PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)
FREQUENTLY ASKED QUESTIONS

Question	Answer
What is PASRR?	A federally mandated process to determine, prior to admission, if an individual: • Meets nursing facility level of care. • Has a mental illness or developmental disability. • Is appropriate for the specific facility being considered. • Needs specialized services or services of a lesser intensity to treat mental health or developmental issues. • Continues to need nursing facility level of services.
Why is it needed?	The PASRR procedure was established to protect the civil rights of individuals with mental illness and developmental disabilities being considered for nursing facility admission and continued stay. PASRR ensures that the nursing facility placement and continued stay are appropriate, and that the individual's needs are adequately identified and met.
Who does it apply to?	Any prospective or current resident of a Medicaid participating nursing facility, regardless of the pay source of the individual.
What does the PASRR process include?	• Level I screen. • Level of care determination. • Level II evaluation as appropriate. • Specialized services determination. • Annual reviews for DD and status change reviews for MI.
Who completes and what are the qualifications of the Level I screeners?	• States determine the personnel qualifications for conducting the Level I identification screens. • Idaho permits hospital discharge planners (LSW/RN), physicians and physician extenders to perform Level I screens. • Level I screeners are not charged with discovering previously undiagnosed individuals, understanding the role of dementia, distinguishing potentially serious mental illness from lower level conditions, and so on. • Level I screeners are charged to accurately complete the preliminary screen – HW0087.

Question	Answer

What is the scope of the Level I screen?	• Level I screeners do not make a diagnosis or draw conclusions about severity of illness, whether dementia is primary, or need for service [483.128(a)].
	• The screener only looks for available information and assessments made by other qualified persons to draw one of three conclusions:
	  o Documented evidence is sufficient to rule out MI/MR.
	  o MI/MR cannot be ruled out, and a Level II Evaluation is required.
	  o Documented information is sufficient to apply certain predetermined criteria.
	  o As with any wide screening process, the goal of Level I is to identify all individuals who have, or might have, MI and or ID diagnosis.

What are the expectations for the screeners that complete the Level I (HW0087)?	• Fully complete all areas of the HW0087, including signature of client or representative. • Identify any clients that have or are suspected to have the diagnosis of MI or ID, dementia/Alzheimer's and usage of antipsychotic and antidepressant medications. • Complete the process prior to admission to NF.
Why does the screeners for the HW0087 need to complete the Notification of the MH/DD review on the bottom of page 2?	• The state's performance of the Level I identification function must provide at least, in the case of first time identifications, for the issuance of written notice to the individual or resident and his or her legal representative that the individual or resident is suspected of having MI or MR and is being referred to the State Mental Health or DD authority for Level II screening. (42CFR 483.128 (a).
What is the PASRR procedure prior to NF admission?	• Completion of the HW0087, the Level I Screen by the hospital discharge planners, physician, physician extensors, or both a QMHP and QIDP. • If mental illness or mental retardation is indicated there is a Level I "trigger". • A triggered Level I and required documents are sent to regional Bureau of Long Term Care (BLTC) for review. • Using the HW0090 form the BLTC makes the determination that the client meets nursing facility level of care and if a Level II Evaluation is required. If required the HW0087 and the HW0090 and additional documentation is forwarded to the State Mental Health or DD Authority. • Level II Evaluation is completed by the State Mental Health or DD Authority. • Level II Evaluation findings are sent to BLTC for review. • If the state authorities approve the nursing facility admission, the BLTC disperses all forms to the generating entity, the physician, the NF, the individual and guardian if applicable.
What is the information required to	For each applicant for admission to a NF and each NF resident who has MI or MR, the evaluator

