How to Complete a Significant Change

PRO has just completed your annual LOC reassessment and provided you with a list of individuals that should have had a significant change. How should you proceed?

Being directed to complete a significant change does NOT mean that the person will necessarily meet criteria for significant change and need an evaluation.

Significant Changes can be completed for two reasons:
• To document a change in the individual’s diagnosis or other care needs; or
• To request a review of new information to see if the individual now meets PASRR criteria, a current PASRR individuals needs a change in specialized services or level of care.

How do you know which one it is?
• Take each question on the significant change screen and ask yourself if all parts of the question are met with the information you have.
• The first 3 categories in section 1 are for individuals that are not currently identified as PASRR but need to be evaluated to determine if they meet PASRR criteria.

For Severe Mental Illness you must meet all 3 criteria to check the box:
• A new mental health diagnosis; and
• That diagnosis affects at least one of the following: interpersonal functioning; concentration, persistence and pace; or adaption to change; and
• Due to the diagnosis and related impairment required intensive psychiatric treatment (inpatient) or a significant disruption to their normal living situation.
  o If the person doesn’t meet all 3 then don’t check the box.
Here are examples that would NOT meet criteria to be evaluated by the CMHC as a result of the change:

- This one did not meet criteria for a referral for a PASRR evaluation due to Alzheimer’s being a medical condition and this individual is not a PASRR individual.

For Intellectual Disability you must have:

- A newly found diagnosis of ID that onset was prior to age 18 with deficits in both intellectual and adaptive functioning or
• A recently validated diagnosis of ID (you may have been previously aware of the diagnosis but the evaluator was unable to validate it and now it has been)
  o If the person doesn’t meet this criteria then don’t check the box.

  The individual has a **new Intellectual Disability diagnosis** with reason to believe that onset was prior to age 18 with deficits in both:
  
  Intellectual functioning: **such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience; and**

  Adaptive functioning: **such as failure to meet developmental and sociocultural standards for personal independence and social responsibility and limited independent functioning in one or more activities of daily life such as – communication, social participation, and independent living; and across multiple environments, such as home, school, work, and community.**

For **Related Condition** you must have:

• A newly found Related Condition diagnosis or
• A newly validated Related Condition diagnosis
• That meets the Related Condition criteria: substantial functional limitations similar to someone with ID in 3 or more of the following areas, self-care, understanding and use of language, learning, mobility, self-direction or capacity for independent living.
• If the individual doesn’t meet this criteria then don’t check the box.

  The individual has a **new Related Condition diagnosis** such as cerebral palsy, Down Syndrome, fetal alcohol syndrome, seizure disorder, and traumatic brain injury with reason to believe that **onset prior to age 22**.

  This diagnosis results in substantial functional limitations in 3 or more of the following areas of major life activities that requires treatment or services similar to those required by persons with an intellectual disability: self-care, understanding and use of language, learning, mobility, self-direction, or capacity for independent living.

The next 4 categories are for individuals that are **already identified as PASRR** but have either had a significant improvement or significant decline in their medical condition that would affect their specialized services or their level of care.

  The PASRR SMI resident has a medical condition which has greatly declined.

  The PASRR SMI resident has a medical condition which has greatly improved.

  The PASRR ID/RC resident has a medical condition which has greatly declined.

  The PASRR ID/RC resident has a medical condition which has greatly improved.

• If none of these apply then skip.
If you have marked any of the above boxes in section 1 (SMI, ID, RC or change in medical condition) then please explain in detail the change and how it has affected the resident.

If there is a box in section 1 checked, then describe the Significant Change and its effect on the Nursing Facility Resident: * 
now off the vent and may need SS

If you have marked any of the above boxes and provided an explanation then you will mark “Yes” in the section below (section 2).

If you haven’t marked any of the above boxes then you will mark “No” in the section below (section 2). If you mark “No” please describe the change and why it doesn’t meet PASRR referral criteria in the box provided.

Section 2: Designation
Was any box in Section 1 checked?

☑ Yes, the NF must submit this form to their local CMHC for a PASRR Level II evaluation.

☐ No, there was a change to the individual’s condition as described below, however, this change did not meet the criteria to require a referral for a PASRR Level II evaluation.

If you have questions please reach out to your local CMHC that completes PASRR evaluations for your facility.