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Level I Completion

Do PRN (as needed) psychotropic medications need to be included in the psychotropic medication section (i.e. Mental Health Medications) on the Level I?

A: PRN medications are not required on the LI screen. If there are any PRN psychotropic medications the person takes on a fairly regular basis that you’d like to make us aware of, you can add them along with any notes to one of the text boxes.

Do psychiatric medications need to be included on the LI if they are not given for a psychiatric diagnosis?

A: Psychotropic medications that are prescribed for a medical condition are not required to be on the LI screen, but it can be useful to tell us about them. If there are any medications that you’d like to make us aware of, you can add them along with any notes to one of the text boxes.

Are mental health medications listed in the Mental Health medication page even when there is an unknown or unrelated diagnosis?

A: All scheduled psychotropic medications prescribed for a mental health condition need to be listed on the Level I screen. If there is not a corresponding diagnosis listed for a medication, verify with the person’s physician the associated diagnosis for the medication. If there are any additional medications that you’d like to make us aware of, you can add them along with any notes to one of the text boxes.

Should a person’s criminal history be included and, if so, where?

A. Yes. Report any known legal or criminal history for the person in the Behavioral Health Impact section of the LI screen. Be mindful that any known or recent court action, including Protective Orders related to Dependent Adult (or child) Abuse, Inpatient or outpatient involuntary mental health commitment orders, or any court actions pertaining to Guardianship or Conservatorship all constitute “legal” history, and should be reported. All relevant court orders should be uploaded to the PASRR record. If there is recent or suspected criminal activity, known history of incarceration, probation, or parole, if the individual is known or suspected to be a registered sex offender or to have a history of sexual acting out, or any known or suspected legal activity that might be from outside of Iowa, please mark an indicator on the LI screen and report any additional information about this in the text boxes (notes area).

Should a child or dependent adult abuse history be included if known or suspected?

A. Yes. Both can offer essential background and are important to include. A specific question has been added to the Level I screen to ask whether the individual has any known or suspected protective services involvement. Submitters may also report this and share any additional information in the text boxes found in the LI screen (notes area).

- B. If there are any current/active protective court orders or mental health commitment orders pertaining to the person, those must be uploaded/attached to the Level I and mentioned in the notes also.

We have noted an increase in the number of situations where a PASRR is happening at or near the same time that an assessment for child or dependent adult abuse is also occurring, and it is even more important in these situations, to provide any available information about involvement of (Iowa HHS) Child or Adult Protective Services, as early as possible in the process, so that collaboration may occur if/when appropriate. We have a webinar that addresses the intersection of PASRR and child/dependent adult abuse, as well as court/legal involvement, and we'd suggest that staff attend that training if/when possible.

Is a PASRR needed for a NF resident who has been psychiatrically hospitalized?

A: Yes, always. A new Level I will always be needed when a NF resident is psychiatrically hospitalized. This is considered a status change and must be reported via a new Level I screen. Because the individual is already a NF resident, this is a submission of a Resident Revue (RR), also known as a Status Change (SC) rather than a Preadmission Screening (PAS).

This can be identified on the Level I screen under the Reason for Screening (*NF resident who is currently hospitalized in a psychiatric hospital/unit and an evaluation is needed to ensure NF readmission is appropriate*) and/or under Status Change (*Increased behavioral, psychiatric, or mood related symptoms*). The status change must be submitted within 14 days of when the person has returned to the NF, but if there is any doubt about whether the level of services may change as a result of the behavioral health change that led to hospitalization, the NF may ask the hospital to submit the Level I so a Level II can be completed prior to the individual's return to the NF.

Where should the belief that the person may meet the NFMI (NF for person with Mental Illness) LOC be indicated?

A: Providers do not need to give any NFMI indication as Iowa PASRR will always consider the appropriate level of care. If a Level I submitter wishes to indicate that consideration of the NFMI LOC may be useful, there is a question included on the Level I screen that asks, "If referred for a Level II, does the individual present as someone who may potentially benefit from the NFMI Level of Care?" If responding yes, the submitter is asked to expand on the reasons why that individual may benefit from Behavior Analysis in addition to traditional standard mental health services. NFMI level of care can be determined only after a comprehensive review of the individual's behavioral health history, and available records.

