

MAXIMUS[®]

PASRR AND LEVEL OF CARE SCREENING PROCEDURES FOR LONG TERM CARE SERVICES

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I. Introduction and Overview

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This manual serves as a reference for providers who facilitate placement for and deliver services to individuals in Medicaid certified nursing facilities (such as nursing home, hospital, and social service staff). The purpose is to describe state and federal requirements for ***Preadmission Screening and Resident Review (PASRR)***, which applies to all applicants to and residents of Medicaid, certified nursing homes, regardless of (the individual's) method of payment.

The following describes screening requirements and definitions that you will need to know in order to comply with federal and state regulations. PASRR requirements advocate for the individual, through promoting the least restrictive and most appropriate placement at the earliest possible time.

Maximus Clinical Services Division is a Nashville-based utilization review firm that specializes in integrated disease management of both behavioral and medical health care. Maximus is a national leader in conducting PASRR screening/evaluations in a variety of states and our staff is well-versed in Long Term Care review processes. Maximus' contact information is below:

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Training, procedures, forms, Frequently Asked Questions, and other updates can be found at: <https://maximus.com/svcs/iowa>. Bookmark that site and visit it often.

II. Preadmission Screening and Resident Reviews (PASRR)

A. Federal Requirements for Individuals Subject to PASRR

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The PASRR (Preadmission Screening and Resident Review) program is an advocacy program mandated by CMS to ensure that nursing home applicants and residents with mental illness and intellectual/developmental disabilities are appropriately placed and receive necessary services to meet their needs.

PASRR guidelines require that nursing homes address behavioral health needs of residents, including residents with Mental Illness (MI), Intellectual disability (ID), and conditions related to Intellectual disability (referred to in regulatory language as Related Conditions [RC]). These are the target conditions for PASRR. Behavioral health needs, when present, must be identified through a comprehensive evaluation process referred to as Preadmission Screening and Resident Review (PASRR). PASRR evaluations assess:

- Whether the individual requires the level of care provided in an institutionally based setting and, if so, whether an NF is the appropriate institution.
- **Presence of behavioral health treatment needs.**
Routine and ongoing rehabilitative treatment needs are the responsibility of NF staff following the identification of those service needs through the PASRR process. For residents exhibiting active, or specialized, treatment needs, the state authority is responsible for providing that treatment.

The term *PASRR* is used interchangeably with the term *Level II* evaluation. The Level I is the initial screen that *identifies* persons who are subject to Level II evaluations.

PASRR evaluations are referred to as *Level II* evaluations to distinguish them from their counterpart *Level I* screens; the Level I screen is a brief screen used to identify persons applying to or residing in Medicaid certified nursing homes that are subject to the Level II process. Once a person with a suspected or known diagnosis is identified through that screen, a Level II evaluation must be performed to determine whether the individual has special treatment needs associated with the MI and/or ID/RC.

Over the past few years the PASRR program has emerged as an important method for identifying lagging persons who exhibit high risk symptoms and behaviors to ensure appropriate placement and services. ***The Power of PASRR is increasingly being identified as a critical and important way for addressing a growing need among an exponentially growing population.***

B. Who is evaluated through PASRR?

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The following describes the criteria used to determine whether an individual is subject to PASRR. Remember that PASRR criteria apply whenever an individual is *suspected* of having a PASRR target condition (as defined on page 4-7), even though the individual may not have been formally diagnosed. PASRR evaluations are mandated regardless of whether or not an individual is a recipient of Medicaid benefits. The Medicaid certification of the nursing facility, not the payment method of the individual, determines whether PASRR is required. The PASRR evaluation must occur prior to admission and whenever a resident experience's a **significant change in status**.

B.1 Persons with Serious Mental Illness

A person with *known* or *suspected* serious Mental Illness (MI) who is requesting admission to a Medicaid Certified nursing facility must be evaluated through the PASRR process. The following is the federal definition for serious MI:

- **Diagnosis** of a major mental illness, such as Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Major Depression, Panic Disorders, Obsessive Compulsive Disorder and **any other disorder which could lead to a chronic disability which is not a primary diagnosis of dementia**. If the individual has a sole diagnosis of dementia, s/he is excluded from further PASRR evaluations. If the person has both a dementia diagnosis and another psychiatric condition, the dementia must be confirmed as *primary*. *Primary* means that the symptoms of dementia must be significantly more progressed than symptoms of the co-occurring psychiatric condition.
- **Duration:** significant life disruption or major treatment episodes within the past two years and due to the disorder. **This does not necessarily mean that the individual was hospitalized.** This might include, for example, a person whose mental illness exacerbated to the extent that critical resource adjustments (such as increased case management services, increased monitoring, etc.) would have been indicated (**regardless of whether they were identified or delivered**). Examples of the types of intervention needs which may have occurred, regardless of whether or not services were delivered, include (but are not limited to):
 - Psychiatric treatment more intensive than outpatient care (e.g., partial hospitalization, inpatient psychiatric hospitalization, crisis unit placement) within the past two years; or
 - A major psychiatric episode; or
 - A suicide attempt or gesture; or
 - Other concerns related to maintaining safety.
- **Disability:** referred to as *Level of Impairment* in regulatory language, is characterized by active behavioral health symptoms within the preceding six-month period which significantly interfere with the individual's ability to interact interpersonally, concentrate, follow through with goals or needs, and/or adapt effectively to change. Simply, this means that the individual has experienced chronic or intermittent symptoms over the preceding 6 months which have impacted his or her life.

