Pre-Admission Screening and Resident Review (PASRR)

Information for Hospitals, Medical Offices, and Nursing Facilities

2019
Introduction
For Your Information ...

• Today’s webinar will focus on the role of hospitals and nursing facilities in the PASRR process, person-centered practices and integrated care.

• CEUs are available.
Regulations Related to PASRR/PASARR

Both the federal government and the State of Washington regulate PASRR.

– The federal rules related to PASRR can be found at: 42 C.F.R. 483.100 - 483.138 (Note: an annual PASRR is no longer required but Code of Federal Regulation has not been revised to reflect this change.)

What does PASRR do?

PASRR has three goals:

• To identify people referred to nursing facilities who have an intellectual disability or related condition (ID/RC) or a serious mental illness (SMI);

• To determine that individuals are placed appropriately; and

• To make sure individuals receive the services they need for ID/RC or SMI.
Why is PASRR Important?

According to [Medicaid.gov](https://medicaid.gov):

“PASRR can advance person-centered care planning by assuring that psychological, psychiatric, and functional needs are considered along with personal goals and preferences in planning long term care”.

PASRR can enhance nursing facility (NF) care by providing additional disability-related services not included in the NF daily rate and by making recommendations to the NF.
Referring party (usually hospital or nursing facility) completes Level I Indicators of ID/RC and/or SMI?

DDA completes Level II process

HCA completes Level II process

ID/RC = YES

SMI = YES

ID/RC = YES and SMI = YES

ID/RC = NO and SMI = NO

Admission to Medicaid Certified Nursing Facility

ID/RC = intellectual disability or related condition
SMI = serious mental illness

The PASRR Process at a Glance

Washington State Department of Social and Health Services
What Referring Parties Need to Know

• You must complete a PASRR Level I.

• The PASRR Level I form should be accessed from the DSHS website to ensure use of the current version. (The form number is 14-300.)

• The current form was revised September 2018.
What Nursing Facilities Need to Know

• The current form is dated September 2018.

• The SNF should not admit patients without a completed PASRR.

• File a complaint with Department of Health if you see a pattern of noncompliance.
Additional Considerations for Referring Parties

• Best practice: Include the PASRR Level I form in the hospital intake packet for use in anticipated NF admission.

• Share patient information with the PASRR evaluator as soon as possible. To see what information is required, follow these links:
  • §483.134 Info for MH Evaluator
  • §483.136 Info for ID/RC Assessor

• Being proactive reduces response time.
Guardianship or Power of Attorney (POA)

• Assisted decision making can’t be assumed – current paperwork must be presented (check expiration date).

• Power of Attorney is granted by the person requesting assistance and can be withdrawn at any time.

• Guardianship does not deny the right to make choices.

• If a PASRR determination is challenged by a guardian or POA, refer the issue to the PASRR evaluator.
The instructions related to “significant change of condition” have been updated to match recent CMS guidance.
### Section 1: Serious Mental Illness (SMI) / Intellectual Disability (ID) or Related Condition (RC) Determination

#### A. Serious Mental Illness Indicators

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>DSM Code, if known</th>
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<tbody>
<tr>
<td>☐</td>
<td>Schizophrenic Disorders</td>
<td></td>
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<tr>
<td>☐</td>
<td>Mood Disorders – Depressive or Bipolar</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Other Psychotic Disorder</td>
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<tr>
<td>☐</td>
<td>Psychotic Disorder NOS</td>
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<tr>
<td>☐</td>
<td>Anxiety Disorders</td>
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<tr>
<td>☐</td>
<td>Delusional Disorder</td>
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<tr>
<td>☐</td>
<td>Personality Disorders</td>
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</tbody>
</table>

Include the DSM, if known

#### 1. Has the individual shown indicators within the last two years of having any of the following mental disorders? Check the appropriate box and include current version of the Diagnostic and Statistical Manual (DSM) code if known.

#### 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 firings, 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 the individual experienced either of the following? If yes, please indicate either a, or b, below.

- ☐ a. Psychiatric treatment more intensive than outpatient care more than once in the past two years (e.g., partial hospitalization or inpatient hospitalization).
- ☐ b. Within the last two 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. All of the questions in Section 1A (1, 2 and 3) are marked 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. Any of the questions in Section 1A (1, 2 or 3) are marked No and there is no credible suspicion of SMI; or
  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 1B.
• If an individual has all three indicators: Refer to PASRR.

• If an individual does NOT have all three indicators, but you believe the individual may have SMI: Refer to PASRR.

• The same criteria is used for a significant change.

• For SMI (only), a referral for Level II is not required if all the criteria for Exempted Hospital Discharge are met and the stay is less than 30 days.
An example of “another agency or facility that serves individuals with ID” might be the United Cerebral Palsy Association of WA or other similar agencies.

