

**PASRR Clarifications, Questions, and Answers**  
**02/16/2016**

***This document is a compilation of questions asked during and since the training webinars and is organized by section topics of both the PASRR Level I and Level II forms. This document will provide clarifications on a variety of topics and to the questions that were asked.***

**CLARIFICATIONS**

1. The concept and reason for doing the PASRR process has not changed and is still relevant in accordance with the OBRA regulations. CMS performed a review of State's PASRR forms and found that the Level I tool was too restrictive and needed to be changed so that individuals would meet the criteria for having a Level II evaluation in order to determine if they really need to be in a NF and whether they would benefit from Specialized Services in an effort to return them to community living.
2. Following is an excerpt of the primary Diagnostic Criteria for **Major Depressive Disorder** from the DSM-5 to clarify the mild versus major depression issue. An individual has a Major Depression if they meet the following criteria:
  - A. **Five (or more)** of the following symptoms have been present during the same 2-week period and represent a change from the previous functioning; **at least one of the symptoms is either** (1) depressed mood or (2) loss of interest or pleasure.

**NOTE:** Do not include symptoms that are clearly attributable to another medical condition.

    1. Depressed mood most of the day, nearly every day, as indicated by either a subjective report or observation made by others.
    2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
    3. Significant weight loss when not dieting or weight gain, or decrease in appetite nearly every day.
    4. Insomnia or hypersomnia nearly every day.
    5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
    6. Fatigue or loss of energy nearly every day.
    7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
    8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
    9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
  - B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
  - C. The episode is not attributable to the physiological effects of a substance or to another medical condition.
3. If an individual had a Major Depressive Disorder, Single Episode in the past – over a year ago – they do not need a Level II if there is no other serious MI.
4. Anxiety should only be considered a serious mental illness when it is persistent and causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
5. Mental Health diagnoses resulting from an ICD-10 billing code are not always a reliable and accurate as diagnoses determined by a physician based on the DSM-5. That is why it is always preferable to clarify diagnoses with the physician.
6. For Neurocognitive Disorder (NCD), if a person has severe dementia, Parkinson's, Huntington's, etc. and they are unable to take care of their daily needs and their mental status is such that they would not understand or benefit from Specialized Services (SS), then this would override their serious MI and they would not need to have a PASRR Level II evaluation done.

7. For an ORC the functional limitations that are listed on the PASRR Level I should match the functional limitations that are listed on the Level II evaluation. If they do not the PASRR Level I tool should be corrected to match what is on the Level II tool. Initial and date any changes that are made to the form.
8. For Exceptional Admissions – Exempted Hospital Discharge – the admission to the NF cannot be from an observational stay, a psychiatric unit, behavioral health unit, Geri-psych unit, the emergency room, a rehabilitation unit or hospital, a hospice center or a LTAC.

## **General Process**

1. **Q: For packets going to ODP are we able to scan to the Regional Office as well as county of responsibility in order to expedite the process?**

A: To scan and send to the county and the region at the same time has eliminated the extra days spent getting the packet to the right county of registration when it was sent to the wrong county office. Getting it at the same time has helped to streamline the process and does not interfere with the County's role. The packet can be preliminarily reviewed but no final action can be taken until the county's letter of concurrence is received by the ODP Regional Office.

2. **Q: If a current facility resident who is not a target goes out for a psych stay, will they have to be evaluated prior to returning to the facility?**

A: If the individual was treated in an acute psych setting for a Serious Mental Illness, he/she will need to have a Level II Assessment done **after** he/she returns to the nursing facility. The facility would submit a 408 upon readmission/return to Field Operations. The exception to needing a Level II evaluation would be if there is Dementia and no psychiatric history of a serious mental illness.

3. **Q: Does Field Operations need a paper copy of the PASRR to review when they are in a nursing facility doing a review?**

A: Yes, they need to have a paper copy of the PASRR to stamp. After the copy is stamped in may be rescanned into the nursing facilities electronic chart.

4. **Q: Who completes the Level II Assessment?**

A: The Area Agency on Aging (AAA) will complete the PASRR Level II assessment if the individual is in the community or hospital or if the individual was already admitted to the nursing facility and needs to have Medical Assistance turned on. Field Operations does the PASRR Level II assessment if the individual was already admitted to the nursing facility and the individual does not need Medical Assistance turned on.

