

Preadmission Screening and Resident Review (PASRR)



Washington State Department of Social and Health
Services

2015

Introduction



Welcome. Today's presentation is an overview of the PASRR program and procedures in Washington State, focusing on the information that hospitals, medical offices, and nursing facilities need to know. Many of you are aware that Washington has been engaged in evaluating past PASRR practices and seeking advice from a number of subject matter experts to improve our PASRR program.

Your presenters today are members of an interagency PASRR work group: Amy Abbott, from Residential Care Services, Sharon Rushing, from the Behavioral Health and Services Integration Administration, Debbie Blackner from Aging and Long Term Support Administration, and Terry Hehemann, from the Developmental Disabilities Administration.

Origin of PASRR

- Created by federal legislation in 1987 for individuals applying for or residing in *Medicaid-certified NFs* to:
 - Identify individuals with serious mental illness (SMI) or intellectual disability or related condition (ID/RC);
 - Ensure appropriate placement; and
 - Recommend appropriate services.

3

We'll start by sharing a little history of PASRR, since we know some of our audience is new to PASRR, while some of you have been familiar with the program for many years. PASRR was created in 1987 through language in the Omnibus Budget Reconciliation Act (OBRA), also known as the nursing home reform act.

It has three goals:

- to identify individuals with mental illness (MI) and/or intellectual disability (ID);
- to ensure they are placed appropriately, whether in the community or in a NF; and
- to ensure that they receive the services they require for their MI or ID (wherever they are placed)

Intent of PASRR and Related Decisions

- Americans with Disabilities Act (ADA)
- Olmstead Decision

The authors of the PASRR legislation required that individuals be assessed when they apply to a nursing facility, and again on a systematic basis after admission (the Resident Review, initially an annual requirement, changed by subsequent legislation to follow changes in resident status). Though the legislation that created PASRR was passed prior to the 1990 [Americans with Disabilities Act](#), the regulations that govern PASRR were written post-ADA and reflect the intent of that law. The PASRR regulations also predate the person-centered, community-focused ruling of [Olmstead v. L.C.](#) (1999), in which the Supreme Court found that the requirements of Title II of the ADA apply to persons with mental disabilities, and that states must serve qualified individuals "in the most integrated setting appropriate" to their needs.

A Few Preliminaries

- Medicaid is a partnership between States and the Federal government.
- PASRR is part of Medicaid.
- PASRR is a required part of the Medicaid State Plan.

-from PASRR 101, PASRR Technical Assistance Center (PTAC)

3

CMS, Centers for Medicare and Medicaid Services, is the federal agency that oversees the States' Medicaid programs.

The PASRR Technical Assistance Center, or PTAC, is the agency CMS contracts with to provide technical assistance to state agencies.

Shared Responsibility for PASRR among WA State Agencies

- Health Care Authority (HCA)
- Behavioral Health and Services Integration Administration (BHSIA)
- Developmental Disabilities Administration (DDA)
- Residential Care Services (RCS)
- Home and Community Services (HCS)

6

Responsibility for PASRR, and NF admission and compliance, is shared by several different state agencies:

- HCA - the Medicaid agency, which has ultimate oversight;
- BHSIA - the state mental health authority, which issues Level II determinations but contracts out the perform Level II evaluations;
- DDA - the state intellectual disability authority, which can perform Level II evaluations *and* determinations, but can choose to delegate either;
- In Washington, RCS is the agency responsible for surveying NFs for compliance with federal rules.
- HCS, though not directly involved in the PASRR Level II process, may determine Medicaid NF financial and functional eligibility, as well as assist individuals to return to community settings. HCS can complete the Level I form and/or assist the NF SW in making necessary corrections in the event information is missing or inaccurate.

So What Could Possibly Go Wrong?

The PASRR regulations themselves often create barriers to successful implementation. They are at once dauntingly complex and (by design) open to state interpretation.

-from *Introduction to PASRR*, PASRR Technical Assistance Center (PTAC)

7

PTAC goes on to say: It is little wonder, then, that a series of reports have documented considerable variation in PASRR from state to state. The most prominent of these reports have been published by the HHS Office of the Inspector General (OIG) and by Karen Linkins and her colleagues at the Lewin Group in [2001](#) and [2006](#). These reports notwithstanding, surprisingly little is known about how states actually implement PASRR. Indeed, OIG has criticized CMS for failing to monitor PASRR more closely, and for not having a more comprehensive picture of which processes and procedures facilitate or inhibit the successful implementation of PASRR.

PASRR Reform

- 2001 – 2007 Office of Inspector General reviews state PASRR procedures
- 2009 – CMS establishes PTAC
- 2010 Minimum Data Set (MDS) goes live
- 2012 - A1510 Added to MDS (Type of PASRR Disability)

The Office of the Inspector General found that there was wide variation between states in the way PASRR was administered, and that CMS was not providing sufficient oversight.

As part of its response, CMS contracted with the PASRR Technical Assistance Center to provide guidance to state agencies in administering PASRR.

The Long-Term Care Minimum Data Set (MDS) is a standardized, primary screening and assessment tool of health status that forms the foundation of the comprehensive assessment for all residents in a Medicare and/or Medicaid-certified long-term care facility. The MDS contains items that measure physical, psychological and psychosocial functioning. The items in the MDS give a multidimensional view of the patient's functional capacities and helps staff to identify health problems. In 2012, the MDS was revised to include information about PASRR. DSHS has begun using this report to identify individuals with disabilities who may have been missed.

Lakeland Village

- 2011 – State legislature mandates state agencies to make budget reductions.
- 27 DDA clients transferred from the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) building to the NF building without appropriate PASRR process.
- CMS imposes penalties and requires DDA to repeat the PASRR process.
- Washington's PASRR process was determined not to meet federal regulations

Many of you have heard about CMS findings against DDA related to the PASRR process at Lakeland Village, but you may not know exactly what happened. In 2011, all state agencies were required to reduce their budget by 6.3 %, and this reduction applied to RHCs such as Lakeland Village. Staff at Lakeland Village identified 27 ICF residents who had medical needs that made them appropriate for nursing facility level of care and who were not significantly using or benefiting from active treatment services at the ICF. With the approval of the residents and their family or guardians, some of these individuals were moved to a building designated as a nursing facility, and the others remained where they were and the building was converted to a nursing facility. The NF service level has a slightly lower daily rate than ICF level of care in Washington State.

For all individuals involved, the Lakeland team discussed the NF placement option with families, parents, guardians or legal representatives. All residents, families, and

guardians involved agreed that the move from ICF to NF level of care was acceptable and appropriate.