How would a person with a first-time episode of serious depression be assessed under these criteria?

To answer that, let's first look at the data. Current studies identify a range of anywhere from 19%-55% of persons in NF populations who experience mental disorders. Data also tells us that older adults are the most likely to attempt suicide and to use lethal means to accomplish suicide, more than any other population. Although persons living in NFs are less likely to attempt suicide through violent means, they have high levels of suicidal ideation. Moreover, many of these persons die from indirect suicide rather than from direct suicidal behavior (through self-destructive behaviors such as refusing to eat or refusing life-sustaining medications).

While PASRR does not target persons who have a transient depression, if the depression is more severe than or lasts longer than a typical grief reaction, it is important that Maximus be provided information sufficient to determine whether treatments should be identified through the PASRR process to address and ameliorate the individual's symptoms.

The Dementia Exclusion for Persons with MI

Certain persons with dementia are *excluded* from PASRR when a dementia condition is present. The **dementia exclusion** applies to:

- People with a sole diagnosis of dementia or
- People with a primary dementia with a secondary mental illness diagnosis

Where co-morbid dementia and mental illness are present, the decision as to whether dementia is *primary* is more complex than simply deciding if the dementia is *currently* the most prominent diagnosis. The complexity occurs in ensuring that the symptoms of dementia are clearly more *advanced than* those of the co-occurring behavioral health condition. That is, the dementia is advanced to the degree that the co-occurring mental illness is not likely ever again to be the primary focus of treatment. Because both major mental illnesses and dementia exhibit similar types of executive functioning impairments and personality change, the *progression of the dementia* is a key focus of the screening processes. As a part of the Level I process, Maximus will be determining if dementia is the sole diagnosis or primary over a secondary mental illness diagnosis. For the latter of the situations, it is important that the Level I referral source provide information which clearly supports that the dementia is primary over the mental health diagnosis.

A note about individuals who have symptoms or diagnoses of dementia

A person with dementia who has no other mental health conditions is not subject to PASRR. However, the federal law requires that the PASRR evaluation be conducted if information does not conclusively support that dementia is **progressed** and **primary** over any other mental health condition. When co-occurring diagnoses are present, Federal guidelines are very strict that an exemption cannot occur unless sufficient evidence is present which clearly confirms the progression of the dementia as primary.

B.2 Persons with Intellectual Disabilities/Intellectual disability (ID)

The definition for ID is provided in the Diagnostic and Statistical Manual, Fourth Edition Revised (DSM). Criteria includes a measure of intelligence that indicates performance at least two standard deviations below the mean (IQ of approx. 70 or less) with concurrent impairments in adaptive functioning and an onset before age 18.

*Sometimes persons applying for nursing home care may be suspected of currently functioning in the ID range of intellectual abilities, but may not meet criteria to be diagnosed as a person with ID. This is because the definition of ID includes evidence that the adaptive and intellectual deficits began before age 18. Some persons may have a long but undocumented history of adaptive and intellectual disabilities. It is not uncommon that older persons do not have a record of school age diagnostic intelligence and adaptive behavior testing. In such situations, one of the key challenges is confirming that lowered cognitive levels occurred during the developmental period (prior to age 18) and are not a result of other medical causes (e.g., stroke, TIA, accidents or injuries) experienced during adulthood. It is important to remember that federal law **requires PASRR evaluation** if the individual is known to have or suspected of having ID, even when testing or documentation is not available to confirm conclusively the diagnosis. It is important to obtain as much information as possible to help determine the age of onset.*

B.3 Persons with Related Conditions/Developmental Disabilities

Related Condition (RC) refers to individuals with service or treatment needs similar to individuals with ID. RC is a federal term with a definition that is very similar to developmental disability. Persons with related conditions are those individuals who have a severe, chronic disability that meets all of the following conditions:

- Is attributable to cerebral palsy, epilepsy, **or any other condition found to be closely related to intellectual disability** because this condition results in impairment of general

intellectual functioning **or** adaptive behavior similar to that of people with ID and requires similar treatment or services;

- It is present **prior to age 22**;
- Is expected to **continue indefinitely**;
- Results in **substantial functional limitations in three or more of the following major life activities**: self-care; understanding and use of language; learning; mobility; self-direction; capacity for independent living.

