

SD PASRR: Provider Training

October 2023

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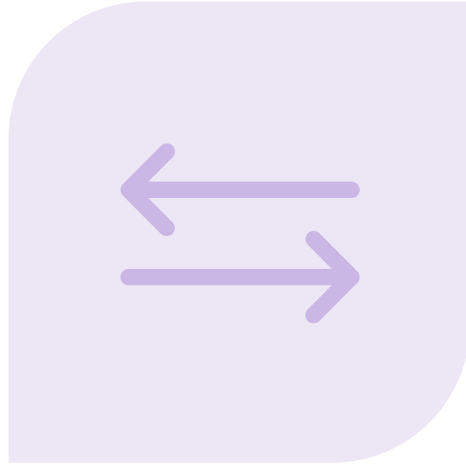


Bryan Parker
SD PASRR Clinical
Administrator



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Purpose and Objectives



UNDERSTAND THE
UPCOMING CHANGES
TO SD PASRR



DEVELOP AN
UNDERSTANDING OF
THE IMPORTANCE OF
THESE CHANGES AND
HOW THEY IMPACT
YOUR ROLE

PASRR 101 Recording

If you have not already, make sure to listen to our PASRR 101 recording linked to our SD PASRR Provider Resource Website.

This 40-minute recording is for anyone who wants to gain a better understanding of PASRR both at the federal and state levels.

This recording covers:

- Concept and regulations surrounding PASRR
- Structure and purpose of PASRR
- Importance of PASRR and your role

https://maximusclinicalservices.com/svcs/south_dakota

Maximus and South Dakota PASRR

South Dakota Department of Social Services, Medical Services Division has contracted with Maximus to:

- Review all Positive Level I Screens with potential MI/ID/RC
- Determine if there is a confirmed or suspected PASRR condition, and, if so, which is needed:
 - Categorical (or abbreviated evaluation), **or**
 - Full Level II evaluation
- Complete all SMI Level II evaluations

Starting October 16, 2023

Importance of This Transition

- First-time outsourcing of PASRR for the State
- Highlights for this PASRR project:
 - 1) Use of PASRR to support and connect individuals with community resources
 - 2) Enhanced tracking and reporting features



Movement toward further alignment with PASRR federal standards

Increase in provider resources

Individualized PASRR journey

What is Changing?



Positive Level I referrals and Exempted Hospital Discharge Forms go to **1** centralized state email address for Maximus to process



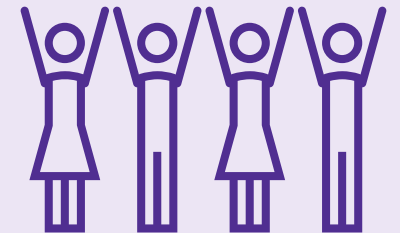
Level I Outcomes now from Maximus with **more** comprehensive information about the Level I determination and next steps



LOC for **Level II SMI-only** individuals will be completed by an LTSS nurse. SIDA will complete LOC for **IDD and dual** individuals.



Level II individuals with a SMI diagnosis will receive an **individualized assessment** from a Maximus assessor



Level II individuals with a SMI diagnosis will receive a **Summary of Findings** completed by the State and Maximus

Insights and Benefits

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Experienced PASRR vendor



Easier submission of Level I Screens and Exempted Hospital Discharge forms to one centralized State email address



Enhanced outcome options in the Level I and Level II process allows for more opportunities for the PASRR individual

What Remains the Same?



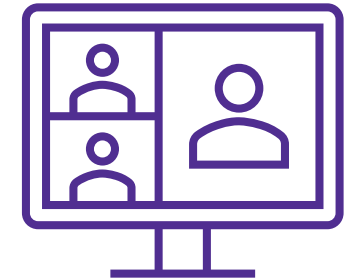
Your State authorities **remain** the final decision maker on all Level II PASRR determinations



Criteria and required documentation for Positive Level I Screens and Exempted Hospital Discharges **remain unchanged**



Your State authorities will **continue to provide you** with the Level II outcome for the PASRR individual



Your State authorities **remain involved and engaged**

Knowledge Check

Maximus begins this transition on:

- A. October 16, 2023
- B. November 16, 2023
- C. December 16, 2023

Level I Review Process



Centralized PASRR Email Address



Positive Level I
Referrals, Exempted
Hospital Discharge
Forms

Send directly to



PASRR@state.sd.us

Key Highlights:

- A Maximus clinician will review your Level I Referral within 1 business day
- A Maximus clinician will reach out to you directly if additional information is needed to process your Level I referral
- Hours of operation for Maximus are Monday-Friday, 8 a.m.-5 p.m. CT.
- Referrals submitted after 3 p.m. CT. are processed the next business day

Updated Level I Screen

- Updated checkboxes to help with PASRR reporting and tracking
- Included the new email address specifically for PASRR submissions, making the process more convenient for users

rev. 10/23

**South Dakota PASRR Program
PRE-SCREENING FORM**

Type of Facility (select one): Nursing Facility Swing Bed
 Type of Screen (select one): Pre-Admission Resident Review

