Preadmission Screening and Resident Reviews (PASRR)

Overview

Preadmission Screening and Resident Reviews (PASRR) is a federally mandated advocacy process dating back to 1989. The purpose of PASRR is to ensure that NF applicants and residents with mental illness and/or mental retardation are:

- Identified
- Admitted or allowed to remain in a nursing facility (NF) only if they need NF services and only if the NF can provide the services recommended through PASRR.
- Provided with Intensive or Specialized Services (SS), if needed.

PASRR requires that anyone admitted to a Medicaid funded Nursing Facility (NF), **regardless of the individual's method of payment**, must be screened to identify the presence of any one of the following:

- *Serious Mental Illness (SMI)*
- *Mental Retardation (MR)*
- *Developmental Disability (DD).* **Note:** In the federal regulations, the more commonly used term *Developmental Disability* (DD) is referred to as *Related Conditions* (RC). The federal government uses RC, because they are referring to conditions that are *related to* mental retardation due to the similarities in service needs. In this document, DD and RC are listed in tandem as DD/RC.

PASRR is a two-stage process. The *Level I screen* is the method of *identifying people* with any of the three disabilities listed above. If a qualifying condition is suspected or identified through the *Level I screen*, a *Level II evaluation* may be required. A *Level II evaluation* is the onsite, face-to-face evaluation of the individual with SMI, MR, or DD/RC to identify the individual's service and placement needs.

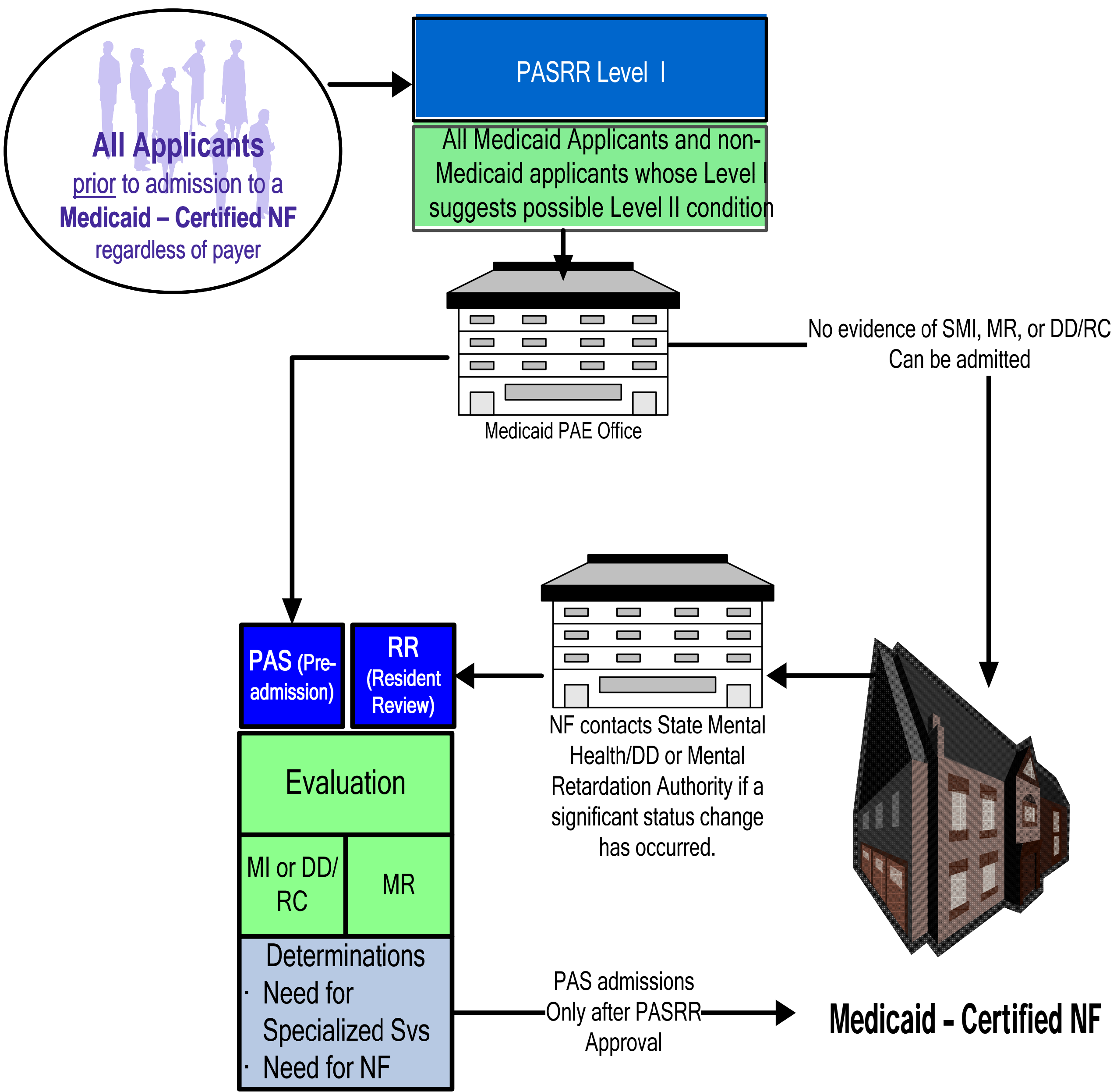
An individual with a disability of SMI, MR or DD/RC **cannot** be admitted to a Medicaid certified NF, **regardless of the individual's method of payment,** until the *Level II evaluation* is completed and determines that the individual is appropriate for NF placement. If the *Level II evaluation* determines that specialized services are needed for the identified condition, admission to the NF is not permitted. Under federal law, PASRR *Level II evaluations* must be conducted:

- Prior to the NF admission of an individual with known or suspected SMI, MR, or DD/RC; **and**
- Whenever a resident with known or suspected SMI, MR, or DD/RC experiences a significant change in status.

Overview Recap

- PASRR applies to all individuals applying to or residing in Medicaid certified NFs, regardless of their method of payment.
- All states are required to administer PASRR and ensure that their program meets federal guidelines.
- The PASRR *Level I screen* is a broad screen to *identify* whether there is a *known* or *suspected* SMI, MR, DD/RC condition.
- The *PASRR Level II evaluation* is an individualized, comprehensive evaluation conducted to confirm SMI, MR, DD/RC diagnoses and to determine placement and treatment recommendations.
- PASRR is federally mandated to occur prior to admission and whenever a resident experiences a significant change in status.

A graphic illustration of the key PASRR *Level I screen* and PAS and RR *Level II evaluation*



Qualifying Conditions

The federal PASRR law requires that anyone with a **known** or **suspected** diagnosis of SMI, MR, and/or DD/RC, be evaluated through the PASRR *Level II evaluation* process. If a person has not been diagnosed with one of those conditions, but behaviors or symptoms are present that could represent an undiagnosed qualifying condition, further assessment through the *Level II evaluation* may be required. If a NF resident was not suspected or known at admission to have a SMI, MR, or DD/RC condition, but one or more conditions was later discovered, the appropriate State Authority must be contacted to determine whether a *Status Change Level II evaluation* is necessary. A description of qualifying conditions is provided below.

Serious Mental Illness (SMI)

The federal regulations include the word *serious,* because the regulation is addressing people with mental health conditions that are likely to require continuous or episodic treatment and monitoring. Examples of SMI diagnoses include but are not limited to: A schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability.

A diagnosis of dementia is not included under the federal PASRR SMI definition. Therefore, a person with a sole psychiatric diagnosis of **dementia** is exempted from PASRR. If the person has both a mental illness and a dementia diagnosis, the dementia must be confirmed as primary before the person is excluded from PASRR. *Primary* means that the dementia is *more progressed* than any other mental health condition. All diagnoses must be reported, and the State Authority (the Medicaid PAE unit for pre-admission screens and the TDMHDD for Resident Review Status Changes) determines whether further assessment through the *Level II evaluation* is required.

Mental Retardation (MR)

Mental Retardation (MR) refers to sub-average intelligence combined with adaptive functioning impairments. To qualify as MR, the person's intellectual deficits must be at or below a current tested IQ of 70 that is not the result of dementia, severe and persistent mental illness, psychological trauma, poor effort, a history of extensive drug use, and/or other reversible/treatable medical illnesses or testing exigency. The MR *must have occurred before he/she turned 18 years of age*, and the deficits must be anticipated as lifelong. The levels of MR include: Mild, Moderate, Severe, Profound, and Unspecified. As with SMI, if an MR diagnosis is *suspected,* even if it is not confirmed, the individual must be assessed through the more extensive *Level II evaluation* process.