Subsequently, Disability Rights Washington (DRW) reviewed these moves and identified issues with the process used by DDA. These issues concern DDA's failure to assess the 27 individuals using a federally mandated process called the Pre-Admission Screening and Resident Review (PASRR).

PASRR has two components: Levels I and II. The group at Lakeland received the Level I assessment, the purpose of which is to identify all individuals who might have an intellectual disability (ID) or a serious mental illness (MI). They did not receive Level II, which is used to confirm whether the person has ID/MI, to assess the need for NF services, and to determine if the individual needs specialized services while in the NF. The Centers for Medicare and Medicaid Services (CMS), the federal agency that oversees PASRR, investigated and in November 2013 found that DDA violated both PASRR and NF federal rules at Lakeland Village. CMS imposed penalties and required the State to repeat the admission process (of which PASRR is the first step) with the 25 surviving individuals at Lakeland within 30 days. While recognizing that the forms used by DSHS for PASRR at that time needed revision, DDA was forced to act with haste. After reviewing two of the revised PASRR files, CMS advised that these did not meet the requirements of federal law. In January 2014, DSHS and the Health Care Authority met with CMS to discuss Washington's PASRR process and forms.

The review has already expanded beyond Lakeland Village. A class action suit involving PASRR in community NFs is pending. Everything about the PASRR process in Washington, and increasingly in other states, is under scrutiny.

Technical Assistance and Process Improvement

- In-person technical assistance with CMS and PTAC.
- Formation of a PASRR work group.
- Participation in National Association of PASRR Professionals (NAPP)
- At DDA, new positions and technology.
- At RCS, more attention to PASRR during surveys.
- At BHSIA, MH Evaluator work/support groups to revise and streamline MH process.

Since January 2014, DSHS and the Health Care Authority have worked closely with CMS and PTAC to develop new forms, processes, and data management systems. During this same time period, PTAC described the federal Medicaid agency's thoughts about PASRR as "evolving". The advice we received has not always been consistent. The state agencies have not always agreed on the best way to move forward. We do, however, share the goal of developing WA's PASRR system to support the best possible outcomes for all of the individuals we serve.

To that end, we have sought, and continue to receive technical assistance from CMS and PTAC. We have joined the National Association of PASRR Professionals (NAPP) and plan to participate in their national conference in Sep. WA has been asked by PTAC to participate in a panel presentation on QA/Data and Systems and was also invited to make a presentation by conference call to PTAC members about cross-systems collaboration. DDA has added a number of staff whose positions are dedicated to administration and quality assurance of our PASRR programs. RCS has added survey questions to look more closely at PASRR, and to provide information to NFs. At BHSIA, MH contractors join together monthly to look at the PASRR process, and meet quarterly as a support group to share information and attend training.

Change is Stressful

...for us and for you!



- Concerns:

- Many changes to process and forms cause confusion
 - Process improvement is ongoing
 - Intensive work with CMS and PTAC.
- NFs being cited for work completed prior to new forms, training, etc.
 - No requirement to redo work done when old forms were in use
 - No citations for errors prior to last survey
- New form excludes people who should be served by PASRR
 - “Credible suspicion” – if in doubt, REFER!
 - You can always call to discuss a case with the evaluator

We have heard both positive and negative feedback from those who work with PASRR or are affected by PASRR. We would like to address some of the concerns that have come to our attention. We will also take questions at the end of this presentation. If we are unable to get to all your questions during this webinar, we will send out a Q and A document to all registered participants. While we sympathize with any confusion caused by updates to the Level I form, these changes have been made in response to advice of clinical and legal subject matter experts.

We will not tell you that changes to the PASRR process are finished. Our work to improve our PASRR process is ongoing. We want NFs to know that they will not be cited for PASRR violations that occurred prior to their last survey. RCS staff will be identifying problem areas and advising how any shortcomings can be corrected. There is no need to redo PASRR Level Is that were completed using the form that was current at the time.

We have also heard concerns that recent changes to the Level I, which more clearly mirror the code of federal regulation’s definition of serious mental illness, may eliminate people who should be served by the PASRR program. With our previous forms, we heard that the criteria was too vague and confusing. Today we repeat what we have said from the beginning: If in doubt, refer! This is why the Level II is completed by experts in the fields of mental health or intellectual disabilities – we don’t expect referring parties to always know whether a person has a MI or ID or RC.

You can always send a Level I for the PASRR evaluator to consider. Alternatively, you can call the PASRR evaluator or coordinator and ask whether a Level I is indicated.

Goals

- Best outcomes for individuals with SMI or ID/RC.
- Compliance with federal regulations.
- Providing the education, process improvements, and other tools that allow all of us to do our jobs most effectively.
- Contact the PASRR work group at:

dshshcapasrr@dshs.wa.gov

12

Our primary goal is always to help assure the best outcome for the populations we serve. For people with SMI, or ID/RC, this means the best treatment in the least restrictive environment possible; continued connection to their communities and maintenance or improvement in functioning levels and independence, for those who need nursing facility care; and specialized disability services if needed.

Secondly, we will continue to work with CMS and PTAC to ensure that our practices are in compliance with federal law. Non-compliance is costly and takes resources that could be much better directed toward improving outcomes for our clients. Finally, we continue to look for efficiencies that improve quality, develop tools that are both user-friendly and effective, and develop new ways to get training to those who need it. Please feel free to contact us with your feedback. You can contact the workgroup at the email address on the screen.

FAQ regarding Level I Form changes

Q: How will people know if the form has been changed?
What if one of our hospitals is using an outdated form?

A: We recommend saving the link to the form as a “Favorite” site instead of saving the form itself. If a hospital is using the wrong form, the SNF may complete a new form and inform the hospital to use the revised form next time. The site is:

https://www.dshs.wa.gov/fsa/forms?field_number_value=14-300&title=

You can also search for 14-300 on www.DSHS.wa.gov



Preadmission Screening and Resident Review (PASRR)

Nursing Facility (NF) Referral Process
What Hospitals and Medical Offices Need to Know

Department of Social and Health Services
2015

14

This portion of the presentation is for referring hospitals and medical offices. Yes; you too have an important role to play in completion of the PASRR process.

Completing Level I

- The PASRR Level I screen is required for every person referred to a *Medicaid certified nursing facility (NF)*, ***regardless of payment source.***
- The Level I is to be completed by the professional making the referral (physician, ARNP, SW, AAA/HCS/DDA case manager, hospital discharge planner, PAC, RN, etc.) ***as soon as referral for NF services is considered.***
- In most cases, the PASRR Level II assessment must also be completed before the individual can be admitted to a NF.

