Pre-Admission Screening and Resident Review (PASRR)

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PASRR:
Federal Regulations
• PASRR was created in 1987 by the Omnibus Budget Reconciliation Act of 1984 (OBRA 87) and section 1919 of the Social Security Act (Part 2, Subtitle C of Title IV, Public Law 100-203).

• The law required all states to:
  • Establish a preadmission screening program to prevent inappropriate admissions of persons who are mentally ill (MI), intellectually disabled or have related conditions (ID/DD or RC).
  • Transition inappropriately placed nursing facility residents with mental illness (MI), intellectual disabilities (ID), or related conditions (RC) to alternate least restrictive living settings.
  • Identify Specialized Rehabilitative Services and Specialized Services to individuals while living in the nursing facility.
  • Conduct additional resident reviews of residents identified with MI, ID or RC.
• The Act also specifies:
  • Medicaid certified nursing facilities are prohibited from admitting any new resident, regardless of payor, with mental illness, intellectual/developmental disability or related condition unless the state has determined if the individual requires nursing facility services and if that individual requires specialized services.

• Federal financial participation (Medicaid monies) will not provide for a resident’s stay without a complete PASRR
  • Reimbursement to nursing facilities are only authorized if the PASRR is complete, at least a Level I and, if necessary, the Abbreviate Level II and Level II
  • Retroactive payments are not allowed
PASRR federal regulation requires the state Medicaid agency to oversee and manage the PASRR process. It, also, requires each state to designate a mental health authority and an intellectual disability authority.

Idaho’s State PASRR Authorities are:
- **The Bureau of Long Term Care** – Medicaid Authority, oversight and management of PASRR
- **The Division of Behavioral Health** – Mental Health Authority, responsible for evaluations and determinations for individuals with mental illness
- **The Bureau of Developmental Disabilities Services** – Intellectual Disability Authority, responsible for evaluations and determinations for individuals with intellectual/developmental disabilities or related conditions
• PASRR was implemented in an effort to prevent the unnecessary placement or ‘warehousing’ of individuals with mental illness or intellectual disabilities in nursing facilities.

• If a participant with serious mental illness or intellectual disability needs to be placed in a nursing facility, an evaluation must take place to see if specialized services are needed.

• Specialized services are services that exceed services typically offered by a nursing facility.

The goal of PASRR is ensure individuals that would benefit from additional specialized services have the ability to utilize those services in order to promote a successful nursing facility stay, whether it be short term or long term.
PASRR: Idaho Process, General Policies and Helpful Hints
PASRR: Terminology and Roles

**Terminology:**

- **Level I (aka ‘The 87’)** – the first step in the PASRR process, a screening tool for identify those with possible serious mental illness, intellectual/developmental disabilities and related conditions.

- **Abbreviated Level II (aka ‘The 90’)** – the second step in the PASRR process, an evaluation to determine if further evaluation is warranted.

- **Level II (aka ‘The 88’ or ‘The 89’)** – the last step in the PASRR process, a face to face evaluation completed by a mental health clinician or an ID/DD professional.
Roles:

- **Screener** – the professional that completes the Level I/87

- **Nurse Reviewer** – a registered nurse with the Bureau of Long Term Care responsible for initial evaluation of the 87 and supporting documentation

- **Mental Health** – typically referring to Idaho’s Mental Health Authority, the Division of Behavioral Health, responsible for determinations as to whether specialized services are appropriate

- **DD Staff** – refers to Idaho’s Intellectual Disability Authority, responsible for ID/DD and related conditions evaluations

Screener, Nurse Reviewer, Mental Health and ID/DD staff are working as a TEAM to ensure each individual admitting to a nursing facility is adequately screened and, if needed, evaluated for mental health, ID/DD and related conditions.
Fast Facts

• BLTC reviewed 7,233 PASRRs in 2018, with Region 4 reviewing 25% of the total
• Each year the number of PASRR reviews increase on average by 7%
• BLTC completed 13,739 A&D Waiver assessments in 2018
• Each year the number of A&D Waiver assessments increase on average by 5.5%
• The number of BLTC Nurse Reviewers has not increased
• On average it takes 30 minutes to complete a PASRR, if the Level I and supporting documentation are complete and accurate then it takes much less time, if the Level I and supporting documentation are not complete and accurate it can take much longer
Number One Tip for Success

Accuracy saves everyone time: Submitting a complete Level I and supporting documentation the first time speeds things up for everyone, including facility staff (you), Medicaid staff, and the individual.
**Additional Helpful Hints:**

- **PASRRs are completed in the order they are received.** Noting “ASAP” or the time of discharge on a PASRR will not move a PASRR up in the queue.

