

PASRR Foundation: South Dakota

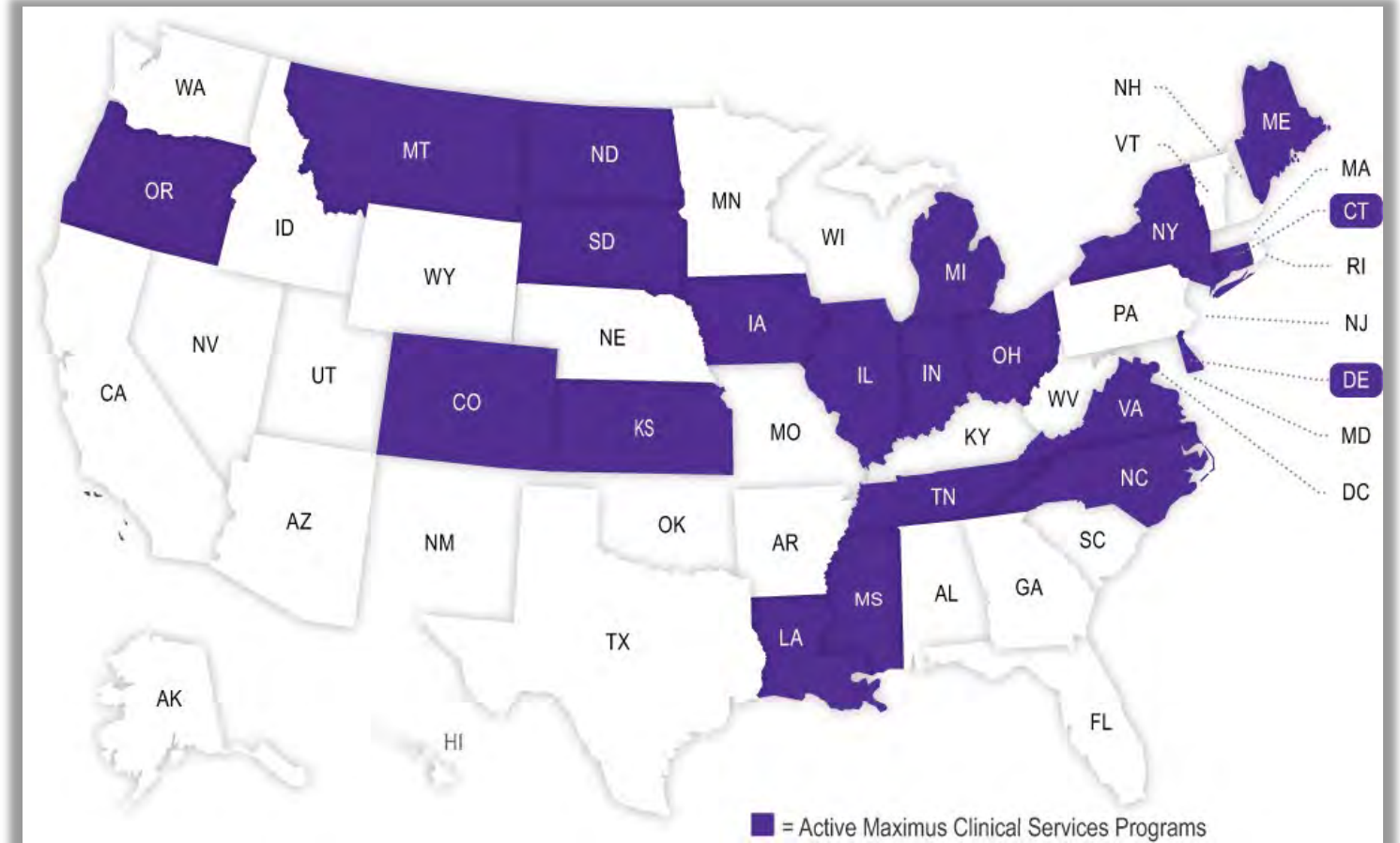
SD PASRR: 2025



maximus

- + Global company in 10 different countries
- + Headquartered in Northern Virginia;
 - Based in Franklin, Tennessee
 - 300 Employees across the country
 - Network of 900 independent contractor clinicians and physicians
- + Services Provided
 - Conflict-free clinical assessment services
 - Customized data systems and clinical algorithms
 - Intense focus on clinical quality –produce highly defensible outcomes

Who We Are



Objectives

Understand the rules and regulations regarding PASRR from both state and federal perspectives.

Develop an understanding of the importance of PASRR and how it intersects with your role.

Understand the PASRR criteria for serious mental illness (SMI) as it relates to a Major Depressive Disorder (MDD) diagnosis.

