

PRE-ADMISSION SCREEN AND RESIDENT REVIEW

Instruction Guide

For

Completing the

MAP 409

PASRR

LEVEL 1 SCREEN

The Level I shall be completed by Nursing Facility Personnel:

- ❖ **Prior to admission of all applicants to Medicaid Certified Nursing facilities.**
 - **An updated or new Level I is not needed to identify if there has been a significant change in the condition of an individual who did not meet PASRR criteria prior to Admission.**
 - **A new MAP 409 will be required if:**
 - ✓ It appears there was a gap/lapse somewhere down the line due to:
 - frequent transfers and hospitalizations; or
 - having received services in a Non-Medicaid Certified Facility.
 - Readmission from Home, or a lower level of care.

What is the purpose of this form?

- ❖ Federal Regulation (42 CFR §483.100-138) requires that all individual's applying to, or
- ❖ Residing in a Medicaid-certified nursing facility be screen to determine whether he or she:
 - Have serious mental illness (SMI); or
 - An intellectual disability; or
 - A related condition (ID/RC); and if so,
 - Do they require the level of services provided by a nursing facility; and if so;
 - Do they require specialized services beyond what the nursing facility may provide; and if so
 - Is this the least restrictive placement to have their identified support needs met?
- ❖ This form documents the first level of screening for person's seeking nursing facility placement. If a serious mental illness, an intellectual disability, or a related condition is **identified**, or **credibly suspected**, the nursing facility submits the completed MAP 409 Level I form to their regional Community Mental Health Center's PASRR Coordinator to begin the comprehensive Level II evaluation process.
 - If after the Level I is submitted to the CMHC and a Level II is not needed, then a *Response to Referral* may be given depending on the individual's circumstances. Your PASRR Coordinator will instruct you on this process
- ❖ Once that referral is made to the CMHC, and a Level II is needed, the Final Written Determination must be made within nine (9) days.
 - Verbal Determinations for MI Evaluations will be made by the 5th day.
 - Final written Determinations for MI Evaluations will be made by the CMHC within nine (9) days.
 - Final written Determinations for ID/RC evaluations will be made by DDID PASRR Committee within Nine (9).

Who may complete this form?

- ❖ Nursing Facility Admissions staff
- ❖ Qualified/Trained Individuals
- ❖ Specific Agency's identified by the Department for Medicaid Services.

Additional Information about the Level I:

- The Nursing Facility is responsible for ensuring that the form is completed accurately before admission.
- This form must be signed and dated on the last page.
- The Nursing Facility must retain the original PASRR Level I form as part of the resident's permanent medical record.
- Everyone seeking placement in a Medicaid Certified Nursing Facility, must have a Level I screen prior to admission.

Section 1: The individual's personal and referral information

- ❖ Nursing Facility staff should be thorough when completing the Level I Screen.
- ❖ Ask follow up questions for more detailed information.
- ❖ All of the Information gathered will assist in identifying the most
 - appropriate placement,
 - supports, and
 - discharge planning options.
- ❖ **Name-** would mean the person's given/legal name. If the individual prefers being address by a Nickname, include that on the form as well. First and middle name combination such as Lou Ann or Mary Margaret can be listed under first name.
- ❖ **Current address-** would mean the individual's physical living location just prior to the Hospital or Nursing Facility admission.
- ❖ **Type of Dwelling-** would mean (Nursing Facility, Psychiatric placement, Personal Care Home, Safe House, Homeless shelter, Jail, Private Home, Treatment Facility, etc. . . .
- ❖ **How long at this address-** would mean length of most current stay.
- ❖ **Who were they there with-** "why were they there" Would help explain circumstances of needed placement, and to identify relationship or responsibility to others who may have a stake in the individual's placement, or are dependent on the individual for care or support. Also, check the person's typical living situation over the past year, and select the most appropriate option.
- ❖ **Will be admitted from-** means Private home, Treatment facility, Hospital, Residential support, etc. Knowing where the person is being admitted from may indicate if a Level II is required prior to admission.
- ❖ **Reason Nursing Facility Sought and expected length of stay-** would mean continued recovery from a hospital stay, to have a medical procedure, or Respite for caregiver, etc.

