

This document is a compilation of resources, forms, and frequently asked questions regarding PASRR for individuals with diagnosis or suspected diagnosis of serious mental illness. This document provides clarification and answers for frequent inquiries regarding the Preadmission Screening and Resident Review (PASRR) process.

The concept and reason for PASRR have not changed and are still relevant under the Omnibus Budget Reconciliation Act (OBRA), also known as the Nursing Home Reform Act of 1987. OBRA regulations of 42 CFR 483.100 – 483.138. The Centers for Medicare & Medicaid Services (CMS) continues to review state PASRR processes.

The purpose of PASSR is to advance person-centered care planning by assuring that psychological, psychiatric, and functional needs and consider the individual's personal goals and preferences in planning long-term care. PASRR also helps ensure that individuals are not inappropriately placed in nursing homes for long term care and requires Medicaid-certified nursing facilities:

1. Evaluate all applicants for serious mental illness (SMI) or intellectual disability (ID)
2. Offer all applicants the most appropriate setting for their needs (in the community, a nursing facility, or acute care settings)
3. Provide all applicants the services they need in those settings.

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Acronyms

AERS	Adult Evaluation and Review Services
ALF	Assisted Living Facility
APRN-PMH	Advanced Practice Registered Nurse in Psychiatric-Mental Health
BHA	Behavioral Health Administration – mental health authority for the State of Maryland
BIMS	Brief Interview for Mental Status
CAGD	Categorical Advanced Group Determination
CFC	Community First Choice
CMS	Centers for Medicare and Medicaid Services
CO	Community Options Waiver
COMAR	Code of Maryland Regulations
DDA	Developmental Disabilities Administration
DOB	Date of Birth
EHD	Exempted Hospital Discharge
GES	Geriatric Evaluation Services
ID	Intellectual Disability
LCSW-C	Licensed Clinical Social Worker (LCSW-C) advanced level of LCSW licensure
Level I	PASRR Screening; form DHMH 4345; ID Screen
Level II	AERS evaluation; STEPS forms
Level II Evaluation Report	Level II Summary
LTC	Long Term Care
LTSS	Long Term Support Services
MDH	Maryland Department of Health
MR	Mental Retardation – old terminology for ID
NF	Nursing facility
Optum	Contracted Administrative Service Organization by BHA for PASRR determinations for SMI
PAS	Pre-admission Screening
PASRR	Pre-admission Screening and Resident Review
PTAC	PASRR Technical Assistance Center
RR	Resident Review
RRP	Residential Rehabilitation Program
SMI	Serious Mental Illness
SNF	Skilled nursing facility
SSN	Social Security Number
STEPS	Statewide Evaluation and Planning Services; assessment forms used by AERS

General questions

Q: What is the time required for the completion of the PASRR process?

A: The time requirement is an average of 7-9 working/business days. This timeframe is from the completed and accurate Level I form to the date of determination. NOTE: If the individual is either in an acute care hospital or inpatient psychiatric hospital, the Level II evaluation begins when the individual is stable for discharge and submission of completed, accurate, signed/dated Level I.

Q: What is the AERS timeframe for PASRR?

A: AERS has five business/working days to complete their portion of PASRR. NOTE: The timeframe may be extended if required documentation is not provided to AERS, or additional information is requested. AERS also is responsible for uploading PASRR documents into LTSS Maryland.

Q: What is the BHA timeframe for PASRR?

A: The BHA authority has three days of business/working days from receipt of PASRR documentation to make a final determination. NOTE: The timeframe may be extended if required documentation is not provided to BHA, or additional information is requested.

Q: What if an individual cannot or will not sign the release of information? What if there is no guardian or family to give consent?

A: HIPAA permits providers to disclose protected health information (PHI) to other providers who care for or providing services to the same individual without consent. AERS should document all efforts to obtain signed consent or release of information.

Source: 1) pasrassist.org/topics

Source: 2) <https://www.pasrassist.org/combined/Director's-Corner%3A-Why-HIPAA-Is-NOT-A-Barrier-to-Getting-PASRR-Done>.

Q: How to know if an individual has had a previous PASRR?

A: There are several ways 1) AERS can check LTSS; 2) Contact BHA authority; 3) Contact your Older Adult PASRR Specialist Contact

<https://bha.health.maryland.gov/pages/olderadultbehavioralhealthandPASRR.aspx>

Q: If the individual has diagnoses of mental illness and intellectual disability, who makes the final determination, BHA or DDA?

A: When an individual has diagnoses of mental illness and intellectual disability, DDA makes the final determination with collaboration with BHA. Exceptions to this may occur, examples:

If an individual with intellectual disability and mental illness diagnoses is not known or eligible for DDA services, BHA makes the final determination.