C. Level I Process and Decisions

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The purpose of the Level I screen is to identify individuals intended for evaluation through the PASRR Level II process – those individuals with *known or suspected* MI and/or ID/RC. Effective 1/9/12, the Level I screen must be electronically submitted to Maximus via ASSESSMENT PRO at <http://www.assessmentpro.com>

- Before admission to a Medicaid certified nursing facility (regardless of the applicant's method of payment)
- For residents of Medicaid certified NFs experiencing [changes in status](#) that suggests the need for a first-time or updated PASRR Level II evaluation as described in *Section II.f.* of this document;
- Prior to the conclusion of an assigned time limited stay for individuals with MI and/or ID/RC whose stay is expected to exceed a time-limited approval.

The Level I screening form includes questions to identify those individuals known and/or suspected of meeting criteria for MI and/or ID/RC. These questions are required federally as a method of looking *beyond the individual's reported diagnosis* to ensure that individuals suspected of having one or more of the three targeted conditions are identified.

For Individuals that meet criteria for Level II Inclusion and who are not Medicaid eligible, a level of care form is completed by the onsite assessor as a part of the Level II onsite assessment. Level I's with no indications or suspicion of MI and/or ID/RC as defined by federal regulations will be approved by ASSESSMENT PRO immediately. If there are indicators of a possible Level II condition, the Level I will receive a clinician review within 8 business hours of online submission to Maximus at <https://www.assessmentpro.com>. The submitter and authorized individuals from the submitter's facility may securely sign in to <https://www.assessmentpro.com> to obtain status updates posted by a Maximus reviewer. For example, if additional information is needed by the Maximus reviewer, the Maximus reviewer will identify information needs directly on the web page. Maximus' requests will be visible only to the submitter and authorized users from the submitter's facility once the user logs into ASSESSMENT PRO. After the screen is complete, the **referral source may print the outcome notice directly online after signing in**. The ability to review and print outcomes for a referred individual is available to the screener and persons at that facility.

The admitting/receiving facility must obtain or print a copy of the completed screening form(s) and associated approval before admitting any individual to a Medicaid certified nursing facility. If the admitting facility needs to obtain a copy of the screening form from Maximus, the facility must complete a PASRR Record Request Form and fax it to Maximus.

The screening form(s) and associated outcome letter(s) must be maintained in the resident’s NF medical record at all times. **These forms should not be shifted to an administrative file or removed as part of the chart thinning process.** A copy must be transferred with the individual if she or he moves to another NF.

If an individual is known or suspected to have MI and/or ID/RC, the next decision is to determine: 1) whether the individual may be exempted from the PASRR process; 2) whether the individual may be eligible for an abbreviated Level II (if the individual matches the state’s definition of a particular category of need), or; 3) whether a comprehensive onsite Level II evaluation is required. These options and their criteria are described in the following section. [Instructions](#) for completion of the Level I screen are provided in the following subsection.

D. Level II PASRR Process and Outcomes

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D.1 Level II Preadmission Decisions

The following forms are used in the Preadmission process. These are provided on www.pasrr.com:

Form	Submitted by Provider when:	Purpose
Level I Form Submitted via ASSESSMENT PRO	For all individuals applying to NF settings (regardless of method of payment)	Determines: 1) whether MI and/or ID/RC is present, and; 2) if MI and/or ID/RC is present, determines whether an abbreviated (condensed) Level II process applies and supplies federally required information to begin the PASRR process
Practitioner Certification Form , Upload to Assessment Pro	An Exempted Hospital Discharge, 60 Day Convalescent Care, or Terminal Categorical option is requested	Federally required under PASRR to confirm applicability for exemption or categorical decision

When a Level I screen is conducted, one the following outcomes will occur based on the information supplied by the provider in the **Level I Screening Form**:

- 1) Negative Screen (the individual does not appear to have MI and/or ID/RC)
- 2) [An Exemption from PASRR](#)
- 3) [An Abbreviated Level II \(Categorical Decision\)](#)
 - a. A Short Term Categorical Decision
 - b. A Long Term Categorical Decision
- 4) [An individualized Level II evaluation](#)

Each of those options is described below.

A Negative Screen

A **negative screen** means that the individual does not show indication or suspicion of MI and/or ID/RC as defined by federal regulations. PASRR rules do not apply for that individual unless such a condition is later discovered or emerges.