Referral requirements are clear.
Clarification About “Related Condition”

- The form makes it clear that functional limitations alone do not necessitate a referral.
- Functional deficits must be attributable to a severe disability which occurred prior to age 22 and is expected to continue indefinitely.
- This includes TBI, stroke, etc. If in doubt, refer.
A diagnosis of dementia does not exclude an individual from the PASRR process, but it is considered relevant information.

The PASRR process must be completed if the individual has a diagnosis of dementia.
What about people who are going to a NF for short-term rehab after hospital treatment?
How does the hospital designate an Exempted Hospital Discharge?

Complete Sections IIA and III in the PASRR Level I

Section IIA. 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. For individuals with ID/RC, the PASRR Level I must be forwarded to the DDA PASRR Coordinator upon nursing facility admission.

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?

By entering my name in the signature fields below, I indicate my intent to sign this record and authorize my electronic signature is the legally binding equivalent to my handwritten signature.

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

DATE

All EHDs must be signed by physician, PA, or ARNP.
What happens if a person entered the facility on an EHD, but the stay later extends beyond 30 days?

**Section IIA. 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. *For individuals with ID/RC, the PASRR Level I must be forwarded to the DDA PASRR Coordinator upon nursing facility admission.*
What about people who admit to the NF for a respite stay?

• For individuals with ID/RC, the DDA PASRR Assessor completes the Level I.

• Contact the regional PASRR Coordinator if you wish to refer someone to a NF for respite (a Regional DDA Authority or designee will sign section III).

• Respite admissions must be 30 days or less (allowed: 30 total days over the course of 1 year).
## Section II.B. Categorical Determination

<table>
<thead>
<tr>
<th>CHECK ANY THAT APPLY (SEE INSTRUCTIONS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral to NF for protective services of seven (7) days or less</td>
</tr>
<tr>
<td>Referral to NF for respite of 30 days or less</td>
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</table>

*If one of these indicators applies, check the “Categorical Determination” box in Section III. The referring party must sign section III.*

## Section III. Documentation of:

<table>
<thead>
<tr>
<th>EXCEPTED HOSPITAL DISCHARGE (PER SECTION II.A)</th>
</tr>
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<tbody>
<tr>
<td>CATAGORICAL DETERMINATION (PER SECTION II.B)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF PERSON IDENTIFYING BASIS FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION</th>
<th>TITLE</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>LIST DATA USED FOR DETERMINATION</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>WHAT EVIDENCE DID YOU USE TO CONCLUDE THE INDIVIDUAL MEETS THE CRITERIA FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION?</th>
</tr>
</thead>
</table>

By entering my name in the signature fields below, I indicate my intent to sign this record electronic signature is the legally binding equivalent to my handwritten signature.

<table>
<thead>
<tr>
<th>SIGNATURE (PHYSICIAN, ARNP, PHYSICIAN’S ASSISTANT OR REGIONAL AUTHORITY/DESIGNEE)</th>
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</table>

CDs are typically signed by a Regional DSHS Authority/Designee.
If there is credible suspicion of SMI or ID/RC, but no diagnosis, you must complete the Additional Comments section.

<table>
<thead>
<tr>
<th>Section IV. Service Needs and Assessor Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No Level II evaluation indicated: Person does not show indicators of SMI or ID/RC.</td>
</tr>
<tr>
<td>☐ Level II evaluation referral required for SMI: Person shows indicators of SMI per Section 1.A.</td>
</tr>
<tr>
<td>☐ Level II evaluation referral required for ID/RC: Person shows indicators of ID or RC per Section 1.B.</td>
</tr>
<tr>
<td>☐ 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.</td>
</tr>
<tr>
<td>☐ Level II evaluation referral required for significant change.</td>
</tr>
<tr>
<td>☐ No Level II evaluation indicated at this time due to exempted hospital discharge: Level II must be completed if scheduled discharge does not occur.</td>
</tr>
<tr>
<td>☐ No Level II evaluation indicated at this time due to categorical determination identified by DDA or BHA: Level II must be completed if scheduled discharge does not occur.</td>
</tr>
</tbody>
</table>

NOTE: If Level II evaluation is required for SMI, forward this document to the BHA 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 - [www.hca.wa.gov/pasrr](http://www.hca.wa.gov/pasrr)
- For ID/RC - [https://www.dshs.wa.gov/dda/PASRR](https://www.dshs.wa.gov/dda/PASRR)

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**NAME OF PERSON COMPLETING THIS FORM (PLEASE PRINT)**

**NAME OF FACILITY OR AGENCY**

**TITLE**

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

By entering my name in the signature fields below, I indicate my intent to sign this record and agree that my electronic signature is the legally binding equivalent to my handwritten signature.