APPLICANT DEMOGRAPHICS					
LAST NAME	FIRST NAME	MI	DATE OF BIRTH		
SOCIAL SECURITY NUMBER	MEDICAID NUMBER (IF APPLICABLE)	PRIMARY LANGUAGE			
CURRENT LOCATION OF APPLICANT					
FACILITY NAME		CITY	STATE		
PRIMARY CONTACT REGARDING PASRR	CONTACT EMAIL	CONTACT PHONE	FAX		
SECONDARY CONTACT REGARDING PASRR	SECONDARY CONTACT EMAIL	SECONDARY CONTACT PHONE			
ADMITTING FACILITY					
FACILITY NAME		FACILITY CONTACT REGARDING PASRR			
CITY	STATE	ZIP CODE	PHONE NUMBER		
DIAGNOSES					
PRIMARY ADMITTING DIAGNOSIS					
SECONDARY DIAGNOSES					
SCREENING QUESTIONS			YES	NO	Unknown
1. Does the individual have a condition of, or is there any presenting evidence* that may indicate the individual may have an intellectual or developmental disability?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the individual being referred by an agency that provides support for individuals with intellectual or developmental disabilities and has the individual been determined to be eligible for that agency's services?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does this individual have a condition of, or is there any presenting evidence* that may indicate the individual may have mental illness? Indicate a "YES" response if the individual has any type of physician documented dementia diagnosis			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Prior to this nursing facility admission request, did this individual receive any Medicaid funded, State paid, or privately paid in-home services?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*See PASRR Manual Exhibit A for presenting evidence definition.

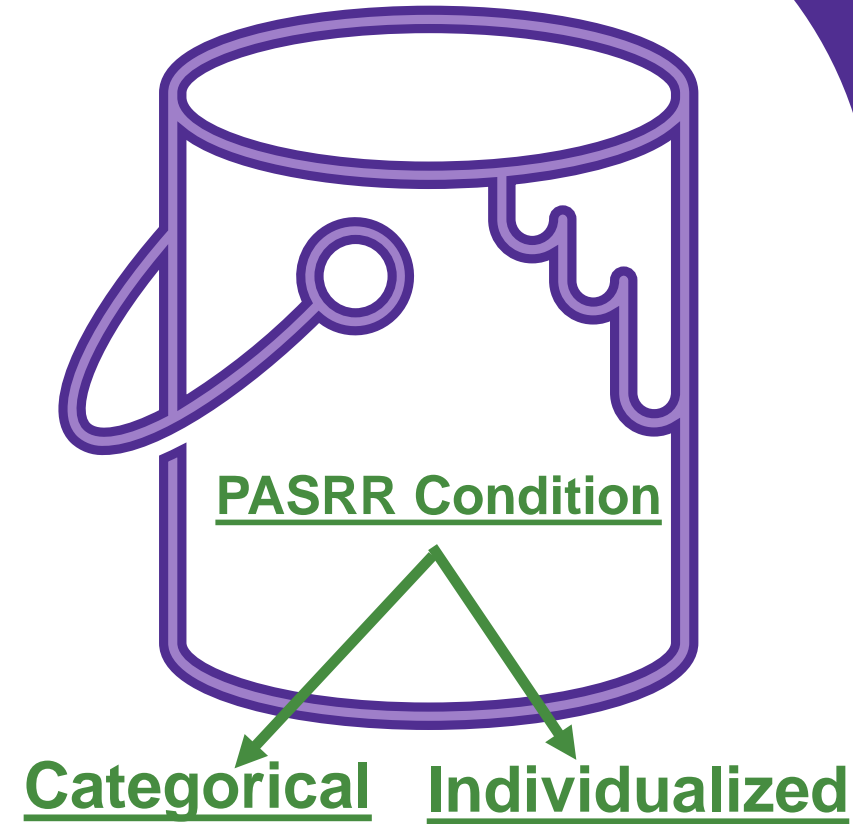
If the answers for questions 1 through 3 (as listed in the table above) are "YES", or "Unknown" email at PASRR@state.sd.us with supporting documentation. If all the answers are "NO", the individual may be processed without further evaluation and this form is saved in the individual's file.

This individual does not need to be referred for further evaluation.
 This individual was referred to Maximus on _____ and _____
(date) (time)

Signature of Designated Facility Representative

Date Signed

PASRR 'Buckets' Following Review of Level I Screen



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Level I Review Outcomes from Maximus: No Known or Suspected PASRR Condition

<i>No PASRR Condition Identified</i>	<i>Description</i>
<i>No Level II Required: No SMI/ID/RC</i>	The diagnosis of ID/DD or MI is not substantiated
<i>No Level II Required: Situational Symptoms</i>	There is a diagnosis of situational depression that is of short duration and in direct relation to an occurrence in an individual's life and does not appear that will lead to chronic disability
<i>No Level II Required: Psychotropic Medications with No SMI</i>	There is the use of psychotropic medications in the absence of a major mental illness diagnosis
<i>No Level II Required: Situational Symptoms</i>	There is a diagnosis of anxiety disorder that is not identified as severe and does not appear to be leading to chronic disability
<i>Neurocognitive Disorder/MI Exclusion</i>	A primary diagnosis of dementia, including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia without a primary diagnosis that is a serious mental illness

