

IOWA PASRR PROGRAM

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Human Services

PASRR PROCEDURES FOR IOWA

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The policies and procedures in this document are approved and signed by Program Manager prior to posting.

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Introduction and Overview

This manual serves as a reference for providers who submit Level I screens about individuals who may enter Medicaid certified nursing facilities. 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 to comply with federal and state regulations. PASRR requirements advocate for the individual, through promoting diversion, transition, and placement in the least restrictive and most integrated setting that may be appropriate to the individual's needs and choices at the earliest possible time.

Maximus is a Nashville based utilization review firm that specializes in integrated disease management of both behavioral and medical healthcare. Maximus has been the vendor for Iowa PASRR since September of 2011 and Maximus is a national leader in conducting PASRR screening/evaluations in a variety of states. Maximus's contact information is below:

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Training, procedures, forms, Frequently Asked Questions, and other updates can be found at www.maximus.com/svcs/iowa. Bookmark that site as your landing page and starting point for all PASRR activity.

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Preadmission Screening and Resident Review (PASRR)

The PASRR (Preadmission Screening and Resident Review) program is an advocacy program mandated by the Centers for Medicaid and Medicare Services (CMS) to ensure that nursing home applicants and residents with mental illness and intellectual/developmental disabilities are appropriately placed, receive necessary services to optimize their recovery, and are given opportunities for diversion and/or transition whenever possible.

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 meets the level of care criteria for an institutional setting** and, if so, whether a NF is an 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 by the PASRR process. For residents with active or specialized treatment needs, the state is responsible for providing that treatment.

The Level I is the initial screen which, when utilized appropriately, 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 treatment needs associated with the MI and/ or ID/RC.

Over the past few decades, the PASRR program has emerged as an important method for identifying persons who experience symptoms and behaviors that place them at risk for poor outcomes 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.***

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I. Who is evaluated by PASRR?

The following describes the criteria used to determine whether an individual is subject to PASRR. **PASRR criteria apply whenever an individual is *suspected* of having a PASRR target condition (as defined on page 3), even though the individual may not have been formally diagnosed.** PASRR evaluations are mandated regardless of whether an individual is a recipient of Medicaid. 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, whenever a prior approval is expiring, and whenever a resident experiences a significant change in status.**

A. Persons with Serious Mental Illness

A person with *known* or *suspected* serious Mental Illness (MI) who is considering 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 serious 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 neurocognitive disorder (dementia)**. If the individual has a sole diagnosis of neurocognitive disorder, s/he may be excluded from further PASRR

evaluations. If the person has both a neurocognitive disorder diagnosis and another psychiatric condition, the neurocognitive disorder must be confirmed as *primary*.

Primary means that the symptoms of neurocognitive disorder 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 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 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 attempts or gestures; or
 - Other issues 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.

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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. 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 younger 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 or lasts longer than a typical grief reaction, it is important that Iowa PASRR be provided information sufficient to determine whether treatments should be identified by the PASRR process to address and ameliorate the individual's symptoms.

1. The Neurocognitive Disorder Exclusion for Persons with SMI

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

- **People with a sole diagnosis of neurocognitive disorder or**
- **People with a primary neurocognitive disorder with a secondary mental illness diagnosis**

Where co-morbid neurocognitive disorder and mental illness are present, the decision as to whether neurocognitive disorder is *primary* is more complex than simply deciding if the neurocognitive disorder is *currently* the most prominent diagnosis. The complexity occurs in ensuring that the symptoms of neurocognitive disorder are clearly more *advanced than* those of the co-occurring behavioral health condition. That is, the neurocognitive disorder 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 serious mental illnesses and neurocognitive disorder exhibit similar types of executive functioning impairments and personality change, the *progression of the neurocognitive disorder* is a key focus of the screening process. As a part of the Level I process, we will be determining if neurocognitive disorder 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 submitter provide any information which clearly supports that the neurocognitive disorder is primary over the mental health diagnosis.

A note about individuals who have symptoms or diagnoses of neurocognitive disorder:

A person with neurocognitive disorder 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 neurocognitive disorder is **progressed** and **primary** over any other mental health conditions. 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 neurocognitive disorder as primary.

B. Persons with Intellectual Disability (ID)

The definition for ID is provided in the Diagnostic and Statistical Manual, Fifth 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 who may seek admission to nursing homes 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 the

disability was present 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.

