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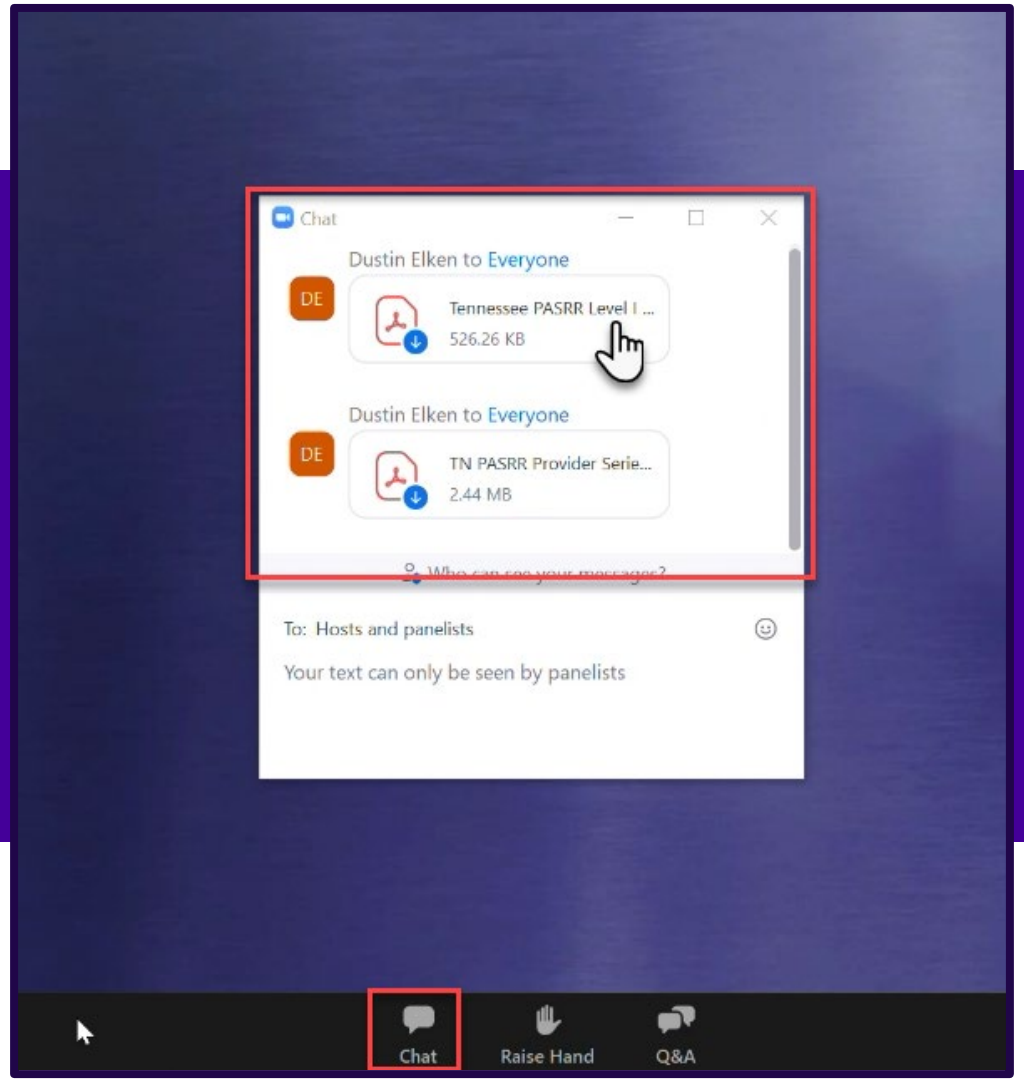
TN PASRR QUARTERLY TRAINING SERIES