➤ **Does this person understand why they are being admitted?**

Knowing why the person is being admitted, and the expected length of stay may indicate if a Level II is required prior to admission.

- ❖ **Admitting Nursing Facility-** The name, location, region and phone number of the Nursing facility completing this form, will provide tracking information, and assist when referrals are made
- ❖ **Expected Date of admission-** means the date the individual was or will be admitted to a bed on the intermediate or skilled floor/unit of a Nursing Facility. **Do not use the date of Admission to the Personal Care or Assisted Living areas of the nursing facility.**

Region	Community Mental Health Center
1	Four Rivers
2	Pennyroyal
3	River Valley
4	Lifeskills
5	Communicare
6	Seven Counties
7	Northkey
8	Comprehend*
<u>There is not a Community Mental Health Center in Region 9</u>	
10	Pathways
11	Mountain Comp Care
12	Kentucky River Comp Care
13	Cumberland River Comp Care
14	Adanta
15	Bluegrass*

*** Currently Bluegrass Level II evaluations are completed by Adanta, and Comprehend's Level IIs evaluations are completed by Mountain. Bluegrass and Comprehend would be responsible for Specialized Services when indicated.**

- ❖ **Does this person have a legally appointed Guardian, Power of Attorney, or a chosen Health Care Advocate?**
 - Person's being admitted may need to consider choosing a Healthcare advocate who can ensure their wishes are known when the individual cannot speak for themselves.
 - Parents who routinely make decisions for their mentally or intellectually impaired adult children (over the age of 21), need legal authority.

- ❖ **Who provided this information and what is their relationship to the person being admitted** - how was the information for this evaluation gathered. Was it a face-to-face meeting, who provided the information? If the information was not provided by the individual being admitted, what is their relationship with the individual? This would help determine validity of the information

Section 2: Mental Illness, Dementia, Delirium, Substance Use Disorder

❖ 2a. Diagnosis:

The belief is that many people who need PASRR Services, are not being identified due to the narrow range and criteria of previous screening tools. Having a wider "net" will help identify persons who may need supports. During the Level II evaluation or consultation, persons who do not meet the qualifying criteria will be identified.

- The Level I Screener should be able to access information from the individual's current History & Physical and/or Psychosocial, other supporting documentation, family members, etc.
- **Per Federal and State Regulations, this is not a HIPPA Violation**
- Check the most appropriate box that applies for Mental Health Diagnosis/Disorder
- The Level I Screener should not rely on "Known Diagnosis" but use discretion in reviewing client data, and look behind *diagnostic labels* for any presenting evidence of MI, or Major Mental Disorder (MMD), [as defined in the Diagnostic and Statistical Manual of Mental Disorders, (DSM-5)].
- Based on responses to your interview, or medical history, is there Mental Illness documented in the medical record, or stated/suspected/suggested by the individual, family, or other documents.
- Other points to consider to confirm if the individual has a MI/MMD
 - ✓ when was it first detected,
 - ✓ at what age,
 - ✓ is there a family history of mental illness, or
 - ✓ suspicion of mental illness, or behavioral support needs.
- Check each known diagnosis or suspected Mental Illness or Mental Disorder
- List any Known or Suspected Mental Illness or Mental Disorder not already listed

❖ **2b. Symptoms:**

Information to complete this section can be obtained from H&P, Psychosocial, Hospital contact, family members, or other supporting documentation.

Check all that apply. Note any impairment in the individual's functioning related to a possible Mental Illness in their Interpersonal Functioning; Concentration, Persistence, Pace, and Adaptation to Change.

Points to consider:

- Are they combative or suspicious;
- Do they have frequent run-ins with law enforcement;
- Do they avoid others, or have they lost their home or job recently;
- Are they unable to answer questions, finish task, concentrate, remember, do they require assistance;
- Adaptation -Do they cope well with changes in their routine, are they harming self or planning to harm others, are they delusional;
- Do they feel overwhelmed;
- Have they themselves noticed, or were told by others, that they have undergone a change in their physical appearance, or demeanor.

