

Alabama Department of Mental Health		Alabama Medicaid Certified Nursing Homes
<p><b>The Preadmission Screening &amp; Resident Review Process And Requirements for Long Term Care Facilities</b></p> <p>Angela Howard OBRA PASRR Director</p>		

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<p><b><u>PASRR Overview</u></b></p> <p>PASRR was mandated under the 1987 NH Reform Act; it is a Medicaid Function</p> <ul style="list-style-type: none"> <li>- PASRR must identify all persons suspected of having MI/ID/RC</li> <li>- Requires that “all” persons seeking admission into a Medicaid Certified NH are screened before admission and regardless of dx or payee source</li> </ul> <ol style="list-style-type: none"> <li>1. If MI/ID/RC is identified, is nursing home placement appropriate? Is State’s Level of Care Criteria met?</li> <li>2. Do medical needs outweigh Mental Health needs?</li> <li>3. Can “total” care needs be met in NH?</li> </ol>	
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<p><b>Level I Screening will identify:</b></p> <ul style="list-style-type: none"> <li>• Suspected MI/ID/RC</li> <li>• Dementia</li> <li>• Psychotropic meds for medical conditions</li> <li>• Behaviors that are a danger to self/others</li> <li>• The need for a Level II Evaluation</li> </ul> <p><b><u>Level I Screening Rules</u></b></p> <ul style="list-style-type: none"> <li>• Is completed <u>before NF admission</u> into a MCF</li> <li>• RN must review the Level I Screening Form for accuracy by reviewing the corresponding medical records and “<b>if accurate</b>” signs and dates the Determination “<u>before admission</u>”</li> </ul>	
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**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**

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**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**

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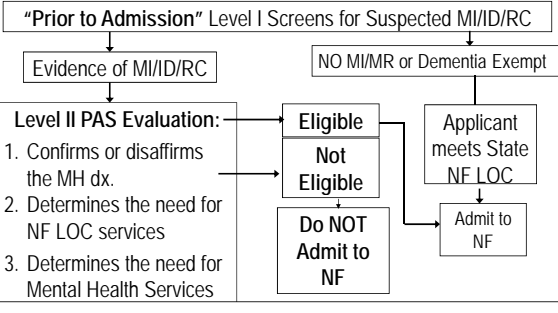
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**General PASRR Process for Nursing Facility Applicants**



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# 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)

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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 #: \_\_\_\_\_

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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, depression caused by stroke or anxiety due to COPD, these conditions must be documented in the medical records by a 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    OCD    Somatoform 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 the diagnoses are situational or directly related to a medical condition, do not check these conditions on #2. 9  
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)

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**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 MH 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.)

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**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.

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**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



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**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.

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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**



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**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**

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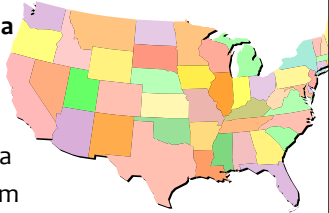
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**Out of State Referrals require:**

- 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**

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LTC-15

**MI/ID/RC RESIDENT LEVEL II OBRA PASRR REPORT FOR THE MONTH OF**

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 10<sup>th</sup> 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 terms, " **Level II Report, NO CHANGES**"

NAME	SSN	Admit/Re-Admit Date	D/C and Transfer Date	Location	Deceased Date

Facility Name: \_\_\_\_\_ Completed by: \_\_\_\_\_ Address: \_\_\_\_\_  
 Telephone # \_\_\_\_\_ 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.

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**PASRR TRACKING/MONTHLY LEVEL II REPORT REQUIREMENTS**

1. Must be completed by the **10<sup>th</sup>** of every month
2. If there are no changes, you **must** send a notification for that month by the **10<sup>th</sup>**, 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 120<sup>th</sup> day, they **must** be listed on the **Monthly Level II Report**

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**“PASRR AWARENESS”**  
  
**IS**  
**YOUR**  
**MEDICAID CERTIFIED FACILITY**  
**COMPLETELY PASRR COMPLIANT?**

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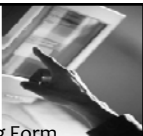
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**Mandatory PASRR Items for Medicaid Certified Facilities**


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)

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**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 10<sup>th</sup> of every month
- Ø Not complying with “**Time Sensitive**” Categorical Determinations (categorical-convalescent, emergency, respite)

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## 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

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## 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

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## 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)

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**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 and 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?

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**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?**

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**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?**

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**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?

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OBRA PASRR Website:  
[www.mh.alabama.gov/pasrr](http://www.mh.alabama.gov/pasrr)

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Thank You for your Participation,  
if you have any additional questions

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

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