- **PASRRs received after 3pm on Friday** may not be completed until Monday if it requires further review by either DBH or BDDS.

- **Always contact the regional office if you need information regarding a PASRR.** Nurse Reviewers alternate days to review PASRR. Contacting the regional office is the **fastest** way to be routed to the NurseReviewer who can assist you that day.
When calling the regional office:

- Indicate which region you are calling from and mention PASRR when you call. Support Staff transfer numerous calls each day, this helps them know where to direct your call.

- Don’t ask for a specific Nurse Reviewer. They could be out of the office completing assessments and you won’t get a call back.

When leaving a message:

- Be brief and concise.
- Indicate your region.
- Provide the name of the individual you are calling about.
PASRR: PASRR Process Workflow

Qualified professional screens participant with Level I (HW0087).
Does the participant have any ‘triggers’ for SMI or ID/DD or RC?

NO

Completed PASRR goes with participant to admitting nursing facility.

YES

Fax PASRR Level I (HW0087) to appropriate region for BLTC NR to evaluate.
(By NR) Does the participant need to be evaluated by DBH or BDDS?

NO

NR completes the Abbr. Level II (HW0090) and faxes this form back to qualified professional.

YES

NR sends Level I (HW0087), Abbr. Level II (HW0090) and supporting documentation to either DBH or BDOS to review.
(By DBH or BDOS) Does the participant need specialized services?

NO

DBH or BDOS complete last section of Abbr. Level II (HW0090) and form will be sent back to NR.

YES

BDH or BDOS have 3 days to complete a face to face evaluation and complete the Level II then Level II will be sent back to NR.

NR will send Abbr. Level II (HW0090) and Level II (HW0088/0089) back to qualified professional.
PASRR: Level I
• First step in the PASRR process
• Must be completed by a physician, physician’s extender, hospital discharge planner (registered nurse or social worker) or a community care manager RN (registered nurse working in the community)
• Should not be completed by a nursing facility due to conflict of interest
• Nursing facilities can complete the Level I if there is a significant change or another update is needed
• The Level I screen is designed to capture false positives and minimize false negatives

The goal of the Level I is to determine if the individual does or may have a serious mental illness, intellectual/developmental disability or related condition.
• **All areas need to be completed** unless legal representative is not applicable
• **Common areas that are missed**
  • Social Security Number
  • Date of Birth
  • Admission Date
  • Nursing Facility
  • Legal Representative Contact Information
Questions 1 & 2: An individual cannot have both Major Depressive Disorder and mild/situational depression, as with Anxiety, it should be either/or

Question 3: Any mental health diagnosis not otherwise listed and not a symptom of a medical condition
• If the Level I is otherwise **negative** and the individual uses tobacco – mark **NO** and **DO NOT** write ‘tobacco’ in any of the diagnoses

• If the Level I is otherwise **positive**, mark **YES** and **DO** write ‘tobacco’ as a diagnosis

• Opioid dependence is **NOT** a substance abuse disorder – dependence is part of addiction but can also be from chronic opioid use

• Use clinical judgement to determine if alcohol use is a concern

• If the individual has been in recovery for 2 years or more, please indicate this (can write it in white space next to diagnosis)
• Medication listed here should be for the treatment of **mental health conditions only**

• **DO NOT** list medications that are used for a **medical condition** (i.e. Cymbalta for tobacco cessation, Haldol for end of life agitation, etc.)

