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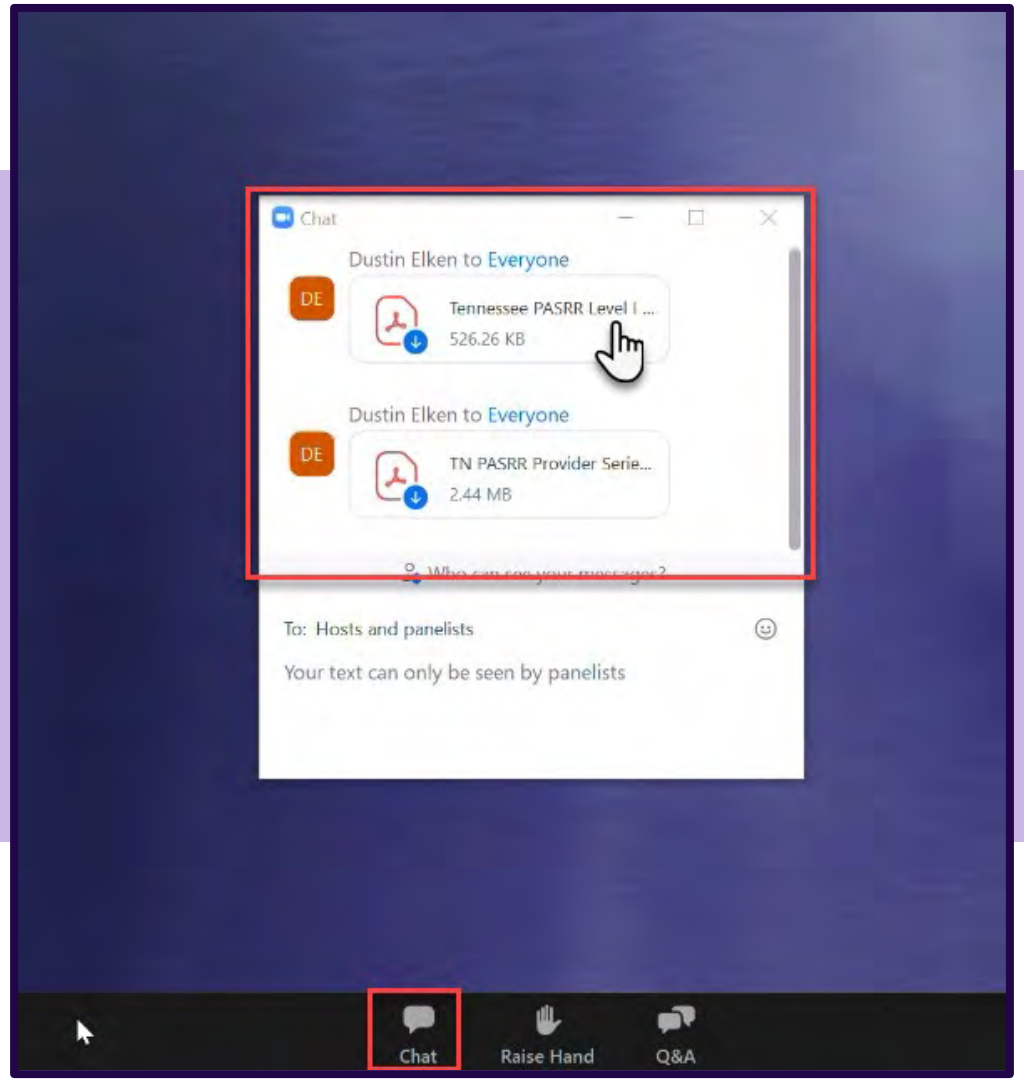
TN PASRR TRAINING SERIES

PASRR 101

- October 2025

Accessing Handouts



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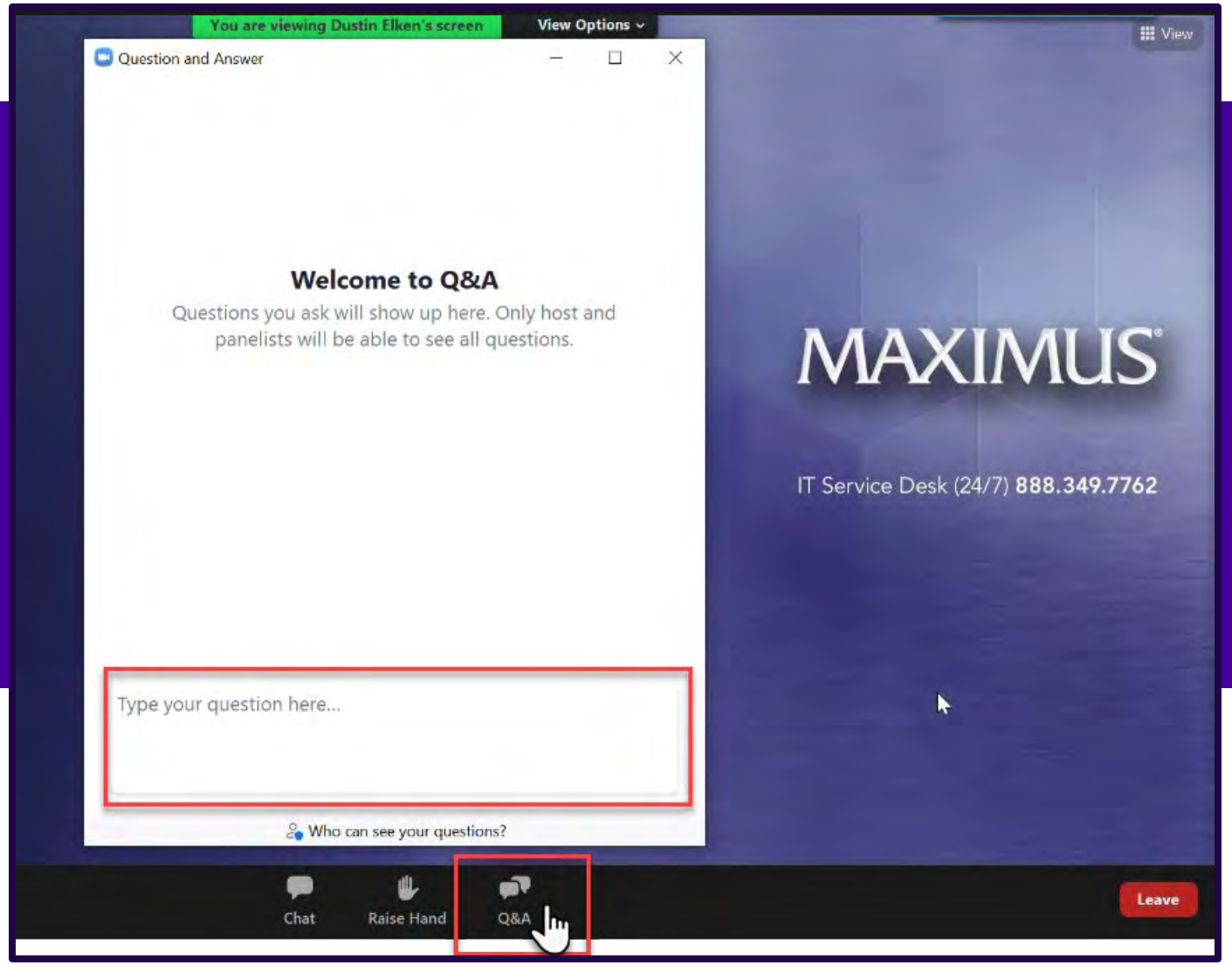
Sending Questions



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Introductions

Melanie Wilson
TN Project Director, Maximus

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TN PASRR Supervisor, Maximus

PASRR OVERVIEW

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Structure & Purpose of PASRR

Preadmission Screening & Resident Review

- Administered by Centers for Medicare and Medicaid Services (CMS)
  - Created in 1987
- Anyone in Medicaid-certified Nursing Facility (NF) screened for:
  - Serious Mental Illness (SMI), Intellectual/Developmental Disability (ID/DD), or Related Condition (RC)
- Known or suspected condition = evaluation
  - To ensure NF is most appropriate placement
  - To ensure Community Informed Choice and Person-Centered Planning
  - To ensure receipt of needed services

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“PASRR provides perhaps the most powerful lever in all of Medicaid law to encourage diversion and transition.”

PASRR Technical Assistance Center’s (PTAC)September 2013 Report to CMS Review of State PASRR Policies and Procedures.

Four Questions of PASRR

1. Does the individual have a PASRR condition?
2. What is the most appropriate placement for this individual? (acute enough/too acute)
3. Might this individual be a candidate for transition to the community? What supports or services would be necessary to return to his/her community?
4. What unique disability supports, and services does this individual need while a resident of a NF to ensure safety, health, and well-being?

Optimize an individual's placement success, treatment success, and QUALITY OF LIFE

Goal of PASRR

Regardless of Pay Source

Persons with MI and/or IDD in NFs receive the services they need.

100% of the time.

Regardless of Diagnosis

The Level I screening detects the potential presence of MI and/or IDD so that a more in-depth assessment can take place.

Regardless of Location

The Level I screen must be so sensitive that it doesn't miss anyone who should receive a comprehensive PASRR Level II evaluation.

Who is affected by this process?

Nursing Facilities

- Access to PASRR records for those screened in the MAXIMUS system
- Ease of submitting new Level I screens
- Access to records and information for 90-day reviews

Hospitals

- Submitting every Level I screen prior to NF admission
- Seamless access to facility-wide screening records to reduce discharge delays

Individuals and Providers

- Fast and accessible outcomes
- Clear, person-centered summaries

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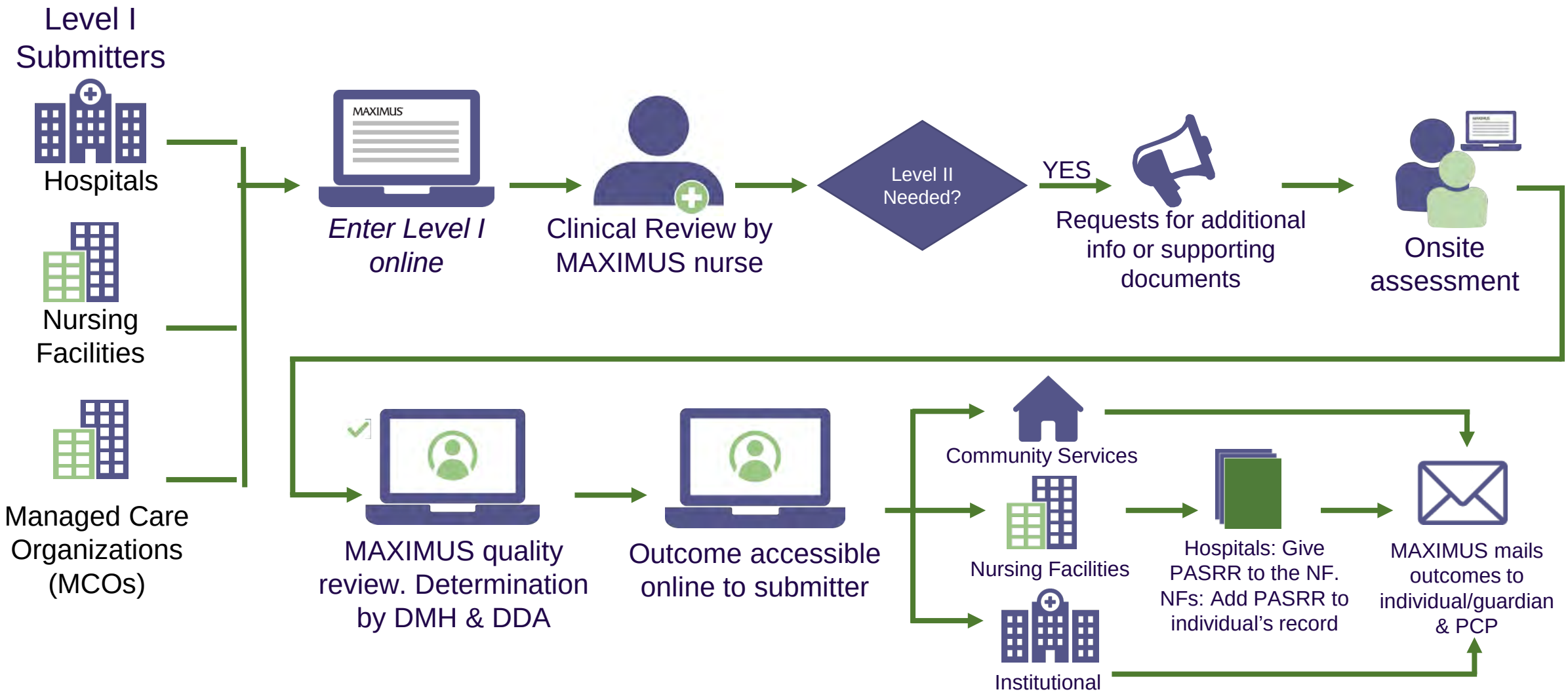
TN PASRR Workflow



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When should providers submit a Level I screen?

