



Role of Nursing Facility Staff in the Preadmission Screening and Resident Review (PASRR) Process

The Commonwealth of Kentucky
Department for Behavioral Health, Developmental and Intellectual Disabilities
in conjunction with The Department for Medicaid Services



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What is PASRR?

PASRR is a federally mandated program that requires all applicants to a nursing facility participating in the Kentucky Medicaid Program, regardless of payment source, be given a preliminary assessment to determine whether they might have a Serious Mental Illness (SMI), an Intellectual Disability (ID), or a Related Condition (RC).

PASRR is meant to ensure appropriate placement and services for persons with an SMI/ID/RC in the least restrictive environment that can effectively meet their needs.





Background

PASRR was created in 1987 through language in the Omnibus Budget Reconciliation Act (OBRA). It has three goals:

1. To identify individuals with a serious mental illness (SMI) and/or an intellectual disability/related condition (ID/RC);
 2. To ensure those individuals are placed appropriately, whether in the community or in a NF; and
 3. To ensure that those individuals receive the services they require for their SMI or ID/RC (wherever they are placed).
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The PASRR regulations are also focused on the person-centered, community-focused ruling of *Olmstead v. L.C.* (1999), in which the Supreme Court found that the requirements of Title II of the ADA apply to persons with mental disabilities, and that states must serve qualified individuals "in the most integrated setting appropriate" to their needs.

A PASRR Level I screening (MAP 409) must be completed for all applicants to a nursing facility participating in the Kentucky Medicaid Program, regardless of payer source.

A Level I screening must be completed before a resident can be admitted into a nursing facility.





PASRR Level I Screening (MAP 409)

- The Nursing Facility is responsible for ensuring that the Level I screening form is completed accurately before admission.
- The Nursing Facility must retain the Level I screening form as part of the resident's permanent medical record.
- Everyone seeking placement in a nursing facility participating in the Kentucky Medicaid Program must have a Level I screening prior to admission.

The nursing facility will be responsible for using this form to collect information from the individual, family, guardian and available medical records. The nursing facility will complete this document in as much detail as possible from the resources and records available to them.



Nursing Facility staff should be thorough when completing the Level I Screen. All of the Information gathered will assist in identifying the most appropriate placement, supports, and discharge planning options.

The NF staff completing the Level I Screen should be able to access information from the individual's current History & Physical, psychosocial report, the individual, family members, and other supporting documentation.

The Level 1 screener should not rely solely on a “known diagnosis” but should use discretion in reviewing client data and look behind diagnostic labels for any presenting evidence of an SMI, ID, or RC.



Mental Illness (MI)

Based on responses to your interview, or during the review of the documentation, is there an indication of Mental Illness in the records, or stated/suspected/suggested by the individual, family, or other documents?

Thoroughly go through each question in this section relating to diagnosis, level of impairment, and treatment. Information to complete this can be obtained from the H&P, psychosocial, hospital contact, family member, individual, or other supporting documentation.

A “yes” outcome in 2d of this section indicates the need for a referral to the community mental health center (CMHC) for a PASRR Level II evaluation. BUT, don’t stop here, the entire form should always be completed.

Section 2: Mental Illness

2a: Diagnosis

Identify whether the individual has a current diagnosis for, or is suspected to have a diagnosis of a major mental illness (such as psychotic disorder, mood, paranoid, panic or other severe anxiety disorder, or PTSD)

**If none identified, check "No" in box 2d and continue to section 3.*

Name of Condition

Source of Information

2b. Level of Impairment

Within the last 6 months, has the individual experienced significant difficulty in 1 or more areas of functioning below due to the above listed condition(s) : (check all that apply)

**If none identified, check "No" in box 2d and continue to section 3.*

- Interpersonal functioning** such as serious difficulty interacting with other, difficulty communicating with others, altercations, evictions, unstable employment, frequent isolation, avoids others, or fear of strangers.
- Concentration, persistence and pace** such as serious difficulty in focusing and concentrating, requiring assistance with completing tasks, and the inability to complete simple tasks within an established time period without assistance.
- Adaption to change** that shows serious difficulty adapting to changes involving work, school, family, or social interactions through agitation, self-harm, suicidal/homicidal ideation, physical violence or threats, appetite disturbances, delusions, hallucinations, serious loss of interest, tearfulness, irritability, or intervention by mental health or judicial system.