Please include any additional comments under **“Other”**

Also under section 2b Symptoms, determine if the individual has received any mental health services in the community and if they have experienced any significant life disruption because of their mental health needs. If so, then mark the appropriate box and date (if known). YOU HAVE TO ASKED THESE QUESTIONS, don't assume!

❖ **2c. History:**

Information can be obtained from H&P, Psychosocial, Community Mental Health Center (to see if there has been a history of current or past inpatient/outpatient treatment), hospital staff, family members, and other collaborating contacts or supporting documentation.

- Is this a long term problem;
- has it just started, or did it escalated quickly;
- have medical causes been ruled out;
- what is the primary diagnosis;
- what does the person think the primary diagnosis is;
- has treatment been sought, or needed in the past for this condition.

Please include any additional comments under **“Other”**

- ❖ **2d. Dementia:** Clear evidence of decline in memory and learning, with no indication of Neurodegenerative or Cerebrovascular Disease: insidious onset and gradual progression of cognitive and behavioral symptoms, often seen with Depression related to loss of function.
 - Has there been any previous treatment or a Diagnosis?
 - When either Dementia or Alzheimer's Disease is the primary diagnosis, the individual can be admitted without being referred for a Level II evaluation. If the individual has a Severe Mental Illness **and** a diagnosis of Dementia, you must contact the PASRR Coordinator for consultation and confirmation **before** admitting the individual.
 - If the dementia diagnosis has been confirmed by physician/QMHP (by Mini Mental Status Exam, etc.), and is found to be primary over the severe mental illness (SMI), the individual is exempt from the PASRR Level II process and **can be admitted without** a Level II evaluation, and a Response to Referral will be sent to the nursing facility. **If the SMI is Primary, the individual must have a comprehensive Level II evaluation prior to admission.**

Please include any additional comments under "Other"

- ❖ **2e. Delirium:** A rapid disturbance in Attention, Awareness, and Cognition, that could fluctuate throughout the day, and may be the consequences of another condition.
 - Per DSM-5: Usually lasts one week, but symptoms can persist after hospital discharge. Episodes of hyperactivity, and hypo activity, hyperactivity is more common and more frequently recognized, and often associated with Medication side effects and/or withdrawal.
- ❖ **2f. Medications:**

*Only medications prescribed for SMI are listed here **not** medications for physical health conditions*

 - Note any changes in medications, have they stopped, or been newly ordered
 - What are they prescribed for?
 - Have multiple Doctors prescribed the meds?
 - Can they accurately tell you the way the meds are prescribed?
 - How long have they been taking the meds?
 - Are they aware if there are side effects or contraindications of the meds?
 - An additional page for other medications can be added
- ❖ **Formal and informal supports:** In addition to the examples given on the form, this will also mean any entity, agency, organization, or group, including places of worship, self- help groups, etc., with whom the individual has received for supports or services for Mental Illness, Intellectual Disability or Related Condition. **List the Name of the provider, and service.**

Section 3: Neuro-Developmental Disorders: Formally known as “Intellectual Disability/Related Conditions”
Information can be obtained from H&P, Psychosocial, Community Mental Health Center (to see if there has been a history of current or past ID/DD services), hospital staff, family members, and other collaborating contacts or supporting documentation.

❖ **3a. Intellectual Disability:**

DSM 5 Diagnostic Criteria: A disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in:

- Conceptual, social, and practical domains;
- Formal evaluations by qualified professionals result in clinical designations of Mild, Moderate, Severe or Profound levels of Intellectual Disability
- Deficits in intellectual functioning such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience;
- Confirmed by both clinical assessment, and individualized standardized intelligence testing.
- History of intellectual disability in the identified past per standardized testing, the individual has a significantly sub-average general intellectual functioning (I.Q. of approximately 70 or below +/- 5 points)

Described the areas of concerns under this section (i.e., impaired judgment resulting in exploitation, poor decision making, etc.)

