

Preadmission Screening and Resident Reviews (PASRR)

Instructions for Completing the *Level I Screen*

The certification of the Pre Admission Screening and Resident Review (PASRR) may be completed by one of the following: Registered or Licensed Nurse, Licensed Social Worker, Physician, Nurse Practitioner, or Physician's Assistant. It is requested (but not required) that you attach a history and physical when submitting this form to TennCare. This will expedite the identification of any information which might require that a PASRR evaluation be performed. Check *yes* or *no* response for each question.

Mental Illness

- *Does the individual have a diagnosis of a major MENTAL ILLNESS (e.g., schizophrenia, paranoid state, bipolar disorder, atypical psychosis, major depression)? If so, indicate diagnosis:*

This question asks whether the individual has been diagnosed with a serious mental illness. A serious mental illness is a psychiatric condition that is likely to require continuous or episodic treatment and monitoring. The federal definition for SMI excludes dementia if dementia is the sole psychiatric condition or is primary over a co-occurring mental illness. Check *yes* if the individual has been *diagnosed* (currently or in the past) with a serious mental health condition.

- *Does the individual have any presenting evidence of MENTAL ILLNESS, including disturbances in orientation, affect, or mood? Exclude individuals who have a primary diagnosis of dementia (including Alzheimer's disease and related disorders), and exclude individuals who have a secondary diagnosis of dementia (including Alzheimer's disease and related disorders) and who DO NOT have a primary diagnosis of a major mental illness.*

This question asks whether the person has symptoms of mental illness now or within the past six months, regardless of whether or not a diagnosis of mental illness has been rendered by the physician. Symptoms of mental illness are often identified (or may have been identified within the past six months) through the person's interpersonal relationships, routine daily activities, or in the way in which he or she responds to change. If the provider is not familiar with the person's history, it is important to ask the applicant and/or the applicant's caregivers or family about the presence/absence of symptoms in those areas, as well as to review available resources.

- *Has the individual had a history of MENTAL ILLNESS in the last 2 years?*

This question asks about the possibility of a diagnosis of a mental illness within the past two years. Even if the person is not *currently* diagnosed with a mental illness, it may be that s/he previously had such a diagnosis. In addition to asking about a *diagnosis*, the provider should ask whether the applicant has received any mental health treatment, such as inpatient psychiatric care or other intensive mental health services, over the past two years. If the provider is not familiar with the person's history, it is important to ask the applicant and/or the applicant's caregivers or family about the presence/absence of such a diagnosis, as well as to review available resources.

Mental Retardation

- *Does the individual have a diagnosis of MENTAL RETARDATION?*

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This question asks whether the individual has been diagnosed with mental retardation. Check *yes* if the individual has been *diagnosed* (currently or in the past) with mental retardation. If the provider is not familiar with the person's history, it is important to ask the applicant and/or the applicant's caregivers or family about the presence/absence of such a diagnosis, as well as to review available resources.

- *Does the individual have any presenting evidence (cognitive or behavior functions) that suggests that the individual has MENTAL RETARDATION or a DEVELOPMENTAL DISABILITY (Related Condition)? If there is a developmental disability, please describe it.*

This question asks whether there is any suspicion of mental retardation or a developmental disability/related condition, regardless of whether or not a diagnosis has been rendered. A suspicion might be present based on the person's educational history, social history, past receipt of mental retardation services, or employment history. A related condition might be suspected or known based on a diagnosis of Cerebral Palsy, Epilepsy, Spina Bifida, or other DD/RC condition. Other examples of DD/RC conditions are provided on the table earlier in this document. In the absence of a *diagnosis*, other potential evidence that a developmental condition is present might include substantial functional limitations in 3 or more of areas of major life activities (self-care; understanding and use of language; learning; mobility; self direction; and/or capacity for independent living). **If the provider is not familiar with the person's history, it is important to ask the applicant and/or the applicant's caregivers or family about the presence/absence of symptoms in those areas, as well as to review available resources.**

- *Does the individual have any history of MENTAL RETARDATION or DEVELOPMENTAL DISABILITY that was manifested before age 22?*

This question asks whether the individual has DD/RC or MR related issues that onset prior to age 22. This period is considered the 'developmental' period. If the person experiences a lowered IQ or substantial functional limitations, but those occurred due to an event past the developmental period, the individual **does not meet criteria** for MR or DD/RC.

- *Has the individual been referred by an agency that serves persons with MENTAL RETARDATION or DEVELOPMENTAL DISABILITIES, and has the individual been deemed eligible for services of such an agency? If so, indicate by the name of the agency.*

This question is asking whether the person has previously received services from an agency that specializes in serving people with MR or DD/RC conditions. In order for a person to be eligible for services by such an agency, the individual must have previously been confirmed as having MR or DD/RC.

Signature/Date

The form must be signed and dated.

Next Steps:

If **all** of the MI, DD/RC, or MR questions are marked *no*, the individual may be admitted without further *Level II evaluation*.

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If any of the MI, DD/RC, or MR questions is marked *yes*, then a review of any exemptions or categorical determinations must be completed. A physician must certify all affirmative statements for meeting exemptions and categorical determinations listed on the *Level I screen* and sign the form.

Exemptions and Categorical Determinations for PASRR Level II Evaluations

EXEMPTION:

HOSPITAL EXEMPTION CRITERIA: Admission meets all the following and has a known or suspected SMI or MR/RC:

- Admission to NF directly from Hospital after receiving acute inpatient medical care, and
- Need for NF is required for the condition treated in the hospital
(Specify condition: _____), and
- Physician has certified prior to NF admission the individual will require less than 30 calendar days of NF services and the individual's symptoms or behaviors are stable.

DEMENTIA: The individual has a primary diagnosis of DEMENTIA (including Alzheimer's disease and related disorders) based on neurological examination; or the individual has a secondary diagnosis of DEMENTIA (including Alzheimer's disease and related disorders) based on neurological examination and does not have a primary diagnosis of a major mental illness.

Note: DEMENTIA is not allowed as an exemption if the individual has, or is suspected of having, a diagnosis of MENTAL RETARDATION.

CATEGORICAL DETERMINATION:

SHORT-TERM CONVALESCENCE: The individual is being admitted from a hospital to receive convalescent care not to exceed 120 days, and the individual is not a danger to self or to others.

TERMINAL ILLNESS: The individual is terminally ill and has a medical prognosis that life expectancy will be six (6) months or less, and the individual is not a danger to self or others.

SEVERITY OF ILLNESS: The individual has a medical condition of such severity that it would prohibit the individual from participating in specialized services for MENTAL ILLNESS or MENTAL RETARDATION

(e.g., coma, ventilator-dependent, severe chronic obstructive pulmonary disease, severe congestive heart failure, severe Parkinson's Disease, Huntington's Disease, or Amyotrophic Lateral Sclerosis), and the individual is not a danger to self or to others.

Note: Documentation of the severity of the illness must be submitted

Physician's Signature/Date is required