PASRR Overview

PASRR was mandated under the 1987 NH Reform Act; it is a Medicaid Function

- PASRR must identify all persons suspected of having MI/ID/RC
- Requires that “all” persons seeking admission into a Medicaid Certified NH are screened before admission and regardless of dx or payee source

1. If MI/ID/RC is identified, is nursing home placement appropriate? Is State’s Level of Care Criteria met?
2. Do medical needs outweigh Mental Health needs?
3. Can “total” care needs be met in NH?

Level I Screening will identify:

- Suspected MI/ID/RC
- Dementia
- Psychotropic meds for medical conditions
- Behaviors that are a danger to self/others
- The need for a Level II Evaluation

Level I Screening Rules

- Is completed before NF admission into a MCF
- RN must review the Level I Screening Form for accuracy by reviewing the corresponding medical records and “if accurate” signs and dates the Determination “before admission”
STATE REQUIREMENTS FOR DETERMINATIONS

1. Determinations must be both (a) signed & (b) dated by the admitting nursing home RN before admission.

2. RN signature and date indicates that the Level I Form has been reviewed prior to admission and it is “accurate” based on the corresponding medical records.

RN Level I Form Review/Certification

- The Admitting RN controls access into MCFs.
- Must review and compare medical records to the completed Level I Screening Form to determine accuracy.
- The RN only allows access to Medicaid Certified Facilities if the Level I Form is (1) completed and (2) accurate.
- Admission must be denied if the Level I Form is not accurate/complete.
- In some cases, it may be necessary for the RN to contact the referral source for clarification and/or resubmission of the Level I Form.

General PASRR Process for Nursing Facility Applicants

"Prior to Admission" Level I Screens for Suspected MI/ID/RC

Evidence of MI/ID/RC

NO Mi/MR or Dementia Exempt

Level II PAS Evaluation:

1. Confirms or disaffirms the MH dx.
2. Determines the need for NF LOC services
3. Determines the need for Mental Health Services

Eligible

Applicant meets State NF LOC

Admit to NF

Not Eligible

Do NOT Admit to NF

Eligible

Admit to NF

Not Eligible

Do NOT Admit to NF
THE LEVEL I SCREENING FORM
THE FOUNDATION OF PASRR

4 STEPS to Compliance

1. Must be completed prior to admission
2. Must be “accurate” (must reflect med. records)
3. Must have a “determination” A Level I Form is not valid without a determination.
4. Complete PASRR Documentation must be accessible/available, must be maintained in clinical file/chart (complete means: (1) Level I Form (2) Determination (3) Corresponding Medical Records and (4) Level II Documentation, if applicable)

State of Alabama Department of Mental Health
Level I Screening for (M)/Intellectual Disability (ID)/Related Condition (RC)
Use for Medicaid Certified Nursing Home (Only)

Name: Joe Citizen_________________ SSN: _______-_______-______ DOB: _______/_______/_______
______________________________________________________________________________________

Name of current residence at time of Level I submission Street address City, State, Zip County
Check Type of Residence: □ NF □ Hospital □ Home □ Assisted Living Facility □ Group Home □ Other________________________
Legal Guardian, If Applicable: ___________________ Address: _________________________________

Note: Under OBRA '87, any individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 with respect to each assessment.

Referral Source and Title: __________________________________Date: _________________________
Place of Employment: ______________Fax #:__________________Phone #:_______________________

1. Does the individual have a suspected diagnosis or history of an Intellectual Disability or a Related condition?
   □ Yes □ No

1a. Specify. ID: □ Intellectual Disability
   Did the ID develop before age 18?
   □ Unknown □ Yes □ No □ N/A

RC: □ Autism
   Did the Autism develop before age 22?
   □ Unknown □ Yes □ No □ N/A

□ Cerebral Palsy
   Did the Cerebral Palsy develop before age 22?
   □ Unknown □ Yes □ No □ N/A

□ Epilepsy/Seizure Disorder
   Did the Epilepsy/Seizure Disorder develop before age 22?
   □ Unknown □ Yes □ No □ N/A

□ Other Related Condition: ___________________________
   Did the Other RC develop before age 22?
   □ Unknown □ Yes □ No □ N/A

2. Does the individual have a current, suspected or history of a Major Mental Illness as defined by the Diagnostic & Statistical Manual of Mental Disorders (DSM) current edition? Choose “No” if the person’s symptoms are situational or directly related to a medical condition, e.g., depressive symptoms caused by hyperthyroidism, anxiety caused by COPD, etc. These conditions must be documented in the medical records by the physician.
   □ Yes □ No