Preadmission Screening PAS

- New NF admission
- Typically completed in hospital or community

Resident Review RR

Completed for recent or current NF Residents

- Expiration of a Time-Limited Stay
- Status Change
  - → Triggered by increased symptoms
  - → First time identification of PASRR diagnosis
  - → Not an exhausted list of status change reasons

Serious Mental Illness

The following are indicators of a serious mental illness. When those indicators are **known or suspected**, the person requires a PASRR Level II evaluation

Diagnosis

- …any mental disorder that may lead to a chronic disability;
- But not a primary diagnosis of dementia

Disability

- Results in functional limitations in major life activities (past 6 months)…e.g., difficulty interacting, communicating, sustaining attention, adapting to change, etc.)

Duration

- Within the past 2 years—received intensive treatment or experienced a significant disruption (e.g., psychiatric symptoms exacerbated)

Federal Language regarding Diagnosis:

…mental disorder that may lead to a chronic disability; but not a primary diagnosis of dementia

Dementia & Mental Health Condition

- If both dementia and a mental health condition are present, the Level I process will determine whether a Level II is needed depending on which is primary
- Mental illness is primary if it is likely to be the focus of treatment now or in the future

Unclear whether symptoms are dementia or mental illness

- Some dementia behaviors “look like” other mental illness (psychosis, depression, etc.).
- The Level I process will determine if a Level II is needed

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HOW TO COMPLETE A LEVEL I SCREEN

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Researching Level I Information

- History and Physical (H&P) conducted within the past year*
- MAR
- MDS
- Psych notes/evaluation*
- Physician’s orders
- Therapy notes
- Discharge summaries
- Individual
- Legal guardianship Paperwork*
- POA Paperwork*
- Service providers
- Family members

COMPLETING A LEVEL I VIDEO

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Section 14: Submitter Attestation/Signature

By checking this box, I attest that I have reviewed all information contained herein and that I take responsibility for the completeness and accuracy of information reported throughout this submission. I attest that I am a health care professional working in a clinical capacity for this provider. I understand that approved submitters include clinical professionals such as nurses, LPNs, social workers (with a B.S. degree or higher), physicians, or home health agency clinical staff. Social service staff are not required to be licensed to submit information. I understand that administrative staff are not permitted to submit clinical information to Maximus. I understand that Tennessee Medicaid Enterprise considers knowingly submitting inaccurate, incomplete or misleading Level I information to be Medicaid fraud, and I have completed this form to the best of my knowledge.

Additional Information

Additional Information Request Date:

Additional Information Comments:

Additional Information Received Date:

Additional Information Sent:

Comments:

Tennessee Monitoring of PASRR Pre-Admission & Status Change Compliance

1. Failure to complete a PASRR prior to admission to the nursing facility.
2. Failure to secure an approved (new) PASRR prior to an expiration of a categorical and/or other short term PASRR Leve II approval.
3. Failure to submit a new Level I when the individual meets the criteria for a significant change in status, (MDS 3.0).

LEVEL I DETERMINATIONS

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Level I Determinations

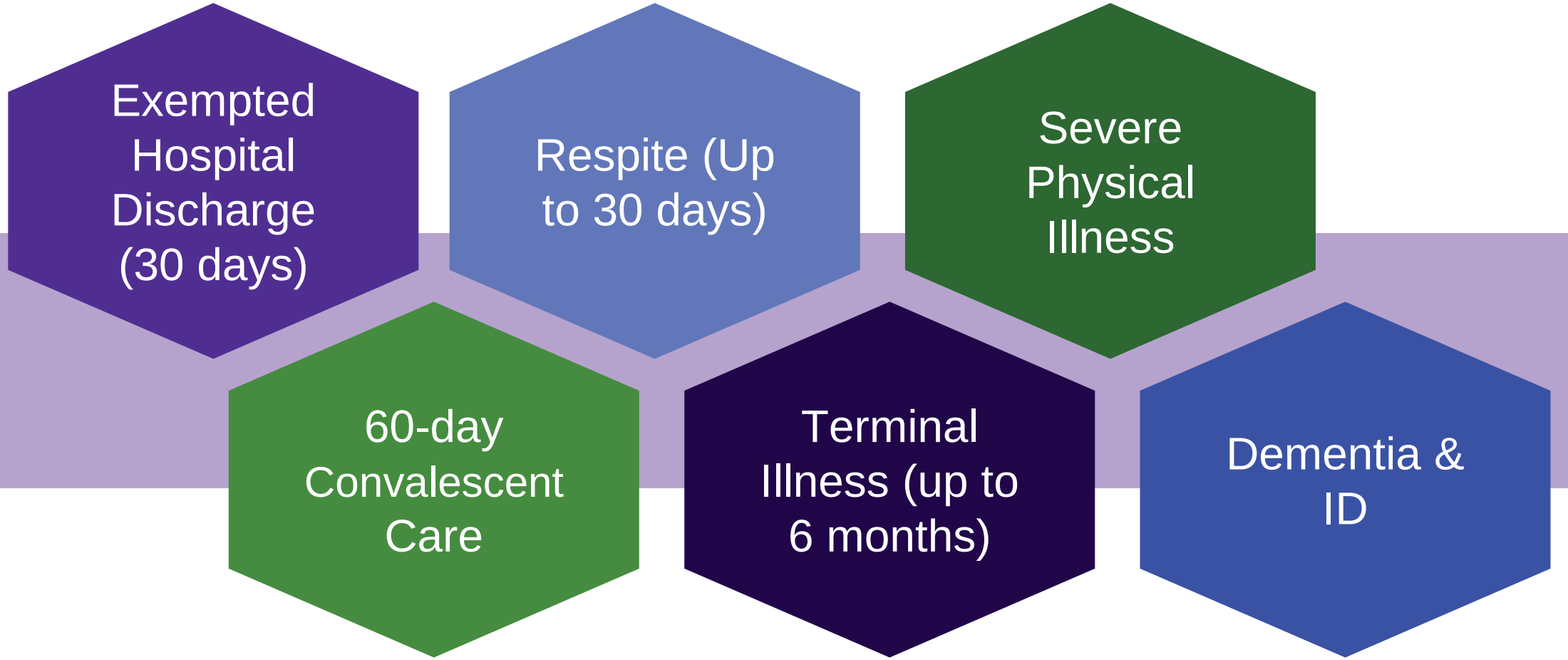
Negative screen = No PASRR condition

- This is an Approved PASRR
- They Can Admit to the NF
- 73% Instantaneous Approved, web approval negative level I
- Another 8% receive a Clinician Approved negative Level I
- 14% receive an Exemption or Categorical
- 5% are referred for Level II Evaluation

Refer for Level II = known/suspected PASRR condition

- Requires onsite Level II
- 5% of the time this outcome is given.
- Average = 3 Business Days

Categoricals and Hospital Exemption



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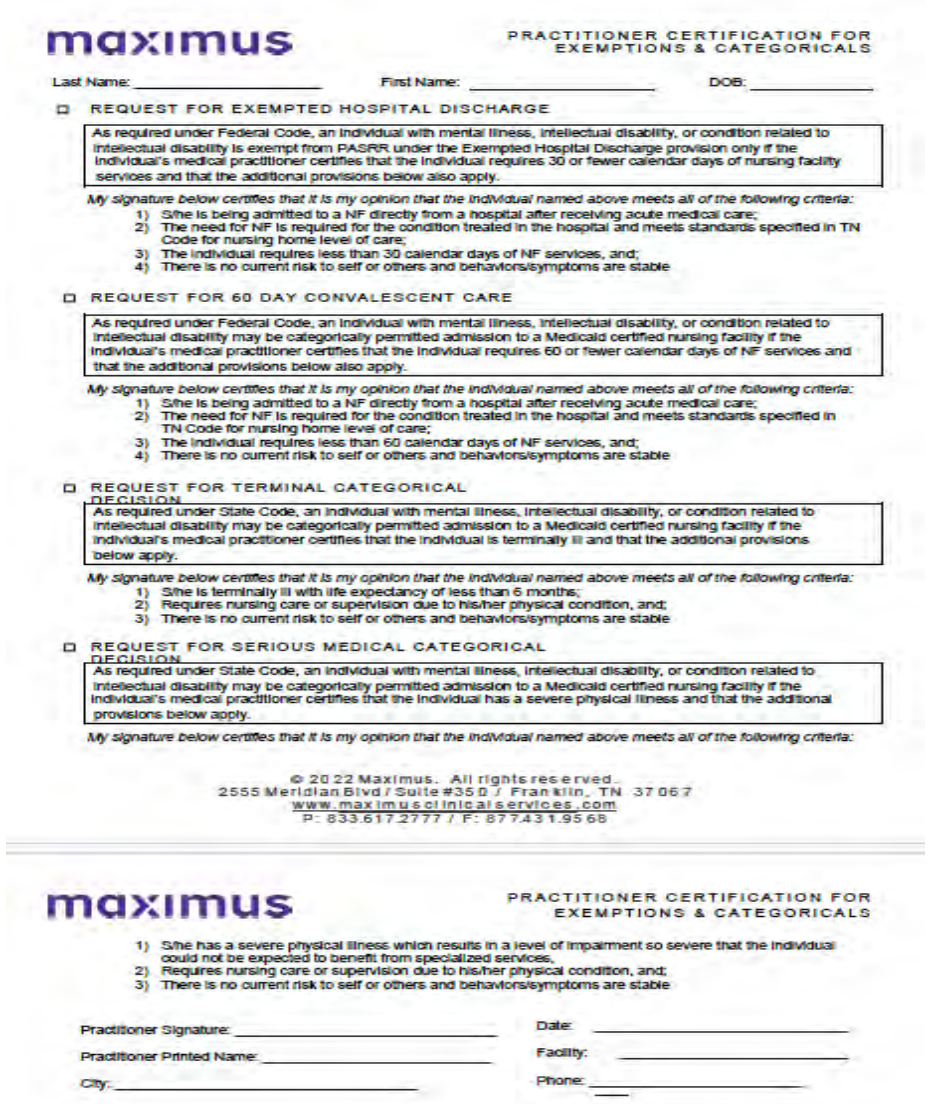
Practitioner Certification Form

The Practitioner Certification Form must be submitted for all LI Screens requesting for an Exemptions or Categoricals except Resipte.

All Sections on the Practitioner Certification Form must be filled out.

Required Documents: H&P (within the year) medication list, and other medical documentation to support the exemption and/or categorical.

Located on Tools and Resources Page in Maximus System.



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PRACTITIONER CERTIFICATION FOR EXEMPTIONS & CATEGORICALS

Last Name: _____ First Name: _____ DOB: _____

☐ REQUEST FOR EXEMPTED HOSPITAL DISCHARGE

As required under Federal Code, an individual with mental illness, intellectual disability, or condition related to intellectual disability is exempt from PASRR under the Exempted Hospital Discharge provision only if the individual's medical practitioner certifies that the individual requires 30 or fewer calendar days of nursing facility services and that the additional provisions below also apply.

My signature below certifies that it is my opinion that the individual named above meets all of the following criteria:

1) S/he is being admitted to a NF directly from a hospital after receiving acute medical care;
2) The need for NF is required for the condition treated in the hospital and meets standards specified in TN Code for nursing home level of care;
3) The individual requires less than 30 calendar days of NF services, and;
4) There is no current risk to self or others and behaviors/symptoms are stable

☐ REQUEST FOR 60 DAY CONVALESCENT CARE

As required under Federal Code, an individual with mental illness, intellectual disability, or condition related to intellectual disability may be categorically permitted admission to a Medicaid certified nursing facility if the individual's medical practitioner certifies that the individual requires 60 or fewer calendar days of NF services and that the additional provisions below also apply.

My signature below certifies that it is my opinion that the individual named above meets all of the following criteria:

1) S/he is being admitted to a NF directly from a hospital after receiving acute medical care;
2) The need for NF is required for the condition treated in the hospital and meets standards specified in TN Code for nursing home level of care;
3) The individual requires less than 60 calendar days of NF services, and;
4) There is no current risk to self or others and behaviors/symptoms are stable

☐ REQUEST FOR TERMINAL CATEGORICAL DECISION

As required under State Code, an individual with mental illness, intellectual disability, or condition related to intellectual disability may be categorically permitted admission to a Medicaid certified nursing facility if the individual's medical practitioner certifies that the individual is terminally ill and that the additional provisions below apply.