2c. Treatment

In the last 2 years, due to above listed conditions and related impairments in functioning, has the individual: (check all that apply)

**If none identified, check "No" in box 2d and continue to section 3.*

- Required intensive psychiatric treatment (more intensive than outpatient care) in order to maintain or restore functioning such as psychiatric hospitalization, partial hospitalization/day treatment, residential treatment.
- Experienced an episode of significant disruption to the normal living situation for which supportive services were required to maintain functioning at home or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials?

2d. SMI indication

Was there a response provided in each section (a, b, and c)?

- Yes No



Intellectual Disability (ID)

An intellectual disability diagnosis requires intellectual impairment and deficits in adaptive functioning with onset prior to the age of 18.

Based on responses to your interview, or during the review of the documentation, is there an indication of an intellectual disability in the records, or stated/suspected/suggested by the individual, family, or other documents?

Thoroughly go through each question in this section relating to diagnosis, onset, and adaptive functioning. Information to complete this can be obtained from the H&P, psychosocial, hospital contact, family member, individual, or other supporting documentation.

Any “yes” outcome for this section indicates the need for a referral to the community mental health center (CMHC) for a PASRR Level II evaluation. BUT, don’t stop here, the entire form should always be completed.

Section 3: Intellectual Disability (ID)

3a: Diagnosis and intellectual functioning

Does the individual have an intellectual disability diagnosis, or have deficits in intellectual functioning such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience with onset prior to age 18?

Yes No

3b: Adaptive functioning

Does the individual have deficits in adaptive functioning due to the intellectual impairment, with onset prior to age 18, such as:

1. Failure to meet developmental and sociocultural standards for personal independence and social responsibility.
2. 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.

Yes No



Related Condition (RC)

A related condition is a severe, chronic disability closely related to intellectual disability which results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disability that requires similar supports. The condition must have manifested prior to the age of 22.

Based on responses to your interview, or during the review of the documentation, is there an indication of a related condition in the records, or stated/suspected/suggested by the individual, family, or other documents.

Thoroughly go through each question in this section relating to diagnosis, onset, and functioning. Information to complete this can be obtained from the H&P, psychosocial, hospital contact, family member, individual, or other supporting documentation.

Any “yes” outcome for this section indicates the need for a referral to the community mental health center (CMHC) for a PASRR Level II evaluation. BUT, don’t stop here, the entire form should always be completed.

Section 4: Related Condition (RC)

4a: Diagnosis and relation to ID

Identify whether the individual has a diagnosis of a condition found to be closely related to an intellectual disability such as cerebral palsy, Down Syndrome, fetal alcohol syndrome, seizure disorder, and traumatic brain injury with onset prior to age 22. (note that this is not an exhaustive list)

**If none identified, continue to section 5.*

Type of Diagnosis

Source of Information

4b: Intellectual functioning

Did the above diagnosis result in impairments in general intellectual functioning similar to an intellectual disability that is expected to continue indefinitely?

Yes No

4c: Adaptive functioning

Did the above diagnosis result 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:

(1) Self-care; (2) understanding and use of language; (3) learning; (4) mobility; (5) self-direction; or (6) capacity for independent living?

Yes No



Exemptions or Delays in Referrals

Nursing facility applicants with a suspected SMI, ID, or RC may be exempted or delayed from a Level II evaluation under certain circumstances:

- Exempted Hospital Discharge
- Provisional Admission

These are only applicable for individuals whose Level I screening indicate the need for a referral to the CMHC for a Level II evaluation. These exemptions/delays should not be utilized for individuals whose Level I screening did not indicate a Level II referral.



