

USER GUIDE

Level I PASRR Screening Form

WHY IT'S IMPORTANT

Purpose of the Level I:

- Completion of the Level I form is mandatory for all individuals applying for admission to a Medicaid certified nursing facility to determine the appropriateness of the nursing facility placement.
- Identifies an individual of suspected MI, ID/DD, or RC

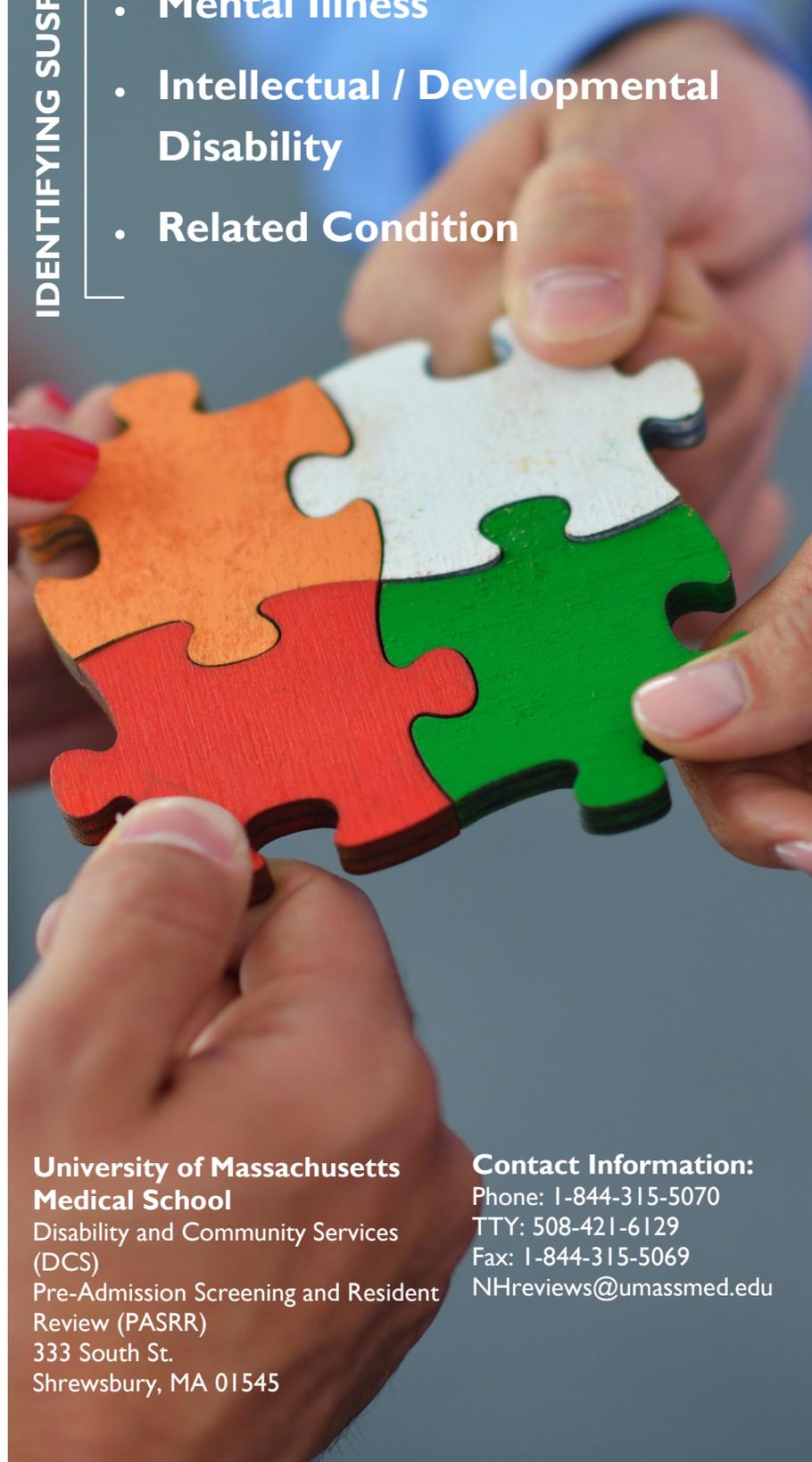
BASED ON OLMSTEAD ACT

Federal obligation:

- Individuals have the right to live in the least restrictive setting possible.
- When a nursing facility is determined to be an appropriate setting, services are available to meet those needs.
- 42 CFR 483.100-138

IDENTIFYING SUSPICION

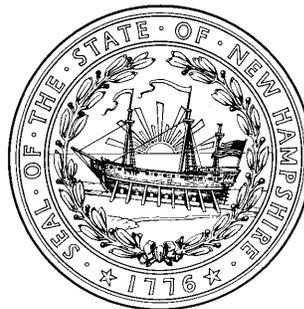
- Mental Illness
- Intellectual / Developmental Disability
- Related Condition



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The Level I PASRR must be filed in the individual's nursing facility record.



This user guide was developed by UMass Medical School, in collaboration with New Hampshire's Bureau of Developmental Services, to be a user-friendly tool on how to complete the new Level I PASRR form. The UMass training team provided copies of this user guide during the 2015 New Hampshire state-wide trainings.



Purpose:

This user guide provides important steps to take when completing the Level I PASRR form.

START HERE



REVIEW EACH PAGE AND SECTION OF LEVEL I FORM

COMPLETE EACH APPLICABLE SECTION

REMEMBER THE REQUIRED SIGNATURES,
CREDENTIALS, AND DATES

REMEMBER TO SUBMIT ALL REQUIRED
DOCUMENTATION WITH THE LEVEL I FORM

TO DO:

- Review each page & section of Level I form
- Complete each applicable section with the available information
- Signatures, credentials, & dates are required
- Submit **all required** documentation (see pgs. 8 & 9 of Level I)



PROCEED TO SECTION 1

Section I: Identifying Information (pages 1-2 of Level I)

START HERE



INDIVIDUAL/APPLICANT

LEGAL REPRESENTATIVE/LEGAL GUARDIAN

ATTENDING PHYSICIAN

PAYOR SOURCE

PROPOSED FACILITY INFORMATION

DISCHARGING FACILITY INFORMATION

REVIEW TYPE

COMPLETE ALL SUBSECTIONS WITH THE AVAILABLE INFORMATION

TO DO:

- Add identifying information to all subsections on pgs. 1 & 2 of the Level I PASRR form.



PROCEED TO SECTION 2

Section 2: Mental Illness (pages 3-4 of Level I)

START HERE



2A. MENTAL ILLNESS (MI) DIAGNOSIS

**DIAGNOSED or
SUSPECTED MI?**

YES

NO

If not suspecting MI, proceed to section 3.

CHECK ALL DIAGNOSES THAT APPLY

List psych medications & purposes	Current
List psychiatric treatment	In past 2 years
Psychiatric interventions	In past 2 years

2B. INTERPERSONAL FUNCTIONING

CHECK ALL THAT APPLY

Interpersonal symptoms	Based on history
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2C. CONCENTRATION/TASK LIMITATIONS

CHECK ALL THAT APPLY

Concentration/task limitation symptoms	Based on history
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2D . ADAPTATIONS TO CHANGES

CHECK ALL THAT APPLY DUE TO POSSIBLE MI, NOT DUE TO MEDICAL CONDITIONS

Adaptations to change symptoms	Based on history
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COMPLETE EACH SECTION WITH THE AVAILABLE INFORMATION

TO DO:

- Mark boxes that apply to diagnosis
- Add psych meds, treatment, & purposes
- Mark boxes for interpersonal functioning symptoms
- Mark boxes for concentration & task limits symptoms
- Mark boxes for adaptation to change symptoms



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PROCEED TO SECTION 3

Section 3: Intellectual/Developmental Disability (page 5 of Level I)

START HERE



3A. INTELLECTUAL/DEVELOPMENTAL DISABILITY (ID/DD) DIAGNOSIS

**DIAGNOSED or
SUSPECTED
ID/DD?**

YES

NO

If not suspecting ID/DD, proceed to section 4.

