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LEVEL I COMPLETION

Do PRN (as needed) psychotropic medications need to be included in the psychotropic medication section (i.e. Mental Health Medications) on the Level I?

A: PRN medications are not required on the LI screen. If there are any PRN psychotropic medications the person takes on a fairly regular basis that you'd like to make us aware of, you can add them along with any notes to one of the text boxes.

Do psychiatric medications need to be included on the L1 if they are not given for a psychiatric diagnosis?

A: Psychotropic medications that are prescribed for a medical condition are not required to be on the LI screen. If there are any medications that you'd like to make us aware of, you can add them along with any notes to one of the text boxes.

Are mental health medications listed in the Mental Health medication page even when there is an unknown or unrelated diagnosis?

A: All scheduled psychotropic medications prescribed for a mental health condition will need to be listed on the Level I screen. If there is not a corresponding diagnosis listed for a medication, verify with the person's physician the associated diagnosis for the medication. If there are any additional medications that you'd like to make us aware of, you can add them along with any notes to one of the text boxes.

Should a person's criminal history be included and, if so, where?

A. Yes. Report any known legal or criminal history for the person in the Behavioral Health Impact section. If there is very recent or suspected criminal activity, or activity that might be from outside of Iowa, please report this in the text boxes (notes area).

Should a child or dependent adult abuse history be included if known or suspected?

A. Yes. Both are essential to include. Report this in the text boxes (notes area). If there are any protective court orders or commitment orders pertaining to the person, those must be uploaded/attached to the Level I and mentioned in the notes too.

We have noted an increase in the number of situations where a PASRR is happening at or near the same time that an assessment for child or dependent adult abuse is also occurring, and it is even more important in these situations, to provide any available information about involvement of (Iowa DHS) Child or Adult Protective Services, as early as possible in the process, so that collaboration may occur if/when appropriate. We have a webinar that addresses the intersection of PASRR and child/dependent adult abuse, and we'd suggest that staff attend that training if/when possible.

Is a PASRR needed for a NF resident who has been psychiatrically hospitalized?

A: A new Level I will always be needed when a NF resident is psychiatrically hospitalized. This is considered a status change and must be reported via a new Level I screen.

Because the individual is already a NF resident, this is a Resident Review (RR) rather than a Preadmission Screening (PAS).

This is to be identified on the Level I screen under both the Reason for Screening (*Nursing facility resident who is currently hospitalized in a psychiatric hospital/unit and an evaluation is needed to ensure nursing facility readmission is appropriate*) and under Status Change (*Increased behavioral, psychiatric, or mood related symptoms*). The status change must be submitted within 10 days of when the person has returned to the NF, but if there is any doubt about whether the level of services may change as a result of the behavioral health change that led to hospitalization, the NF may ask the hospital to submit the Level I so a Level II can be completed prior to the individual's return to the NF.

Where should the belief that the person may need a NFMI (Nursing Facility for person with Mental Illness) LOC be indicated?

A: Providers do not need to give any NFMI indication as Maximus will always consider the appropriate level of care. If a Level I submitter wishes to specifically ask for consideration of the NFMI LOC, there is now a question included on the Level I screen that asks, "If referred for a Level II, does the individual present as someone who may potentially benefit from a NFMI Level of Care?" If yes, the submitter is asked to expand on the reasons why that LOC might be appropriate. NFMI level of care appropriateness is determined only after a comprehensive review of the individual's behavioral health history, and available records.

Note: The NFMI level of care is reserved for those individuals with the highest degree of mental health need and instability, as evidenced by multiple and/or recent inpatient psychiatric stays, significant active behavioral challenges (e.g. violent outbursts, risk of harm to self or others), and in need of high level, in-depth behavioral management services, including the development of a functional assessment (FA) and behavior based treatment plan (BBTP) implemented with the assistance of a Licensed Behavior Analyst, in a setting where all staff who offer direct care to residents have been trained in how to implement the day to day interventions, data collection, and reporting required by the FA and BBTP.

Can supporting documents be submitted by adding the information into the comments box, or must they be faxed?

A: Required and requested information should be uploaded directly into the PASRR record via AssessmentPro whenever possible. If you don't know how to use the upload function, access the training guide through the resources link or contact the IA Help Desk (email: IOWAPASRR@maximus.com or phone: 833.907.2777). While uploading will help the process move faster and is preferred, you may also fax documents to (877.431.9568). Do not copy and paste the H&P or any other supporting documents into the comment section, as this section is meant for dialog between reviewer and Level I submitter.

Do we need to resubmit PASRRs with correct medication dosages if there is a psychotropic medication adjustment?

A: It depends on whether the change constitutes a status change.

