

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 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).

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 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

- A Level I screening must be completed by nursing facility staff 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 to a nursing facility.
- The Level I screening is a part of the application that the nursing facility completes in KLOCS when an individual applies for admission to the Nursing Facility.
- If the individual does not have Medicaid and it is anticipated that they will not have Medicaid within the next year then complete the paper Level I (MAP 409), if indicated, send to the CMHC and place in the individual's record.
- The Level I is completed by collecting information from the individual, family, guardian and available medical records. This should be a thorough and accurate representation of the individual based on the information gathered from all sources.

Level I Continued

- All of the information gathered on the Level I will assist in identifying the most appropriate placement, supports, and discharge planning options.
- 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.
- For pre-admission, once the application, Level I, MAP 726A, diagnosis information and required documents are uploaded, the system will determine if the Level I triggered a Level II evaluation. If so, the task will go to the CMHC designated for your area for a Level II evaluation. If not, the task will go to the PRO for review.
- If the individual is admitted on a Hospital Exemption then the task will immediately go to the PRO for review and then before the 30 days are over you will Request a Level II in KLOCS which will then send the task to the CMHC designated in your area for a Level II evaluation.

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.

Name: TEST, SCREEN

PASRR #: 300000149

Application #: N/A

21% Complete

Contact Details

Swing Bed

PASRR Level I

MSP 226 A

Diagnosis Information

Document Upload

Section 2: Mental Illness

*Required field

2a. Diagnosis

Identify whether the individual has a current or suspected mental health diagnosis and/or illness

Name of Condition

Source of Information

← Back

Next →

Name: TEST, SCREEN PASRR #: 300000149 Application #: N/A

29% Complete

- Contact Details
- Swing Bed
- PASRR Level I**
- MAP 726 A
- Diagnosis Information
- Document Upload

2b: Level of Impairment

With in the last 6 months, has the individual experienced significant difficulty in 1 or more areas of functionality below due to the above listed conditions :

Interpersonal Functioning such as serious difficulty interacting with others, difficulty communicating with others, altercations, evictions, unstable employment, frequent isolations, 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:

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?

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



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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.

Name: TEST, SCREEN

PASRR #: 300000149

Application #: N/A

36% Complete

Contact Details

Swing Bed

PASRR Level I

MAP 726 A

Diagnosis Information

Document Upload

Section 3 : Intellectual Disability (ID)

3a. Diagnosis and Intellectual Functioning

--Select--

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?

3b. Adaptive Functioning

--Select--

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.

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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



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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.

Name: TEST, SCREEN

PASRR #: 300000149

Application #: N/A

43% Complete

Contact Details

Swing Bed

PASRR Level I

MAP 726 A

Diagnosis Information

Document Upload

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)

Type of Diagnosis

Source of Information

<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>
<input type="text"/>
<input type="text"/>

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Name: TEST, SCREEN PASRR #: 300000149 Application #: N/A

50% Complete

- Contact Details
- Swing Bed
- PASRR Level I**
- MAP 726 A
- Diagnosis Information
- Document Upload

4b. Intellectual Functioning --Select-- ▼

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

4c. Adaptive Functioning --Select-- ▼

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?

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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 with their signature on the form (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.

Name: TEST, SCREEN

PASRR #: 300000149

Application #: N/A

57% Complete

Contact Details

Swing Bed

PASRR Level I

MAP 726 A

Diagnosis Information

Document Upload

Section 5: Exempted or Delayed Level II Referrals

5a. Person Is an Exempted Hospital Discharge

--Select-- ▼

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.

5b. Person Requires Respite Care

--Select-- ▼

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.

5c. Person Has a Diagnosis of Delirium

--Select-- ▼

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 of fourteen (14) days** without a Level II PASRR, if certified by the referring or attending physician pending a definitive diagnosis 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.

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Exempted Hospital Discharge

- A hospital exemption is used only for the initial admission from the hospital. If the individual is systematically discharged from KLOCS due to the Level II not being requested timely or the lack of response to a LOI request but the individual remains in the nursing facility then when the new application to KLOCS is created the hospital exemption cannot be used again.
- If YES is marked for hospital exempt in section 5 (5a) (previous screen) then the Exempted Hospital Discharge Form (MAP 4092) must be uploaded into KLOCS when prompted. See next screen.

**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 _____

- When the nursing facility becomes aware that the individual previously admitted on a 30 day hospital exemption becomes aware that they will need to stay longer than the 30 days then from the individual summary screen you will Request Level II and it will take you to this screen.

