HTML format or at the bottom of the PDF form will become the **MUST ID** for the applicant for this particular screening once the screening form is saved or submitted.
2. To navigate through the MUST form fields, use the mouse to click in the individual fields and type in the required information. **Note: Using the tab key on the keyboard will also move the cursor from one field to the next.**
3. Options can be selected from the drop down boxes by 1) clicking on the downward arrow and highlighting the desired selection; 2) typing the first letter of the desired selection; or 3) using the up and down arrow keys to highlight the selection and then pressing enter or tab.
To select multiple items in a drop down list box hold the **Ctrl key and click each item desired.**
4. To move through the document, use the Scroll Bar (PDF version) or click on the page advance icons (first page, next page, previous page, last page) at the top of the document to advance page by page through the document (HTML version).



5. To select a check box or radio button, use the mouse and click in the area or press the spacebar on the keyboard once that option has been selected by using the Tab key.
6. Some fields (such as date and time stamp) are automatically populated; also any applicant demographics cannot be changed. When tabbing through the form these fields will be skipped.
7. To save editing changes, *click the **Save** button often*. The save, submit and delete buttons are located at the top and bottom of the screening for ease of accessibility.



8. Required fields are displayed in red once the form has been submitted. An easy way to fix "required field errors" when moving through the form is to click the **Submit** button after each page is completed. A list of error messages will display at the top of the page. Then click the link in the **Error** column to quickly jump to that location. The **Page Number** or **Section** may also be selected if there are a number of errors on that page or section, respectively. If the **Save**

button is clicked, the **Error** messages will be removed from view.

9. The **Delete** button will delete a "SAVED" form only. Once a form has been submitted, it cannot be deleted, only closed.



Appendix E: Screening Requirements and Prerequisites

Authorized and trained screeners (local health and social service professionals including selected approved staff within individual organizations) can enter medical, functional, and behavioral health information into the automated web-based tool. The screener may have to do some research to get more applicant information. Once the data has been entered into MUST, the screening will be submitted into the Uniform Screening Program workflow. During the workflow process, following established Medicaid clinical policy, a proposed “best fit” / “alternate fit” long term care recommendation for the applicant will be generated. The screener works with the applicant to review the long term care service options and helps determine the most appropriate placement for the applicant. If the applicant decides to select an option, the screener may assist the applicant in identifying the next step(s) in accessing services.

The MUST application is also used to screen all applicants regardless of payor source applying for or currently a resident in a Medicaid-certified nursing facility, to determine compliance with the federally mandated Pre Admission Screening and Resident Review Level I (PASRR) screening: This program is used to help determine:

- Whether the individual has a serious mental illness (MI), intellectual/developmental disability (IDD), or conditions related to mental retardation (RC).
- Whether the individual with MI, MR, or RC requires the level of services provided by an institution setting and whether the nursing facility is the appropriate institution:

The screening may then indicate that the applicant needs to be referred for a face to face Level II PASRR assessment completed by a Qualified Mental Health Professional (QMHP). The QMHP makes a recommendation to the NC Division of Mental Health/Developmental Disabilities and Substance Abuse Services (DMH) as to:

- Whether the individual with MI, MR, or RC requires specialized service
- Does the facility setting meet the individual's needs

If DMH concurs, they facilitate the referral for services and track the case in addition to performing the Annual Review portion of the PASRR program. For complete explanation of the PASRR Program please refer to [Chapter 10](#).

Who Can Be a Screener

Eligible Screeners (those completing the screening form) may include:

1. Medical professionals such as:
 - Physicians,
 - Physician Assistants, Family Nurse Practitioners, and other mid-level practitioners,
 - RNs and LPNs,
 - Medical/Clinical Social Workers, Qualified Mental Health Professionals and Psychologists.

Hospital discharge planners and case managers who make referrals to long-term care services and supports.

Case managers from regional, local and community organizations that make referrals to long-term care services and supports.

Staff of Aging Disability Resource Centers (ADRCs), Departments of Social Services and other providers, agencies and networks whose entity administrator determines the potential screener has the experience and training with which to complete the screenings.

Screening Guidelines

Here are a few guidelines when screening an applicant. The screener should:

1. Be prepared with specific information regarding the applicant's history, ADLs/IADLs, home environment, behaviors, diagnoses, medical and pharmacological treatment.
2. Let the applicant know what information they will need to bring to their screening. Example: medications, insurance cards, etc.
3. Provide the applicant with the "*MUST Applicant Screening Handout*" to let them know which programs they are being screened for. See the sample "*MUST Applicant Screening Handout*" on the next page.
4. Read the MUST form carefully when entering applicant data and double-check for keying errors.
5. Thoroughly discuss and advise the applicant in making an appropriate screening selection.
6. Print the applicant a copy of the MUST Notification/Recommendation letter.
7. Ensure the applicant understands that a screening choice is not a guarantee placement to and/or eligibility for a long term care service.