An Exemption from PASRR

An **exemption** means that certain situations or conditions, while also meeting criteria for Level II evaluation, are federally *exempted* from the need to have a full Level II evaluation prior to NF admission.

Exempted Hospital Discharge. The Exempted Hospital Discharge decision is a *short-term* (30 day or less) exemption from the PASRR process for an individual with known or suspected MI and/or ID/RC:

- Who is admitted to the hospital and they are **discharging from a medical hospital to a nursing facility** after receiving medical (non-psychiatric) services, and;
- Who **requires NF treatment for the same condition** treated in the hospital, and;
- Whose **physician has certified in writing** that the anticipated length of stay in the NF is not expected to exceed 30 calendar days.

When this option applies:

The discharging hospital/provider:

- 1) Must submit the forms specified under [Section D.1](#)
- 2) Will receive an authorization letter from Maximus.
- 3) Must provide a copy of the Maximus authorization letter and to the admitting NF.

The admitting facility

- 1) Must submit an admission notice in PathTracker + to Maximus when an admission of an individual with MI and/or ID/RC occurs. (Also submit this form to DHS for Medicaid members). This is done in Assessment Pro.
- 2) Must submit: a **new Level I form five days before the conclusion of the 30 day authorization** if it is determined that the individual will need nursing home care beyond the 30-day period.
- 3) Will be contacted by Maximus so that the Level II evaluation can be coordinated. The Level II evaluation must, under federal law, be completed by or before the 40th calendar day from the individual's admission to the NF.

An abbreviated Level II (Categorical Decision)

Some PASRR decisions are permitted under federal law to be performed through an abbreviated process, because of the individual's 'fit' into a certain category (referred to as *categorical* PASRR decision). When an individual meets criterion for one of these *categories*, it means that for that individual, decisions can be made to determine that nursing home admission is appropriate and/or to determine that specialized services are not needed, as appropriate for the category. In some cases, a categorical decision may be time-limited, meaning that the individual may be

subject to a full PASRR Level II evaluation following admission. In other cases, categorical decisions may have no specified end date, but may continue to be subject to further evaluation by Ascend. If the individual qualifies for a categorical decision, Maximus will verify the condition, ensure that the individual is behaviorally stable, and will develop a written summary report for the admitting NF.

Those ***Categorical decisions that result in authorization with end-dates*** provide time limited approvals necessitating that the NF submit a **new Level I form to Maximus** within five days of the conclusion of the authorized period.

60 day convalescence: To be eligible, the individual must:

- Be admitted to the hospital and in the process of discharging from a medical hospital to a nursing facility after receiving medical (non-psychiatric) services, and;
- Require **<60-day treatment in a NF** for the condition treated in the hospital, and;
- **The attending physician must certify in writing** that the anticipated length of stay in the NF is not expected to exceed 60 calendar days.
-

7 day delirium: To be eligible, the individual must present with clear evidence of delirium.

7 day Provisional Emergency Situations: To be eligible, the individual must have an emergency situation requiring protective services via placement in the nursing facility.

Terminal Illness: To be eligible, the individual's must have been physician determined to have a prognosis for life expectancy of 6 months or less.

30 day Respite: To be eligible, the individual must require brief and finite NF care for the purpose of respite for an in-home caregiver to whom the individual is expected to return following the brief NF stay.

Required action for Categorical admissions that result in authorization end dates:

When this option applies:

The discharging hospital/provider:

- 1) Must submit the forms specified under [Section D.1](#).
- 2) Will receive an authorization letter from Maximus.
- 3) Must provide a copy of the Maximus authorization letter to the admitting NF.

The admitting facility:

- 1) Must submit an admission notice in PathTracker + located in assessmentpro.com to Maximus when an admission of an individual with MI and/or ID/RC occurs. (Also submit this form to DHS for Medicaid members).
- 2) Must submit: **a new Level I form five days before the conclusion of the authorized period** if it is determined that the individual will need nursing home care beyond the authorization end date.
- 3) Will be contacted by Maximus once the Level I form is received so that the Level II evaluation can be coordinated.

Those Categorical decisions that result in authorization with end-dates provide time limited approvals necessitating that the NF submit a new Level I form to Maximus within five days of the conclusion of the authorized period. These decisions remain valid unless the individual experiences a [significant change in status](#). In order for these to apply, the individual must be determined by Maximus to be clearly/sufficiently psychiatrically and/or behaviorally stable for NF admission.