For complex cases, it is best to contact your local AERS for further guidance.

Q: What role does Telligen (Utilization Control Agency) have in the PASRR process?

A: If an individual's Level I indicates either SMI, ID, or both, Telligen will seek PASRR determination documentation (certificate or letter) from either BHA authority or DDA before granting a Medicaid NF level of care.

General questions (continued)

Q: What documentation or information will AERS obtain to complete the Level II assessment for individuals suspected of having a mental illness?

A: Documentation or information is required under the PASRR regulations.

1. Current and historical medical and psychiatric diagnosis
2. ADLs, IADLs
3. Need for rehabilitation services (PT, OT, etc.)
4. Medications (current and history):
5. Current psychiatric evaluation
6. Psychosocial information
7. Medical documentation related to neuro-cognitive evaluation - if dementia is a primary diagnosis with a secondary diagnosis of serious mental illness.

Q: Are all Level I ID screens from the State of Maryland psychiatric hospitals going to be “positive”?

A: Yes. MDH and BHA require individuals discharged from a State of Maryland inpatient psychiatric hospital to have a positive PASRR Level I ID screen and refer to AERS for Level II evaluation. However, AERS or Independent Consulting Psychiatrist can exclude the individual from other PASRR processes (i.e., Primary diagnosis of dementia or other neurocognitive disorder) based on documentation and evaluation.

Q: If an individual receives services in a Residential Rehabilitation Program (RRP), are they subject to the full PASRR process?

A: Yes. MDH and BHA require individuals discharged from a State of Maryland residential rehabilitation programs (RRP) to have a positive PASRR Level I ID screen and refer to AERS for Level II evaluation. However, AERS or Independent Consulting Psychiatrist can exclude the individual from other PASRR processes (i.e., Primary diagnosis of dementia or other neurocognitive disorder) based on documentation and evaluation.

Q: How long is the PASRR Certificate valid? Sometimes it takes several months to find an NF willing to accept a patient.

A: The PASRR determination is valid until admission to NF or if the individual has a significant change in either their medical or psychiatric diagnosis(s) or changes before NF admission. Any significant change requires a new Level I ID screen and a referral to AERS. NOTE: Before the admission, NF should review all PASRR documentation and verify no significant changes have occurred in the individual's medical or psychiatric status. Furthermore, AERS or BHA may request updated documentation indicating no changes regarding the individual's medical or psychiatric status.

Q: Can a PASRR from another county or state be used?

A: Yes. If there have been no changes to the individual's medical or psychiatric conditions. Before the admission, the NF should review all PASRR documentation and verify no significant changes have occurred in the individual's medical or psychiatric status.

Q: Can the Level I form be completed the same day but earlier on the day of admission to NF?

A: Yes, the keyword is "BEFORE" admission. Admission begins when the individual arrives at NF. However, if an individual requires a PASRR determination, all the PASRR requirements (Level II evaluation, Level II Evaluation Report, supplemental reviews, or Psychological evaluation and determination) must be completed before admission to NF. NOTE: It is not recommended to initiate the Level I screen on the day of admission.

General questions (continued)

Q: What if the mental illness(s) diagnosis on the Level I and Level II do not match?

A: The mental illness diagnosis(s) listed on the Level I and Level II should match. If they do not, then either the Level I or Level II needs to be corrected to reflect accurate diagnosis(s). NOTE: changes to either document need to be initialed and dated. If the individual has been admitted to NF, then NF should make document correction(s) or complete a new Level I, if applicable. If AERS identifies conflicting information, they should seek clarification from either the person who completed the Level I or NF.

Q: What if an individual has diagnoses for both Serious Mental Illness and Intellectual Disability?

A: In cases when an individual has a Serious Mental Illness diagnosis and Intellectual Disability, BHA and Development Disabilities Administration (DDA) collaborate on the PASRR determination.

- 1) If DDA determines: **NO**, ID/DD or related condition
 - a. DDA determines whether individual is known to DDA or eligible for DDA services and notifies AERS in writing.
 - b. AERS then forwards the PASRR documentation, including the DDA determination letter, to BHA authority for review and determination. Rationale: The individual mental illness(s) diagnosis(s) may benefit from Specialized Services.
 - c. BHA is responsible for PASRR determination and notifying AERS
- 2) If DDA determines: **YES**, there is ID/DD or a related condition
 - a. DDA will coordinate with BHA for a recommendation(s) regarding specialized services for mental illness diagnosis(s).
 - b. DDA is responsible for PASRR determination and notifying AERS

Categorical Advance Group Determination (CAGD)

Q: What is CAGD?