Question	Answer
evaluate for Nursing Service and Nursing Facility Level of Care and Specialized services? (42 CFR 483.132-134-136)	must assess whether: o The individual's total needs are such that his or her needs can be met in an appropriate community setting; o The individual's total needs are such that they can be met only on an inpatient basis, which may include the option of placement in a home and community-based services waiver program, but for which the inpatient care would be required; o If inpatient care is appropriate and desired, the NF is an appropriate institutional setting for meeting those needs in accordance with § 483.126; or o If the inpatient care is appropriate and desired but the NF is not the appropriate setting for meeting the individual's needs in accordance with § 483.126, another setting such as an ICF/MR (including small, community-based facilities), an IMD providing services to individuals aged 65 or older, or a psychiatric hospital is an appropriate institutional setting for meeting those needs. • In determining appropriate placement, the evaluator must prioritize the physical and mental needs of the individual being evaluated, taking into account the severity of each condition. • The data used at a minimum must include: o Evaluation of physical status (for example, diagnoses, date of onset, medical history, and prognosis); o Evaluation of mental status (for example, diagnoses, date of onset, medical history, likelihood that the individual may be a danger to himself/herself or others); and o Functional assessment (activities of daily living). o A comprehensive history and physical examination of the person. The following areas must be included (if not previously addressed): (i) Complete medical history; (ii) Review of all body systems; (iii) Specific evaluation of the person's neurological system in the areas of motor functioning, sensory functioning, gait, deep tendon reflexes, cranial nerves, and abnormal reflexes; and (iv) In case of abnormal findings which are the basis for an NF placement, additional evaluations conducted by appropriate specialists. • A comprehensive psychiatric evaluation including a complete psychiatric history, (formal report if available) evaluation of intellectual functioning, memory functioning, and orientation, description of current attitudes and overt behaviors, affect, suicidal or homicidal ideation, paranoia, and degree of reality testing (presence and content of delusions) and

Question	Answer
	hallucinations. • A functional assessment of the individual's ability to engage in activities of daily living and the level of support that would be needed to assist the individual to perform these activities while living in the community. The assessment must determine whether this level of support can be provided to the individual in an alternative community setting or whether the level of support needed is such that NF placement is required. • The functional assessment must address the following areas: Self-monitoring of health status, self-administering and scheduling of medical treatment, including medication compliance, or both, self-monitoring of nutritional status, handling money, dressing appropriately, and grooming. • **(c) Personnel requirements.** (42 CFR 483.134 (c)) If the history and physical examination are not performed by a physician, then a physician must review and concur with the conclusions.
To meet the minimum data required criteria listed above what documents does the state of Idaho require?	• The minimum required documents are listed on the HW0090 and include: o Physician's Medical Evaluation and Physical Examination o Physician's Plan of Care, including prognosis o Physician's Certification of Level of Care o Psychiatric/Psychological Evaluations, if available (this may not be obtainable at the initial screening level, but may be required at a later time) o Social Information o Level 1 Preadmission Screen (HW 0087) • To the extent possible, the minimum required documents the State of Idaho requires is the documentation that is generated for Nursing Facility admission.
Does Idaho accept PASRRs completed by other states? (42 CFR 483.110)	• Yes we do. The PASRR should be completed by the State in which the individual is a State resident (or would be a State resident at the time he or she becomes eligible for Medicaid). • The State of Idaho will accept initial PASRRs from other states. Once the person is a resident in an Idaho Nursing Facility, Idaho assumes the responsibility for resident reviews.
What is the PASRR Procedure after admission to a nursing facility?	• Specialized services (SS) are provided to residents who are developmentally disabled or mentally ill to treat mental health or developmental issues that necessitated admission to the nursing facility. (NOTE - d/t the requirements for interdisciplinary teams, staffing knowledge and psychiatric support most facilities in the state of Idaho cannot do MI