NOTE: The NFMI level of care is reserved for those individuals with the highest degree of mental health need and instability, as evidenced by multiple and/or recent inpatient psychiatric inpatient admissions, prior failed NF admissions, other failed placements, significant active behavioral challenges (e.g. violent outbursts, risk of harm to self or others), and a need for in-depth hands on **Behavior Analysis** services, including two key services that are unique to Behavior Analysis; 1) A functional analysis of maladaptive behaviors (FA) and 2) Development of a behavior based treatment plan (BBTP). These two services are needed in addition to traditional services such as psychotropic medication management, individual therapy, and Behavioral Health Crisis intervention and Safety Planning, and are implemented under the supervision of a Licensed Behavior Analyst, in a setting where all staff who offer direct care to residents have been trained in how to implement the day to day interventions, data collection, and reporting

required by the FA and BBTP.

Can supporting documents be submitted by adding the information into the comments box, or must they be faxed?

A: Required and requested information should be uploaded directly into the PASRR record via the Iowa PASRR Database whenever possible as it is much faster and more secure. If you don't know how to use the upload function, access the training guide on the IA PASRR Providers webpage or contact the IA Help Desk (email: IOWAPASRR@maximus.com or phone: 833.907.2777). While uploading will help the process move faster and is preferred, you may also fax documents to (877.431.9568). Do not copy and paste the H&P or any other supporting documents into the comment section, as this section is meant for dialog between reviewer and Level I submitter.

Do we need to resubmit PASRRs with correct medication dosages if there is a psychotropic medication adjustment?

A: It depends on whether the change is likely to constitute a significant change in status.

For an individual already in the PASRR population:

- If PASRR has already identified psychotropic medication management as a specialized service for the individual, and a change in the psychotropic medication dosage is part of a normal titration of medication by a qualified practitioner (psychiatrist, psychiatric ARNP) or a gradual dose reduction (GDR) authorized by a qualified practitioner, there has *not* been a change in status and no new Level I is required.
- If there is a very significant change in dosage—either increase or decrease—indicating altered symptomology that may cause a need to add additional services or modify a prior PASRR outcome, then such a change would need to be reported as a status change (new Level I).

For a person not already determined to be in the PASRR population (Level I outcome previously):

- Significant changes in dosage of an existing psychotropic medication or the need to start/add a new psychotropic medication may be an indication of the worsening of a previously mild or situational/very stable mental health condition, and this may be an indication of the need for consideration of new/additional services and a new Level I screen is appropriate.

With all questions relating to the possibility of a Status Change, the broadest answer is, “When in doubt, submit a status change/new Level I screen.”

How does the hospital discharge planner decide when/if to mark yes for meeting a categorical or exemption?

A: A categorical or exemption can be requested **ONLY** in cases where the individual is expected to require fewer than 30 days in an NF for an Exempted Hospital Discharge (EHD) or fewer than 60 days in a NF for a Convalescent Categorical and only to treat the condition that caused the person to be in the hospital in the first place.

If the hospital believes this is a person who may need active behavioral health treatment to have the best possible recovery and to optimize the potential for return to the community, please do not request the EHD or convalescent categorical and allow the full Level II to take place.

NOTE: EHDs and other categorical outcomes are given ONLY for persons who appear to be in PASRR population, so the accepting NF must understand this person to have a Level II condition and must recognize that they are accepting this person without knowing what services the PASRR will identify, in the event that they do not discharge from the NF prior to the expiration of the categorical/exempted outcome.

Do we need to submit a PASRR for everyone with a diagnosis of depression and/or anxiety?

A: Yes. Absolutely everyone gets a Level I screen; you must submit a Level I on everyone who may consider admission to an Iowa NF or NFMI, including those with no known mental health diagnosis or PASRR condition.

Do we need to do a new PASRR for someone with a paper PASRR dated prior to 9/1/2011?