5. **Q: Is there a time requirement for the completion of the PASRR process?**

A: Yes, there is a time requirement of 7-9 working days for the Preadmission screening of applicants. This is from the date of identification on the Level I assessment to the date of the Letter of Determination. See CFR §483.112 (c) [http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=3b01c4bdbccc146dafcb7d35b6d5d58a&rgn=div5&view=text&node=42:5.0.1.1.2&idno=42#se42.5.483\\_112](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=3b01c4bdbccc146dafcb7d35b6d5d58a&rgn=div5&view=text&node=42:5.0.1.1.2&idno=42#se42.5.483_112)

6. **Q: If a person is admitted to a NF from the hospital without a completed PASRR , what should the NF do and do we still have 48-hours to complete the 408?**

A: The PASRR must be completed on the day of admission and if the person requires a PASRR Level II assessment , the nursing facility will be out of Federal compliance of having the PASRR process done prior to admission. If this happens the NF will have 48 hours to complete and submit the MA 408 to Field Operations.

7. **Q: Will Field Operations be looking at the date on the PASRR to ensure that it was completed in a timely manner?**

A: Yes, this will continue to be part of the Field Operations PASRR review process.

8. **Q: Do we need to complete the new PASRR-ID on current residents that may not have been in need of a Level II on old version but may need a Level II on new version?**

A: Individuals that are currently in the nursing facility do not need to have another PASRR Level I completed. If the individual has a change in condition and is sent out to a hospital Psych Unit, then the Level II Assessment will need to be completed (even if it is only the first Psych stay) after his/her return to the nursing facility. The NF would follow the MA 408 process.

9. **Q: Who should be completing the PASRR Level I assessment?**

A: Anyone that would have medical knowledge of the individual and know the medical terminology used in the form.

10. **Q: Will hospitals be accountable to have the PASRR Level I filled out prior to admission to SNF? Currently this is a major challenge for SNFs.**

A: There is no regulation that requires hospitals to complete the Level I tool. Nursing facilities should not admit individuals until the PASRR process is completed. Nursing facilities should coordinate the PASRR process with the hospitals. Many hospitals have participated in the training webinars and the NF should continue to work with the hospitals to complete the PASRR process.

- 11. Q: If PASRR is completed early on day of admission, but prior to actual admission, date of PASRR will be same date of admission. Will that be a problem?**  
A: No, that is fine. This meets the criteria of "prior to admission". However, if you need a PASRR Level II assessment done, you will be out of Federal compliance because you did not have the full PASRR process completed prior to admission.
- 12. Q: How will the PASRR effect long term care Medicaid eligibility?**  
A: The PASRR must be done for all persons that are admitted to a Medicaid certified nursing facility regardless of their payor source. The PASRR does not affect a person's Long-term Medicaid eligibility.
- 13. Q: What if the PASRR Level II is done late or after admission to a skilled nursing facility?**  
A: The nursing facility may not receive MA payment depending on the circumstance until the Level II Assessment is done and the nursing facility has received the Letter of Determination. Each case will be individually reviewed by the Field Operations Team
- 14. Q: Does a PASRR Level II assessment take the place of a MA 51 or is it in addition to?**  
A: The PASRR Level II Assessment and the MA 51 are different forms and completed for different reasons.
- 15. Q: The form says prior to admission. If it is day of admission this makes a difference. It may cause sending institutions not to have people evaluated.**  
A: Yes the process needs to be completed "prior to admission" so individuals can be evaluated with the PASRR Level II if he/she meet the criteria to have the assessment done.
- 16. Q: Who will enforce forfeiture of MA reimbursement if PASSR is not completed timely?**  
A: The Field Operations teams will review each case and enforce potential MA non-payment on a case by case basis.
- 17. Q: If the hospital does the PASRR prior to admission and sends it with the patient and it is correct is the SNF able to use that PASRR or does a new one need to be completed?**  
A: The nursing facility is to use the one the hospital sends. If corrections need to be made because of additional or missing information they should be made on the form – just sign and date the correction.
- 18. Q: Are the program offices aware of the changes to the forms and the impact that there will be more packets to review.**  
A: The Program Offices have been a part of the change process with the new forms. They have reviewed and provided valuable input into the process. The Program Offices will continue to make the final determination if individuals meet the criteria of the Program Office in accordance to Federal regulations. NOTE: The old term was "target" but due to the negative connotation of the word we now use the term "Meets the criteria of the Program Office."
- 19. Q: Often physicians from the community and emergency rooms do not know how to fill out the PASRR, how do we make them aware of how to fill out these forms? We are getting forms with the words "I don't know how to answer these questions" literally written on the PASRR.**  
A: Nursing facilities need to work with the hospitals to educate them and make sure forms are filled out appropriately. DHS will continue to work with Hospital Association of Pennsylvania (HAP) to educate hospitals and this Q&A document will be sent to them.
- 20. Q: What if information becomes available after the individual is admitted to the NF - info that had it been available at the time of initial completion of PASRR would have warranted Level II Assessment?**  
A: Notify the NF Field Operations Team by using MA 408 Form that you have a PASRR Level II Assessment that needs to be done. The Team will call and speak to you regarding the case. Field Operations understands that this does happen and will review each situation on a case by case basis.
- 21. Q: What website do we go to after 12/21/15 to download the Level I and II forms?**  
A: The MA Forms website: <http://www.dhs.pa.gov/dhsassets/maforms/index.htm>
- 22. Q: I work in an acute care facility, what do we do when the field office is over 10 days in getting back to complete the PASRR Level I assessment?**  
A: Nursing Facility Field Operations does not do the Level I assessments. The AAA does the Level II assessment for the Acute Care Facilities. Acute Care Facilities should do the Level I assessment prior to calling the AAA, to make sure a Level II assessment needs to be done. If you have issues with the AAA scheduling the assessment in a timely manner please work with them to resolve or notify Field Operations and we will work together to resolve.
- 23. Q: Are you planning any face to face training?**  
A: Not at this time, but if needed Nursing Facility Field Operations can provide technical assistance for you.
- 24. Q: If a community does not receive MA funding, will they have to complete a PASRR?**  
A: The PASRR process must be completed in Medicaid certified nursing facilities only. If the facility is a Medicare only or private pay facility then the PASRR process does not need to be completed.