Developmental Disability (DD)/Related Condition (RC)

A *Developmental Disability* is referred to in the federal regulations as a *Related Condition,* because the condition requires services *related to* those provided for people with MR. A DD/RC means that **all** of the following are present:

- The person has impairments in intellectual functioning **or** adaptive behavior; and
- The person's condition was present prior to the age of 22; and
- The person's condition is expected to continue indefinitely; and
- The person experiences substantial functional limitations in 3 or more of areas of major life activities of: self-care; understanding and use of language; learning; mobility; self direction; and/or capacity for independent living.

Examples of DD/RC include but are not limited to diagnoses listed in the table below:

Example DD/RC Diagnoses			
Anoxia at birth	*Encephalitis*	*Meningitis*	*Quadriplegia*
Arthrogryposis	*Fetal Alcohol Syndrome*	*Multiple Sclerosis*	*Seizure Disorder*
Autism	*Fredreich's Ataxia*	*Muscular Dystrophy*	*Spinal Bifida*
Congenital Blindness	*Hemi paresis*	*Para paresis*	*Spinal Cord Injury*
Cerebral Palsy	*Hemiplegia*	*Paraplegia*	*Traumatic Brain Injury*
Congenital Deafness	*Hydrocephaly*	*Polio*	*XXY Syndrome*
Downs Syndrome	*Klippel-Feil Syndrome*	*Prader- Willi Syndrome*	

Qualifying Conditions Recap

- Conditions which *qualify* a person as needing a *Level II evaluation* include: *serious* mental illness (SMI), mental retardation (MR), and developmental disabilities (DD) [DD is also referred to as a Related Condition (RC) in the federal language. Therefore, DD/RC is used inter-changeably in this document]. Each diagnosis includes federally provided criteria to help identify whether the condition is present.
- If the person does not have a diagnosis, but is *suspected* of having one or more of the qualifying conditions, she or he must still be assessed through a PASRR *Level II evaluation*

