PASRR
Pre-Admission Screening and Resident Review

New Mexico Department of Health
Developmental Disabilities Supports Division
PASRR

Presented by Sandyeva Martinez, LMSW
PASRR Program Manager/Supervisor
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. *Federal law prohibits payment for Nursing Facility services until the PASRR screening has been completed.*
- Applies to ALL applicants PRIOR to admission to a Medicaid–certified long-term care Nursing Facility, regardless of payer
Goals of PASRR

• To evaluate all applicants prior to admission to a Medicaid-Certified Nursing Facility (NF) for evidence of Mental Illness (MI), Intellectual Disability (ID) and Related Condition (RC).

• To ensure that individuals with MI, ID, or RC are evaluated for placement in the least restrictive environment.

• To identify their disability specific needs and make recommendations for Specialized Services (SS) when needed.
Level I Identification Screen and Level II In-depth Evaluation

- **Level I**
  - 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
PASRR will not accept any Level I screens which have been modified.
SECTION A

NEW MEXICO PASRR LEVEL I IDENTIFICATION SCREEN

Required for **EVERY MEDICAID CERTIFIED NURSING FACILITY** applicant regardless of payment source. **PLEASE PRINT LEGIBLY**

The information in this document constitutes a Level I screen. 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), or Related Condition (RC) status changes (Significant Change Review).

**A. TYPE OF REVIEW: (CHECK ONE)**

- [ ] Pre-Admission Screening
- OR
- [ ] Resident Review (Significant Change Review)
INSTRUCTIONS/EXPLANATIONS

The information in this document constitutes a Level I screening. This document must be part of each resident’s nursing facility record. Incomplete referrals will not be processed by the PASRR office. The document must be updated only if the individual’s MI/ID/DD status changes or if a Significant Change Review is required.

A. Type of Review: What is the reason you are completing the Level I Identifications Screen? as a Pre-Admission Screening or a Resident Review (Significant Change Review). Most often, if the hospital is completing the form, it’s a Pre-Admission Screening. The individual should not be admitted to a nursing facility without PASRR approval. If the individual is returning to the nursing facility where he/she was previously at, a Resident Review may be warranted (this is usually completed by the nursing facility because they have witnessed changes in the resident’s behavior/condition).
### SECTION B

#### B. INDIVIDUAL’S INFORMATION

<table>
<thead>
<tr>
<th>Name (Last, First, Mi):</th>
<th>DOB:</th>
<th>SSN:</th>
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<tr>
<td>Current Location:</td>
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<td>POA/Legal Guardian/Relationship:</td>
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<td>Pertinent Medical Diagnoses:</td>
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Is there a primary diagnosis of DEMENTIA:  

- YES □  
- NO □
INSTRUCTION AND EXPLANATION

B. Individual’s Information: Demographic information about the patient.
   Name, DOB, SSN

   Current Location, City, State, Zip (important information for PASRR team)

   POA/Legal Guardian/Relationship, Telephone (POA are often points of contact for the PASRR team’s evaluation).
   Pertinent Medical Diagnosis

   Is there a primary diagnosis of Dementia? Yes or No

   The Level I screen must be legible
C. IDENTIFICATION OF MENTAL ILLNESS (MI) EVALUATION CRITERIA

1. YES ☐ NO ☐ Is there a diagnosed or suspected mental illness? If yes, diagnosis: __________________________
   A mental illness (from the DSM-5) includes diagnoses such as schizophrenia, or disorders of mood, panic, anxiety, personality, psychotic, somatoform, or substance-related.
   This list is not all-inclusive; contact the PASRR office for questions on a particular diagnosis.

   If number 1 is answered no, number 2 and 3 will also be no and no further MI PASRR action is required.

2. YES ☐ NO ☐ Due to the mental illness, has the individual had difficulties with:
   - Interpersonal Symptoms: Altercations, evictions, unstable employment, serious difficulty interacting with others, frequently isolated, avoiding others; OR
   - Serious Difficulty Completing Tasks: Requires assistance with tasks, has errors with tasks, problems with concentration, persistence, or pace in completing tasks; OR
   - Adapting to change: Self-injury/mutilation, suicidal, physical violence/threats, appetite disturbance, hallucinations, delusions, serious loss of interest, tearfulness, irritability, or withdrawal.

3. YES ☐ NO ☐ Due to the mental illness, within the past two years, has the individual had:
   - More than one in-patient psychiatric hospitalization; OR
   - Any intervention by housing, protective services, or law enforcement officials; OR
   - An episode of significant disruption to their living situation that necessitates supportive services to maintain functioning in a residential setting.

