

PASRR

Pre-Admission Screening and Resident Review

New Mexico Department of Health
Developmental Disabilities Supports Division

PASRR

Presented by Sandyeva Martinez, LMSW

Roll Out Date
July 30, 2020

Implementation Date
October 1, 2020

What is PASRR?

Pre-Admission Screening and Resident Review

- Federally mandated program. Under the federal Omnibus Reconciliation Act (Public Law 100-203) and 42 CFR 483.100-38 requires that each resident, regardless of payment source, applying for admission to or residing in, a Medicaid certified Nursing Facility be screened for mental illness, intellectual disability or related conditions which affect intellectual functioning.
- Applies to **ALL** applicants PRIOR to admission to a Medicaid–certified long-term care Nursing Facility, regardless of payer source
- *Federal law prohibits payment for Nursing Facility services until the PASRR screening has been completed.*

Level I Identification Screen and Level II In-depth Evaluation

- Level I (referral)
 - A preliminary screening to identify individuals who may have MI, ID, and/or RC
- Level II
 - An in-depth evaluation to determine if individuals who “trigger” at Level I, do in fact have MI, ID and/or RC *for the purposes of PASRR.*

Level I Identification Screen

- Who completes a PASRR Level I Screen?
 - Hospital discharge planners
 - Nursing facility admissions coordinators
 - RNs
 - Social services staff
 - Hospice staff
- NOTE: The nursing facility is responsible for ensuring a Level I screen is completed for each applicant prior to admission.

NEW MEXICO PASRR LEVEL I IDENTIFICATION SCREEN

Rollout: July 30, 2020

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Few changes to the format

- 3 pages
- Section C. Mental Illness 2 questions
- Section F: Dementia (Dementia is not a Mental Illness, is not a stand alone diagnosis)
- Section G: Severity of Illness (is not a stand alone diagnosis; referring source must provide hospice or doctor's order)
- Section H: Respite (individual can remain in a NF up to 14 days)
- Section J: (determines skilled care/convalescent waiver or long term care/Level II evaluation)
- Doctor's order or certification are embedded in the form

- A New Mexico PASRR Level I Identification screen is required for every Medicaid certified nursing facility applicant regardless of payment source.
- **Please print legibly. Incomplete referrals will not be processed.**
- The information in this document constitutes a Level I referral. This document must be part of each individual's nursing facility record. The document must be updated only if the individual's Mental illness (MI), Intellectual Disability (ID), and/or Related Condition (RC) status changes (Resident Review Significant Change Review).
- Level I screens which do not meet criteria do not need to be sent to PASRR. They do need to be sent to the nursing facility.

Section A

- Type of Review

Pre-Admission Screening

Hospital admission

Home admission

Doctor's office admission

Resident Review (Significant Change Review)

Nursing Facility determines there has been a change in the resident's health/diagnosis

Section B

- Individual's Information
 - Name: Last, First, Middle
 - DOB:
 - Social Security Number complete information, otherwise incomplete document
 - Current Location of individual (physical address)
 - Next of Kin, Medical Surrogate, POA
 - Telephone
 - Pertinent Medical Diagnosis

Section C

Identification of Mental Illness Evaluation Criteria

- Diagnosis or suspected Mental Illness?
- Within the last two years? (check box)
- Homeless is not a qualifier

If yes to both questions, this referral must be sent to PASRR, clearance will be provided prior to nursing facility admission

Section D

Identification of Intellectual Disabilities Evaluation criteria

- Diagnosis or evidence of Intellectual Disability
 - Prior to the age of 18
- Receiving services for Intellectual disability

If yes to both questions, this referral must be sent to PASRR, clearance will be provided prior to nursing facility admission

Section E

Identification of Related Condition Evaluation criteria

- History, diagnosis or evidence of
 - With age of onset prior to age 22
- Any severe, chronic disability affecting intellectual or adaptive functioning.
- Comment space: Provide diagnosis and age of onset

If yes to this question, this referral must be sent to PASRR, clearance will be provided prior to nursing facility admission

Section F

Dementia Waiver type

- Must meet PASRR criteria of MI, ID or RC
PASRR does not provide clearance for Dementia when it is the only diagnosis
- Dementia is not a **Mental Illness**
- Permanent and transferable to another nursing facility
- If the individual does not have an advanced or primary diagnosis of Dementia, this section is not completed.

Section G

Severity of Illness Waiver type

- Must meet PASRR criteria of MI, ID or RC
- PASRR does not provide clearance for Severity of Illness when it is the only condition
- Required documentation
 - Hospice
 - Doctor certifying end of life
- Permanent and transferable to another nursing facility

Section H

Respite Waiver type

- Must meet PASRR criteria of MI, ID or RC
- PASRR does not provide clearance for Respite is the only service requested
- Doctor's order required
- 14 days

Section I

Required Documentation

- Level I screen
- Current H and P
- List of Medications

Documentation if available

- Psychiatric Evaluation
- ID/RC history/documentation
- Neuropsychological Evaluation
- Documentation of Dementia
- Mental Status Exam

Section J

Admitting Nursing Facility

- Name of Facility (required for SNF)
- NF Email Address
- Telephone Number
- Expected date of Admission (required)

Section J

Type of Nursing facility care needed

- SNF
 - less than 30 days
 - Direct admission from hospital to nursing facility
- Long term care
 - more than 30 days
 - No skill need, needed
 - Admitting from home

