Objectives for this Webinar

- Overview of the Federal (CMS) Requirements for PASRR and background
- What does Preadmission screening mean
- PASRR Level I Assessment
- What does meeting Program Office Criteria mean
- Role of the Program Office
- Important Websites
- Who to call for questions
PASRR Background

- Is a requirement under Medicaid, pursuant to OBRA 1987 (Omnibus Budget Reconciliation Act) and 42 CFR § 483.100–483.138
- Applies to all individuals seeking admission to a Medicaid certified nursing facility (NF) regardless of the individual’s insurance and ensures that individuals are placed in the least restrictive setting possible.
- Is part of the licensure for a Medicaid participating NF
- Provisions were addressed in PA Bulletin, Volume 18, Number 52 on December 24, 1988.

Background cont.

- Requires that a NF does not admit any new resident with Mental Illness (MI), an Intellectual Disability (ID) or Related Condition (ORC) unless the individual is determined through a PASRR evaluation to be appropriate for NF services (CFR § 483.106(a))
- Failure to timely complete (prior to admission) the PASRR process will result in forfeiture of Medicaid Reimbursement to the NF during the period of non-compliance in accordance with Federal PASRR Regulations (CFR § 483.122(b))
Preadmission Screening

Prior to Admission to a NF the following must be done:

- Preadmission Screening Identification (PASRR-ID) Level I tool
- Preadmission Screening Evaluation (PASRR-ID) Level II tool (if needed)
- Program Office Letter of Determination received if Level II has been done

PASRR-ID: Section I – Demo, Diagnosis, & Communication

PENNSYLVANIA PREADMISSION SCREENING RESIDENT REVIEW IDENTIFICATION (PASRR-ID) LEVEL I FORM (Revised 1/1/2016)

This process applies to all nursing facility (NF) applicants, regardless of payer source. All current NF residents must have the appropriate form(s) on his/her record. The Preadmission Screening Resident Review Identification (PASRR-ID) Level I form and Level II evaluation, if necessary, must be completed prior to admission as per Federal PASRR Regulations 42 CFR § 483.106.

NOTE: FAILURE TO TIMELY COMPLETE THE PASRR PROCESS WILL RESULT IN FORFEITURE OF MEDICAID REIMBURSEMENT TO THE NF DURING PERIOD OF NON-COMPLIANCE IN ACCORDANCE WITH FEDERAL PASRR REGULATIONS 42 CFR § 483.122.

Section I – DEMOGRAPHICS

DATE THE FORM IS COMPLETED: __________ SOCIAL SECURITY NUMBER (9 digits): ____________

APPLICANT/RESIDENT NAME - LAST, FIRST: __________________________

Communication

Does the applicant/resident require assistance with communication, such as an interpreter or other accommodation, to participate in or understand the PASRR evaluation process? [ ] NO [ ] YES
PASRR-ID: Section II – NCD/Dementia

Section II – NEUROCOGNITIVE DISORDER (NCD)/DEMENTIA

For Neurocognitive Disorders (i.e. Alzheimer's disease, Traumatic Brain Injury, Huntington's, etc.), the primary clinical deficit is in cognitive function, and it represents a decline from a previously attained level of functioning. Neurocognitive disorders can affect memory, attention, learning, language, perception and social cognition. They interfere significantly with a person's everyday independence in Major Neurocognitive Disorder, but not so in Minor Neurocognitive Disorder.

1. Does the individual have a diagnosis of a Mild or Major NCD?
   - NO – Skip to Section III
   - YES

2. Has the psychiatrist/physician indicated the level of NCD?
   - NO
   - YES – Indicate the level:  
     - Mild
     - Major

3. Is there corroborative testing or other information available to verify the presence or progression of the NCD?
   - NO
   - YES – Indicate what testing or other information:
     - NCD/Dementia Work up
     - Comprehensive Mental Status Exam
     - Other (Specify): __________

NOTE: A DIAGNOSIS OF MILD NCD WILL NOT AUTOMATICALLY EXCLUDE AN INDIVIDUAL FROM A LEVEL II ASSESSMENT PROGRAM OFFICE EVALUATION.

