

PASRR Level I (00087) FAQs for Screeners

Hospital Discharge Planners, Community RNs, Primary Care Providers and other interested professionals

What is the purpose of PASRR?

The preadmission screening and resident review is a federally mandated mental health and intellectual/developmental disability screening for all individuals admitting to a nursing facility that accepts Medicaid payment. The goal of PASRR is to prevent the 'warehousing' of individuals with serious mental illness and/or intellectual/developmental disabilities in nursing facilities. If it is determined that an individual with a serious mental illness and/or intellectual/developmental disability requires nursing facility placement, the individual should be evaluated to determine if they would benefit from any specialized services or specialized rehabilitative services during their stay.

Who is a PASRR screener?

For PASRR purposes, a screener is a professional completing the Level I (87) form.

Who is a PASRR evaluator?

For PASRR purposes, an evaluator is a Nurse Reviewer from the Bureau of Long-Term Care (BLTC), a professional from the Division of Behavioral Health or a professional from the Bureau of Developmental Disability Services.

How long does a Level I (87) review take?

Once the Level I (87) and complete supporting documentation is submitted and received by BLTC, the Abbreviated Level II (90) is typically completed within a few hours or by end of business. Exceptions to this time frame occur when an individual requires a full Level II (88 or 89), if the Level I and supporting documentation is received after 3:30pm Monday through Friday. PASRR reviews are not completed after normal business hours, on weekends or state holidays. PASRRs are processed in the order they are received, urgent or ASAP requests are not accepted. Please plan accordingly.

What areas must be completed in the demographic portion of the Level I?

All of the areas except the Legal Representative information. Legal Representative information is only required if someone other than the individual signs the PASRR. Double check before submitting the PASRR to reduce unnecessary back and forth communication between yourself and BLTC.

What is the difference between Depressive Disorders and Depression (mild/situational) and Anxiety Disorders and Anxiety?

Depression

Question 1 pertains to **Major Depressive Disorder**.

Question 2 pertains to **Depression (mild/situational)**; it is typically documented as Depression in PCP notes or a History and Physical.

Anxiety

Question 1 encompasses anxiety disorders that are **more severe** such as Panic Disorder, Agoraphobia, or **uncontrolled** Generalized Anxiety.

Question 2 includes Generalized Anxiety that is **well controlled**; it is typically documented as Anxiety in PCP notes or in a History and Physical.

To be noted, an individual cannot have Depressive Disorders checked in Question 1 **and** have Depression (mild/situational) checked in question 2, it can only be one or the other. This applies to Anxiety Disorders and Anxiety as well.

What mental disorders are added to question 3?

Question 3 would include mental disorders such as Attention Deficit Hyperactivity Disorder (ADHD), Anorexia and Mood Disorder.

What constitutes a substance abuse disorder?

This answer relies more with the screener's professional judgement. Substance use disorder is technically a diagnosis, however, many people with substance abuse issues have not been diagnosed with substance use disorder. If the screener's professional judgement leans towards a suspected substance abuse, then Question 4 should be marked yes. If the History and Physical or other notes don't provide a clear picture of the substance use, the screener should provide a narrative to be submitted with in the supporting documentation. If the individual has been in recovery for any amount of time, the screener should indicate the time frame next to the diagnoses.

Tobacco Use alone is **not** a sign of serious mental illness. Tobacco use in relation to other mental health diagnoses may be significant. If the individual does **not** have a mental health diagnoses, tobacco **should not** be noted on Question 4. If the individual does have a mental health diagnoses, then tobacco should be noted in Question 4.

What medications should be listed for Question 5?

The only medications that should be listed in Question 5 are medications used to treat an individual's **mental health conditions**. Medications, even psychiatric medications, prescribed to treat a medical condition should not be listed, such as antidepressants for sleep or tobacco cessation or

anxiolytics for spasms. Medications, even psychiatric medications, prescribed to treat dementia related behaviors should not be listed. Psychiatric medications used to treat symptoms associated with end of life (E-kits or comfort medications) should not be listed either.

When should behaviors and symptoms be marked 'Yes' for questions 6, 7 and 8?

These questions should only be marked 'Yes' if these behaviors and symptoms are **related to known or suspected mental health conditions**. If these behaviors and symptoms occurred due to a medical condition (traumatic brain injury, stroke, infection, metabolic encephalopathy, etc.) or an Alzheimer's/Dementia diagnosis, these questions should be marked 'No.'

Do the dates need to be specific for questions 9, 10 and 11?

The dates can be general, such as December 2012 or 1985. However, if the treatment has been recent and a psychiatric evaluation was conducted, the screener should attach the evaluation with supporting documentation, if available.

What is a primary diagnosis of Dementia or Alzheimer's?

A primary diagnosis of dementia or Alzheimer's, for the sake of PASRR, is when:

- 1) The symptoms of this diagnosis become a main concentration in a treatment plan
- 2) The dementia or Alzheimer's diagnosis has advanced to a such a degree that the symptoms supersede the symptoms of a mental health condition or intellectual/developmental disability.

What if the individual has a diagnosis of dementia or Alzheimer's but does not have a dementia work up or mental status exam?

A history and physical or a verbal report from a legal representative or caregiver are acceptable responses to Question 13.