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	specialized services (42 CFR 483.120 (a)) • Residents of nursing facilities who have an MI and/or ID diagnosis per PASRR criteria are reviewed annually to determine appropriateness for continued stay in the nursing facility. • Residents of nursing facilities with mental illness are reviewed if there is a change in their mental health status to determine appropriateness for continued stay in the nursing facility.
What are BLTC's PASRR duties prior to admission?	• Determine Nursing Facility Level of Care • Determine that nursing facility is the most appropriate placement option. • Identify any Level I "triggers"'. • Submit triggered Level I's to State Mental Health or DD Authority. • After State Mental Health or DD Authority approval of nursing facility admission provide send out PASRR forms and track completion and follow up requirements.
How long does it take the BLTC and the State MI/DD authority system to complete a PASARR Level II?	• The Federal law that created the PASRR program requires that Level II evaluations be completed within an average of 7 to 9 days. Some evaluations will be completed in much less time, while others will take longer. • The length of time varies depending on whether the individual's information is complete and decisions about need for NF LOC and Specialized Services can be determined. • Idaho strives to complete the evaluation as quickly as possible, but sufficient time needs to be allowed to provide for a good review and appropriate decisions' to be made. (42 CFR 483.112(c)).
What are Specialized Services and Services of a Lesser Intensity? (483.120 Specialized services)	• For mental illness, specialized services means the services specified by the state which, combined with services provided by the NF, results in the continuous and aggressive implementation of an individualized plan of care that: o Is developed and supervised by an interdisciplinary team, which includes a physician, qualified mental health professionals and, as appropriate, other professionals. o Prescribes specific therapies and activities for the treatment of persons experiencing an acute episode of serious mental illness, which necessitates supervision by trained mental health personnel; and o Is directed toward diagnosing and reducing the resident's behavioral symptoms that necessitated institutionalization, improving his or her level of independent functioning, and o Achieving a functioning level that permits reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time.

Question	Answer

	• For mental retardation, specialized services means the services specified by the State which, combined with services provided by the NF or other service providers, results in treatment which meets the requirements of § 483.440(a)(1).
	• Continuous active treatment programs includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that is directed toward:
	  o The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and
	  o The prevention or deceleration of regression or loss of current optimal functional status.

Who must receive specialized services?	• The state must provide or arrange for the provision of specialized services, in accordance with this subpart, to all NF residents with MI or MR whose needs are such that continuous supervision, treatment and training by qualified mental health or mental retardation personnel is necessary, as identified by the screening provided in
What about services of lesser intensity than specialized services?	• The NF must provide mental health or mental retardation services which are of a lesser intensity than specialized services to all residents who need such services.
What constitutes a Level I 'trigger'?	Diagnoses, meds, behaviors or history of treatment that indicates a 'suspicion' of a major mental illness or developmental disability.
What are the most frequently missed Level I triggers?	For MI – meds, symptoms of depression, history of treatment; for DD – diagnoses like Down's syndrome and spina bifida, history of Community Center Board involvement, brain injury before the age of 22.
What diagnoses trigger a Level II?	Schizophrenias; major affective disorders including bipolar, major depression, and cyclothymia; schizo-affective disorder; psychotic disorder NOS and delusional disorder; personality disorder; anxiety disorder, and panic disorder.
What diagnoses don't trigger a Level II?	Dementias or other organic conditions when there are no psych meds or co-occurring MI diagnoses, mood disorder due to general medical condition, Post Traumatic Stress Disorder (PTSD), obsessive-compulsive disorder, unless with no accompanying symptoms or behaviors.
What meds trigger a Level II?	Anti-psychotics and anti-depressants.
What meds don't trigger a Level I?	Psychoactive meds used for medical conditions i,e Elavil for restless leg syndrome, Wellbutrin for smoking cessation and meds used for cognition such as Aricept.