Severe Physical Illness: To be eligible, the individual must present with physical symptoms so severe that it would be impossible to benefit from or participate in a program of specialized treatment for his/her MI and/or ID/RC. Examples of conditions typically meeting criteria under this category include: comatose state, ventilator dependence, functioning at the brain stem level, severe and progressed Amyotrophic Lateral Sclerosis (ALS), and severe and progressed Huntington's disease. The following *may also be considered* under this criterion: COPD (if there is shortness of breath and fatigue with minimal exertion; confusion, cyanosis, and recent signs and symptoms of heart failure; and/or 24-hour oxygen requirements); Parkinson's (if there is slowness and poverty of movement; muscular rigidity; tremors at rest; and/or postural instability); and/or CHF if symptomatic at rest or with minimal exertion).

Progressed Dementia/ID: To be eligible, the individual must have concomitant ID and dementia and the dementia must be progressed to the extent that the individual could or would not benefit from a program of specialized services.

Required action for Categorical admissions that result in authorization end dates:

When this option applies:

The discharging hospital/provider:

- 1) Must submit the forms specified under [Section D.1](#).
- 2) Will receive an authorization letter from Maximus.
- 3) Must provide a copy of the Maximus authorization letter to the admitting NF.

The admitting facility

- 1) Must submit an admission notice in PathTracker + located in assessmentpro.com to Maximus when an admission of an individual with MI and/or ID/RC occurs. (Also submit this form to DHS for Medicaid members).
- 2) Must submit: a new Level I form **only if** a [significant change in status](#) occurs as described in Section II.F of this manual.

E. The Individualized Level II PASRR Process and Outcomes

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If an applicant with known or suspected MI and/or ID/RC does not meet the exemption or categorical decision options, a Level II evaluation is required. When symptoms/history of mental illness indicate that a *Level II on-site evaluation* is required, Maximus will request copies of the following from the individual's records, if available:

- A current **history and physical** (performed within the past 12 months) that includes a complete medical history with review of all body systems;
- Current **physician's orders** and treatments;
- Current **medications**;
- Contact information/names and addresses for family, guardian, and Primary Care Physician
- Admitting NF if known;
- Other information which may clarify the individual's mental or physical state.
- Legal Guardianship documents / Court Commitments / and any other Legal documents

Preadmission Screen (PAS) *Level II evaluations* must occur prior to NF admission. Resident Reviews (RR) occur when a resident experiences a Change in Status (refer to [Status Change](#) Level II Requirements in Section II-F). IME contracts with Maximus to complete Level II evaluations by or before five calendar days from referral for a Level II evaluation. Maximus will also prioritize Level II evaluations for individuals currently in a hospital setting.

E.1 Level II Process

The Level II process is typically conducted on-site and involves an interview with the individual and his/her guardian, interviews with family members if available and permitted by the individual, interviews with other caregivers, and a review of any available medical records. Federal requirements specify information that must be collected as part of the Level II process. The evaluation can be significantly expedited if the referral source assists in notifying relevant parties of the time of the scheduled evaluation. If a legal guardian has been appointed, the guardian must be given the option of participating in the evaluation. The patient must also be given the choice of whether s/he would like family and/or POA involvement and, if so, the provider should make them aware of the time and location of the scheduled evaluation. The referral source will be contacted by a Maximus evaluator soon after the referral for evaluation. Once an evaluation of an individual is completed, it is electronically and securely transmitted to Maximus for quality review and development of the final Summary of Findings Report. Federal guidelines dictate the requirements for information that must be provided in the Summary of Findings report.

Maximus ensures credentials are verified and orients all Level II evaluators to PASRR regulations. The evaluator will review any available medical records, interview caregivers, and interview the individual. The evaluator will collect all PASRR information using a structured interview protocol. The evaluation and any supplemental medical records will be forwarded to Maximus for a quality review and final decisions about placement and services. Maximus' physician reviewers will make adverse decisions. As a part of the Level II process, Maximus evaluators will obtain a Release of Information to obtain records from third-party sources such as a PCP's office, family members, etc. However, because PASRR is a federally mandated process, a Release of Information is not required for hospitals and nursing facilities to provide patient information and medical records to Maximus.

When a Level II individualized evaluation is required:

Required action for Individualized Level II decisions which do not result in an exemption or a categorical decision:

The discharging hospital/provider:

- 1) Submits the forms specified under [Section D.1](#).
- 2) Maximus will contact the provider to schedule an evaluation.
- 3) If the individual was approved for admission, the discharging provider will receive a verbal (phone based) approval and an authorization letter from Maximus once the approval is determined (by or before five calendar days from referral).
- 4) Must provide a copy of the Maximus authorization letter to the admitting NF.

The admitting facility:

- 1) Must submit an Admission Notice in Path Tracker+ via assessmentpro.com to Maximus when an admission of an individual with MI and/or ID/RC occurs. (Also submit this form to DHS for Medicaid members)
- 2) Must submit: **a new Level I screen only if a significant change in status** occurs as described in Section II.F of this manual.