C. Persons with Related Conditions/Developmental Disabilities

Related Condition (RC) refers to individuals with service or treatment needs similar to individuals with ID. *Related Condition* 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 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***.
- AND**
- 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.

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II. Level I Process and Decisions

The purpose of the Level I screen is to identify individuals who will require evaluation by the PASRR Level II process – those individuals with *known or suspected* MI and ID/RC. The Level I screen must be electronically submitted to the Iowa PASRR database, on the platform known as [AssessmentPro™](#):

- 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 suggest the need for a first-time or updated PASRR Level II evaluation as described in *Section IV* of this document
- Prior to the expiration of a prior time-limited period of approval for individuals with MI and/or ID/RC (*Related Condition*) who are expected to continue to meet nursing facility level of care beyond the current expiration date.

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.

Level I is with no indications or suspicion of MI and/or ID/RC as defined by federal regulations will be approved by Iowa PASRR 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 the Iowa PASRR database. The submitter and authorized individuals from the submitter's facility may securely sign in to the Iowa PASRR database to obtain status updates. If additional information is needed by the clinical reviewer, the reviewer will identify information needed directly on the web page, which is immediately visible only to the submitter and authorized users from the submitter's facility once the user logs into the web-based system. After the screen is complete, the **facility, agency, organization that submitted the Level I screen may save, download, or print the outcome notice directly online after signing in.**

The ability to review and print outcomes for an individual is available to the screener and persons at that facility.

The admitting/receiving nursing facility must obtain a copy of the PASRR outcome and associated approval before admitting any individual to the nursing facility. Upon admission, the individual's location must be identified and/or updated in PathTracker+™— a location tracking service for all individuals admitted to an Iowa Medicaid Certified nursing facility —. Once the admission notice is submitted, the admitting facility will have access to the individual's online PASRR record and the facility can download, save, and print copies from the Iowa PASRR database.

The completed PASRR(s), all ServiceMatters outcome notices, and other 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. Copies of the most recent PASRR and ServiceMatters outcomes 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 and be able to benefit from an abbreviated Level II (if the individual matches the state's definition of a particular category of need), or; 3) whether a comprehensive Level II evaluation is required. These options and their criteria are described in the following section.

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III. Level II PASRR Process and Outcomes

A. Level II Preadmission Decisions

The following tools are used in the Preadmission process. These are provided on the Iowa PASRR Provider website, www.maximus.com/svcs/iowa:

Forms Submitted via the Iowa PASRR database, using AssessmentPro	Submitted by Provider when	Purpose
Online Level I Submission process	For all individuals considering placement in 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 (categorical) Level II process applies and supplies federally required information to begin the PASRR process
Practitioner Certification Form (Signed by Physician for a person medically admitted to a hospital)	An Exempted Hospital Discharge, 60 Day Convalescent Categorical, or Terminal Categorical option is believed to be appropriate	Federally required under PASRR to confirm applicability for temporary exemption or categorical decision

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

1. [Negative Screen](#) (the individual does not appear to have MI and/or ID/RC)
2. [A Temporary 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](#)

1. 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.

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

Required action for Exemption from PASRR

When this option applies:

The discharging hospital/provider:

1. Must submit the forms specified under [section D](#).
2. Will receive an authorization letter from Iowa PASRR.

3. Must provide a copy of the PASRR outcome letter to the admitting NF.

The admitting facility:

1. Must notify the Iowa Dept. of Health and Human Services when an admission of an individual with MI and/or ID/RC occurs via the PathTracker+ portion of the Iowa PASRR database. The Information gathered on the IA Case Activity Report (CAR) form required for Medicaid members is submitted electronically by facilities via PathTracker+. Facilities must submit **a new Level I form before the conclusion of the 30-day authorization** if it is determined that the individual will not discharge within the 30-day period. A new Level I must be submitted to Iowa PASRR 7 to 10 business days before a short-term approval expires so the nursing facility has confirmation of continued approval prior to the expiration of the approved PASRR.
2. If the facility submits a new Level I because it is determined that the individual will not discharge before the expiration of an approved exemption, the facility will be contacted by IA PASRR so that the Level II evaluation can be coordinated.

3. An Abbreviated Level I (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* decision). When an individual meets criteria 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 most cases, a categorical decision will 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. If the individual qualifies for a categorical decision, Iowa PASRR 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 which result in authorization end-dates follow.*** Each of these provide time limited approvals necessitating that the NF submit a **new Level I screen** 7 to 10 days of the expiration of the authorized period.