Walkthrough a Level I Screen, Hospital Exemption, and Categorical Determinations

- September 2025

Accessing Handouts



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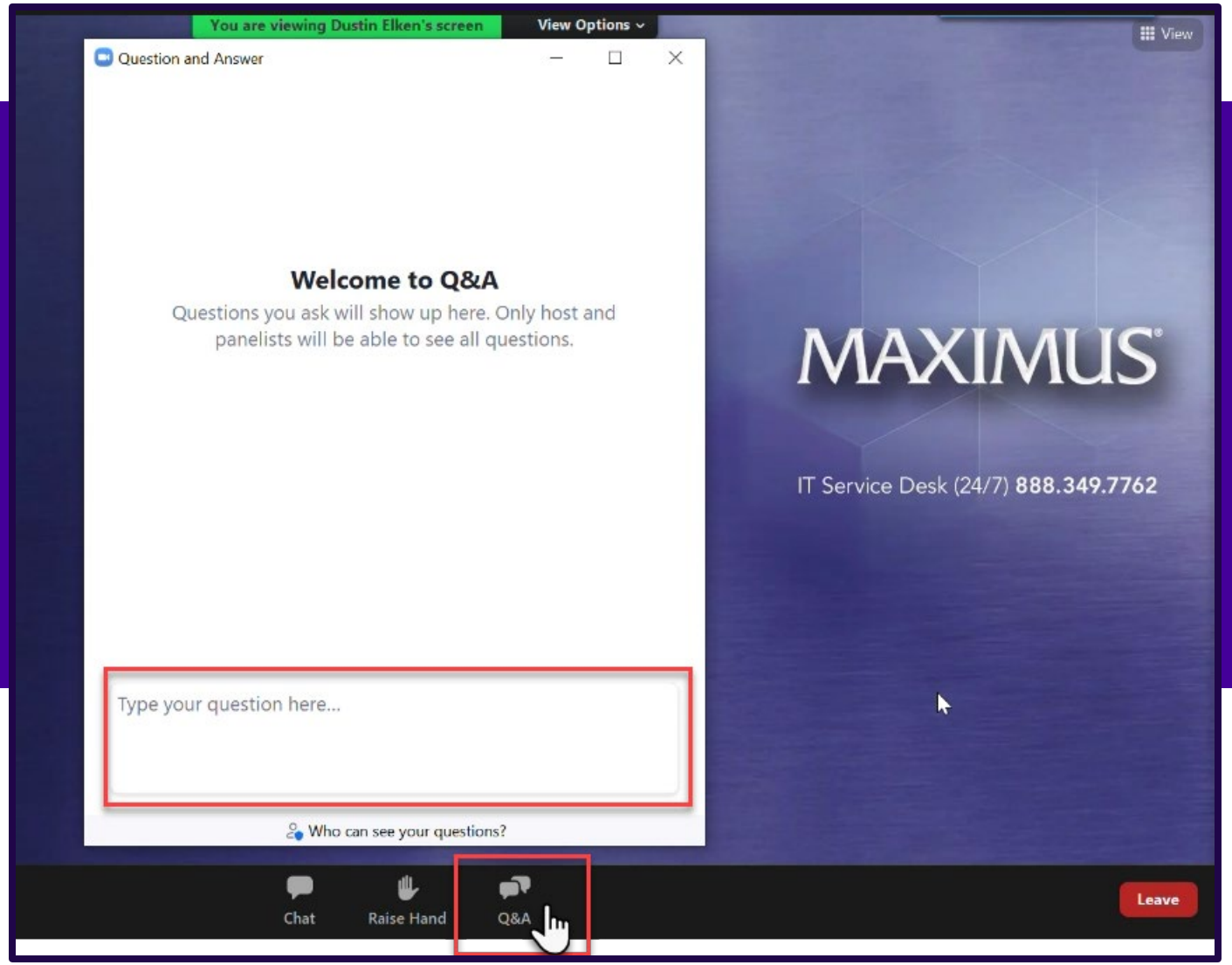
Sending Questions



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Introductions

Becky Jenkins
TN PASRR Supervisor, Maximus

Keisha Scott
TN PASRR Supervisor, Maximus

How to Complete a LI 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

Section 1: Demographics

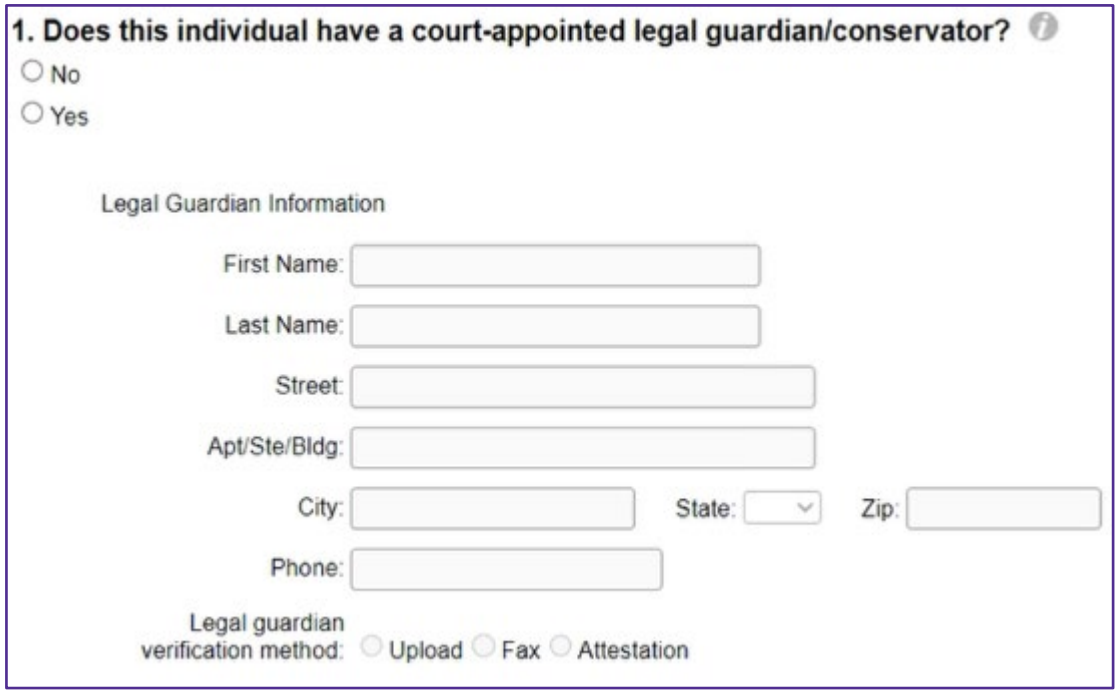
- Full name & Mailing Address
- State of Residence
- Social Security Number
- Date of Birth
- Gender