PASRR-ID: Section III - Serious Mental Illness

Section III – SERIOUS MENTAL ILLNESS (III)

Examples of a MI may include: Schizophrenia, Schizoaffective Disorder, Delusional Disorder, Psychotic Disorder, Personality Disorder, Panic or Other Severe Anxiety Disorder, Somatic Symptom Disorder, Bipolar Disorder, Depressive Disorder, or another mental disorder that may lead to chronic disability.

III(A) RELATED QUESTIONS

1. Diagnosis

   Does the individual have a mental disorder or suspected mental disorder, other than Dementia, that may lead to a chronic disability?
   - NO
   - YES

2. Substance related disorder

   a. Does the individual have a diagnosis of a substance related disorder, documented by a physician, within the last two years?
      - NO
      - YES

   b. List the substance(s): ______________

   c. Is the need for IN/P placement associated with this diagnosis?
      - NO
      - YES
      - UNKNOWN
PASRR-ID: Section III-B 1

1. Recent Treatment/Evaluation: The treatment history for the mental disorder indicates that the individual has experienced at least one of the following:

   **NOTE:** A “YES” to any question in Section III-B will require that a level I assessment program office evaluation be completed.

   a. Treatment in an acute psychiatric hospital at least once in the past 2 years:
      - [ ] NO
      - [ ] YES – Indicate name of hospital and date(s)

   b. Treatment in a partial psychiatric program (Day Treatment Program) at least once in the past 2 years:
      - [ ] NO
      - [ ] YES – Indicate name of program and date(s)

   c. Any admission to a state hospital:
      - [ ] NO
      - [ ] YES – Indicate name of hospital and date(s)

   d. One stay in a Long Term Structured Setting (LTSS) in the past 2 years:
      - [ ] NO
      - [ ] YES – Indicate name of LTSS and date(s)

   e. Electroconvulsive Therapy (ECT) for Severe Mental Illness within the past 2 years:
      - [ ] NO
      - [ ] YES – Indicate:

   f. Does the individual have a Mental Health Case Manager (Intensive Case Manager (ICM), Blended or Targeted Case Manager, Resource Coordinator (RC), Community Treatment Team (CTT) or Assertive Community Treatment (ACT)?
      - [ ] NO
      - [ ] YES

   Indicate Name, Agency, and Telephone Number of Mental Health Case Manager:

   

PASRR-ID: Section III-B 2

2. Significant Life disruption due to Mental Illness

   Experienced an episode of significant disruption (may or may not have resulted in a 302 commitment) due to a Serious Mental Illness within the past 2 years:

   a. Suicide attempt or ideation with a plan:
      - [ ] NO
      - [ ] YES – List Date(s) and Explain:

   b. Legal/law intervention:
      - [ ] NO
      - [ ] YES – Explain:

   c. Loss of housing/Life change(s):
      - [ ] NO
      - [ ] YES – Explain:

   d. Other:
      - [ ] NO
      - [ ] YES – Explain:

If questions in III-A (1) and III-B are all “NO”, skip to Section IV.
PASRR-ID: Section III-C-Level of Impairment

III-C - LEVEL OF IMPAIRMENT: The mental disorder has resulted in functional limitations in major life activities that are not appropriate for the individual’s developmental stage. An individual typically has at least one of the following characteristics on a continuing or intermittent basis.

- 1. Interpersonal functioning - The individual has serious difficulty interacting appropriately and communicating effectively with other individuals, has a possible history of alienations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation.

- 2. Concentration, persistence and pace - The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings, or in work-like structured activities occurring in school or home settings, manifest difficulties in concentration, is unable to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.

- 3. Adaptation to change - The individual has serious difficulty adapting to typical changes in circumstances associated with work, school, family, or social interaction; manifests agitation, exacerbated signs and symptoms associated with the illness; or withdrawal from the situation; or requires intervention by the mental health or judicial system.