• Medications used for comfort at end of life should **NEVER** be listed here or anywhere else on the Level I
  
  • The medication list should specify which medications are used for end of life comfort such as ‘for anxiety/agitation at end of life’ or ‘for anxiety/agitation related to comfort care’

• Nurse reviewers do cross check this list with the discharge/admission medication list
Each question in this section pertains to symptoms caused by a mental health condition

- Dementia is not a mental health condition
• Include dates (does not need to be exact)

• **Question 11:** If yes, please include evaluation (if possible) in documentation submitted with Level 1
  • If evaluation is unavailable, please indicate the provider (if possible)
**Question 12:** Only mark yes if the dementia is a **primary diagnosis**

**Question 13:** Use “other” section to include notes from primary or other care provider

**Question 14:** Only for listing antipsychotic medications for **managing symptoms of dementia**.
  - **Namenda, Aricept, Exelon** and antidepressants should **NOT** be listed here.
• Only applies to diagnoses of ID/DD or related condition

• **Question 15:** diagnosis of an intellectual disability diagnosed prior to age 18

• **Question 17:** diagnosis of a developmental disability diagnosed prior to age 22

• **Question 19:** applies to individuals that screen positive for an ID/DD or related condition only
• Requires two signatures:
  • Screener, and
  • Individual or their legal representative

• If the legal representative signs, ensure representative’s contact information is listed in demographic area located on page 1 of the Level I

• If a signature cannot be obtained by either the individual or the legal representative, follow your organization’s policy for verbal permission
If any box listed above has a check, send to BLTC

If not, BLTC does not need to review

Documentation:
- Recent history and physical (hospice agencies can include a face to face and recent RN comprehensive assessment)
- Discharge/Admission orders with prognosis, medication list and level of care
- Psych/Mental evaluations, if applicable
- Other documentation should only be included if it concerns mental health or ID/DD diagnoses
• Fax to region to the region the individual is currently in (not to where they are going or where they live)

• Do not fax to any other number unless a nurse reviewer has offered another number

Fax Numbers

- Region 1 – Coeur d' Alene (208) 666-6856
- Region 2 – Lewiston (208) 799-5167
- Region 3 – Caldwell (208) 454-7625
- Region 4 – Boise (208) 334-0953
- Region 5 – Twin Falls (208) 736-2115
- Region 6 – Pocatello (208) 239-6269
- Region 7 – Idaho Falls (208) 528-5756
Recommendations:

- Review the Level I and all documentation prior to submission
- Keep form and documentation simple
- Feel free to highlight, underline, asterisk areas in submitted documentation you would like the nurse reviewer ‘catch’
- Add a written summary, if needed, to clarify concerns or discharge plans
PASRR: Abbreviated Level II
• Federal regulation requires state PASRR programs to have at least a Level I and a Level II
• Many states opted to utilize an abbreviated Level II or a Level 1.5
• An abbreviated Level II allows the state to make certain determinations without a full Level II to be completed, meaning face to face evaluations are only completed when necessary
• These determinations must be approved through the Centers of Medicaid and Medicare before the state can implement in practice
• Some determinations can be made by the nurse reviewer and some require agreement from either the Division of Behavioral Health or Bureau of Developmental Disability Services
• Completed by the BLTC nurse reviewer
• It is rare for BLTC to indicate an individual does not meet nursing facility level of care
• These determinations are made by a nurse reviewer and do not require any further evaluation by the Division of Behavioral Health or the Bureau of Developmental Disability Services
• If the individual is expected to be in the facility for less than 30 days, this needs to be indicated on the discharge/admission orders
• Physician’s name needs to be clearly written if not electronically signed
These determinations must have agreement from the Division of Behavioral Health or the Bureau of Developmental Disability Services.

Terminal Illness and Severity of Illness: need supporting documentation provided by Level I screener.
Completed by BLTC nurse reviewers only

Nurse Reviewers follow this process flow and send on for further review as indicated
• Completed only by the Division of Behavioral Health and/or the Bureau of Developmental Disability Services

• Use Box 37 to indicate that further evaluation is required (if applicable)

• A copy of the Abbreviated Level II should be provided to the nursing facility, primary care provider and the individual and/or legal representative.
Individuals wishing to be admitted to a nursing facility have the right to appeal the decision on the Abbreviated Level II and Level II, cannot appeal the Level I

Individuals can decline the PASRR process in its entirety but will not be able to admit to a Medicaid certified nursing facility
PASRR: Level II
2. Concentration/Habituation/Resonance

The individual has serious difficulty in sustaining focused attention for a long enough period of time to permit the completion of tasks commonly found in work environments.