For an individual already in the PASRR population:

- If a change in the psychotropic medication dosage is part of a normal titration of medication by a qualified practitioner (psychiatrist) or a gradual dose reduction

(GDR) authorized by a qualified practitioner, there has *not* been a change in status and no new Level I is required.

- If there is a significant change in dosage—either increase or decrease--there may in fact be altered symptomology that necessitated the change and therefore would need to be reported as a status change (new Level I).

For a person not already determined to be in the PASRR population:

- Significant changes in dosage of an existing psychotropic medication or the need to start/add a new psychotropic medication may be an indication of the worsening of a mental health condition, and this may be an indication of the need for a new Level I submission.

With all questions relating to the possibility of a Status Change, the broadest answer is, "When in doubt, submit a status change/new Level I screen."

How does the hospital discharge planner decide when/if to mark yes for meeting a categorical or exemption?

A: A categorical or exemption can be requested **ONLY** in cases where the individual is expected to require fewer than 30 days in an NF for an Exempted Hospital Discharge (EHD) or fewer than 60 days in a NF for a Convalescent Categorical and only to treat the condition that caused the person to be in the hospital in the first place.

If the hospital believes this is a person who may need active behavioral health treatment to have the best possible recovery and to optimize the potential for return to the community, please do not use the EHD or convalescent categorical and allow the full Level II to take place.

Note: EHDs and other categorical outcomes are given ONLY for persons who appear to be in PASRR population, so the accepting NF should consider this person to have a Level II condition and must recognize that they are accepting this person without knowing what services the PASRR will identify for this person, in the event that they do not leave the NF prior to the expiration of the categorical/exempted outcome.

Do we need to submit a PASRR for everyone with a diagnosis of depression and/or anxiety?

A: Yes. Absolutely everyone gets a Level 1 screen; you must submit a Level I on everyone who may apply for admission to an Iowa NF or NFMI.

Do we need to do a new PASRR for someone with a paper PASRR dated prior to 9/1/2001?

A: Yes. You must submit a new PASRR immediately. Iowa PASRR conducted prior to 9/1/2011 were not completed in a manner consistent with federal standards.

When completing a Level I, what do we do if the diagnosis needed for use of psychotropic medications is not in drop down box, even if it is an approved diagnosis from CMS?

A: Since IA began using AssessmentPro (AP) on 10/1/2020, the system no longer contains a drop-down box. AP contains a text field in which you can enter any diagnosis needed.

PROCESS

Is there a time limit for a Level II PASRR?

A: With any PASRR, whether it is Level I screen or a Level II assessment, it is valid for placement in an Iowa NF only for 60 days from the date it is given. If the person has not been placed in an Iowa NF within 60 days of the finalized date on the Level I or Level II Summary of Findings, then a new PASRR must be done.

Unless the Level II determination indicates otherwise, it is a non-time limited approval with no expiration date for the person's NF length of stay. If there is no expiration date, the PASRR remains valid unless there is a significant change in status for the person, involving either significant improvement or worsening of their PASRR condition/behavioral health.

Level II PASRR determinations (including EHDs and other categorical outcomes) that indicate a short-term approval will include a number of days for which they are approved and a specific expiration date. The accepting NF should be working mightily to see that the person is discharged to a lower level of care prior to the expiration. If the person will not discharge prior to expiration, the facility must submit a Resident Review Level I for consideration, and note barriers to discharge, at least 7-10 days prior to the expiration date on the current PASRR.

If someone is ruled out of PASRR population, can they be ruled back in?

A: Yes. There are many factors that go into determining someone's PASRR status, including diagnoses, symptoms, behaviors, how long symptoms have been present, and how much their behavioral health is impacting their daily life.

If someone has a Level II and then goes on hospice, do we need to submit a status change?

A: A transition to hospice often is the result of a change in status, but not in all cases. If the person has experienced a significant change in status, as defined by the MDS and/or in ways that may have an impact upon their need for behavioral health treatment, then a status change Level I should be submitted.

In most cases, it is appropriate to submit a new Level I with a terminal outcome request. A signed practitioner certification, as well as physician documentation of a life expectancy of less than 6 months, will be needed to qualify for the hospice exemption for 180 days. This is a Level II determination that exempts the person from a comprehensive Level II assessment for a maximum of 180 days. At the conclusion of the terminal exemption period, if the resident is still alive, a new Level I will need to be submitted 7-10 days prior to the expiration date and a full Level II will be completed.

Is there ever a reason to submit a status change for someone in a dementia care unit who was previously ruled out via a Level I for primary dementia?

A: In most cases where a person has dementia significant enough to be placed in a dementia care unit, or who was previously ruled out for primary dementia, the person will continue to have their dementia be the primary focus of treatment for the rest of their lives. However, there are exceptions. When in doubt, submit a status change/new Level I screen.