Level I Review Outcomes from Maximus: Exempted Hospital Discharge

Level I Exempted Hospital Discharge	Description
<p><i>Exempted Hospital Discharge</i></p>	<p>Person has a PASRR condition and is discharging to a nursing facility or swing bed from a hospital after receiving acute inpatient hospital care and requires nursing facility services for the condition for which he/she received care in the hospital and as the physician, they certify no later than the date of discharge, that the individual requires less than 30 days of nursing facility or swing bed services</p> <p>Requires EHD form</p> <p><i>SD PASRR manual indicates that Maximus will receive these, but the submitter does not need to wait for notification of approval to discharge their individual</i></p>

Level I Review: Outcomes from Maximus: Categorical

<i>Level I Categorical</i>	<i>Description</i>
<i>Terminal Illness Categorical</i>	Terminal illness diagnosis, determined by a physician, that includes a life expectancy of 6 months or less
<i>Severe Physical Illness Categorical</i>	Severe physical illness which has resulted in a coma or ventilator dependence (ex: functioning at a brain stem level, or a diagnosis such as end-stage COPD, Parkinson's disease, Huntington's, amyotrophic lateral sclerosis (ALS), <u>which results in a level of impairment so severe that a person cannot be expected to benefit from active treatment</u>
<i>75 or Older Categorical</i>	The age of the individual is 75 or older
<i>Convalescent Categorical</i>	The physician has identified the need for NF or SB stay following hospitalization which will be less than 100 days
<i>Respite Categorical</i>	Physician order for a respite stay of 30 days or less

Level I Review Outcomes from Maximus: Level I Positive

<i>Known or Suspected PASRR Condition</i>	Definition
<i>Level I Positive: No Status Change</i> <i>*This outcome does not require a Level II evaluation</i>	Has an identified PASRR condition but the documentation indicates the person's situation has not changed to the point where new services and supports would be identified
<i>Refer for Level II-SMI</i> <i>Refer for Level II-IDD</i> <i>Refer for Level II-Dual</i>	Has a known or suspected PASRR condition and requires a Level II assessment

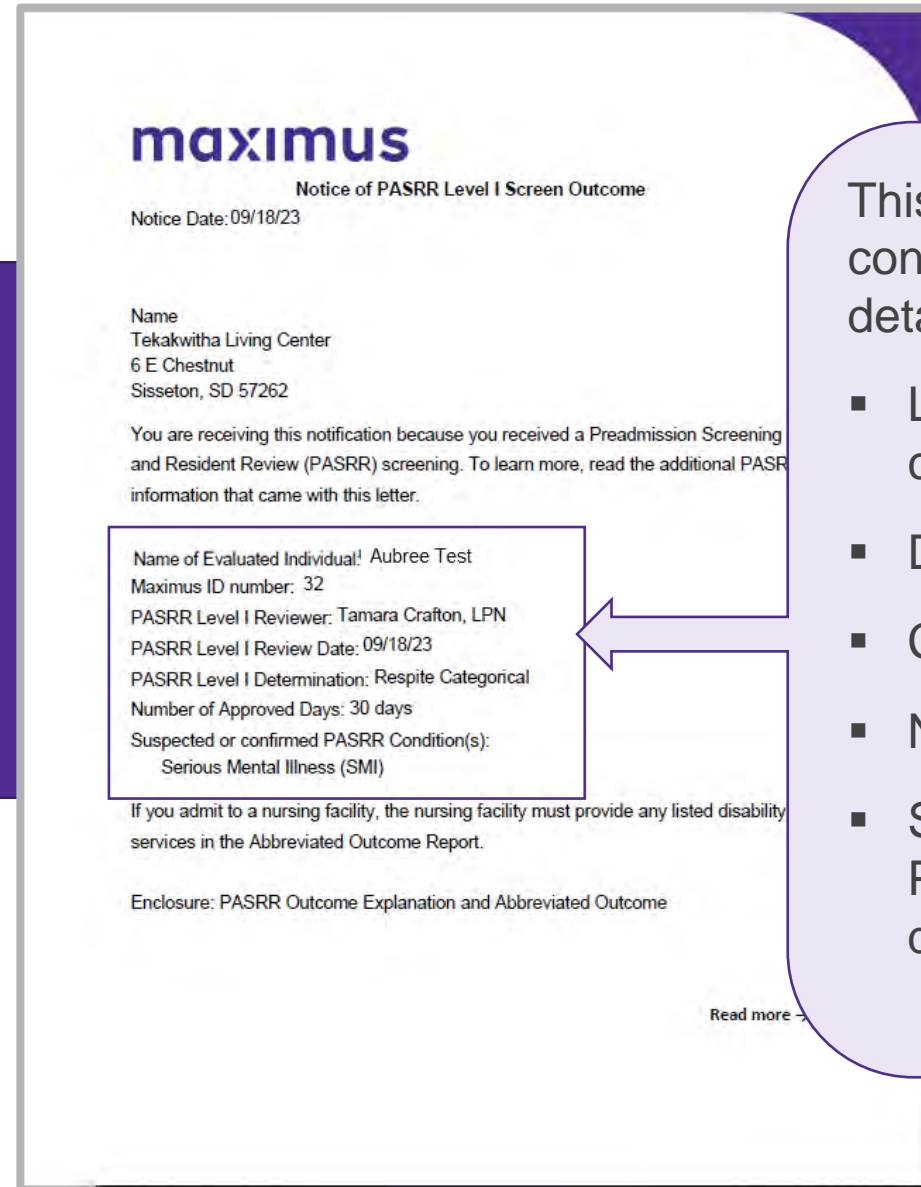
Level I Review Outcomes from Maximus: Cancelled or Expired