## AAA Process

1. **Q: Is there a new Program Office Transmittal Sheet or where can I get a copy?**  
A: The Program Office Transmittal form was updated by PDA and DHS and the most recent version can be obtained from PDA.
2. **Q: We do a LCD assessment, what is a LTSS assessment?**  
A: It is the same assessment for assessing the need for services, (Long Term Services and Supports).
3. **Q: For individuals that meet the criteria for one or more Program Office to review the case, do we complete transmittals and other required forms for each Program Office?**  
A: The process has not changed. Only one packet needs to be sent to the primary Program Office (OMHSAS – ODP – ORC). If the individual meets the criteria for more than one Program Office, all the required forms for each Program Office must be included in one packet before sending to the first Program Office.
4. **Q: If a Dr. completes as an Exceptional Admission and the AAA Assessment unit does not agree that is an Exceptional admission, what should we do? Who decides if it is an Exceptional or not?**  
A: AAA needs to discuss this with the hospital. The decision should be made by the nursing facility, Area Agency on Aging (AAA), and the hospital. The nursing facility must ensure that the individual meets the exceptional admission criteria or they should not admit the individual until the PASSR Level II assessment is done. The AAA should consult the Program Office.
5. **Q: Will there be more staff available at AAA to do Level II as this seems to be needed more frequently?**  
A: The Department of Aging, in concert with DHS/OLTL, does anticipate an increase in the number of Level II assessments that will need to be completed, and will closely monitor the situation in order to determine impact and any potential adjustments necessary.
6. **Q: How long does it take for a Level II to be completed while in the hospital? Hospitals are always saying it takes a long time for Level II evaluations to occur.**  
A: The whole process, from the identification to the receiving of the Letter of Determination is to take 7-9 working days. The AAA should be performing the assessment within 72 hours of notification. The Department of Aging will issue specific guidance on this new requirement via an APD.

## Out of State Process for Pennsylvania PASRR

1. **Q: If a resident is in an out of state hospital and based on PASRR, we think they may be a target, can we accept them in Pennsylvania?**  
A: Yes, you may accept them, but you must have the AAA call the out of state place that the individual is currently at and does a paper chart review prior to admission. The PA NF and the out of state provider is responsible to provide the AAA with the necessary information to determine if the person needs Nursing Facility level of care and, to determine if the individual meets Program Office criteria. The AAA can call the Program Offices for guidance. The AAA must schedule to see the individual on the day of admission to the nursing facility (or in special circumstances as soon as possible) once the individual is admitted to the nursing facility so a PASRR Level II Assessment can be done so a final determination can be made. The AAA will then submit the packet to the appropriate Program Office for review. The PASRR Level I Assessment should be done on the day of admission by the nursing facility staff.
2. **Q: If the AAA goes to the nursing facility on the day of admission they will not have any medical information. The Dr. hasn't even seen the consumer in the NH yet. Our LCD requires information that we need from the physician.**  
A: You would have to review the records that came from the hospital or prior facility to obtain the necessary information to complete the packet to be submitted to the Program Office for review.
3. **Q: We are a skilled facility located very close to West Virginia. What do we do if a referral requires a PASRR Level II and AAA will not go to the hospital out of state to do the evaluation?**  
A: AAA's do not go out of State. The AAA does a chart review prior to the individual coming to Pennsylvania. And once the individual has been admitted to the nursing facility, the AAA will assess the individual in the nursing facility.
4. **Q: Is a PASRR required when a NY resident is being admitted to a PA SNF?**  
A: Yes, the PASRR process is followed for out of state individuals and the PA specific forms must be used.