Prompt completion of the Level I will help assure timely discharge.

15

As previously stated, PASRR is required for all individuals referred to a Medicaid certified NF, regardless of payment source. We encourage you to work with NF admission coordinators when it comes to completion of the PASRR process as it can help to facilitate timely discharge. Nursing facilities are being held responsible for completion of the PASRR process PRIOR to admission and MUST not admit patients. Timely and accurate completion of the Level 1 and referral for a Level 2 if indicated, is your responsibility as the referring party.

It is important to note that the PASRR process is not required for admission to a hospice care center or intermediate care facility for individuals with intellectual disabilities (ICF/IID).

PASRR Begins at **Hospital** Admission

- NFs are not to admit patients for whom the PASRR process has not been completed.
- NFs will be cited and may not receive federal financial participation (FFP or federal match) if they admit someone without the PASRR process having been completed.
- The referring party must arrange with the mental health (MH) PASRR Contractor or the ID/RC PASRR Coordinator to have the Level II completed before NF admission.

***COMPLETE AND SEND THE LEVEL I AS SOON AS NF REFERRAL IS CONSIDERED.
SEND THE COMPLETED LEVEL I TO THE LEVEL II EVALUATOR AS SOON AS SMI OR ID/RC
IS SUSPECTED.***

16

Again, NFs are not to admit patients without the PASRR process completed and are at risk for citations and/or a loss of funding.

It is the responsibility of the referring party to complete the Level 1 in a timely and accurate manner this will help to ensure the most appropriate type of care and placement of your patient.

Best practice: Avoid an untimely discharge and complete the Level 1 as soon as you know a NF referral is likely.

SNFs and PASRR evaluators have been instructed to notify the Department of Health when the PASRR process is incomplete or inaccurate by referring parties. Everyone shares in the responsibility of the PASRR process and is accountable.

The anticipated turnaround time that you can expect the Level II evaluation to be performed at the hospital after the referral is made is typically within 1-3 days. Please fax the Level I as soon as the person is identified as having ID/RC or SMI and NF care is being considered (don't wait until just before discharge from the hospital).

Both BHSIA and DDA have the ability to do an abbreviated version of the Level II in certain circumstances. The more information the hospital is able to provide to the evaluator, the quicker the Level II can be completed.



FAQ regarding when PASRR is required

Q: Is PASRR needed for Swing Beds?

A: Yes, if it's certified as a Medicaid NF bed.

Q: Is PASRR needed for admission to an assisted living or adult family home?

A: No; only Medicaid-certified nursing facilities (including swing beds).

The PASRR Level I Form

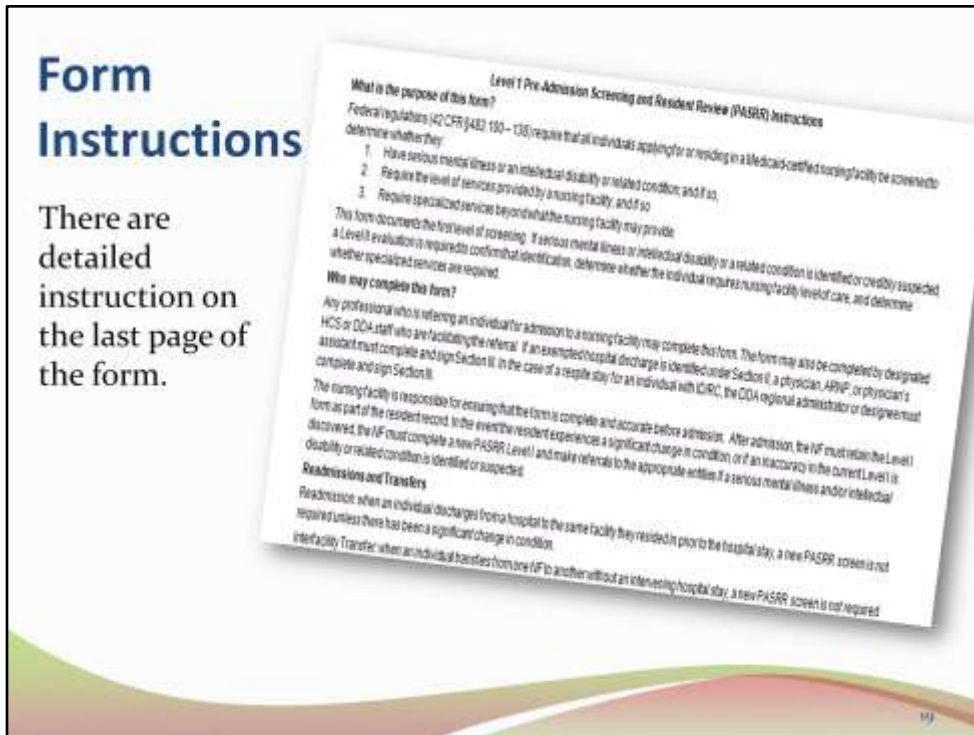
- The Level I form (Form No. 14-300) should be accessed from the [DSHS Forms](http://www.dshs.wa.gov) page on www.dshs.wa.gov to ensure use of the current version.
- When reviewing a Level I PASRR form, NF Surveyors and Investigators will assure the most recent version of the form was used for any resident admitted to a Nursing Facility after May 1, 2015.
- NF staff have been directed to contact the referring party for a new Level I if the wrong form is used.

Please access the DSHS forms site to obtain PASRR forms. This is where you will be able to find the most current version. Using a form stored on your PC desktop or the units' desktop may not always be the current version.

PASRR is no longer a static process in WA. Rather, it is alive and responding. The most current version of the form must be used. NFs will contact you if the wrong form is used or in need of corrections.

Form Instructions

There are
detailed
instruction on
the last page of
the form.



Read the instruction page. It goes into some really good detail about the form and its requirements. It will take just a few moments, and will likely save you time in the end.

FAQ regarding completing Level I


Q: What about individuals admitting directly from the community? How do they get the PASRR completed?

A: Typically the referring physician's office would complete the Level I. A DDA or HCS case manager can complete it prior to admission as well. From the instruction page:

Who may complete this form?

Any professional who is referring an individual for admission to a nursing facility may complete this form. The form may also be completed by designated HCS or DDA staff who are facilitating the referral. If an exempted hospital discharge is identified under Section II, a physician, ARNP, or physician's assistant must complete and sign Section III. In the case of a respite stay for an individual with ID/RC, the DDA regional administrator or designee must complete and sign Section III.