Note: Whenever a resident previously evaluated through the PASRR Level II process transfers from one NF to another, the transferring facility must review the Level II Summary of Findings to ensure that transfer is permitted. The current facility must discharge the individual in PathTracker+ by completing a discharge notice in assessmentpro.com. The nursing facility that the individual is transferring to, then must complete an admission notice in PathTracker+ located in assessmentpro.com.

E.2 Level II Outcomes

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Once a Level II evaluation is completed, one of the following outcomes will occur:

Approval Decisions

- 1) Approval for admission to a Medicaid certified NF.
- 2) Approval for admission only to a specific Medicaid certified NF.

Adverse (Denial) Decisions

- 3) Denied admission to a Medicaid certified NF because of the individual's behavioral health status.
- 4) Denied admission to a Medicaid certified NF because the individual does not meet NF level of care criteria.

Decision that PASRR Requirements do not apply

- 5) Halted Level II (the evaluation indicates that the individual does not have a MI and/or ID/DD as defined under federal requirements).

When the first two outcomes are provided (approval decisions), the process will occur as described in the [E.1 box](#) above. When an adverse (denial) decision occurs, the following steps occur:

Adverse (Denial) Decision:

- 1) If the individual was denied NF admission due to absence of medical needs and/or presence of behavioral concerns, the discharging provider will receive a verbal (phone based) denial decision and a written notice from Maximus of the outcome (by or before five calendar days from referral).
- 2) **The provider may request a reconsideration if it can be demonstrated that new information or clarifications can be provided which could potentially reverse the denial decision.** Providers must submit in writing a statement that explains why they are requesting a reconsideration of this decision by contacting Maximus within ten (10) days of the date of the written notice. Additionally, the provider can provide any information that could have been available but was not provided prior to the denial decision.
- 3) If the decision is not reversed, the individual cannot be admitted to a Medicaid certified NF. If the individual is a current resident of the facility, transfer and discharge requirements apply. The individual/legal guardian will be provided information about how to appeal this decision through the fair hearing process.

Level I/II Screening results remain valid for the individual's NF stay, unless a change in status (described in Section 'II.F') occurs.

An evaluation may also be *halted*. *Halted* means that PASRR Requirements do not apply.

Required action for Halted decisions:

- 1) The individual does not require further screening through the PASRR process, unless in the future a [change in status](#) occurs suggesting that the individual has a mental illness and/or ID/RC. If such as a change occurs, a [new Level I screen](#) must be submitted by the admitting NF.

E.3 Notification Letters and Process

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Verbal notifications of Level II decisions will be provided upon completion. Verbal notification will be provided directly to the referral source on the day that the outcome is determined. A copy of the evaluation outcome will be provided by Maximus to the provider who submitted the screen, the individual/guardian, and the individual's primary care physician. For individuals with Level II conditions, a copy of the PASRR Summary of Findings Report must be forwarded from the discharging facility to the admitting NF before admission occurs, in ensure that the admitting facility can meet the needs of that individual.

The admitting NF must notify Maximus of the individual's admission through submission of an admission notice in PathTracker+ in [assessmentpro.com](#).

If the provider did not receive a copy of the notification letter and PASRR report from the discharging provider, the admitting NF can get a copy after completing the admission notice in PathTracker+.

Federal regulations require that the NF maintain a copy of the notification letter and the *Summary of Findings Report* in the resident's medical record at all times. The Summary Report identifies any behavioral health treatment and service needs that are the responsibility of the NF staff, as well as any specialized treatment needs. These determination reports are to be used in conjunction with the facility's resident assessment process to define a complete care plan for the resident.

The individual with a Level II condition may transfer to another NF if a facility-specific decision was not made as part of the Level II outcome. When such a transfer occurs, a copy of the PASRR letter and report must be transferred with the individual. The current facility must discharge the individual in PathTracker+ by completing a discharge notice in assessmentpro.com. The nursing facility that the individual is transferring to, then must complete an admission notice in PathTracker+ located in assessmentpro.com.

The admitting NF must obtain a copy of the completed screening form(s) and associated approval before admitting any individual to a Medicaid certified nursing facility.

Required action for PASRR Notices and Reports:

The screening form(s) and associated outcome letter(s) must be maintained in the resident's NF medical record at all times. If service recommendations are included in the PASRR report, those services must be incorporated in the individual's plan of care.

PASRR forms should not be shifted to an administrative file or removed as part of the chart thinning process. A copy must be transferred with the individual if she or he moves to another NF.

F. Resident Review/Status Change Level II Evaluation Requirements for NF Residents

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The [MDS 3.0](#) (Chapter 2) identifies when updated PASRR evaluations (*Resident Reviews*) must be conducted. Those requirements will be discussed in the following subsection.