8. Visit the Medicaid DMA website at www.ncdhhs.gov/dma/bulletin.htm to review monthly bulletins and to be familiar with all updates.
9. Be prepared to assist the applicant with other Medicaid services not included within this screening tool. Please refer to Medicaid bulletins and the DMA website for referral information. (e.g. CAP/MR/DD)

Appendix F: PASRR Requirements and Prerequisites

The Preadmission Screening and Resident Review (PASRR) process was initiated nationwide in response to the requirements of the Federal Nursing Home Reform Act of 1987. This act requires states participating in the Federal Medicaid program to establish special pre-admission and annual screening processes for all applicants and residents of Medicaid Certified nursing facilities with serious mental illness (MI), intellectual/developmental disability (IDD), and conditions related to mental retardation (RC). Re-evaluations of residents with MI, MR/RC must also be performed whenever the person experiences a significant change in status. A significant change in status includes physical or behavioral health changes which affect previous PASRR placement and service decisions.

The PASRR process developed out of the discovery that Federal de-institutionalization requirements resulted in large numbers of trans-institutionalized mentally disabled persons moving from state hospitals to nursing facilities (NF). For many of these individuals it was discovered that, in addition to not requiring NF services, they were not receiving needed treatment for their mental illness.

PASRR is an advocacy program designed to respond to those issues, with the responsibility of insuring that individuals with mental disabilities are placed in the least restrictive living environments, maximizing their functional capacities, and that the placement meets special treatment needs the individuals may have. Its assessment process, referred to as a Level II face to face evaluation, accomplishes this task through the performance of a thorough evaluation which ultimately determines (both prior to admission and annually thereafter) a response to each of the following 3 federally mandated questions:

1. Whether the NF applicant/resident does indeed, have a disability of MI and/or MR/RC and if so:
2. Whether the NF applicant/resident requires the level of services provided by the NF and
3. Whether the person requires specialized services for his or her mental disability.

A PASRR screening completed by the MUST is required for all Nursing Facility admissions, regardless of payor source. If the patient is not a North Carolina Medicaid applicant then

you may complete a PASRR Only request. This process will also be required for admission to an Adult Care Home. An announcement of that enhancement will be made through the Medicaid Bulletin.

PASRR Authorizations

Upon completion of a Level I or level II evaluation, based upon the findings, DXC Technology or DMH will assign the applicant a PASRR number with a corresponding authorization code. The authorization code denotes the level of care the applicant will require. See table below for an explanation of authorization codes.

Skilled Nursing Facility PASRR Authorization Codes & Corresponding Timeframes/Restrictions	
A	Lifetime, no level of care restrictions
B	One year limitation - Must stay at ICF/SNF or Hospital level of care
C	One year limitation - Must stay at ICF/SNF or Hospital level of care with specialized services
D	7 - Day Respite or Emergency Care
E	30 - Day Rehabilitation services only
F	30 - 60 Day Limited Stays - <i>Level II Reviews Only</i>
H	Lifetime, no level of care restrictions - Dementia primary or does not meet Level II target population
J	One year limitation - Locked state psychiatric hospital only
X	Cancelled
Z	Denied nursing facility placement

Adult Care Home/ Assisted Living Facility PASRR Authorization Codes & Corresponding Timeframes/Restrictions	
G	Dementia Primary
K	Level I and Level II. ACH Placement Appropriate
U	Level II Medical Needs cannot be met in ACH
R	Level II Behavioral Needs cannot be met in ACH
X	Cancelled

Level II Processes and ECI (EarthMark Consultants, Inc.)

PASRR mandates review of every individual who applies to or resides in Medicaid –certified nursing facilities regardless of the source of payment for nursing facility services. All applicants to and residents of Medicaid-certified nursing facilities must be screened through a Level I and, possibly, Level II process.