<i>Level I Cancelled or Expired</i>	Definition
<i>Cancelled</i>	Screen no longer required because person is not going to NF
<i>Expired Due to Lack of Documentation</i>	Pending screen expired because supporting/required documentation not provided. Resubmit with documentation if need continues

Level I Review Outcomes and A1500 of MDS

<i>Level I Outcome</i>	<i>MDS A1500</i>
<i>Categorical (considered abbreviated Level II activity)</i>	Yes
<i>Exempted Hospital Discharge</i>	Yes
<i>Level II Positive</i>	Yes
<i>No Known or Suspected PASRR Condition</i>	No
<i>Cancelled or Expired</i>	N/a

Categorical Outcome Cover Letter



This section provides a concise overview of important details, such as:

- Level I Reviewer credentials
- Date of review
- Categorical Determination
- Number of approved days
- Suspected or confirmed PASRR condition diagnosis

Categorical Outcome Explanation & Appeal Rights

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PASRR Outcome Explanation Notice of Criteria Met for Respite Categorical—No PASRR Level II Required

On behalf of South Dakota Department of Social Services, Maximus has reviewed the Preadmission Screening and Resident Review (PASRR) Level I screen completed for you by your health care professional. You received this screen because you are seeking to enter or continue to stay in a nursing facility that receives Medicaid funding. PASRR Level I screens are required by Federal law, 42 U.S.C. § 1396r(e)(7).

Your Level I screen shows you have evidence of serious mental illness or intellectual/developmental disability (IDD). Further PASRR evaluation is not required because you need respite care. This means you may stay for up to 30 days in a Medicaid-certified nursing facility without further PASRR evaluation. The *Notice of PASRR Level I Screen Outcome* that came with this letter lists any mental health and/or IDD services required for you during your stay. The nursing facility must provide any listed disability services.

Your PASRR Level I screen remains valid during your stay at the nursing facility and should transfer with you if you move to a different nursing facility. If you or your care provider thinks you need to stay longer than the *Number of Approved Days* listed on the *Notice of PASRR Level I Screen Outcome* that came with this letter, a nursing facility staff member must submit a new Level I screen to Maximus. This must be completed by or before the last approved day after your admission to the nursing facility.

This Level I screen is valid within 60 calendar days of the *Notice Date* listed on the *Notice of PASRR Level I Screen Outcome* that came with this letter. If you are not admitted to a Medicaid-certified nursing facility within that time, you will need an updated Level I screen. After that time, any nursing facility you admit to must submit

2555 Meridian Blvd, Suite 350, Franklin, TN 37067-6372

an updated Level I screening form to Maximus. If you transfer to another nursing facility, the facility you leave must transfer a copy of your Level I screening form to the new facility.

If you are not satisfied with this notice of action, you have a right to a fair hearing regarding this decision. A request may be made in writing with the Department of Social Services within thirty (30) days of the receipt of this notice. You have a right to be represented by counsel (attorney) at the fair hearing at your expense. The cost of the attorney will not be the responsibility of the Department of Social Services.

Please note admission to a nursing facility is a choice made by you or the legal entities that have the authority to make decisions for you. This nursing facility screening notice does not require you to admit to a nursing facility. At any point in time, you may be eligible for a level of care review to determine if your needs may be met in a lower level of care. Dakota at Home is a free information and referral service, providing objective information and options planning to help individuals, regardless of age, disability, or income, identify and access public and private services and supports in their local communities. If you would like to explore resources within your community, please feel free to contact Dakota at Home at 1-833-633-9673.

Since this evaluation has determined that you have a PASRR condition, if you admit to a Medicaid-certified nursing facility, or if you are currently in a Medicaid-certified nursing facility, the facility will need to document your PASRR condition in important Medicaid nursing facility paperwork. The facility should mark yes for question A1500 on the Minimum Data Set, "Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition?". Also, your specific PASRR condition(s) should be checked in question A1510, "Level II Preadmission Screening and Resident Review (PASRR) Conditions."

If you have questions about this notice, please contact Maximus at 833.957.2777. Ask to speak with a South Dakota PASRR staff member.



Categorical Abbreviation Evaluation Report

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SD PASRR Abbreviated Evaluation Report

Demographics
Name: Test 14 Test 14

You are receiving this notification because you received a Preadmission Screening and Resident Review (PASRR) screening. To learn more, read the additional PASRR information that came with this letter.

Suspected or confirmed PASRR Condition(s):
You were determined to have the following confirmed or suspected PASRR condition(s):

Serious Mental Illness (SMI)
Specify:
Schizoaffective Disorder

Categorical Determination:
Although your screen shows that you have evidence of SMI or an intellectual or developmental disability (IDD), further PASRR evaluation is not currently required because you meet criteria for the following categorical determination:

Respite stay of 30 days or less
The reason for this decision is:
You have a physician's order for a respite stay in a NF for 30 days or less.

Services and Supports Needed:
If you admit to a nursing facility, the nursing facility must provide any listed disability services.