211



Level 1 Pre-Admission Screening and Resident Review (PASRR)

This screening form applies to all persons being considered for admission to a Medicaid certified nursing facility (SNF), and to any current resident of a Medicaid certified nursing facility who could benefit from a new PASRR Level II due to a significant change in condition (either improving or declining).

☐ Nursing facility admission pending
☐ Current nursing facility resident
 Date of admission of current residency: _____
 For a significant change, indicate the date of the significant change: _____

NAME	
ADDRESS LINE 1	
Mailing address	
ADDRESS LINE 2	
Mailing address line 2 (if needed)	
ADSA ID (if available) If known	DATE OF BIRTH (MM/DD/YYYY)
LEGAL REPRESENTATIVE OR NSA (if applicable) Legal Rep = Guardian NSA = Necessary Supplemental Accommodation	
RELATIONSHIP	PHONE (WITH AREA CODE)
ADDRESS	CITY STATE ZIP CODE

- Check the **"Nursing facility admission pending box"** for individuals admitting from the hospital or community.
- The **"Current nursing facility resident"** box is used to trigger a Level II evaluation for current residents who experience a significant change in condition or if the NF determines a previous Level I was not accurate at admit .
- **ADSA ID** is used solely for clients of the Developmental Disabilities Administration (DDA) or Home and Community Services (HCS), if ADSA ID is known.
- **NSA** (if known) is for individuals with ID/RC only and refers to an individual's necessary supplemental accommodation (NSA) representative. An NSA representative is someone who assists clients of the Developmental Disabilities Administration (DDA) to understand and respond to DDA actions. [WAC 388-825-100](http://www.wa.gov/388-825-100)

21

The Nursing facility admission pending box is the box you will use if it will be a new admission for the individual. Use the Current Nursing Facility box if this is in regards to a significant change (more information to follow).

Section I.A.1 is used to identify known mental health diagnoses. Use current Diagnostic and Statistical Manual of Mental Disorders (DSM) codes, when known. (Note: there is not a list of DSM codes that apply to each diagnosis below.)

Section I. Serious Mental Illness (SMI) / Intellectual Disability (ID) or Related Condition (RC) Determination					
A. Serious Mental Illness Indicators					
1. Has the individual shown indicators within the last two years of having any of the following mental disorders? If known, include the appropriate code using the most current version of the Diagnostic and Statistical Manual (DSM).					
Schizophrenic Disorders	Yes	No	Psychotic Disorder NOS	Yes	No
DSM Code, if known: _____	<input type="checkbox"/>	<input type="checkbox"/>	DSM Code, if known: _____	<input type="checkbox"/>	<input type="checkbox"/>
Mood Disorders – Depressive or Bipolar	Yes	No	Anxiety Disorders	Yes	No
DSM Code, if known: _____	<input type="checkbox"/>	<input type="checkbox"/>	DSM Code, if known: _____	<input type="checkbox"/>	<input type="checkbox"/>
Delusional Disorder	Yes	No	Personality Disorders	Yes	No
DSM Code, if known: _____	<input type="checkbox"/>	<input type="checkbox"/>	DSM Code, if known: _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Psychotic Disorder	Yes	No			
DSM Code, if known: _____	<input type="checkbox"/>	<input type="checkbox"/>			

Note: a prescription for an antidepressant or anti-anxiety does not necessarily mean there is a diagnosis of depression or anxiety. The history and physical should provide this information, but if there is doubt, the patient's primary care physician can inform as to why the patient is on the psychotropic medication. There must be a diagnosis for a box to be checked in this section.

22

This section asks – Has the individual had indicators of SMI within the last two years? Is the DSM code known?

CFR requires timeframe indicators as listed for serious mental illness. This version of the form has returned to their inclusion.

In order to include this particular diagnosis, the “Other” Psychotic Disorder check box was added.

Yes No

☐ ☐ 2. Is there evidence the person exhibits serious functional limitations (described below) during the past six (6) months related to a serious mental illness?

Serious functional limitations may be demonstrated by: substantial difficulty interacting appropriately and communicating effectively with other persons, evidenced by, for example, a history of altercations, evictions, or filings, a fear of strangers, or avoidance of interpersonal relationships and social isolation; serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings; serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, demonstrated by agitation, exacerbation of symptoms associated with the illness, withdrawal from the situation, or a need for intervention by the mental health or judicial system.

3. Has this person experienced either of the following?

☐ (a) Psychiatric treatment more intensive than outpatient care more than once in the past 2 years (e.g., partial hospitalization or inpatient hospitalization)

☐ (b) Within the last 2 years, due to the mental disorder, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

• **A referral for a PASRR Level II for SMI is required if:**

1. At least one box in each of the three questions in Section 1A is marked Yes (Questions 1, 2 and 3 must all have a YES); OR
2. Sufficient evidence of SMI is not available, but there is a credible suspicion that a SMI may exist (see Instructions for more information); AND
3. The requirements for exempted hospital discharge do not apply (see Section II A).

• **A referral for a PASRR Level II for SMI is not required if:**

1. All of the boxes in Section 1 are marked NO (unless there is no credible suspicion of SMI); AND
2. There are indicators of SMI in Section 1A, but the requirements for exempted hospital discharge are met (see Section II A).

Continue to Section I.B.

If the individual has one of the diagnoses in I.A.1, and I.A.2 and I.A.3 are answered "Yes," an SMI is indicated; contact the MH PASRR Contractor, who will complete the Level II.

Note: An individual can have a diagnosis of a mental illness but not have any functional limitations for a variety of reasons (such as being treated appropriately, etc.) A referral is only required if all three (diagnosis, impact on function and intensive treatment) are marked Yes.

Note: use the information available to you to determine the answers to these questions; the individual may not always be forthcoming. You are not required to do an extraordinary amount of research to determine these responses. But remember: if in doubt, refer.

This section asks: And you may have to do a little research to find out (within reason...

Have they exhibited symptoms of SMI during the past 6 months? See form detail for examples.

Have they received a psychiatric inpatient treatment within the past 2 years?

Have they experienced an episode of significant disruption to their normal living situation where they needed supportive services?

Did an intervention by housing or law enforcement occur?

Then check the applicable box for each question.

Remember – You can ALWAYS refer the case to the MH PASRR evaluator. Especially if you have reason to believe the person may have a serious mental illness. If in doubt. Refer.