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Home Start Application LOC Management Message Center Quick Search

Welcome Michael Webb Sign Out Help

Organization: Office of Legal Services

Name: LATEST, EVAN PASSR ID: 1000072056 Application ID: 100155372

1% Complete

- Request Level II
- Significant Change
- Diagnosis Review
- Document Upload

Request Level II

Below is the Reason for Requesting Level II

Individual will exceed the approved number of 30 days to enter Nursing Facility as an Exempted Hospital Discharge

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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.

Name: TEST, SCREEN

PASRR #: 300000149

Application #: N/A

57% Complete

Contact Details

Swing Bed

PASRR Level I

MAP 726 A

Diagnosis Information

Document Upload

Section 5: Exempted or Delayed Level II Referrals

5a. Person Is an Exempted Hospital Discharge

--Select-- ▼

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.

5b. Person Requires Respite Care

--Select-- ▼

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.

5c. Person Has a Diagnosis of Delirium

--Select-- ▼

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 of fourteen (14) days** without a Level II PASRR, if certified by the referring or attending physician pending a definitive diagnosis 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.

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Provisional Admissions (Respite and Delirium)

- A respite or delirium is used only for the initial admission. If the individual is systematically discharged from KLOCS due to the Level II not being requested timely or the lack of response to a LOI request but the individual remains in the nursing facility then when the new application to KLOCS is created the provisional admission cannot be used again.
- If YES is marked for respite in section 5 (5b) or delirium (5c) (previous screen) then the Provisional Admission Form (MAP 4093) must be uploaded into KLOCS when prompted. See next screen.

**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 _____



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- In KLOCS when you sign the Level I in section 6 then you will move on to the rest of the application (MAP 726A, Diagnosis information and document upload). KLOCS will direct the referral/task to the appropriate agency based on how the questions were answered.

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Assurance & Support Programs for Kentuckians

Home Start Application LOC Management Message Center 15 Quick Search

Welcome NF ProviderStaff3 Sign Out Help

Agency: NF Org 2

Name: TEST, SCREEN PASRR #: 300000149 Application #: N/A

64% Complete

- Contact Details
- Swing Bed
- PASRR Level I**
- MAP 726 A
- Diagnosis Information
- Document Upload

Section 6: Signatures *-=Required field

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.

*E-Signature :	NF ProviderStaff3	*Title	<input type="text"/>
*Date :	05/15/2020	*Phone	<input type="text"/>
*Facility Name :	NF Org 2		
*Provider Number :	12009890		

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- This screen shows where the required documents are uploaded. This includes a current H&P that meets federal regulations, the MAP 350 and if applicable hospital exemption and provisional admission forms.

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Home Start Application LOC Management Message Center 21 Quick Search
Welcome NFPT ChowTest Sign Out Help
Agency: Nursing Facility CHOWone

Name: REDMAN, MYRON PASRR #: N/A Application #: 400195240

93% Complete

- Contact Details
- Swing Bed
- MAP 726 A
- Diagnosis Information
- Document Upload**

Documents Upload * = Required field

* REMINDER: If the individual is being referred for a PASRR Level II, it is the NF's responsibility to ensure that the H&P is signed by a Physician.

What is Needed	Types of Document Accepted	Status
*Long Term Care Facilities Certification Form	MAP-350	✘
*History and Physical Examination Form	H&P	✔

Document Summary

Document Type	Date	Comments	Action
H&P	03/15/2020		ⓧ ✎

Document Upload Section

[Attach Another Document](#)

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Submit

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Federal Requirement for the H&P

- **CFR 42, 483.132, 483.134 and 483.136**
- The federal requirement for the H&P is:
 - A current comprehensive history and physical examination (to include a complete medical history, review of all body systems, and neurological system evaluation).
 - Required by federal regulation to be signed by a physician.
 - Current medications.