Recommended Services:

- No recommendations at this time
- Obtain copies of medical records from behavioral health treatment provider
- Contact treating psychiatrist to ensure continuity of behavioral health medications while in the nursing facility
- Contact behavioral health treatment provider to ensure continuity of behavioral

SD PASRR Abbreviated Evaluation Report Page 1 of 2

Qualifying PASRR diagnosis(es)

Qualifying categorical determination and rationale

Recommended Services

Categorical Abbreviated Evaluation Report

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health treatments while in the nursing facility

- Ensure a physician or NP with psychiatric expertise oversees psychiatric medications
- Arrange for licensed counseling services
- Arrange for substance abuse counseling/treatment
- Arrange for translation services
- Arrange for American Sign Language services
- Other (specify):

Recommended Supports:

- No recommendations at this time
- Begin community transition/discharge efforts at admission. Explore and prepare for lower level of care as soon as possible
- Provide training about self-health care management
- Provide training about medication and medication administration schedule
- Promote independence and minimize skill loss by providing help to manage self-care as independently as possible
- Train staff on indicators of mental health symptoms and how to recognize and support them
- Promote access to recovery groups and/or sponsor
- Monitor behaviors and symptoms carefully and contact the treating psychiatrist if symptoms emerge or get worse
- Other (specify):

Determination by:
Level I Reviewer and Credentials: Tamara Crafton, LPN
Level I Determination Date: 09/18/23

SD PASRR Abbreviated Evaluation Report Page 2 of 2

Continued Service Options

Recommended Supports

PASRR Reviewer & Determination Date

Cisco Secure Email Support

Contact Maximus directly for *Cisco* support by phone or email

- Email: SDPASRR@maximus.com
- Phone: 833.957.2777

Knowledge Check

I will email my positive Level I Screens and Exempted Hospital discharge forms to 1 centralized email, PASRR@state.sd.us.

A. True

B. False

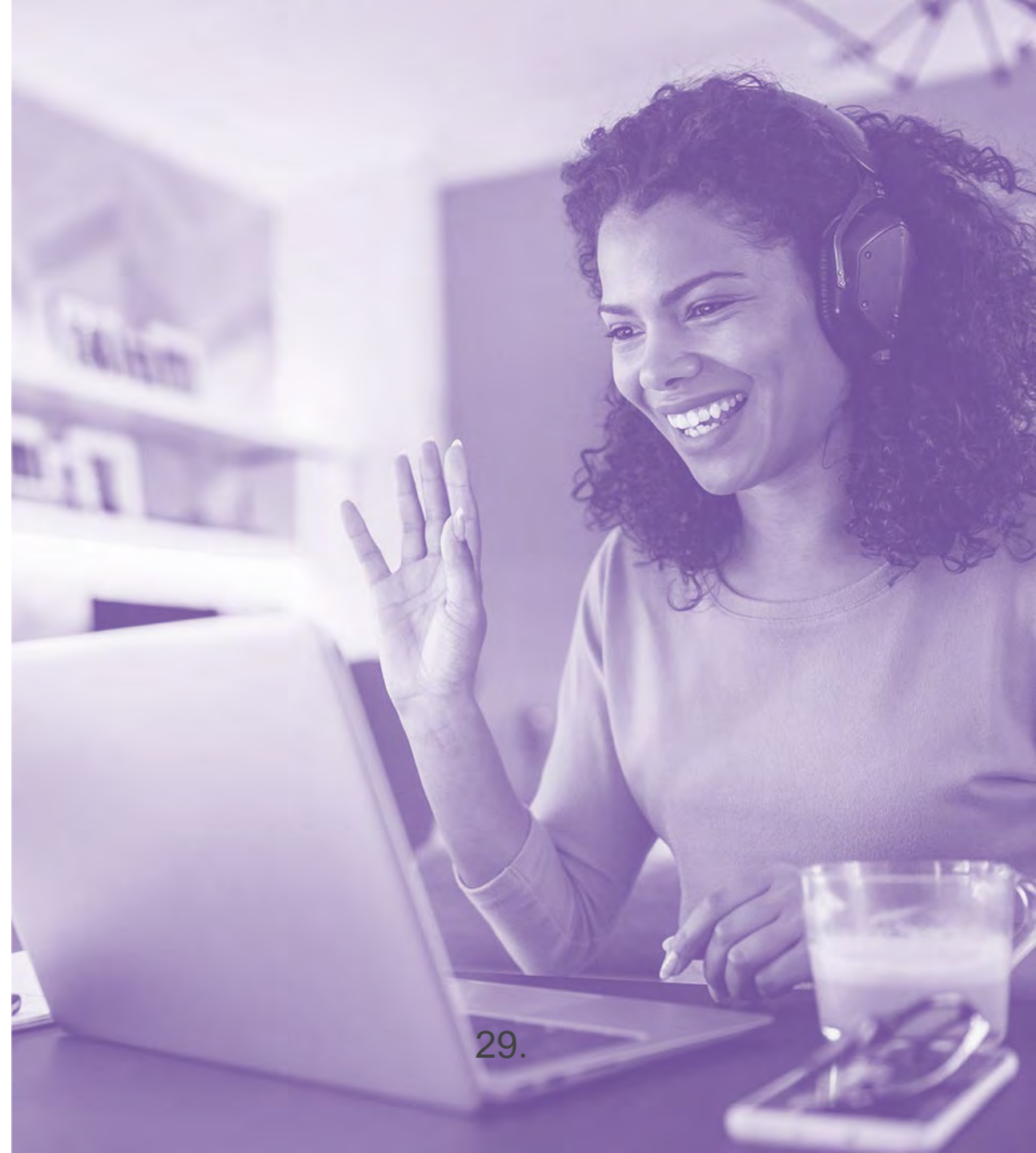
Knowledge Check

I will receive my Level I Outcome from Maximus by secure email.