My signature below certifies that it is my opinion that the individual named above meets all of the following criteria:

1) S/he is terminally ill with life expectancy of less than 6 months;
2) Requires nursing care or supervision due to his/her physical condition, and;
3) There is no current risk to self or others and behaviors/symptoms are stable

☐ REQUEST FOR SERIOUS MEDICAL CATEGORICAL DECISION

As required under State Code, an individual with mental illness, intellectual disability, or condition related to intellectual disability may be categorically permitted admission to a Medicaid certified nursing facility if the individual's medical practitioner certifies that the individual has a severe physical illness and that the additional provisions below apply.

My signature below certifies that it is my opinion that the individual named above meets all of the following criteria:

2555 Meridian Blvd / Suite #350 / Franklin, TN 37067
www.maximusclinicalservices.com
P: 833.617.2777 / F: 877.431.9568

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PRACTITIONER CERTIFICATION FOR EXEMPTIONS & CATEGORICALS

1) S/he has a severe physical illness which results in a level of impairment so severe that the individual could not be expected to benefit from specialized services,
2) Requires nursing care or supervision due to his/her physical condition, and;
3) There is no current risk to self or others and behaviors/symptoms are stable

Practitioner Signature: _____ Date: _____

Practitioner Printed Name: _____ Facility: _____

City: _____ Phone: _____

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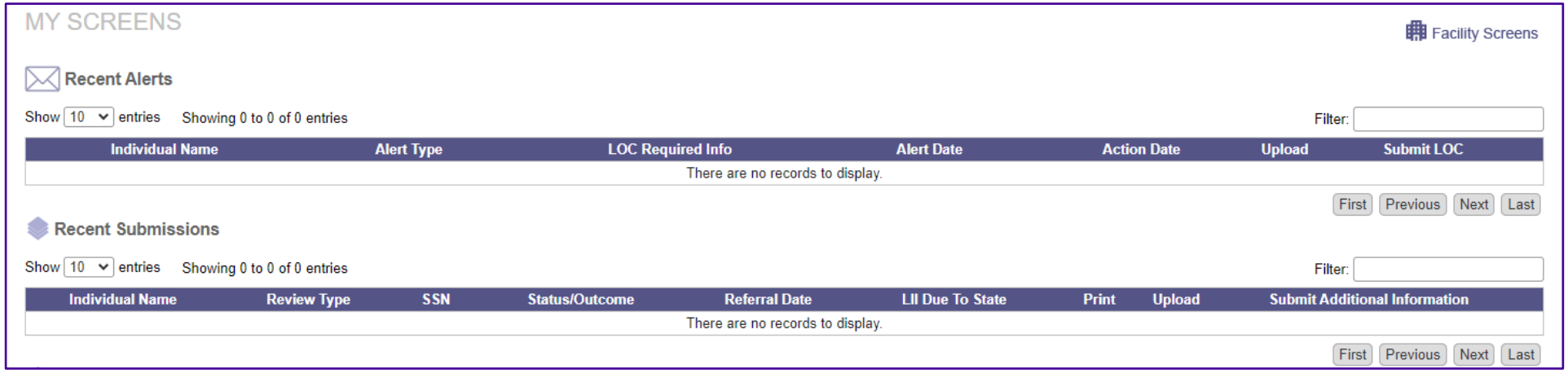
PASRR LEVEL II

Importance of the Level II

- In-depth assessment
  - Meet the person for bio/psycho/social interview
  - Interview support/care providers
  - Review medical records
- Tells who the person is
  - Likes/dislikes
  - History
  - Needs
  - Diagnoses
- State and Federally required
- Person-Centered Planning

Level II Needed – Level of Care Submission- Hospital View

- If an individual has, or is suspected of having PASRR condition, and the individual does not qualify for a categorical or exemption, the individual must have a Level II assessment.
- A Level of Care screen is required for all individuals that need a Level II assessment.
- You will receive an alert in your Recent Alerts queue that a Level of Care screen is needed. Click on Submit LOC to complete the LOC.
- 10 business days to submit LOC to Maximus.



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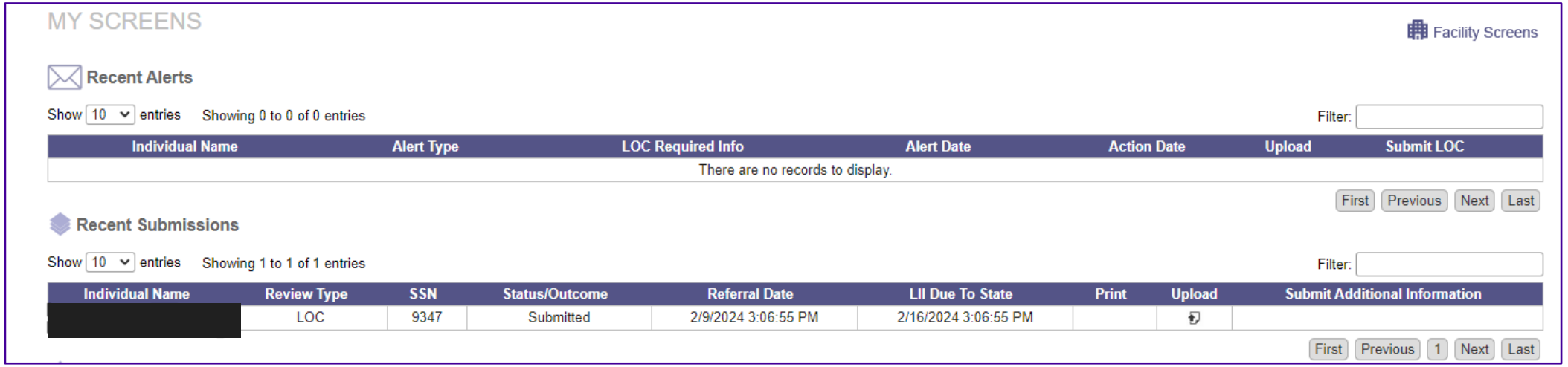
Level II Needed – Level of Care Submission- NF View

- The review will also be in your Recent Activity queue with the outcome
  - → *"Hold for LOC/LII Needed."*
  - → *10 business days to submit LOC to Maximus.*



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Level of Care Payer Sources

Nursing Facility LOC (Medicaid/Medicaid Pending)-

- Must have a total acuity score of at least 9 on the TennCare NF LOC Acuity Scale or be at risk of NF placement and have an approved safety determination.

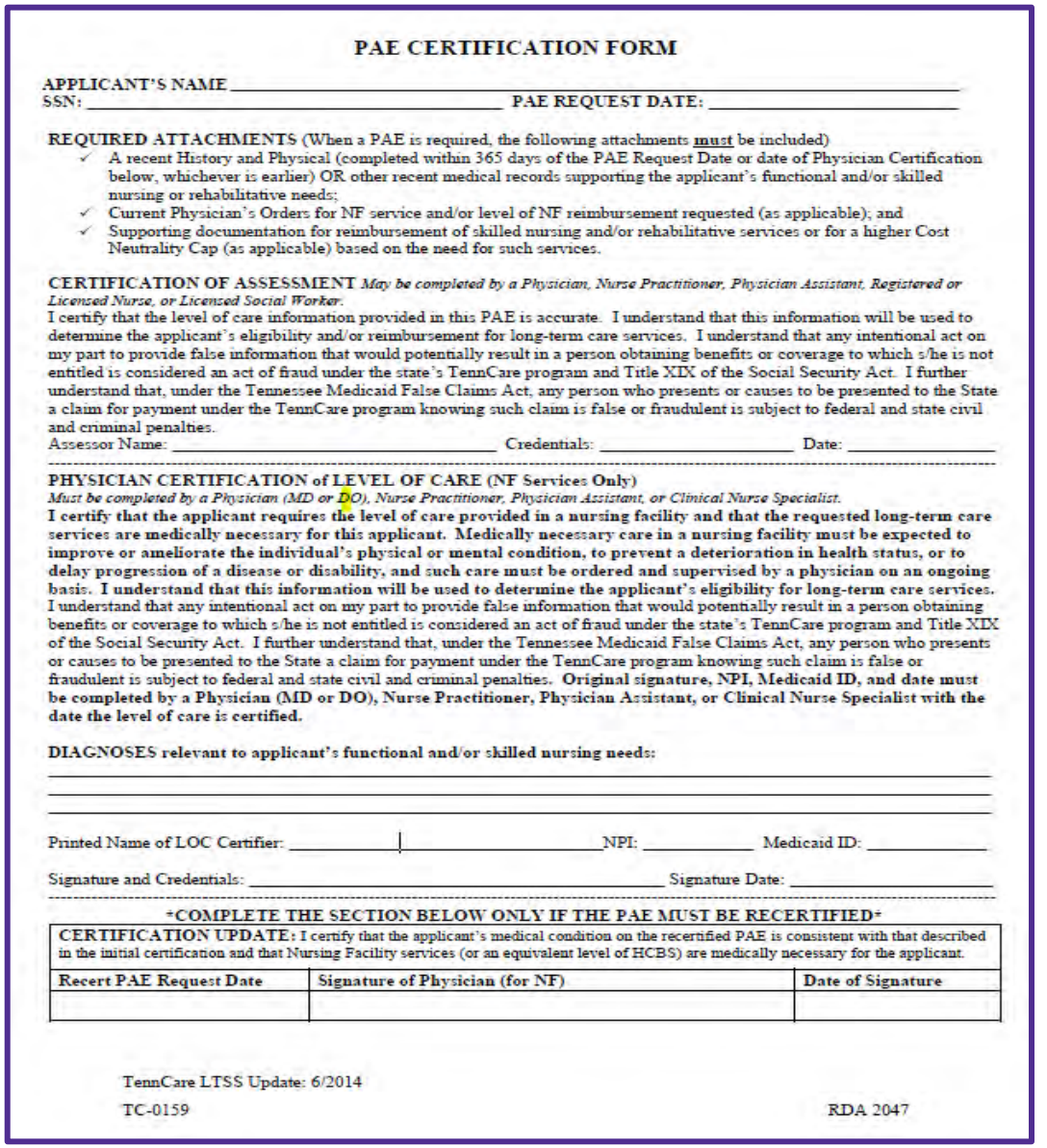
At-Risk LOC (Medicare, Private Pay, Self-Pay, and LOC-Hospice)-

- Must have at least one significant deficit in an activity of daily living or related function on the TennCare NF LOC Acuity Scale.

- *Note:* Submissions for Medicaid grandfathered members require only one significant functional deficit. These are members receiving CHOICES Group 1 reimbursed services continually since 7/1/2012.

PAE Certification Form

- The PAE Certification Form needs to be submitted for all LOC Screens regardless of Payer Source.
- All Sections on the PAE Certification Form must be filled out.
- The PAE Certification Form can’t be older than 90 days.
- Located on Tools and Resources Page in Maximus System.



PAE CERTIFICATION FORM

APPLICANT'S NAME _____
SSN: _____ **PAE REQUEST DATE:** _____

REQUIRED ATTACHMENTS (When a PAE is required, the following attachments **must** be included)
- ✓ A recent History and Physical (completed within 365 days of the PAE Request Date or date of Physician Certification below, whichever is earlier) OR other recent medical records supporting the applicant's functional and/or skilled nursing or rehabilitative needs;
- ✓ Current Physician's Orders for NF service and/or level of NF reimbursement requested (as applicable); and
- ✓ Supporting documentation for reimbursement of skilled nursing and/or rehabilitative services or for a higher Cost Neutrality Cap (as applicable) based on the need for such services.

CERTIFICATION OF ASSESSMENT *May be completed by a Physician, Nurse Practitioner, Physician Assistant, Registered or Licensed Nurse, or Licensed Social Worker.*
I certify that the level of care information provided in this PAE is accurate. I understand that this information will be used to determine the applicant's eligibility and/or reimbursement for long-term care services. I understand that any intentional act on my part to provide false information that would potentially result in a person obtaining benefits or coverage to which s/he is not entitled is considered an act of fraud under the state's TennCare program and Title XIX of the Social Security Act. I further understand that, under the Tennessee Medicaid False Claims Act, any person who presents or causes to be presented to the State a claim for payment under the TennCare program knowing such claim is false or fraudulent is subject to federal and state civil and criminal penalties.
Assessor Name: _____ Credentials: _____ Date: _____

PHYSICIAN CERTIFICATION of LEVEL OF CARE (NF Services Only)
Must be completed by a Physician (MD or DO), Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist.
I certify that the applicant requires the level of care provided in a nursing facility and that the requested long-term care services are medically necessary for this applicant. Medically necessary care in a nursing facility must be expected to improve or ameliorate the individual's physical or mental condition, to prevent a deterioration in health status, or to delay progression of a disease or disability, and such care must be ordered and supervised by a physician on an ongoing basis. I understand that this information will be used to determine the applicant's eligibility for long-term care services. I understand that any intentional act on my part to provide false information that would potentially result in a person obtaining benefits or coverage to which s/he is not entitled is considered an act of fraud under the state's TennCare program and Title XIX of the Social Security Act. I further understand that, under the Tennessee Medicaid False Claims Act, any person who presents or causes to be presented to the State a claim for payment under the TennCare program knowing such claim is false or fraudulent is subject to federal and state civil and criminal penalties. **Original signature, NPI, Medicaid ID, and date must be completed by a Physician (MD or DO), Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist with the date the level of care is certified.**

DIAGNOSES relevant to applicant's functional and/or skilled nursing needs:
_____
_____
_____

Printed Name of LOC Certifier: _____ NPI: _____ Medicaid ID: _____

Signature and Credentials: _____ Signature Date: _____

COMPLETE THE SECTION BELOW ONLY IF THE PAE MUST BE RECERTIFIED

CERTIFICATION UPDATE: I certify that the applicant's medical condition on the recertified PAE is consistent with that described in the initial certification and that Nursing Facility services (or an equivalent level of HCBS) are medically necessary for the applicant.