MDS 3.0 Guidelines for identifying need for PASRR for an individual NOT PREVIOUSLY IDENTIFIED as having a PASRR condition.

Note: this is not an exhaustive list:

1. Resident who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a diagnosis of mental illness as defined under 42 CFR 483.100 (where dementia is not the primary diagnosis).
2. Resident whose intellectual disability as defined under 42 CFR 483.100, or condition related to intellectual disability as defined under 42 CFR 435.1010 was not previously identified and evaluated through PASRR.
3. Resident transferred, admitted, or readmitted to a NF following an inpatient psychiatric stay or equally intensive treatment

MDS 3.0 Guidelines for identifying need for PASRR for an individual NOT PREVIOUSLY IDENTIFIED as having a PASRR condition.

Note: this is not an exhaustive list

1. Resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.
2. Resident with behavioral, psychiatric, or mood related symptoms that have not responded to ongoing treatment.
3. Resident who experiences an improved medical condition—such that the resident’s plan of care or placement recommendations may require modifications.
4. Resident whose significant change is physical, but with behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, that may influence adjustment to an altered pattern of daily living.
5. Resident who indicates a preference (may be communicated verbally or through other forms of communication, including behavior) to leave the facility.
6. Resident whose condition or treatment is or will be significantly different than described in the resident’s most recent PASRR Level II evaluation and determination. (Note that a referral for a possible new Level II PASRR evaluation is required whenever such a disparity is discovered, whether or not associated with a SCSA.)
7. Previous authorization for a time-limited stay has ended

Anytime a NF resident with MI or ID/RC experiences changes that affect his/her placement or service decision (suggesting the individual may benefit from less restrictive placement or more intensive behavioral health services), NF staff must contact Maximus to report that change.

Each of those processes and their requirements are described below.

F.1 When a Categorical Decision Concludes or a Significant Change in Status Occurs

When a categorical decision concludes, federal law requires that PASRR be involved to determine whether continued NF care is appropriate (if the provider believes that the individual’s stay should extend beyond the authorized period). Payment for NF care will not continue beyond the authorization end date unless that screening occurs.

Likewise, a *Significant Change in Status* is federally required to trigger a PASRR Resident Review. Federal guidelines mandate that nursing home providers continually evaluate their *Minimum Data Set/RAPS* data to identify significant change. Providers are required to consider a Status Change PASRR evaluation whenever the Minimum Data Set (MDS) determines that a change is present in at least two areas of an individual’s functioning or behavior. In the event that such a *significant change* is supported through the MDS, the nursing facility is responsible for completing and submitting a Level I Form to Maximus. The guidelines for determining when a Status Change is significant are provided in MDS 3.0 (Chapter 2). When appropriate, Maximus may refer these individuals for a Level II so that updated recommendations or placement decisions can be determined.

The MDS 3.0 for the first time clarified Significant Change, as including the following:

Individuals previously identified by PASRR to have mental illness, intellectual disability, or a condition related to intellectual disability in the following circumstances: (Please note this is not an exhaustive list.)

1. A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.
2. A resident whose behavioral, psychiatric, or mood related symptoms have not responded to ongoing treatment.
3. A resident who experiences an improved medical condition, such that the resident's plan of care or placement recommendations may require modifications.
4. A resident whose significant change is physical, but whose behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, may influence adjustment to an altered pattern of daily living.
5. A resident who indicates a preference (may be communicated verbally or through other forms of communication, including behavior) to leave the facility.
6. A resident whose condition or treatment is or will be significantly different than described in the resident's most recent PASRR Level II evaluation and determination. (Note that a referral for a possible new Level II PASRR evaluation is required whenever such a disparity is discovered, whether or not associated with a Significant Change in Status Assessment.)

Individuals who may not have previously been identified by PASRR to have mental illness, intellectual disability, or a condition related to intellectual disability in the following circumstances: (Please note this is not an exhaustive list.)

1. A resident who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a diagnosis of mental illness as defined under 42 CFR 483.100 (where dementia is not the primary diagnosis).
2. A resident whose intellectual disability as defined under 42 CFR 483.100, or condition related to intellectual disability as defined under 42 CFR 435.1010 was not previously identified and evaluated through PASRR.
3. A resident transferred, admitted, or readmitted to a NF following an inpatient psychiatric stay or equally intensive treatment.

Required action for a Significant Change in Status or when a Categorical authorization concludes:

The NF must submit a ***Level I Form*** to Ascend. This form should be submitted electronically via assessmentpro.com. Maximus will work with the NF to determine further action.