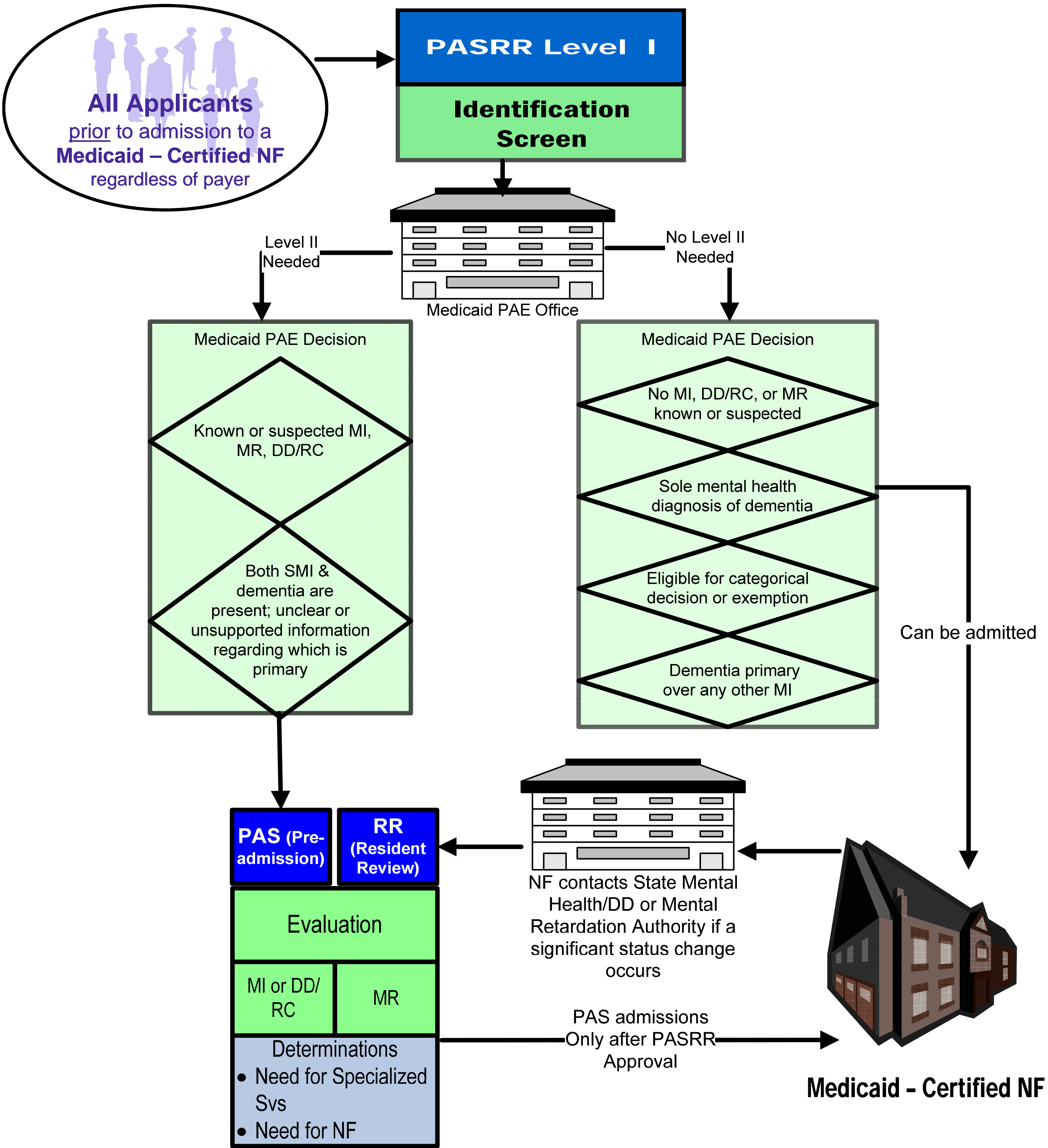
Level I Screen **Identification (ID) Screen**

The *Level I Screen* is completed for any individual applying to a Medicaid Certified Nursing Facility, regardless of the individual's method of payment. The *Level I screen* is used to *identify* whether there is any *known* or *suspected* SMI, MR, or DD/RC. As such, it is often referred to as the *identification screen* or the *broad screening process.* The *Level I screen* must be completed prior to the individual's admission to the NF. The PAE must be submitted within 10 days of the Medicaid recipient's admission to the NF. The timeline for submitting the *Level I screen* to the Medicaid PAE Unit is as follows:

- **Prior to admission to a Medicaid certified nursing facility** (regardless of the applicant's method of payment). If an individual is noted to have or is suspected of having a SMI, MR, or DD/RC, further evaluation, through the Level II evaluation, must be completed and submitted to TennCare before the individual can be admitted to a Medicaid certified NF.

- **Prior to the expiration of a PAE time limited stay if the individual is expected to exceed the authorized time limit.** *A time limited stay in this condition refers to a Level I screen categorical determination approval for short term convalescence. If the individual's stay is expected to exceed 120 days then both a new Level I screen and a new PAE must be submitted prior to the conclusion of the authorized stay.

An illustration of the Medicaid PAE Unit's decision-making process follows.



Level II Evaluation Exemptions and Categorical Determinations

In some cases the person with a known or suspected qualifying condition may be permitted NF admission without an onsite *Level II evaluation*. This is because either:

- The person meets certain federal options for exemption from PASRR; or
- The person fits into a *category* where an abbreviated *Level II evaluation* can be performed at the *Level I screen* phase.

These *exemptions* and *categorical determination* options are provided on the PASRR *Level I screen* form and include:

Exemptions

Primary Dementia: For the individual to qualify, one of the following must be present, **and** the individual cannot have a diagnosis of MR or DD/RC:

1) The person has a primary mental health diagnosis of dementia (with or without a co-occurring major mental health diagnosis) –and- the dementia diagnosis and its progression has been confirmed through a neurological examination; or
2) The person has a secondary mental health diagnosis of dementia and, even though an additional mental health diagnosis is present and is primary, any additional mental health diagnosis does not qualify as a major mental health disorder.