Make the referral if:

At least one box in each section of 1, 2 and 3 are marked with a yes. OR

You have a credible suspicion that an SMI may exist. AND the exempted hospital discharge requirements do not apply.

Do NOT refer if:

All boxes are marked NO in section 1. (unless you suspect SMI) and

If they meet exempted hospital discharge requirements even if they have an applicable diagnosis checked in section 1 a.

If In Doubt, Refer

From Level I Instructions:

Credible suspicion of SMI: The person exhibits or is reliably reported to exhibit one or more of the functional limitations described in A2 of Section I and, although none of the diagnoses in A1 can be confirmed, there is some evidence that a serious mental illness may exist. Explain the factors that led you to the conclusion the person may have a SMI in the Additional Comments box in Section IV.

24

If you think they have a SMI by evidence - explain the reasons why you came to your conclusion in the Additional Comments box in section 4 and refer.

FAQ regarding SMI

Q: Is it considered SMI if an individual is on a medication like an anti-anxiety or antidepressant, regardless of whether or not there is a diagnosis?

A: That can be an indicator of MI, but all three criteria in Section IA (*diagnosis, functional limitation in the last 6 months and intensive psychiatric treatment in the last 2 years*) must be met to require a referral for a Level II for SMI. When in doubt or there is credible suspicion of SMI, refer.

- A referral for a PASRR Level II for SMI is required if:
 1. At least one box in each of the three questions in Section 1A is marked Yes (Questions 1, 2 and 3 must all have a YES); OR
 2. Sufficient evidence of SMI is not available, but there is a credible suspicion that a SMI may exist (see instructions for more information); and
 3. The requirements for exempted hospital discharge do not apply (see Section 1A).

B. Intellectual Disability / Related Condition Indicators

Yes No ☐ ☐ 1. Does the individual have documented evidence of an intellectual disability?
(An intellectual disability is evidenced by an IQ of less than 70 based on standardized, reliable tests; onset before age 18; duration likely to last lifelong and concurrent impairments in adaptive functioning.)

OR

Yes No ☐ ☐ 2. Does the person have documented evidence of a related condition?
If so, list condition(s): _____
(“Related condition” refers to a severe, chronic disability that is attributable to cerebral palsy, epilepsy, or other condition related closely to intellectual disability, resulting in impairment of general intellectual functioning or adaptive behavior similar to intellectual disability and requiring similar treatment or services; onset before age 22; duration likely to last lifelong and concurrent impairments in adaptive functioning.)

OR

Yes No ☐ ☐ 3. Has the individual received services from, or been referred to, an agency or facility that serves individuals with intellectual disabilities?

OR

Yes No ☐ ☐ 4. Does the person exhibit three or more serious functional limitations (described below) similar to those of persons with intellectual or developmental disabilities?
(Serious functional limitations may be demonstrated by substantial difficulty with any of the following: understanding and communicating, getting around [mobility], self-care, getting along with people [social and interpersonal functioning], life activities [home, academic, and occupational functioning], participation in society [participation in family, social, and community activities].)

*Even if the person has SMI indicators, you must still address the potential for ID/RC.
If both SMI and ID/RC are known or suspected, two referrals must be made: one to the MH contractor, and one to the DDA PASRR Coordinator.*

26

If any of these boxes is answered “Yes,” fax the Level I to the DDA PASRR Coordinator, even if the individual is being admitted to the NF as an exempted hospital discharge. Each DDA region has developed a communication plan to ensure timely response. If you have any questions about this section, call the coordinator. We are happy to discuss an individual case with you.



FAQ regarding ID/RC

Q: Is there a time limitation for functional limitations for ID/RC like there is for SMI?

A: No, although if the condition and associated limitations didn't occur before age 22, the person does not have an intellectual disability or related condition per the federal definition. If in doubt, please call the DDA PASRR Coordinator or fax the Level I.

When to Refer for Intellectual Disability or Related Condition (ID/RC)

- A referral for a PASRR Level II for ID/RC is required if:

1. (a) Any of the boxes in B.1, 2, 3, or 4 are marked Yes; OR
(b) Sufficient evidence of ID/RC is not available, but there is a credible suspicion that ID/RC may exist (See Instructions. Note that a "yes" on B.4 may indicate an undiagnosed ID/RC);

AND

2. The requirements for exempted hospital discharge are not met (See Section II.A).

- A PASRR Level II for ID/RC is not required if:

1. All of the boxes in B.1, 2, 3, or 4 are marked No; OR
2. There are indicators of ID/RC in Section 1B, but the requirements for exempted hospital discharge are met (See Section II.A).

Note for individuals with ID/RC who meet the criteria for exempted hospital discharge: A Level II is not required if the person is being admitted to the NF as an exempted hospital discharge, but DDA still tracks the admission. Please fax the completed Level I form to the DDA PASRR Coordinator to inform them of the NF admission (this is not a referral).

A Level II is not required if the person is being admitted to the NF as an exempted hospital discharge, but DDA still needs to track the admission.

If in Doubt, Refer

From Level I Instructions:

Credible suspicion of ID / RC: Although a diagnosis of intellectual disability or related condition cannot be confirmed, the person exhibits significant limitations in either intellectual functioning (reasoning, learning, problem solving) or in adaptive behavior (everyday social and practical skills). Records or verbal accounts indicate that these limitations began before age 18 (for ID) or 22 (for related condition) and are expected to be life-long.

29

Again, if you are unsure whether a person has ID/RC, please refer the individual.

FAQ regarding Dementia

Q: I am still confused about whether or not a person with dementia must be referred for a Level II.

A: Dementia, although noted on the Level I form, has no impact on whether or not a person is referred for a Level II:

- If the checkboxes for SMI or ID/RC indicate a referral for a Level II, the referral must be made, even if the person has dementia.
- If the checkboxes do not indicate a Level II is necessary for a person with dementia, then no referral is made.

Exempted Hospital Discharge

Section II-A. Exempted Hospital Discharge

CHECK ALL THAT APPLY

☐ The individual with SMI or ID/RC will be admitted directly to a NF from a hospital after receiving acute inpatient care at the hospital.

☐ The individual with SMI or ID/RC requires NF services for the condition for which he or she received care in the hospital.

☐ The individual's attending physician certifies that the individual is likely to require fewer than 30 days of nursing facility services.

If all three boxes are marked, the individual meets the requirements for an exempted hospital discharge and can be referred to a NF without a PASRR Level II. If all three boxes are marked, check the "Exempted Hospital Discharge" box in Section III. A physician, ARNP or physician's assistant must sign section III.