Question	Answer
What about individuals with dementia diagnoses and psych meds?	Use Beer's guidelines. It is the list that the nursing facilities and Health Department use to determine appropriate ranges for psych meds for non-psych conditions. (Example – the limit for Haldol is 4 mg/day. Anyone prescribed more than that for an organic condition would trigger a Positive Level I).
What are some 'red flags' to watch for?	Symptoms listed in Section II of HW0087, Failure to thrive diagnoses, Ritalin, rapid onset dementias, 'I don't know' answers on the mental status exam.
Who is responsible for getting history & physical and other required documentation if BLTC and State MH/DD authorities need this to make a decision?	The referring agency/hospitals are responsible for providing the history & physical to BLTC.
Does confirmation need to be in writing?	If there is really a Level I trigger, there has to be something in writing. If there isn't a trigger, nothing is sent in writing but the nursing facility must review the information and HW0087 to determine that the Level I was accurate.
What happens to the NF if they do admit a resident prior to getting BLTC and/or State MH/DD approval for a positive?	The nursing facility would not be reimbursed through Medicaid if the resident is admitted prior to getting approval.
How does a triggered Level I get reviewed when an HCBS client who is in a nursing facility under Respite transfers to permanent nursing facility placement?	If the client is going to remain in the facility beyond the respite allowed days and become a nursing facility Medicaid client, the nursing facility shall notify the BLTC at least five, but not more than 10 days of the respite allowed days expiration. The BLTC has five days after the notification date to conduct a new assessment. The nursing facility shall submit the HW0087 form and required documentation to the BLTC.
Is this different if the person is going to a different nursing facility for their permanent placement?	No
Can a person transfer from nursing facility A to nursing facility B if the PASRR documentation is not up-to-date?	No – nursing facility A is responsible for providing current/accurate PASRR documentation to nursing facility B. The transfer documents must be reviewed and approved via the HW0090. The BLTC will identify this as a compliance issue for the referring facility.
What information is about	Information about dementia can be found on pages 10 and 11 of the Self Assessment form:

Question	Answer
dementia is available on the Self Assessment?	The effect of dementia in establishing a diagnosis for PASRR purposes is frequently misunderstood. Upon noting dementia, a Level I screen must continue, to look for possible MR or SMI. [483.102(b)(2)]. Presence of dementia in a Level I screen does not "exempt" the individual from all PASRR requirements. Rather, a Level I screen may conclude that the individual has dementia and: • Has no evidence of MR, and either no evidence of SMI or a documented assessment that dementia is primary; therefore does not have MI for PASRR purposes, and no Level II Evaluation is needed [483.102(b)(1)(i)(B), .102(b)(2), and .128(m)(2)]. • A primary diagnosis of SMI and secondary dementia; therefore has MI for PASRR purposes and requires Level II [ibid]. • Also has MR; therefore has MR for PASRR purposes, and needs Level II evaluation [483.102(b)(2) defining dementia, and .102(3) defining MR, do not indicate either condition is exclusive of the other]. Or, application of a categorical determination that the individual with MR does not require SS, but does need an individualized NF evaluation [483.130(h), which indicates MR or a related condition may exist in combination with dementia]. • The evidence about dementia is insufficient, and Level II Evaluation is needed. • Assessing the ascendancy of co-morbid dementia with diagnosed or possible SMI is beyond the capability of Level I screeners, unless the state requires sufficient professional qualifications for Level I screeners to perform that role. By "primary diagnosis", we mean an explicit statement by a physician (or other professional qualified under state law) concerning which condition has progressed to be the primary diagnosis. • Unacceptable would be: o A Level I screening tool in which a check box for presence of dementia stops the assessment, or automatically leads to the conclusion that the individual does not have MI for PASRR purposes. o A Level I screener relying on the order in which conditions are listed on a summary or medical record to determine "primary" condition, unless it is clear that the qualified professional rank-ordered the list and there is data to support the conclusion. o Confusing a categorical determination that an individual with a dual diagnosis of MR or related conditions with dementia does not require SS, with a "dementia exemption" from PASRR.
Does Dementia with antidepressant trigger a Level II?	Determine which of the following categories the client falls into and act accordingly: Any person who has a primary diagnosis of dementia that is based on a neurological examination is exempt from the PASRR process. This dementia does not apply to individuals

