

**Preadmission and Resident Review (PASRR) Process  
Serious Mental Illness (SMI)**

**NOTE: Annual average of PASRR process is 7 to 9 working/business days of receipt of completed, signed, and dated Level I ID Screen.**

<b>STEP 1.</b>	<p><b>Level I - ID Screen (DHMH 4345)- Required for admissions or residents of a Medicaid certified Nursing Home</b>  <a href="https://mmcp.health.maryland.gov/SiteAssets/pages/UCATransition/Level%20I%20ID%20Screen%20Revised%20Jan%202016.pdf">https://mmcp.health.maryland.gov/SiteAssets/pages/UCATransition/Level%20I%20ID%20Screen%20Revised%20Jan%202016.pdf</a></p> <ol style="list-style-type: none"> <li>1. Prior to admission, form is completed by facility or provider referring individual to nursing home <ul style="list-style-type: none"> <li>• Used to determine whether individual has or is suspected to have Serious Mental Illness, Intellectual Disability or both</li> </ul> </li> <li>2. After admission to nursing facility, form is completed by nursing facility <ul style="list-style-type: none"> <li>• Used when new information is received that indicates Serious Mental Illness, Intellectual Disability or both, a significant change in mental or medical status has occurred, or when there is a new diagnosis of mental illness</li> </ul> </li> </ol>
<b>STEP 2.</b>	<p><b>Adult Evaluation and Review Services (AERS)</b>  <b>Level II Assessment within 3 working/business days of receipt of <u>accurate, signed and dated</u> DHMH 4345 (Level I)</b></p> <ol style="list-style-type: none"> <li>1. Conduct STEPS Assessment (A-E) <ol style="list-style-type: none"> <li>A. Diagnosis(s) Medical &amp; Psychiatric (current and historical), current and history of medications, including compliancy</li> <li>B. Review of all body systems including neurological system</li> <li>C. Functional assessment (ADL/IADL)</li> <li>D. Psychosocial assessment</li> <li>E. Mental health assessment</li> </ol> </li> <li>2. Obtain psychiatric evaluation from treating Psychiatrist, Licensed Clinical Social Worker-Clinician (LCSW-C), or Advanced Practice Registered Nurse or Nurse Practitioner with Practice in Mental Health (APRN-PMH/CRNP-PMH)</li> <li>3. Obtain medical documentation to support necessity of nursing home care, if necessary</li> <li>4. Complete Level II Evaluation Report</li> <li>5. Complete Plan of Care</li> <li>6. Send all documentation (above) to consulting Independent Psychiatrist</li> <li>7. Receive signed certificate from Independent Psychiatrist</li> <li>8. Forward all documentation and signed certificate to Optum Maryland</li> </ol> <p>➤ <b>NOTE:</b> Termination of PASRR process may occur <u>after</u> the completion of Level II assessment if the AERS Assessor and/or Consulting Psychiatrist determine the individual: Does not have serious mental illness; or has a primary diagnosis of dementia (Alzheimer's Disease or other neurocognitive disorder)</p>
<b>STEP 3.</b>	<p><b>Optum Maryland (Behavioral Health Administration's contracted authority)</b>  <b>Determination within 3 working/business days of receipt of ALL required documentation</b></p> <ol style="list-style-type: none"> <li>1. Documentation <u>required</u> for determination; documentation should be typed; handwritten is acceptable, if legible <ul style="list-style-type: none"> <li>• Level II (STEPS forms A-E)</li> <li>• Psychiatric evaluation from treating mental health professional</li> <li>• Other medical documentation</li> <li>• Level II Evaluation Report</li> <li>• Plan of Care</li> <li>• Level I ID Screen</li> <li>• Certificate, signed by consulting Psychiatrist</li> </ul> </li> <li>2. Determination sent to AERS will be either: <ul style="list-style-type: none"> <li>• APPROVED <ol style="list-style-type: none"> <li>a. Approval determination letter</li> <li>b. Signed certificate</li> <li>c. Older Adult BHA Specialist Information for resource(s)</li> </ol> </li> <li>• DENIED <ol style="list-style-type: none"> <li>a. Denial letter</li> <li>b. Appeal information</li> </ol> </li> </ul> </li> </ol>
<b>STEP 4.</b>	<p><b>AERS</b>  Forwards applicable documents (Determination Letter, certificate, Level II Evaluation Report &amp; BHA resource information - whichever is applicable) to: <b>1)</b> Individual and/or legal representative; <b>2)</b> NH; <b>3)</b> Discharging hospital; and <b>4)</b> Attending physician</p>