2a. If yes, check the appropriate disorder below.
   □ Schizophrenia □ Schizoaffective Disorder □ Psychotic Disorder NOS
   □ Major Depression □ Depressive Disorder NOS □ Dysthymic Disorder
   □ Bipolar Disorder □ Generalized Anxiety Disorder □ Panic Disorder
   □ PTSD □ Obsessive Compulsive Disorder □ Conversion Disorder
   □ Personality Disorders □ Unspecified Mental Disorder
   □ Other Mental Disorder in the DSM or (no above option) Mild Depression, Depression, Paranoid Explosive DO

2b. Are any of the diagnoses checked on question #2 situational or conditions that are directly related to a medical condition? □ Yes □ No

Reminder: If any diagnoses are situational or directly related to a medical condition, do not check these conditions on #2. However, you must ensure that this information is documented in the person’s medical records by the physician. For example, depression related to stroke or anxiety due to COPD.
1. Has the individual’s “Medical Condition” required the administration or prescription of any anti-depressant, anti-psychotic, and/or anti-anxiety medications within the last 14 days?  
   Yes  No

2a. If yes, list psychotropic medications for the Medical Condition  

3. Has the individual’s “Medical Condition” required the administration or prescription of any anti-depressant, anti-psychotic, and/or anti-anxiety medications within the last 14 days?  
   Yes  No

3a. If yes, list psychotropic medications for the Medical Condition: ___________________________________________________

4. Is there a diagnosis of Dementia, Alzheimer’s or any related organic disorders?  
   Yes  No

4a. If yes, complete the MSE. (If unable to test due to Dementia, enter “0” as a valid MSE score; if unable to test due to any other condition, check unable to test, and leave MSE score blank)  
   Provide MSE Score: ____  Check if unable to test:  

4b. If #4 is yes, check level of consciousness:  
   Alert  Drowsy  Stupor  Coma  N/A

4c. If #2 & #4 are yes, which diagnosis is primary?  
   Dementia  Mental Illness  N/A

5. Does the individual’s current behavior or recent history within 1 year indicate that they are a danger to self or others? (Suicidal, self-injurious or combative)  
   Yes  No

5a. If yes, explain: ____________________________________________

6. Submission of this Level I is due to one of the following:  
   New Nursing Facility Admission  
   Medical Improvement  
   Medical Decline  
   Mental Illness Improvement  
   Mental Illness Decline  
   Behavioral Changes  
   Short Term to Long Term Stay (Applicable for MI/ID/RC Categorical Convalescent Care Residents)  
   Mental Health Diagnosis Change (Co-current or New MH diagnosis)  
   Previous Level I Incorrect (For NH use only)  
   No Level I and Determination or/and Level II and Determination upon NH admission (For NH use only)

7. Select Long Term Care or the applicable Short Term Care Option:  
   Long Term Care  
   Short Term Care  
   Respite  
   Emergency admission  
   Short Term Stay  
   Convalescent Care  
   Home (in community) Convalescent Care  
   Other (please specify)  

8. Is this individual terminally ill (life expectancy of six months or less), comatose, ventilator dependent, functioning at brain stem level or diagnosed as having Cerebellar Degeneration, Advanced ALS, or Huntington’s Disease as certified by an MD?  
   Yes  No

Level II Determination Rules

- Completion of the Level II Evaluation, 7 days from receipt of the determination (Due date is located on Level I Determination)
- Determines (1) State’s Level of Care Criteria (2) Appropriateness for NF placement (3) if total care needs can be met in the nursing facility (4) Specialized Services Needs and (5) NF Eligibility
- Verbal results are conveyed to the Level I referral source to expedite hospital discharges and nursing facility admissions. Afterward, the Level II documents are mailed or faxed to the referral source as written confirmation.

Per Federal Regulations, Section 483.112 (c), verbal approval is acceptable and valid for admission into a Medicaid Certified Nursing Facility
What is a PASRR Significant Change?

May include any of the following: (not an exhaustive list)

• Significant Changes can be Medical Improvements (may impact continued eligibility)
• Can be Medical Declines in residents with diagnoses of MI/ID/RC (does it impact the MI/ID/RC?)
• Significant Changes can be increased psychiatric, mood-related or behavioral symptoms of individuals with a MI/ID/RC diagnosis
• Individuals without a previous Level II history who obtain a new MI diagnosis require a Significant Change
• Individuals without a MI/ID/RC diagnosis, but current behavioral symptoms suggests that a MI/ID/RC diagnosis may be present (suicidal ideations, self-injurious behaviors, etc.)