## Forms

1. **Q: Will there be an update to the MA 408 form in January too? Or will that form remain the same?**  
A: The MA 408 has not changed and will not be updated.

## PASRR Level I Form

### Section I – Demographics

**1. Q: Does the middle initial have to be included?**

A: No middle initial is required.

### Section II – Neurocognitive Disorder (NCD)/Dementia

**NOTE:** The clarification at the beginning of this document should address issues related to NCDs and how to complete the form to determine if a Level II evaluation needs completed.

**1. Q: At what point does a NCD need a PASRR Level II screen?**

A: A PASRR Level II needs to be done if the individual has a NCD and a serious mental illness, Intellectual Disability, and/or Other Related Condition that would meet the criteria to have a PASRR Level II done. See the clarification section at the beginning of this document.

**2. Q: What happens when the resident has a Diagnosis of Dementia AND Schizophrenia? Does the diagnosis of Dementia automatically exclude them from a Level II?**

A: It depends on the severity of the dementia (see clarification at the beginning of this document). This can be a gray area and it may be beneficial to either call the Program Office or your Field Operations Team to discuss. As an additional resource, see CMS PTAC presentation on Dementia <http://www.pasrrassist.org/events/webinar/dementia-and-pasrr> . Simply stating that an individual has Dementia is not adequate to exclude them from a Level II evaluation. The diagnostic criterion includes a history, neurological examination, mini mental status examination, CBC and differential, electrolytes, TSH, B-12 level, drug levels and CT of the brain. If these items are not in the documentation then the Department will evaluate the request with the submitted documentation.

**3. Q: I'm assuming that if a resident has a diagnosis of dementia and the physician has not indicated a level of impairment and there are no other diagnoses of mental illness, then a PASRR Level II Assessment would not need to be completed?**

A: Correct since there is no Program Office related diagnosis.

**4. Q: If the psych stay is due to dementia do you still need to send a 408?**

A: No, the MA 408 does not need to be sent if the only diagnosis is dementia.

**5. Q: Does dementia always trump a mental illness diagnosis? I have residents with dementia who may have several psych diagnoses.**

A: No, dementia does not always override the MI diagnosis. You must evaluate the person's severity of dementia and how the individual is able to function on a daily basis and their ability to understand and participate in their surroundings.

**6. Q: On PASRR ID Section II NCD, when someone comes for a short term stay with a Diagnosis of Dementia with no mild or major determination, how do you determine if they need a Level II assessment done?**

A: You should ask the physician to make a determination. If that is not possible, review the physician's notes to try to determine. Is there any testing that was done? What is the family saying? Was a Mental Status Exam done? If you are still not able to determine, mark "Yes" at Section II, #1 that the individual has dementia, and at #2, you mark "No", indicating that you do not know the level of the dementia.

**7. Q: NCD question Section II #3 of Level I form - would correlative information about NCD presence or progression include description from family about the level of cognitive impairment? Would description in hospital record of examples of cognitive impairment by physician, nurses, or rehab staff or social worker be included in correlative information or are you just looking for standardized tests?**

A: All of this would be considered correlative information.

**8. Q: What if the patient has alcohol related dementia?**

A: This is not a Mental Illness, so you would not need a Level II assessment done. A client who has both an alcohol related Dementia and a history of psychiatric problems should not automatically be considered to have Dementia related to alcoholism. The physician needs to clearly document that the Dementia related to alcoholism is the primary diagnosis.

**9. Q: What about a TBI that is not a dementia, the TBI is new and patient does not meet with criteria of the other categories?**

A: A Traumatic Brain Injury (TBI) is considered a Neurocognitive Disorder. If there is no Mental Illness diagnosis, most of these persons will be a regular admissions, but if the TBI occurred prior to age 22, it would also fall into the Other Related Conditions Program Office area.