3. Adaptable to Change

The individual's serious difficulty in adapting to new situations extends to interpersonal situations at work, school, or other social settings, or involves significant limitations in a structured work setting.

4. Psychotic symptoms more intense than outpatient care more than once in the past 2 years (e.g., partial hospitalization or inpatient hospitalization) within the past 2 years due to the mental disorder, patient experienced an episode of significant disruption to the normal living situation for which supportive services were required to maintain functioning at home, in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

5. Activities of Daily Living:

- Monitoring of health status
- Medication self-administration
- Monitoring nutritional status
- Handling money
- Dressing appropriately and grooming

F. INDEPENDENT MENTAL HEALTH EVALUATION:

Findings based on record review, resident interview, observations, and collateral contacts:

Recommendations for person-centered services and/or specialized rehabilitative services and back for recommendations:

Evaluator Signature: [Signature]
Title: [Title]
Date: [Date]
### C. Final Determination by Mental Health Authority

| A. Does this individual meet a major mental illness per PASRR criteria? |
|--------------------|----------------|
| No                 | Yes            |

<table>
<thead>
<tr>
<th>B. Living situation that best meets individual's needs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AF placement</td>
</tr>
<tr>
<td>Community - if facility needs do not require admission in a facility and can be met with community services</td>
</tr>
<tr>
<td>Home and Community Based Services</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Does this individual need Specialized Services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

- Individual Counseling
- Group Counseling
- Family Counseling
- Individual Behavioral Therapy
- Small Group Behavioral Therapy
- Large Group Behavioral Therapy
- Peer Movement / Discrimination and Empowerment
- Group Therapy - Specialized Groups (not below)
- Developmental Treatment Plan
- Mental Health Care Management

**Other Reason for Refusal / Treatment:**

<table>
<thead>
<tr>
<th>Reason / Symptom</th>
<th>Sessions per week</th>
<th>Other (explain type and amount)</th>
</tr>
</thead>
</table>

**Other (explain type and amount):**
PASRR: Level II Serious Mental Illness

D. Does the individual need Specialized Rehabilitation Services provided by the Nursing facility? □ Yes □ No

Specialized Rehabilitation Services List: Existed by the Skilled Nursing Facility

1. Cognitive Enrichment/Project Specialist
2. Supportive Counseling
3. Occupational Therapy
4. Physical/Rehabilitation
5. Speech Pathology / Audiology / O TO
6. Speech Pathology / Audiology / O TO
7. Music Therapy
8. Social Work
9. Equine Therapy
10. Volunteer — community visits
11. Aircraft Nursing

Supportive Counseling

Individual: [ ] Group: [ ] Family: [ ]

Duration: [ ] 6 months [ ] 1 year

Purpose / Anticipated:

Sessions per week:

Therapeutic Socialization Activities

Duration: [ ] 6 months [ ] 1 year

Type / Purpose:

Sessions per week:

Ongoing medication monitoring with quarterly psychiatric consults.

Other Specialized Rehabilitation Services

Duration: [ ] 6 months [ ] 1 year

Type / Purpose:

Sessions per week / Amount:

E. Other (Specify type and amount):

Resident/ Guardian certifies

M.H. Authority Signature

Date: [ ]

M.H. Authority Signature

Date: [ ]

Note: [ ]

M.H. Authority Signature

Date: [ ]

PASRR: Level II ID/DD or Related Condition

Page 1 of 3

PASRR-ID EVALUATION FORM
Must be completed by Developmental Disabilities (DD) Evaluators and Authority

Patient Name: __________________________ Date of Birth: __/__/____ Current Age: ____________

Mailing Address: ________________________ City: ________ State: ________ Zip: ________ Phone: ________

Social Security #: ________ NID: ________ Gender: [ ] Male [ ] Female

Contact Person: _________________________

CHECK EACH ITEM TO INDICATE COMPLETION. ALL EVALUATIONS MUST BE ATTACHED TO THIS FORM.