SD PASRR Overview

Structure and Purpose of PASRR

- **Administered by the Centers for Medicare and Medicaid Services (CMS)**

Created in 1987

- **Anyone in a Medicaid-funded NF screened for:**

Serious Mental Illness (**SMI**), Intellectual Disability (**ID**), or Related Condition (**RC**)

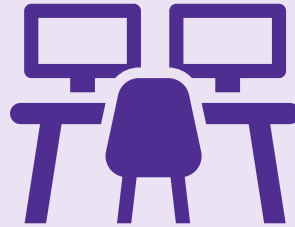
- **Known or suspected condition = evaluation**

PASRR ensures that a nursing facility is the most appropriate placement and that individuals receive the services they need.

The South Dakota
Department of Social
Services, Medical
Services Division
contracts with Maximus
to:



Review all Positive Level I
Screens suggesting potential
MI/ID/RC



Determine if there is a confirmed or
suspected PASRR condition, and, if
so, if a Categorical (or abbreviated
evaluation), **or** full Level II evaluation
is needed



Complete the Level II evaluations
Maximus has determined needs a
full SMI Level II evaluation

Who Does PASRR Apply To?

Anyone Entering A Medicaid-certified NF



**Regardless
of payor
source**

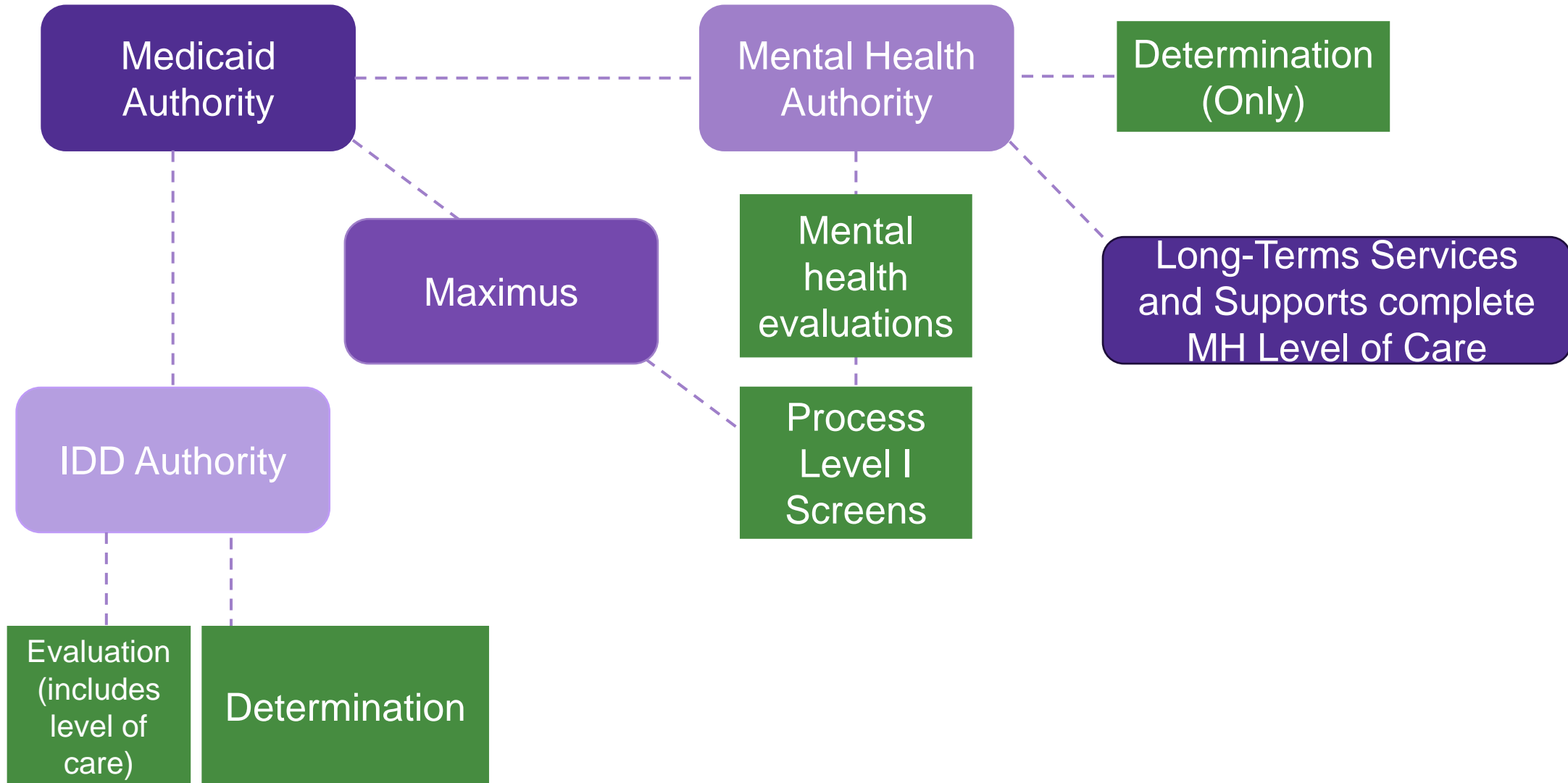


**Regardless
of
diagnoses**

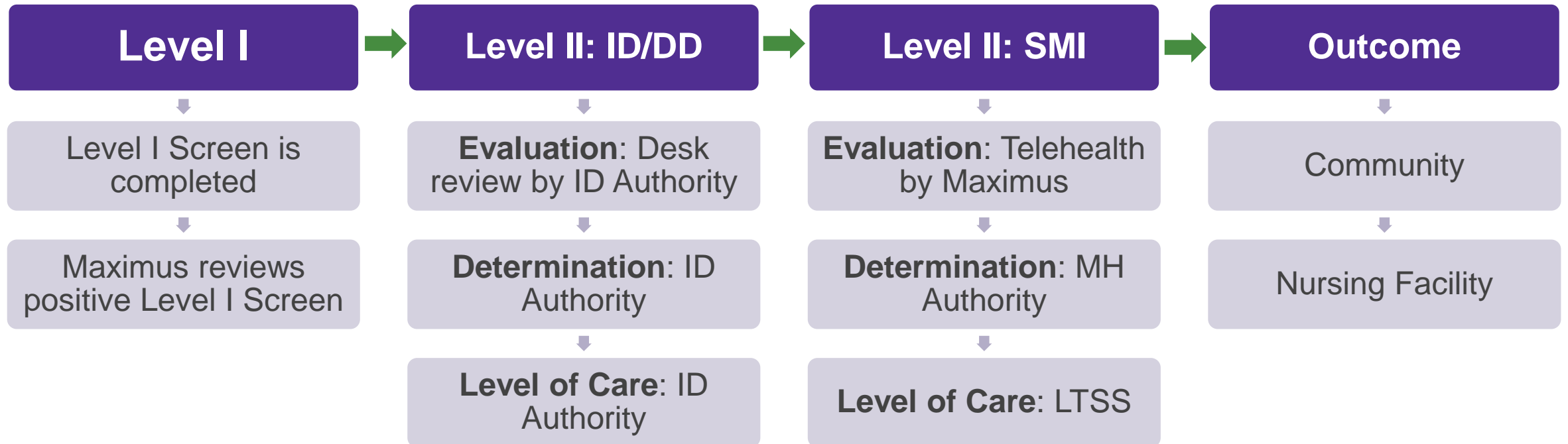


**Regardless of
current
location**

Oversight of PASRR



Current Process



Pre-Admission Screening Vs. Resident Review



Regardless of the type of PASRR, the process is the same.

The Screening Form (MS-130)

The Screening Form includes questions to identify individuals with known and/or suspected of meeting criteria for SMI and/or ID/DD. These questions are a method of looking beyond the individual's reported diagnosis.

South Dakota PASRR Program
SCREENING FORM

Updated 08/24

FORM INSTRUCTIONS

1. This form must be completed on all individuals admitted to a Medicaid certified swing bed or nursing facility