- **60-day convalescent:** To be eligible, the individual must:
 - Be **discharging from a medical hospital to a nursing facility** after receiving medical (non- psychiatric) services
 - 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.
- **Terminal Illness:** To be eligible, the individual must have been determined by a physician to have a prognosis for life expectancy of 6 months or less and PASRR has determined that approval of this categorical outcome is appropriate.
- **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 and the individual is expected to

return to the same setting following the brief NF stay. Respite care may not exceed 30 calendar days per year.

- **7-day Provisional Emergency Situations:** To be eligible for this extremely rare outcome, the individual must have an emergency requiring protective services with placement in a nursing facility. This outcome can only be rendered when Iowa Department of Health and Human Services has approved its use following a natural disaster, or when the Level I screen has been determined appropriate by the Iowa PASRR Program Manager for HHS, and is submitted by Adult Protective Services staff of the Iowa Dept, of Health and Human Services, and PASRR determines that the 7-day Provisional Emergency categorical outcome is appropriate.

Required action for Categorical admission which result in authorization end dates

When option applies:

The discharging hospital/provider:

1. Must submit the information specified under [section A](#).
2. Will receive an outcome/authorization letter from Iowa PASRR.
3. Must provide a copy of the outcome/authorization letter to the admitting NF.

The admitting facility:

1. Must notify IA Department of Health and Human Services when an admission of an individual with MI and/or ID/RC occurs via the Iowa PASRR database. The information gathered on the IA Case Activity Report (CAR) form required by Iowa Medicaid for all admissions to Medicaid Certified nursing facilities in Iowa is submitted electronically via PathTracker+
2. Must submit: **a new Level I screen seven to ten days before the conclusion of the authorized period** if it is determined that the individual will need nursing home placement beyond the expiration date of any prior time-limited approval.
3. Will be contacted by IA PASRR once the Level I screen is received so that the Level II evaluation can be coordinated.

Those **Categorical decisions which are not time limited follow**. These decisions remain valid unless the individual experiences a [significant change in status](#). For these to apply, the individual must be determined by PASRR 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).

Required action for Categorical admissions which result in authorization end dates

When this option applies:

The discharging hospital/provider:

4. Must submit the information specified under [section A](#).
5. Will receive an outcome/authorization letter from Iowa PASRR.
6. Must provide a copy of the outcome/authorization letter to the admitting NF.

The admitting facility:

1. Must notify the Iowa Dept. of Health and Human Services (HHS) when an admission of an individual with MI and/or ID/RC occurs via PathTracker+, within the Iowa PASRR database. The information gathered on the IA Case Activity Report (CAR) form required for Medicaid members is generated electronically via PathTracker+ and will be sent to HHS.
2. Must submit a new Level I form **only if** a [significant change in status](#) occurs as described in Section IV.

If an applicant with known or suspected MI and/or ID/RC does not receive an exemption or categorical outcome, a full Level II evaluation is required. When symptoms/history of mental illness indicate that a *Level II evaluation* is required, IA PASRR will request copies of the following from the individual's records:

- 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, legal guardian, and Primary Care Physician**
- *Information on any NF that may be considering acceptance of the individual pending the outcome of the PASRR;*
- *Any court orders pertaining to the individual, including guardianship/conservatorship, protective orders, or mental health commitments*
- *Evidence of any Powers of Attorney that have been activated, and the evidence of activation*
- Other information which may **clarify the individual's mental, physical state, or legal status**.

Preadmission Screens (PAS) and *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). The Iowa Department of Health and Human Services contracts with Maximus to **complete Level II evaluations within an average of 5 calendar days**.

B. Level II Process

The Level II process is typically conducted face-to-face and involves an interview with the individual. If there is proof of guardianship, efforts will be made to interview the legal guardian. Efforts will be made to interview family members or other support people identified by the individual, at least one current caregiver, and others with any relevant information, subject to approval of the individual or their authorized representative. The Level II evaluation will also include a thorough review of all submitted information, available medical records, PASRR and placement history, and any relevant legal history. Federal requirements specify information which must be collected as part of the Level II process. The evaluation can be significantly expedited if the submitting source assists in notifying relevant parties of the time of the scheduled evaluation. If a legal guardian has been appointed and appropriate evidence of guardianship is made available as required, the guardian must be given the option of participating in the evaluation. The individual will also be given the choice of whether s/he would like family members, Powers of Attorney (POA), other substitute decision makers, MCO care managers, providers, or others involved and if so, the provider should also make them aware of the time and location of the scheduled evaluation. The Level I submitter will be contacted by an evaluator assigned by Maximus soon after the Level II is triggered. Once an evaluation of an individual is completed, it is electronically and securely transmitted for quality review and development of the final Summary of Findings Report. Federal guidelines outline the requirements for information that must be provided in the Summary of Findings.