A. True

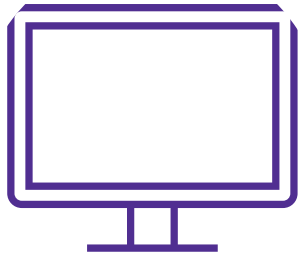
B. False

Level II Process



29.

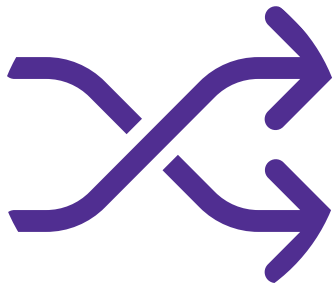
Level II SMI Assessments



Maximus **completes** all Level II SMI assessments



SIDA **continues** their process for all Level II ID and RC individuals



SMI **and** Dual individuals



Maximus and SIDA will **both** contact you for dual diagnosis individuals

What to Expect From a Maximus Assessor



Licensed mental health professional



Direct contact with you and facility staff following completion of Level I outcome



Legal guardian outreach



Use of our federally compliant **Level II Assessment Tool**



Individual PASRR interview completed by **Zoom**



LanguageLine for any accommodation needs

Knowledge Check

Maximus contacts the facility individual(s) identified on the Level I Screen for the Level II assessment.

A. True

B. False

Knowledge Check

The Maximus assessor completes the SMI Level II evaluation using HIPPA-Compliant Zoom.

A. True

B. False

Summary of Findings



Summary of Findings

For any individual referred for a PASRR Level II SMI evaluation, you will receive a Summary of Findings attached to your Level II outcome letter sent by your State Authority

Speaks from the individual's perspective and voice

Written in layperson and person-centered language

Provides insight for caregivers on what matters to support the individual and their disability needs

Speaks to required PASRR criteria

Provides a clear understanding of the outcome and service recommendations

Specialized Services

A **Specialized Service** is a service that the NF typically does not provide, and the state must arrange for funding for that service.

These SD services include:

Psychiatric
medication
management/
monitoring

Individual mental
health therapy

Case Management

Psychoeducational or
other therapeutic
group

Level II Outcomes

<i>No PASRR Condition</i>		<i>MDS A1500</i>
<i>Level II-Excluded from PASRR – No SMI Condition</i>	No PASRR condition was identified through the Level II process. If additional evidence of an MI/ID/RC is evident, resubmit the Level I as a status change request.	No
<i>Level II-Excluded from PASRR - Primary Neurocognitive Disorder</i>	An MI was identified but the person’s NCD is primary, and the person will no longer benefit from services and supports for treatment of their mental illness.	No
<i>Denial</i>		<i>MDS A1500</i>
<i>Level II Denied: NF Appropriateness</i>	The person has an identified mental illness but not a documented need for NF level of care.	N/a
<i>Level II Denied: Requires Inpatient Psychiatric Services</i>	The person requires inpatient psychiatric hospitalization before they can safely admit to a NF.	N/a

Level II Outcomes

<i>PASRR Condition with No Specialized Services Identified</i>		<i>MDS A1500</i>
<p><i>Level II Approved: No SS: Time Limited Stay</i></p> <p><i>Level II Approved: No SS</i></p>	<p>The person has a PASRR condition, is appropriate for NF and does not require specialized services.</p> <p>If time-limited, identify the end date and resubmit with supporting documentation if the person will need to remain in the NF longer.</p>	<p>Yes</p>

Level II Outcomes

<i>PASRR Condition with No Specialized Services Identified</i>		<i>MDS A1500</i>
<i>Level II Approved: No SS: Dakota at Home Referral: Time-Limited Stay</i>	<p>The person has a PASRR condition, NF is appropriate but does have a time limit, and a Dakota at Home referral is being recommended, because the person IS interested in community options or minimally meets NF LOC. Specialized mental health services are not recommended, based on the person’s mental health needs.</p> <p>If time-limited, identify the end date and resubmit with supporting documentation if the person will need to remain in the NF longer.</p>	Yes
<i>Level II Approved: No SS: Dakota at Home Referral</i>	<p>The person has a PASRR condition, NF is appropriate with no time limit, and a Dakota at Home referral is being recommended, because the person IS interested in community options or minimally meets NF LOC. Specialized mental health services are not recommended, based on the person’s mental health needs.</p>	Yes

Level II Outcomes

<i>PASRR Condition with Specialized Services Identified</i>		<i>MDS A1500</i>
<p><i>Level II Approved: SS: Time-Limited Stay</i></p> <p><i>Level II Approved: SS</i></p>	<p>The person has a PASRR condition, is appropriate for NF and requires specialized services.</p> <p>If time-limited, identify the end date and resubmit with supporting documentation if the person will need to remain in the NF longer.</p>	<p>Yes</p>

