PASRR Quick Reference: Level I Screener

Pre-admission Screening and Resident Review
For professionals completing Level I (00087) Form
PASRR: Quick Reference Goals

- Understand PASRR purpose
- Avoid common mistakes
- Clarify appropriate medications to document
- Know correct documentation to be included with the Level I
PASRR: Purpose

- 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.
**PASRR:**
Pro Tips

- Must have First and Last Name, SSN, DOB and Medicaid ID (if available)
- Missing Admission Date or Nursing Facility
- Missing Legal Representative Contact Information
PASRR: Pro Tips

### Section I: MENTAL ILLNESS

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the individual have any of the following Major Mental Illnesses (MMI)?</td>
<td>No, Suspected: One or more of the following diagnosis is suspected (check all that apply)</td>
</tr>
<tr>
<td></td>
<td>Yes: (check all that apply)</td>
</tr>
<tr>
<td></td>
<td>Schizophrenia Spectrum and Other Psychotic Disorders</td>
</tr>
<tr>
<td></td>
<td>Depressive Disorders</td>
</tr>
<tr>
<td></td>
<td>Bipolar Disorders</td>
</tr>
<tr>
<td></td>
<td>Anxiety Disorders</td>
</tr>
<tr>
<td></td>
<td>Somatoform Disorders</td>
</tr>
<tr>
<td></td>
<td>Personality Disorders</td>
</tr>
<tr>
<td></td>
<td>Post-Traumatic Stress Disorder</td>
</tr>
<tr>
<td></td>
<td>Obsessive Compulsive-Related Disorders</td>
</tr>
<tr>
<td>Does the individual have a diagnosis of a mental disorder that is not listed in #1 or #2?</td>
<td>No, Yes: (check all that apply)</td>
</tr>
<tr>
<td></td>
<td>Diagnosis 1:</td>
</tr>
<tr>
<td></td>
<td>Diagnosis 2:</td>
</tr>
<tr>
<td>Does the individual have a substance related disorder?</td>
<td>No, Yes (complete remaining questions in this section)</td>
</tr>
<tr>
<td></td>
<td>List substance abuse diagnosis(es)</td>
</tr>
<tr>
<td></td>
<td>Diagnosis 1:</td>
</tr>
<tr>
<td></td>
<td>Diagnosis 2:</td>
</tr>
<tr>
<td></td>
<td>Diagnosis 3:</td>
</tr>
<tr>
<td></td>
<td>Diagnosis 4:</td>
</tr>
<tr>
<td>Is the NF need associated with this diagnosis?</td>
<td>No, Yes</td>
</tr>
</tbody>
</table>

- Anxiety Disorders
- Depression vs. Major Depressive Disorder
- Substance Use Disorder vs. History of Substance Abuse
PASRR: Pro Tips

**Section II:**

- Only list medications that are **used to treat the participant’s psychiatric diagnosis***.

*Psychiatric medications used to treat medical conditions or those used for end of life care do not need to be listed here.

### Section II: CURRENT PSYCHIATRIC MEDICATIONS

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Diagnosis</th>
<th>Started</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section III: Symptoms

- Information in this section relates to the participant’s Mental Illness diagnosis
- Symptoms related to dementia will be documented in Section V
Section IV: History of Psychiatric Treatment

- Include dates, if known
- If #11 is yes, psychiatric/behavioral evaluation must be attached
Section V: Dementia

- Only select ‘Yes’ if Dementia is a **primary diagnosis**
- Only include antipsychotic medications in this section that are related to the participant’s dementia treatment.
- Medications such as Namenda and Aricept or antidepressants **do not** need to be documented in this section.
Section VI: Intellectual Disabilities & Developmental Disabilities

- #15 is for participants with an ID diagnosis prior to age 18
- #17 for participants with a condition related to DD or related conditions that was diagnosed prior to age 22
- Questions #18 and #19 only apply to those with ID/DD diagnoses
PASRR: Pro Tips

- A signature is needed by a professional in the top section.
- Hospital discharge planners must be either an RN or LSW.
- A community care manager is defined as any RN working in a community setting.
- The participant or legal representative* must sign in bottom section.

*If a signature cannot be obtained, please follow your organization’s policy for verbal permission from patients.
These documents are required in order for the Nurse Reviewer to make a determination.

Frequently Missed Items & Where to Find Them:

- **Prognosis**: typically found in discharge/admission orders.
- **Physician’s Plan of Care and Level of Care**: typically in the discharge orders.
- **Social information**: usually found in the H&P*
  
  *For hospice and home health providers, H&P needs to be within last year. If not available, a comprehensive assessment with last physicians signature is acceptable.

- **Do not include progress notes** by the RN, OT, PT or ST unless the progress notes demonstrate progression or regression of MI/ID.
PASRR: Wrap Up

• **Review Before You Send!**
• Further questions can be directed to your Regional BLTC Office.
• Additional Information on PASRR, including PDF fillable Level I form can be found here:
  • healthandwelfare.idaho.gov
    • Select ‘Providers’ from top menu bar
      • Select ‘PASRR Information’ from right side under Resources
• Please check the MedicAide Newsletter monthly for any PASRR updates, found on idmedicaid.com.
  • Select ‘Reference Material’ drop down menu
    • Select MedicAide Newsletters

**THANK YOU!**