Maximus accepts applications and fully credentials all Level II evaluators, subject to State approval. The evaluator will review the PASRR history, available medical records, other submitted information, and will then interview the individual, caregivers, and others identified during the process. The evaluator will collect all PASRR information using a structured interview protocol. The evaluation and any supplemental medical records will be forwarded to a clinical reviewer who will finalize decisions about level of care and PASRR identified services. Adverse decisions will be made by physician reviewers who are contracted with Maximus.

As a part of the Level II process, Level II 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 IA PASRR.

When a Level II evaluation is required:

Level II decisions which do not result in an exemption or a categorical decision

The discharging hospital or other Level I submitter/provider:

1. Submits the information specified under [section A](#).
2. IA PASRR will contact the provider to schedule an evaluation.
3. If the individual is approved for admission, a PASRR outcome/approval letter will be available to save, download, print, and review immediately from the database.
4. Must provide a copy of the PASRR outcome/approval letter to the admitting NF prior to admission.

The admitting facility:

1. Must review the PASRR outcome prior to admission to assure that once admitted, the facility can and will care plan for and deliver all PASRR identified services.
2. Must notify Iowa HHS when an admission of an individual with MI and/or ID/RC occurs by

entering the admission in PathTracker+, a census tracking service provided within the Iowa PASRR database. The information gathered on the IA Case Activity Report (CAR) form required for all residents by Iowa HHS and Medicaid is submitted electronically via PathTracker+ through an overnight process.

3. Must submit a [new Level I screen](#) **only if** a [significant change in status](#) occurs as described in Section I.F of this manual.

Note: Whenever a resident previously evaluated by the PASRR Level II process transfers from one NF to another, the receiving facility must review the Level II Summary of Findings and any ServiceMatters outcomes, to ensure that transfer is appropriate, and that care planning and service delivery will continue and be compliant. In some situations, a facility-specific decision will be made, and another facility cannot be selected without approval from IA PASRR. Refer to [Transfer Requirements for Residents with PASRR Level II conditions](#).

C. Level II Outcomes

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

1. Approval Decisions

1. Short-term approval (90, 120, 160, 180, 365 days) for admission to a NF.
2. Short-term approval (90, 120, 160, 180, 365 days) for admission to a specific NFMI or a NF that assures it will deliver all the services required to be delivered in a NFMI.
3. Non-Time Limited approval for admission to a NF.

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

2. Adverse (Denial) Decisions

4. Denied admission to a NF because of the individual's behavioral health status.
5. Denied admission to a NF because the individual does not meet NF level of care criteria.

3. Decision that PASRR Requirements do not Apply

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

When the outcome results in an approval of nursing facility level of care (approval decisions), the process will occur as described in C.1. above. When an adverse (denial) decision occurs, the following steps occur:

Actions for Adverse (Denial) Decision:

1. If the individual was denied NF admission due to not meeting the Iowa nursing facility level of care criteria and/or because continued hospitalization appears appropriate due to behavioral health status, the discharging provider will receive written notice of the outcome.
2. Any party may make a written request a reconsideration if it can demonstrate that new or additional information was available on or before the date of the decision that might have altered the determination. Parties must submit reconsideration requests in writing by contacting IA PASRR within 10 calendar days of the date of the written notice and must indicate in the written request, why they are seeking reconsideration and provide supporting documentation that is dated on or prior to the PASRR date, which was not already considered or not given appropriate weight.
3. If accepted for reconsideration, Iowa PASRR is required to make and communicate a decision regarding the reconsideration within 5 calendar days after receipt of any valid request for reconsideration. 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.
4. Every PASRR Level II Summary of Findings includes information about how to request a reconsideration directly to IA PASRR and how to submit an appeal of an adverse decision through the Iowa HHS appeals section, although we remind providers that submission of a new Level I screen is a faster and less cumbersome process for seeking a new determination.

