



# 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





# What is PASRR?

PASRR is a federally mandated program that requires all applicants to Medicaid certified nursing facilities, regardless of payment source, be given a preliminary assessment to determine whether they might have Mental Illness (MI) or an Intellectual Disability/Related Condition (ID/RC).

PASRR is meant to ensure appropriate placement and services for persons with MI/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 mental illness (MI) and/or intellectual disability /related condition (ID/RC);
2. to ensure they are placed appropriately, whether in the community or in a NF; and
3. to ensure that they receive the services they require for their MI or ID/RC (wherever they are placed).

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.



# FACTS

A PASRR Level I screen (MAP 409) must be completed for all applicants to a Medicaid-certified nursing facility, regardless of payer.

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


If a current nursing facility resident with MI/ID/RC experiences a significant change in his or her mental or physical condition, or is newly diagnosed with MI/ID/RC, the significant change form is completed (MAP 4095).



## PASRR Level I (MAP 409)

- The Nursing Facility is responsible for ensuring that the form is completed accurately before admission.
- The Nursing Facility must retain the 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.


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



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 Level I Screener should be able to access information from the individual's current History & Physical, psychosocial report, or other supporting documentation, and/or family members, etc. **Per Federal and State Regulations, this is not a HIPAA Violation**

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






## Mental Illness (MI)

Based on responses to your interview, or during the review of the documentation, is there Mental Illness documented in the medical record, 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 positive 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.





# 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 intellectual disability documented in the medical record, 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.

A positive 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.





## 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 a related condition documented in the medical record, 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.


A positive 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.



# Exemptions or Delays in Referrals


NF applicants with suspected MI/ID/RC may be exempted or delayed from a Level II screen under certain circumstances:

- Exempt hospital discharge for a period of up to 30 days (admitted to any nursing facility directly from a hospital after receiving acute in-patient care at the hospital, and requires nursing facility care for the condition for which he/she received care in the hospital; and whose attending physician has certified before admission to the facility that the individual is likely to require less than thirty (30) calendar days of nursing facility care)
  - Time-limited, provisional admissions for delirium for a period up to 14 days; or
  - Time-limited, provisional admission for respite for a period of up to 14 days.
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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. The nursing facility will not be eligible for reimbursement after the 40<sup>th</sup> day of admission until a PASRR determination is made authorizing nursing facility level of care.

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.





# Significant Change Form (Map 4095)

Use this form for individual who previously did not meet PASRR criteria but now does due to a new diagnosis or validations; or to indicate when an individual (who has not been discharged or received a lower level of care) who was previously identified as meeting PASRR criteria 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.

Check the type of change on the form, and contact the local Community Mental Health Center within twenty-one (21) days.

This form is also used to notify CMHC's when a PASRR individual has been discharged or to report their death.






## CMHC's role

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

After completion of their evaluation, they will notify the nursing facility of their findings using the appropriate form.






# 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 treatment 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 change in condition 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/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 PASRR Recommended PASRR Services form and explain these service recommendations to nursing facility staff such as the director of nursing or the social service director. The recommendations should be included in the determination letter submitted to the nursing facility.





# Consultation Contact


Consultation contacts are designed to eliminate unnecessary PASRR referrals. A consultation contact is a brief face-to-face conversation or a telephone call between the nursing facility and PASRR CMHC staff. If the consultation determines there will be no referral for a Level II evaluation, then the CMHC will send the NF a Response to Referral notification (PASRR 4).





# Discharge and Readmission

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

- They would be considered a New Admission.
  - They would get a new Level I, and a new Level II if they meet criteria.
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## Other forms used by NF for PASRR

MAP 4092 Exempted Hospital Discharge - Physician Certification of Need for Nursing Facility Service for person's who meet PASRR criteria, this form explains why/how they were admitted without the Level II Evaluation being done.

MAP 4093 Provisional Admission to a Nursing Facility - Used when persons who meet criteria, are admitted for short periods as planned respite for the Caregiver, or for a person with Delirium. It explains why a Level II was not completed prior to admission for someone who meet PASRR criteria.


MAP 4094 Notification of Intent to Refer For Level II PASRR - Notifies the person, and/or family/guardian when they are being referred for a Level II evaluation for the first time. It is the NF responsibility to send this form 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 due within nine (9) working days of the referral.

PASRR 4 Response to Referral Form - This form is used by the CMHC to inform the referral source that the Level I screen was not indicative of the need for a Level II. This may occur when a referral is received and the person meets an exception, such as Alzheimer's disease or other dementia, if there has been an inappropriate referral, or the individual does not meet criteria for a MI/ID/RC diagnosis.



PASRR 5 Recommended Services - This form is to be completed by CMHC's for all persons who are recommended for specialized services or services of lesser intensity. This form should be submitted to the nursing facility with the comprehensive evaluation. It notifies the nursing facility staff that the evaluation contains recommendations that the nursing staff is responsible for providing.

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 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:

- PASRR 3, PASRR 4, PASRR 5, PASRR 6
- MAP 4092, MAP 4093, MAP 4094, MAP 4095
- Level II evaluation (PASRR 2).
- Determination letter from the CMHC.



# Resources

List of Community Mental Health Centers

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

The Department of Behavioral Health, Developmental and Intellectual Disabilities

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

The Department for Medicaid Services

<http://chfs.ky.gov/dms/default.htm>

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 9: Pathways

(606) 324-1141

## Region 11 & 8: Mountain CC/Comprehend

(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