Note: Exempted hospital discharge requires a physician, ARNP or PA's signature in Section III.

- An **exempted hospital discharge** occurs when an individual is admitting to the NF from a hospital after receiving acute medical care. The NF admission is to treat the same medical condition treated at the hospital. The attending physician (or PAC, or ARNP) certifies in Section II-A of the Level I form that the stay is **unlikely to exceed 30 calendar days**, but the individual medically needs NF services.
- *This is the only situation that exempts a person with SMI, ID or RC from having a Level II before NF admission.*
- In the case of an exempted hospital discharge for a person with ID/RC, fax or send (by encrypted email) the completed PASRR Level I to the DDA PASRR Coordinator **as soon as the need for NF services is considered**, prior to NF admission.

32

See form instructions for Exempted Hospital Discharge. All three of the following must be met:

- Admission into NF after receiving acute medical care
- To treat the same medical condition treated in the hospital
- NF admission is not likely to last longer than 30 calendar days and medically meets NF services.

If all criteria applies this is the only time when the PASRR Level 2 does not have to occur before NF admission. Even though a Level II is not required, if ID/RC is indicated, the Level I must be faxed to the DDA PASRR Coordinator immediately.

FAQ regarding Exempted Hospital Discharge

Q: Regarding the exempted hospital discharge, how can a physician know how long the patient might be in the NF? The progress of rehabilitation is very much dependent on the individual's motivation and ability to participate.

A: This is the length of stay anticipated by the physician/ARNP/ PA based on their professional judgement. If the stay extends beyond the anticipated 30 days, the NF is responsible to pursue a Level II if it is indicated.

FAQ regarding Exempted Hospital Discharge

Q: If a resident admits to NF from the hospital with a 30 day PASRR (hospital exemption), ends up going back to the hospital (i.e. on day 27) and then comes back to NF after 5 days in hospital, does the hospital re-do the PASRR or do we call for an evaluation because they're passed day 30?

A: The hospital should do a new Level I, referring for a Level II if indicated.

FAQ regarding Exempted Hospital Discharge

Q: Can a person who was seen in the ER (and perhaps was in the hospital for several days but was never formally admitted to the hospital) meet the criteria for exempted hospital discharge? The form indicates only acute inpatient care. Is that limited to a hospital admission?

A: Yes, a person must be receiving *inpatient care* to qualify for the exempted hospital discharge. Note:

- An individual is considered **inpatient** when they have been formally admitted to a hospital with a doctor's order.
- An individual is considered **outpatient** if they receive emergency department services, observation services, outpatient surgery, lab tests, X-rays, or any other hospital services, and the doctor has not written an order to admit them to a hospital for inpatient care. In these cases, an individual could be outpatient even if they spend one or more nights at the hospital.

Categorical Determination

- Most PASRR determinations are made based on an evaluation of the individual being referred, however, CFR allows the State to make determinations by categories in some cases.
- Only the State MH and ID agencies have the authority to make PASRR determinations, whether categorical or individual.

Section II.B. Categorical Determination	
CHECK ANY THAT APPLY (SEE INSTRUCTIONS)	
<input type="checkbox"/>	Referral to NF for protective services of seven (7) days or less
<input type="checkbox"/>	Referral to NF for respite of 30 days or less
If one of these indicators applies, check the "Categorical Determination" box in Section III. The referring party must sign section III.	

Note: Categorical Determination does NOT require a physician, ARNP or PA's signature in Section III.

See form instructions for complete detail.

Checking either of the boxes that apply in either situation.

Keep in mind that the PASRR evaluator must be contacted prior to admission for protective services or respite.

Section III. Documentation of:

☐ Exempted Hospital Discharge (per Section II.A)

☐ Categorical Determination (per Section II.B)

This section is only required if the individual meets the requirements for Exempted Hospital Discharge or Categorical Determination.

NAME OF PERSON IDENTIFYING BASIS FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION	TITLE

LIST DATA USED FOR DETERMINATION

WHAT EVIDENCE DID YOU USE TO CONCLUDE THE INDIVIDUAL MEETS THE CRITERIA FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION?

SIGNATURE (PHYSICIAN, ARNP, PHYSICIAN'S ASSISTANT OR REGIONAL AUTHORITY / DESIGNEE) _____ DATE _____

Note: Exempted hospital discharge requires a physician, ARNP or PA's signature in Section III. Categorical Determination does not. This is the only time a physician's signature is required on the form.

Section III is used for exempted hospital discharge or categorical determination. It is only completed if it applies to the individual's admission.

- A **categorical determination** can be one of two types:
 - A **protective services** admission occurs when a person is admitted to a NF due to an emergency situation requiring protective services. It may not exceed 7 days. This is used by Adult Protective Services (APS).
 - A **respite** admission is one in which the person enters the NF for 30 days or less to provide respite to in-home caregivers.
- For an **exempted hospital discharge**, this section must be signed by the physician, ARNP, or physician's assistant.

Section IV. Service Needs and Assessor Data

☐ No Level II evaluation indicated: Person does not show indicators of SMI or ID/RC.
☐ Level II evaluation referral required for SMI: Person shows indicators of SMI per Section 1.A.
☐ Level II evaluation referral required for ID/RC: Person shows indicators of ID or RC per Section 1.B.
☐ Level II evaluation referrals required for SMI and ID/RC: Person shows indicators of both SMI and ID/RC per Sections 1. A and B.

☐ Level II evaluation referral required for significant change.
☐ No Level II evaluation indicated at this time due to exempted hospital discharge: Level II must be completed if scheduled discharge does not occur.
☐ No Level II evaluation indicated at this time due to categorical determination identified by DDA or BHSIA: Level II must be completed if scheduled discharge does not occur.

NOTE: If Level II evaluation is required for SMI, forward this document to the BHSIA PASRR contractor immediately. If an indicator of ID/RC is identified, forward this document to the DDA PASRR Coordinator immediately. See link below.

PASRR CONTACT INFORMATION IS AVAILABLE AT:
For SMI - <https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/pre-admission-screening-and-resident-review-pasrr>
 For ID/RC - <https://www.dshs.wa.gov/dda/consumers-and-families/pre-admission-screening-and-resident-review-pasrr-program>

Check the box that applies.

NOTE:

- If a Level II evaluation is required, whomever completed the Level I form should make the referral for the Level II.*

38

Check the box that applies. Please note that if a referral is required for both SMI and ID/RC, the form must be faxed to both the MH and ID/RC evaluators. Please see the link on the form for contact information.