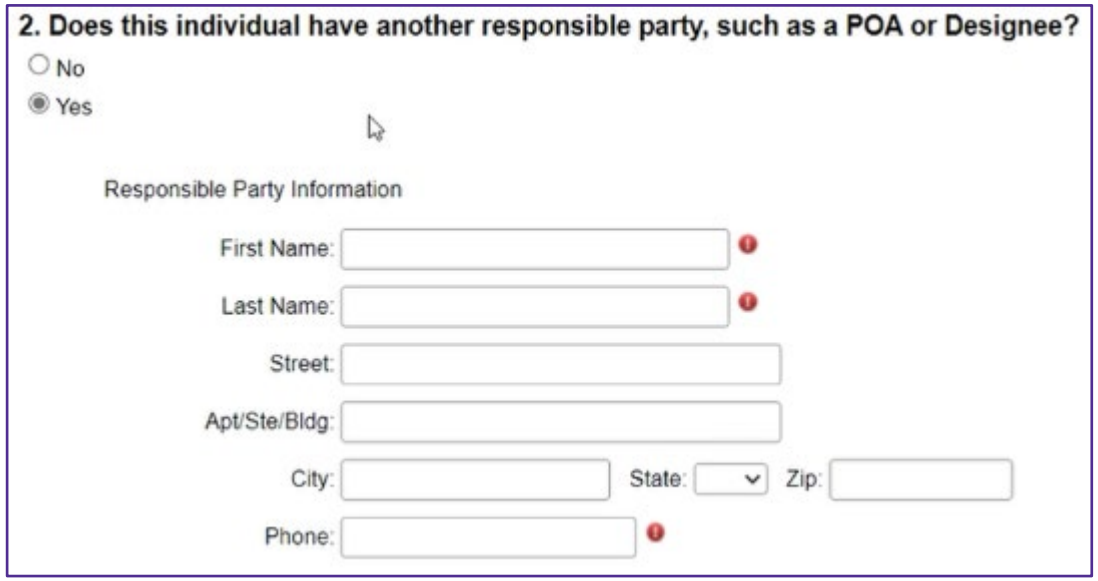
- Marital Status
- Current Location & Address
- Method of payment for NF
- Typical Living Situation

Section 2: Guardian/Interpreter

- Legal Guardian / Medical POA / Conservator / Medical Advance Directives
- Verification of Legal Documentation
- Upload the court order or POA documents
- Need for interpreter - Yes or No

Court Appointed Conservator vs POA or Designee





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Section 3: Mental Health Diagnoses

- Diagnosed or Suspected
- May lead to chronic disability

Section 4: Substance-Related Diagnoses

- Substance-related disorder
- Most recent use
- NF admission related to substance use

Section 5: Dementia/Neurocognitive Disorders

History of psychiatric services

- Inpatient psychiatric hospitalization
- Partial hospitalization / day treatment
- Residential treatment

- Diagnosis of disorder
- Testing results
  - Dementia Work Up
  - Comprehensive Mental Status Exam
  - Other

Section 6: Interpersonal Behaviors

- Difficulty interacting with others
- Altercations, evictions, or unstable employment
- Excessive isolation/ avoidance of others

Section 7: Concentration/ Task Completion

- Thinking through and completing tasks
- Physically capable

Section 8: Mental Health Symptoms

- Self-injurious/self-mutilation
- Suicidal talk
- History of suicide attempt/gestures
- Physical violence
- Physical threats (with/without potential for harm)
- Severe appetite disturbance
- Hallucinations/delusions
- Serious loss of interest
- Excessive tearfulness
- Excessive irritability
- Other symptoms, describe

Section 9: Behavioral Health Symptoms

- Inpatient psychiatric hospitalization
- Partial hospitalization
- Residential treatment
- Mental health crisis services
- Other intensive services

Section 10: Behavioral Health Impact

- Legal Interventions
- Housing changes
- Suicide attempts
- Homelessness
- Life disruptions
- Psychiatric stability

Section 11: Psychotropic Medications

- Current and recent medications used for mental health conditions
- Do not list medications given for medical diagnoses

Section 12: Intellectual & Developmental Disabilities

Known or suspected diagnosis

- Impairment prior to age 18
- Receipt of agency services
- Presently or previously on Tennessee's IDD waiver

Diagnosis that affects intellectual or adaptive functioning

- Related Condition present prior to age 22
- Substantial functional limitations

Section 13: Categorical Decisions

- Must have a PASRR Condition
- Psychiatrically/Behaviorally stable
- Meets the Criteria for the Categorical Decisions
- Requires the Practitioner Certification form for all Exemptions and Categoricals except Respite