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 PASRR screening unless in the future a [change in status](#) occurs suggesting that the individual has a mental illness and/or ID/ RC. If such a change occurs, a [new Level I screen](#) must be submitted..

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4. Notification Letters and Process

IA PASRR will provide a copy of the outcome to the provider who submitted the screen, the individual and their legal guardian if we have evidence of guardianship, 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 Level I am submitting facility to the admitting NF before admission occurs, to ensure that the admitting facility has reviewed it and confirms that they can arrange for delivery of all PASRR identified services and meet the needs of that individual.

The admitting NF must notify Iowa HHS of the individual's admission via the Iowa PASRR database, (PathTracker+). If the provider did not receive a copy of the PASRR outcome prior to admission as required, the admitting NF must submit an admission notice via PathTracker+ to reflect the admission and then download/print a copy from the individual's record on the Iowa PASRR database. Federal regulations require that the NF maintain a copy of the outcome and the *Summary of Findings Report* in the resident's medical record at all times. IA PASRR also expects the NF to download/print copies of all ServiceMatters outcome letters and maintain them as part of the individual's medical record at all times. The Summary of Findings report identifies any behavioral health treatment and service needs that are the responsibility of the NF, as well as any specialized treatment needs. These determination reports are to be used in conjunction with the facility's resident assessment process to develop a complete and compliant 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 a transfer occurs, a copy of the PASRR outcome, Summary of Findings report, and ServiceMatters outcomes must be transferred with the individual.

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. If the admitting facility has not obtained a copy of the PASRR outcome from the transferring facility prior to admission as required, the facility must submit the transfer notice via PathTracker+, and then download, save, or print any needed documents from the individual's record within the IA PASRR database.

Required action for PASRR Notices and Reports

1. The PASRR outcome letter(s) must be maintained in the resident's NF medical record along with any ServiceMatters outcomes, either electronically or hard copy format. If services are identified in the PASRR report, those services must be incorporated in the individual's plan of care and must be delivered.
2. **PASRR outcomes, including ServiceMatters outcomes, should not be shifted to an administrative file or removed as part of the chart thinning process.** Copies must be maintained in accordance with retention requirements and transferred with the individual if

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

The Minimum Data Set - [MDS 3.0](#) (Chapter 2) identifies when subsequent PASRR evaluations (*Resident Reviews*) must be conducted. Those requirements will be discussed in the following subsection. The following information is used in the Review process. The submissions are made on www.maximus.com/svcs/iowa.

Forms	Submitted by Provider when	Purpose
Level I Screen, Submitted via the IA PASRR database, using AssessmentPro	For all individuals applying for or residing in 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 or full Level II evaluation process applies and supplies information to begin the PASRR process, OR Identifies the Conclusion of a Categorical or Exempted Decision, OR Identifies a potential change in status

Each of those processes and their requirements are described below.

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

When a [categorical decision](#) or short-term approval is about to conclude, federal law requires that PASRR be involved to determine whether continued NF care is appropriate if the facility believes that the individual's stay should extend beyond the authorized period. Payment for NF care should not continue beyond the authorization end date unless that screen occurs. A new Level I screen must be submitted to Iowa PASRR 7 to 10 calendar days before the expiration of a categorical or short-term approval.

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. If such a *significant change* is supported through the MDS, the nursing facility is responsible for completing and submitting a Level I Screen to PASRR. The guidelines for determining when a Status Change is significant are provided in

Anytime a NF resident with MI or ID/RC (Related Condition) experiences changes which 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 Iowa PASRR to report that change.

MDS 3.0 (Chapter 2). When appropriate, IA PASRR may refer these individuals for a Level II evaluation so that updated findings and level of care decisions can be determined. Providers must submit a status change Level I screen within 14 days from the date of the significant change event.

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 plan of care or placement findings 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 to reside at a lower level of care.
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 neurocognitive disorder 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 by PASRR.
3. A resident transferred, admitted, or re-admitted to a NF following an inpatient psychiatric stay or equally intensive treatment.

Required action for a Significant Change in Status or when a Categorical or Short-Term authorization is about to expire

The NF must submit a Level I screen. This Level I screen must be submitted electronically by going to <https://maximusclinicalservices.com/svcs/iowa> and accessing the Iowa PASRR database, using the AssessmentPro System login. IA PASRR will work with the NF to determine further action.