CHECK ALL THAT APPLY

ID/DD indicators

Based on history in
adaptive behavior for age
and culture

3B. CONCURRENT IMPAIRMENTS

CHECK ALL THAT APPLY

Concurrent impairments in adaptive
functioning prior to age 18

Based on history

COMPLETE EACH SECTION WITH THE AVAILABLE INFORMATION

TO DO:

- Mark box for diagnosis
- Mark all ID/DD indicators
- Mark all concurrent impairments



PROCEED TO SECTION 4

Section 4: Related Conditions (page 6 of Level I)

START HERE



4A. RELATED CONDITIONS (RC) DIAGNOSIS

DIAGNOSED or
SUSPECTED
RC?

YES

NO

If not suspecting RC, proceed to section 5.

CHECK ALL THAT APPLY

RC indicators

Based on history

A related condition is a disability that is attributable to conditions such as traumatic brain injury, autism spectrum, epilepsy, cerebral palsy or any other condition *other than* mental illness found to be closely related to ID/DD because it impairs intellectual functioning or would require services normally provided to an individual with impaired intellectual functioning.

4B. FUNCTIONAL LIMITATIONS

CHECK ALL THAT APPLY

Functional limitations that include physical, neurological, or sensory disabilities prior to age 22

Based on history

TO DO:

- Mark box for diagnosis
- Mark all RC indicators
- Mark all functional limitations



COMPLETE EACH SECTION WITH THE AVAILABLE INFORMATION

PROCEED TO SECTION 5

Section 5: Undiagnosed Condition (page 7 of Level I)

START HERE



5. UNDIAGNOSED CONDITION

**UNDIAGNOSED or
SUSPECTED?**

YES

NO

If not suspecting an undiagnosed condition, proceed to section 6.

IF SUSPECTING AN UNDIAGNOSED CONDITION:

INCLUDE INFORMATION

Indicators & interventions

Based on records



COMPLETE THIS SECTION WITH THE AVAILABLE INFORMATION

TO DO:

- Mark yes/no box for undiagnosed condition
- Add any indicators
- Add any interventions

PROCEED TO SECTION 6

Section 6: Exemptions / Exclusions (page 7 of Level I)

START HERE



6. EXEMPTIONS OR EXCLUSIONS

HOSPITAL D/C ?	YES (If yes, PASRR office involvement is not needed)	NO
DEMENTIA ?	YES (If yes, PASRR office involvement is not needed)	NO

If not applying for a **time-limited stay** due to a hospital discharge **or** dementia for MI only, proceed to section 7.

**TO DO:
(hospital d/c only)**

- Mark box for hospital exemption
- Review NH criteria
- Have physician print his/her name & date at the bottom of pg. 7 on Level I

**TO DO:
(dementia for MI only)**

- Mark box for dementia (MI only)
- Mark all indicators
- Mark yes/no if mental status exam was completed
- Mark yes/no if dementia is primary dx

IF APPLYING FOR HOSPITAL DISCHARGE:

ENSURE CRITERIA ARE MET: He-M 1302.05

Individual is admitted from hospital after receiving acute care

Requires services for same condition treated for at hospital

Individual needs nursing facility services

Physician certifies the stay will be **less than 30 days**

REQUIRED: Printed name of physician and date



Printed name of physician and date

IF APPLYING FOR DEMENTIA EXCLUSION:

ONLY FOR MI INDIVIDUALS

Mark all dementia indicators

Mark yes or no if a mental status exam was completed

Mark yes or no if dementia appears as the primary diagnosis

COMPLETE APPLICABLE SECTION & HAVE PHYSICIAN PRINT NAME IF HOSPITAL D/C

PROCEED TO SECTION 7

Section 7: Categorical Determinations (page 8 of Level I)

START HERE



7. TIME-LIMITED STAY CONSIDERATION

Requesting time-limited stay?