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:

LEVEL I DETERMINATIONS

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Level I Determinations

Negative LI screen = No PASRR condition

- This is an Approved PASRR
- They Can Admit to the NF
- 73% of the time the Negative Screens are Web Approved
- Another 8% receive a Clinician Approved Negative LI screen
- 14% receive an Exemption or Categorical
- 5% are referred for Level II Evaluation

Refer for Level II = known/suspected PASRR condition

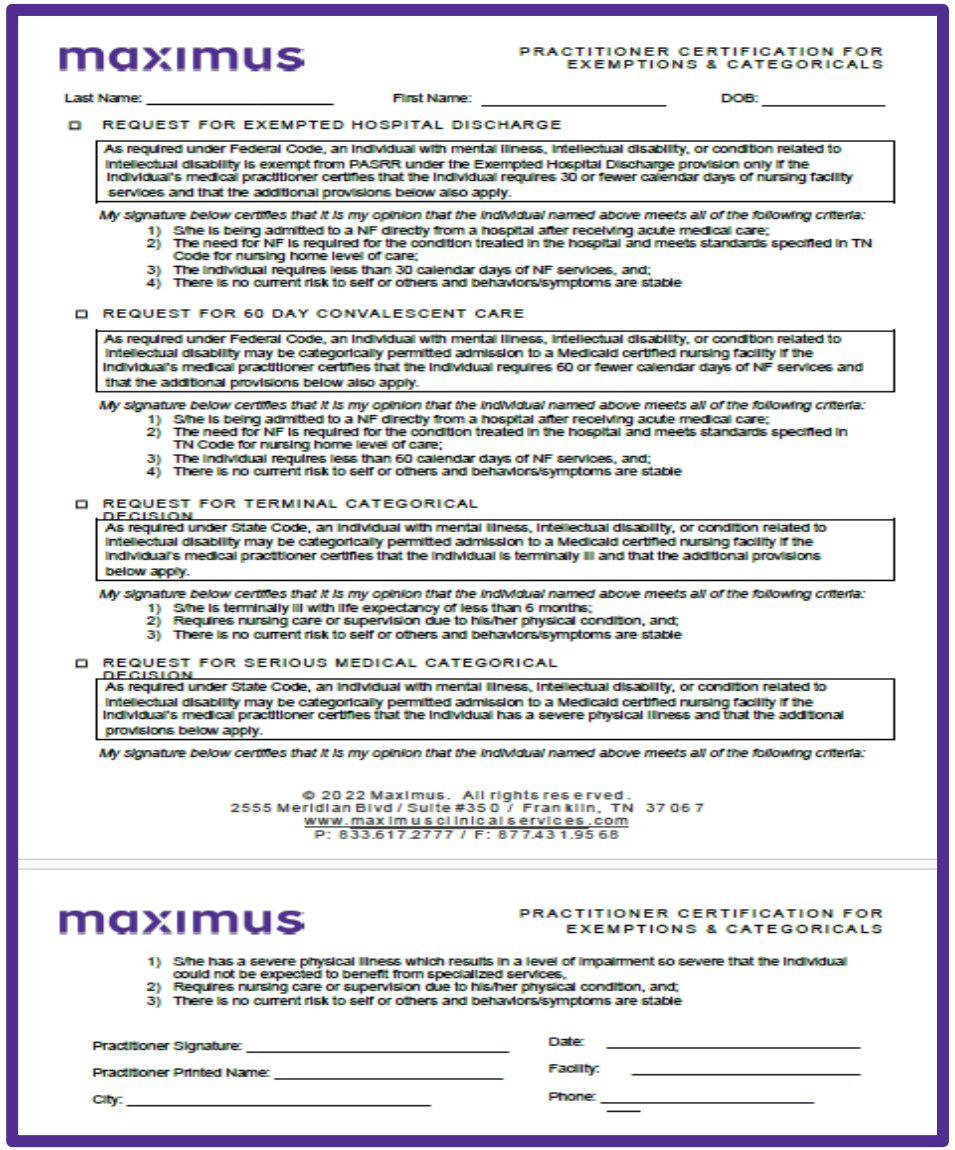
- Requires onsite Level II Evaluation
- 5% of the time this outcome is given.
- Average = 3 Business Days

Categoricals and Exemption Criteria:

- Has/suspected PASRR condition
- Psych Stable
- Meets specific criteria
- Each of these outcomes, except Respite, requires a physician attestation and a current H&P (within 1 year) and other medical documentation to support the exemption and/or categorical.