What if the resident's physician has already concluded that the resident has a primary diagnosis of dementia? How is this different if the resident has a status change? Should a Level I be done again?

A: In many cases where a physician has determined dementia to be the primary focus of treatment, the person may be ruled out of the PASRR population, but there are exceptions, particularly if the mental health needs are also significant and the person may be able to benefit from continued mental health services, or where a neurologist or physician with greater expertise in dementia care, comes to a differing conclusion, or there is doubt. See above.

Are Emergency Departments (EDs) required to do a PASRR if they know the person is going to a nursing facility?

A: Yes, always. All persons who may be placed in a NF must have a PASRR prior to NF admission. In cases where a person is at a hospital, whether admitted or not, it is appropriate for the hospital, rather than the potential NF, to initiate the PASRR process.

If a person is coming from home and they are not receiving home health or adult day services, is it a conflict of interest for the NF to do a PASRR, or, who is supposed to do it?

A: All persons who may admit to a NF must have a completed PASRR prior to NF admission. Ideally, it would be someone other than the NF in all cases and we continue to work to broaden the number of community providers, including physicians' offices, who might be willing to submit Level I screens when needed. The federal government recognizes that there is an inherent conflict of interest if/when a potential receiving NF submits the Level I screen for a person not yet at the NF. However, if there are no other entities in the community who are able and willing to submit the PASRR, the NF may be the submitter.

Can we communicate using the PASRR comment box after the Level I or Level II has been completed?

A: No. After completion, you'll need to contact the Iowa PASRR helpdesk using one of the methods listed here:

- email: IOWAPASRR@maximus.com
- Phone: 833-907-2777
- fax: 877-431-9568

Why can't a person in the ED qualify for a convalescent categorical? Some Medicare beneficiaries have the NextGen waiver benefit that waives the 3-overnight requirement for SNF, so we could place someone at SNF from ED. We have had patients that were unnecessarily hospitalized because we couldn't do a convalescent stay from the ED.

A: It is a federal requirement that to be eligible for any categorical (such as an exempted hospital discharge, (EHD) or a convalescent stay the individual had to have been admitted as a patient in the hospital before any categorical request can be made. There are no exceptions. The individuals must be discharging, after having been admitted to a medical unit of a medical facility, and they must require a brief stay of 30-60 days or less in a NF, for treatment of the same condition for which they were hospitalized.

Does Maximus have a Release of Information (ROI) that a patient should sign?

A: Yes, a ROI is needed, signed by the individual anytime a face to face assessment needs to be conducted. It is the responsibility of the assessor (Independent Contractor) to obtain this form and signatures.

If there is a legal guardian or an activated POA for healthcare, then this substitute decision maker should be signing all forms for the person.

When calling the PASRR Help Desk, we are only told to refer to our manual, but we do not have a manual. Where do we get one and why wouldn't they help us?

A: The Iowa Help Desk should help you with any issues that you have questions about and should only be referring you to the manual in the event that you are asking for more information or a written resource related to the assistance they are offering to you.

The manual is available on the website and has been there for as long as the State has contracted with Maximus (September of 2011).

What if a NF resident requires more than the 30 or 60 days allowed via EHD or convalescent categorical *and the nursing facility submits new PASRR* and it turns out the NF can't meet the needs identified as part of the completed Level II? Given that the person is already admitted, what do we do?

A: It is incumbent on every NF to understand that if you accept someone with a 30-60-day EHD or convalescent categorical outcome, that you are accepting a person with a PASRR condition. By accepting them for placement, you are making a commitment that the NF expects to be able to meet their needs *no matter what services that the subsequent PASRR Level II may identify*. For assistance in finding and arranging services, the NF may reach out to the MCO for Medicaid members, to Maximus, DHS, Options Counselors with the AAAs, or other sources, but ideally the NF will already know exactly what agencies and providers they have available to them if/when PASRR identifies particular services that are needed. If/when the NF cannot meet the person's needs, the NF may need to seek to arrange for a successful transfer to another facility.

Do you have to do a new PASRR on a skilled resident going to an ICF?

A: No, not unless there is a significant change in status, or unless the ICF is a NFMI, because a Nursing Facility for person with Mental Illness, or ICF-PMI, is considered a higher level of care and can ONLY be approved by PASRR.

When you admit a person from another state, does the IA admitting facility do the PASRR?

A: In most cases, yes, but not necessarily always. Several hospitals in some of our surrounding states have access to the Iowa PASRR system and will submit the Level I screen. Agencies and providers in other states are welcome to become users on Iowa's system so that they can submit, when appropriate. If/when there is no entity in the other state to submit the screen, it may be the potential receiving NF that does so. It is ideally done with assistance from the hospital or other facility in the sending state, who might be on a call or might have provided medical records, as the Iowa individual submits the Level I.