B. 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 meets the nursing facility for persons with mental illness (NFMI) level of care to ensure that his/her very high behavioral health or other specified needs are met. When a PASRR approval is specific to the NFMI level of care, the individual must be admitted to a facility that confirms the ability to deliver all the services identified for the NFMI level of care, including behavior analysis.

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

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

1. Review the PASRR outcome to determine whether the facility can meet the needs identified or whether the decision was facility specific.
2. If the decision was facility-specific, a Document-Based Review and Facility Specific Transfer Form must be submitted to PASRR. If the transfer is approved by IA PASRR, PASRR will issue updated notifications permitting the transfer. The admitting NF must report the admission via PathTracker+. The information gathered for transfer onto the IA Case Activity Report (CAR) form used by Iowa income maintenance workers to address facility eligibility and payment, is submitted electronically via PathTracker+.
3. If the decision is not facility-specific, the admitting NF must review the PASRR 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 report the admission in PathTracker+. The information gathered for transfer onto the IA Case Activity Report (CAR) form used by Iowa income maintenance workers to address facility eligibility and payment, is submitted electronically via PathTracker+.
4. All resources, training information, and forms are posted on the Iowa PASRR Providers webpage at: www.maximus.com/svcs/iowa (Iowa PASRR).

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V. NF Update Requirements for NF Residents with Level II Outcomes

Under federal law, the state is required to maintain location information for all NF residents who have been evaluated through the PASRR Level II process. The State of Iowa uses PathTracker+, a location tracking functionality that has been added as an enhanced feature of Iowa's PASRR database, to report admissions, transfers, discharges, and certain other situations such as changes in payors or delivery of hospice care. When an admission of an individual with MI and/or ID/RC occurs (regardless of pay source), the NF provider will submit an admission notice and add the person to the census information maintained in the PathTracker+ portion of the Iowa PASRR database. If a provider does not receive a copy of the PASRR outcome from the discharging provider prior to admission as required, the admitting NF must download, save, print a copy from the Iowa PASRR database after updating PathTracker+ with the individual's admission/transfer information.

Temporary transfers to a hospital for medical reasons do not need to be reported to the Iowa PASRR database or Iowa HHS, if the individual is returns to the facility within 10 days.

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 an Iowa NF, NF staff must:

1. Update the NF census by submitting an admission notice in PathTracker+ (within the Iowa PASRR database/[AssessmentPro](#)).

If the provider did not receive a copy of the PASRR outcome report from the discharging provider prior to admission as required, the admitting NF must update PathTracker+ to reflect the admission and then download, save, print a copy from the individual's record, along with ServiceMatters outcomes and any other documents that must be maintained in the individual's nursing facility medical record.

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VI. ServiceMatters Reviews

Federal regulations have placed increased emphasis on ensuring that states develop systems of managing and monitoring NF compliance with care planning for and delivery of all PASRR identified services, and significant status change reporting. Quality monitoring procedures ensure adherence to federal PASRR requirements.

The purpose of the ServiceMatters review process is to assist the Iowa Department of Health and Human Services to ensure compliance with federal and state PASRR requirements for care planning of all PASRR-identified services, and for implementation and delivery of all PASRR-identified services.

There are three categories of services: Specialized Services, Rehabilitative Services, and Community Placement Supports. Each individual service within these categories must be care planned with the following components: name of the individual service as listed within the Summary of Findings (SOF), the named and credentials of the provider who is responsible for delivery of this service, exact start date of the service, anticipated frequency, and expected duration of the service identified. Nursing facilities must provide evidence of Specialized Service delivery. Community Placement Supports are always identified in any Level II summaries of findings and must be included in the Care Plan in a PASRR compliant fashion if the individual has received a Short Term PASRR approval, the individual at any time states they wish to return to a lower level of care, and/or the Minimum Data Set (MDS) Section Q-500 indicates that the individual wishes to discharge to a lower level of care.

There are four key questions that the ServiceMatters review process is designed to answer:

1. Are **all** PASRR-identified services, care planned for within 21-45 days of the admission date (i.e., is the care plan compliant)?
2. Are all the PASRR-identified services being delivered?
3. If services identified within the SOF are not being delivered as intended due to refusal of the resident; was an alternative service provided to meet the needs of the individual and care planned appropriately and does the care plan address how the NF will meet the need for which that service was identified during the time that the service is refused by the resident?
4. Was evidence submitted for each identified Specialized Service which shows delivery or arrangement of that specific service (for example a psychiatric visit note, an email confirming details of future appointment(s) from the specialized provider)?