A: Yes. For many years, we informed all Iowa NFs that they must submit a new PASRR immediately in these situations. Any Iowa PASRR conducted prior to 09/01/2011 was not completed in a manner that is/was compliant with federal regulations. As of 2024, Iowa PASRR has confirmed that there are no longer any known Iowa nursing facility residents who have not had a new PASRR since 09/01/2011. For any NF that has residents who have been in the NF since 09/01/2011 or earlier, and you have any paper PASRR outcomes, we urge you to maintain those records in the individual's NF medical record, because none of those outcomes will be found in the Iowa PASRR Database.

Process

Is there a time limit for a Level I or Level II PASRR?

A: With any PASRR, whether it is Level I screen or a Level II assessment, it is valid for placement in an Iowa NF only for 60 days from the date of the outcome. If the person has not been placed in an Iowa NF within 60 days of the finalized date on the Level I or Level II Summary of Findings, then a new PASRR is required.

Unless the Level II determination indicates otherwise, it is a non-time limited approval with no expiration date for the person's NF length of stay. If there is no expiration date, the PASRR remains valid unless there is a significant change in status for the person, involving either significant improvement or worsening of their PASRR condition/behavioral health.

Level II PASRR determinations (including EHDs and other categorical outcomes) that indicate a short-term approval will include a number of days for which they are approved and a specific expiration date. The accepting NF should be working mightily to see that the person is discharged to a lower level of care on or prior to the expiration. If the person will not discharge prior to expiration, the facility must submit a Resident Review Level I for consideration, and note barriers to discharge, 7-10 days prior to the expiration date on the PASRR.

If someone is ruled out of PASRR population, can they be ruled back in?

A: Yes. There are many factors that go into determining someone's PASRR status, including diagnoses, symptoms, behaviors, how long symptoms have been present, and how much their behavioral health is impacting their daily life.

If someone has a Level II and then goes on hospice, do we need to submit a status change?

A: A transition to hospice often is the result of a significant change in status, but not in all cases. If the person has experienced a significant change in status, as defined by the MDS and/or in ways that may have an impact upon their need for behavioral health treatment, then a new Level I for possible status change should be submitted. If the individual is benefitting from specialized services or may continue to benefit from continued mental health treatment, then it may be appropriate to keep them in the PASRR LII population and have LII speak to their service needs.

In most cases, it is appropriate to submit a new Level I with a terminal outcome request. A signed practitioner certification, as well as physician documentation of a life expectancy of less than 6 months, will be needed to qualify for the hospice exemption for up to 180 days. This is a Level II determination that exempts the person from a comprehensive Level II assessment for a maximum of 180 days. At the conclusion of the terminal exemption period, if the resident is still alive, a new Level I will need to be submitted 7-10 days prior to the expiration date and a full Level II will be completed.

Is there ever a reason to submit a status change for someone in a dementia care unit who was previously ruled out of PASRR population due to primary dementia?

A: In most cases where a person has dementia significant enough to be placed in a dementia care unit, or who was previously ruled out for primary dementia, the person will continue to have their dementia be the primary focus of treatment for the rest of their lives. However, there are exceptions. For example, it is not uncommon for individuals with dementia to be psychiatrically admitted to a hospital for treatment and a psychiatric admission should always be considered a reason for a new Level I screen. When in doubt, submit a status change/new Level I screen.

What if the resident's physician has already concluded that the resident has a primary diagnosis of dementia? How is this different if the resident has a status change? Should a Level I be done again?

A: In many cases where a physician has determined dementia to be the primary focus of treatment, the person may be ruled out of the PASRR population, but there are exceptions, particularly if the mental health needs are also significant and the person may be able to benefit from continued mental health services, or where a psychiatrist, neurologist, or physician with greater expertise in dementia care, comes to a differing conclusion, or there is doubt. See above.

Are Emergency Departments (EDs) required to do a PASRR if they know the person is going to a NF?

A: Yes, always. All persons who may be placed in a NF must have a PASRR prior to NF admission. In cases where a person is at a hospital, whether admitted or not, it is the hospital, rather than the potential receiving NF or NFMI, which should submit the LI screen to initiate the PASRR process.

If a person is coming from home and they are not receiving home health or other adult services, is it a conflict of interest for the NF to do a PASRR, or who is supposed to do it?

