

1/11/2024

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## South Dakota Pre-Admission Screening and Resident Review (PASRR) Program – Quarterly Newsletter: Review Important Level I & Level II Process Reminders | Explore New FAQs, Workflows & Other Resources

### REMINDERS: Completing the PASRR Level I Process

PASRR Level I Screens need to be initiated on behalf of a person seeking NF admission, regardless of their payor source as soon as the need for a NF becomes evident. When completing the Level I Screen, if any of the answers for questions 1 through 3 are “YES”, or “Unknown” email Maximus at [PASRR@state.sd.us](mailto:PASRR@state.sd.us) with this screen and required supporting documentation. Maximus will review your Level I Screen and submitted documentation within 1 business day and determine if the individual does have a confirmed or suspected PASRR condition and if so, will indicate if a categorical determination applies or if the person needs a Level II evaluation.

We encourage providers to provide all required documentation upon submission. Your required documentation will depend on what type of screen you have completed. Please also note that if you are submitting a resident review screen, any additional context about why the screen is occurring should be included in the referral email. As an example, if an individual has had a significant change in behaviors which led to a new referral, or a previous categorical is expiring so a new referral is needed, providing that context within the referral email is helpful when reviewing and making appropriate outcome decisions.

- **Pre-Admission Screening Requirements**

- Level I Screening Form
- Demographic Face Sheet
- History and Physical or physician note within the past 30 days (can be signed by an NP, PA, or MD)
- Current medication list
- Resident Review

- **Resident Review**

- Original Level I Screening Form and Outcome
- Demographic Face Sheet
- History and Physical or physician note within the past 30 days (can be signed by an NP, PA, or MD)
- Current medication list
- New Level I Screening Form
- Copy of order for new diagnosis, medication, or for other identified status change reason

*Note: For any categorical decision, we may require additional documentation along with these required records. Please see question below regarding categoricals for the required additional documentation.*

### INSIGHTS: Steps to Complete a PASRR Level II

- ① A Level I referral is determined to need a Level II evaluation.
- ② An individualized Level II evaluation will be completed, which includes a comprehensive review of the person's needs and an interview with the person (and his/her guardian, if applicable) and with other caregivers.
- ③ If the Level I review determines that the person has confirmed or suspected serious mental illness, Maximus will complete the Level II Evaluation and Summary of Findings and the State Mental Health Authority will then finalize the determination.
- ④ If the Level I review determines that the person has a confirmed or suspected Intellectual or Developmental Disability (I/DD), the State Intellectual Disability Authority (SIDA) will complete the Level II Evaluation and finalize the determination.
- ⑤ If the person has dual serious mental illness and I/DD, both Maximus and SIDA will contact the provider as they will each complete the Level II Evaluation and the final determination will be finalized through communication between the State Mental Health Authority and SIDA.

## FAQs: Non-Compliance Scenarios

### Question:

What are some common PASRR non-compliance scenarios and what would be the corresponding start date of compliance when the facility properly completes PASRR?

### Answer:

Individual was admitted to NF with NO PASRR form completed at all.

Start date of compliance would be:

- The date on the completed NEGATIVE prescreen form
- The date on the POSITIVE prescreen form but later gets an No SMI/ID/RC outcome
- The date on the POSITIVE PASRR Level I Categorical Outcome letter from Maximus
- The date on the POSITIVE PASRR Level II Determination from SMHA/SIDA

Individual was admitted to NF with POSITIVE PASRR form completed but NO outcome.