What medications should be listed in Question 14?

Only **antipsychotic** medications should be listed in Question 14. These medications should only be used to treat behavioral symptoms **related to dementia and/or Alzheimer's**. Antidepressants, anxiolytics, and medications used for the treatment of symptoms related to end of life should not be listed here.

The individual I am screening has substantial functional limitations but does not have an intellectual or developmental disability. Should I notate this on question 19?

No. This question is only for individuals with intellectual or developmental disabilities.

Which professional can sign a Level I (87)?

- A physician,
- A physician extender (PA or NP),
- A discharge planner that is licensed as an RN or LSW), or
- A community care manager (a nurse working in a non-institutionalized setting) that is licensed as an RN.
- A Qualified Mental Health Professional and a Qualified Intellectual Disability Professional must **both** sign the Level I (87) for the signature section to be complete.

Nursing facilities submitting significant changes on a Level I (87) can only use a signature from a physician.

Does the individual have to sign the Level I (87)?

Yes, the individual must sign the Level I (87) for the form to be complete, regardless if the Level I (87) 'triggers' as positive or negative. If the individual is not able, their legal representative can sign on their behalf. In cases the individual or their legal representative is unable to sign but able to give consent, the screener may follow their organizations policy for obtaining verbal signatures, such as the screener and a witness can sign for the participant or the legal representative.

What documentation is required with the Level I (87)?

- Admission/discharge orders indicating:
 - Level of care
 - Medications
 - Prognosis of condition
 - If length of stay is anticipated to be less than 30 days
- History and Physical (H&P)
 - For hospice and home health providers, a recent comprehensive assessment completed by the case manager and the last face to face assessment can be submitted in lieu of the H&P
- Progress notes that relate to the individual's current mental health condition
- Narrative from the screener for any information that is **not** included in the documentation but important for evaluators to have to make an **accurate and appropriate determination** for the individual.

The individual (or legal representative) is reporting information about a mental health condition and/or intellectual disability, but I do not have supporting documentation. Am I able to indicate this information on the Level I (87)?

Yes. It is understood that screeners may not have access to all documentation indicating certain diagnoses or circumstances. The screener may indicate **self-reported diagnoses** on the Level I (87) or include this information in a **narrative**.

Can I complete a Level I (87) before an admitting facility has been established?

Yes. This can be especially helpful for individuals with multiple mental health diagnoses and/or mental health concerns. Anticipated admission/discharge orders are acceptable. The anticipated admission date can be different than actual admission date, an updated Level I (87) is not required.

The receiving nursing facility changed at the last minute. What do I do?

The change in nursing facility should not prevent the admission from occurring. An updated Level I (87) should be submitted to the appropriate region and an Abbreviated Level II (90) and Level II (88 and/or 89), if needed, will be returned with the updated nursing facility. If there is a concern with the nursing facility's ability to address the individual's needs, BLTC will follow up with the nursing facility to discuss further.

The individual is readmitting to their nursing facility do they need a new Level I (87)?

Not necessarily. If the previous Level I (87) is still accurate, with **no changes** to medications or diagnoses, then the previous Level I (87) can be submitted for review. Evaluators will compare the information in the H&P, admission/discharge orders to validate current medications and diagnoses. If the previous Level I (87) is **no longer accurate**, then a new Level I (87) must be completed.

If the individual is readmitting to a nursing facility that utilizes the temporary Leave of Absence (LOA) **and** the individual was in the hospital for less than 72 hours, then the Level I (previous or new) **does not** need to be submitted for review. Only the nursing facility can indicate if the LOA was used for an individual.

I received the Abbreviated Level II (90) back. What do I do now?

Review the Abbreviated Level II (90) for completion and provide a copy to the individual or legal representative and to the receiving nursing facility.

The Abbreviated Level II will have the following indications it is complete:

- Page 2, number 32 is checked and signed by the nurse reviewer
- Page 2, number 31 is checked and signed by the nurse reviewer

- Page 3, number 35 is checked along with any four (4) of the boxes checked
- Page 3, number 36 is checked
- Page 3, number 37 is checked
 - If **number 37 is checked** the individual will be receiving a full Level II (88 or 89), also known as **a face to face evaluation** to determine if the individual would benefit from any specialized services or specialized rehabilitation services.

I was told the individual requires a full Level II (88 or 89)/face to face evaluation.

What do I do now?

Full Level II evaluations are typically completed within **three (3) business days**. The individual cannot be admitted to any nursing facility until the Level II is completed. The Independent Evaluator completing the Level II will be calling the screener, or other indicated person, to schedule a time to meet with the individual and/or their legal representative. The screener should inform the individual that an evaluator will be meeting with them to determine if they would benefit from additional services during their nursing facility stay. It is important to remember that these services are for the individual's successful nursing facility stay, whether it be short term or long term.

I have questions that are not listed on this FAQ. Who can I contact?

Questions needing immediate response or pertaining to a current PASRR submission, please contact the regional BLTC office to which the Level I (87) and supporting documentation was submitted. This phone number is listed on the Medicaid – PASRR webpage.

Questions not requiring immediate response, please contact Alex Childers-Scott at Alexandria.Childers-Scott@dhw.idaho.gov.