A: All persons who may admit to a NF must have a completed PASRR prior to NF admission. Ideally, it would be someone other than the NF in all cases and we continue to work to broaden the number of community providers, including physicians'

offices, who might be willing to submit Level I screens when needed. The federal government recognizes that there is an inherent conflict of interest if/when a potential receiving NF submits the Level I screen for a person not yet at the NF. However, if there are no other entities in the community who are able and willing to submit the PASRR, NFs are often the submitters.

Can we communicate using the PASRR comment box after the Level I or Level II has been completed?

A: No. After completion, you'll need to contact the Iowa PASRR Help Desk using one of the methods listed here:

- Email: IOWAPASRR@maximus.com
- Phone: 833-907-2777

Why can't a person in the ED qualify for a convalescent categorical? Some Medicare beneficiaries have the NextGen waiver benefit that waives the 3-overnight requirement for SNF, so we could place someone at SNF directly from the ED. We have had patients that were unnecessarily hospitalized because we couldn't do a convalescent stay from the ED.

A: It's federal law/regulation and the State cannot permit categorical outcomes in these situations.

It is a federal requirement that to be eligible for any categorical (such as an exempted hospital discharge, (EHD) or a 60-day convalescent outcome, the individual must have been admitted as a patient in the hospital before any categorical request can be made. There are no exceptions. The individuals must be discharging, after having been admitted to a medical unit of a medical hospital, and a treating physician must certify in writing that they will require a brief stay of 30-60 days or less in a NF, for treatment of the same condition for which they were hospitalized.

Does Iowa PASRR/Maximus have a Release of Information (ROI) that a patient should sign?

A: Yes, a ROI is needed, signed by the individual anytime a face-to-face assessment is conducted. It is the responsibility of the assessor (Independent Contractor) to obtain signature(s) on the form.

If there is a legal guardian or an activated POA for healthcare, then this substitute decision maker should be signing forms for an individual who has been determined to lack capacity.

When calling the PASRR Help Desk, we were told to refer to our PASRR manual, but we do not have a manual. Where do we get one?

A: The Iowa Help Desk should help you with any issues that you have questions about and should only be referring you to the manual in the event that you are asking for more information or a written resource where you might find the information they are offering to you.

The manual has been available on the Iowa PASRR Providers website for as long as the State has contracted with Maximus as our vendor and has been updated multiple times. (September 1, 2011).

What if a NF resident requires more than the 30 or 60 days allowed via EHD or convalescent categorical and the NF submits new PASRR, and it turns out the NF can't meet the needs identified as part of the completed Level II? Given that the person is already admitted, what do we do?

A: It is incumbent on every NF to understand that if you accept someone with a 30-60-day EHD or convalescent categorical outcome, that you are accepting a person with a PASRR (Level II) condition. By accepting them for placement, you are making a commitment that the NF expects to be able to meet their needs *no matter what services that the subsequent PASRR Level II may identify*. If a NF has any doubts about whether they will be able to meet a person's needs once a full Level II assessment is completed, then the NF should not accept the person for admission with an abbreviated/categorical outcome on their PASRR.

For assistance in finding and arranging services, the NF may reach out to the MCO for Medicaid members, to Maximus, Iowa HHS, Options Counselors with the Area Agencies on Aging (AAAs), or other sources, but ideally the NF will already know exactly what agencies and providers they have available to them if/when PASRR identifies particular services that are needed. If/when the NF cannot meet the person's needs, the NF may need to seek to arrange for a successful transfer to another facility.

Do you have to do a new PASRR on a skilled resident going to an Intermediate Care Facility (ICF)?

A: No, not unless there is a significant change in status, or unless the ICF is an ICF-PMI, also known as a NFMI, because a Nursing Facility for persons with Mental Illness, or ICF-PMI, is a higher level of care than ICF, NF, or skilled level of care and can ONLY be approved by PASRR.

When you admit a person who is coming from another state, does the IA admitting facility do the PASRR?

A: An Iowa PASRR is needed for admission to any Iowa nursing facility.

In some cases, yes, but not necessarily. Several hospitals in some of our surrounding states have access to the Iowa PASRR system and will submit Level I screens on the Iowa PASRR Database. If the individual is in a hospital, it must be the hospital that submits the LI screen. The Iowa PASRR Help Desk can assist any out of state hospital with creating an account on the Iowa PASRR database.