A: CAGD considers that specific diagnoses, the severity of illness(s), or situations indicate immediate admission to an NF is needed. CAGD applies only if the individual's information is current, accurate, and enough to allow the person completing Level I to determine the individual fits into one of the specific categories.

Q: Is additional documentation needed when an individual is admitted to NF under CAGD?

A: Yes, completion of DHMH 4345b is required under CAGD admissions.

Q: Does AERS have to be notified if an individual is admitted under CAGD?

A: Referral to AERS for Level II evaluation is required for individuals admitted under CAGD for categories #1, #2, or #3; these individuals may need Specialized Services. Individuals admitted under categories of provisional care (#4) or respite care (#5) may not require Specialized Services.

Q: Can an individual be admitted under CAGD from an observation unit or emergency room?

A: Yes, if the admission correlates to a specific category in Section D of the Level I form.

Dementia/Neurocognitive Disorder

For Neurocognitive Disorders (NCD), such as Parkinson's, Huntington's, Alzheimer's, Traumatic Brain Injury, Lewy Body, Picks Disease and the individual is unable to care for his/hers daily care, or their mental status is such that they would not understand or benefit from Specialized Services, the NCD would override his/her serious mental illness. If NCD is the primary and prevailing need for NF services, the individual would not need a PASRR Level II.

The diagnostic criterion includes complete medical and psychiatric histories, neurological examination, mental status examination, CAT Scan of the brain, and lab work. The diagnosis of dementia or related condition is from a clinician (Physician or APRN-PMH). As an additional resource, refer to CMS PTAC on Dementia at <http://www.pasrassist.org/events/webinar/dementia-and-pasrr>.

Note: MDH requires assessment, and completion of the Level II evaluation is necessary, to document the NCD versus mental illness as the primary and prevailing diagnosis and specialized services may or not be beneficial to the individual.

Q: If an individual has a diagnosis of dementia and mental illness, does the diagnosis of dementia automatically exclude them from the PASRR process?

A: No, exclusion depends on the severity of dementia. The presence of dementia is not adequate for exclusion from a Level II evaluation. The AERS evaluation determines whether an individual will still require and benefit from specialized mental health services despite having a diagnosis of dementia.

Q: If an individual was admitted to a Geri-psychiatric facility for behavioral disturbances related to Dementia diagnosis, is a PASRR needed?

A: Completing Level I will indicate whether a Level II evaluation and referral to AERS are needed. Alzheimer's disease and other dementias are considered Neurocognitive Disorders. If the individual has no mental illness diagnosis, the individual is not subject to PASRR. The documentation must indicate that the behavioral disturbances are related to NCD should be provided for the individual's medical record.

Q: In Section C, if dementia is listed, and nothing regarding a mental illness, what should be done?

A: Dementia and neurocognitive disorders are medical diagnoses and not a mental illness; therefore, they should not be listed in Section C. AERS should provide further explanation/education regarding PASRR and Dementia/NCD. If needed, refer the person completing the Level I to <http://www.pasrassist.org/events/webinar/dementia-and-pasrr>.

Q: Is Traumatic Brain Injury (TBI) a PASRR related disability?

A: A person with a TBI may meet the definition of a related condition and require a Level II evaluation if the injury results in impairment of general intellectual functioning or adaptive behavior similar to that of a person with an intellectual disability, or if there is evidence of accompanying mental illness. A study by the National Institute of Health highlights TBI's linkage and increased risk of developing post-traumatic stress disorder (PTSD) or major depressive disorders. Additionally, an article in The Journal of Neuropsychiatry and Clinical Neurosciences points to TBI's direct linkage with psychiatric disorders. The PASRR process should seek to determine if a qualifying mental health condition existed before the injury, if the TBI has exacerbated that condition, or if the damage has led to the onset of a qualifying mental illness. <https://www.pasrassist.org/search-results/q-traumatic%20brain%20injury>

Dementia/Neurocognitive Disorder (continued)

Q: Should dementia or related conditions be listed in Section C of the Level I form?

A: No, these diagnoses are not a mental illness.

Q: Can AERS stop the PASRR process if the individual has dementia?

A: Yes, according to § 483.128 (m) *“The evaluation may be terminated if the evaluator finds at any time during the evaluation that the individual being evaluated”*

(1) Does not have MI or ID; or

(2) Has -

(i) A primary diagnosis of dementia (including Alzheimer's Disease or a related disorder); or

(ii) A non-primary diagnosis of dementia without a primary diagnosis that is a serious mental illness and does not have a diagnosis of ID or a related condition.

Q: Is Cerebrovascular Accident (CVA) or Multiple Sclerosis (MS) consider Neuro-Cognitive Disorder (NCD)?

A: No. However, both conditions can cause NCD.

Hospital Discharge Information

Q: What is an “EXEMPTED Hospital Discharge”?