Start date of compliance would be:

- The date on the POSITIVE prescreen form if they finally get an NO SMI/ID/RC outcome
- The date on the POSITIVE PASRR Level I Categorical Outcome letter from Maximus
- The date on the POSITIVE PASRR Level II Determination from SMHA/SIDA

## TOOLKIT: Training Guides and Resources

- [PASRR Preadmission Workflow for Providers – NEW](#)
- [PASRR Resident Review Workflow for Providers – NEW](#)
- [PASRR October 2023 Training | Recording – 87:43 mins \(register to view\)](#)
- [PASRR October 2023 Training | Presentation Slides](#)
- [PASRR 101 | Recording – 40:57 mins](#)
- [State Requirement for PASRR](#)
- [Frequently Asked Questions \(FAQs\) - UPDATED 12/29/23](#)
- [Level I and Level II PASRR Outcomes Guide](#)
- [Glossary of Common Terms](#)
- [Guide: Using Secure Email](#)
- [Dakota at Home](#)
- [South Dakota Medicaid Site for Providers](#)

### State Documentation:

The updated **PASRR Manual** is available under Institutional Provider manuals here:  
<https://dss.sd.gov/medicaid/providers/billingmanuals/default.aspx>

The **ID/IDD Level II Evaluation Form** (MS-132), updated **Pre-Screening Form** (MS-130) and the **Exempted Hospital Form** (MS-131) is available under the Medical Services section here: <https://dss.sd.gov/formsandpubs/default.aspx>

Continue to check back for frequent updates on the South Dakota PASRR Tools and Resources Site: [https://maximusclinicalservices.com/svcs/south\\_dakota](https://maximusclinicalservices.com/svcs/south_dakota)

## SUPPORT: Contact the South Dakota PASRR Help Desk

Do you have questions on South Dakota PASRR policy or procedures? Please contact South Dakota Program Manager, Emily Johnson:

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- Phone: 605.773.8434

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**Sign up for the PASRR Redesign Communication Mailing List:** If you received this email announcement, then you are already on the PASRR mailing list. If there are others on your team involved in the PASRR process that would also like to be kept up to date with all things PASRR, contact the Maximus – SD Help Desk

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2/12/2024

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## South Dakota Pre-Admission Screening and Resident Review (PASRR) Program – Important Provider Reminders: Review Program Updates and Best Practice Tips

1

Please be aware that the state is actively working on updating the Level I form to allow for more information regarding the **reason for the referral submission**, the **ID/DD section**, and more information regarding **documentation requirements for ID/DD Level II assessments**. Please **keep an eye out for future communications**, as we will notify you when the new Level I form is out.

2

When an individual has an **ID/DD condition or a Dual Disability type** and needs a Level II, Providers must provide more information to SIDA. [Providers can find this form on the South Dakota Forms website](#), called **MS-132**. Providers should complete the form along with submitting the additional required documentation and email them to [PASRRID@state.sd.us](mailto:PASRRID@state.sd.us). This information is also referenced in the provider manual, as you can see in the screenshot below.

### Intellectual/Developmental Disability Evaluations Process

The Level II evaluation for individuals with an identified ID/DD condition involves a review of all available and relevant medical records by the SIDA. The referring provider will be required to complete the ID/DD Level II Evaluation Form found on the DSS website and submit it, with supporting documentation, to the SIDA for review at [PASRRIDD@state.sd.us](mailto:PASRRIDD@state.sd.us). The evaluation can be significantly expedited if the referring facility promptly completes and returns the Level II Evaluation Form. The SIDA will complete a quality review and make determinations about placement and services.

Data that will be requested to be submitted as part of the evaluation process:

- Current Care Plan
- Most recent (last 2 weeks) Skilled Therapy notes. Therapy Discharge Summaries (only if no longer participating in skilled therapy)
- Challenging Behavior notes (only if present)
- Activities of Daily Living documentation (only if most recent MDS is greater than 30 days old)
- Urinary and Bowel Continence documentation (only if most recent MDS is greater than 30 days old)
- Skin Integrity notes (only if skin alterations are present). Include wound locations, measurements, and dressing changes
- Current Medication List. Include notes regarding ability to self-administer medications (including insulin) and/or barriers to self-administering
- Hospitalizations during this review period. Include hospitalization dates and reason for hospitalization
- Other Relevant Medical Records (if applicable)

3

Providers should complete the ID/DD form promptly upon notification of the need for a Level II for someone with ID/DD or a Dual Diagnosis, and attempt to submit this documentation **within three business days of receiving the notification that a Level II is needed**.