PASRR CONTACT INFORMATION IS AVAILABLE AT:

For SMI - <https://www.dshs.wa.gov/tbhsa/division-behavioral-health-and-recovery/pre-admission-screening-and-resident-review-pasrr>
For ID/RC - <https://www.dshs.wa.gov/da/consumers-and-families/pre-admission-screening-and-resident-review-pasrr-program>

NAME OF PERSON COMPLETING THIS FORM (PLEASE PRINT)		NAME OF AGENCY	
TITLE		TELEPHONE NUMBER (INCLUDE AREA CODE)	
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE OF PERSON COMPLETING THIS FORM		DATE	
ADDITIONAL COMMENTS (REQUIRED IF REFERRING DUE TO CREDIBLE SUSPICION OF SMI, ID, OR RC)			

- The PASRR Contact Information lists take you to an internet page where referral information for both SMI and ID/RC is located.
- Use the "Additional Comments" box to explain a credible suspicion of SMI or ID/RC or for any other information that will assist in the patient's appropriate care and placement.
- For SMI referrals, fax or secure email the MH evaluator. For ID/RC referrals, fax or secure email the Level I to the PASRR Coordinator.
- The "Additional Comments" box can also be used to record that a verbal report has been received after the Level II has been completed, but the Level II paperwork is pending.

Distribution

- The discharging facility or referring medical office will forward the Level I document to the receiving NF **prior to** NF admission.
 - If the Level I indicates *only* SMI, or credible suspicion, the referring entity must also forward to the MH PASRR Evaluator.
 - If the Level I indicates *only* ID/RC, or credible suspicion, the referring entity must also forward to the DDA PASRR Coordinator.
 - If the Level I indicates *both* ID/RC and SMI, or credible suspicion, the referring entity must forward to the DDA PASRR Coordinator and the MH PASRR Evaluator.
- Behavioral Health and Service Integration Administration (BHSIA) and/or Developmental Disabilities Administration (DDA) will forward the completed Level II assessment (if required) to the receiving facility.
- The Level I and Level II forms become part of the resident's patient record.

40

Please see form instructions for details. It's important to note that the Level I and II forms become part of the patient's record.



FAQ regarding Distribution

Q: Where do we send the Level I's which do not require a level II referral?

A: They become part of the resident record. The party referring the individual to the NF is responsible to provide the Level I to the NF as part of the admission paperwork.

43

FAQ regarding timeline

Q: What is the anticipated response time to get a PASRR Level II once a referral is made? What about over the weekend or on holidays? Is the response time the same for significant changes?

A: Typically the response for a new referral is 1-3 days. Please call the PASRR Coordinator or Evaluator if a quicker response is needed. Currently PASRR staff are not available on weekends or holidays, so it is important to make the referral as soon as there is reason to believe the person may be referred for NF care. For significant changes, the response time is usually 7-9 days.

Q: What if the response time is significantly slower than that? Who do we contact?

A: Email: dshshcapasrr@dshs.wa.gov

NF Readmissions

- A readmission occurs when an individual is readmitted to a facility from a hospital to which he or she was transferred for the purpose of receiving care.
- Readmissions are not subject to a new PASRR unless a significant change in condition has occurred.

43

More information of significant change in next section. If you are the hospital discharging the patient back to the SNF, and a significant change has not occurred (a readmission) a new Level I is not needed.

FAQ regarding when PASRR is required

Q: What about individuals admitting to a NF from the emergency room without an admission to the hospital?

A: PASRR must be completed for a new admit to the SNF. Hospital ER staff can help facilitate completing the Level I. If a Level II is indicated, make sure to include the information that the individual is in the ER when requesting the Level II. A verbal determination can frequently be made over the phone and documented on the Level I form.

FAQ regarding transfers

Q: What about SNF to SNF transfers? Is a new PASRR required? What about if a person admits to the hospital from one SNF, but discharges to a different SNF?

A: A new PASRR is not required if the original PASRR is still accurate. The sending facility must send the PASRR documents to the receiving facility. A new Level I (and Level II if indicated) should be completed if there has been a significant change.

Preadmission Screening and Resident Review (PASRR)

Nursing Facility (NF) Admission Process

What Nursing Facilities Need to Know

49

NF Admission Requirements

- The NF must receive the PASRR Level I screen prior to admission.
- When the Level I identifies SMI or ID/RC, the NF must also receive, prior to admission, except in the case of an Exempted Hospital Discharge:
 - A completed Level II; or
 - For ID/RC, the Notice of PASRR Determinations; or
 - For SMI, documentation of verbal determinations.
 - When initial determinations are made verbally, the complete written PASRR report will follow.
- All PASRR documents must be retained as a part of the client record and incorporated into the plan of care.

47

If the resident is coming from another state, that state's Level I and Level II forms are acceptable. Consult with a PASRR evaluator if specific service recommendations have been made.

FAQ regarding incomplete Level I

Q: What if the NF receives a PASRR Level I that is not complete or is inaccurate? What if we ask the hospital to correct it and they won't?

A: The NF SW can redo or complete the Level I or send it back to the hospital for correction, whichever is more convenient. If the hospital will not make the corrections, the NF SW can do it. If a pattern of inaccurate or incomplete PASRRs becomes evident, follow the [DOH's Health Professions Complaint process](#).

Q: What is the timeline the NF must make corrections if omissions or errors are noticed?

A: The SNF must make corrections as soon as possible after they are discovered.

48

FAQ regarding incomplete Level I

Q: What if a person discharges to the community from the NF, goes into the hospital for rehab and then returns to the NF? Is a new PASRR Level I/II required?

A: Because this person's stay in the NF was not continuous, the PASRR process must be followed for the new admission. The PASRR evaluator may decide to use the previous information to complete the Level II (if needed), but the process should be followed.

Level I Form Instructions (excerpt from last page of form)

NF Responsibility

The nursing facility is responsible for ensuring that the form is complete and accurate before admission. After admission, the NF must retain the Level I form as part of the resident record. In the event the resident experiences a significant change in condition, or if an inaccuracy in the current Level I is discovered, the NF must complete a new PASRR Level I and make referrals to the appropriate entities if a serious mental illness and/or intellectual disability or related condition is identified or suspected.

FAQ regarding compliance

Q: If we used the previous PASRR form after the latest version came out, can we receive a citation?

A: Yes. The most recent form must be used.

Q: If a previous version of the Level I is already in client medical record and remains accurate, do I need to update to the new version to be in compliance?

A: No. You will not be cited if the correct form at the time was used.

