PASRR IN SKILLED NURSING
Regulatory Overview

What is the GOAL of the federally mandated PASRR?

• **Facilitate** nursing facilities in their effort to provide the necessary care and services to each resident so that they may attain or maintain the highest practicable **physical, mental** and **psychosocial well being**. (42CFR483.25, F309)

• **Prevent** inappropriate institutionalization of individuals with **serious** mental illness (MI), mental retardation (MR), or related conditions (RC). (As defined by 42CFR483.100)
Who does PASRR apply to?

All nursing facility applicants without exception must have a Level I screening:

- Individuals who are private pay
- Individuals whose stay will be paid by insurance
- Individuals whose stay will be paid by Medicare
- Individuals whose stay will be paid by Medicaid

*Federal regulation prohibits Medicaid reimbursement to nursing facilities under certain circumstances, such as but not limited to, (1) Individual admitted without a completed PASRR screening indicating appropriateness for nursing facility placement, (2) nursing facility fails to obtain a level II determination when there are indicators of serious MI, MR, or RC.*
### NEVADA PASRR SCREENING RESULTS
#### PASRR Level I Identification Screening Determinations

<table>
<thead>
<tr>
<th>SCREENING RESULT</th>
<th>DETERMINATION</th>
<th>WHAT IT MEANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>IA</td>
<td><strong>DO NOT ADMIT</strong>&lt;br&gt;Indicators of <strong>serious</strong> MI, MR, or RC are present. Wait for PASRR II evaluation results.</td>
</tr>
<tr>
<td>Negative</td>
<td>IB</td>
<td><strong>OK TO ADMIT</strong>&lt;br&gt;Diagnosis of Dementia with no indicators of <strong>serious</strong> MI – no further evaluation needed.</td>
</tr>
<tr>
<td>Negative</td>
<td>IC</td>
<td><strong>OK TO ADMIT</strong>&lt;br&gt;No indicators of <strong>serious</strong> MI, MR or RC, or Dementia.</td>
</tr>
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</table>
## PASRR II Categorical Determinations

<table>
<thead>
<tr>
<th>DETERMINATION</th>
<th>WHAT IT MEANS</th>
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</thead>
<tbody>
<tr>
<td>Exempted Hospital Discharge (EHD) <strong>Must</strong> submit a completed Level I Identification Screening form by the 25th day of admission</td>
<td><strong>OK TO ADMIT</strong> Provisional <em>time-limited</em> admission related to convalescent care.</td>
</tr>
<tr>
<td>IIE <strong>Must</strong> submit a completed Level I Identification Screening form 10 days prior to IIE limitation date.</td>
<td><strong>OK TO ADMIT</strong> Provisional <em>time-limited</em> admission related to convalescent care, delirium, protective services, respite.</td>
</tr>
<tr>
<td>IIF</td>
<td><strong>OK TO ADMIT</strong> Terminal illness with life expectancy less than 6 months – unable to benefit from specialized services</td>
</tr>
<tr>
<td>IIG</td>
<td><strong>OK TO ADMIT</strong> Severe physical illness, limited to specific diagnoses – unable to benefit from specialized services</td>
</tr>
<tr>
<td>Level I positive for indicators of <strong>serious</strong> MI, MR or RC</td>
<td>IA halted and converted to IB</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Level I positive for indicators of <strong>serious</strong> MI, MR or RC</td>
<td>IA halted and converted to IC</td>
</tr>
</tbody>
</table>
## PASRR Screening Determination Results Table

### PASRR II Individual Evaluation Determinations

<table>
<thead>
<tr>
<th>DETERMINATION</th>
<th>WHAT IT MEANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIA</td>
<td><strong>DO NOT ADMIT</strong>&lt;br&gt;Not appropriate for Nursing Facility placement</td>
</tr>
<tr>
<td>IIB</td>
<td><strong>OK TO ADMIT</strong>&lt;br&gt;Appropriate for Nursing Facility Services and Needs Specialized Services</td>
</tr>
<tr>
<td>IIC</td>
<td><strong>OK TO ADMIT</strong>&lt;br&gt;Appropriate for Nursing Facility Services and Does <strong>Not</strong> need Specialized Services, but may benefit from Mental Health Services of lesser intensity</td>
</tr>
</tbody>
</table>
Out of State Nursing Facility Admissions:

- Understand your state requirements
- Connection with your state agency
- Carefully review other state PASRR’s for language indicating that there are positive indicators of MI, MR and/or RC
- States vary in format and wording
Balancing Needs – Acute Hospital & Skilled Nursing Facility

<table>
<thead>
<tr>
<th>ACUTE CARE</th>
<th>Discharge Crunch Time</th>
<th>NURSING FACILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Request PASRR screening after discharge planning identifies need for nursing facility placement.</td>
<td></td>
<td>• Have completed PASRR prior to accepting for admission.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Results of PASRR II – Prior to admission decision.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Validate – Needs SNF Services &amp; Facility can Support Needs</td>
</tr>
</tbody>
</table>