Question	Answer
	with a diagnosis of mental retardation or major mental illness. If a client has dementia with a free standing diagnosis (a separate diagnosis of depression) some type of PASRR review must occur. If it is a major depression diagnosis a Level II needs to be completed.
Are participants with a dementia diagnosis exempt from the PASRR process at all times?	Any person who has a primary diagnosis of dementia that is based on a neurological examination is exempt from the PASRR process. This dementia does not apply to individuals with a diagnosis of mental retardation or major mental illness.
If a participant is taking an antidepressant and has a diagnosis of dementia and a separate diagnosis of depression should a review be completed?	If a client has non primary dementia with a free standing diagnosis (a separate diagnosis of depression) a Level II must be completed.
If a participant has a diagnosis of dementia with depression, does a review need to be completed?	If the client has a diagnosis of dementia with depression, and no positives in Section II of the HW0087 the PASRR Level II does not need to occur.
If the antidepressant dose is higher than what is on the new Beer's list, does it automatically mean that a Level II needs to be done?	Basically, what do we do with the Beer's list and how does it impact on depression, status changes and Level IIs? The Beer's list is only for the organic conditions (dementias). If someone with dementia is on a med higher than the Beer's limit, there is a Level I trigger and a Level II needs to be completed. If someone with dementia is taking meds lower than the med list, there is no Level I trigger.
Why does the Division for Developmental Disabilities have the authority to determine whether nursing home placement is appropriate for an individual who has met the level of care requirements on the HW 0090?	The federal legislation that established the PASRR program was designed to reduce the warehousing of people with developmental disabilities and major mental illnesses in nursing facilities. That legislation charges the states with evaluating whether an individual with developmental disabilities or a major mental illness who is referred for nursing facility placement can have their needs met in a less restrictive environment.
What mental illnesses are considered for PASRR triggers and which are not?	Major mental illness criteria • Current primary or secondary diagnosis of a major mental illness- defined in the Diagnostic and Statistical Manual of Mental Disorders 4th Edition Revised. • Schizophrenia. • Paranoid disorders.

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Major affective disorders (including bi-polar, major depression, dysthymia, cyclothymia).
Schizoaffective disorders.
Psychotic disorders.
Personality disorders.
Anxiety disorders.
Panic disorders.
Recent (within the last 2 years) history of treatment for mental illness or symptoms of mental illness.
Major tranquilizer, anti-depressant, or anti-psychotic medication has been prescribed without a justifiable neurological disorder to warrant the medication.
There is presenting evidence of mental illness including possible disturbances in orientation, affect, mood or behavior.

Not considered major mental illness:

Primary diagnosis of dementia (including Alzheimer’s disease or a related disorder).
Non-primary diagnosis of dementia (including Alzheimer’s disease or a related disorder) without a primary diagnosis of serious mental illness or mental retardation.
Organic condition when there are no psychiatric medications or co-occurring mental illness diagnosis.
Mood disorder due to general medical condition.
Post traumatic stress disorder.
Obsessive-compulsive disorder.
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<tr><td>What is the definition of major depression?</td><td>Major depression is an affective disorder that has five or more of the following symptoms present during the same two week period and represents a change from previous functioning. At least one of the symptoms is:

Depressed mood.
Loss of interest or pleasure.
Weight loss or weight gain.
Insomnia or hypersomia nearly every day.
Psychomotor agitation or retardation.
Fatigue or loss of energy.
Feelings of worthlessness or guilt.
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<tr><td>What about Functional Decline and</td><td>Nursing facilities should always rule out medical or physical causes of a change of condition</td></tr>
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Question	Answer
Failure to Thrive?	before they call the BLTC for a Status Change Review. Once they have done that and no medical/physical cause is found they should call the BLTC if there is a trigger on the Level I.