Recert PAE Request Date	Signature of Physician (for NF)	Date of Signature

TennCare LTSS Update: 6/2014
TC-0159 RDA 2047

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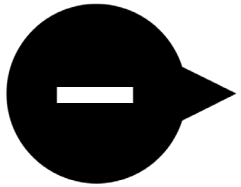
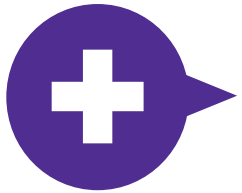
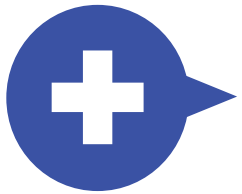
PASRR Flow Charts



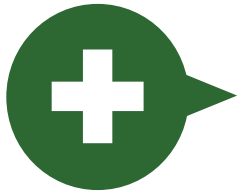
Negative PASRR → PAE in PERLSS if Medicaid pending or Medicaid receiving



Positive PASRR → Level of Care submitted to Maximus



Positive PASRR → Level of Care submitted as non-Medicaid → PAE in PERLSS if they become Medicaid pending or Medicaid receiving



Positive PASRR → Level of Care submitted as Medicaid → Done. No further action required unless LOC is denied

Level II Process the Beginning

- After the LOC is submitted *(10 business days to submit LOC to Maximus),* Maximus will start the Level II process. Maximus will refer the Level II to an Independent Contractor (IC) to conduct the face-to-face assessment.
- The Independent Contractor (IC) will conduct a face-to-face assessment within **24 hours** of receipt of the LOC.
- After the face-to-face assessment is complete, Maximus completes a quality review and writes a draft Summary of Findings.

Independent Contractors' Role

Must	• Schedule time for interview prior to arrival • Ask staff to sign attestation acknowledging process completed appropriately
Qualified assessors	• Licensed or Master's Level MI or IDD professionals • conduct clinical interview with individual • Review clinical records • Speak with legal guardian, family, and support staff
Not the Independent Contractors' Role:	• Cannot identify final PASRR identified services • Cannot determine Level II Outcome • Cannot determine length of NF approval

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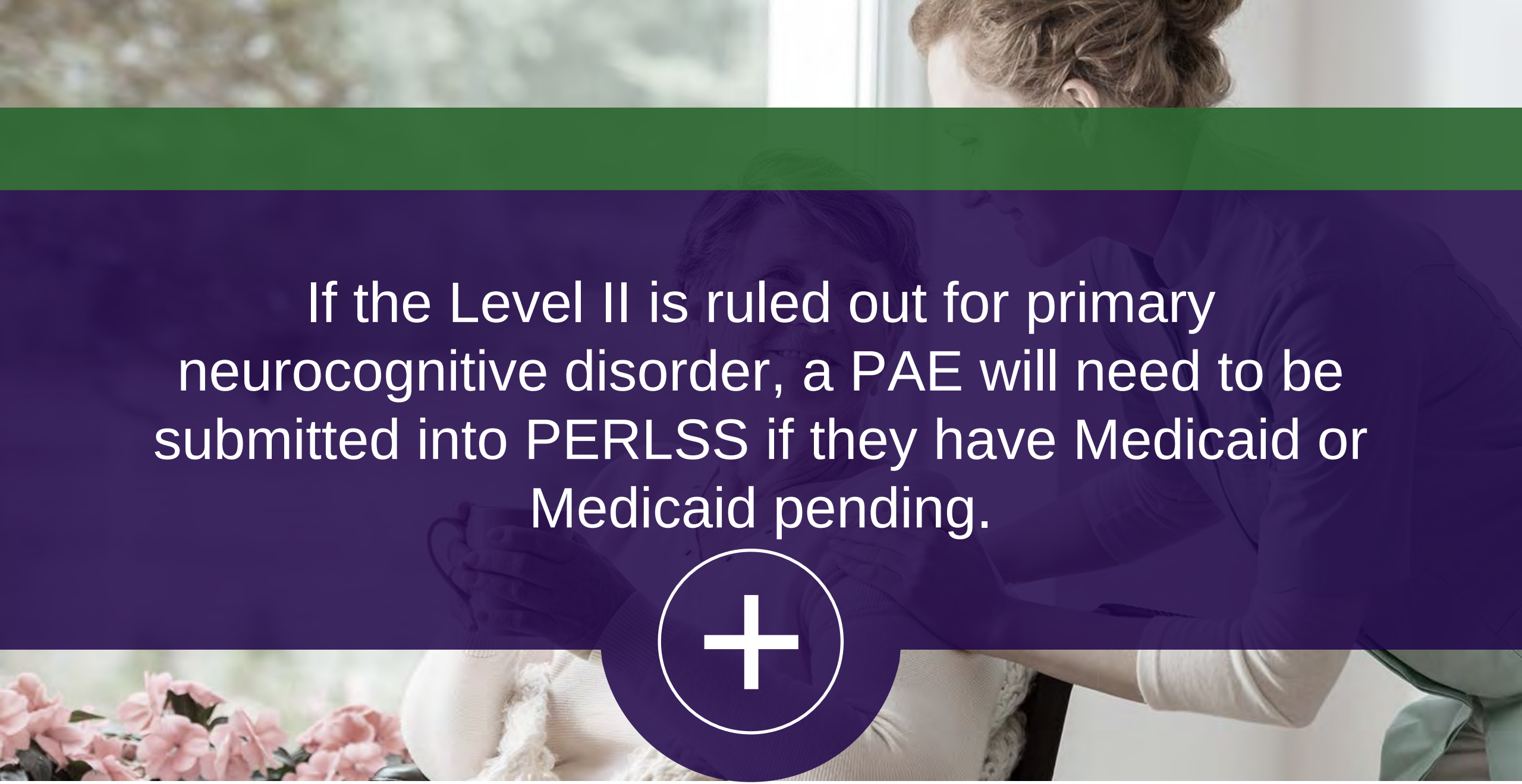
Level II Process Final Steps

- The assessment is sent to DMH/DDA for the PASRR final determination.
- After DMH/DDA makes the final determination, Maximus finalizes the assessment and mails PASRR notifications to the individual/guardian and PCP.
- Total Level II timeframe: **3 business days**

LEVEL II OUTCOMES

COMMON LEVEL II OUTCOMES	APPLIES WHEN
Long Term Approval (LT)	Individual was approved for long-term nursing facility services.
Short Term Approval (ST)	Individual was approved for short-term nursing facility services.
Ruled Out **(No SMI/ID/RC or has a primary Dementia and/or Neurocognitive Disorder)**	Individual doesn't have a serious mental illness, intellectual disability, or related condition or has a primary diagnosis of Dementia and/or Neurocognitive Disorder.
Denied **(PASRR)**	Individual was determined not to meet nursing facility level of care (LOC) or doesn't have any significant deficits.
Cancelled/Withdrawn	The LII was cancelled (i.e. no longer seeking NF placement or passed away. The LII was withdrawn at the request of the Provider.



If the Level II is ruled out for primary neurocognitive disorder, a PAE will need to be submitted into PERLSS if they have Medicaid or Medicaid pending.

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Summary of Findings

Report of PASRR identified services

- Specialized Services
- Rehab Services
- Community Placement Supports

MUST:

- Remain in active chart
- Be a clinically accurate representation of the individual
- Be captured in the plan of care

When the PASRR identifies Specialized Services and Rehabilitation Services:

- The Nursing Facility must incorporate into the care plan
- **Specialized Services:** services are unique to the individual and serve to meet the individual's specific disability needs
- **Rehabilitative Services:** referred to as *services of lesser intensity*
  - Less intense than specialized services
- **Community Placement Supports:** are supports unique to the individual to assist with transition to community-based living. Identified to assist with discharge planning, when appropriate.

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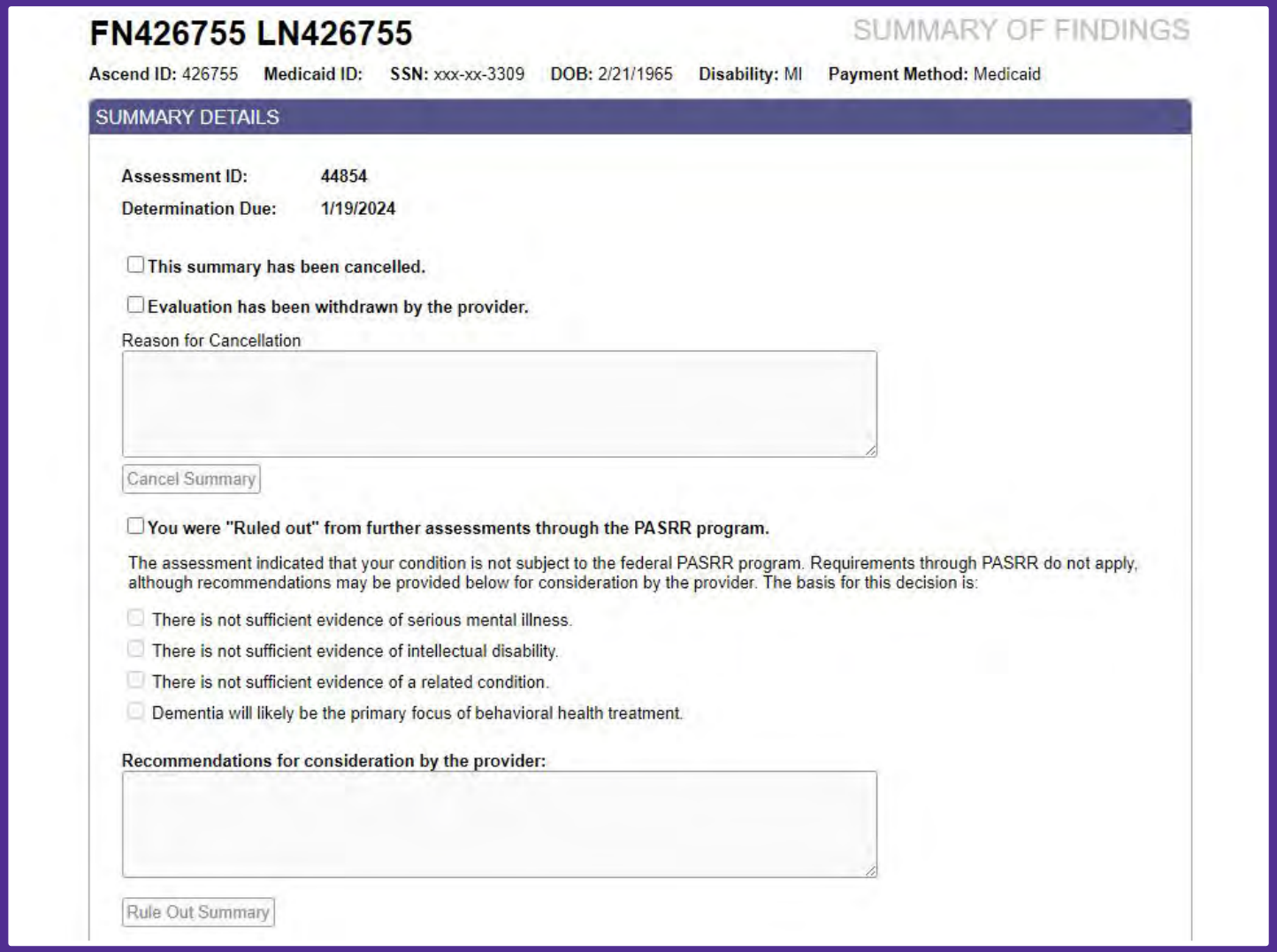
Specialized Services

Examples:

- Partial Hospitalization
- Peer Recovery
- Psychiatric Evaluation and medication
- Mental Health Counseling
- Socialization
- Training in Community Living Skills
- Dental or Vision evaluation
- Higher Education and Training
- Assistance with Conservatorship and Counseling
- Pre-Vocational Services
- Development of Person-Centered Plan and Support Initiatives
- Employment Training and Technical Assistance for individual diagnosed with ID/DD who desire to transition to Community
- Behavioral Health Crisis Services
- Transition to Community Living
- In Home personal care visits
- Adult Day Care
- Assistive Technology

These are just some examples; all specialized services should be individualized based on individual preference and need.