F.2 When a Transfer is being considered for a resident whose previous PASRR decision was facility specific

Many residents with Level II conditions may transfer from NF to NF without an intervening PASRR review. However, some PASRR outcomes will indicate that the resident needs a specific NF in order to ensure that his/her behavioral health or other specified needs are met. When a placement is limited to a specific NF, the individual cannot transfer unless Maximus approves the transfer. A new Level I screening will be required to be completed by the nursing facility at assessmentpro.com.

Required action for consideration of a transfer of a resident with MI and/or ID/DD:

Whenever an individual with MI and/or ID/RC is considered for transfer to another NF, NF staff must:

1. Review the PASRR report to determine whether the decision was facility-specific.
2. If the decision was facility-specific, a new Level I screening will be required to be completed by the nursing facility at assessmentpro.com.
3. If the transfer is approved by Ascend, Maximus will issue updated notifications permitting the transfer. The admitting NF must submit an admission notice in PathTracker+ to Maximus.
4. If the decision is not facility-specific, the admitting NF must review the PASRR documentation to ensure they can meet the resident's needs. If the NF can meet the resident's needs, the transfer can occur, and the admitting NF must submit an admission notice in PathTracker+ to Maximus. (Also submit this form to DHS for Medicaid members)

All forms are posted at <https://maximus.com/svcs/iowa>.

G. NF Update Requirements for NF Residents Evaluated through the Level II Process

Under federal law, the state authority is required to maintain location information for all NF residents who have been evaluated through the PASRR process. Currently, the State of Iowa uses the admission notice in PathTracker + to report admissions. When an admission of an individual with MI and/or ID/RC occurs (regardless of pay source), a copy of that form must also be sent to Maximus.

Steps for updating location information for a NF resident who has MI and/or ID/DD.

Whenever an individual with MI and/or ID/RC is admitted to a NF, NF staff must:

1. Submit an admission notice in PathTracker + to Maximus. (Also submit this form to DHS for Medicaid members).

Temporary transfers to a hospital or other treating facility do not need to be reported to Maximus, as long as the individual is expected to return to the facility within 10 calendar days.

H. Provider Quality Monitoring of Service Delivery

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Federal regulations have placed increased emphasis on ensuring that states develop systems of managing and monitoring NF compliance with significant status change reporting. Quality monitoring procedures ensure adherence to federal PASRR requirements. Maximus will randomly *flag* and conduct post-admission follow-up for individuals determined to require specialized services to ensure delivery of recommended services.

Required action for Provider Quality Monitoring of Service Delivery:

- a) Whenever an individual with MI and/or ID/DD is admitted to an NF, the NF must submit an admission notice in PathTracker + to Maximus to report the admission.
- b) The PASRR screening form(s) and associated outcome letter(s) must be maintained in the resident's NF medical record at all times.
- c) Any service recommendations included in the PASRR report must be incorporated in the individual's plan of care.
- d) Maximus will ask the admitting NF staff complete the [Document-Based Review and Facility Specific Transfer Form](#) and submit the completed form to Ascend.
- e) Maximus will review the completed form and may solicit medical records information to monitor for psychiatric and medical changes and determine need for further evaluation through the Level II process. NF staff is required to supply any needed medical records documentation to aid in these interviews and update resident medical/mental status information. Maximus staff will review the records submitted and prepare reports reflecting provider adherence to PASRR requirements.
- f) The results of these activities will be routinely reported to the Iowa Department of Human Services.

III. General Information**A. Delayed Admissions**

When an approved admission does not occur immediately, Level II evaluations remain valid for a 60 day period.

B. Readmissions

There are certain rules associated with PASRR requirements for individuals who are readmitted to a NF. The general rule of thumb is that a person who has been admitted to a NF and then is transferred to a higher level of care (e.g., a hospital) may be readmitted to the NF without further screening or evaluations. However, for those same individuals, a new screen and/or evaluation may be required once the readmission occurs, as follows:

- **If a prior PASRR evaluation was time limited.** The nursing facility is responsible for completing and submitting a [Level I Form](#) to Maximus before the conclusion of the authorization period.
- **If a significant change in status occurred:** (refer to [Status Change](#) Level II Requirements in Section II-F) an updated Level II may be conducted after the readmission occurs. The NF may, however, request a new Level II evaluation before the readmission occurs if there are concerns about the individual's stability in returning to the NF setting. When a NF resident experiences a significant change, the nursing facility is responsible for completing and submitting a [Level I Form](#) to Maximus.
- **When an individual was transferred/discharged to a lower level of care (e.g., community setting),** the individual is considered a new admission, and a PASRR Level I and, as appropriate, Level II is required.

IV. Forms and Tools

All forms and tools discussed in this manual are posted at:
<https://maximusclinicalservices.com/svcs/iowa>.