Section J

Convalescent care waiver type

- Individual is currently in the hospital and going directly to a nursing facility for convalescence for the condition they were being treated for in the hospital
- Must meet PASRR criteria of MI, ID or RC

Section K

Name and Title of individual completing PASRR Level I Screen

Name/Title

Signature

Hospital, Nursing Facility, Agency

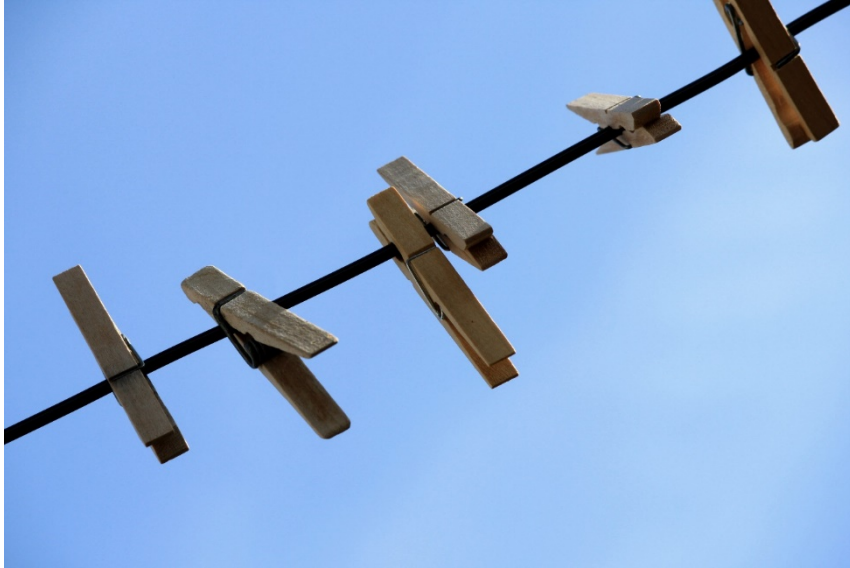
Telephone/extension

Email address

Date form completed

Date form faxed to PASRR

Electronic Signature



The Clothes Line
Level I screens are placed on hold when there is no contact information documented in section K



Fax
505-841-5537

Or
email to

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diane.baca@state.nm.us

Sandyeva.Martinez@state.nm.us



Call
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Diane Baca
505-313-1249

Sandyeva Martinez
505-469-6950

Level II In-depth Evaluation

• Purpose of Level II Evaluation

- Identify all applicants who have been identified as having MI, ID, and/or RC
- Determine if applicant requires Specialized Services (SS)
 - Specialized Services are incorporated into the comprehensive person-centered care plan for the individual.
 - Documented progress or completion of recommendation
- Identify most appropriate placement
 - Psychiatric care
 - Nursing facility care
 - Community living placement

Level II In-depth Evaluation

- Evaluations are completed by
DOH PASRR team (ID and RC)
UNM contractor (MI)

Outcomes of Level II Evaluations

- Mental Illness evaluation
 - UNM contractor sends evaluation and recommendations to Behavioral Health Services Division (BHSD)
 - Nursing facility receives Level II MI evaluation and determination letter from BHSD approving or denying admission
 - All recommendations must be completed and documented

Outcomes of Level II Evaluations

- Intellectual Disability (ID) and Related Condition (RC) evaluations
 - PASRR team will determine if individual meets the criteria to be PASRR-identified as ID or RC
 - Nursing facility is notified if the individual may be admitted and receives a determination letter followed by the Level II evaluations
 - Any recommendations, including Specialized Services, must be completed and documented

Determination Letters and Recommendations

- A copy of the determination letter and evaluation must become a part of the individual's facility record
- The determination letter and evaluation must be forwarded to any facility to which the individual is transferred.

Resident Review (Significant Change Review)

Individuals has already been identified as MI, ID or RC on the Level II Evaluation

- Significant change of condition
 - Decline in resident's status that will not normally resolve itself without intervention or requires interdisciplinary review and/or revision of the care plan
 - Improvement in resident's status MI, ID, or RC needs have changed
 - May require Specialized Services or revised plan of care

Resident Review (Significant Change Review)

PASRR will determine if a Significant Change Review is warranted based on the PASRR Level I Identification Screen and ascertain if a Level II Evaluation is needed.

Specialized services or assistance with a transition could be recommended

Provisional Admissions

Protective Services Placement

- Emergency situation determined by Adult Protective services
- Nursing facility must notify PASRR
 - Within 7 days
- PASRR completes a Level II evaluation

Compliance with PASRR requirements

- Health Facility Licensing and Certification (HFL&C) look for compliance with PASRR during their surveys

Was PASRR Level I Identification Screen completed prior to admission?

If a PASRR Level II evaluation was necessary, was it completed?

If PASRR Level II evaluation includes recommendations, were they completed and documented?

If not in compliance, HFL&C may render the nursing facility as noncompliant.



Deal with errors now or later

Reminders

- Level I screens which do not meet criteria on Section C (MI), Section D (ID) or Section E (RC) do not need to be sent to PASRR
- Some times PASRR will ask Nursing Facilities for space to conduct the Level II evaluation.
- PASRR staff are available to assist you.
- Please call PASRR to confirm we have received your Level I screen.

- **Nursing facilities are responsible for letting PASRR know when a PASRR resident discharges, transfers or passes away.**
- Nursing facilities are responsible for letting PASRR know when a person will remain at the nursing facility past the 30 day convalescent care waiver

NM PASRR Contact Information

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Thank You!