Agencies and health providers in other states are welcome to become users on Iowa's system so that they can submit Level I screens for possible placement in Iowa, when appropriate. If/when there is no entity in the other state to submit the preadmission LI screen, it may be the potential Iowa receiving NF that does so. In such cases, it is best done with assistance from the physician's office or other health care provider in the sending state, who might get on the phone with or who might have provided medical and behavioral health records to the Iowa submitter, as the Iowa based individual submits the Level I.

If a significant change Minimum Data Set (MDS) is done due to medical changes, does a status change have to be done in PASRR?

A: Possibly

- Yes: If the significant change in medical status has the potential to affect the mental health status of the individual, particularly if the individual is already in the PASRR Level II population.
- No: If the individual is primarily in the NF for rehab and has not been identified to

have a PASRR condition previously, then a significant change in MDS secondary to the medical condition will not be likely to cause a change in mental health or PASRR status. If a change in mental status occurs, submit a new Level I screen for status change consideration at that time.

How often should you review PASRR?

A: You should be looking at the PASRR and the associated care plans frequently, and at a minimum, each time you review the care plan, service delivery, or have a care conference. Ask yourselves if the current PASRR continues to reflect the individual's behavioral health status and service needs. You do not need to submit a new PASRR unless or until the individual experiences a significant change in status or you have reason to believe that they may need different services from what the current PASRR identifies.

Note: Any PASRR Level II outcome that has an expiration date will require the submission of a new Level I screen 7-10 days prior to the expiration date if the individual is expected to remain in the nursing facility beyond the date of expiration.

PathTracker

Do nursing facilities need to send a CAR (Case Activity Report) form to HHS?

A: No. The NF must make entries into PathTracker, which will generate a CAR form that goes to Iowa HHS/Medicaid Income Maintenance staff for 100% of your residents. This has been required since February 1, 2016, and the NF must use PathTracker+ to submit these forms electronically. NO PAPER CAR forms are to be submitted by NFs and Income Maintenance staff at Iowa HHS/Medicaid are expected to reject any paper CAR forms that they receive from nursing facilities.

How do I complete a Case Activity Report? What is a Case Activity Report?

A: A Case Activity Report, also known as a CAR form, is a form used by facilities of many types, to submit admission/transfer/discharge, level of care, and pay source related information, for individuals that they serve. For many years prior to 2016, nursing facilities submitted paper CAR forms to seek payment for all individuals in the facility, and put handwritten information onto those forms, which were then mailed by snail mail, faxed, or emailed to Income Maintenance staff at HHS/Medicaid. As of February 1, 2016, all Iowa nursing facilities have been required to use PathTracker+, found within the Iowa PASRR Database, to submit all admission, discharge, or transfer notices.

If you are admitting, transferring, or discharging a person, updating a payor source, changing a Level of Care (LOC), or admitting someone on hospice, by entering information into PathTracker+, you are making entries that will create a Case Activity Report. You will not see the actual CAR form, but it will appear in the queue of an HHS Income Maintenance worker who determines facility eligibility and issues payments to facilities, within 48 hours of your entries into PathTracker+.

To complete or create a Case Activity Report, a member of your facility staff who has access as a "PathTracker+" submitter, will log into the Iowa PASRR Database and locate the Census queue for your facility. Find the individual and click the "edit" icon (teal colored pencil icon/button) in the far-right corner. This will permit changes/updates to prior information. Make the necessary changes to the admission notice and when you enter the information, a new CAR form will be generated.

What do you do if you try to create an admission notice and PathTracker shows they are admitted to another facility?

A: The transferring facility should submit a discharge notice into PathTracker+ as part of the transfer process. If they have not, you should reach out to the other facility and ask them to submit a discharge/transfer notice immediately, reflecting the actual date of discharge. If they refuse or you experience other issues that you are unable to resolve, reach out to the Iowa PASRR Help Desk for assistance. You may only submit your admission notice after the other facility submits the discharge/transfer notice. The individual won't show up in your facility census and you won't have access to the PASRR history/records until the person has been admitted to your facility.

Individuals are not showing up in my census. Why is this happening?