A: According to 42 CFR 483.106(a)(2), Basic Rule, the only valid exemption from PASRR is the Exempted Hospital Discharge (EHD). The EHD may be applied for an individual who

- (a) is admitted to any nursing facility (NF) directly from a hospital after receiving acute inpatient care at the hospital,
- (b) requires NF services for the condition for which he or she received care in the hospital, and
- (c) has been certified by an attending physician before admission to the NF to likely to require fewer than 30 days NF services.

Q: Can an EXEMPTED Hospital Discharge be applied if the individual was in the Observation Unit or Emergency Room?

A: No, an EXEMPTED Hospital Discharge is specifically related to discharge from receiving acute inpatient care and cannot be used for admission into an NF from an observational unit, emergency room, psychiatric or behavioral health unit, Geri-psychiatric unit, community setting, or nursing home.

Q: Hospitals are concerned the PASRR process takes too long. What do we do if the Level II process takes over ten days?

A: Hospitals should not wait until the day of discharge to contact AERS. The whole PASRR process takes an average of 7-9 working/business days. After receiving an accurate, completed, and signed Level I, AERS has three working/business days to conclude the Level II evaluation and forward it to BHA authority. BHA authority then has three business/working days for the determination process. Note: Incomplete documentation or missing information can delay the entire process.

Q: Is the hospital physician allowed to write the order to send a patient to an NF without having anything from AERS or the State of Maryland?

A: PASRR is a Federal Regulation guided by Federal law which mandates specific requirements for admissions into a Medicaid certified NF; therefore, PASRR takes precedence over a clinician’s order.

Level I

Q: Who can complete the Level I screening form?

A: Federal regulation does not specify who can or cannot conduct Level I screens. PTAC recommended the screener know or have information about the individual and their medical and psychiatric history.

Q: What if the Level I form is not signed or dated?

A: The Level I must be signed and dated on both the front and back of the form before AERS referral for Level II or Categorical Advance Group Determinations (CADG). If AERS receives an unsigned Level I upon referral, they should contact the originator. If NF receives an unsigned Level I, they should contact the originator of the document. Ultimately, it is the NF's responsibility to have a completed Level I before admission.

Q: Can the Level I form be completed after the individual is admitted to the nursing home?

A: No, the Level I form must be completed before the individual's admission to a Medicaid certified skilled nursing or rehabilitation facility. If an individual is admitted to an NF without a Level I screen, this is an error on the part of the NF, and the NF must immediately complete Level I and notify their local AERS, if applicable.

Q: If the hospital completes a Level I, does the NF have to complete another after the individual is admitted?

A: The NF is to use the Level I sent with the individual from the hospital. If corrections need to be made because of additional or missing information, the NF must complete a new Level I and take appropriate action, if required.

Q: In Section C of the Level I form, what are examples of "serious functional limitations in major life activities."

A: Examples are, but not limited to;

- **Interpersonal problems:** serious difficulty interacting appropriately and communicating effectively with other persons or avoidance of fundamental interpersonal relationship(s), history of altercations, multiple evictions, or expulsions from treatment programs, unable to maintain employment due to disruptive behavior
- **Concentration problems:** serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or structured activities occurring in school or home settings, inability to complete simple tasks within an established period, or makes frequent errors due to lack of concentration, or requires extensive assistance in the completion of everyday tasks.
- **Problems w/adaptation:** serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction. Changes can manifest agitation, exacerbate signs and symptoms related to the mental illness (such as delusions), withdrawal from the situation, or require intervention by the mental health or judicial system.

Q: Are hospitals accountable to have the Level I completed before admission to an NF?

A: No regulation requires a hospital to complete the Level I form. However, the NF should not admit individuals without completed, signed Level I form and until the PASRR process is complete, if applicable. The NF may have a financial risk if the PASRR process is not completed before admission.

Level I Screen (continued)