PASRR-ID: Mental Health Note

NOTE: A LEVEL II EVALUATION MUST BE COMPLETED BY THE AAA OR FIELD OPERATIONS AND FORWARDED TO THE PROGRAM OFFICE FOR FINAL DETERMINATION IF THE INDIVIDUAL HAS A "YES" IN #A-# AND/OR A "YES" IN ANY OF SECTION III-B.
PASRR-ID: Intellectual Disability – Section IV

Section IV. INTELLECTUAL DISABILITY (ID)
An individual is considered to have evidence of an intellectual disability if they have a diagnosis of ID and/or have received services from an ID agency in the past.

IV-A. Does the individual have current evidence of an ID or ID Diagnosis (mild, moderate, severe or profound)?
- NO
- YES – List diagnosis(es) or evidence: __________________________

IV-B. Did this condition occur prior to age 18?
- NO
- YES
- CANNOT DETERMINE

IV-C. Is there a history of a severe, chronic disability that is attributable to a condition other than mental illness that could result in impairment of functioning in general intellectual and adaptive behavior?
- NO – Skip to Section IV-D
- YES – Check below, all that apply prior to age 18:
  - Self-care: A long-term condition which requires the individual to need significant assistance with personal needs such as eating, hygiene, and appearance. Significant assistance may be defined as assistance at least one-half of all activities normally required for self-care.
  - Receptive and expressive language: An individual is unable to effectively communicate with another person with the aid of a third person, a person with special skill or with a mechanical device, or a condition which prevents articulation of thoughts.
  - Learning: An individual that has a condition which seriously interferes with cognition, visual or aural communication, or use of hands to the extent that special intervention or special programs are required to aid in learning.
  - Mobility: An individual that is impaired in higher use of fine and/or gross motor skills to the extent that assistance of another person and/or a mechanical device is needed in order for the individual to move from place to place.
  - Self-direction: An individual that requires assistance in being able to make independent decisions concerning social and individual activities and/or in handling personal finances and/or protecting their self-interest.
  - Capacity for independent living: An individual that is limited in performing normal societal roles or is unsafe for the individual to live alone to such extent that assistance, supervision or presence of a second person is required more than half the time (during waking hours).

PASRR-ID: Section IV-D, E, F

IV-D. Has the individual ever been registered with their county for ID services and/or received services from an ID provider agency?  
- NO
- YES
- UNKNOWN

If yes, indicate County name/agency __________________________
Name of Support Coordinator (if known) __________________________

IV-E. Was the individual referred for placement by an agency that serves individuals with ID/DD?  
- NO
- YES

IV-F. Has the individual ever been a resident of a state facility including a state hospital, state operated ID center, or a state school?  
- NO
- YES – Indicate the name of the facility and the date(s): __________________________
- UNKNOWN
PASRR-ID: Intellectual Disability Note

NOTE: A LEVEL II EVALUATION MUST BE COMPLETED BY THE AAA OR FIELD OPERATIONS AND FORWARDED TO THE PROGRAM OFFICE FOR FINAL DETERMINATION IF:

- THE INDIVIDUAL HAS EVIDENCE OF AN ID OR AN ID DIAGNOSIS AND HAS A "YES" OR "CANNOT DETERMINE" IN IV/A AND A "YES" IN IV/C WITH AT LEAST ONE FUNCTIONAL LIMITATION, OR
- THE INDIVIDUAL HAS A "YES" IN IV/D, OR E, OR F.

PASRR-ID: Section V - Other Related Conditions

Section V - OTHER RELATED CONDITIONS (ORC)

"ORC" includes physical, sensory or neurological disabilities. Examples of an ORC may include but are not limited to:

- Asthma (status/past or present), Asthma, Congestive heart failure, Asthma, Alopea, Epilepsy, Sickle Cell Anemia, Phenylketonuria, Muscular Dystrophy, Poly, Spina Bifida, Anorexia Nervosa, Damage, blindness and Deafness, Paraplegia or Quadriplegia, head injuries (e.g., gunshot wounds or other injuries e.g., spinal injury), so long as the injuries were sustained prior to age of 22.

V.A. Does the individual have an ORC diagnosis/manifestation prior to age 22 and is expected to continue indefinitely?