Administrator’s Role in PASRR

- Understand service requirements for patients
- Contracting for External Services
- Staff Training
- Relationship with Regional Coordinators and State Program Manager
Administrator’s Role in Preparing the Skilled Team

- Admissions Coordinator
- Attending Physician
- MDS Nurse
- Business Office
- Health Information Services
- Activities Supervisor
A Social Services Perspective:

Working With Residents With
PASRR Specialized Services (SS)
Pre-Admission

- Admissions Committee Review
- Will SNF be able to accommodate Specialized Services?
- Recognize limited stays may be authorized (45 day vs. indefinite vs. request re-screening). Will resident be appropriate for discharge to lower level of care?
Post-Admission

• Morning Interdisciplinary team reviews chart & addresses any immediate needs
• Follow-up on Specialized Services recommended
Social Services Role

• Within 7 days of admission, SW completes facility initial assessment, as well as Attachments A & D, and care plan
• Attachment A notifies the state of a resident’s admission (& discharge)
• Attachment D documents the resident’s care, provision of specialized services, care plan & progress notes
Social Services Role (cont)

Each quarter, Social Worker:

- Reviews the SS resident receives
- Request f/u services (i.e. psych consult or coordinate day services w/State)
- Consider medical condition: SS may not be appropriate; document accordingly
- Completes Attachment D
NURSING FACILITY (NF) PASRR II-B NOTIFICATION FORM (To be completed by Nursing Facilities)

RESIDENT NAME: J.H.
NF NAME: Skilled Nursing Facility of Las Vegas
NF DATE OF ADMISSION: 1/1/12
PASRR LEVEL II DETERMINATION: II-B
DETERMINATION DATE: 12/15/11
NAME/TITLE OF NF STAFF PERSON COMPLETING FORM: A.S., LSW

CURRENT STATUS (please check those that apply and fill in dates)

___X__ Resident Admitted to NF  Resident Admission Date: ___1/1/12_____

_____ Client Discharged from NF Resident Discharge Date: ______________
If known, where discharged to: _____________________________

_____ Client Death        Date of Death______________
_____ Other__________________________________________

Additional Comments:
_______________________________________________________________________________
_______________________________________________________________________________
________________________________________________

Please return this form to:
Attention: MHDS PASRR Administrative Assistant
Division of Mental Health and Developmental Services (MHDS)
4126 Technology Way, Suite 201
Carson City, NV  89706
Fax: (775) 684-5964
Attachment D

NURSING FACILITY PASRR II-B SPECIALIZED SERVICES RESIDENT QUARTERLY PROGRESS NOTE (Social Services)

This Nursing Facility PASRR II-B Specialized Services Resident Quarterly Progress Note is to be completed in conjunction with the resident’s quarterly care plan update and/or general social services quarterly progress notes, and kept in the social services (or where other PASRR information is kept) portion of the resident’s chart/medical record. Please be sure this document is carried over to resident’s new chart if readmission occurs. In part, federal regulations at 42 CFR 483.120 and 483.126 require persons’ screened and identified as needing specialized services (PASRR II-B) by the mental health authority or its agent as a condition to be admitted to a nursing facility, to receive specialized services identified in the PASRR II-B screening determination – receipt and provision of these specialized services by nursing facilities must clearly be documented.

I. Resident: J.H  
PASRR II-B Determination Date: 12/15/11  
Nursing Facility: Skilled Nursing Facility of Las Vegas

II. PASRR Specialized Services recommended on PASRR Level II-B Determination (by Magellan Medicaid Administration):

Mental Illness (MI) (MR/RC)
___ Psychotherapy (individual/group/Family)
___ Psychiatrist Follow-Up Services
___ Monitoring and Advocacy
___ Psychotropic Medications
___ Psychiatric Evaluation
___ Psychological Testing
___ Other: _____________________________

Mental Retardation and Related Conditions
___ Psychological Services
___ School Referrals and Services
___ Monitoring and Advocacy
___ Day Services
___ Transition Services, to assist in moving to a less restrictive environment
___ Other: ___________________________
### PASRR Specialized Services Actually Being Provided:

<table>
<thead>
<tr>
<th>Mental Illness (MI)</th>
<th>Mental Retardation and Related Conditions (MR/RC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Psychotherapy (individual/group/Family)</td>
<td>_____ Psychological Services</td>
</tr>
<tr>
<td>_____ Psychiatrist Follow-Up Services</td>
<td>_____ School Referrals and Services</td>
</tr>
<tr>
<td>_____ Monitoring and Advocacy</td>
<td>_____ Monitoring and Advocacy</td>
</tr>
<tr>
<td>_____ Psychotropic Medications</td>
<td>_____ Day Services</td>
</tr>
<tr>
<td>_____ Psychiatric Evaluation</td>
<td>_____ Transition Services, to assist in moving to a less restrictive environment</td>
</tr>
<tr>
<td>_____ Psychological Testing</td>
<td>_____ Other: _________________</td>
</tr>
<tr>
<td>_____ Transitioning services, to assist in moving to a less restrictive setting</td>
<td>_____ Other: _________________</td>
</tr>
</tbody>
</table>
DO NOT PURGE - One copy of this review sheet must be kept at all times in the client's active medical record/chart at all times, including, if resident is discharged and readmitted, carried over to the new medical record/chart.