A. Process Overview

Iowa's PASRR database, found on the Iowa PASRR Providers webpage, will automatically queue for ServiceMatters review all Level II evaluations for which one or more specialized services are identified and 50% of all full Level II evaluations for which no specialized services were identified. NF providers must monitor their inbox in the Iowa PASRR database frequently to ensure they receive alerts in order to respond in a timely manner.

1. **The ServiceMatters automated alert is issued within the IA PASRR database and will be visible as part of the NF census.** When a review is queued, the system will send an automated alert to the admitting NF and will send an email to the individual(s) identified by the NF as the "ServiceMatters Respondent," within the database.
2. If there is no admission record in PathTracker+, a Maximus Project Support Specialist will contact the agency/facility that submitted the Level I screen to find out if they know whether the person is placed at any Iowa nursing facility, and contact the admitting facility, if applicable, to request that they complete an admission notice in the Iowa PASRR database, via PathTracker+. **When ServiceMatters alerts are received, the NF staff (these functions must be completed by an individual with access as a ServiceMatters Respondent), completes the ServiceMatters review form and uploads the individual's PASRR compliant care plan, evidence of the delivery of all specialized services, and all needed documents within 7 business days.**

- a. If the NF staff does not complete the ServiceMatters review form within 7 days, the system will send a second and final alert to the provider. The provider will have an additional 7 days to complete the ServiceMatters review form and upload the required documents.
 - i. If a technical assistance call is needed for follow-up (due to missing information or a noncompliant outcome), a ServiceMatters clinician will reach out via message, through the text box on the Iowa PASRR database. It is the NF responsibility to respond within the given time frame.
 - b. If the NF does not complete these steps within 14 days, the Iowa PASRR database will automatically close the review and render an outcome of "non-compliant, provider unresponsive," on day 15.
- 3. When a NF's ServiceMatters Respondent uploads a care plan and evidence of specialized service delivery, a ServiceMatters Clinician will review the ServiceMatters form, the individual's uploaded care plan, evidence of delivery of PASRR identified specialized services, or evidence of alternative specialized service delivery, all supporting documentation, and the PASRR Summary of Findings.**
- a. If needed, the ServiceMatters Clinician will contact the NF to clarify any information.
 - b. The ServiceMatters Clinician will review the information to determine whether: 1) the care plan is PASRR compliant with federal, state, and licensing requirements, 2) whether all PASRR-identified services are being delivered, and 3) whether the person appears to be benefitting from the services identified in the PASRR Summary of Findings, including whether proactive discharge planning is occurring when appropriate.
 - c. The ServiceMatters Clinician may amend the original Summary of Findings based upon information reported, learned, and discussed during the ServiceMatters review.
 - d. Compliance decisions will be based on the guidance provided by Iowa HHS, in the training offered to providers regarding the process, in the Iowa Level II Care Planning Tool, and instructions from the State Officer.
 - e. When an outcome of Noncompliance is rendered, Maximus provides written technical assistance to the NF, including examples of how to care plan any PASRR identified services or care planning components found to be missing within the care plan.
 - a. **4. The NF provider reviews the IA PASRR Service Monitoring Compliance Report letter and downloads, saves, or prints the compliance report** letter that must be maintained in the individual's nursing facility medical record. If the NF provider is found to be noncompliant with either care planning for PASRR- identified services or delivery of PASRR-identified specialized services, the NF provider has 14 days to become compliant. On the 14th day after the initial noncompliant outcome is rendered, the system will send an automated alert to the NF triggering another ServiceMatters review and requesting a new ServiceMatters review form. As with the initial ServiceMatters review, the NF will have 7 days to respond. If documentation is not received by the 8th day, a final courtesy notification is sent and the NF is given another 7 days to respond.
 - b. **The NF is responsible for making any corrections to the care plan, implementing service delivery, and addressing any compliance concerns that arise from the**

ServiceMatters technical assistance and education.

- c. If the ServiceMatters review process results in any changes to the PASRR-identified services or the original Summary of Findings, incorporate those changes to the care plan and implement those changes to the PASRR- identified services immediately.
- d. Submit a new Level I screen if requested, or 7 -10 days prior to the date a short-term approval is expiring, or whenever the individual experiences any other significant change in condition. Providers must submit a status change Level I screen within 14 days of the date of the significant change event.