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

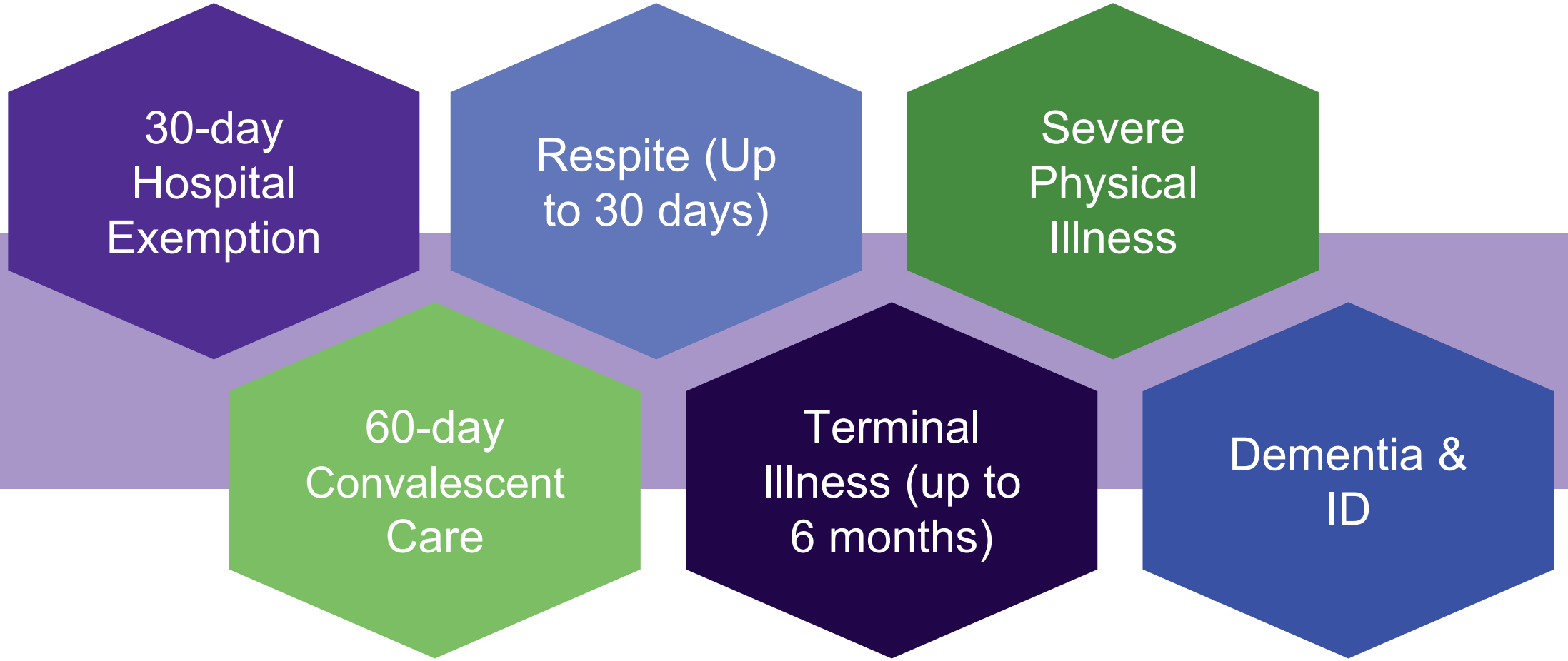
1) S/he has a severe physical illness which results in a level of impairment so severe that the individual could not be expected to benefit from specialized services.
2) Requires nursing care or supervision due to his/her physical condition, and;
3) There is no current risk to self or others and behaviors/symptoms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

Practitioner Signature: _____ Date: _____

Practitioner Printed Name: _____ Facility: _____

City: _____ Phone: _____

Categoricals and Hospital Exemption



30-Day Hospital Exemption

- Must be currently admitted to medical hospital
- Must be going to NF for treatment of the condition for which they were hospitalized
- Expected to need NF for no longer than 30 days
  - If likelihood of over 30-day admission, not eligible for EHD
- Must have PASRR condition
- Requires documentation:
  - Physician Attestation
  - Current H&P and other medical documentation to support exemption
  - Psych consult, if completed

Hospital Exemption Practice

Mr. Miller has a diagnosis of Schizoaffective Disorder and is medically admitted for ankle surgery. His doctor certifies that he will require less than 30 day of physical therapy at a skilled nursing facility. Is Mr. Miller appropriate for the Exempted Hospital Discharge?

- Yes, he is medically admitted, has a PASRR condition, and needs less than 30 days in the Nursing Facility.

60-Day Convalescent Care

- 60-day approval
- Must have PASRR condition; psychiatrically/behaviorally stable
- Must be currently admitted to medical hospital
- Must be going to NF for treatment of the condition for which there were hospitalized
- Expected to need NF for no longer than 60 days (If likelihood of over 60-day admission, not eligible for Convalescent)
- Requires documentation
  - Physician Attestation
  - Current H&P & other medical documentation to support categorical
  - Psych consult, if completed

60 Day Convalescence Practice

Mr. Peterson presents to the emergency room for cellulitis in his right foot and leg. He is prescribed oral antibiotics and therapy is ordered for strengthening. Is Mr. Peterson appropriate for the 60-day Convalescence approval?

- No, because he is not medically admitted to the hospital. He is only admitted to the emergency room.