A: If your facility has changed names or provider numbers, then you may need to contact IA Help Desk (833.907.2777 or iowaPASRR@maximus.com), who can help you locate the individuals within the Database.

How do I check a PASRR outcome prior to the person admitting to my NF without it being in my queue?

A: You cannot use the Iowa PASRR database to electronically review any PASRR for any individual who has not yet been admitted to your facility. This would be a serious HIPAA breach. You must review the PASRR outcome by asking the referring entity to send it to you by mail, fax, email, or other means, so that you can review it. It will not be available to you electronically until you have accepted the person and submitted an admission notice via PathTracker+.

Note: A nursing facility should never accept any individual for admission without first seeing the PASRR outcome as failure to confirm that all pre-admission PASRR activity has been completed prior to admission will create a compliance problem for the facility up to and including the potential for non-payment of any days admitted without a finalized PASRR LI or LII outcome in place.

How do I report residents that go on or off hospice care but remain in the facility?

A: You will edit the admission notice in PathTracker+ to reflect the change in Level of Care, along with the exact dates of any changes in level of care or pay source. All edits to an admission notice will result in a Case Activity Report (CAR Form) being created and sent to Income Maintenance staff with Iowa HHS/Medicaid.

When ServiceMatters says a NF is not in compliance with care planning and Iowa PASRR says they are reporting the compliance issues to HHS, to whom are they making the report?

A: The report of non-compliance becomes available to Lila P.M. Starr (HHS/Division of ADS) for each case, immediately within the PASRR database. This information is shared in monthly reports with Iowa Medicaid.

Note: Outcome letters from all ServiceMatters reviews are part of an individual's "PASRR record," and must be kept in the hard copy file or electronic medical record for the individual and made available to inspectors from the Iowa Department of Inspections, Appeals, and Licensing (DIAL), and Care Managers with the Medicaid Managed Care Organization (MCO) if there is an MCO involved

with the person. They must also be available to the individual, their legal guardian or any other person to whom they've granted access to their medical records. Every subsequent full PASRR Level II Summary of Findings will also include a section on the outcomes of any ServiceMatters compliance reviews.

ServiceMatters

How does Iowa PASRR choose who receives a ServiceMatters review?

A: A ServiceMatters review is triggered for every individual who has a Level II PASRR with one or more specialized services identified in the Summary of Findings and 50% of those Level II outcomes where no specialized services are identified. Much more detail about when and how that happens is available in the ServiceMatters training webinar, other webinars that cover PASRR compliance, and many/most of the face-to-face full day training events as well.

Note: It is important for nursing facilities to understand that PASRR compliant care planning and service delivery is required for every individual who has a Level II outcome, whether specialized services have been identified, whether a ServiceMatters review has been triggered or not. The elements required for PASRR compliant care planning are the same that DIAL expects, as part of licensing, for all care plans for all NF residents, whether they are in the PASRR population or not.

Can I get an extension to complete the ServiceMatters review?

A: No. The system is automated and cannot be put on hold. Each time the system is triggered to begin a ServiceMatters review, the facility is given a total of four opportunities to respond, across multiple weeks.

Can I ask questions (referred to as technical assistance) before completing the ServiceMatters review or between the first and second review?

A: Yes. If you would like to more information, use the resources provided on the IA PASRR Provider website (<https://maximusclinicalservices.com/svcs/iowa>). You should also attend the twice a year in person provider trainings and the bi-weekly webinars on Tuesdays at 2 PM. Use the links on the IA PASRR Provider website, found under "Announcements," to register for all training opportunities.

Where do I find written technical assistance?

A: You receive technical assistance usually within 14 business days of the ServiceMatters review completion. To locate this written technical assistance, log into the Iowa PASRR Database from the Iowa PASRR Providers webpage (<https://maximusclinicalservices.com/svcs/iowa>) and locate the IID for the individual. In the Episodes tab, select the ServiceMatters Assessment ID (AID). The system does not automatically notify you of these outcomes/letters, so you will need to check after waiting at least 14 business days. All ServiceMatters outcomes

If an individual discharges or is deceased, when a ServiceMatters review comes due, do I need to complete the ServiceMatters review?