A. MEDICAL

1. Complete medical history and physical examination
2. List of individual’s medical problems and their impact on the individual’s level of functioning
   (If not above are not performed by a physician, they must be counter signed by a physician. Additional evaluations must be completed by appropriate specialist when abnormal findings, which are the basis for nursing home placement, are present.

B. COMPREHENSIVE DRUG HISTORY

1. List of current and past medications used by the client
2. Client’s response to any prescribed medications in the following drug groups:
   [ ] Antidepressant
   [ ] Anti-Parkinson
   [ ] Mood Stabilizers and/or anti-depressants
   [ ] Anti-convulsants and/or antiepileptics
   [ ] Anti-Parkinsonian agents

C. FUNCTIONAL ASSESSMENT

1. Assessment of self-help
   (e.g., toileting, dressing, eating, grooming)
2. Assessment of sensorimotor
   (e.g., gross motor dexterity, fine motor, eye coordination)
3. Assessment of speech and language
   (e.g., expressive language, verbal and non-verbal, non-verbal communications systems, auditory functioning)
4. Assessment of social skills
   (e.g., interpersonal relationships, recreational skills)
5. Assessment of independent living skills
   (e.g., personal hygiene, meal preparation, laundry, housekeeping, shopping, bed making, orientation skills)
6. Assessment of affect
   (e.g., such as interests, expressing emotions, making judgments and independent decisions)
7. Assessment of behavior
   (Identify extent of maladaptive behaviors based on observation including frequency and intensity of inappropriate behavior)

5/2012 PASRR - ID Evaluation Form
PASRR: Level II ID/DD or Related Condition

D. INTELLECTUAL DISABILITY
1. Level of intellectual functioning: (A licensed psychologist must identify the intellectual functioning measurement)
   - Mild
   - Moderate
   - Severe
   - Profound

2. Related Condition (may be determined by a physician):
   - Central Poly.
   - Epilepsy
   - Autism
   - Other Condition *
   *(Must be closely related to or similar to one of the above impairments that requires treatment or services)*

E. LIMITATIONS RELATED TO DIAGNOSIS
1. Inability to take care of personal needs
2. Inability to understand simple commands
3. Inability to communicate basic needs and wants
4. Inability to learn new skills without aggressive and constant training
5. Demonstration of severe maladaptive behavior(s) which place the patient or others in jeopardy to health and safety – self-injurious behaviors
6. Inability to apply skills learned in a training situation to other environments or settings without aggressive and constant training
7. Inability to demonstrate, without direct supervision, behavior appropriate to the time, situation or place
8. Inability to make decisions requiring informed consent without extreme difficulty
9. Inability to be employed at a productive wage level without systemic long-term supervision
10. Presence of other skill deficits or specialized training needs that necessitate the availability of trained ID personnel 24-hours per day, to teach the person functional skills

F. EVALUATION

Based upon evaluation, check the following as appropriate:

1. Is the patient "Intellecutally disabled or a related condition"?
   - No
   - Yes

2. Living situation that best meets person’s needs?
   - In the community – If the total needs do not require residence in a facility and can be met with community services
     - Inpatient long-term NF/ID
   - Outpatient
   - Other

6/2012   PASR – 4 Evaluation Form   Page 2 of 3
PASRR: Level II ID/DD or Related Condition

2. Does this person need:
   - Specialized Services (active treatment provided by the state which, due to the intensity and scope, can only be
delivered by personnel and programs which are not included in the specialized rehabilitation services required of
nursing facilities.)
   - Example: Presence of skill deficits or specialized training needs which necessitates the availability of trained ID
   person(s) 24 hours per day.

   - Developmental Therapy/evaluation for Nursing Facility Participants
   - Developmental Therapy/Individual for Nursing Facility Participants
   - Developmental Therapy/Group for Nursing Facility Participants

   - Specialized rehabilitative services are provided by a service agency or group of service agencies which are of lesser
   intensity and frequency than specialized services (active treatment). If specialized rehabilitative services are needed,
   please indicate type, amount and to be included in the facility's plan of care for the person.