- Q: Many residents of NF have a diagnosis of “Major Depressive Disorder”, but most are functioning well with no interruption in their daily living. Does everyone with a diagnosis of a “Major Depressive Disorder” require a PASRR Level II evaluation?**
- A: All mental health diagnoses should be assessed based on the criteria of the DSM-5 and not an ICD-10 billing code. If an individual has a current Major Depressive Disorder diagnosis in addition to answering “YES” to all three (3) questions in Section C of the Level I screen, then a Level II evaluation is warranted.
- Q: What should NFs do if the physicians or nurse case managers from the community or Emergency Departments do not know how to fill out the Level I form?**
- A: NFs can refer them to their local AERS for assistance or refer them to resources listed at the beginning of this document or educate the person(s). Explain the necessity of a completed, signed Level I is required by Federal regulations. NOTE: NFs should not admit an individual without a completed Level I and until completed PASRR, if applicable.
- Q: Should alcoholism, substance abuse, or tobacco use be listed in Section C of the Level I?**
- A: Completing Level I will indicate whether a Level II evaluation and referral to AERS is needed. A substance use disorder is not a serious mental illness but could be an indicator of the presence of a serious mental illness.
- Q: Many people or facilities do not publicize or use social security numbers, and there are new numbers for Medicare recipients. What if I do not know the individual’s social security number?**
- A: The Level I demographics section, should be filled out as complete as possible. If the SSN or actual/requested NF admit date is unknown, the PASRR process could proceed. The demographic information must be on Level I: Name; Gender; Date of Birth; Current Location/address of the individual; and contact person's name, relationship, and telephone.
- Q: On the Level I form, what is the box at the bottom of the 2nd page that reads “POSITIVE ID SCREENS NOT COVERED UNDER CATEGORICAL DETERMINATIONS?”**
- A: This section is to be used by AERS, but historically it has not been used extensively. Examples of appropriate use by AERS are 1) Upon completion of the PASRR process, or; 2) Acknowledgement the PASRR process has been completed for either a Pre-admission or Resident Review, or; 3) Admission acknowledgment of individual to NF during COVID-19 PASRR Waiver state of emergency.
- Q: Can the Level II evaluation completed by AERS be used in place of 3871b or the interRAI for Level of care for Medicaid eligibility?**
- A: No. The Level II evaluation is strictly for the PASRR process.

Level II

Q: What is the purpose of the Level II Evaluation?

A: PASRR Level II evaluation has four essential elements:

1. Confirm whether the individual has MI/ID;
2. Assess the individual's need for nursing facility service; and
3. Assess whether the individual requires specialized services or specialized rehabilitative services.
4. Recommend needed care or services in the least restrictive environment

Q: What if AERS is not notified to complete the PASRR Level II?

A: The NF is responsible for the oversight to ensure the PASRR process is completed for identified individuals within their facility. The NF may not receive Medicaid payment, depending on the circumstance(s).

Q: What if the Brief Interview for Mental Status (BIMS) cannot be completed or the individual refuses to participate?

A: If the BIMS cannot be completed for any reason, the assessor should document on the Level II the reason.

Q: Do I have to list all the medications?

A: Yes. A copy of the medication record is acceptable, be sure the medication information is current and includes the name of the medication, dose, frequency, and diagnosis.

Q: What information is needed for AERS to complete a Level II evaluation and make recommendations regarding PASRR? (information and documentation referenced below is obtained from assessing and interviewing the individual, interviewing the individual's representative(s), guardian(s) or significant others, documentation from hospital or nursing home, physician(s), or other healthcare providers)

A: Information or documentation required:

1. Complete list of current and history of Medical & Psychiatric diagnosis(s)
2. Current list medications
3. Review of all body systems including the neurological system
4. Functional assessment (ADL/IADL) and Level of assistance, if applicable
5. Psychosocial information
6. Psychiatric assessment
7. Psychiatric evaluation documentation by Psychiatrist, LCSW-C, or APRN-PMH
8. An assessment of community services currently receiving or eligibility to apply/receive/recommend.

Level II Assessment (continued)

Q: What is the difference between Level II, Level II Evaluation Report, AERS evaluation called STEPS, and AERS Plan of Care?

A:

1. Level II is a terminology in PASRR federal regulation for comprehensive PASRR evaluation/assessment completed by AERS.
2. Level II Evaluation Report is a document required by PASRR federal regulation and summarizes AERS' comprehensive evaluation/assessment. The Level II Evaluation Report:
 - a. Identifies the name and professional title of person(s) who performed the evaluation and the correlating dates;
 - b. Provides a summary of the medical and social history, including the positive traits or developmental strengths and weaknesses or developmental needs of the evaluated individual;
 - c. Recommends whether NF services are needed, identifies the specific services which are required to meet the evaluated individual's needs, including services required in paragraph (i)(5) of this section;
 - d. If specialized services are not recommended, identifies any specific intellectual disability or mental health services which are of a lesser intensity than specialized services that are required to meet the evaluated individual's needs;
 - e. If specialized services are recommended, identifies the specific intellectual disability or mental health services necessary to meet the individual's needs; and
 - f. Documents basis for the report's conclusions.
3. "STEPS" is the acronym for Statewide Evaluation and Planning Services (STEPS) and is the assessment tool/forms used by AERS staff to conduct the Level II PASRR evaluation/assessment.
4. AERS Plan of Care is a summary of AERS' comprehensive evaluation/assessment under the State of Maryland COMAR of AERS program.