Significant Change continued

• A Significant Change is required for MI/ID/RC residents who were approved under a 120 Day Time Limited Categorical Convalescent Care Determination and are now expected to stay beyond the approved timeframe.
• NH residents who are discharged to the hospital and return to the NH, always monitor this group to determine if a Significant Change update is needed
• Significant Changes/Level I Updates must be completed within 14 days of the status change
• Who is monitored for a SC?

Note: Nursing homes are mandated to monitor residents to ensure their continued LOC eligibility and continued appropriateness for nursing home placement.

New Nursing Home Admissions

A New Admission is:

– A first time admission/never been admitted into a NF

A Re-admission is:

– A NF resident returning to the SAME NF from a hospital stay
Re-Admissions require:

An updated Level I Screening Form “if” a significant change has occurred (significant medical improvement, new mental illness diagnosis, suicidal ideations, etc.)

If the resident is determined to have a SC, the Level I Update must be submitted within 14 days of the re-admission.

PASRR and Inter-Facility Transfers

An inter-facility transfer is:

A NH resident who transfers directly from one Alabama NF to another OR

A NH resident who transfers directly from one Alabama NF to another with an intervening hospital stay

Inter-Facility Transfers do not require an updated Level I Screening or Determination (unless there is a SC)

Based on PASRR regulations, the Discharging NH is responsible for ensuring that copies of the most current PASRR documentation accompanies the resident to the receiving NF.

Note: For inter-facility transfers, always ensure that the PASRR documentation exists, is complete, and accurate.
Out of State Referrals require:

- A completed Alabama Level I Screening Form
- A completed Alabama Level I Screening Form submitted to the OBRA PASRR Office for review prior to admission

### MI/ID/RC RESIDENT LEVEL I OBRA PASRR REPORT FOR THE MONTH OF [LTC-15]

1. Identify all admissions, discharges, and deceased residents who have a diagnosis of MI/ID/RC determined by the OBRA PASRR Office.
2. The Report is due by the 10th of the month. (Regulatory Tracking Requirement)
3. If there are "no changes" an email or fax notification must be sent by the 10th that includes the facility name, contact person, fax & telephone number, and the words, "Level II Report, NO CHANGES"

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<th>NAME</th>
<th>SSN</th>
<th>Admit/Re-Admit Date</th>
<th>D/C and Transfer Date</th>
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**SSN**: ________________________________
**Admit/Re-Admit Date**: __________________________
**D/C and Transfer Date**: __________________________
**Location**: ________________________________
**Deceased Date**: ________________________________

**Telephone #** ________________________________
**Address**: ________________________________

The above is true and correct to the best of my knowledge

Administrator: ________________________________

Note: When MI/ID/RC Categorical Convalescent Care residents are discharged from the NH prior to 120 days, these discharges must be included on this report.

### PASRR TRACKING/MONTHLY LEVEL II REPORT REQUIREMENTS

1. Must be completed by the 10th of every month

2. If there are no changes, you must send a notification for that month by the 10th, stating, "Level II Report, NO CHANGES" fax to 334-353-7661 or 334-242-0862

   Note: Every month the OBRA Office must receive Tracking Documentation whether it is (1) A completed Level II Report or (2) A notification indicating "no change"

3. "If" 120 Day MI/ID/RC Categorical Convalescent Care residents are discharged from the NH prior to the 120th day, they must be listed on the Monthly Level II Report
“PASRR AWARENESS”

IS YOUR MEDICAID CERTIFIED FACILITY COMPLETELY PASRR COMPLIANT?

Mandatory PASRR Items for Medicaid Certified Facilities

1. Accurate Completion of the Level I Screening Form “prior to admission”
2. RN Review/Certification of the Level I Form “accuracy” prior to admission (signature and date)
3. Completion of the Level II Evaluation (when applicable)
4. Completion of Significant Changes (when applicable)
5. Completion of Monthly Tracking Requirements/Level II Report Form
6. Awareness of “Time Sensitive” Determinations (categorical-convalescent, emergency, respite)

PASRR Non Compliance Issues for Nursing Homes

Ø No Level I Screening Form & Determination before admission
Ø Level I Screening Form completed before admission but “not accurate”
Ø No nursing facility RN signature and date on Level I Determination
Ø Nursing Facility RN signature and date is “after admission”
Ø Level I Screening Form not updated for a significant change
Ø Level II Evaluation not completed (when required)
Ø Categorical Determinations not reported to OBRA upon admission
Ø Not submitting monthly placement/tracking changes (Level II Report MI/ID/RC persons) by the 10th of every month
Ø Not complying with “Time Sensitive” Categorical Determinations (categorical-convalescent, emergency, respite)
PASRR Authorities

- Omnibus Budget Reconciliation Act of 1987 (OBRA)
- Title XIX of the Social Security Act (sec 1919)
- 42 CFR Part 483-Requirements for States and Long Term Care Facilities, Subpart C
- Medicaid Administrative Code, Ch.10 (LTC)
- Medicaid Provider Manual, Ch. 26
- Federal Enforcement Agency (CMS)
- Public Health Agency Surveyors

Level II Evaluation Requirements

The Level I Determination will "always" alert you "if" and "when" a Level II Evaluation is required.