The Provider Manual includes a section that focuses on **Nursing Facility Responsibilities**, as seen below. A delay in receipt can lead to a delay in outcome, which could impact payment.

## NURSING FACILITY RESPONSIBILITIES

According to Section 1919(e)(7)(D) of the Social Security Act, no payment may be made under Section 1903(a) with respect to nursing facility services furnished to an individual for whom a PASRR determination is required, under subsection (b)(3)(F) or subparagraph (B), but for whom the determination is not made.

To avoid non-payment for Medicaid recipients, nursing facilities have the responsibility to:

- Ensure the Pre-Screening form is completed accurately prior to every admission.
  - If a negative screen- ensure screening is completed accurately based on all the presenting medical records available for review and screening form is filed in the medical records.
  - If positive screen- wait for further approval by Maximus and/or the SIDA or SMHA.
- Ensure that if admitting an individual with the Exempted Hospital Discharge form, that it is reviewed for 100% accuracy
- Ensure that if a Short Term/Categorical stay needs renewed, the new PASRR is fully processed prior to the ending approval date.
- Ensure that if a significant change in status occurs, a new Pre-Screening form is completed and Maximus is notified within 14 days of the noted change in condition
- Ensure that all PASRR related forms and information are in the resident's active file

4

To improve upon provider submission of the ID/DD Form and additional documentation to SIDA, Maximus is working on **updating our Level II Notification letters** to providers to include a version of this form in the letter to the referral source.

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4/12/2024

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## South Dakota Pre-Admission Screening and Resident Review (PASRR) Program – Coming Changes to the PASRR Screening Form

The State is actively working on **updating the Level I Screening Form** to allow for more information regarding the **reason for the referral submission, diagnoses**, the **ID/DD section**, and more information regarding **supporting documentation requirements**.

These changes are planned to go live on **Wednesday, May 1**.

The updated Screening Form is available for viewing only on the [DSS Website](#) as of **today, April 12**.

The [PASRR Provider Manual](#) has also been updated to include an updated appendix guide on how to complete the new Screening Form, and is also available as of **today, April 12**.

The State will be presenting on PASRR at the **South Dakota Healthcare Association on April 18**, and they will include slides on the new form.

## Register for Open Office Hours Ahead of Screening Form Updates

During the final week of April, the State will hold open office hours to field any questions Providers may have about these changes. **Use the links below to add these Q&A opportunities to your calendar.**

[SD Screening Form Update - Office Hours | Thu, Apr 25 at 12:00 p.m. - 12:30 p.m. CT](#)

[SD Screening Form Update - Office Hours | Tue, Apr 30 at 3:00 p.m. - 3:30 p.m. CT](#)

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8/09/2024

## South Dakota PASRR Program – Quarterly Newsletter: Important Status Change Reminder | Level I Best Practices Review Updated PASRR Forms on DSS Site

### PROCESS REMINDER: What is a "Significant Change in Condition"

(Courtesy of [pasrassist.org](http://pasrassist.org))

The Centers for Medicare & Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, version 1.18.11 provides guidance to nursing facilities (NF) on when a significant change requires referral for a PASRR Resident Review evaluation if a mental illness, intellectual disability, or related condition is present or is suspected to be present.

The manual notes that a "significant change" is a major decline or improvement in a resident's status that:

- Will **not normally resolve itself** without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered "self-limiting"
- Impacts **more than one area** of the resident's health status; and
- Requires **interdisciplinary review and/or revision** of the care plan.

It is important that states understand that the guidance to NFs addresses individuals previously identified by PASRR and individuals who may not have been identified as having a PASRR condition at the time of admission.