IF ALL 3 ANSWERS ARE “YES,” A REFERRAL TO PASRR IS REQUIRED PRIOR TO ADMISSION
CONTINUE WITH SCREENING FORM FOR INTELLECTUAL DISABILITY (ID) OR RELATED CONDITION (RC) EVALUATION CRITERIA
INSTRUCTIONS/EXPLANATIONS

C. Identification of Mental Illness (MI) Evaluation Criteria

1. Is there a diagnosis or suspected mental illness? If yes, list diagnosis? Must be a mental illness listed in the DSM-5. If number 1 is answered “NO,” number 2 and 3 will also be no and no further MI PASRR action is required.

2. Assuming that C1 is a yes, due to the Mental Illness, has the individual had difficulties with: Behavioral Issues.

3. Assuming that C1 and C2 are yes, due to the Mental Illness, within the past two years, has the individual had:

   More than one in-patient psychiatric hospitalization or any intervention by housing, protective services, or law enforcement or an episode of significant disruption to their living situation

IF all 3 answers are “Yes,” a referral to PASRR is required prior to admission. Continue with screening form for Intellectual Disability (ID) or Related Condition (RC) evaluation criteria.
D. IDENTIFICATION OF INTELLECTUAL DISABILITY (ID) EVALUATION CRITERIA

1. YES ☐ NO ☐ Is there any diagnosis or evidence of developmental disability, or intellectual disability before age 18?

2. YES ☐ NO ☐ Any past or present services for intellectual disability? Name of Agency: __________________________

IF EITHER ANSWER IS “YES,” A REFERRAL TO PASRR IS REQUIRED PRIOR TO ADMISSION

New Mexico Department of Health
Developmental Disabilities Supports Division – PASRR Program
5301 Central Avenue NE., Suite 1100, Albuquerque, New Mexico 87108
TELEPHONE: 505-841-5822    TOLL-FREE: 800-283-5548    FAX: 505-841-5537

Continue on Page 2
INSTRUCTIONS/EXPLANATIONS

D. Identification of Intellectual Disability (ID) Evaluation Criteria

1. Is there any diagnosis or evidence of developmental disability, or intellectual disability before age 18?

2. Any past or present services for intellectual disability? Name of Agency?

If Either answer is “Yes” a referral to PASRR is required prior to admission.
E. IDENTIFICATION OF RELATED CONDITION (RC) EVALUATION CRITERIA

1. YES ☐  NO ☐  Is there a history, diagnosis, or evidence of a related condition affecting intellectual or adaptive functioning with age of onset before age 22? Any severe, chronic disability, other than mental illness, that occurred before age 22 may indicate a developmental disability. Examples: spina bifida, autism, blindness, deafness, quadriplegia, epilepsy, seizure disorder, cerebral palsy, a severe head injury or closed head injury (TBI)

This list is not all-inclusive; contact the PASRR office for questions on a particular diagnosis.

IF ANSWERED “YES,” A REFERRAL TO PASRR IS REQUIRED PRIOR TO ADMISSION
INSTRUCTIONS/EXPLANATIONS

E. Identification of Related Condition (RC) Evaluation Criteria

1. Is there a history, diagnosis or evidence of a related condition affecting intellectual or adaptive functioning with age of onset before age 22? Any severe, chronic disability, other than mental illness, that occurred before age 22 may indicate a developmental disability.

Examples: Spina Bifida, Autism, Blindness, Deafness, quadriplegia, Epilepsy, Seizure disorder, Cerebral Palsy, TBI

If answered “Yes”, a referral to PASRR is required prior to admission
SECTION F

F. REFERRALS FOR LEVEL II EVALUATION TO PASRR
Submit the following information with the Level I screen to PASRR at fax number 505-841-5537:

- A completed copy of this form (mandatory)
- Current physician’s history and physical (mandatory)
- List of current medications (mandatory)
- Psychiatric evaluation or consult, if available
- ID/RC history and documentation, if available
- Neuropsychological consult, if available
- Documentation of Dementia, such as CT or Brain Scan
- Mental Status Exam, if available

INCOMPLETE REFERRALS WILL NOT BE PROCESSED
### SECTION G

**G. ADMITTING NURSING FACILITY INFORMATION**

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### SECTION H

#### H. NAME AND TITLE OF INDIVIDUAL COMPLETING PASRR LEVEL I SCREEN

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SECTION I

1. LEVEL II EVALUATIONS BY PASRR

Level II evaluations, if required, must be completed BEFORE the individual’s admission into a nursing facility, except under certain circumstances. Contact the PASRR Office for details.
Level II In-depth Evaluation