(NEVER assume ALWAYS read "EACH" determination!)

"3" Possible Level II Evaluation Scenarios

1. Must be completed prior to admission (7 day timeframe)
2. Must be initiated upon admission by contacting the OBRA Office to begin the Level II Evaluation process (MI/ID/RC categorical convalescent care, advanced chronic medical illness) OR
3. Must be completed within a specified timeframe, which will always be listed on the Level I Determination

Time Sensitive Determinations

What is a Categorical Determination? (MI/ID/RC)
1. Respite Care (up to 7 days without a Level II Evaluation) if stay is over 7 days, must contact OBRA to start Level II
2. Emergency Care (up to 7 days without a Level II Evaluation) if stay is over 7 days, must contact OBRA to start Level II
3. Advanced Chronic Illness and Terminal Illness (must contact the OBRA Office upon NH admission) to start the Level II Evaluation
4. MI/ID/RC 120 Day Convalescent Care (must contact the OBRA Office upon NH admission) to start the Level II Evaluation
Categoricals (MI/ID/RC) that require Documentation before an OBRA Determination is made

1. **Terminal Illness and Advanced Chronic Illness** (must contact the OBRA Office upon NH admission to start the Level II Evaluation)

2. **Respite Care (up to 7 days without a Level II Evaluation)**
   - "If" stay is over 7 days, must contact OBRA to start Level II

3. **Emergency Care (up to 7 days without a Level II Evaluation)**
   - "If" stay is over 7 days, must contact OBRA to start Level II (must have an open case with DHR & can not be in a protective environment, hospital, etc.)

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**MI/ID/RC 120 Day Convalescent Care Categorical Determinations Requirements**

- **Time Sensitive, only valid for 120 days!**
- Must contact the OBRA Office upon admission to begin the Level II Evaluation
- If later determined that the resident needs to remain past the 120 day timed stay, a SC-ST to LT must be submitted to the OBRA Office & LOC assessed
- **Must be in the Hospital** with a direct admission into the NH (can not be a danger to self or others & can not be in the community)
- If the duration of 5x a week lessens, you no longer have a valid determination. Therefore, discharge or complete a SC-14, ST to LT, LOC assessed
- If therapy stops, you no longer have a valid determination. Therefore, discharge or complete a SC-14, ST to LT and LOC
- If discharged prior to 120 days, you must indicate discharge on the Monthly Level II Report Form by the 10th

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**Interfacility Transfers**

2. Items you **must** consider:

   1. Does the transferring nursing facility have PASRR documentation? (Never assume)

   2. Is the PASRR documentation accurate/complete?
      - Is there a Level I Screening Form?
      - Is there a Level I Determination?
      - Is there corresponding medical documentation?
      - (If) applicable, is there Level II Documentation?
Considerations for Facilities with High Employee Turnover

- Have you ever admitted a person into your facility without completing the PASRR process/Level I Screening Form?

- If so, what measures do you have in place to prevent this from happening again?

- How many PASRR professionals do you have? If you have a "primary" PASRR professional, are your measures only effective when they are present? Do they have an assigned back-up professional who is adequately trained?

High Turnover continued

- If your primary person resigns, is there a protocol in place that immediately transitions or educates the new PASRR person?

- Is PASRR Training a part of your new employee orientation process? Are new employees required to take the next available PASRR Training course?

- Is there a seamless awareness that PASRR violations can result in costly Medicaid recoupments, penalties, and/or sanctions?

How many PASRR Violations have you had in the past year ____?

- Rare violation, isolated

- Numerous/Widespread (Are “all types” of PASRR violations common in your NH?)

- Repeat/Pattern of same type of violation (Is your facility known for the same type of violation? For example, NH IVY Green always neglects to contact the OBRA Office for Categorical Convalescents or continues to admit applicants without completing a Level I Screening Form prior to admission)

- Consecutive months of PASRR Violations

- If you have violations, have all of your PASRR violations been resolved?
Thank You for your Participation, if you have any additional questions

Please contact our office at (1-800)548-2188 or (334)242-3946