2. Ensure all handwriting is legible if completing in written format

3. Facility names should be spelled out- no abbreviations

4. If any questions in either the Serious Mental Illness -or- Intellectual/Developmental Disabilities sections are 'Yes' or 'Suspected', email Maximus at PASRR@state.sd.us with the completed Screening Form and supporting documentation

5. If all questions in the Serious Mental Illness -or- Intellectual/Developmental Disabilities sections are 'No', the individual may be admitted without further evaluation and this form is saved in the individual's file.

6. An incomplete form will not be processed and will be returned to sender for corrections

SCREENING TYPE

SELECT ONE:

☐ PRE-ADMISSION

☐ RESIDENT REVIEW

IF PRE-ADMISSION WAS SELECTED, ARE ANY CATEGORICAL OUTCOMES BEING REQUESTED?

☐ YES

☐ NO

IF YES, WHICH ONE?

☐ TERMINAL ILLNESS

☐ SEVERE PHYSICAL ILLNESS

☐ CONVALESCENT 100 DAYS

☐ RESPITE 30 DAYS

☐ 75 AGE OR OLDER

IF RESIDENT REVIEW WAS SELECTED, WHICH REASON?

☐ SHORT TERM CATEGORICAL OR EXEMPTED HOSPITAL DISCHARGE CONCLUDES

☐ TIME LIMITED APPROVAL BY STATE INTELLECTUAL DISABILITY AUTHORITY (SIDA) CONCLUDES

☐ 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?

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

APPLICANT DEMOGRAPHICS

LAST NAME

FIRST NAME

MI

DATE OF BIRTH

SOCIAL SECURITY NUMBER

MEDICAID NUMBER (IF APPLICABLE)

PRIMARY LANGUAGE

LEGAL GUARDIAN? ☐ YES ☐ NO (submit supporting documentation if applicable)

TYPICAL LIVING SITUATION:

☐ HOMELESS

☐ HOME ALONE

☐ HOME W/ FAMILY

☐ HOME W/ SERVICES

☐ ASSISTED LIVING

☐ NURSING FACILITY

☐ GROUP HOME

☐ OTHER:

MAILING ADDRESS (if known)

Would you like more guided training on the 2024 updates? You can access the *Screening Form Updates* recording on the provider website.