[Click here to take a deeper dive](#) into which conditions may merit a Status Change in South Dakota. This overview is now available on a resource on the [SD PASRR Tools & Resource site](#).

### BEST PRACTICES: Assessment Tips & Reminders

1

Be sure to **fill out the Level I Screen as thoroughly and correctly as possible.**

2

If checking "yes" or "suspected" for a PASRR Condition within the Level I Screen, please **include the diagnosis that you believe is a PASRR condition** within the Screen in the appropriate sections (shown below).

INTELLECTUAL/DEVELOPMENTAL DISABILITY SCREENING	YES	NO	SUSPECTED
Does this individual have a diagnosis or evidence of an intellectual or developmental disability? Evidence includes: severe, chronic disability attributable to intellectual disability, cerebral palsy, epilepsy, head injury, brain disease, autism, or any other disorder, other than mental illness, that is closely related to intellectual disability and requires treatment or services similar to those required for individuals with intellectual disabilities. Such a condition must cause impairment of general intellectual functioning or adaptive behavior. In addition, the disability must have manifested itself before the individual reached age 22 and the disability is likely to continue indefinitely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify diagnosis(es):			
If a diagnosis(es) are listed above, then mark Yes for the overall question.			

SERIOUS MENTAL ILLNESS SCREENING	YES	NO	SUSPECTED
Does this individual have a diagnosis or evidence of a serious mental illness limited to the following disorders? (check which disorder):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Schizophrenia <input type="checkbox"/> Schizoaffective <input type="checkbox"/> Atypical psychosis <input type="checkbox"/> Mood- Bipolar and <u>Major</u> Depressive Type <input type="checkbox"/> Panic or <u>Severe</u> Anxiety Disorder <input type="checkbox"/> Somatoform/Delusion/Paranoid Disorder <input type="checkbox"/> Personality Disorder <input type="checkbox"/> Other psychotic disorder (not otherwise specified)			
If a diagnosis(es) are checked above, then mark Yes for the overall question.			

3

If a Resident Review is being completed due to a status change, please **select the appropriate option in the Level I Screen Form** and document the suspected status change.

IF RESIDENT REVIEW WAS SELECTED, WHICH REASON?	
<input type="checkbox"/> SHORT TERM CATEGORICAL OR EXEMPTED HOSPITAL DISCHARGE CONCLUDES <input type="checkbox"/> TIME LIMITED APPROVAL BY STATE INTELLECTUAL DISABILITY AUTHORITY (SIDA) CONCLUDES <input type="checkbox"/> SIGNIFICANT CHANGE IN STATUS	
IF SHORT TERM CATEGORICAL OR EXEMPTED HOSPITAL DISCHARGE CONCLUDES LIST TYPE:	END DATE OF CURRENT PASRR
IF TIME LIMITED APPROVAL BY SIDA CONCLUDES, HAS ID/DD LEVEL II FORM BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> IF NO, WHY: (should always be completed and sent with this screening form for prompt review)	END DATE OF CURRENT PASRR
IF SIGNIFICANT CHANGE IN STATUS, DESCRIBE CHANGE TO BE EVALUATED: (refer to the SD PASRR manual for details on what constitutes a change in status)	DATE OF NOTED CHANGE IN STATUS

Completing all of the above allows for prompt processing of the Level I form. If the above is not completed, it can lead to the **Level I being placed on hold for clarification**, which can delay the outcome.

## REVIEW: Updated Screening Manual and Form Now Available on DSS Site

The **PASRR Screening Form** and **PASRR Billing and Policy Manual** have recently been updated on the **DSS site**. Please review and download these updated versions at your earliest convenience.

- [South Dakota PASRR Program Screening Form \(August 2024\)](#)
- [South Dakota Medicaid PASRR Billing and Policy Manual \(August 2024\)](#)

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11/19/2024

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## South Dakota PASRR Program – Quarterly Newsletter: Review Important Best Practice Tips & Reminders

1

Make sure the **screening form is filled out completely**.