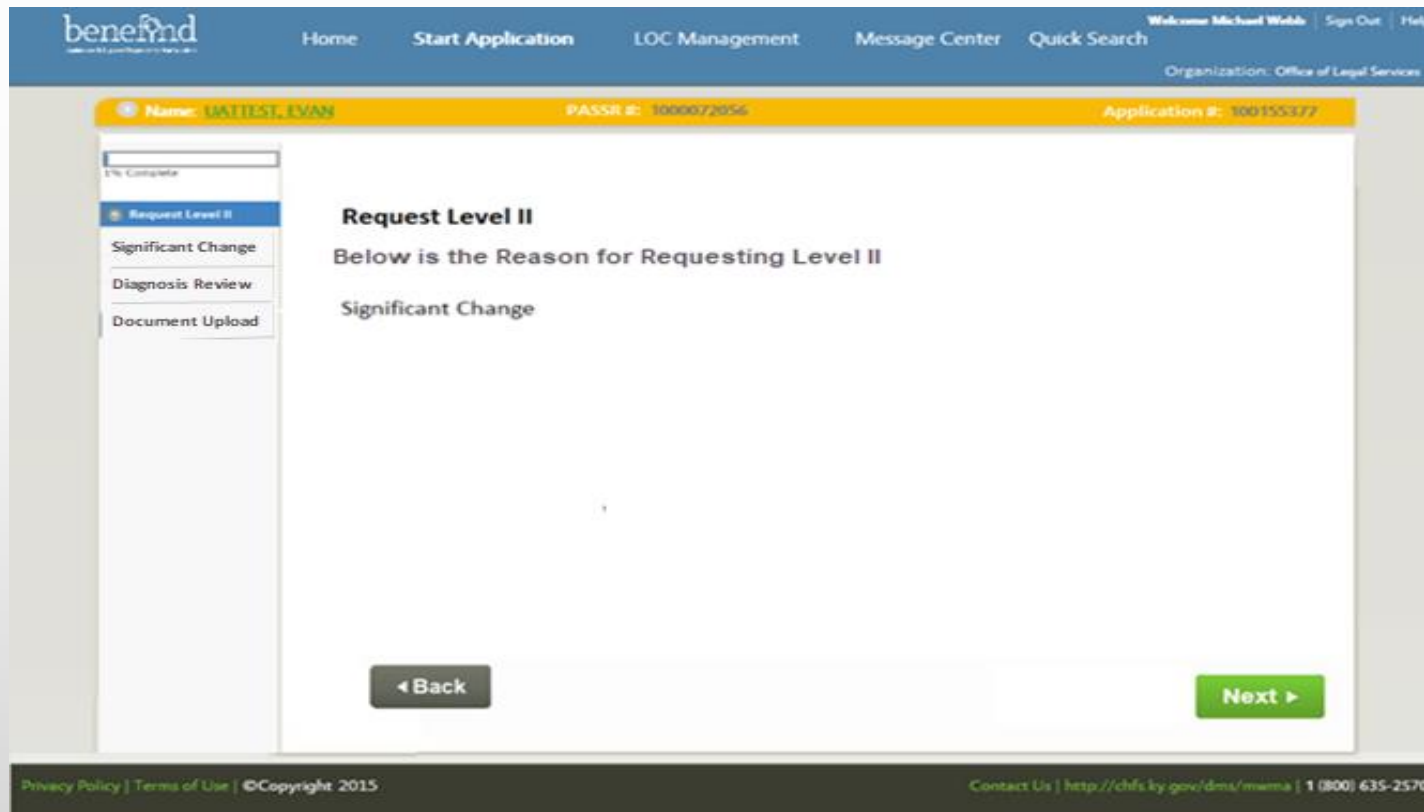
- If the individual is not and will not within the next year be a Medicaid recipient and the paper Level I (MAP 409) is completed then you will follow the instructions at the bottom of the page. Send to the CMHC if it is a referral and not exempted or delayed. If not a referral or exempted or delayed send to the PRO for LOC.

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"?			
<input type="checkbox"/> 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.			
<input type="checkbox"/> No - The nursing facility is required to contact the PRO for the Medicaid level of care determination prior to admission.			
<p>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.</p>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Title	Date	Telephone Number
Facility Name	<input type="text"/>		Medicaid Provider Number <input type="text"/>
<p>Original – Nursing facility record COPY TO CMHC if referral made</p>			

Significant Change

- For individual's whose applications were completed in KLOCS the form is imbedded into the system. You will Request a Level II in the following situations:
 - 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.
- If the individual is not in KLOCS you will continue to use the paper form MAP 4095. This form will be used for all situations above as well as to notify the CMHC of an individual's discharge or death.

- When the nursing facility staff become aware that an individual meets the criteria on the previous slide for a significant change in condition they will initiate a Request Level II from the individual summary screen and you will see this screen. The next two slides will show you the significant change screen.



Name: CHOWTWO, YANG

PASRR #: 30000063

Application #: 400194823

25% Complete

Request Level II

Significant Change

Diagnosis Review

Documents Upload

Significant Change **Required field

"Significant Change" means that the individual's mental or physical condition has changed significantly in a manner that affects his/her need for specialized services, or nursing facility level of care. If any of the following events have occurred, please select the type of change.

Section 1: 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.

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.

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.



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Supervisors living:

- 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 there is a box in section 1 checked, then describe the Significant Change and its effect on the Nursing Facility Resident:

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. *

Section 3: Signature

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.

E-Signature : Jordanne Allen

Date : 03/15/2020

* Phone :

Facility Name : Nursing Facility PT 12 J.

Provider Number : 7100648840

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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**.