Summary of Findings- PASRR Conditions



FN426755 LN426755 SUMMARY OF FINDINGS

Ascend ID: 426755 **Medicaid ID:** **SSN:** xxx-xx-3309 **DOB:** 2/21/1965 **Disability:** MI **Payment Method:** Medicaid

SUMMARY DETAILS

Assessment ID: 44854

Determination Due: 1/19/2024

☐ **This summary has been cancelled.**

☐ **Evaluation has been withdrawn by the provider.**

Reason for Cancellation

Cancel Summary

☐ **You were "Ruled out" from further assessments through the PASRR program.**

The assessment indicated that your condition is not subject to the federal PASRR program. Requirements through PASRR do not apply, although recommendations may be provided below for consideration by the provider. The basis for this decision is:

- ☐ There is not sufficient evidence of serious mental illness.
- ☐ There is not sufficient evidence of intellectual disability.
- ☐ There is not sufficient evidence of a related condition.
- ☐ Dementia will likely be the primary focus of behavioral health treatment.

Recommendations for consideration by the provider:

Rule Out Summary

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Summary of Findings- PASRR Conditions

Disability

The individual meets criteria for having a diagnosis of:

- ☐ Intellectual disability
- ☐ Related condition
- ☐ Serious mental illness

Not addressed by this PASRR evaluation, but possible suspicion of:

- ☐ Suspicion of intellectual disability
- ☐ Suspicion of related condition
- ☐ Suspicion of serious mental illness

Axis I Primary:
☐ Rule Out Descriptor:

Axis I Secondary:
☐ Rule Out Descriptor:

Axis I Tertiary:
☐ Rule Out Descriptor:

Axis I Quaternary:
☐ Rule Out Descriptor:

Axis II Primary:
☐ Rule Out Descriptor:

Axis II Secondary:
☐ Rule Out Descriptor:

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Summary of Findings- Summary of Medical, Social, and Psychiatric history

Summary of Medical, Social and Psychiatric History:

We learned the following about your current situation:

- You are an 80-year-old woman who has been residing at NHC Health Care Dickson since 10/10/23 for treatment of monoclonal gammopathy, weakness, dizziness, and multiple falls at home. You will receive physical and occupational therapy while at the nursing facility.
- Prior to your admission to the nursing facility, you were admitted to Horizon Medical Center on 10/03/23 because of weakness, dizziness, and multiple falls at home over the past several days.
- Prior to your admission to the hospital and nursing facility, you were living at home with your sister and nephew.
- You receive support from your sister and nephew.
- You lived with your parents until they passed away.
- You moved in with your sister and have lived with her and your son for several years.
- Your home is no longer a safe environment due to the holes in the floor which causes you to fall.

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Summary of Findings- Summary Outcome

Summary Outcome:

Long-term Approvals

- ○ You are appropriate for nursing facility level of care.
- ○ A reconsideration or appeal has determined that you are appropriate for nursing facility level of care.
- ○ You do not meet intermediate nursing home level of care standards. However, because you have been a long term resident in a nursing home and you need specialized services, you may choose to remain in the nursing home or move to the community to receive those services.

Short-term Approvals

- ○ You are appropriate for short-term nursing facility level of care.
- ○ A reconsideration or appeal has determined that you are appropriate for short-term nursing facility level of care.

Denials

- ○ You may not be admitted to continue to reside in a nursing facility because your needs could be met more appropriately in an inpatient psychiatric facility.
- ○ You may not be admitted to or continue to reside in a nursing facility at this time because you do not meet nursing facility level of care.
- ○ You do not meet intermediate nursing facility level of care. (Non-Medicaid only)

LOC Score: [ ]

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Summary of Findings-Rationale for Placement Decision

Rationale for Placement Decision: (Use complete sentences. This will print on the summary.)

You have PASRR conditions of Mild Intellectual Disability and Epilepsy with functional limitations in the areas of mobility, learning, self-care, self-direction, and independent living. You are approved for Medicaid nursing facility level of care due to having an approved LOC acuity greater than or equal to 9.

Status: Drafting in Progress

Effective Date:

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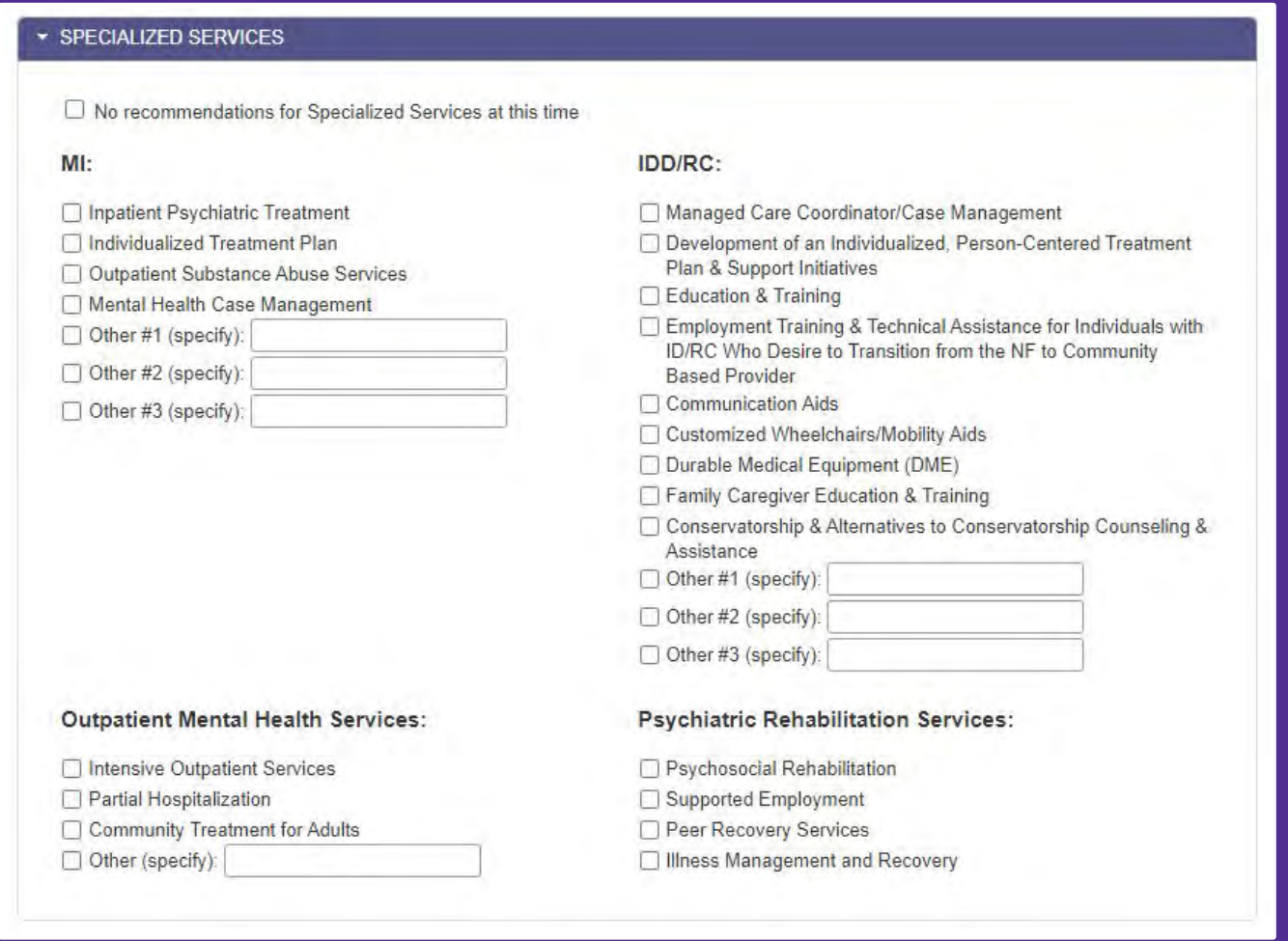
Summary of Findings- PASRR- Identified Services and Supports



SPECIALIZED SERVICES

☐ No recommendations for Specialized Services at this time

MI:

- ☐ Inpatient Psychiatric Treatment
- ☐ Individualized Treatment Plan
- ☐ Outpatient Substance Abuse Services
- ☐ Mental Health Case Management
- ☐ Other #1 (specify):
- ☐ Other #2 (specify):
- ☐ Other #3 (specify):

IDD/RC:

- ☐ Managed Care Coordinator/Case Management
- ☐ Development of an Individualized, Person-Centered Treatment Plan & Support Initiatives
- ☐ Education & Training
- ☐ Employment Training & Technical Assistance for Individuals with ID/RC Who Desire to Transition from the NF to Community Based Provider
- ☐ Communication Aids
- ☐ Customized Wheelchairs/Mobility Aids
- ☐ Durable Medical Equipment (DME)
- ☐ Family Caregiver Education & Training
- ☐ Conservatorship & Alternatives to Conservatorship Counseling & Assistance
- ☐ Other #1 (specify):
- ☐ Other #2 (specify):
- ☐ Other #3 (specify):

Outpatient Mental Health Services:

- ☐ Intensive Outpatient Services
- ☐ Partial Hospitalization
- ☐ Community Treatment for Adults
- ☐ Other (specify):

Psychiatric Rehabilitation Services:

- ☐ Psychosocial Rehabilitation
- ☐ Supported Employment
- ☐ Peer Recovery Services
- ☐ Illness Management and Recovery

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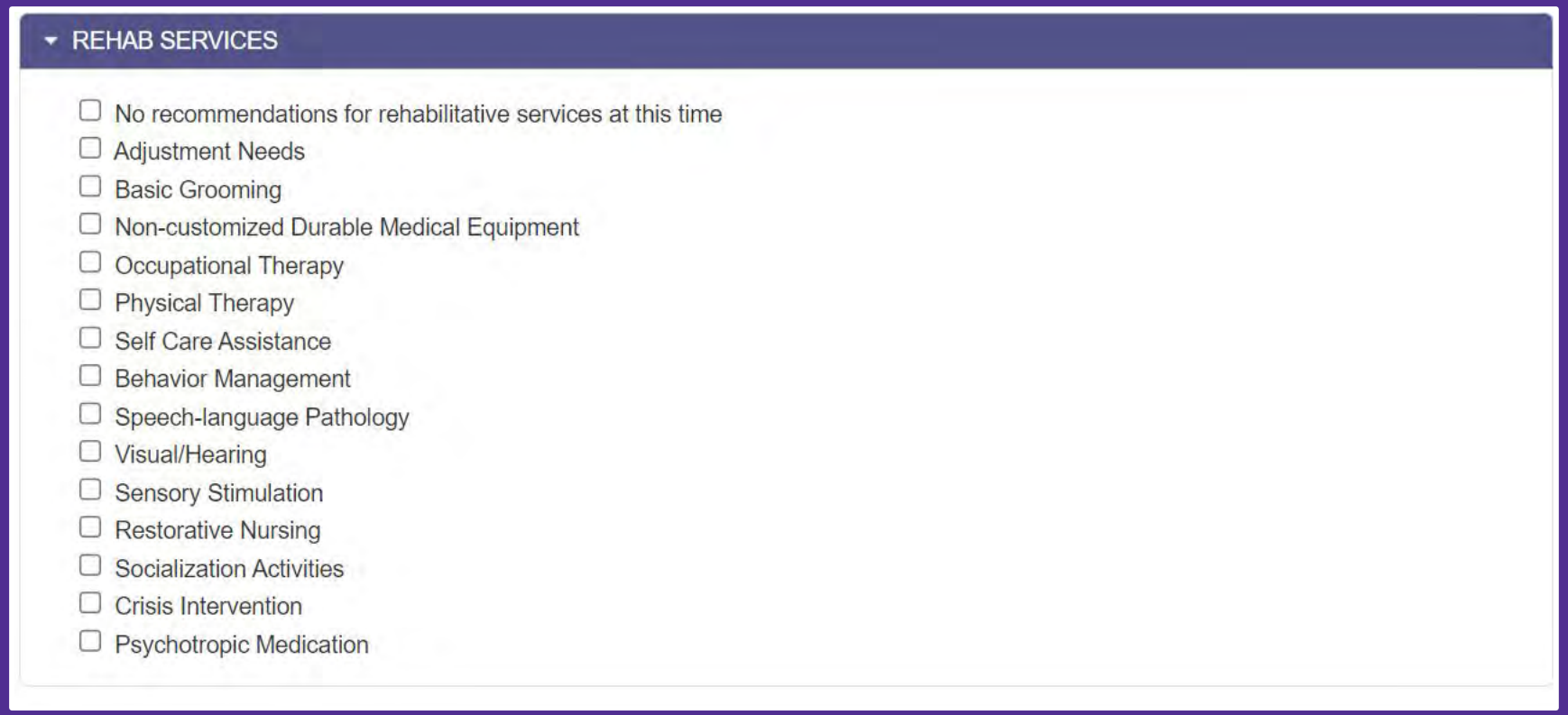
Summary of Findings- PASRR Identified Rehab Services