- NO - Skip to Section VI
- YES - Specify the ORC Diagnosis/Manifestation

V.B. Check all areas of substantial functional limitation which were present prior to age 22 and were directly the result of the ORC.

- Communication: Akin to condition which requires the individual to send significant assistance with personal needs such as eating, hygiene, and appearance. Significant assistance may be defined as assistance at least once a day of an activity normally required for self-care.
- Receptive and expressive language: An individual is unable to effectively communicate with another person without the aid of a third person, a person with special skill or with a mechanical device, or a condition which prevents articulation of thoughts.
- Learning: An individual who has a condition which seriously interferes with cognition, visual or oral communication, or use of hands to the extent that special instruction or special programs are required to aid in learning.
- Mobility: An individual who is required to neither use one or more of the major motor skills in the extent that assistance of another person and/or a mechanical device is required in order for the individual to move from place to place.
- Self-direction: An individual who requires assistance in being able to make independent decisions concerning social and personal activities and/or in handling personal finances and/or protecting one's self-interest.
- Capacity for independent living: An individual who is limited in performing normal societal roles or is unable for the individual to live alone to such an extent that assistance, supervision or protection required more than half the time (during waking hours).
PASRR-ID: Other Related Condition Note

NOTE: IF THE INDIVIDUAL HAS AN ORG DIAGNOSIS PRIOR TO THE AGE OF 22 AND AT LEAST ONE BOX CHECKED IN V.B, A LEVEL II EVALUATION MUST BE COMPLETED BY THE AAA OR FIELD OPERATIONS AND FORWARDED TO THE PROGRAM OFFICE FOR FINAL DETERMINATION.

PASRR-ID: Section VI - Home & Community Services

Section VI – HOME AND COMMUNITY SERVICES
Was the individual/family informed about Home and Community Based Services that are available?

[ ] NO  [ ] YES

Is the individual/family interested in the individual going back home, back to the prior living arrangement, or exploring other community living options?

[ ] NO  [ ] YES
PASRR-ID: Section VII - Exceptional Admission

Section VII – EXCEPTIONAL ADMISSION

Does the individual meet the criteria to have a Level II Assessment/Program Office Evaluation done by one of the Program Offices and is not dangerous to self and/or others meet the criteria for Exceptional Admission to a NF?

□ NO – Skip to Section VII  □ YES

NOTE: IT IS THE RESPONSIBILITY OF THE NF TO VERIFY THAT ALL CRITERIA OF THE EXCEPTION ARE MET.

Mark the Exceptional Admission that applies:

VII-A = Individual is an Exempted Hospital Discharge - Must meet all the following prior to NF Admission and have a known MI, ID, or ORC:

- Admission to NF directly from the Acute Hospital after receiving inpatient medical care (not observational stay/not inpatient psych or Behavioral Health Unit) AND
- Requires NF services for the medical condition for which he/she received care in the hospital, (Specify the condition:_________________) AND
- The hospital physician shall document on the medical record (which must be forwarded to the NF) that the individual will require less than 30 calendar days of NF service and the individual’s symptoms or behaviors are stable.

□ NO  □ YES – Physician’s name:

PASRR-ID: VII-B, C, D

VII-B = Individual Requires Respite Care - An individual with a serious MI, ID, or ORC, may be admitted for Respite Care for a period up to 14-days without further evaluation if he/she is certified by a referring or attending physician to require 24-hour nursing facility services and supervision.

□ NO  □ YES

VII-C = Individual Requires Emergency Placement - An individual with a serious MI, ID, or ORC, may be admitted for emergency placement for a period of up to 30-days without further evaluation if the Area Agency on Aging’s (AAA) Protective Services has certified that such placement is needed.

□ NO  □ YES

VII-D = Individual is in a coma or functions at brain stem level - An individual with a serious MI, ID, ORC may be admitted without further evaluation if certified by the referring or attending physician to be in a coma or who functions at brain stem level. The condition must require intense 24-hour nursing facility services and supervision and is so extreme that the individual cannot focus upon, participate in, or benefit from specialized services.