The Care Planning Tool developed by the Iowa Department of Health and Human Services offers specific guidance on compliant care planning, including the required elements that must be documented in the care plan for each service and can be found on the Iowa PASRR Providers webpage, along with a brief video that outlines how to use it effectively.

The facility ServiceMatters respondent(s) should attend, at minimum, the following PASRR trainings to promote understanding of the PASRR program and Compliance with Care Planning and Service Delivery:

- PASRR 101
- How to Successfully Submit a PASRR Level I Screen
- Understanding PASRR Level II Summaries of Findings, PASRR Identified Services, and Implementation
- How to Achieve Compliance with ServiceMatters Reviews
- Care Planning and Service Delivery: Community Placement Supports

Review the following Care Planning Resources located on the Iowa PASRR Provider website under the section on ServiceMatters:

- Iowa PASRR Nursing Facility Level II Care Plan Tool: <https://files.constantcontact.com/e9a19081201/27e56d5c-2aa1-40e4-937d-6742d5a632e8.xlsx>
- How To Video: Care Planning Tool: <https://www.screencast.com/t/UcJCJBFSwkD1>

Below are some guidelines for ensuring *appropriate care planning* of *all* PASRR-identified services.

- **The care plan is developed to reflect PASRR-identified services within 21-45 days of the individual's date of admission to the NF.**
- Community placement supports are incorporated for all individuals who have been issued a short-term approval, have indicated an interest in potential return to the community as identified in Section Q of the MDS 3.0, and/or, have otherwise communicated a desire to return to a lower level of care in the community.
- The care plan must include all specialized and rehabilitative services, along with community placement supports when appropriate, as individually identified in the Summary of Findings (SOF). The care plan, to be compliant with PASRR, will also include the four elements required by the Department of Inspections, Appeals, and Licensing, and Iowa HHS, and described in the care planning tool, for each service. Refer to the care planning tool for specific language and requirements of each service, which will

enhance efforts to achieve compliance. Care plan requirements include the following elements:

- Use a separate line on the care plan for each service (do not combine services together)
- Identify whether it is a Specialized or Rehabilitative, or Community Placement Support,
- Specify the exact type of service—it is a best practice to name the service exactly as it appears in the PASRR Summary of Findings (*For saving time, you may Copy and Paste the wording directly from the Care Plan Tool)
- Specify the Goal and type of intervention to be utilized Name of NF staff member responsible for arranging the service,
- Outline responsibilities of NF staff, specific providers, the individual and family, and other designated individuals related to the implementation/delivery of the service,
- Name and credentials of the professional who is or will be providing the service(s) or the provider agency name,
- Actual or anticipated actual start date of the service, and
- Anticipated end date and/or duration of the service.

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VII. General Information

A. Delayed Admissions

Level I and Level II approvals are valid for up to 60 days only in the absence of significant changes in status or certain other changes in placement/level of care. When an approved NF admission does not occur within 60 days from the completion of PASRR Level I and/or Level II outcome, a new Level I must be submitted, and the process must be repeated before NF admission can occur.

B. Readmissions

There are certain rules associated with PASRR 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:**

- **If a prior PASRR evaluation was time-limited:** The nursing facility is responsible for completing and submitting a [Level I screen](#) 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 IV) 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 and

service needs that should be addressed prior to return to the NF setting. When a NF resident experiences a significant change, the nursing facility is responsible for completing and submitting a Level I to Maximus.

When an individual is transferred from a NF to a hospital with plans to return to the NF and is able to return in 10 days or less, his or her PathTracker+ status is not affected and a new Level I screen is not required. If the individual remains in the hospital for more than 10 days, the NF provider will report the individual's discharge in PathTracker+ on day 11. If the individual returns to the NF, the NF provider will report the individual's return as a readmission in PathTracker+. A new Level I screen must be submitted to Iowa PASRR if the person meets status change requirements.

When an individual has been discharged to a lower level of care (e.g., assisted living, group home, supported/independent living, other community setting), the individual is considered a new admission, and a PASRR Level I and, as appropriate, Level II is required, prior to readmission.

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VIII. Forms and Tools

All Level I screen submissions are made online and all forms and tools discussed in this manual are posted at IA PASRR Tools and Resources Website:

<https://maximusclinicalservices.com/svcs/iowa>

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