The **fillable PDF of the Screen is always preferable** for submitting an assessment, as some handwriting is hard to read when completing the screening form.

If the individual has a mailing address on the demographic page, add it to the screening form. An incomplete screening form will not be processed and a request for correction and resubmission sent.

Additionally, when asked to resubmit a referral, that means **the completed Screen and required documentation, not just the screening form**. Any referral received after 3 p.m. CT will be processed the following business morning.

2

When an individual is coming from home, make sure that the *current location* section is completed with **"home" and the home address is entered on the Screen**. If the individual has a guardian, be sure to **include the name and address for such guardian**, not just a name or phone number.

3

Referrals need to be submitted to the **PASRR General Inbox**, not the **SD PASRR Help Desk**. The Help Desk is for questions and requests, and will be answered sooner than submitting to the PASRR General Inbox.

If you cannot receive secure emails, then provide the fax number in the spot designed for the email address, or somewhere on the screening form.

4

If requesting a categorical, please **include any additional documentation requirements**. Use the chart below for reference:

Categorical	Criteria
Convalescent Categorical (Less than 100 days)	<p><b>All these criteria must be met:</b></p> <ul style="list-style-type: none"> <li>An acute medical or functional need which is expected to resolve in 100 days or less.</li> <li>Medical hospital admission for an acute medical or functional need</li> <li>Psychiatrically stable: does not present a risk of harm to self or others</li> </ul> <p><b>Documentation Requirements:</b></p> <ul style="list-style-type: none"> <li>Supporting documentation signed by medical provider (physician's note, H&amp;P, or attestation) before admission to the facility which allows us to determine that the individual is likely to require less than 100 days of NF care is sufficient.</li> </ul>
Serious Physical Illness Categorical	<p><b>All these criteria must be met:</b></p> <ul style="list-style-type: none"> <li>Evidence of a severe physical illness. <i>For example: coma, brain stem only functioning, progressed ALS or Huntington's, etc. (42 CFR 483.130 (c)(3)).</i></li> <li>Psychiatrically stable: does not present a risk of harm to self or others</li> </ul> <p><b>Documentation Requirements:</b></p> <ul style="list-style-type: none"> <li>Supporting documentation signed by the medical provider that provides valid and reliable evidence of the severe illness and level of impairment</li> </ul>
Terminal Illness Categorical	<p><b>All these criteria must be met:</b></p> <ul style="list-style-type: none"> <li>Life expectancy <math>\leq</math> 6 months</li> <li>Psychiatrically stable: does not present a risk of harm to self or others</li> </ul> <p><b>Documentation Requirements:</b></p> <ul style="list-style-type: none"> <li>Documentation of hospice involvement or physician attestation that documents life expectancy of six (6) months or less</li> </ul>
Respite Categorical	<p><b>All these criteria must be met:</b></p> <ul style="list-style-type: none"> <li>A physician has identified the need for respite stay of 30 days or less</li> <li>Psychiatrically stable: does not present a risk of harm to self or others</li> </ul> <p><b>Documentation Requirements:</b></p> <ul style="list-style-type: none"> <li>Documentation of a physician's order for respite care (note: this may be found within a physician's progress note or it may be a physician order form)</li> </ul>
75 and Older Categorical	<p><b>All these criteria must be met:</b></p> <ul style="list-style-type: none"> <li>The person is 75 or older as determined from their demographic face sheet provided with the Level I screen</li> <li>Psychiatrically stable: does not present a risk of harm to self or others</li> </ul>

## 5

### Miscellaneous Reminders:

- If an individual has an Intellectual/Developmental Disability and needs a Level II, be sure to **complete the supplemental SIDA form** to receive a timely outcome.
- Review the [SD PASRR Status Change Overview](#) document if you have any questions about Status changes.

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