Exempted hospital discharge can be for a period of up to 30 days (for an individual whose Level I screening indicated a Level II referral) when:

1. An individual is admitted to any nursing facility directly from a hospital after receiving acute in-patient care at the hospital; and
2. Requires nursing facility care for the condition for which he/she received care in the hospital; and
3. Whose attending physician has certified (using MAP 4092) before admission to the facility that the individual is likely to require less than thirty (30) calendar days of nursing facility care.

If an individual who enters the nursing facility as an exempted hospital discharge is later found to require more than 30 calendar days of nursing facility care, the nursing facility must then refer the individual for a PASRR Level II evaluation as soon as it is known, but no later than the 30th calendar day from admission.

The nursing facility will not be eligible for reimbursement after the 40th calendar day of admission until a PASRR determination is made authorizing nursing facility level of care.

**COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR MEDICAID SERVICES
PRE-ADMISSION SCREENING AND RESIDENT REVIEW**

**Exempted Hospital Discharge
Physician Certification of Need for Nursing Facility Services**

Applicant's Name _____

Social Security Number _____ Date of Birth _____

Hospital Discharged from _____ Date of Discharge _____

Name of Nursing Facility _____ Date of Admission _____

Nursing Facility Medicaid Provider Number _____

Level I Screen triggered mental illness **Yes**

Level I Screen triggered Intellectual Disability or Related Condition **Yes**

An Exempted Hospital Discharge means ALL of the following:

1. The applicant is being admitted to a Nursing Facility from an acute care setting; **and**
2. The applicant requires continued nursing facility care of the condition for which he was in the Hospital;
and
3. This admission is expected to be less than thirty (30) days.

When signing this Document, the Attending Physician has certified that the Applicant is likely to require less than thirty (30) days of nursing facility care.

NOTE: If an individual enters the nursing facility as an exempted hospital discharge, and is later found to require more than thirty (30) days of nursing facility care, a Level II PASRR must be completed within forty (40) calendar days of admission for the Facility to remain in compliance. The nursing facility staff shall make the referral for persons with mental illness, or an intellectual disability, or related condition for a Level II PASRR evaluation prior to the end of the exempt thirty (30) days).by submitting a copy of the MAP 409 Form. The CMHC has 9 days after the date of referral to complete the Evaluation process.

Attending Physician Signature _____ Date _____

Print Attending Physician Name _____

Date Transmitted _____

Signature and Title _____

Print Name and Title _____



Provisional admissions can be for a period of up to 14 days (for an individual whose Level I screening indicated a Level II referral) for:

- Delirium; or
- Respite for an in-home caregiver.

The nursing facility completes the Provisional Admission form (MAP 4093).

If the individual is not discharged within 14 days of one of the provisional admissions, the nursing facility must refer for a PASRR Level II evaluation.

The nursing facility will not be eligible for reimbursement after the 14th day of admission until a PASRR determination is made authorizing nursing facility level of care.

**COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR MEDICAID SERVICES
PRE-ADMISSION SCREENING AND RESIDENT REVIEW**

Provisional Admission to a Nursing Facility

Applicant's Name _____ **Date of Facility Admission** _____

Social Security/ID Number _____ Date of Birth _____

Name of Nursing Facility _____ Medicaid Provider Number _____

Phone Number _____ Fax Number _____

Address _____

Level I screen triggered Mental Illness **Yes**

Level I Screen triggered Intellectual Disability, Related Condition **Yes**

Provisional Admission means an individual is being admitted to a nursing facility for fourteen (14) days, or less, before a PASRR Level II is required; and

1. The applicant is expected to stay in Nursing Facility for Fourteen (14) days or less; and
2. The applicant has been diagnosed with delirium; or
3. The applicant is in need of respite for the in-home caregiver, and the applicant is expected to

Authorized Nursing Facility Staff _____ Date _____

Nursing Facility Applicant or Responsible Party _____

Note: If an individual, who is admitted to a Nursing Facility under the provisional admission, is later found to require more than fourteen (14) days of nursing facility services, a Level II PASRR is required. Therefore, nursing facility staff shall refer the individual for a Level II PASRR as soon as it is indicated that the resident requires more than fourteen (14) days of nursing facility services by transmitting a copy of the MAP 409 form to the CMHC. PASRR evaluators shall complete the level II PASRR written evaluation report within Nine (9) working days from the date of referral.