□ NO  □ YES
PASRR-ID: Change in Exceptional Status

CHANGE IN EXCEPTIONAL STATUS
IF THE INDIVIDUAL'S CONDITION CHANGES OR HE/SHE WILL BE IN RESIDENCE FOR MORE THAN THE ALLOTTED DAYS:
• THE DEPARTMENT MUST BE NOTIFIED ON THE MA 408 WITHIN 48 HOURS FOR AN EVALUATION TO BE COMPLETED.
• THE LEVEL II EVALUATION MUST BE DONE ON OR BEFORE THE 48TH DAY FROM ADMISSION.
• DO NOT COMPLETE A NEW PASRR-ID (LEVEL II) FORM; JUST UPDATE THE CURRENT FORM WITH THE CHANGES AND INITIAL THE CHANGES. ENTER FULL SIGNATURE AND DATE BELOW TO INDICATE YOU MADE THE CHANGES.

SIGNATURE: ___________________________ DATE: __________________

PASRR-ID: Section VIII – Screening Outcome

SECTION VIII – PASRR LEVEL I SCREENING OUTCOME

☐ Individual has negative screen for Serious Mental Illness, Intellectual Disability, or Other Related Condition; no further evaluation (Level II) is necessary.

☐ Individual has a positive screen for Serious Mental Illness, Intellectual Disability, and/or Other Related Condition; requires further evaluation (Level II).

☐ Individual has positive screen for further evaluation (Level II) but has a condition which meets the criteria for Exceptional Admission indicated in Section VII. NF must report Exceptional Admissions on the Target Resident Reporting Form (MA 408).
April 2017

**What happens if the Program Office (PO) criteria is met?**

When the PO Criteria is met on the PASRR Level I:

- A PASRR Level II Evaluation must be completed
  - The County AAA is called to do the PASRR Level II Evaluation
  - And a Program Letter of Determination must be received before you can admit an individual to a nursing facility
What happens if the PO criteria is met after admission?

When the PO Criteria is met after admission (meaning there has been a change in condition after admission to the NF):

- A PASRR Level II Evaluation must be completed
  - Field Operations will do the PASRR Level II Evaluation in the NF (MA 408 faxed to Field Operations), unless the AAA will be doing an assessment for Medical Assistance (if this is the case, then AAA will do)
- A Program Letter of Determination is sent to the NF

Role of the Program Office

- The Program Offices review the PASRR Evaluation and the additional information sent to them to determine if the individual:
  - Meets the criteria for the Program Office
  - Eligibility for Long Term Services and Supports
  - Needs Specialized Services
- The end result is a Program Office Letter of Determination
Important Websites

Pennsylvania PASRR Process Website:
http://www.dhs.pa.gov/provider/longtermcarecasemixinformation/obatrainingInformation/index.htm

Out of State Process for PASRR

Long Term Care Nursing Facility Providers website:
http://www.dhs.pa.gov/provider/longtermcarecasemixinformation/index.htm

Order MA Forms:
http://www.dhs.pa.gov/dhsassets/maforms/index.htm

Pennsylvania PASRR Process Website

PASRR Forms
- Level I PASRR Identification Form (MA 376)
- Level II PASRR Evaluation Form (MA 376.2)

Resources for PASRR:
- PASRR Clarifications, Questions and Answer Document
- PASRR Bulletins
  - MA376
  - MA376.2
- Handouts for Webinar Training (11/2015)

Who to contact for help with the Pennsylvania PASRR process:
- Field Operations Offices
- Program Office Contacts
- State PASRR Coordinator at 717-214-3736
Questions?

› Ruth Anne Barnard, B.S.N., R.N.
  MDS/PASRR/Field Operations Coordinator
  ◦ rbarnard@pa.gov
  ◦ 717–214–3736

› Randy Nolen
  Division Director for Field Operations
  ◦ rnolen@pa.gov
  ◦ 717–772–2543

› Program Offices – see list found on the PASRR Website (see previous slide)

› Field Operations Supervisors – see list found on the OBRA Website (see previous slide)