Hospital Exemption Criteria: For the individual to qualify, all of the following must be present:

1) The person is being admitted to the NF directly from the hospital after receiving acute inpatient medical care , and
2) NF admission is required for the condition being treated in the hospital, and
3) Prior to admission the physician has certified that the individual will require less than 30 calendar days of NF services and that the individual's symptoms and behaviors are stable.

Categorical Determinations

Terminal Illness: For the individual to qualify, **both** of the following must be present:

1) A physician must have determined that his/her status meets terminal criteria of life expectancy at 6 months or less; **and**
2) The individual cannot be psychiatrically unstable (demonstrating evidence of danger to self or others).

Short Term Convalescence: For the individual to qualify, **all** of the following must be present:

1) The individual must be transferring from a hospital to a NF for convalescent care
2) The individual's stay in the NF must be anticipated as not exceeding 120 days
3) The individual cannot be psychiatrically unstable (demonstrating evidence of danger to self or others).

If the individual's stay is expected to extend beyond the approved period, a new PAE with updated information must be submitted to the Medicaid PAE Unit.

Severity of Illness: For the individual to qualify, **all** of the following must be present:

1) The individual must have a medical condition of such severity that it would prohibit participation in specialized services for mental illness or mental retardation (e.g., coma, ventilator-dependent, severe COPD, severe CHF, severe Parkinson's Disease, Huntington's Disease, or Amyotrophic Lateral Sclerosis); and
2) Documentation of the severity of the illness must be submitted and that severity must reflect the individual's inability to benefit from specialized services for his/her SMI, DD/RC, or MR condition; and
3) The individual cannot be psychiatrically unstable (demonstrating evidence of danger to self or others).

PASRR *Level II Evaluations*

The *Level II evaluation* determines whether the individual has special needs due to his/her SMI, DD/RC, or MR that must be addressed in a NF. It is also determines whether those special needs are so significant that they cannot be met in a NF and can only be met in a specialized facility. A *Level II evaluation* is the onsite, face-to-face evaluation of the individual with SMI, MR, or DD/RC to identify the individual's service and placement needs. Ascend Management Innovations LLC is the state contractor for conducting all PASRR *Level II evaluations* in Tennessee. Evaluations are conducted as described below:

- **Preadmission Screening:** Prior to admission referrals for PASRR *Level II evaluations* are made by the State Medicaid Office. PASRR *Level II evaluations* are completed within five business days from referral for a *Level II evaluation*.

- **Status Change:** A Change in Status (SC) occurs when a resident with SMI, MR, and/or DD/RC experiences a significant change in placement or MI, MR, and/or RC service needs. PASRR change in mental status evaluations are completed within three business days. Nursing facilities initiate the request for a status change evaluation. These may only be completed and approved by TDMHDD or DMRS.

- **Resident Review:** A Resident Review (RR) occurs at the direction of TDMHDD and/or DMRS per federal regulations to track residents identified by the *Level II evaluation* as in PASRR population. A RR is performed onsite.

- **Document Based Review:** A DBR or Targeted Resident Review occurs at the direction of TDMHDD and/or DMRS and is conducted by documentation collection followed by a phone interview with a clinician.

When a *Level II evaluation* is needed, the Level II evaluator will review and make copies of medical records including a recent health and physical evaluation, medication administration records, and psychiatric notes/evaluations. They will also conduct a face to face interview with the individual and a caregiver. If family or a legal guardian is available, the evaluator may also interview them.