Level II Outcomes

<i>PASRR Condition with Specialized Services Identified</i>		<i>MDS A1500</i>
<i>Level II Approved: SS: Dakota at Home Referral: Time-Limited Stay</i>	<p>The person has a PASRR condition, NF is appropriate but does have a time limit, and a Dakota at Home referral is being recommended, because the person IS interested in community options or minimally meets NF LOC. Specialized mental health services are not recommended, based on the person's mental health needs</p> <p>If time-limited, identify the end date and resubmit with supporting documentation if the person will need to remain in the NF longer.</p>	Yes
<i>Level II Approved: SS: Dakota at Home Referral</i>	<p>The person has a PASRR condition, NF is appropriate with no time limit, and a Dakota at Home referral is being recommended, because the person IS interested in community options or minimally meets NF LOC. Specialized mental health services ARE recommended, based on the person's mental health needs.</p>	Yes

Summary of Findings

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South Dakota PASRR Summary of Findings

Demographics
Name: Sarah Test

Is the choice of care in a nursing home an option for you now?

You may choose nursing home care now.
 You may choose nursing home care now, but your needs may be met in the community with the appropriate services, and it is recommended that your care team help you with a Dakota at Home referral.
 Care in a nursing home does not appear to be the best setting for you at this time.
 It was determined that you do not have a PASRR condition, and a determination about nursing facility appropriateness was not made.

The reason for this decision is outlined below.

Why did this Pre-Admission Screening and Resident Review (PASRR) take place?

We were contacted about you because diagnoses, symptoms, or other signs of a mental health condition were listed on your PASRR screening tool. The purpose of the screening tool was to flag anyone going to or living in a Medicaid certified nursing facility that may have a mental health, intellectual, or developmental condition. If those conditions are found, an evaluation must occur to decide whether a nursing facility is the best place to receive healthcare services right now and to name any needed services and supports.

We gathered information in this report through review of your medical records and interviews with:

- you, your guardian, and hospital staff.

We learned that:

- You were admitted to XYZ Hospital after fracturing your ankles on 9/4/23 when you jumped off the porch in response to the voices that you hear. You consistently hear voices that tell you to harm yourself, but over the weeks before you were injured, the voices had been much worse.
- After your injury, you had surgical repair on both ankles.
- You are currently non-weightbearing and are not expected to be weightbearing until mid-to-late- February. You are expected to require PT through the end of the March.
- You have been living at home with your family but cannot return as you will need a wheelchair to get around while you are non-weightbearing and there are stairs to get to your family's apartment.
- You are looking forward to returning home and hope to do so by the start of Spring.

What did the evaluation identify as important for a provider to know about your symptoms, diagnosis(es), behaviors or other needs and history?

You have the following mental health condition(s) that led to this evaluation:

- Schizoaffective Disorder

The following information is important for your caregivers to know about your symptoms, behaviors, diagnosis, or other related needs:

- You almost always hear voices, and often they make you feel afraid. These voices feel like they are God's voice commanding you to behave in certain ways. Sometimes you know that the voice is not real, and you are able to ignore it.

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Is the choice of care in a nursing home an option for you now?

Name of PASRR individual

Why did this review take place?

Who participated in the assessment

What did we learn about why this assessment was needed?

Diagnosis(es) that led to the need for this PASRR evaluation

What did the evaluation find out about their PASRR diagnosis that is important for providers to know?

Summary of Findings

Continued information about the PASRR diagnosis(es) and what is important for providers to know

What did the evaluation find to be important to you and for you?

What was determined about your PASRR grouping?

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- Early signs that voices are worsening are when you respond back them. You may talk loudly or as though you are angry.
- You enjoy others talking to you and asking about your day. You do not like it when others tell you to ignore the voices. You'd rather them reassure you not to be afraid. Others should "check in" with you to ask you how you are doing and whether you are having any struggles with the voices. You do not need the presence of others to prevent harm but checking in with you is very important.
- You have yelled and hit others in the past. The last time this happened, you believe you were feeling anxious about the voices, and you felt frustrated at others for asking you to ignore the voices.
- You feel that the medications you are prescribed are not as effective in helping control the voices you hear as were other medications you have taken in the past, but they are working better than the Geodon you were taking in December.
- You have had several hospitalizations for your behavioral health condition, stating "I've been in the hospital a thousand times."
- You tried living on your own for about 6 months at about age 25. You did not like living alone because you did not have the support you needed to distract you from the voices. Since then, you have lived in your mother's home. That allows you to have company when you need it, while also being independent.

What did the evaluation find about your mental health service history?

We learned the following about your service and treatment history:

- You use services of BP CMH, where you have a case manager, therapist, and psychiatrist.
- At the outpatient clinic, you were taking Haldol and Depakote for your symptoms. Those worked well for you for several months. The Nurse Practitioner at BP CMH saw you in December and changed your medication to Geodon. You said that your symptoms almost immediately got worse.
- Now you are taking Haldol and Lithium for your symptoms and Cogentin for side effects.
- You reported that you prefer Depakote, which seems to work better to reduce the voices.
- When treatment is going well, you may not hear voices for several days at a time.

What did the evaluation find to be important to you and for you?