The Screening Form (MS-130)

Does the person have one or more of the following known or suspected conditions?

1

Serious Mental Illness

2

Intellectual Disability

3

Related Condition

When in doubt, always REFER!

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, NFs have the responsibility to:

1. Ensure the 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.
2. Ensure if admitting a resident from out-of-state that the SD PASRR Screening Form is completed and processed appropriately prior to admission.
3. Ensure that if admitting an individual with the EHD form, it is reviewed for 100% accuracy.
4. 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.
5. Ensure that all PASRR-related forms and information are in the resident's active file.

PASRR and Serious Mental Illness (SMI)

Does the Individual Have a PASRR Condition?

42 CFR 483.102:
<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-C/section-483.102>

THE FOUR Ds OF PASRR: SMI



Diagnosis
(or suspicion of)



Dementia:
If present, is it
primary?

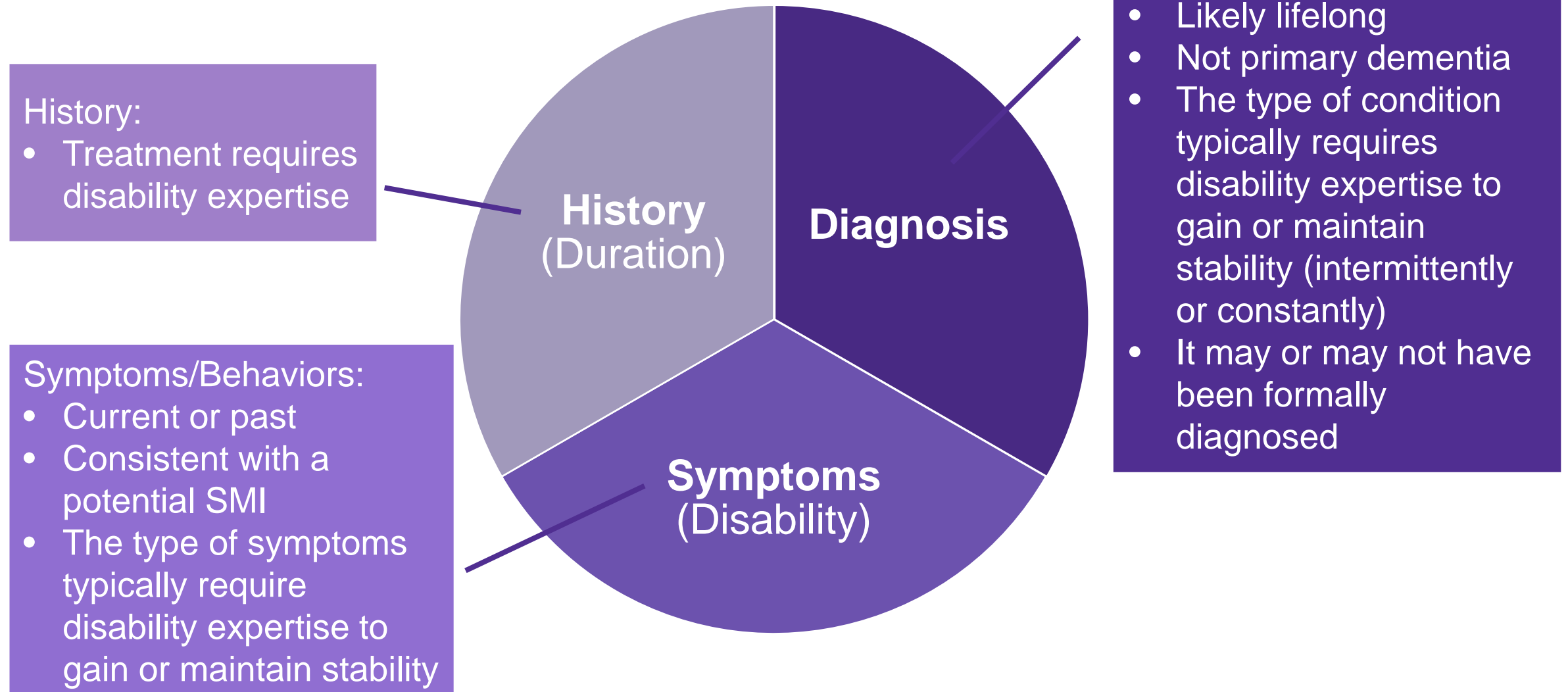


Duration

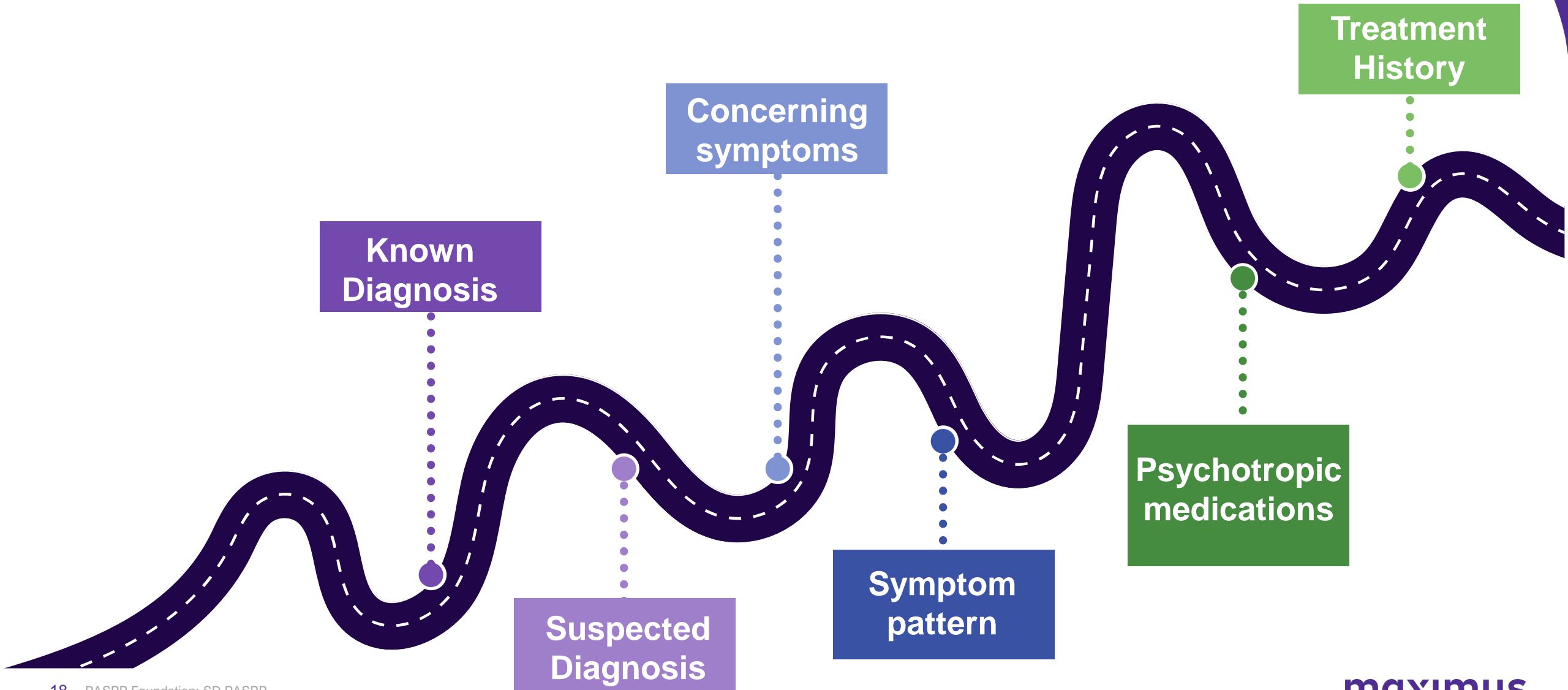


Disability

PASRR Disability: Serious Mental Illness



Triggers for Clinical Review



PASRR, Major Depressive Disorder (MDD), and the Level I

1 MDD as a PASRR Condition: Diagnosis

→ **Everything is now called MDD.**