- Purpose of Level II Evaluation
  - Identify all applicants with MI, ID, and/or RC
  - Judgments about MI, ID, and/or RC made only by qualified professionals
  - Determine if applicant requires Specialized Services (SS)
  - Provide Nursing Facility Specialized Service recommendations to be incorporated into comprehensive person-centered care plans
  - Identify most appropriate placement for MI, ID, and RC individuals; to include psychiatric, continued nursing facility, or community living placement
Level II In-depth Evaluation

- MI evaluations are completed by TEASC (Transdisciplinary Evaluation and Support Clinic), UNM School of Medicine, Department of Family and Community Medicine

- ID/RC evaluations are completed by the PASRR team of Psychologist, RN and Social Worker

- Evaluations are completed prior to admission to the nursing facility
J. SPECIAL INSTRUCTIONS FOR CONVALESCENT CARE ADMISSION – SHORT-TERM SKILLED CARE PLACEMENT

- The Individual must currently be in the hospital and must be going directly to a nursing facility for convalescence for the medical condition the client received treatment for while in the hospital.

- The Physician must issue an order certifying that the expected length of stay at the nursing facility will be 30 days or less.

- A valid convalescent care order must read as follows:
  “Admit to (name of nursing facility) for convalescence for (medical condition the client received treatment for in the hospital), for a period not to exceed 30 days.”
Waivers to a PASRR Level II Evaluation

• Dementia Waiver
  • Mental Illness (C₁, C₂, and C₃ are all answered yes) or Intellectual Disability (D₁) or Related Condition (E₁) on the identification screen AND a diagnosis of dementia

  • PASRR will evaluate if there is sufficient evidence to support the primacy of dementia, PASRR may request physician certification in the absence of medical testing.

  • Admission may occur AFTER receiving determination letter stating individual will not be subject to a Level II evaluation due to a primary diagnosis of dementia.
Waivers to a PASRR Level II Evaluation

• Convalescent Care Waiver
  • Triggers for Mental Illness (MI) C₁, C₂, and C₃ on the identification screen are all answered yes or Intellectual Disability (ID) D₁ or Related Condition (RC) E₁ answered yes

  • AND the 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
Waivers to a PASRR Level II Evaluation

- Convalescent Care Waiver
  - Requires written physician orders that expected length of stay will be 30 days or less

- Admission may occur AFTER receiving determination letter from PASRR

- A Level II Evaluation must occur if the individual will remain in the nursing facility past 30 days
Waivers to a PASRR Level II Evaluation

- Severity of Illness Waiver
  - Triggers for Mental Illness (MI) C1, C2, and C3 on the identification screen are all answered yes, or Intellectual Disability (ID) or Related Condition (RC) D1 or E1 answered yes

- Diagnosis of terminal illness or severe physical illness

- Level of impairment so severe that applicant would not be expected to benefit from Specialized Services (SS)

- Admission may occur AFTER receiving determination letter stating individual will not be subject to a Level II evaluation based on a severe or terminal illness

- Must request a significant change review if the individual’s status changes
Waivers to a PASRR Level II Evaluation

- Respite Stay
  - Brief stay not to exceed 14 days to provide respite to in-home caregivers
  - Individual is expected to return to caregiver following the brief stay
  - Prior to admission, a physician order is required. Admission may occur AFTER receiving determination letter stating that respite care is approved.
  - If individual continues to require nursing facility placement beyond the 14 days, a PASRR Level II Evaluation must be completed
K. LONG-TERM PLACEMENT
The Individual may be in an acute care hospital or may be living in a home setting. Before admission to a Medicaid-Certified Nursing Facility for long-term placement, a Level II PASRR Evaluation must be completed for individuals who trigger on the Level I Screen for Mental Illness (MI), Intellectual Disability (ID), or Related Condition (RC).
Provisional Admissions

• Protective Services

• Placement can be made in emergency situations pending further assessment. Within 7 days of admission, a PASRR Level II Evaluation will be completed

• Nursing Facility will receive determination letter
Outcomes of Level II evaluations

• Mental Illness evaluation
  • TEASC sends evaluation and recommendations to Behavioral Health Services Division (BHSD)

  • Nursing facility receives determination letter from BHSD approving or denying admission

  • Nursing facility receives copy of TEASC evaluation and recommendations

  • 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
  - Evaluations by the Psychologist, RN and Social Worker will be mailed to the nursing facility
  - 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.