- ❖ **3b. Related Condition:** A Related Condition means an individual has a Severe Chronic Disability that meets **ALL** of the following conditions: *
- It is manifested before the age of 22
 - Can be attributed to (1) Cerebral Palsy or Epilepsy, or any condition, other than Mental Illness, and (2) found to be closely related to Intellectual Disabilities because this condition results in:
 - intellectual and adaptive functioning deficits similar to those of persons with an Intellectual Disability, and requires similar treatment and services; and
 - resulted in substantial functional limitations in three (3) or more of the following areas of Major Life Activity:
 - ✓ Capacity for Independent Living
 - ✓ Mobility,
 - ✓ Self-Direction,
 - ✓ Learning,
 - ✓ Understanding and use of language, and
 - ✓ Self-Care
 - **All above criteria must be met.**

❖ **Qualifying Diagnosis or Conditions:**

- List type of referring condition
- Age of Onset
- Detail the significant impact this condition has had on the above six Major Life Activities.

❖ **Dual Diagnosis means the individual has coexisting conditions of Mental Illness and an Intellectual Disability or Related Condition.**

- Often missed if the diagnoses were given by different specialists, or if each diagnosis by itself is not considered significant or serious

❖ **Supports and Services:**

- Often times knowing what supports and services the individual is getting or has gotten in the past, can provide you information on resources and agency contacts to facilitate the discharge process, by keeping communication lines open with their service providers.
- Gives detailed insight into what supports need to be in place at the facility to maintain safety for everyone.

✚ **Section 4: Substance Use Disorders:**

- Is there any evidence or suspicion of abuse of any legal or illegal substance/drug, or Alcohol? (H&P, Psychosocial, Police report, or other supporting documentation). If so, please list diagnosis and state if it is associated with their current care needs. Also state the last time the substance use occurred, if known.
- Individuals may or may not admit to the use of alcohol or drugs, or they may not fully disclose the amount or frequency of their usage.
- Family members may volunteer this information regarding the individual's use of these substances to the nursing facility staff.

✚ **Section 5: Level II Designations:**

- **If all responses are No-** the nursing, facility **can admit** the individual **without** a Level II evaluation.
- If there are **ANY Yes/Unknown/Unable to determine responses** – the nursing facility **must make a referral** to the CMHC for a Consultation or Comprehensive Level II evaluation.

Other info to consider prior to admission:

- Can the Nursing Facility provide the level of needed supports and services to this person?
- Can the Nursing Facility ensure the safety of the other residence/visitors/staff?
- Are they currently receiving MI or ID/RC serviced prior to admission? This identifies potential resources, and may assist with discharge planning.

- ✚ **MAP 4094- Notification of Intent to Refer form-** It is required by Federal Law that the individual/guardian receive formal notification the first time they are identified as having a PASRR qualifying diagnosis, and are being referred for an evaluation. It is standard practice in Kentucky that this notification is given to the individual/guardian each time a referral is made.

✚ Section 6: Exempted or Delayed Level II Referrals:

✚ Exceptional Admission criteria:

- Qualifying persons, for whom Nursing Facility would be an appropriate placement, may require additional supports beyond those provided by the Nursing Facility due to their MI, ID, or RC diagnosis.
- The Level II evaluation identifies what those supports may be, **prior to admission**, allowing time to implement those measures **before, or soon after the admission**, to ensure a safe, therapeutic, and habilitative placement.
- Based on certain information, specific admission criteria or reasonable expectation of a short admission, persons who qualify for a Level II Evaluation **can be admitted without** the required Level II evaluation being completed.
- The Nursing Facility will not notify the CMHC of the admission, or make the referral **until** it is determined that the admission will continue **past** the allowed time frame.