If a significant change MDS is done for medical changes, does a status change have to be done in PASRR?

A: Possibly

- Yes: If the significant change in medical status has the potential to affect the mental health status of the individual, particularly if the individual is already in the PASRR Level II population.
- No: If the individual is primarily in the NF for rehab and has not been identified to have a PASRR condition previously, then a significant change in MDS secondary to the medical condition will not be likely to cause a change in mental health status. If a change in mental status occurs, submit a new Level I screen for status change consideration at that time.

How often should you review PASRR?

A: You should be looking at the PASRR and the associated care plans frequently, and at a minimum, each time you review the care plan, service delivery, or have a care conference. Ask yourselves if the current PASRR continues to reflect the individual's behavioral health needs and services. You do not need to submit a new PASRR unless or until the individual experiences a significant change in status or you have reason to believe that they may need different services from what the current PASRR identifies.

SERVICEMATTERS & PATHTRACKER

Do nursing facilities need to send a CAR (Case Activity Report) form to DHS?

A: Yes, the nursing facility must make entries into PathTracker, which will generate a CAR form that goes to Iowa Medicaid Enterprise for 100% of your residents. This has been required since February 1, 2016, and the NF must use PathTracker to submit these forms electronically. NO PAPER CAR forms are to be submitted by NFs.

How does Maximus choose who receives a ServiceMatters review?

A: A ServiceMatters review is triggered for every individual who has a Level II PASRR with one or more specialized services identified in the Summary of Findings. Much more detail about when and how that happens is available in the ServiceMatters training webinar that we offer regularly.

Note: It is important for NFs to understand that PASRR compliant care planning and service delivery is required for every individual who has a Level II outcome, whether or not specialized services have been identified, whether or not a ServiceMatters review has been triggered.

What do you do if you try to create an admission notice and PathTracker shows they are admitted to another facility?

A: The transferring facility should submit a discharge notice into PathTracker as part of the transfer process. If they have not, you should reach out to the other facility and ask them to submit a discharge notice immediately, reflecting the actual date of discharge. If they refuse or you experience problems with this, reach out to the Iowa Help Desk for assistance. You may submit your admission notice after the other facility submits the discharge/transfer notice.

How do I check a PASRR outcome prior to the person admitting to my NF without it being in my queue?

A: You cannot use the PASRR database to electronically review any PASRR for any individual who has not yet been admitted to your facility. This would be a serious HIPAA breach. You must review the PASRR outcome by asking the referring entity to send it to you by mail, fax, email, or other means, so that you can review it. It will not be available to you electronically until you have accepted the person and submitted an admission notice.

How do I report residents that go on or off hospice care but remain in the facility?

A: You will edit the admission notice in PathTracker to reflect the change in Level of Care.

When ServiceMatters says a NF is not in compliance with care planning and Maximus says they are reporting the compliance issue to DHS, to whom are they making the report?

A: The report of non-compliance becomes available to Lila P.M. Starr (DHS/ MHDS) for each case. This information can then also be shared with Iowa Medicaid, Iowa Department of Inspections and Appeals (DIA), and/or the Medicaid Managed Care Organization (MCO) if there is an MCO involved with the person.

OTHER

Community Placement Barrier: Medicaid Home and Community Based Services (HCBS) Waivers cannot be approved while a person is in a nursing facility. Providers will not move forward with placement until funding is in place. Any ideas how to overcome this barrier? MCOs haven't been sure how to overcome this either.

A: We don't know of any specific options beyond doing high quality, well-coordinated discharge planning that includes the MCO care manager and finding out if it is possible to complete the application for the appropriate waiver while still in the NF so that it may be activated as soon as possible when the planned discharge occurs.

What does MCO stand for? What does MDS stand for?

A: MCO = Managed Care Organization. MDS = Minimum Data Set.

Where do we find the practitioner certification form?

A: It can be found on the Maximus website, where it has been since 2011. If you continue to have difficulty locating it, the IA Help Desk can help you find it and so that you can save it to your computer for future use.

How much does Maximus anticipate PASRR pre-work to take?

A: In our experience from multiple other contracts, once you are comfortable with the use of the LI screening submission process, which takes an average about 10 screen submissions, you can anticipate it will take about 7-10 minutes to submit a Level I into AssessmentPro.

We suggest that all new providers attend or view the "PASRR 101," training that is available 24/7/365 on the website, as well as the, "How to submit a Level I PASRR," training, via webinar, in order to facilitate the learning curve.

If the location the person is entering from/discharging to is out of state and/or not listed as an option in the drop-down menu, what action needs to be taken?

A: You can manually enter in the name and address of the sending facility or location in the discharge notice in PathTracker.