Q: If the NF makes a lot of corrections of PASRR Level I forms due to an internal audit of their files, will that be a flag for surveyors?

A: No. You will not be cited for noting corrections or redoing a form.

PASRR Level II Assessment

PASRR evaluators:

- Will determine whether NF placement is appropriate for the individual;
- May recommend alternative placement options;
- May recommend specialized rehabilitative services or specialized services.
- The NF must incorporate recommendations into the plan of care and implement recommendations.
- If specialized services are recommended by DDA, the NF must work with the PASRR Assessor and service provider to assure coordination.
- NF services should support the goals of the specialized services.

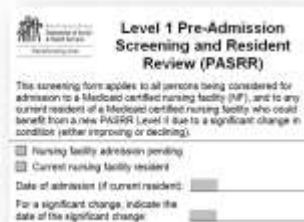
PASRR Level II Assessment

PASRR Level II evaluations must be performed by either a DDA PASRR assessor or a MH evaluator who is contracted with the state to perform the Level II evaluation (a professional on staff at a hospital cannot perform the Level II evaluation). DDA and BHSIA pay for the Level II evaluation.

Significant Change

- If an individual whose Level II assessment confirmed a SMI or ID/RC has a significant change in condition (improvement or decline) that may change the individual's care needs, NF staff (or HCS NFCM) must complete a new Level I screen and submit it to the MH PASRR evaluator or the DDA PASRR Coordinator.
- Additionally, if a resident develops symptoms of a serious mental illness and now meets all the criteria to indicate a Level II must be performed, a new Level I screen must be completed by NF staff (or HCS NFCM) and a referral made to the MH PASRR evaluator.
- Make sure the significant change information is noted on the form.

(NOTE: annual reviews are not required. Only do a new Level I if there has been a significant change.)



When to Refer for a Significant Change

- *Referral for Level II Resident Review Evaluations are Required for Individuals Previously Identified by PASRR to Have Mental Illness, Intellectual Disability/Developmental Disability, or a Related Condition in the Following Circumstances; Note: this is not an exhaustive list*
- A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.
- A resident with behavioral, psychiatric, or mood related symptoms that have not responded to ongoing treatment.
- A resident who experiences an improved medical condition—such that the resident's plan of care or placement recommendations may require modifications.
- A resident whose significant change is physical, but with behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, that may influence adjustment to an altered pattern of daily living.
- A resident who indicates a preference (may be communicated verbally or through other forms of communication, including behavior) to leave the facility.
- A resident whose condition or treatment is or will be significantly different than described in the resident's most recent PASRR Level II evaluation and determination. (Note that a referral for a possible new Level II PASRR evaluation is required whenever such a disparity is discovered, whether or not associated with a SCSSA.)

—From the CMS RAI Manual

Significant Change, cont'd.

- Significant improvements in condition, as well as declines in condition, should be reported to the BHSIA PASRR evaluator or the DDA PASRR Coordinator.*
- A significant change may trigger a new PASRR Level II.
- **Note that there are no rules to determine when a significant change in condition should warrant a referral to the mental health or intellectual disability authority. **It is ultimately a judgment call, to be made by the individual's care team. If there is any doubt, however, you should place the call and talk to the PASRR evaluator at the relevant authority about what is happening with the individual.** Even if the evaluator ultimately concludes that a resident review is not necessary, the call will give you an important opportunity to talk to the staff about the kinds of changes that might require a referral.*

FAQ regarding Sig. Change

Q: How about when someone is coming off of an antidepressant or anti-anxiety or has a change in dosage? Does that indicate a significant change?

A: That can be an indicator of significant change, but use your professional judgement based on a change in symptoms or behavior. When in doubt, refer.

FAQ regarding Sig. Change

Q: Does an admission of a NF resident to a psychiatric facility like a state hospital or gero-psych unit indicate a significant change?

A: No PASRR is needed to enter the psychiatric facility. If the person is then being discharged back to the NF, the inpatient psychiatric stay and possible changes in service needs would likely warrant a significant change referral.

FAQ regarding Sig. Change

Q: Does a resident that has regular bouts of bipolar manic episodes need to have a new Level I/ II performed with each episode? Is that a significant change?

A: No, not if this is the person's baseline and the condition is being treated. If in doubt, please call the PASRR evaluator.

Specialized **Rehabilitative** Services

- The PASRR Level II may recommend specialized rehabilitative services or a professional assessment to determine if there is a need for specialized rehabilitative services.
- If a professional assessment is recommended, the NF must arrange for it to be completed.
- Forward a copy of the assessment report to the PASRR evaluator who recommended it.
- For ID/RC, forward a copy of the NF care plan along with the assessment report.
- The NF must provide or arrange specialized rehabilitative services for those who need them.

60

42 CFR § 483.45

Specialized Rehabilitative Services.

(a) *Provision of services.* If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and intellectual disability, are required in the resident's comprehensive plan of care, the facility must:

- (1) Provide the required services; or
- (2) Obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.

(b) *Qualifications.* Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.

Specialized Services

- For individuals with ID/RC, specialized services may be recommended to attain the highest practicable physical, mental, and psychosocial well-being.
- Specialized services are individualized supports needed because of the person's disability, and are in addition to those services included in the nursing facility daily rate.
- Specialized services may be used to help a person transition from the NF to a community setting.
- These services will be arranged by the DDA PASRR Assessor, in coordination with the NF resident, legal representative, and NF staff.
- The NF will consider specialized service goals when developing the resident's care plan.
- For individuals with SMI, if NF is not the appropriate setting to meet a person's MH needs, specialized placement will be arranged.

62



FAQ regarding specialized services

Q: Can you give an example of specialized services that are available?

A: An example for an individual with ID is Community Access which is when a provider works with the individual to set goals and participate in activities that help the resident remain connected to their community. Other services, similar to those available under DDA waivers may be available as a specialized service, when indicated.

FAQ regarding PASRR training

Q: Who is participating in this training today? How will hospitals (and others) be notified of changes to the form?

A: Staff from hospitals, physician's offices/clinics, SNFs, HCS, DDA, RCS, BHSIA, MI PASRR Contractors and more are participating. Notice about this webinar was sent via list serves to these agencies. Over 650 individuals registered for the two webinars combined. No notice will be sent when there are changes.

Links

[PASRR Level I Form](#)

[BHSIA PASRR Website](#)

[BHSIA list of PASRR Evaluators](#)

[DDA PASRR Website](#)

[DDA list of PASRR Coordinators](#)

PASRR Workgroup email: dshshcapasrr@dshs.wa.gov

Thank You



Questions?