DSM 5 and ICD-10

How can we tell?

→ Is the condition really MDD or Unspecified Depressive Disorder?

**If the diagnosis doesn't provide
useful information,
we must look beyond the
diagnosis.**

Level I Screen: MDD Diagnosis

Major Depressive Disorder, Single Episode, Mild

Major Depressive Disorder, Single Episode, Moderate

Major Depressive Disorder, Single Episode, Severe, Without Psychotic Features

Major Depressive Disorder, Single Episode, Severe, With Psychotic Features

Major Depressive Disorder, Single Episode, In Partial Remission

Major Depressive Disorder, Single Episode, In Full Remission

Other Depressive Episode

Premenstrual Dysphoric Disorder

Other Specified Depressive Episode

Major Depressive Disorder, Recurrent

Major Depressive Disorder, Recurrent, Mild

Major Depressive Disorder, Recurrent, Moderate

Major Depressive Disorder, Recurrent, Severe, Without Psychotic Features

Major Depressive Disorder, Recurrent, Severe, With Psychotic Features

Major Depressive Disorder, Recurrent, In Partial Remission

Major Depressive Disorder, Recurrent, In Full Remission

Other Recurrent Depressive Disorders

Major Depressive Disorder, Recurrent, Unspecified

Cyclothymic Disorder

Dysthymic Disorder

Other Persistent Mood Affective Disorder

It is essential to submit an accurate diagnosis so Maximus can understand the severity.