Q: Who completes the Level II?

A: AERS staff at the local health department in the jurisdiction where the individual is currently located or receiving treatment/care. MDH has designated AERS staff (RN or SW) as PASRR assessors/evaluators for the State of Maryland.

Q: Who can complete a mental health Psychiatric Evaluation for PASRR?

A: Psychiatrist, LCSW-C, or APRN-PM. The PTAC website states, "*..... an assessment of psychiatric history (for PASRR/MI) performed by a qualified assessor (e.g., a psychiatrist, a psychiatric social worker, or a nurse with substantial psychiatric experience)*". <https://www.pasrrassist.org/resources/PASRR-in-Plain-English>

Nursing Home(s) Information

Q: Can an individual be “readmitted” to NF without a new PASRR being completed?

A: An individual is a re-admission if he or she was readmitted to a facility from a hospital to which he or she was transferred to receive care. Re-admissions are subject to resident review rather than pre-admission screening. Before re-admission to a Medicaid certified NF, a new Level I ID Screen must be completed. However, if the care received in the acute care facility was for medical care without exacerbation or changes in mental illness status or significant changes to medical or skilled nursing care needs, the individual may return to NF under previous PASRR determination. If a significant change in the mental illness status has occurred, the Level II must be completed.

Q: If the NF does not receive MA funding, are Level I screening, or Level II evaluation required?

A: No. The PASRR process is only for Medicaid certified nursing facilities. If the NF is a Medicare or a private pay facility, the PASRR process is not needed.

Q: How does PASRR affect LTC Medicaid eligibility or insurance claims?

A: PASRR is required on all individuals admitted to a Medicaid certified nursing or rehabilitation facility. For Medicaid, a nursing facility may be subject to loss of payment for failing to meet PASRR requirements.

Q: If a nursing facility resident is transferred and admitted to the behavioral health or psychiatric unit, is the complete PASRR process required before re-admission to the NF?

A: Yes. Completion of new Level I (ID Screen) is required. Completion of Level I will indicate whether a Level II evaluation and referral to AERS is needed.

Q: What if information becomes available after the individual is admitted to the NF, is a new Level I required?

A: Potentially yes, if the new information changes the original Level I submitted/completed before admission to a Medicaid certified skilled nursing or rehabilitation facility. The NF should precisely document when and how they received the new information and proceed accordingly.

Q: Is a new PASRR needed if an individual in an NF moves/transfers to another NF?

A: No. The interfacility transfer is when an individual is transferred from one NF to another NF without an intervening hospital stay.

Q: What if an individual admitted to NF under “EXEMPTED Hospital Discharge” stays longer than 30 days?

A: A new Level I must be completed as soon as the NF realizes the individual needs to stay longer than the original 30 days and forwarded to AERS as quickly as possible. If the screen is positive, a Level II evaluation must be conducted within 40 calendar days of the date of admission.

Out of State PASRR

- Q: If an individual is out-of-state, either in hospital, NF, or in a community setting, then who completes the PASRR?**
- A: The state in which the individual resides or currently receiving care completes the entire PASRR before the individual is admitted to a Maryland NF.
- Q: West Virginia PASRR documents states explicitly, "placement in a WV NF". Will Telligen or Maryland NFs accept these forms for valid Maryland's PASRR clearance(s)?**
- A: Yes, PASRR is a federally mandated process. Documentation to clarify the location of the individual during the PASRR process should clarify.
- Q: West Virginia does not have a 30-day exempted discharge or CAGD on their Level I.**
- A: WV PASRR process does have limited CAGD determinations; listed on page 6 of WV PAS-2000 (Effective date: 11-1-01). Note, WV's 30-day admission is under Respite Care, and the CAGD criteria is not structured the same as the State of Maryland. To eliminate concerns for Maryland NFs and State of Maryland and PASRR guidelines regarding 30-day EXEMPTED HOSPITAL DISCHARGE, it is recommended WV complete a full PASRR before admission to a State of Maryland Medicaid certified NF. According to WV's PAS-2000 form, the determination for CAGD is made after completion of Level II; therefore, documentation to reflect the determination must be sent with the PAS-2000 form.
- Q: What happens if the residing state does not want to complete the PASRR process?**
- A: The admitting NF is responsible for oversight to ensure the PASRR process is complete. If the admitting NF admits an individual without completed signed Level I, and if applicable Level II and determination by BHA authority, it is possible the NF may not receive Medicaid payment, depending on the circumstance(s).
- Q: If the out-of-state NF is close enough to drive, can AERS staff of Maryland just go to that other state and complete the Level II?**
- A: No. AERS offices are jurisdictional. AERS staff do not go out of the State of Maryland nor out of their jurisdiction to conduct PASRR evaluations.
- Q: Are all states required to follow PASRR regulations?**
- A: Yes. PASRR is a Federal Regulation guided by Federal law which mandates specific requirements for admissions into a Medicaid certified NF regardless of state.
- Q: If a Maryland resident is going to a NF in another state and the Level I form indicates they are subject to PASRR, is Maryland AERS and BHA authority responsible for completing the PASRR process?**
- A: Yes.
- Q: When an out-of-state individual is admitted to a Medicaid certified NF in Maryland with a completed PASRR and signed certificate, is a whole new PASRR needed with Maryland's forms?**
- A: No. However, if the admitting NF receives new information that warrants completion of new Level I, then the completion of the Level I will indicate whether a new PASRR is required.