- The PASRR office must be notified upon transfer, discharge, or death.
Determination Letters and Recommendations

• The nursing facility is responsible for providing the necessary care and services to obtain or maintain the individual’s highest level of functioning and well-being.

• To assist in this, a copy of the evaluator’s recommendations are provided in the reports and must be incorporated into the plan of care.
Resident Review (Significant Change Review)

- Individuals has already been identified as MI, ID or RC per 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)

Examples

1. Change in diagnosis, psychiatric hospitalization, or deterioration in ADLs

2. Individual admitted without triggering for Level II Evaluation, but now triggers based on further information

3. Individual triggered for MI, ID, or RC at admission and a waiver was granted, but now has a change of condition

4. A Level II evaluation was completed, and significant changes have occurred in the individual’s level of functioning
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.
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 Level II 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.
Frequently Asked Questions

- What happens if a resident was not screened accurately at Level I, and should have had a Level II evaluation?
  - The nursing facility may be denied Medicaid payment for that individual for the time preceding the Level II evaluation.

- The nursing facility is ultimately responsible for ensuring a resident has been screened through PASRR.

- The Level I Identification Screen may be completed by any person or agency involved in obtaining nursing facility placement.
Frequently Asked Questions

- What happens if an individual will be admitted from another state? Can we use that state’s PASRR screen?
  
  - Yes, ask for the PASRR Level I Identification Screen, and the completed Level II Evaluation, if applicable.
  
  - New Mexico PASRR cannot cross state borders to complete a Level II evaluation.
  
  - New Mexico PASRR can assist you with ensuring PASRR requirements are met prior to admission.
PASRR PROCESS

PASRR Level I Identification Screen

Suspicion of, or Evidence of, MI/ID/RC

PASRR Level II Evaluation for MI/ID/RC determines:
- Need for Nursing Facility (NF)
- Need for Specialized Services

No evidence of Mental Illness (MI)/Intellectual Disability (ID)/Related Condition (RC)

RR: Resident Review when individual’s needs change

YES
May admit

NO
NF is not needed; admission denied.

MEDICAID CERTIFIED NURSING FACILITY
Scenario #1

Harold Peabody, age 60, is a resident in long-term care at your nursing facility. He has a diagnosis of schizophrenia. A PASRR Level II evaluation was completed prior to admission 10 years ago.

Harold was admitted to the hospital for treatment of pneumonia. His condition improved and Harold is ready to return to the nursing facility. Does Harold need a PASRR Level I Identification Screen completed prior to returning to your facility?
Scenario #1

Answer: No, he does not.

This would be a re-admission from the hospital where he received care for a physical illness and it would not require a new PASRR Level I Identification Screen.
Scenario #2

Evelyn Yard, age 55, is a resident in long-term care at your nursing facility. A PASRR Level I Identification Screen was completed prior to admission nine months ago. Evelyn has a diagnosis of bipolar disorder, but did not trigger for a Level II evaluation prior to admission. She had one psychiatric hospitalization within the last year and had been stable on her psychotropic medications.

Now, nine months after admission, Evelyn became depressed, refused to take her medications, and made a suicide attempt. She was admitted to a psychiatric hospital for treatment.

The psychiatric hospital is ready to discharge Evelyn back to your nursing facility. Does Evelyn need a PASRR Level I Identification Screen completed prior to returning to your facility?
Scenario #2

Answer: Yes, she does.

Evelyn now triggers for a Level II evaluation for mental illness because this is her second psychiatric hospitalization within a two-year period. She must be evaluated prior to re-admission to your facility. TEASC would evaluate and make recommendations for her continued care.
Scenario #3

Rochelle Williams, age 35, was admitted to your nursing facility from a hospital for short-term skilled nursing care. Her PASRR Level I Identification Screen did not trigger for mental illness, intellectual disability or a related condition.

Due to complications with her recovery, she will need to remain in your facility for long-term care. Additionally, you have received information from a visiting family member that Rochelle has an intellectual disability and nursing staff have also suspected this diagnosis. What should you do?
Scenario #3

Answer:

Fill out a new PASRR Level I Identification Screen, checking yes to question D1.

Fax PASRR Level I Identification Screen and supporting documentation to PASRR and call us.
NM PASRR Contact Information

New Mexico Department of Health
Developmental Disabilities Supports Division
PASRR Program
5301 Central Ave. NE, Suite 1100, Albuquerque, NM 87108

Toll-free statewide phone number (800) 283-5548; Fax (505) 841-5537

Sandyeva Martinez, PASRR Supervisor (505) 841-5523
sandyeva.martinez@state.nm.us

(505) 841-5822
Thank You!