**SIGNATURE OF PERSON COMPLETING THIS FORM**

**DATE**

**ADDITIONAL COMMENTS (REQUIRED IF REFERRING DUE TO CREDIBLE SUSPICION OF SMI, ID, OR RC)**
The last page contains additional information.

Many of your questions are answered here.
What is the NF’s responsibility for PASRR at admission?

• Confirm the PASRR process has been completed.

• Questions to ask:
  • PASRR Level I
  • Correct information
  • HCA or DDA PASRR assessor confirmed:
    ✓ Has a disability
    ✓ Requires NF care
    ✓ Needs specialized services
How can the NF tell if all pre-admission requirements have been met?

• A Level I has been completed and appears accurate.
• When indicated on the Level I, Level II determinations have been completed as evidenced by:

1. A completed PASRR Level II Assessment.
   --OR--
2. For ID/RC:
   • A completed PASRR Determinations and Planned Action Notice (PAN) (Form 10-573).
   • A completed DDA PASRR Significant Change Invalidation indicating no PASRR impact (Form 10-623).
How can the NF tell if all pre-admission requirements have been met? (Continued)

For SMI:

- A completed Notice of Determination.
- A completed Level II Invalidation Form; this form remains valid unless there is a change in condition for the individual.

Each of the forms listed for ID/RC and SMI are completed by the PASRR Assessor.
What is the NF’s responsibility after admission?

- If you see errors on the Level I, or if a resident with SMI or ID/RC experiences a significant change of condition, the SNF must complete and forward a new Level I to DDA or HCA.

- Make a note in the resident’s chart why a new Level I was completed.

- The Level I, Level II and most recent follow-up must be kept in the resident’s chart. Incorporate PASRR information into the resident’s care plan.

- If the resident discharges before you get a written report, file the report in the client’s chart; no follow up is necessary.

- If you have questions, contact the PASRR Assessor.
How do I incorporate PASRR recommendations from the Level II or follow-up into the care plan?
Person Centered Care

CMS Definition:

From Appendix PP, F540: .... person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.
What does person-centered care look like?

Providing person-centered care ....

• Respects resident values, preferences and expressed needs
• Respects individuals emotional and physical space and adjusts to the individuals changing needs
• Seeks to understand and respect the perspective of the resident
• Ensures opportunities for engagement that help a resident live their life well
Person-centered care reaches into all aspects of a resident’s life.
CMS also includes person-centered care planning in many aspects of their nursing home regulations:

- F553 - Resident rights
- F655 – Comprehensive Person Centered Care Planning
- F584 – Safe Environment
- F740 – Behavioral Health
Why is person centered care important?

Person-centered care can lead to:
• Better health outcomes
• Increased satisfaction with life
• Increased satisfaction with providers and care
• Better engagement in self care

Stronger relationships:
• Increased trust by the resident
• Reduced stress for staff
How does person centered care relate to PASRR and PASRR services?

Listen to the Resident!
Person-centered Specialized Services

• Specialized services (SS) are equipment, therapies, or other provisions that are needed by an individual because of the ID/RC or SMI.
• SS are provided *in addition to* NF care and are paid for by DDA or HCA.
• NF care should work in tandem with SS toward the same goals.
• SS may occur in the NF or in a community setting while the person resides in a NF.
• For SMI, contact your community **Behavioral Health Organization**.
How does the NF coordinate with Specialized Service providers?

- Provide input for PASRR assessments.
- Keep SS goals in mind when care planning.
- Share any needed information with SS providers.
- Discuss other scheduled activities.
- Report relevant observations, concerns, or questions to the PASRR Assessor or SS provider.
A Final Thought

PASRR is a partnership between the resident, important people in the resident’s life, hospital, NF, and state agencies.

At its center is our common desire to provide person-centered, high-quality services for each individual we serve.
PASRR Contacts

• Developmental Disabilities Administration (ID/RC): Terry Hehemann, ID/RC PASRR Program Manager - teresa.hehemann@dshs.wa.gov

• Health Care Authority (SMI): Larita Paulsen, SMI PASRR Program Manager larita.paulsen@hca.wa.gov; Maureen Craig, Administrative Assistant Maureen.craig@hca.wa.gov

• Residential Care Services: Lisa Herke, NH Policy Program Manager lisa.herke@dshs.wa.gov
PASRR Contacts

- **Home and Community Services:** Julie Cope, System Change Specialist, julie.cope@dshs.wa.gov

- **Department of Health:** Liz Gordon, Clinical Care Supervisor, Investigation and Inspection - Elizabeth.Gordon@DOH.WA.GOV
Where can I find more information?

ID/RC PASRR Internet Site:  
www.dshs.wa.gov/dda/pasrr

SMI PASRR Internet Site:  
www.hca.wa.gov/pasrr