
TAR for Long Term Care (Form 20-1): Inpatient Services

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The *Long Term Care Treatment Authorization Request* (TAR, form 20-1) on a following page is used to request authorization for all Medi-Cal recipients admitted to a Nursing Facility (NF). The 20-1 TAR form is initiated depending on circumstances detailed on the following pages.

«**Note:** For online eTAR submissions, refer to the eTAR User Guide: Inpatient, Outpatient, & Long Term Care Services on the Medi-Cal website.»

Glossary

The following terms apply to NF.

«Preadmission Screening and Resident Review (PASRR)»

PASRR is a federally mandated program that applies to all individuals being admitted to a Medicaid certified NF. The PASRR program determines the appropriate level of care and specialized services for all Medicaid certified NF admissions that have been identified with a serious mental illness (MI) or intellectual/developmental disability (ID/DD) or related conditions (RC). The PASRR must be completed prior to the individual's admission to the Medicaid NF. For more information, refer to the *Preadmission Screening and Resident Review* (PASRR) section in this manual.

PASRR Level I Screening

Level I screening is the first phase of the PASRR process. The purpose of the Level I screening is to assess if individuals admitting to Medicaid certified NFs have a diagnosis or suspicion of a MI/ID/DD/RC. The Level I screening must be submitted in the PASRR online system by the provider. If a suspected or diagnosed MI is identified on the Level I screening, then the Level I will automatically be sent to the state's third party contractor for a possible Level II evaluation. If a suspected or diagnosed ID/DD/RC is identified on the Level I screening, then the Level I will automatically be sent to the Department of Developmental Services for a possible Level II evaluation.

PASRR Level II Evaluation

The PASRR Level II evaluation determines the appropriateness for NF care and if there is a need for specialized services. For MI, the Level II evaluation is performed by the state's third party contractor. For ID/DD/RC, the Level II evaluation is performed by the DDS Regional Centers. For more information, refer to the *Preadmission Screening Resident Review* (PASRR) section in this manual.»

20-1 LTC TAR Claim Instructions

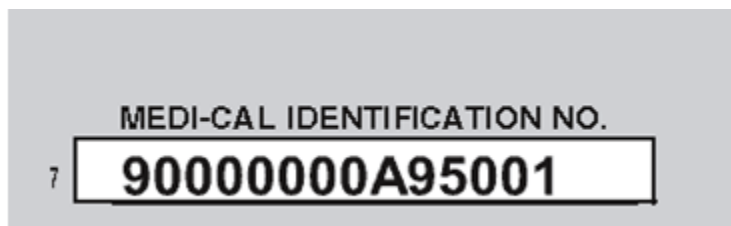
Inpatient acute hospitals only have to fill out Boxes 6 and 7 of the 20-1 LTC TAR shown on the following page.

Recipient Name

In Box 6, enter the recipient's last name, first name and middle initial, if known. Avoid nicknames or aliases.

Recipient ID Number

In Box 7, enter the recipient identification number from the Benefits Identification Card (BIC), begin in the farthest left position of the field. Do not enter any characters (dashes, hyphens, special characters, etc.) in the remaining blank positions of the Medi-Cal ID field. The county code and aid code must be entered just above the recipient *Medi-Cal Identification Number Box*.



The image shows a rectangular box representing the Medi-Cal Identification Number field on a form. Above the box, the text "MEDI-CAL IDENTIFICATION NO." is printed. To the left of the box, the number "7" is printed. Inside the box, the alphanumeric string "90000000A95001" is displayed.

Figure 1: Box 7 of TAR (20-1):

This example also shows placement of the county code and aid code on the form above Box 7.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.