Type of Exempted Forms:

- ✓ **Hospital Exempt Form MAP 4092:** The Person is being admitted from a Hospital, to continue treatment of a condition, and the reasonable expectation is they will be in the Facility for **less than 30 Days**.
 - You **must** have a copy of the **MAP 4092 at the time of admission**, and it will remain as part of the chart
 - **The MAP 4092 form is not a multiple-choice form, *ALL criteria must be met***
 - When this form is filled out for an admission that obviously will be longer than 30 days, it completely disregards the importance of the PASRR process and the people for whom it was create
- ✓ **Provisional Admission Form MAP 4093:** The admission is anticipated to be **less than 14 days**
 - You **must** have a copy of the **MAP 4093 at the time of admission**, and it remains as part of the chart
 - **The MAP 4093 form is not a multiple-choice form; ALL criteria must be met.**
 - If **Used for Respite:** “The relief of the Caregiver” may include caregiver illness, inability to provide adequate care.
 - If **Used for Delirium Diagnosis:** Based on current status, accurate diagnosis cannot be made until delirium subsides

✚ Significant Change/ Subsequent Review Form MAP 4095:

A person has a change in condition that impacts their Level of Care, or ability to utilize Specialized Services.

This would include:

- Changes in Medical conditions; or
- New Mental Illness, Intellectual Disabilities / Related Condition diagnosis. or
- Following admission, information is obtained to suggest a Qualifying Diagnosis (TBI in childhood, etc.)

RESIDENT ASSESSMENT INSTRUMENT (RAI): Information collected during the assessment may be the first indication of possibly a new diagnosis, or a change in condition that would affect Specialized Services or Nursing Facility LOC/Placement.

Significant Change Evaluation- When an individual who previously did not meet PASRR criteria now does, due to new diagnosis or validations.

Subsequent Review Evaluations- When an individual who was previously identified as meeting PASRR criteria, has experienced a change that did not involve being discharged, or receiving a lower level of Care.

Section 7: Routing of Form:

❖ This form must be signed and dated.

❖ **Paper Trail of Accountability:** Everyone admitted to Medicaid Certified Nursing Facility must have a MAP 409, Level I PASRR evaluation on their chart. When a potential admission meets PASRR criteria, the CMHC referral, the admission process, documentation, and Level of Care Determination will depend on their diagnosis, length of stay, reason for admission, and where they are being admitted.

This table was created to ensure each admission type is processed and documented completely and accurately, and required documentation obtained.

The MAP 409 Level I is always done prior to Nursing Facility Admission

Specific Admission, Readmission or Transfer Event 	Did not Meet PASRR Referral Criteria	Long term Admission Planned, Meets PASRR Criteria	Met Criteria for Hosp exempt Admission (30 day)	Met Criteria for Provisional Admission (14 day)	UPDATED Designation		PASRR qualifying Individual Transferring from Medicaid Certified Nursing facility to Medicaid Certified Nursing Facility * If the individual is being admitted from a Non-Medicaid Nursing Facility, follow criteria for Long term Admission
					Significant Change When an individual who previously did not meet PASRR criteria, now does due to new diagnosis or validations.	Subsequent Review When an individual who was previously identified as meeting PASRR criteria, has experienced a change that did not involve being discharged, or receiving a lower level of Care.	
Specific Documentation Requirements 							
The Referral for Level II evaluation will be sent to the Community Mental Health Center	N/A	Prior to Admission	Only when it is determined within the 30-day period that long term placement is needed	Only when it is determined within the 14- day period that long term placement is needed	When the person is identified as now meeting criteria	Within 21 Days of Recognizing the Change has occurred	Only when it is believed the person has had a significant change, or There appears to be a gap in placement at a Medicaid Certified Facility