Respite

- Must have a PASRR condition
- Time limited approval to provide respite to in home caregivers
  - Approval is good for up to 30 Calendar days.
- Individual will return home following brief stay

Respite Practice

Mr. Allen currently lives at home with his wife. He has a diagnosis of anxiety. His wife needs to have back surgery and will be unable to care for him for a few weeks. Is Mr. Allen appropriate for a Respite stay?

- No, this would be a LI Negative since there are no PASRR conditions.

Terminal Illness

- Must have a PASRR condition
- Terminally ill with life expectancy of less than 6 months
- Time limited stay – 6 months
- Requires nursing care or supervision due to his/her physical condition
- Requires documentation
  - Physician Attestation
  - Current H&P and other medical documentation to support categorical

Terminal Illness Practice

Mrs. Johnson is psychiatrically admitted for aggressive and threatening behaviors. She has diagnoses of Major Depressive Disorder and Intellectual Disability. She also has a terminal diagnosis of breast cancer. Is Mrs. Johnson appropriate for a Terminal Illness Categorical (180 days)?

- No, she will require a Level II Evaluation due to the diagnosis of Intellectual Disability and current psychiatric hospitalization.

Severe Physical Illness

Physical illness so severe cannot participate in specialized services consider:

- Coma
- Ventilator dependence
- Functioning at brain stem level
- Diagnoses of:
  - COPD
  - Parkinson’s disease
  - Huntington’s disease
  - ALS
  - Congestive heart failure
- Must have a PASRR Condition and requires documentation – physician attestation and current H&P & other medical documentation to support categorical

Severe Physical Illness Practice

Ms. Thomas is medically admitted after being hit by a car. She has a diagnosis of Schizophrenia Disorder. She is on a vent and is unable to communicate meaningfully. Is she appropriate for a Severe Physical Illness Categorical?

- Yes, she has a PASRR condition, is on a vent, and will be unable to participate in a LII Evaluation.

Dementia and Intellectual Disability (ID)

- Progressed Dementia and ID
  - Advanced and unable to participate in specialized services
- Report method of diagnosis
- Must include documentation supporting diagnosis and stage of disease

Dementia and ID Practice

Miss. Shields is currently psychiatrically admitted for aggressive behaviors. She has diagnoses of Bipolar Disorder and Dementia. She is oriented to self only and word salad is present. She is unable to complete cognitive testing due to cognitive impairment. Is she appropriate for Dementia and ID Exemption?

- Yes, Dementia appears to be primary over the Intellectual Disability.

Remember, Everyone receives a Level I

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

Program Resources Update

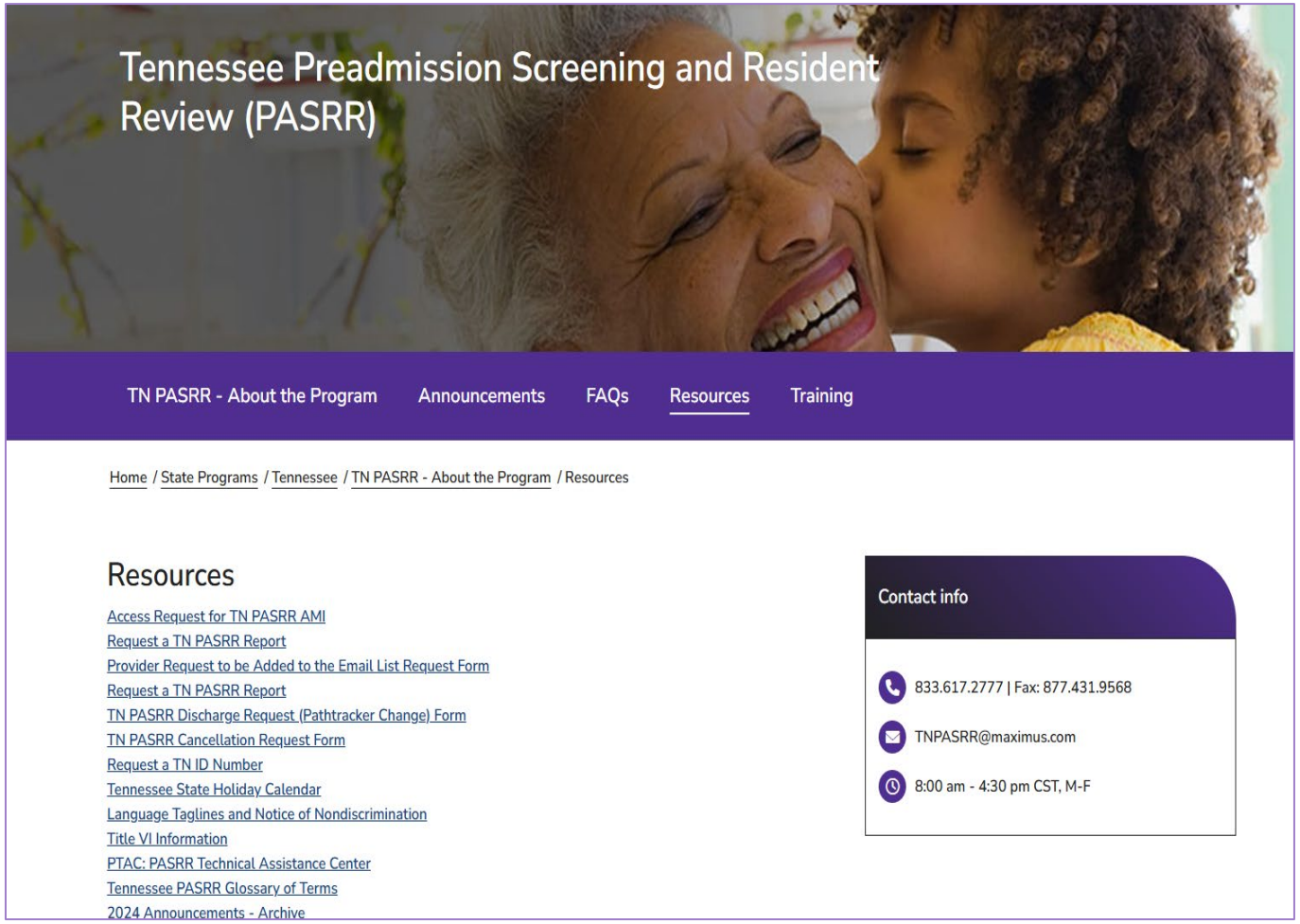
The Maximus Clinical Services website is expanding. We're pleased to share that some exciting upgrades have occurred for the www.MaximusClinicalServices.com site. Changes were made to provide a more engaging experience for those who rely on the site for program updates and resources. These updates will 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.