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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)

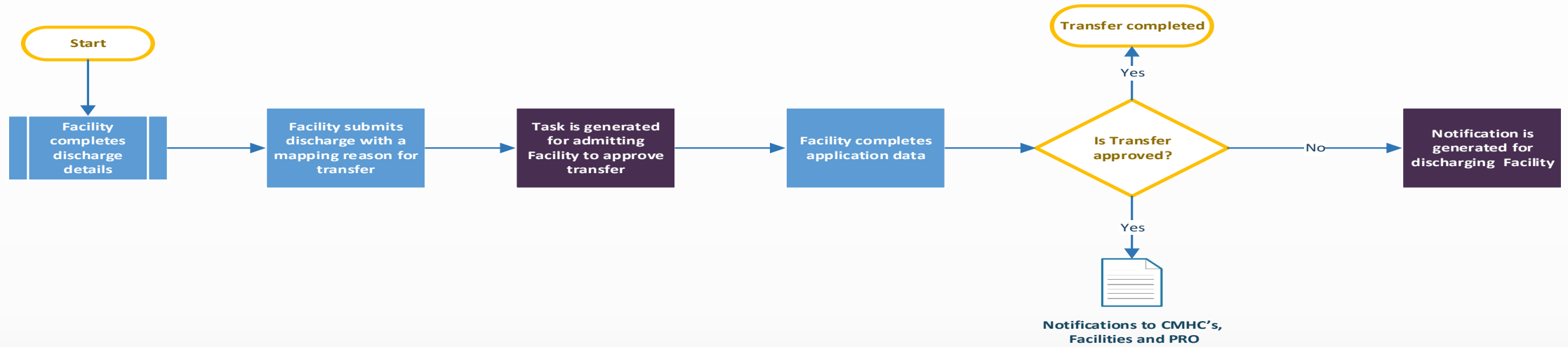
The individual is deceased. Date of Death

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.

Transfers - KLOCS



KLOCS
LOC Transfer

Transfer's – Paper

If the individual started the PASRR process via paper and is not in KLOCS then the Significant Change Form (MAP 4095) will be used to notify the CMHC of the transfer.

KLOCS Timeframes are not PASRR Timeframes

- Unless an exemption or provisional admission is used then the PASRR process must happen prior to admission. In KLOCS this means that the application and Level I is completed prior to admitting the applicant to your NF.
- If the CMHC sends a LOI to you, the NF, you must respond as soon as you have the information requested. The date that is associated with that task on your dashboard is not the due date. The CMHC has 9 business days to complete the evaluation and that includes the time it takes to receive information from LOI's sent to the NF.

CMHC's Role

After receiving an appropriately referred Level I (MAP 409) or Significant Change (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 (for ID/RC referrals), 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 Level I (MAP 409) or Significant Change (MAP 4095) that doesn't meet criteria to be referred for a Level II evaluation the following will occur:

- Referrals in KLOCS will be sent an LOI (Lack of Information) asking that an appropriate diagnosis be listed on the Level I. Ex. A medical diagnosis is listed as a diagnosis under MI and there is nothing for the CMHC to evaluate for.
- Paper referrals 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. For KLOCS referrals this will be uploaded into the document screen with other required documents.

The NF should incorporate these recommendations into the individual's NF Care Plan.

Response to Referral

- The CMHC may document a response to referral as a result of their Level II evaluation. This form is embedded into the KLOCS system and will be completed when the following occurs:
 - 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.
- If the referral was sent to the CMHC as a paper referral then a paper response to referral (PASRR 4) will be sent to the nursing facility upon completion of their Level II evaluation.
- The PRO will then determine LOC for that individual.

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.

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.



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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.



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The logo for TEAM KENTUCKY. The word "TEAM" is in a light blue, sans-serif font above the word "KENTUCKY" in a bold, dark blue, sans-serif font. To the right of "KENTUCKY" is a blue outline of the state of Kentucky.

Records for PASRR

- For most individuals the PASRR records will be kept in KLOCS. For individuals that go through the paper PASRR process their chart should include:
 - 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.

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

[Nursing Facility Services - PT \(12\) - Cabinet for Health and Family Services \(ky.gov\)](http://www.dms.ky.gov/nursing-facility-services-pt-12)

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: Seven Counties](#)

(502) 459-5292

[Region 7: Northkey](#)

(859) 781-5586

[Region 8: Comprehend](#)

(606) 759-7161

[Region 10: Pathways](#)

(606) 329-8588

[Region 11: Mountain Comp Care](#)

(606) 886-4326

[Region 12: Kentucky River CC](#)

(606) 633-4439 ext. 5007

[Region 13: Cumberland River BH](#)

(606) 528-7081

[Region 14 & 15: Adanta/Bluegrass](#)

(606) 679- 4782