A: If the individual was in the NF for at least 21 days after the Level II PASRR was completed, and still alive at that point, then licensing would require that the facility

has/had a compliant care plan in place by that 21st day. You must complete the ServiceMatters review for the time the individual was in the NF.

I can access the ServiceMatters review, but why can't I complete the review questions?

A: You must have permissions set up to serve in the role of "ServiceMatters Respondent," within the Iowa PASRR database. Check with your agency/facility Access Coordinator to verify that they have approved you for the role of ServiceMatters Respondent. If you have permissions, click the teal colored "claim" icon/button in the far-right column that you'll see in the facility census. If you continue to have issues, contact IA PASRR Help Desk (833.907.2777 or iowaPASRR@maximus.com).

I cannot get an appointment for specialized services within 3 months. How can the facility become compliant?

A: Some services, especially in rural areas, are difficult to access and may take longer to schedule. If it will be an extended time before the service will occur, the NF must care plan what is being done to meet the need and explain any delays that they may encounter in scheduling the service. A compliant care plan for any specialized services must include a specific start date, anticipated frequency, expected duration, and the specialty provider who will deliver the service, along with their credentials.

NOTE: Making a referral for a service does not meet state standards as documentation of the delivery of the specialized services, although telling us the exact date of a scheduled appointment may be considered compliant, if all other required information is present.

What if a service has been discontinued?

A: If the service is listed on the Level II PASRR, you must care plan the service. If the service ends, you leave it in the care plan and note the date the service was discontinued, why, and who discontinued the service.

NOTE: "Financial reasons" do not represent clinical reasons to discontinue a service. If a person's health insurance refuses payment of a PASRR identified service, please tell us that during a SM review, but that may also not represent a valid clinical reason to discontinue a service. If the individual still needs the service, the NF may still be required to find an alternative method to meet the need that the identified service was intended to address.

I cannot obtain documentation of the specialized services. I marked that the "documentation unobtainable" option. Why is this noncompliant?

A: The NF must be able to provide documentation of arrangement for and delivery of all specialized services, so if you mark that documentation can't be obtained, the NF will be noncompliant. The NF must work with the individual and the service provider(s) to obtain proof that the individual has received all PASRR identified services.

NOTE: A referral to a service provider does not meet state standards as documentation of the delivery of the specialized services.

How do I care plan community placement supports when the individual does not intend to leave the NF?

A: The state requires that the NF care plan for community placement supports to optimize the potential for any individual to discharge under the following 3 conditions: (1) a short-term approval of NF level of care is rendered by PASRR, (2) the answer to section Q0500 of the MDS is yes, or (3) if the individual has indicated a desire for consideration of return to a lower level of care in the community, at any point.

The NF should estimate, based on the individual’s current presentation/service needs, what would be needed to support the individual in the community and forecast a possible future discharge date. As each discussion of possible discharge occurs, the target date and the potential service needs can be revised. The care plan is a working document and can be adjusted at any time based on the individual’s needs.

You might also educate your staff and residents about the obligation of every facility to understand the rights of individuals with disabilities, the mandate of the Olmstead Decision as it relates to the Americans with Disabilities Act, and the goal to always aim to optimize every resident’s potential for recovery, highest possible quality of life, and their potential for transition to a lower level of care if/when desired and possible.

OTHER

Community Placement Barrier: Medicaid Home and Community Based Services (HCBS) Waivers cannot be approved while a person is in a NF. Providers will not move forward with placement until funding is in place. Any ideas how to overcome this barrier? MCOs haven't been sure how to overcome this either.

A: We don’t know of any specific options beyond doing high quality, well-coordinated discharge planning that includes the MCO care manager and completing the application, if possible, for the appropriate waiver, while still in the NF so that it may be activated as soon as possible when the planned discharge occurs.

What does MCO stand for? What does MDS stand for?

A: MCO = Managed Care Organization. MDS = Minimum Data Set.

Where do we find the practitioner certification form?

A: It can be found on the Iowa PASRR Providers website, ([Provider Tools and Resources | Maximus](#)) where it has been since 2011. If you continue to have difficulty locating it, the IA PASRR Help Desk can help you find it and so that you can save it to your computer for future use.

How much does Iowa PASRR anticipate PASRR pre-work to take?