2 MDD as a PASRR Condition: Duration

→ Current symptoms

How long have they been present? Are there known periods of remission?

→ Severity of symptoms

What does their depression look like?

→ Past symptoms

If no current symptoms, what are potential indicators of prior depressive episodes?

**What is the severity of their symptoms?
Understanding the severity helps us grasp the overall impact.**

Level I Screen: Duration

Is there evidence, based on available documentation, observations, interviews, and history that the individual has noted difficulty in the following areas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Interpersonal Functioning- difficulty interacting with others; altercations; evictions; unstable employment, frequently isolated; avoids others			
<input type="checkbox"/> Completing Tasks- serious difficulty completing tasks; requires assistance with tasks; errors with tasks; difficulty with concentration; persistence and pace			
<input type="checkbox"/> Adaptation to Change- self injurious or self-mutilation; suicidal; physical violence or threats; appetite disturbance; serious loss of interest; tearfulness; irritability; withdrawal			

If any of the above are checked, then mark Yes for the overall question.

By asking about past and present symptoms, Maximus can better understand how depression affects individuals.

3 MDD as a PASRR Condition: **Disability**

→ **Need for treatment or medication**

What help or support have they needed for their depression?

→ **Functional impact**

How has their depression impacted their life?

Maximus takes a comprehensive approach when assessing reviews, carefully evaluating the full spectrum of an individual's experience to determine the severity of Major Depressive Disorder (MDD) and whether they fit the PASRR criteria.

Level I Screen: Disability

Based on available documentation, observations, interviews, and history, within the last 2 years has the individual experienced any psychiatric treatment episodes such as inpatient psychiatric care; referred to a mental health crisis center; has attended partial care/hospitalization; or has received mental health case management services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Treatment history shows the support needed for depression.