Time-limited approvals are authorized by the USP during the Level I screening process when any of the following four circumstances are applicable:

1. Convalescent Care (30-day approval) generates a PASRR number ending in **E**
Emergency (7-day approval) generates a PASRR number ending in **D**
Delirium (7-day approval) generates a PASRR number ending in **D**
Respite (7-day approval) generates a PASRR number ending in **D**

For residents with no evidence or diagnosis of SMI (serious mental illness), MR (mental retardation) or RC (related conditions), a Level I assigned PASRR number would be generated. For those applicants whose screenings indicate one of the above diagnoses, a Level II screening is then initiated. This Level II screening is sent electronically via the application to ECI, (EarthMark Consultants, Inc.), the contracted Level II evaluators.

DXC Technology is responsible for oversight of all Quality Assurance activities performed by ECI for the Level II PASRR reviews. ECI has in place a quality review process as contractually and mutually agreed upon between DXC Technology and DMA. ECI will send QMHP (qualified mental health professionals) to the applicant to do a face-to-face extended clinical assessment to determine treatment and placement needs to complete the Level II evaluation. ECI's findings/recommendations are then sent electronically to DMH (Division of Mental Health). DMH reviews the ECI findings and makes a final determination. The results are electronically sent back to DXC Technology for PASRR assignment as indicated by DMH. The DXC Technology nurse analyst will then send the determination to the initial screener along with any electronic notifications.

Appendix G: Getting Help

Assistance is only a telephone call or a mouse click away. If you are having difficulty in registering your credentials with NCID, please contact The DXC Technology Helpdesk can accept and process e-mail requests or telephone calls Monday through Friday each week, from 8:00 am to 5:00 pm, except for North Carolina State Government State government holidays.

If you have a question regarding the

Questions about the Uniform Screening Program may be sent to the following e-mail address: USPquestions@dxc.com.

Also available to answer applicant questions is the toll-free CARE-LINE. The number is 1-800-662-7030. Monday – Friday from 8:00 a.m. – 5:00 p.m. CARE-LINE is not available on state holidays.

Response to telephone calls is within six (6) State business hours.

In an identified emergency, additional information about the NC MUST may be found at www.ncmust.com

MUST Screening information may be communicated by facsimile or mail, as follows:

NC Medicaid Uniform Screening Program

PO Box 300015

Raleigh, NC 27622-001

Phone: 855-883-8018

Fax: 1-919-816-3145

Logging an Issue, Incident or Complaint

When using the MUST system should an issue, incident or complaint arise, please feel free to use the online MUST Issues, Incidents and Complaints form. For ease of data entry, the login name, address, phone, and email is automatically populated. Also the date and time stamp is displayed. When completing the form, choose a reason of complaint from the drop down list and be sure to enter an accurate description in the text entry box. Then click the Submit button. The DXC Technology Helpdesk will respond within 24 hours Monday-Friday.

Filing a Complaint

To submit an issue, incident or complaint, follow these steps:

1. Login to the MUST system, see Issues, Incidents, & Complaints.



Double click on **Submit an Issue, Incident or Complaint** and this will open up the form as shown below:

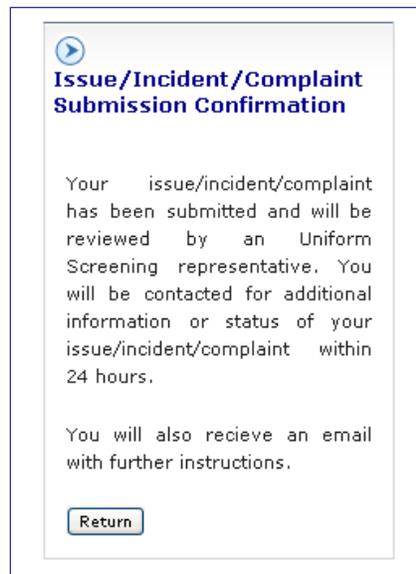
A screenshot of a web form titled "Issue Incidents and Complaints Form". The form is divided into three sections: "Step 1. Verify Your Contact Information*", "Step 2. Enter your Issue*", and "Step 3. Submit Your Issue:". Step 1 includes fields for Login Name, Registered Name, Email Address, Address, City/State/Zipcode, and Telephone Number. Step 2 includes fields for Date, Time, and Reason To Submit, with a "Select Reason" dropdown menu. Step 3 includes "Submit Form" and "Cancel Form" buttons. A "Return to Main Menu" link is at the bottom.

Select one of the Reasons of complaint from the **Reason To Submit** drop down box:

- a. **Complaint**
- b. **Incident**
- c. **Issue**

In the text entry box, type the specific details of the issue, incident or complaint.

Click the **Submit Form** button. The system will display a confirmation message on the screen.



Click the **Return** button to return to Main Menu page.