YES
(If yes, mark appropriate categorical box)

NO

If not applying for a categorical, proceed to section 8.

A signature is required on page 8 for **all** Level I PASRRs, not just for categorical determinations.

**TO DO:
(time-limited stay only)**

- Mark the specific time-limited categorical request
- Include number of days requesting to stay
- List protective service agency contact & acute condition (if applicable)
- Submit all required documents listed on pg. 8 of Level I

**TO DO:
Required for ALL Level I PASRRs**

- Medical professional needs to print & sign name, with credentials & date on pg. 8 of Level I

Medical professional's printed name, signature, credentials, & date

CONVALESCENT STAY (MAX IS 90 DAYS)

Direct admit from hospital for same acute condition treated for at hospital

List of acute condition

List number of days requesting to stay

DELIRIUM (MAX IS 30 DAYS)

Accurate diagnosis cannot be made until delirium clears

List number of days requesting to stay

PROTECTIVE SERVICES (MAX IS 7 DAYS)

Referred to by state protective agency

List protective agency and contact

RESPITE (MAX IS 20 DAYS IN ONE FISCAL YEAR)

Provides relief to family or caregiver(s)

List number of days requesting to stay

SEVERE ILLNESS/CONDITION

Diagnosis impacts level of functioning

Not able to participate in services

TERMINAL ILLNESS

Physician attests that there is less than 6 months to live

Not at risk to self or others

CHECK OFF APPLICABLE CATEGORICAL & HAVE MD, APRN, OR PA SIGN & DATE PG. 8

PROCEED TO SECTION 8

Section 8: Level I Screening Summary (page 9 of Level I)

What does the individual's situation look like?

- Is MI, ID/DD, or RC suspected or not?
- Is it a hospital discharge exemption **OR** a dementia exclusion?
- Is PASRR involvement required?
- If so, would it be for a categorical or full Level II (face-to-face)?



START HERE



MARK APPROPRIATE BOX IN COLUMN FOR MI, ID/DD, OR RC
TO OUTLINE PASRR INVOLVEMENT

LENGTH OF STAY

Mark box for long or short-term stay
If short-term stay, include number of days

REQUIRED DOCUMENTATION (SEE PGS. 8 & 9 OF LEVEL I)

Categoricals require specific documentation (pg. 8)
All Level I forms require specific documentation (pg. 9)
Additional documents are required for MI, ID/DD, & RC

PERSON COMPLETING FORM

Print and sign your name with credentials
Date you completed the Level I form

SUBMIT LEVEL I FORM TO NH PASRR OFFICE

Mark box that correlates to submission method
Exceptions to submitting Level I form to NH PASRR office:

- Screens negative for MI, ID/DD, or RC
- Hospital discharge
- Dementia exclusion

CHECK BOXES IN EACH APPLICABLE SECTION AND SUBMIT LEVEL I

TO DO:

for All Level I PASRRs:

- Mark the specific box in the column for either MI, ID/DD, or RC (PASRR involvement)
- Mark box for length of stay
- Submit all required documents listed on pgs. 8 & 9
- Print & sign your name, with date
- Submit Level I form to NH PASRR office & indicate method of submission

The Level I PASRR must be filed in the individual's nursing facility record.

THIS CONCLUDES THE LEVEL I SCREENING.