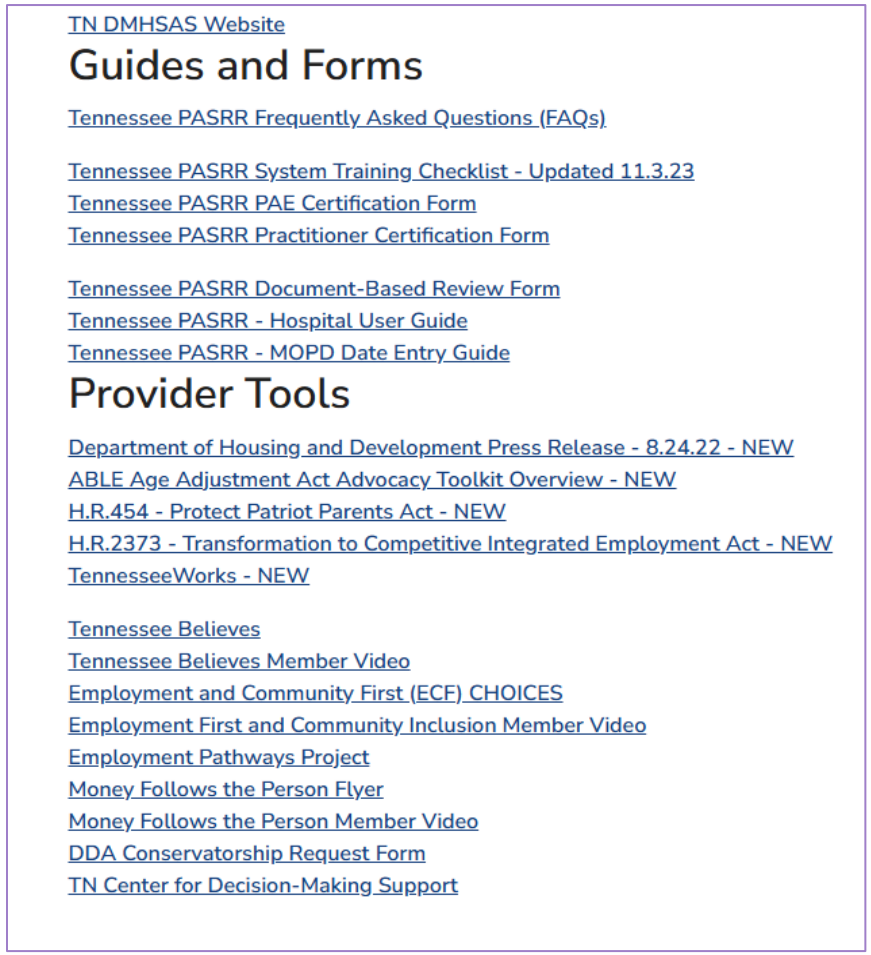
What Changed?

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.