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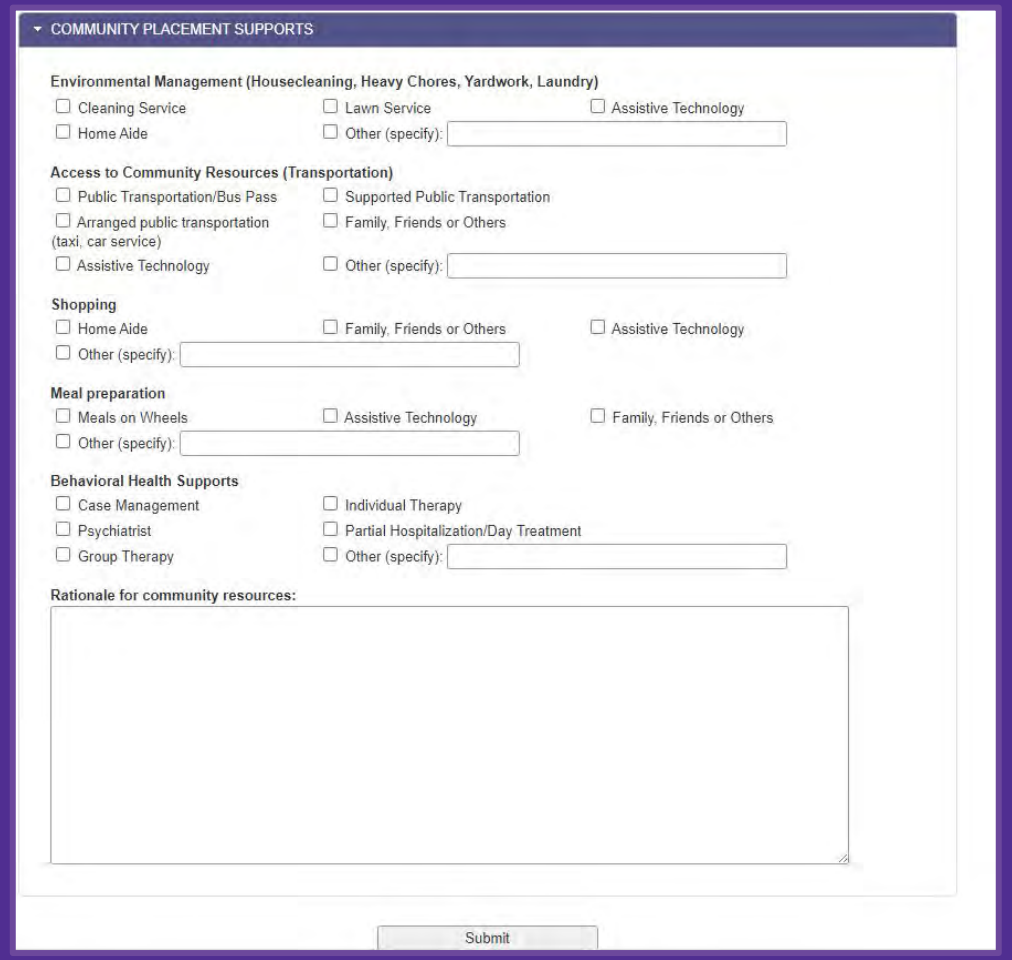
Summary of Findings- PASRR- Identified Community Placement Supports

For individuals who are approved by PASRR, community placement supports becomes a critical component of discharge planning.



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LOC REVISION PROCESS

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LOC Révision Process

LOC Revisions are **for Level II PASRRs** that have received a **Denial**. The LOC Revisions Process gives Providers the opportunity to correct mistakes and address specific functional areas denied which may be able to be approved.

Timeframes: Providers will be able to submit **up to three (3) revisions** per LOC Denial **within 60 days** of the original PASRR Determination. The first LOC revision must be initiated **within 30 days of the original LOC Denial**, and all subsequent revisions must be initiated within 30 days of the previously requested revision and **cannot exceed 60 days from the original PASRR Determination Date**.

Safety Determinations: Providers will also be able to **request safety determinations through the LOC Revision Process** following the timeframes listed above. If the LOC is submitted with a **score below 9, no safety is requested**, and if the revised submitted LOC score is still less than 9, and safety is not requested, **the PASRR will be denied again.**

LOC Revision Scenario #1

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5 Original LOC Denial Issued	6 LOC Revision #1 Submitted	7
8	9	10 LOC Revision #1 Denied	11 LOC Revision #2 Submitted	12	13	14
15	16 LOC Revision #2 Denied	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

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LOC Revision Scenario #1 (cont…)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10 LOC Revision #3 Submitted	11 LOC/ PASRR Approval	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

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LOC Revision Scenario #2

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4 Original LOC Denial Issued	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24 LOC Revision #1 Submitted	25 LOC Revision #1 Denied	26	27	28
29	30					

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LOC Revision Scenario #2 (cont…)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28 					

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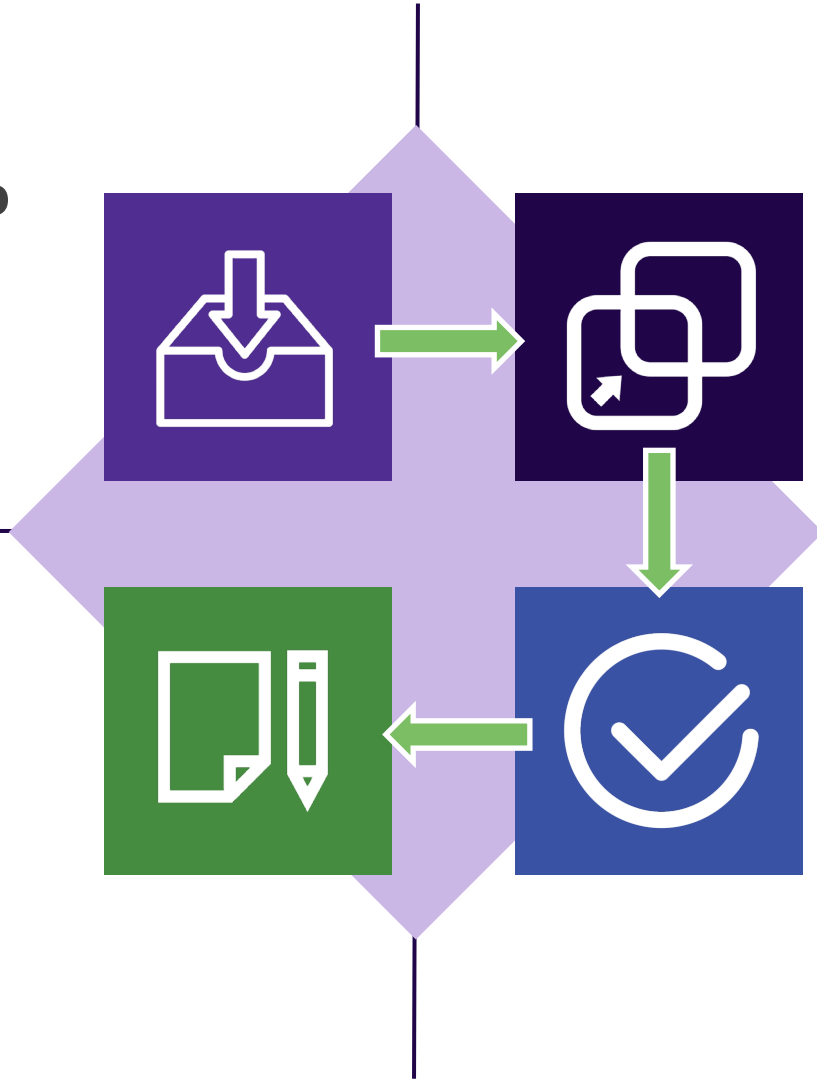
Status Change Process

1. **Submit a new Level I to initiate the process**



2. **Level II completed**
   - Level II not always required; only if PASRR condition exists or suspected

3. **New summary of findings generated**

4. **Revise care plan based on findings and arrange/discontinue identified services, as appropriate**

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Guidelines for identifying need for PASRR for an individual NOT PREVIOUSLY IDENTIFIED as having a PASRR condition:

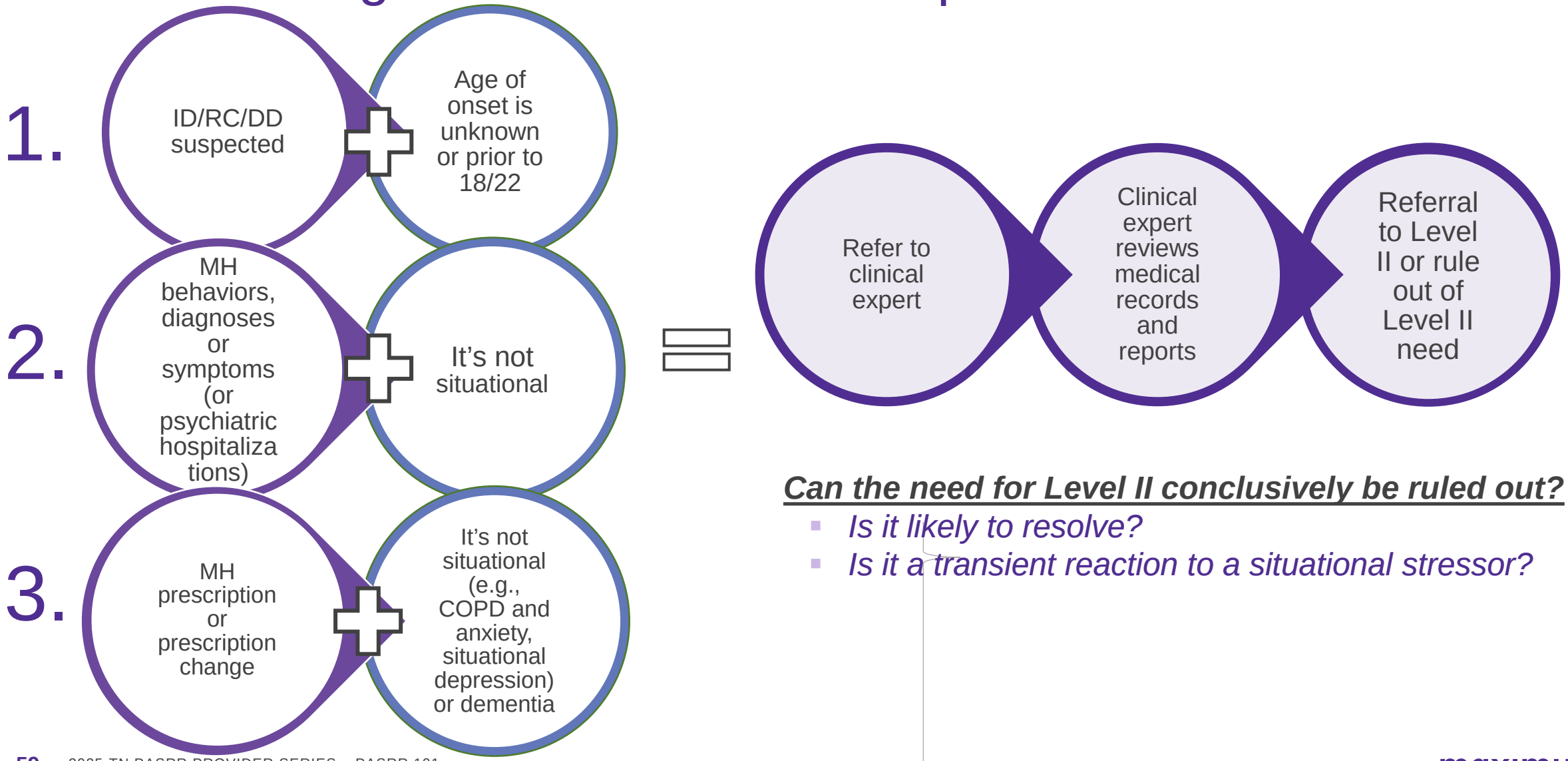
Note: this is not an exhaustive list

1. Resident who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a diagnosis of mental illness as defined under 42 CFR 483.100 (where dementia is not the primary diagnosis).

2. Resident whose intellectual disability as defined under 42 CFR 483.100, or condition related to intellectual disability as defined under 42 CFR 435.1010 was not previously identified and evaluated by PASRR.

3. Resident transferred, admitted, or readmitted to a NF following an inpatient psychiatric stay or equally intensive treatment.