NH Commonly Asked Level I PASRR Questions



1	Who completes the Level I PASRR form?	The organization (e.g., hospital or community organization) who is facilitating admission to a Medicaid certified nursing facility (NF). The form must be signed by a MD, PA, or APRN.
2	Where can you find the required forms?	PASRR forms can be found at: 1) eStudio (PASRR forms folder), 2) the BDS website: www.dhhs.nh.gov/dcbcs/bds/pasarr.htm or 3) NH PASRR office: 1-844-315-5070
3	What is the PASRR process?	All individuals being considered for admission to a Medicaid certified nursing facility must have a Level I PASRR screen completed. The Level I is completed by the referral source prior to admission to a NF. If the screen indicates a suspicion of mental illness (MI), intellectual/developmental disability (ID/DD), or related condition (RC), the referral source provides the individual and/or legal guardian with a document called <i>PASRR Notice to Individuals Seeking Admission to Nursing Facility</i> which outlines that the individual is being referred to the NH PASRR office for further review/confirmation of the suspected diagnosis via the eStudio folder, fax, or email. The NH PASRR office reviews the Level I and supporting documents to confirm the suspected diagnosis, that the skilled NF would be the least restrictive environment, and reviews for specialized service (SS) needs.
4	When are new PASRR forms needed?	The Level I screen form is required to be completed prior to admission . If an individual residing in a NF has had a significant change, submit the significant change form.
5	The Level I screen indicates various forms that must be submitted, are all required?	Yes, all documents listed in the Level I form must be submitted to support a Level II evaluation or categorical group determination.
6	How is the PASRR process initiated?	Level I screens are completed by referring organizations such as hospitals or community organizations for individuals who are being considered for placement in a Medicaid certified skilled nursing facility.
7	In what instances does a referral source not engage the NH PASRR office?	<ol style="list-style-type: none"> 1) When an individual screens negative for MI, ID/DD, or RC 2) Hospital exemption - When the individual requires less than 30 days (physician certifies that the stay will be less than 30 days) 3) Dementia exclusion - When the individual's dementia is the primary diagnosis <p><i>Note: The organization facilitating admission needs to forward the Level I with the individual to the admitting NF to file in NF record.</i></p>
8	How is Medicaid NF LOC coordinated?	When the NH PASRR office receives a Level I screen indicating that the individual has NH Medicaid, the NH PASRR office alerts Bureau of Elderly and Adult Services (BEAS) to have the Medical Eligibility Assessment (MEA) reviewed to determine the NF level of care (LOC).
9	What situations cause a PASRR to be changed?	Significant changes; the NF must complete a significant change form and submit it to the NH PASRR office. A significant change can occur at any time and a significant change MDS can take place at any time, not only at the quarterly MDS completion.
10	What is the timeline for UMass to determine PASRR involvement from submission of the Level I?	<p>Level I: Upon receipt of a <u>complete</u> Level I with all supporting documentation, UMass has 5 business hours to convey the determination disposition to the referral source.</p> <p>Categorical Group Determinations: Decisions are rendered with 5 business hours of receipt.</p> <p>Specialized Services: If the PASRR evaluator is considering recommending SS, this must be conveyed to the referral source within 5 hours of completing the evaluation.</p>
11	What is the timeline for UMass to determine PASRR involvement from submission of the Level II?	Level II: When the Level I determines an individual is being suspected of MI, ID/DD, or RC and is being referred to a NF, the PASRR evaluator has 5 business days to conduct a face-to-face evaluation to confirm the suspected diagnosis, to complete the Level II, and to make a determination about SS needs. The PASRR evaluator issues the determination packet within 48 hours (2 business days) of completing the Level II evaluation.
12	Where do I send PASRRs if the individual is a legal resident of another state and is seeking admission to a NH skilled NF?	The PASRR office for the state in which the individual is a legal resident is responsible for conducting the PASRR. In the event that the individual's residency changes to NH, a copy of the initial PASRR should be submitted to the NH PASRR office for review and possibly a face-to-face evaluation may be needed.
13	What are the NH PASRR office hours?	Business hours are Monday - Friday, 8:00 a.m. to 4:30 p.m. The NH PASRR office observes both Massachusetts and New Hampshire state holidays.