Tools & Resources Updates

- https://maximusclinicalservices.com/svcs/tennessee





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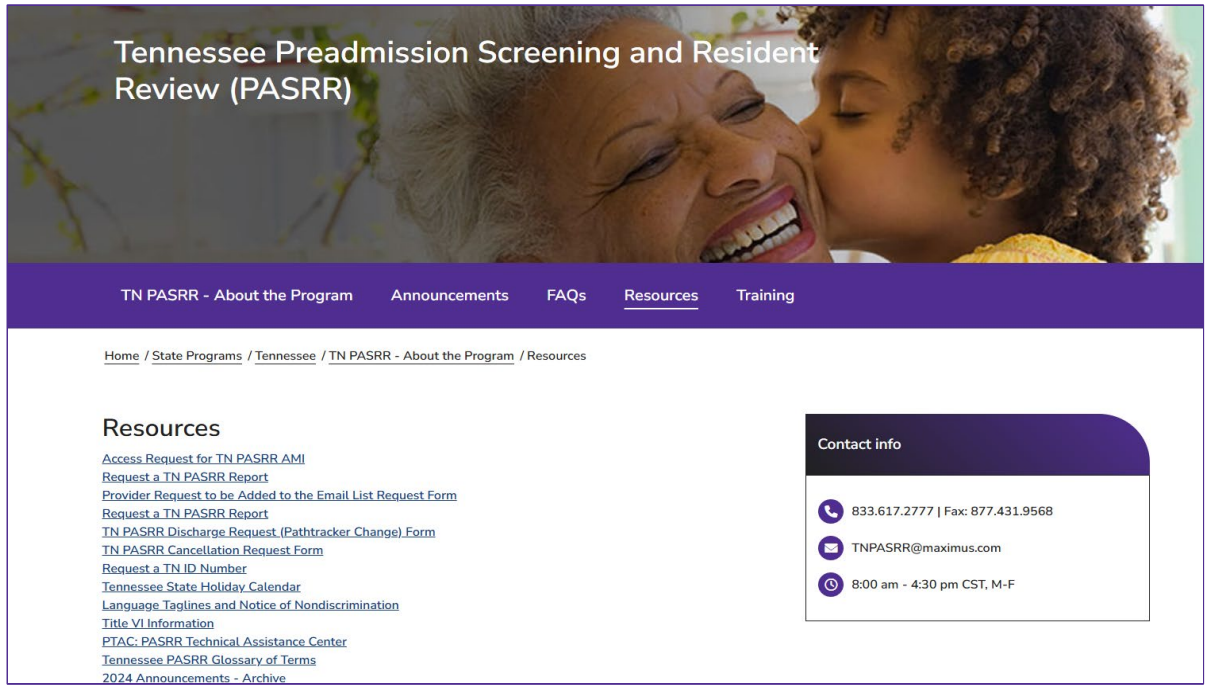
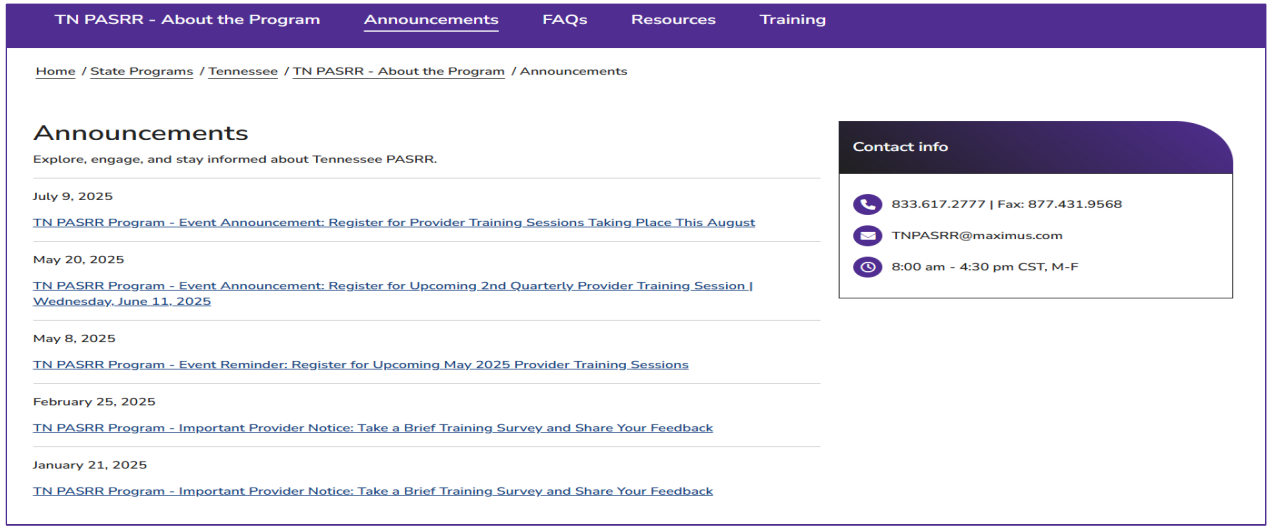
Available Maximus Resources





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2025 Annual Training Dates

October 21st

- PASRR 101 | 9am-10:45am CT
- LOC and Payer Source 101 | 1pm-2:45pm CT

October 22nd

- LI Outcomes and Status Changes | 9am-10:30am CT
- Skilled Services, ERC, and Safety Determinations | 1pm-2:30pm CT

2025 Quarterly Training Dates

- December 10th | Level II Process | 9am-10am CT

2026 Training Dates

- Details coming soon

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/WalkthroughLIcertificate

QUESTIONS & ANSWERS