Date Transmitted _____

Signature and Title of person completing the form

Section 5: Exempted or delayed Level II Referrals

5a: Person Is an Exempted Hospital Discharge

Although identified as an individual with mental illness, intellectual disability, or other related condition, an applicant who is not dangerous to self and/or others may be directly admitted for nursing facility services from an acute care hospital **for a period up to thirty (30) days** without a Level II PASRR if such admission is based on a written medically prescribed period of recovery for the conditions requiring hospitalization. An Exempted Hospital Discharge Physician Certification form shall be completed and maintained in the resident's clinical record at the nursing facility.

Yes No

- * *If an individual who enters the nursing facility as an exempted hospital discharge is later found to require more than 30 days of nursing facility care, the nursing facility must then refer the individual for a PASRR Level II evaluation as soon as it is known.*

5b: Person Requires Respite Care

Although identified as an individual with mental illness, intellectual disability, or other related condition, an applicant who is not dangerous to self or others may be admitted for Respite Care **for a period up to fourteen (14) days** without a Level II PASRR. A Provisional Admission Form shall be completed and maintained in the resident's clinical record at the nursing facility.

Yes No

- * *If the individual is not discharged within 14 days of this provisional admission, the nursing facility must refer for a PASRR Level II evaluation. The nursing facility will not be eligible for reimbursement after the 14th day of admission until a PASRR determination is made authorizing nursing facility level of care.*

5c: Person Has a Diagnosis of Delirium

An individual suspected of having Delirium may be admitted without the level two evaluation pending a definitive diagnosis once the condition clears, and may receive nursing facility services **for a period up to fourteen (14) days** without a Level II PASRR, if certified by the referring or attending physician. A Provisional Admission Form shall be completed and maintained in the resident's clinical record at the nursing facility.

Yes No

- * *If the individual is not discharged within 14 days of this provisional admission, the nursing facility must refer for a PASRR Level II evaluation. The nursing facility will not be eligible for reimbursement after the 14th day of admission until a PASRR determination is made authorizing nursing facility level of care.*

Section 6: Level II Referral Designation

If not exempted or delayed:

Were any responses in sections 2 (MI), 3 (ID), or 4 (RC) marked "yes"?

- Yes - the nursing facility staff shall **refer the applicant to the Community Mental Health Center for a Level II PASRR**. The Level II PASRR determination shall be completed prior to the nursing facility admitting the applicant.
- No - The nursing facility is required to contact the PRO for the Medicaid level of care determination prior to admission.

I understand that this report may be relied upon for payment of claims from Federal and State funds. Any willful falsification or concealment of a material fact may result in prosecution under Federal and State Laws. I certify that to the best of my knowledge, the foregoing information is true, accurate, and complete.

Signature	Title	Date	Telephone Number
Facility Name	Medicaid Provider Number		

**Original – Nursing facility record
COPY TO CMHC if referral made**



Significant Change Form (Map 4095)

This form is used for any individual who has not been discharged or received a lower level of care, who:

- Previously did not meet PASRR criteria but now does due to a newly diagnosed or newly discovered/confirmed PASRR condition; or
- Was previously identified as meeting PASRR criteria and whose mental or physical condition has changed in a manner that affects his/her need for specialized services, nursing facility level of care, or recommended services of lesser intensity; or
- To notify CMHC's of a PASRR individual's discharge or death.