Change in Mental Status Review

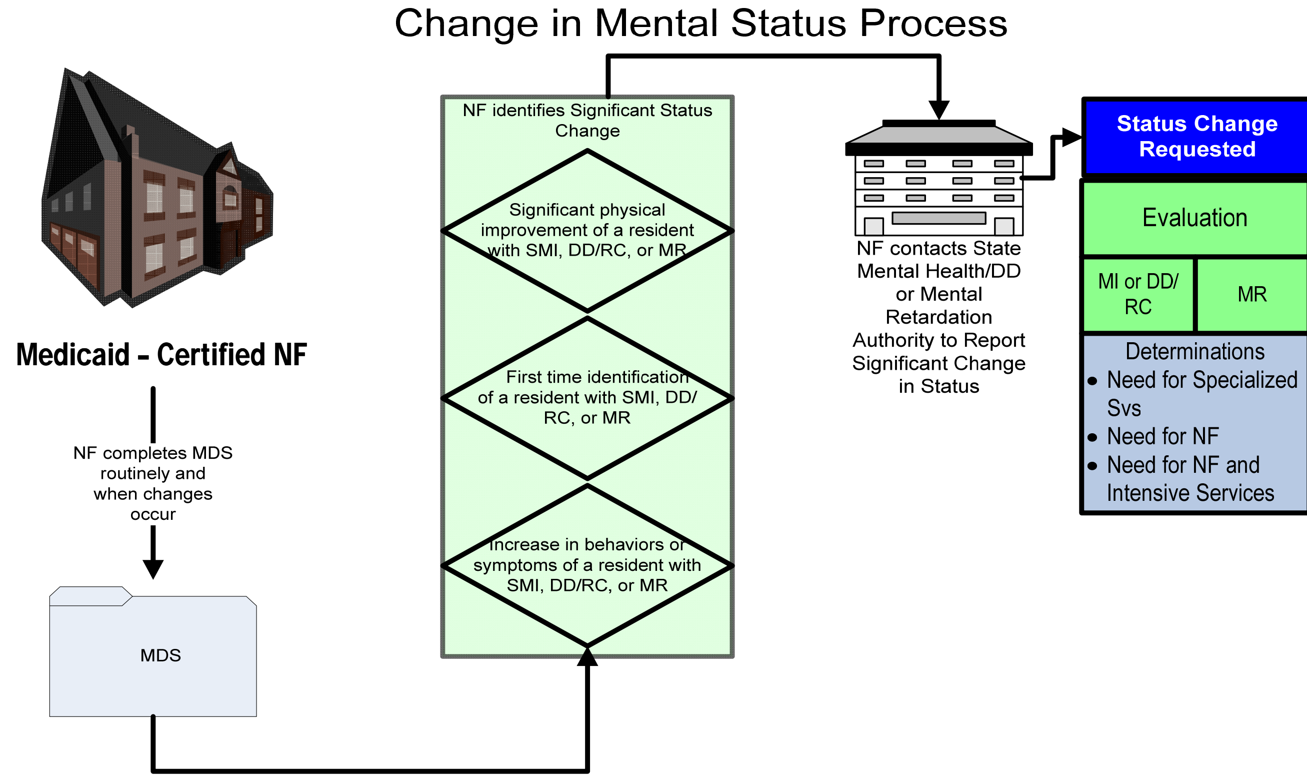
Whenever a resident with a known or suspected SMI, MR, or related condition experiences a significant change in status, a status change review must be conducted. A status change might occur for a resident who has previously been assessed through the *Level II evaluation*, as well as for resident who has not previously been assessed by a *Level II evaluation*, but a Level II condition is suspected. A significant change in status might include any of the following events:

- When a resident with MI, MR, and/or DD/RC experiences a significant physical improvement, to the extent that she/he might be considered appropriate for community placement.
- When an individual with MI, MR, and/or DD/RC was not identified at the *Level I screen* process, and that condition later emerged or was discovered. The facility should monitor data on the MDS to identify a mental disability.
- When a resident who was previously assessed through a *Level II evaluation* exhibits increased symptoms or behavioral problems.
- When a *Level II PASRR evaluation* of an individual resulted in a decision requiring inpatient psychiatric treatment and, following delivery of inpatient psychiatric services, an update to the *Level II evaluation* is needed to confirm appropriateness of NF.

When a resident exhibits a status change, the NF staff must contact the appropriate Department/Division and must complete a change in mental status form requesting an evaluation.

The State Authority for residents with known or suspected **SMI or DD/RC** who experience Status Changes is the **Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD).** A change in mental status form must be faxed to the TDMHDD at 615.741.6086. The state Authority for residents with known or suspected **MR** who experience Status Changes is the **Division of Mental Retardation Services (DMRS).** A change in mental status form must be faxed to the DMRS at 615.532.9940.

An illustration of the Change in Mental Status process.