Out of State PASRR (continued)

Q: Do we have to do another Level I ID Screen for the State of Maryland when an individual comes from another state?

A: No. The NF is to use the Level I sent with the individual. The Level I should be reviewed, and if corrections need to be made because additional or missing information is revealed, the NF must complete a new Level I and take appropriate action, if required.

Q. Can we admit an individual with a Level II clearance from another state?

A: Yes.

Q. What entities can do a PASRR in other states (i.e., West Virginia, Pennsylvania, Ohio, etc.)?

A: PASRR is a Federal Regulation guided by Federal law. The PASRR process is the same for each state:

- Level I Screen
- Exemption or Categorical Determination
- Level II Evaluation
- Level II Report
- Level II Determination

Each state may adopt a structure in which the PASRR process is conducted. However, Federal Regulations guide entities and required expertise/credentialing.

Q. We had episodes when Telligen did not accept West Virginia's PASRR determination because the WV PASRR form has the language of "WV placement" and not "NF placement."

A: Contact the Division of Long-Term Care Services with the Maryland Department of Health at 410-767-6771.

PASRR Determination for Mental Illness

Q: Does the Maryland Department of Health (MHA) or Behavioral Health Administration (BHA) allow for verbal approvals for PASRR?

A: No. BHA (or their authority) will provide the PASRR determination via documentation (signed certificate and determination letter).

Q: Why are letters sent with the signed certificate?

A: Federal regulations indicate that written determination is to be provided by the mental health authority. Depending on the decision, a letter explaining the rationale for approval or denial will be provided. For denials, information regarding the appeal process is also provided. For approvals, Transmittal No. 271 and updated (September 2020) memo from BHA provide NF's information regarding Specialized Services for individuals with behavioral health needs, information regarding regional Older Adult Behavioral Health PASRR Specialists, and services for a community setting.

Q: What specific documentation is required for BHA to make a PASRR determination?

A: Required for determination (documentation should be typed; handwritten is acceptable, if legible)

1. A certificate signed & dated by an independent Psychiatrist contracted by the AERS jurisdiction
2. Current Psychiatric evaluation by Psychiatrist, LCSW-C, or APRN-PMH.
3. Level I (ID Screen/DHMH 4345)
4. Level II (STEPS forms A-E)
5. Level II Evaluation Report
6. AERS Plan of Care
7. Documentation/information to support
 - a. Specialized services, if applicable
 - b. Care needs for skilled care (OT/PT, IV ABT, etc.) within a Medicaid certified nursing facility.

Psychiatric evaluation/consultation

Q: What is the difference between 1) psychiatric evaluation; 2) AERS' psychiatric assessment, and 3) Review/Consultation by Independent Psychiatrist?

A: These are three (3) separate psychiatric elements required by federal regulations and BHA for PASRR.

- 1) Psychiatric evaluation is documentation from the clinician who has evaluated or is currently treating the individual.
- 2) AERS psychiatric assessment completed by the AERS RN or SW and documented on STEPS-E.
- 3) Review/consultation by Independent Psychiatrist, contracted by AERS, is completed by reviewing all PASRR documentation AERS assessment, supporting documentation, and AERS' recommendation(s).

Q: Who can conduct the psychiatric evaluation?

A: Psychiatrist, LCSW-C, or APRN-PMH. The PTAC website states, "..... an assessment of psychiatric history (for PASRR/MI) performed by a qualified assessor (e.g., a psychiatrist, a psychiatric social worker, or a nurse with substantial psychiatric experience)". <https://www.pasrassist.org/resources/PASRR-in-Plain-English>

Q: How recent does the psychiatric consultation or evaluation need to be?

A: The Code of Federal Regulation does not provide a specific timeframe regarding psychiatric consultation/evaluation.