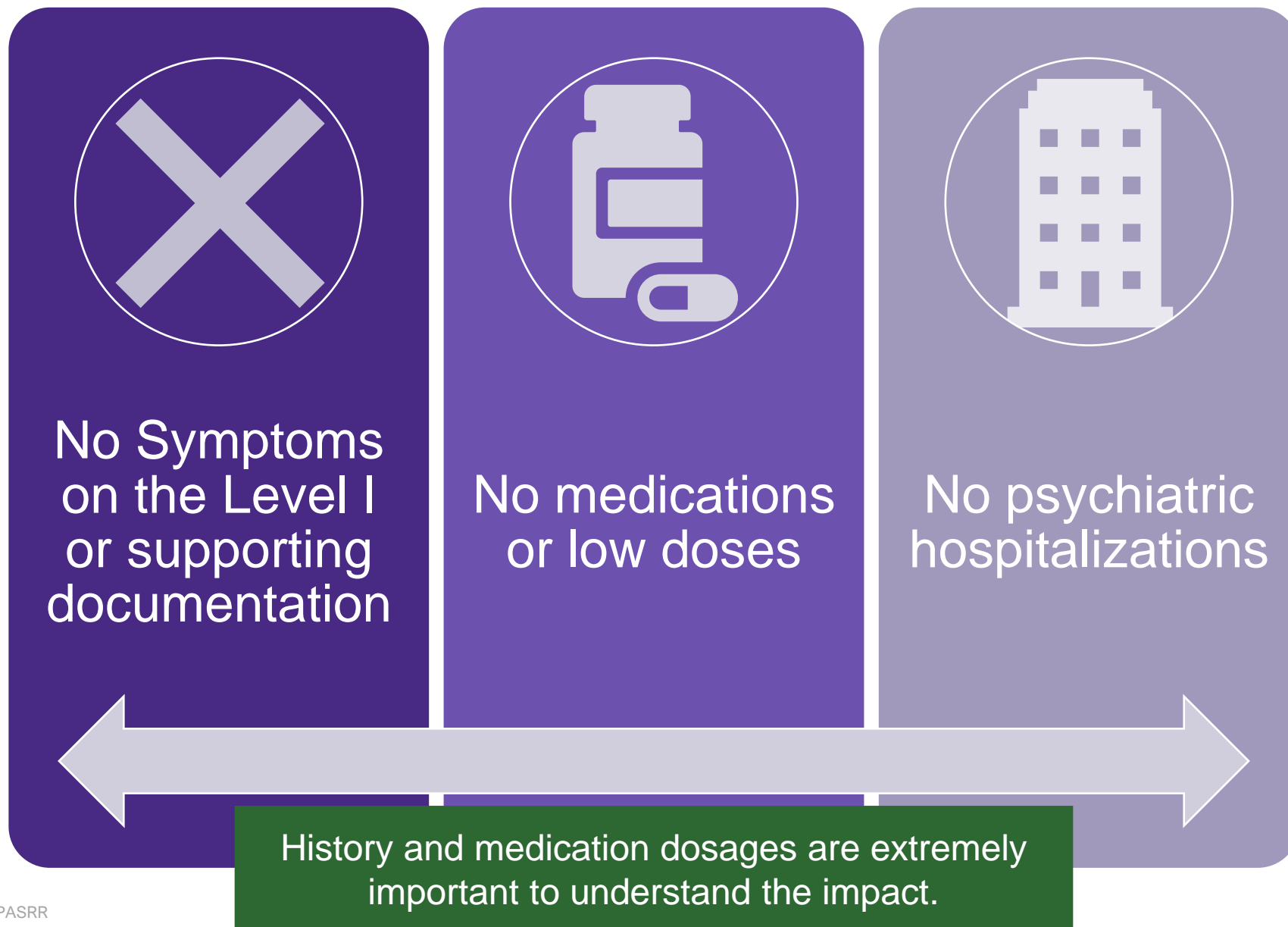
Level I Screen: Disability

Medication(s) help
Maximus understand
the severity of the
depression.

SUPPORTING DOCUMENTATION CHECKLIST	
PRE-ADMISSION <ul style="list-style-type: none"><input type="checkbox"/> Screening Form<input type="checkbox"/> Demographic Face Sheet<input type="checkbox"/> History & Physical or Physician Progress Note in Last 30 Days<input type="checkbox"/> Current Medication List <p>If requesting a categorical, please submit:</p> <ul style="list-style-type: none"><input type="checkbox"/> Terminal Illness- medical provider statement<input type="checkbox"/> Severe Physical Illness- medical provider statement<input type="checkbox"/> 100 Day Convalescent- order by medical provider<input type="checkbox"/> 30 Day Respite- order by medical provider	RESIDENT REVIEW <p>Required:</p> <ul style="list-style-type: none"><input type="checkbox"/> Copy of Original Screening Form<input type="checkbox"/> Demographic Face Sheet<input type="checkbox"/> History & Physical or Physician Progress Note in Last 30 Days<input type="checkbox"/> Current Medication List- including notes on self-administration<input type="checkbox"/> Copy of order for new diagnosis, medication, status change request reason (if applicable) <p>If SIDA Renewal Required:</p> <ul style="list-style-type: none"><input type="checkbox"/> ID/DD Level II Evaluation Form<input type="checkbox"/> Current Care Plan<input type="checkbox"/> Skilled Therapy Notes<input type="checkbox"/> Challenging Behavior Notes (if present)<input type="checkbox"/> Activities of Daily Living documentation<input type="checkbox"/> Urinary & Bowel Continence<input type="checkbox"/> documentation Skin Integrity Notes (if applicable)<input type="checkbox"/> Recent Hospitalization Notes (if applicable)<input type="checkbox"/> BIMS Results (if applicable)<input type="checkbox"/> Psychological Evaluation (if applicable)<input type="checkbox"/> Other Relevant Medical Records

Negative Level I MDD Outcomes: What Factors Influence Maximus' Decision Making?

How Does Maximus Confidently Make This Decision?



What Information Is Vital For You To Include?

- Low-level symptoms
- Starting dose medications
- Not currently requiring a psychiatrist or ongoing outpatient services
- Primary care provider manages medication(s)
- No recent psychiatric hospitalizations within the past 2 years
- No history of suicidal ideation or suicide attempts

Why Might Maximus Ask For Clarification?

What Could Trigger Clarification



What Does Maximus Want to Know?



How Can You Help?

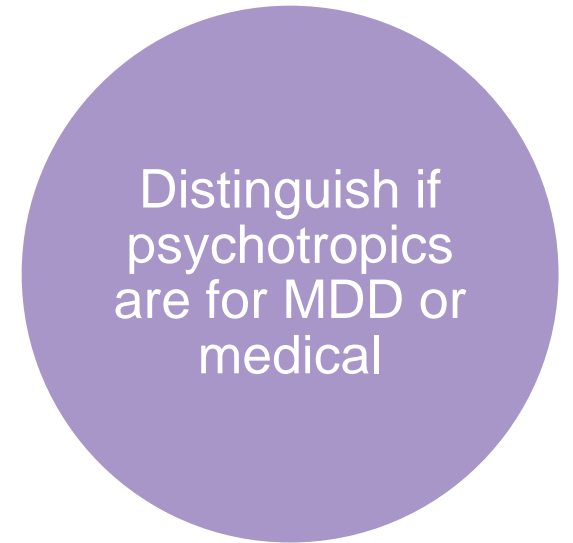
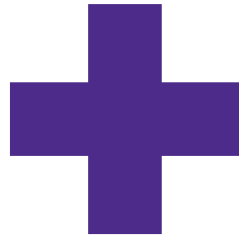


Why Might Maximus Ask For Clarification?

What Could Trigger Clarification

What Does Maximus Want to Know?

How Can You Help?



Why Might Maximus Ask For Clarification?

What Could Trigger Clarification

What Does Maximus Want to Know?

How Can You Help?