Level II Eval, Will be completed	N/A	Prior to Admission	After admission	After admission	After admission	After being Readmitted to the Nursing facility Directly from the hospital or Within 21 days of the recognized change.	Following the transfer, if the information and documentation is not an accurate depiction of the individual, or there has been a significant change
Can/Will be Admitted to the Nursing Facility from	Anywhere	Anywhere	Hospital	For Respite From their Own home For Delirium from Anywhere	N/A Currently in the Nursing Facility	N/A <u>May</u> have recently returned to NF directly from the Hospital	Another Nursing facility without going to a lower level of care
Paper trail to remain on the chart	MAP 409 Level I Screen	1. MAP 409 Level I Screen 2. MAP 4094 Intent to Refer 3. Response to referral Or Level II eval	1. MAP 409 Level I Screen 2. MAP 4092 Hosp Exempt 3. MAP 4094 intent to Refer 4. Response to referral Or Level II eval	1. MAP 409 Level I Screen 2. MAP 4093 Provisional 3. MAP 4094 Intent to Refer 4. Response to referral, Or Level II eval	1. Previous/ Original MAP 409 Level I Screen 2. MAP 4095 Significant Change form. 3. MAP 4094 Intent to Refer 4. Response to referral, Or Level II eval	1. Previous/ Original MAP 409 Level I Screen 2. Original MAP 4094 Intent to Refer 3 Previous Level II eval 4. MAP 4095 Significant Change 5. New Level II eval	<i>From previous Medicaid Certified facility</i> 1. MAP 409 2. Intent to Refer 3 Level II eval <i>From Current Nursing facility</i> 4. MAP 4095 significant change form 5. Level II eval
Can Be admitted	Anytime	After Level II and Verbal Determination for MI Or written Determination for ID/RC	After MAP 4092 Signed	After MAP 4093 Signed	N/A Will currently be in a Nursing facility	N/A Will currently be in a Nursing facility, or readmission from Hosp	N/A Will be transferring from another Medicaid Certified Nursing Facility

Level of Care Determined by	PRO (Peer Review)	MI- Evaluator or ID/RC- Committee	MI- Evaluator or ID/RC- Committee	MI- Evaluator or ID/RC- Committee	PRO (Peer Review) prior to PASRR designation MI- Evaluator or ID/RC- Committee After Change reported	MI- Evaluator or ID/RC- Committee	MI- Evaluator or ID/RC- Committee
Other PRO (Peer -Review) Respond	Charts reviewed for compliance following admission Ongoing LOC determinations	Charts reviewed for compliance following admission	Charts reviewed for compliance following admission	Charts reviewed for Compliance following admission	Charts reviewed for compliance before and after Significant change process	Charts reviewed for Compliance following admission	Charts reviewed for compliance following admission

Glossary of Terms

AAIDD	American Association on Intellectual and Developmental Disabilities	
ADA	Americans with Disabilities Act	
ADT	Active Day Treatment	
ADL	Activities of Daily Living	
BSP	Behavior Support Plan	
CFR	Code of Federal Regulations	
CM	Case manager	
CMHC	Community Mental Health Center	
CMS	Centers for Medicare and Medicaid	
DBHDID	Department for Behavioral Health, Developmental and Intellectual Disabilities	
DMS	Department for Medicaid Services	
DSM-5	Diagnostic and Statistical Manual of Mental Disorders 5th edition	
HCBW	Home and Community Based Waivers. Are community based placements as alternatives to in-patient Nursing Facility or ICF/IID placements	

IADL	Instrumental Activities of Daily Living Series of life functions necessary for maintaining Independence	
ICD-10	International Statistical Classification of Diseases and Related Health Problems 10th Revision	
ICF/IID	Intermediate Care Facilities for Individuals with Intellectual Disabilities	
ID/RC	Intellectual Disability/ Related Condition	
IEP	Individualized Education Plan	
IMD	Institution for Mental Disease	
Level I Screen	PASRR Level I A Screen/evaluation conducted prior to anyone being admitted to a NF to identify actual or possible diagnosis of MI or ID	
Level II Evaluation	PASRR Level II A second in-depth evaluation conducted on person identified by a level I screen	
Liaison	DDID Staff who work with the CMHC in their role of providing supports to persons with ID/RC under state general funds	
LOC	Level of Care	
MI	Mental Illness	
MPW	Michelle P Waiver	
OBRA	Omnibus Budget Reconciliation Act of 1993	
OIG	Office of Inspector General	
PASRR	Preadmission Screening and Resident Review	
POC/ CP	Plan of Care/ Care Plan	
PTAC	PASRR Technical Assistance Center	
QIDP	Qualified Intellectual Disability Professional	
QMHP	Qualified Mental Health Professional	
SA	Substance abuse	
SCL	Supports for Community Living Waiver	
SGF	State general Funds	
SMI	Serious Mental Illness	
SS	Specialized Services	
STA	State Plan Amendment	
TBI	Traumatic Brain Injury	