The type of change is noted on the form, and sent to the local Community Mental Health Center within fourteen (14) calendar days. The CMHC, upon receipt of the significant change (that is not for discharge or death), will begin the Level II process.

Section 2: Change in Diagnosis/Condition

- The individual has a new mental health diagnosis that caused significant difficulty in at least 1 of these areas:
Interpersonal functioning such as serious difficulty interacting with others, difficulty communicating with others, altercations, evictions, unstable employment, frequent isolation, avoids others, or fear of strangers.
Concentration, persistence and pace such as serious difficulty in focusing and concentrating, requiring assistance with completing tasks, and the inability to complete simple tasks within an established time period without assistance.
Adaption to change that shows serious difficulty adapting to changes involving work, school, family, or social interactions through agitation, self-harm, suicidal/homicidal ideation, physical violence or threats, appetite disturbances, delusions, hallucinations, serious loss of interest, tearfulness, irritability, or intervention by mental health or judicial system.
- AND
Due to the diagnosis and related impairments, required intensive psychiatric treatment (more intensive than outpatient care) or experienced an episode of significant disruption to their normal living situation for which supportive services were required to maintain functioning.
- 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.
- 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.
AND
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 PASRR SMI/ID/RC resident has a medical condition which has greatly **declined**.
- The PASRR SMI/ID/RC resident has a medical condition which has greatly **improved**.

If there is a box in section 2 checked, then describe the Significant Change and its effect on the Nursing Facility Resident:

Section 3: Transfer/Discharge/Death

The individual is transferring to another Nursing Facility. Date of Transfer

Name of Receiving Facility

Location of Receiving Facility

The individual has been discharged. Date of discharge

Discharged to:

(be specific to type of setting, i.e. Supports for Community Living Waiver, Group or Foster Care Home, Psychiatric Support Facility, out of state NF)

The individual is deceased. Date of Death

Section 4: Designation

Was any box in section 2 or 3 checked?

- Yes. The NF must submit this form to their local CMHC for a PASRR Level II evaluation; or to notify them of a PASRR individuals transfer, discharge, or death.
- 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.



CMHC's Role

After receiving an appropriately referred MAP 409 or MAP 4095, the CMHC initiates a PASRR Level II evaluation of the individual. The CMHC, in conjunction with the Division of Developmental and Intellectual Disabilities, determine if the individual meets nursing facility level of care, and if that person requires specialized services (active treatment) or services of lesser intensity.

After completion of their evaluation, the CMHC will notify the nursing facility of their findings within 9 business days.

When a CMHC receives a MAP 409 or MAP 4095 that doesn't meet criteria to be referred for a Level II evaluation, it will be returned to the nursing facility and technical assistance provided. All Level I screenings that do not indicate a referral for a Level II evaluation shall be sent by the NF to the PRO for LOC determination.



Recommended for Specialized Services

The CMHC is responsible for providing specialized services. When an individual is determined to need Specialized Services, the CMHC's case manager and specialized services staff will be part of the individual's treatment and support team.

The services, plans for implementation, and responsible staff are incorporated into the individual's Nursing Facility plan of care.

There will be care-planning conferences for each person receiving Specialized Services to continue to educate staff regarding integration of the Specialized Services plan into the nursing facility care plan. Care plan attendance will also allow key people involved in the person's day to day total care to meet, and allow for better significant change referrals.



Recommended Services of Lesser Intensity

Supports that can be provided by the nursing facility are considered services of lesser intensity. Nursing facilities are required by OBRA 1990, to provide mental health, intellectual disability and related condition services, which are of a lesser intensity than specialized services, to all residents who need such services noted in 42 U.S.C. 1396.

The PASRR evaluator is expected, as a part of the evaluation, to specifically identify the services required to meet the individual's needs. The evaluator will complete the Recommended PASRR Services form (PASRR 5) and submit this to the nursing facility with their Level II evaluation and findings.