Resident Reviews

All states are required to evaluate the delivery of services and track individuals identified from during either a pre-admission screening or a status change review as in PASRR population. The State uses a Resident Review process, which involves periodic contact between the State's PASRR contractor, Ascend Management and providers about the status of residents who were previously assessed through the PASRR *Level II evaluation* process. The inquiry involves either an onsite Resident Review or a Document Based Review (DBR). When a *Level II onsite Resident Review evaluation* is needed, the Level II evaluator will review and make copies of medical records including a recent health and physical evaluation, medication administration records, and psychiatric notes/evaluations. They will also conduct a face to face interview with the individual and a caregiver. If family or a legal guardian is available, the evaluator may also interview them.

Document Based Reviews (DBR)

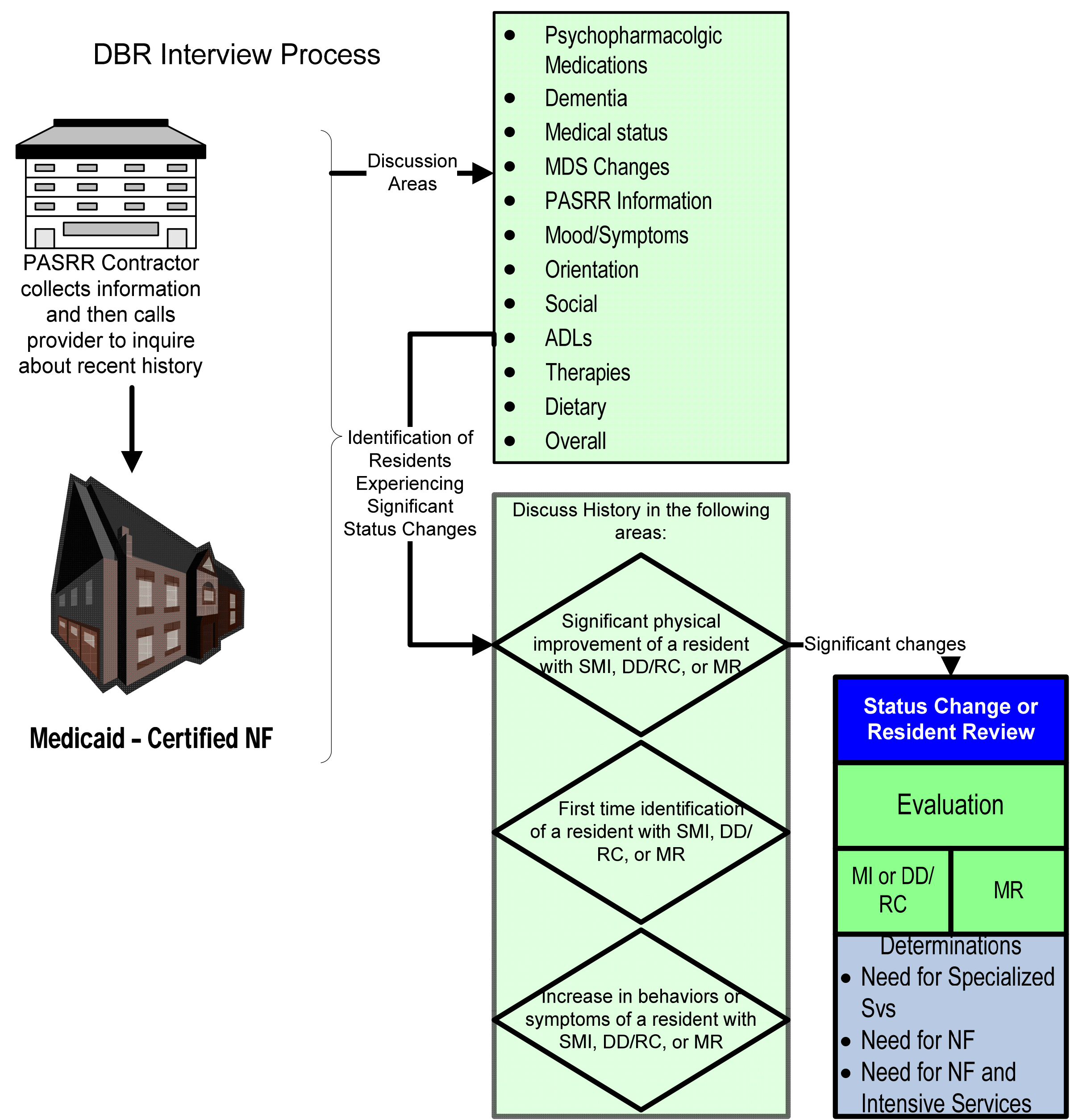
The Targeted Document Based Review (DBR) process involves a thorough collection of required documentation from the individual's record followed by a phone interview with a clinician and structured questions about the resident's adjustment to the facility, symptoms, and response to treatments. This DBR process provides an important mechanism for:

- Educating providers about the special needs of residents with qualifying conditions;
- Evaluating the individual's current status and adjustment to the facility;
- Determining need for further recommendations; and
- Following up on the outcome of previous recommendations.

Examples of questions asked during the phone interview:

DBR Status Information

1) **Psychopharmacologic Medications:** What are the current psychiatric diagnoses of record and are any of these newly added? What psychiatric medications are currently prescribed? Is justification for psychiatric medications noted in the patient's record? When did the last psychiatric follow up occur?
2) **Dementia:** Is Dementia a current diagnosis? Are there any signs and symptoms of Dementia? If yes, were neurological evaluations conducted to confirm the diagnosis? Is dementia potentially the primary diagnosis (if there is no MR present)?
3) **Medical status:** What are the current medical diagnoses of record and are any of these new diagnoses?
4) **MDS Changes:** Have there been any major changes to the MDS in the last 90 days?
5) **PASRR Information:** Is a copy of the PASRR clearly identified in the patient's chart? Are (or how are) the recommendations being implemented through the care plan? Are the recommendations effective? Are changes warranted?
6) **Mood/Symptoms:** What is the patient's current mood? Describe any behaviors exhibited and include interactions with others. Is there or has there been recent evidence of suicidal or homicidal ideation, psychosis, delusions or hallucinations, irritability, anxiety, inappropriate sexual behavior or aggressive outbursts, etc.? What follow-up services have been identified and implemented to address the patient's current mood change(s)?
7) **Orientation:** What is the patient's current level of orientation to time, person, place, and situation? Has the individual exhibited any forgetfulness?
8) **Social:** What is the patient's current level of participation in activities? If none, is the patient encouraged to participate in activities? Does the patient have any social/family support? Any visitors?
9) **ADLs:** Describe the individual's ambulatory skills (e.g., bed bound, use of a wheelchair, fully ambulatory, etc). What level of assistance does the individual require with ADLs (e.g., Independent, minimum, moderate or maximum assistance)? What level of assistance does the individual require with transfers (e.g., Independent, minimum, moderate or maximum assistance)? What level of assistance does the individual require with toileting (e.g., continence status with bowel and bladder)?
10) **Therapies:** Is the patient receiving any ancillary therapies i.e. PT/OT/ST? Is there currently a restorative nursing plan in place?
11) **Dietary:** What are the patient's current dietary needs? Where does the individual eat meals? Does the patient require assistance with meals? What amounts are typically consumed at meals? Has the individual experienced any significant weight loss or gain? What was the individual's admission weight? What is his/her current height and weight?
12) **Overall:** Do you feel that this patient is appropriate for this facility?


DBR Interview Process
PASRR Contractor collects information and then calls provider to inquire about recent history
Medicaid - Certified NF
Discussion Areas
Psychopharmacolgic Medications
Dementia
Medical status
MDS Changes
PASRR Information
Mood/Symptoms
Orientation
Social
ADLs
Therapies
Dietary
Overall
Identification of Residents Experiencing Significant Status Changes
Discuss History in the following areas:
Significant physical improvement of a resident with SMI, DD/RC, or MR
First time identification of a resident with SMI, DD/ RC, or MR
Increase in behaviors or symptoms of a resident with SMI, DD/RC, or MR
Significant changes
Status Change or Resident Review
Evaluation
MI or DD/ RC
MR
Determinations
Need for Specialized Svs
Need for NF
Need for NF and Intensive Services

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?*

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.

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Signature/Date

The form must be signed and dated.

Next Steps:

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

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