- 1) The guidance of Code of Federal Regulation - 483.134 (b)(iv)(4) reads: "A comprehensive psychiatric evaluation including a complete psychiatric history, evaluation of intellectual functioning, memory functioning, and orientation, description of current attitudes and overt behaviors, affect, suicidal or homicidal ideation, paranoia, and degree of reality testing (presence and content of delusions) and hallucinations".
- 2) PTAC instructs the consultation/evaluation to be **current** to the individual at Level I and Level II. The consultation/evaluation should include but not be limited to comprehensive psychiatric history, intellectual and memory functioning, description of current attitudes, overt behaviors, affect, suicidal or homicidal ideation(s), paranoia, delusions, and hallucinations.
 - a. If the individual is hospitalized, the consultation or evaluation should reflect the period of inpatient psychiatric care/treatment and include the clinician's assessment for discharge.
 - b. If the individual is in community or NF, the consultation or evaluation, should be completed within the last six months and be enough to a) give an accurate Level II determination to develop an effective plan of care (report).

Specialized Services

Q: What are Specialized Services?

- A: CMS Final Rule November 2016 dictates that a nursing facility resident Plan of Care must include "Specialized Services" or specialized rehabilitative services that were recommended by AERS as part of PASRR Level II (AERS assessment). Specialized Services are services that:
- 1) Are provided to individuals with a PASRR disability while they are residing in NF setting
 - 2) Go beyond the services typically offered in a nursing facility under its daily rate
 - 3) Address individualized needs related to a person's PASRR disability as identified in the Level II evaluation
 - 4) May be provided in the NF or a separate location. Examples of Behavioral Health Specialized Services in Maryland include but are not limited to:
 - a. <https://files.constantcontact.com/ea962778601/ad01c842-a315-49c9-84ad-049f75f000b9.pdf>
 - Behavioral health diagnosis and evaluation
 - Psychotherapy (individual, group, and family)
 - Psychiatric visits
 - Substance use disorder individual outpatient therapy
 - Methadone maintenance.

Q: Who can receive Specialized Services under SMI PASRR regulations?

- A: Nursing home residents that are:
- 1) Admitted to or reside in a Medicaid certified nursing facility
 - 2) Have a diagnosis of severe mental illness
 - 3) Have a positive PASRR evaluation

Additional information regarding Specialized Services:

1. PTAC <https://www.pasrrassist.org/topic-specialized-services>
2. Maryland Medicaid [https://bha.health.maryland.gov/Documents/PT%2009-19%20PASRR%20Specialized%20Services%20\(1\)%20\(1\).pdf](https://bha.health.maryland.gov/Documents/PT%2009-19%20PASRR%20Specialized%20Services%20(1)%20(1).pdf)
3. Maryland Behavioral Health Billing Codes <https://files.constantcontact.com/ea962778601/ad01c842-a315-49c9-84ad-049f75f000b9.pdf>

PASRR Forms

Level I (ID screen) - form DHMH 4345:

<https://mmcp.health.maryland.gov/SiteAssets/pages/UCATransition/Level%20I%20ID%20Screen%20Revised%20Jan%202016.pdf>

Categorial Advanced Group Determination (CAGD):

<https://mmcp.health.maryland.gov/SiteAssets/pages/UCATransition/Categorical%20Advance%20Group%20Determinations%20Revised%20Jan%202016.pdf>

Resources

Behavioral Health Administration – Maryland.gov

<https://bha.health.maryland.gov/pages/index.aspx>

Maryland Medical Assistance Program, Nursing Home Transmittal No. 159

Preadmission Screening and Resident Review (PASRR)

<https://mmcp.health.maryland.gov/longtermcare/SiteAssets/SitePages/Nursing%20Facility%20Providers/NH%20Transmittal%20159%20PASRR.pdf>

Maryland Medical Assistance Program, Nursing Home Transmittal No. 239

PASRR-Update and Clarification of Resident Review Requirements Applicable to Nursing Facilities

<https://mmcp.health.maryland.gov/MCOupdates/pdf/PT-19-12-NH239.pdf>

Maryland Medical Assistance Program, Nursing Home Transmittal No. 271

Behavioral Health Services Available to Nursing Facility Resident, Including Specialized Services Under Pre-Admission Screening and Resident Review (PASRR) Level II Requirements for Admission to Nursing Facilities

https://mmcp.health.maryland.gov/MCOupdates/Documents/pt_09-19.pdf

Medicaid

<https://www.medicaid.gov/medicaid/long-term-services-supports/institutional-long-term-care/preadmission-screening-and-resident-review/index.html>

PASRR Code of Federal Regulations: 42 CFR 483.100-138

<https://www.ecfr.gov/cgi-bin/text-id?SID=b7b5ec68e9c920971a292b4e1b581584&mc=true&node=sp42.5.483.c&rgn=div6>

PTAC - PASRR Technical Assistance

<https://www.pasrrassist.org/>