These recommendations should also be included in the determination letter submitted to the nursing facility. The NF should incorporate these recommendations into the individual's NF Care Plan.





Response to Referral

A response to referral form (PASRR 4) is used by the CMHC when an evaluation is stopped or discontinued for any reason.

This form is used to notify the nursing facility that the individual did not meet PASRR criteria because:

- The individual has a primary diagnosis Alzheimer's disease or dementia, or
 - The individual either does not meet the criteria for an SMI, ID, or RC diagnosis, or it can't be validated; or
 - For a significant change referral when the change does not affect the individual's LOC or need for specialized services.
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Discharge and Admission

If someone in a nursing facility is discharged or receives a lower level of care, regardless of how brief a time they were away, then the PASRR process for them starts from the beginning prior to their return to the nursing facility.

These individuals would be considered a New Admission and they would get a new Level I screening, and if criteria is met, a new Level II evaluation.





Re-Admission

A re-admission is the designation of an individual who has had a Level II evaluation and:

- Was in the nursing facility but went to the hospital (without being discharged), and is returning to the facility from that hospital admission; or
- Is transferring from one nursing facility to another without a break in their nursing facility care status.

An additional evaluation is not needed unless there has been a significant change that would impact their level of care or utilization of specialized services/services of lesser intensity. If an individual meets this criteria, then the MAP 4095 should be used to initiate the Level II process.





MAP 4094 Notification of Intent to Refer For Level II PASRR

This form is used to notify the individual and/or family/guardian when the individual is being referred for a Level II evaluation for a first time identification of an SMI, ID, or RC.

It is the nursing facilities responsibility to send this form to the appropriate parties for every first time PASRR referral.





Other forms used by CMHC's for PASRR

PASRR 3 Verbal Determination Form - This form may be used by CMHC's to communicate the PASRR determination (for MI ONLY) to the PRO and nursing facility. The CMHC evaluator may verbally communicate the PASRR determination within five(5) working days of the evaluation; the evaluator will then fax the verbal determination form. The written determination is still due within nine (9) business days of the referral.

PASRR 6 Placement Option Form - This form is used by CMHC's for individuals who have been in the nursing facility for 30 months receiving specialized services but no longer meet nursing facility level of care and offers the choice of remaining in the facility or seeking other placements options.

PASRR 9 Non Compliance Log - This form is completed by the CMHC and used to assist DMS in identifying untimely referrals and recoupment of funds. In the event there are no instances of non-compliance, this will be noted on the log.



Records for PASRR

The file/folder/record of all individual's should include the MAP 409.

Each record should also contain the following if applicable:

- All applicable PASRR forms.
 - All applicable MAP forms.
 - Level II evaluation.
 - Determination letter or response to referral from the CMHC.
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Resources

List of Community Mental Health Centers

<http://dbhdid.ky.gov/cmhc/default.aspx>

The Department for Behavioral Health, Developmental and Intellectual Disabilities

<http://dbhdid.ky.gov/kdbhdid/>

The Department for Medicaid Services

<https://chfs.ky.gov/agencies/dms/dpo/bpb/Pages/nursing-facilities.aspx>

PASRR

<http://dbhdid.ky.gov/kdbhdid/pasrr.aspx>





Ongoing technical assistance

Region 1: Four Rivers

(270) 442-7121

Region 2: Pennyroyal

(270) 886-2205

Region 3: River Valley

(270) 689-6698

Region 4: Lifeskills

(270) 901- 5665

Region 5: Communicare

(270) 769-3377

Region 6: Centerstone

(502) 459-5292

Region 7: Northkey

(859) 647-7580

Region 8: Comprehend

(606) 759-7161

Region 10: Pathways

(606) 324-1141

Region 11: Mountain Comp Care

(606) 886-4326

Region 12: Kentucky River CC

(606) 633-4439

Region 13: Cumberland River CC

(606) 528-7081

Region 14 & 15: Adanta/Bluegrass

(606) 679- 4782