IV. Plan of Care addresses and documents Resident is receiving PASRR II-B Specialized Services (e.g., at least one goal relates to and addresses the Resident’s II-B Specialized Services). Please specify below:

Resident Problem or Need
J.H. Meets PASRR II-B determination r/t dx of schizoaffective d/o

Care Plan Goal or Objective
J.H. will participate in SS as recommended x90 days

Intervention by Nursing Facility Staff
1) Psych services prn  2) Meds as ordered  3) Monitoring & Advocacy

Is the Resident appropriate for possible discharge within the next 90 days, based on availability of services?  _____ Yes  _X_ No

Why or Why Not: J.H. has had chronic health conditions d/t COPD, CHF. Requires 24 hour care & supervision r/t h/o delusions, paranoia, thought disorganization, chronic health conditions, assistance w/ADL’s.
Attachment D (cont)

Final/Overall quarterly narrative summation of PASRR II-B Resident Specialized Services: (be sure to specifically address each and every PASRR II-B specialized service, verifying if it is being delivered, how often, including dates if possible, if the resident is benefiting from specialized services, etc.)

1) Receives psych prn. Awaiting order for psych consult and availability of psych appointment. Mood/behavior have been stable w/current med regimen, therefore psych consult had not been requested during this readmission.

2) J.H. has orders for Risperdal 3 mg QAM et 1700 hours, Loxitane 50mg daily @ 2pm, Seroquel 600 mg QHS. No delusions, paranoia or thought disorganization noted.

3) MHDS PASRR Coordinator, St of NV, last reviewed chart 1/20/12 for monitoring & advocacy. Nursing & SS provide daily monitoring and advocacy prn. Pt will remain at SNF for LTC for 24 hour care/supervision.

In conjunction with Magellan Medicaid Administration’s PASRR II-B screening determination, I confirm that, as a condition of the Resident to be permitted to be placed or remain in this nursing facility, the resident is receiving provision of specialized services, and, as such, the resident’s specialized services are addressed ongoing in the resident’s Plan of Care.

A. S., LSW DSS 1/23/12
Nursing Facility Representative Signature Title Date
PASRR Coordinators

- Quarterly audits by Regional PASRR coordinators for Mental Health & MR/DD; come to facility to audit & educate SNF staff
- Bi-Annual audits by PASRR II Program Manager
Program Manager Ensures

• PASRR completed in a timely manner
• SNF’s providing/arranging SS
• MHDS Regional PASRR coordinators completing onsite quarterly reviews timely and providing a resources to assist SNF’s
Considerations

- How SS can best be accommodated?
- Logistically (available psych, day services)
- Financially (transportation, staffing)
- Weigh medical needs with behavioral health needs
- Weigh special needs of PASRR SS residents in consideration of rest of SNF population
- Appropriate roommate; group activities
Considerations (cont)

Examples:

- Chronically mentally ill may require increased supportive measures & monitoring, may have non-compliance issues
- MR/DD may have behaviors such as screaming, wandering, aggression, grabbing that leads to staff redirection, as well as reporting incidents to the state
Conclusion

• Important to consider ability to provide SS
• Holistic needs of PASRR SS residents
• Monitored quarterly, but intervene and provide direct care on a daily basis
• Staff training & expertise; ongoing education
<table>
<thead>
<tr>
<th>DATE</th>
<th>PROBLEM</th>
<th>GOAL</th>
<th>TO DATE</th>
<th>INTERVENTIONS</th>
<th>RESP DISC</th>
<th>SIGN.</th>
</tr>
</thead>
</table>
|      | Resident meets PASRR II-B Level of Determination secondary to:  
|      |         |      |         |              |           |      |
|      |         |      |         | Mental Illness: Resident will participate in the following:  
|      |         |      |         | _ Psychotherapy  
|      |         |      |         | _ Medication  
|      |         |      |         | _ Crisis Intervention  
|      |         |      |         | _ Psychosocial Rehabilitation  
|      |         |      |         | _ Psychological Testing  
|      |         |      |         | _ Monitoring and Advocacy  
|      |         |      |         | _ Other: ____________________________  
|      |         |      |         | Mental Retardation and Related Conditions: Resident will participate in the following:  
|      |         |      |         | _ Day Services (including CTS and intense habilitative)  
|      |         |      |         | _ Supportive Living Services (including social or recreational activities)  
|      |         |      |         | _ Medications  
|      |         |      |         | _ Monitoring and Advocacy  
|      |         |      |         | _ School Referrals  
|      |         |      |         | _ Transitioning Services (such as assisted living centers or supportive living arrangements)  
|      |         |      |         | _ Other: ____________________________  