We learned that the following things are important to and for you:

- Keeping busy and distracted helps with ignoring the voices; they are less bothersome.
- You enjoy arts and crafts, particularly painting.
- You are very social and like being around others. You will clearly let people know when you are ready to be alone. They should not "get their feelings hurt" when that happens. Sometimes you feel overwhelmed and need some space.
- You do not like to be alone for long periods of time; you like for others to check on you and let you know that you are not forgotten.
- A good day is a day without hearing voices.

What was learned about your medical and functional needs?

We learned the following about your current medical and support needs:

- You have a fracture of your upper shin bone and a severe sprain in your right leg.
- You use a wheelchair to get around.
- You require one-two people to assist or supervise your mobility, toileting, and transfer between sitting, standing, and lying positions. You require one person to assist with dressing and bathing, as you cannot stand and bear weight on your legs.
- You need physical therapy, to regain strength and mobility while your legs heal.

What was determined about your PASRR grouping?

What did the evaluation find out about your mental health service history?

What was learned about your medical and functional needs?

Summary of Findings

Decision for PASRR grouping and rationale

If you are admitted to a Medicaid-certified nursing facility, what services and supports are nursing facility staff required to provide for you?

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- You fall into the category of having a diagnosis that the PASRR program was designed to assess. Your condition is likely to require expert treatment in the future.
- You have a primary neurocognitive disorder which is the focus of your treatment needs. People with primary neurocognitive disorders do not require further evaluation through the PASRR process. If a change occurs suggesting you have a primary mental health condition, further evaluation through this process will be needed.
- You do not have a mental health condition requiring evaluation through the PASRR process. If a change occurs suggesting you have a mental health condition, or intellectual or developmental disability, further evaluation through the PASRR process will be needed.

The reason for this decision is:

- You meet criteria for having a serious mental illness as defined by the PASRR program. You have received a formal diagnosis of Schizoaffective Disorder, been found to have recent mental health treatment, and are experiencing impairment in your overall functioning.

Is a nursing home an appropriate option for you to choose?

- Your care needs are appropriate to be served in a nursing facility setting. Effective Date:
 - No time limit
 - Number of days: End Date:
- Your care needs do not meet nursing facility level of care but because you have been a nursing facility resident for at least 30 months and are in need of specialized services so you may choose to remain in the nursing facility or move to the community to receive these services.
- Your care needs can be met in a home or community-based setting and nursing facility admission is not an appropriate option for you to choose.
- You need inpatient psychiatric care and nursing facility admission is not an appropriate option for you to choose.

The reason for this decision is:

- You need help with getting around, toileting, transferring, dressing, and bathing, and are also in need of physical therapy to help you regain weightbearing abilities after your recent leg fracture.

Complete if nursing home was determined to be appropriate.

If you are admitted to a Medicaid certified nursing facility, what services and supports are nursing facility staff required to provide for you?

Is a nursing home an appropriate option for you to choose?

Summary of Findings

Specialized Services

What services or supports will you need outside of a nursing facility if you remain in or return to the community?

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You will need to be provided the following specialized services:

- Psychiatric medication management will be needed as you have had recent medication changes so these will need to be monitored to make sure they are working well in treating your symptoms.
- Ongoing therapy and case management through BP CMH is recommended to help support your mental health needs.

You will need to be provided the following rehabilitative services and/or supports:

- Socialization activities are recommended for you as you are very social and like being around others and do not like long periods of being alone.
- Physical therapy will be helpful for you as you regain strength following your recent leg fracture to help you regain weightbearing status.
- Your care team should help with a Dakota at Home referral as they may be able to identify services that can help you return home as you would like. Dakota at Home can be contacted at 1-833-663-9673.

What services or supports will you need outside of a nursing facility if you remain in or return to the community?

You will need the following community services if not admitted to or if discharged from a nursing home:

- Home health services may help you as you transition back to your home.
- Assertive Community Treatment Team (ACT Team) may help you with managing your mental health needs and reduce risk of needing to admit to the hospital again.

Determination by:

Evaluator Name and Credentials: Emily Isaacs, MS/EdS
Assessment Submission Date: 9/20/2023

Final Determination by: Andrea Heronimus, SD Division of Behavioral Health
Determination Date: 9/22/2023

Rehabilitative Services

Level II Evaluator & State Authority

Knowledge Check

A Dakota at Home Referral outcome option is new for Level II PASRR individuals.

A. True

B. False

New PASRR Resource Page

- Be sure to save the Maximus Provider Resource website to your bookmarks!
- Access tools, videos, user guides, forms, and resources for your role in the PASRR process 24/7.

https://maximusclinicalservices.com/svcs/south_dakota

Contact Information

For information about Medicaid or policy questions, contact:

Emily Johnson
South Dakota Program Manager

Email: Emily.Johnson@state.sd.us
email preferred

Phone: 605.773.8434

For information on PASRR, Level I referral submissions, or inquiries regarding a specific case, contact:

Maximus – South Dakota PASRR Help Desk

Email: SDPASRR@maximus.com

Phone: 833.957.2777

Fax: 877.431.9568

The Maximus – South Dakota Help Desk is available 8 am – 5 pm CT, Monday – Friday

Submit your Level I Referrals, supporting documentation, and Exempted Hospital Discharge forms directly to one centralized State email inbox:

Email: PASRR@state.sd.us

Questions?

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