Difference in
submitted
documentation
vs. reported
symptoms



Why does their
documentation
say this, but
your Level I
reports this?



Use
documentation,
observation, and
individual/family
reports when
completing the
Level I

SD PASRR Provider Website: Resources

SD PASRR Provider Website

maximus

SOUTH DAKOTA PASRR Tools and Resources

Are you new to PASRR? If so, be sure to visit our SD PASRR Provider website for resources, education, and training related to PASRR.

Maximus has been contracted to review all Pre-Admission Screening and Resident Review (PASRR) positive Level I screens for all individuals who are applying to or residing in Medicaid-certified nursing homes and complete Level II evaluations for individuals confirmed or suspected to have mental illness. This federally mandated assessment process is used to determine whether the nursing home is the appropriate placement for individuals with mental illness, intellectual disabilities or developmental disabilities. PASRR functions as an essential method to help match individuals with the care and services they need.

- To submit PASRR Referrals and Exempted Hospital Discharge Forms, please send them to the new centralized email address pasrr@state.sd.us.
- For questions on South Dakota PASRR policy or procedures, contact South Dakota Program Manager, **Emily Johnson**: Emily.Johnson@state.sd.us or **605.773.8434**, email is preferred.
- For information on Level I referral submissions or inquiries regarding a specific case, contact the Maximus – South Dakota PASRR Help Desk at: SDPASRR@maximus.com or **1.833.957.2777**.
- If you or others on your team would like to be added to the South

CONTACT THE HELP DESK

Phone, Fax & Email

📞 833.957.2777

📠 877.431.9568

✉️ SDPASRR@maximus.com

Resources

[SD PASRR State Holiday Calendar](#) 🔗

[SD PASRR Preadmission Workflow for Providers](#) 🔗

[SD PASRR Resident Review Workflow for Providers](#) 🔗

[SD PASRR - Status Changes \(SC\) Overview](#) 🔗

[Guide: Using Secure Email](#) 🔗

[Guide: Zoom for Healthcare](#) 🔗

[Guide: PASRR Quick Reference](#) 🔗

[SD PASRR Glossary of Terms](#) 🔗

The updated PASRR Manual is available under Institutional Provider Manuals here 🔗

The Pre-Screening Form (MS-130) and Exempted Hospital Form (MS-131) are available here under the Medical Services section 🔗

[Dakota at Home](#) 🔗

[South Dakota Medicaid Site for Providers](#) 🔗

[SD PASRR - Frequently Asked Questions \(FAQs\) - Updated 12.29.23](#) 🔗

[State Requirements for Preadmission and Resident Review](#)

Education & Training

[Screening Form Updates | Recording - 34:39 mins](#) 🔗

[PASRR 101 | Recording - 40:57 mins](#) 🔗

[PASRR 101 | Presentation Slides](#) 🔗

[PASRR Training for Providers – October 2023 | Recording - 1:27:43 mins](#) 🔗

[PASRR Training for Providers – October 2023 | Presentation Slides](#) 🔗

Be sure to scroll down to access your resources, education, and training materials.

https://maximusclinicalservices.com/svcs/south_dakota

email address(es) in the body of the message.

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Resources, Education, and Training Materials

The screenshot displays the SD PASRR website with two main sections: Resources and Education & Training. The Resources section lists various documents and guides, while the Education & Training section lists recordings and presentation slides. Two green callout boxes provide additional context: one for the Resources section stating it houses important documents like the State PASRR manual and Pre-Screening Form, and another for the Education & Training section stating it houses a recorded library of PASRR presentations.

Resources	Education & Training
SD PASRR State Holiday Calendar	Screening Form Updates Recording - 34:39 mins
SD PASRR Preadmission Workflow for Providers	PASRR 101 Recording - 40:57 mins
SD PASRR Resident Review Workflow for Providers	PASRR 101 Presentation Slides
SD PASRR - Status Changes (SC) Overview	PASRR Training for Providers – October 2023 Recording - 1:27:43 mins
Guide: Using Secure Email	PASRR Training for Providers – October 2023 Presentation Slides
Guide: Zoom for Healthcare	
Guide: PASRR Quick Reference	
SD PASRR Glossary of Terms	
The updated PASRR Manual is available under Institutional Provider Manuals here	
The Pre-Screening Form (MS-130) and Exempted Hospital Form (MS-131) are available here under the Medical Services section	
Dakota at Home	
South Dakota Medicaid Site for Providers	
SD PASRR - Frequently Asked Questions (FAQs) - Updated 12.29.23	
State Requirements for Preadmission and Resident Review	
PASRR Outcomes Guide	

Education and Training houses our recorded library of PASRR presentations.

*Resources houses all our important documents and resources guide, including your **State PASRR manual** and **Pre-Screening Form**.*

SD PASRR Contact Information

Have Questions? We are here to help.

SD PASRR Help Desk

Phone: 833.957.2777

Email: SDPASRR@Maximus.com