Provider instructions: Individuals who have NOT previously been evaluated through the Level II PASRR process:



Can the need for Level II conclusively be ruled out?

- *Is it likely to resolve?*
- *Is it a transient reaction to a situational stressor?*

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Change of Status decisions for Individuals who have been previously evaluated through the Level II PASRR process:

Guidelines for identifying need for PASRR for an individual PREVIOUSLY IDENTIFIED as having a PASRR condition

Note: this is not an exhaustive list

1. *Resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.*
2. *Resident with behavioral, psychiatric, or mood related symptoms that have not responded to ongoing treatment.*
3. *Resident who experiences an improved medical condition—such that the resident's plan of care or placement recommendations may require modifications.*
4. *Resident whose significant change is physical, but with behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, that may influence adjustment to an altered pattern of daily living.*
5. *Resident 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 associated with a SCSA.)*
6. *Previous authorization for a time-limited stay has ended*

Provider instructions for Individuals who HAVE previously been evaluated through the Level II PASRR process:

1. New or increased symptoms or behaviors or diagnosis (including psych hospitalization) + Significant to the extent that Plan of Care will require change

2. Medical condition improving + Plan of Care requires change

3. Short term stay ending + Needs to remain in NF beyond authorization period

4. Not responding to the PASRR Plan of Care + Plan of Care requires change

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These medication changes would **not** be considered a Change of Status:

Guidelines for identifying need for PASRR for an individual PREVIOUSLY IDENTIFIED as having a PASRR condition

Note: this is not an exhaustive list

Prescription of a psychotropic medication:

1. For a medical/non-mental health condition (i.e., dementia, tic disorder) and there is no other mental health diagnosis
2. The medication is a prn psychotropic medication

Increase of a psychotropic medication as a planned titration for a condition that is one of the following:

1. To treat situational depression or anxiety related to a medical condition and the condition is responding to treatment
2. To treat primary dementia or delirium and there is no other mental health diagnosis

- Initiation or completion of a Gradual Dose Reduction (GDR) of a mental health medication.
- Prescription of a PRN psychotropic medication to treat stress related to a medical condition (e.g., an anti-anxiety medication to help calm resident with COPD as he struggles to breathe).
- If there are medication changes that are not associated with an increase in behaviors/symptoms, change in diagnoses, etc., a status change would not be required. (for example: Mirtazapine for sleep.)

Status Change Practice

Scenario 1

Ms. Bell received a No Level II Condition-Level I Negative- Web Approval on 03/07/24. She is medically admitted and seeking admission to a Nursing Facility. She has diagnoses of depression and anxiety with no behaviors and no recent mental health symptoms. She is prescribed sertraline 50 mg for anxiety disorder. Another PASRR was submitted on 03/14/24 which came in-house to be reviewed by a Clinical Reviewer. Medications Seroquel 12.5 mg (depression) and Xanax (anxiety) were added to the newly submitted Level I screen. Still no new behaviors nor any new diagnoses. Is Ms. Bell appropriate for a Status Change?

- No, there are no new or increased symptoms, behaviors, diagnoses, (including psych hospitalization), or mood related symptoms suggesting the presence of a diagnosis of mental illness and the current plan of care or placement recommendations don’t require any modifications.

Having said all of that…

The answer to virtually ALL questions about Status Change is……

WHEN IN DOUBT….

SUBMIT A NEW LEVEL I SCREEN

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PATHTRACKER

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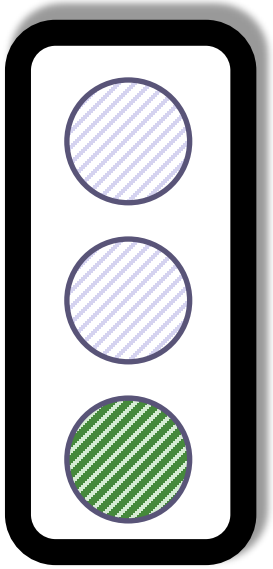
Important Points about PathTracker

You MUST fill out the admission notice **(within 2 days)**

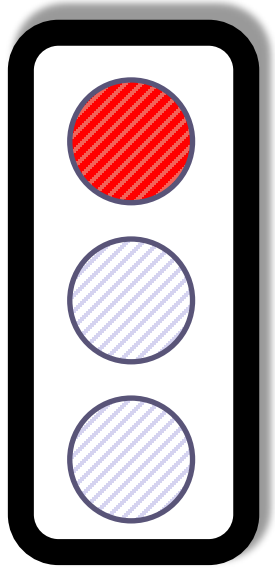
This STARTS payment



Do not accept a resident through the review queue until they are in your facility

Complete discharge notice when person permanently leaves **(within 2 days)**

This STOPS payment



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Additional Important Points

This Information is what is presented to Nursing Facilities – Others do not use PathTracker

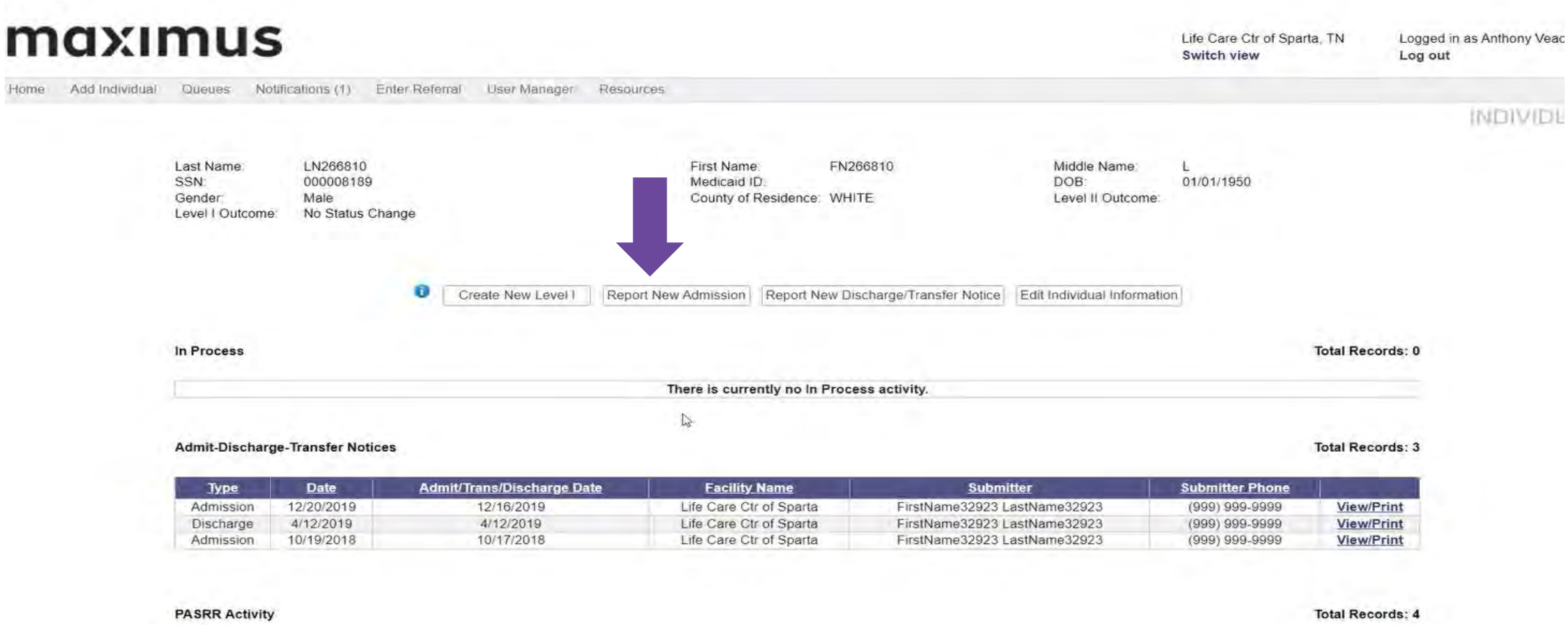
- Complete an Admission Notice, Discharge Notice or Transfer timely (within 2 days)
- The Admission Date is the MOPD Date *(Medicaid Only Payer Date)*
- Use accurate provider/NPI numbers
- If you don’t admit the individual, don’t submit an admission notice

How to Add Someone in PathTracker

How to Add Someone in PathTracker (Not in Admittance Queue)

How to Discharge Someone in PathTracker

Accessing PathTracker in AMI Nursing Facilities View:



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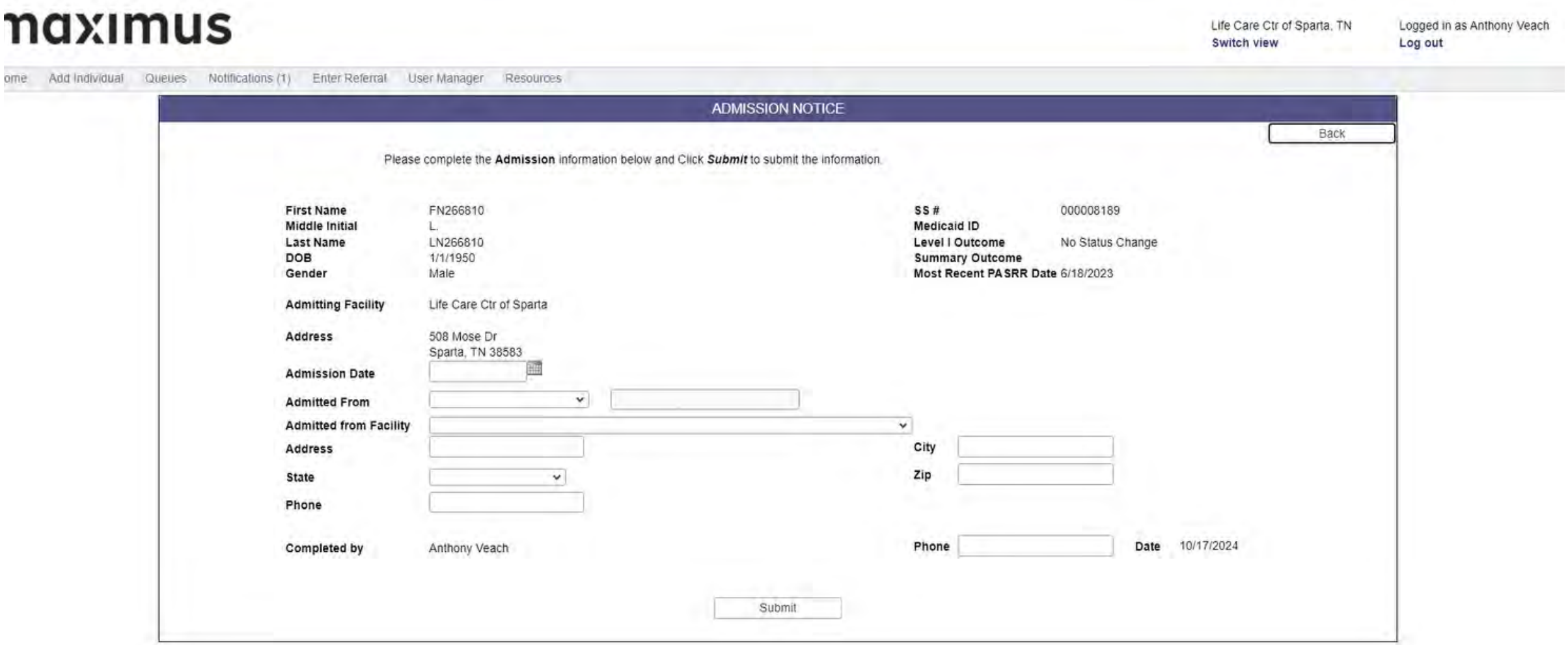
Accessing PathTracker in AMI Nursing Facilities View:



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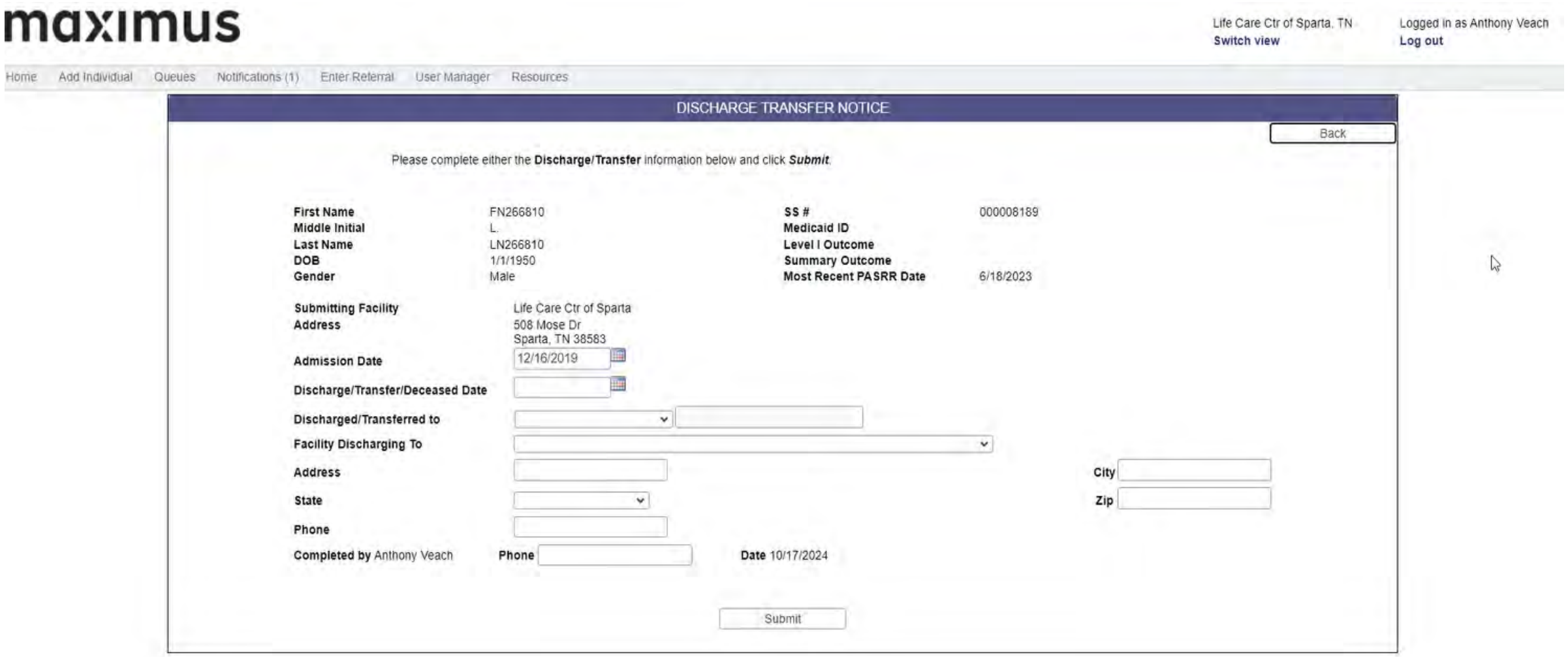
Accessing PathTracker in AMI Nursing Facilities View:



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Resources & Help

https://maximusclinicalservices.com/svcs/tennesee

- State User Tools
- How to complete PASRR Level I screen instructional video
- How to Access PASRRs | www.ascendami.com

Tennessee PASRR Helpdesk

- TNPASRR@maximus.com | 833.617.2777

TennCare

- LTSS website: https://www.tn.gov/tenncare/long-term-services-supports.html
- LTSS Training site: https://www.tn.gov/tenncare/long-term-services-supports/partners-program-updates/ltss-training.html

TennCare Help Desk

- 1-877-224-0219
- LTC.Operations@tn.gov

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Program Resources Update

The Maximus Clinical Services website is expanding. We're pleased to share that some exciting upgrades have occurred for the www.MaximusClinicalServices.com site. Changes were made to provide a more engaging experience for those who rely on the site for program updates and resources. These updates will also create a more cohesive, seamless experience for anyone visiting Maximus.com website or other Maximus online channels that support the populations we serve across the country.

What Changed?

The website has transitioned from the current one page per program layout and breaks into a "mini site" format with separate pages by information type for each program (guides, training videos, announcements, etc.). With these intuitive layout changes, you will still find all the same helpful content you've come to rely on from the current site.

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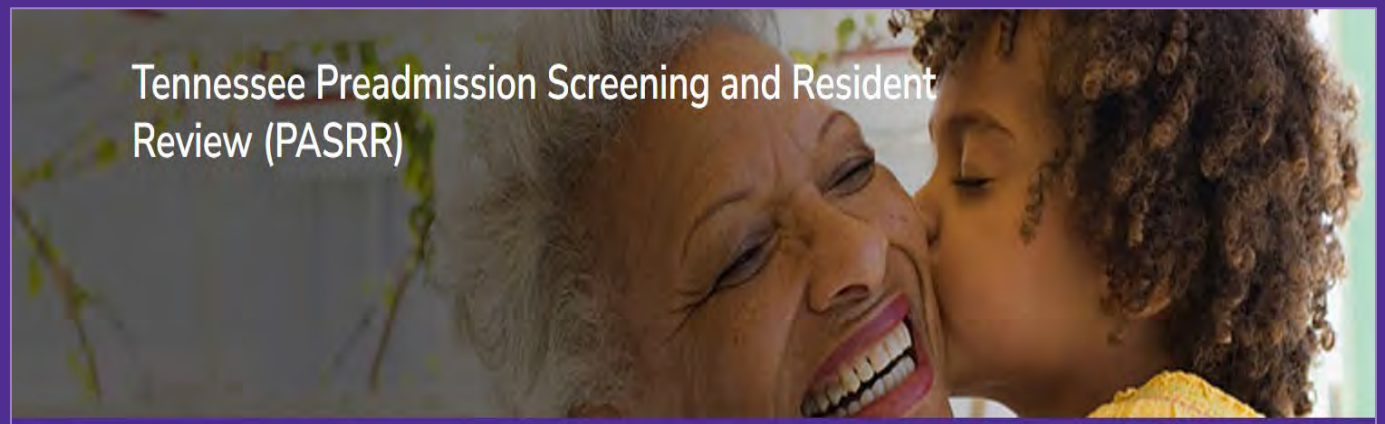


TN PASRR - About the Program | Announcements | FAQs | Resources | Training

Home / State Programs / Tennessee / TN PASRR - About the Program / Resources

Resources

Access Request for TN PASRR AMI
Request a TN PASRR Report
Provider Request to be Added to the Email List Request Form
Request a TN PASRR Report
TN PASRR Discharge Request (Pathtracker Change) Form
TN PASRR Cancellation Request Form
Request a TN ID Number
Tennessee State Holiday Calendar
Language Taglines and Notice of Nondiscrimination
Title VI Information
PTAC: PASRR Technical Assistance Center
Tennessee PASRR Glossary of Terms
2024 Announcements - Archive

Contact info

833.617.2777 | Fax: 877.431.9568
TNPASRR@maximus.com
8:00 am - 4:30 pm CST, M-F

TN DMHSAS Website

Guides and Forms

Tennessee PASRR Frequently Asked Questions (FAQs)

Tennessee PASRR System Training Checklist - Updated 11.3.23
Tennessee PASRR PAE Certification Form
Tennessee PASRR Practitioner Certification Form

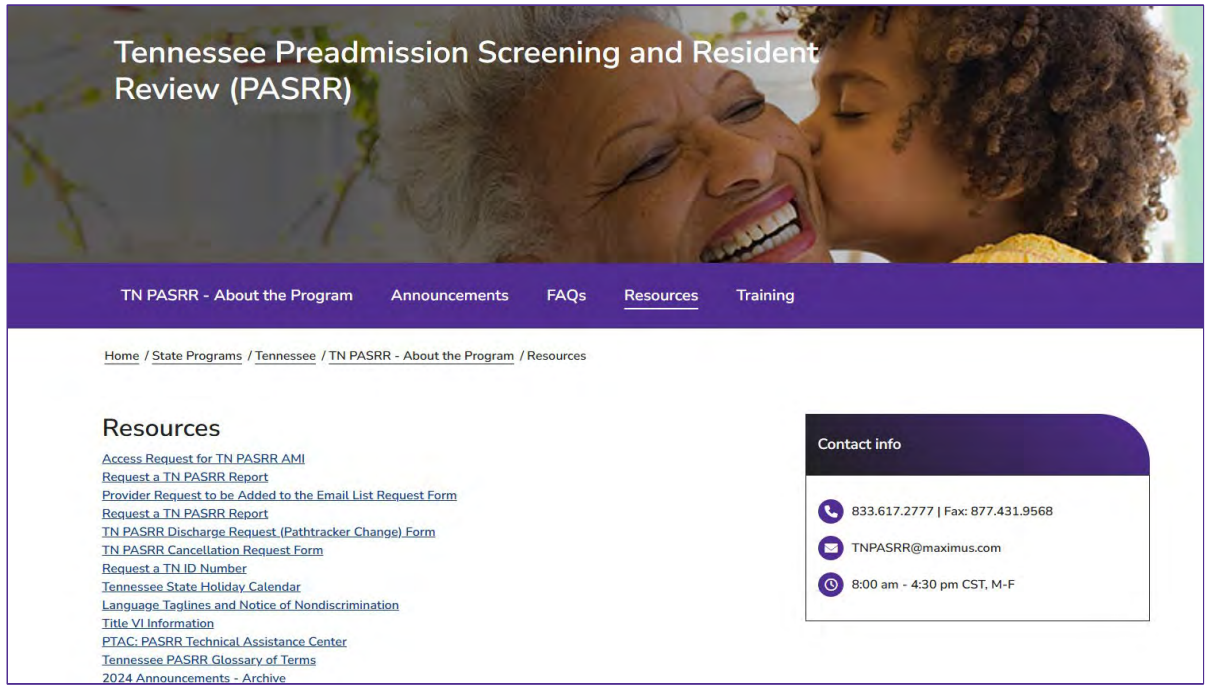
Tennessee PASRR Document-Based Review Form
Tennessee PASRR - Hospital User Guide
Tennessee PASRR - MOPD Date Entry Guide

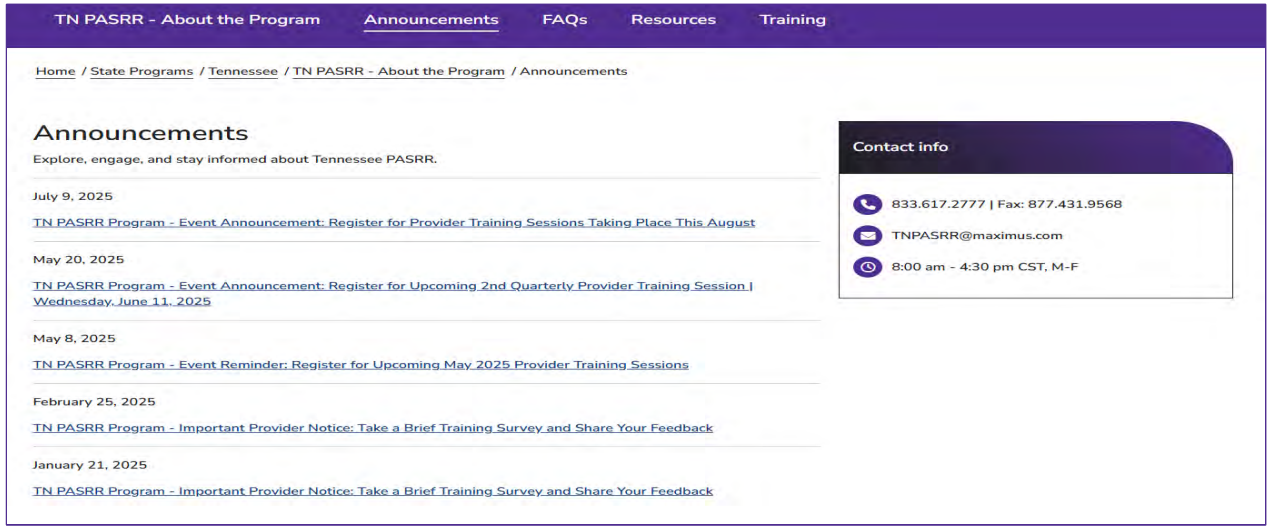
Provider Tools

Department of Housing and Development Press Release - 8.24.22 - NEW
ABLE Age Adjustment Act Advocacy Toolkit Overview - NEW
H.R.454 - Protect Patriot Parents Act - NEW
H.R.2373 - Transformation to Competitive Integrated Employment Act - NEW
TennesseeWorks - NEW

Tennessee Believes
Tennessee Believes Member Video
Employment and Community First (ECF) CHOICES
Employment First and Community Inclusion Member Video
Employment Pathways Project
Money Follows the Person Flyer
Money Follows the Person Member Video
DDA Conservatorship Request Form
TN Center for Decision-Making Support

Available Maximus Resources





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New Website Links – Active August 20, 2025

- PASRR - https://maximusclinicalservices.com/svcs/tn/pasrr
- SIS - https://maximusclinicalservices.com/svcs/tn/sis
- Katie Beckett - https://maximusclinicalservices.com/svcs/tn/kb

2025 Quarterly Training Dates

December 10th

- Level II Process | 9am-10am CT

2026 Training Dates

- Details coming soon

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Training Evaluation Form

Please take the time to complete the Training Evaluation Form that will appear after closing this webinar session.

Use this link to access a certificate of participation:

https://maximus.surveymonkey.com/r/B5JHCSH

QUESTIONS & ANSWERS

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