   - Physical Therapy
   - Occupational Therapy
   - Speech Therapy
   - Social Services
   - Drug Therapy and monitoring
   - Structured/behavioral activities
   - Psychotherapy (individual/group/family)
   - Development, maintenance and consistent implementation of programs designed to teach one or more of:
     - Grooming
     - Personal Hygiene
     - Mobility
     - Nutrition
     - Health
     - Behavior Modification Program

Signature
Title
Date

Signature
Title
Date

6. FINAL DETERMINATION BY DD AUTHORITY

Individual has been found to have a diagnosis of:

Individual's needs can be met in the
following living situation:

Individual requires the following services:

Resident/Legal Representative notified by:

DD Authority
Title
Date

6/2012 Page 3 of 3
• Nursing facilities are responsible for ensuring the PASRR is completed and submitted to DXC in its entirety, including all signatures and all forms
  • Level I (00087)
  • Abbreviated Level II (00090), if applicable
  • Level II (00088 and/or 00089), if applicable

• If a PASRR is incomplete, it will move to BLTC PASRR Discrepancy Process
  • BLTC will check internal records
  • Will either approve payment or alert the regional nurse manager to follow up with the facility to have the PASRR completed
  • An unsigned PASRR is enough to deny payment
  • Out of State PASRRs are accepted, if complete. BLTC should be alerted if any special services are recommended.
PASRR: Additional Information
A PASRR is required for all admissions regardless of length of stay.

If the individual’s anticipated stay is less than 30 days, it should be clearly written on the discharge/admission.

30-Day Exemptions are granted by a BLTC Nurse Reviewer on the Abbreviated Level II (90), it is not a true exemption from Idaho PASRR process.
The determining factor is whether the individual is **admitting** to or **returning to** the nursing facility.

### Nursing Facility Readmission

- Readmissions to a nursing facility can use a previous Level I as long as it is still accurate.
  - This Level I still needs to be submitted to BLTC for review
  - A BLTC nurse reviewer will provide a new Abbreviated Level II
- If the Level I is no longer accurate, complete a new Level I and submit to BLTC for review

**Admitting:** If the nursing facility will be submitting a long-term case file, the nursing facility is admitting the individual and a PASRR is required.

### Nursing Facility Leave of Absence

- Nursing facilities can utilize a Leave of Absence (LOA) for individuals that are temporarily out of the facility for **3 days or less** due to a home visit or hospital stay.
- A PASRR **does not** need to be completed.

**Returning:** If the nursing facility is not submitting a long-term case file and will be indicating an LOA on the monthly claim, a PASRR is **not** required.
• Nursing facilities are responsible for submitting updated Level I’s to BLTC when a significant change occurs

• Significant changes are:
  • any medication changes from those listed on the Level I to a different drug class, such as antidepressants to an anxiolytic
  • a dosage increase of double or more of medication(s) listed on previous Level I
  • a decline in condition (such as the onset or progression of dementia) that indicates specialized services are no longer beneficial for the individual
  • an improvement in condition that indicates the individual may benefit from specialized services
  • a new mental health or developmental/intelectual disability diagnosis

• Updating Level I’s allows for faster hospital discharges and nursing facility admissions
Questions/Comments?
Idaho PASRR Help

- PASRR Forms and Information – including BLTC regional phone numbers and fax number
  https://healthandwelfare.idaho.gov/Medical/Medicaid/MedicaidNursingFacilityInformation/Pre-admissionScreeningandResidentReview/tabid/4572/Default.aspx
- Check MedicAide Newsletter around the 5th of each month
  https://www.idmedicaid.com/MedicAide%20Newsletters/Forms/All.aspx
- DXC Website – Trading Partner Account LTC User Guide
  https://www.idmedicaid.com/User%20Guides/Forms/AllItems.aspx
- Call or email Alex Childers-Scott
  ***policy and process questions only, no urgent PASRR calls, for urgent PASRR matters call BLTC regional office
  Alexandria.Childers-Scott@dhw.Idaho.gov
  208-364-1891

Rules and Regulations

- PASRR Technical Assistance Center (PTAC)
  pasrrassist.org
- Code of Federal Regulation on PASRR
  www.ecfr.gov
  Title 42, Chapter IV, Subchapter G, Part 483, Subpart C
- Idaho Administrative Code
  adminrules.idaho.gov/rules/current/16/index.html
  16.03.10.227-229