A: In our experience from multiple other states and contracts, once you are comfortable with the use of the LI screening submission process, which takes an average of about 10 screen submissions, you can anticipate it will take about 7-10 minutes to submit a Level I screen into the Iowa PASRR Database.

We suggest that all new providers attend or view the “PASRR 101,” training that is available 24/7/365 on the website, as well as the “How to submit a Level I PASRR,” training, via webinar, to facilitate the learning curve.

If the location the person is entering from/discharging to is out of state and/or not listed as an option in the drop-down menu, what action needs to be taken?

A: You can manually enter the name and address of the sending facility or location in the discharge notice in PathTracker+.

I cannot access an email you sent. How can I read it?

A: If you have not already done so, register for Cisco using the link at the bottom of the email. If you have already registered with Cisco, you may try right clicking on the message and choosing Save as, which allows you to save the message to the folder of your choosing. Then open the message from the folder, which may allow it open. If this does not work, contact IA Help Desk for support (833.907.2777 or lowaPASRR@maximus.com).

I cannot log into my Iowa PASRR Database account. What should I do?

A: Verify with your facility Access Coordinator that your account has been set up. Verify that you are using an appropriate web browser: Chrome or Edge. If you are using an appropriate web browser and are still having trouble logging in from the Iowa PASRR Providers webpage, try typing in the following address: www.assessmentpro.com and try to log in from there. If still having trouble, reach out to IA PASRR Help Desk for support (833.907.2777 or lowaPASRR@maximus.com). If it has been longer than 30 days since you last logged in, the Help Desk may need to reactivate your account.

I am trying to admit an individual, but it says they do not have a PASRR, or it cannot be found in the system. What do I do?

A: If an individual does not have a current PASRR, then you will need to complete one in the Iowa PASRR Database, which you can access from ([Provider Tools and Resources | Maximus](#)). If you believe the person has had a prior PASRR, but you cannot find the person in the Iowa PASRR database, contact the IA PASRR Help Desk to help you locate the individual. The Help Desk (833.907.2777 or lowaPASRR@maximus.com) can help you decide which options fits your circumstances.

I am trying to enter a PASRR, but it gives me a message that says it matches someone else or there are inconsistent demographics.

A: Contact IA Help Desk (833.907.2777 or lowaPASRR@maximus.com) as they are the only people who can make corrections to demographics. They will work with you to quickly get the records corrected.

I spelled the individual's name wrong or put in an incorrect SSN or date of birth when entering the PASRR. How do we correct this?

A: Contact IA Help Desk (833.907.2777 or lowaPASRR@maximus.com), as they are the only people who can make corrections to demographics. They will work with you to quickly get the records corrected.

I would like a status update on an individual's Level II assessment.

A: Please remember that the contracted average turnaround time is 5 calendar days or less, which begin counting on the day the Level II assessment is triggered. The Iowa PASRR Program manager, Lila Starr, has asked providers to please not contact the IA

PASRR Help Desk to request updates on the status of an assessment, because the submitting person/agency can monitor completion on the database. We can never provide an exact date of (expected) completion prior to actual completion. Submitters can watch for the outcome to appear on the Iowa PASRR database, as the full Level II summary of findings will appear and be available to download/print/save, at the moment it is completed.

I want to become an Iowa PASRR Database Access Coordinator. How do I do that?

A: From the Iowa PASRR Providers webpage, ([Provider Tools and Resources | Maximus](#)), click on “How To: Set up an Access Coordinator for your facility” for instructions, and download/print and sign the “AssessmentPro Access Coordinator Agreement,” and upload/send it to the Iowa PASRR Help Desk, (833.907.2777 or iowaPASRR@maximus.com), who will help you with this process,

OR

Contact the IA Help Desk (833.907.2777 or iowaPASRR@maximus.com). The Help Desk will begin the process for you, if necessary. You will need to download, print, and sign the “AssessmentPro Access Coordinator Agreement,” form, which must also be co-signed by a peer or supervisor. Once the signed form is uploaded, the Help Desk will process this request.

REMINDER: The IA Help Desk can provide you support. Call 833.907.2777 or email iowaPASRR@maximus.com.