<table>
<thead>
<tr>
<th>Name</th>
<th>Physician</th>
<th>MR #</th>
<th>Room #</th>
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<tbody>
<tr>
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</tbody>
</table>
### PASRR and Care Planning

<table>
<thead>
<tr>
<th>Name:</th>
<th>No:</th>
<th>Location:</th>
<th>Weight:</th>
<th>Height:</th>
<th>Sex:</th>
<th>Date Admitted:</th>
<th>Date of Birth:</th>
<th>Physician:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Problem/Need:</strong></th>
<th><strong>Goal &amp; Target Date:</strong></th>
<th><strong>Approaches:</strong></th>
<th><strong>Role(s) Time Code:</strong></th>
<th><strong>Comments</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Related Dx: 296.7 Bipolar I Current Nos</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Problem Onset:</strong> 3/17/2008</td>
<td></td>
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<td></td>
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<tr>
<td>PASRR 2 with specialized services: psychiatric evaluation, follow-up psych services, medications, monitoring and advocacy</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><em>Will received specialized services as indicated on PASRR 2 thru next review date</em>****</td>
<td></td>
<td><em>Will continue with psych visits with Dr.</em>****</td>
<td>ALL</td>
<td></td>
</tr>
<tr>
<td><em>Will be receptive to taking ordered psych medications thru next review date</em>****</td>
<td></td>
<td><em>Monitor effectiveness and adverse effects of psych meds</em></td>
<td>N, SS</td>
<td></td>
</tr>
<tr>
<td>*Zyprexa 5mg po 1 tablet po daily Aeb: Hallucination, Flight of ideas Dx: Bipolar disorder</td>
<td></td>
<td>*Is prescribed LITHIUM CARBONATE</td>
<td>N, MD</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>N, MD</td>
<td></td>
</tr>
<tr>
<td>Concern</td>
<td>Action</td>
<td>Status</td>
<td></td>
<td></td>
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<tr>
<td>------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>1a. Document contacting First Health Services for a PASRR Level I or II C-Request, re: ______________.</td>
<td>05/11/10 – First Health contact made by ___________, Manager of Social Services.</td>
<td>Referral completed. Please see attachment #1, Social Services progress note, 05/11/10.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b. Contact Facility with secure units as a possible referral location for ______________.</td>
<td>05/10/10 – Referral made by ______________, Manager of Social Services to Evergreen: Mountainview and Highland Manor.</td>
<td>Refer to attachment #2 – 05/10/10, Social Services progress note.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Resident was declined by local facilities as has mental retardation needs and these units are dementia focused.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Refer to attachment #1 – 05/10/10, Social Services progress note on status of referral.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Case Review was completed. No other placement options identified except to utilize resident as his own representation pursuing out of state placement not proceeding at this time without a change in PASRR status to share with resident’s family.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concern</td>
<td>Action</td>
<td>Status</td>
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</tbody>
</table>
| Clearly document specialized services in Plan of Care.                 | Prior IIB Services elaborated in progress notes and quarterly assessment. Resident graduated High School 03/09. There was to be a conference on 04/30 to plan further IIB services. SRC Case Manager and Guardian were unable to participate. Rescheduled to 5/19/10. This date was still a conflict for key participants. RSN Social Worker and Clinical Documentation Specialist RN, still working on finding appropriate time in Case Manager and Guardian’s schedule. There is variation between both representatives as to what specialized services are to be provided. Conference will prioritize developing a compromise on effective interventions for patient. Consequently, there are no identified specialized IIB services in progress pending this conference resolution. | Refer to attachment #3 – 11/2009 Quarterly Note.  
: Social Services – Care Conference Summary  
: Social Services case note  
: Care Conference sheet  
: 04/30/10 Care Conference 0 Social Services case note  
: 05/14/10 Care Conference Social Service case note. |
| Identify each applicable service as the master care plan as a “PASRR IIB Specialized Service” | Clinical Documentation Specialize RN's who conduct Renown Skilled Nursing care conferences have both been instructed to label specialized IIB services on the master care plan. | Additional IIB service label will be added at resident’s next quarterly or significant change in condition assessment period, whichever occurs first. Facility also reviewing care plan format to coincide with MDS 3.0 that will occur on October 1, 2010. |
QUESTIONS