- 10. Q: Would Anoxic brain injury be noted in Section II Neurocognitive disorder? Anoxic brain injury is considered a non-traumatic head injury, caused by an injury without physical trauma.**  
A: Yes, it is as Neurocognitive disorder.
- 11. Q: When you state not to complete portions of the PASRR ID Level I when consumer is only diagnosed with dementia does that also include those diagnosed with dementia with behavioral disturbances?**  
A: All sections of the PASRR Level I must be filled out. If the diagnosis is Dementia with behavioral disturbances, this would be a Neurocognitive Disorder and not a Mental Illness diagnosis.
- 12. Q: Which program office will be responsible for fielding questions related to section II- Neurocognitive disorders?**  
A: The Office of Mental Health and Substance Abuse Services Program Office.
- 13. Q: We get a lot of residents who are admitted with a blank diagnosis of "dementia". If they have this diagnosis do we still mark "yes" for Mild or Major NCD?**  
A: Yes, you need to mark it "Yes". Request the physician to clearly document whether it is 'mild' or 'major'.
- 14. Q: Is the SLUMs completed for all admissions? Is this an appropriate response for YES in Section II-B # 3 and do we put the SLUMs score after Other (Specify) in #3?**  
A: Saint Louis University Mental Status (SLUMS) exam is not performed for all admissions to a nursing facility. A SLUMS is only performed on those individuals that the AAA does a Long-Term Services and Supports (LCD) assessment for. Yes, you can respond with a "Yes" in Section II-B #3, if a SLUMS has been completed and note the score. The MI Program Office is looking for a physician's assessment of the neurocognitive disorder.
- 15. Q: I get paperwork from hospitals that just say dementia, should I mark YES for section II number 1?**  
A: Yes, and #2 would be a "No" since a level was not indicated.
- 16. Q: Is a CVA or Multiple Sclerosis a NCD?**  
A: Diagnoses of CVA or Multiple Sclerosis are not NCDs, but both can cause NCD.

### **Section III – Serious Mental Illness (MI)**

#### **III-A – Related Questions**

**Diagnosis – NOTE:** For diagnosis of depression and anxiety see the clarifications at the beginning of this document.

- 1. Q: If a resident is dx with depression/anxiety and it does not specify major vs minor will they need a PASRR Level II?**  
A: Yes, if you are not able to differentiate, you must have a PASRR Level II assessment done. Depression and anxiety are separate disorders, although often are diagnoses that occur simultaneously. The physician is to document mild or major depression or whether the panic or anxiety disorder is mild or severe. A major depression must meet at least five symptoms as listed in the DSM-5. Please see clarification section at beginning of this document.
- 2. Q: What should a hospital do if they do not know if it is major depression or not? Should all of these go on for a further review and have a PASRR Level II done?**  
A: Request the physician to document Depression as mild or major in accordance with the DSM-5. If the hospital cannot determine if it is a 'mild' or 'Major' depression a PASRR Level II needs to be completed. A major depression must meet at least five symptoms as listed in the DSM-5. Please see clarification at the beginning of this document.
- 3. Q: If a patient has a serious mental illness and smoking, alcohol, or drugs have significantly impacted their ability to live in community does a PASRR Level II need to be done? Such as heroine abuse led to homeless, now an infection and needs IV antibiotics.**  
A: Yes, a Level II needs to be done because the patient has a serious mental illness. If you are in doubt, call the MH Program Office to discuss.
- 4. Q: How should we determine if an individual's mental illness diagnosis is mild or severe? I believe it was stated previously, a mild diagnosis doesn't need a level 2 evaluation. When I do the PASRR's currently, I list all mental illness diagnoses. If I believe it is a mild mental illness diagnosis then do I even list it on the form?**  
A: List your Mild MH diagnosis, such as a simple anxiety or depression on the form, like you did on prior forms. But in Section III-A #1, you would respond as "no" unless you would have a "yes" somewhere in Section III-B. If you have any "yes" in III-B, you must have a Level II assessment done. A major depression must meet at least five symptoms as listed in the DSM-5. Please see clarification section at the beginning of this document.

- 5. Q: If a new diagnosis of depression or anxiety etc. is given after admission, will they need to have the Level II done by Field Operations?**
- A: If the diagnosis is indicated after admission, you would not need to have a PASRR Level II Assessment done unless there was a change in condition as indicated on the MA 408 form. If the depression or anxiety meets the criteria as listed in the clarification section at the beginning of this document, then a PASRR Level II evaluation would need completed.
- 6. Q: If we can't determine if the main problem is Dementia or schizophrenia can we get a physician to document in writing his opinion?**
- A: Yes, you can get a Physician to document the primary diagnosis. As an additional resource, see CMS PTAC presentation on Dementia <http://www.pasrrassist.org/events/webinar/dementia-and-pasrr>. Simply stating a client has Dementia is not adequate. The diagnostic criterion includes a history, neurological examination, mini mental status examination, CBC and differential, electrolytes, TSH, B-12 level, drug levels and CT of the brain. If these items are not in the documentation then the Department will evaluate the request with the submitted documentation. See the clarification for NCD at the beginning of this document.
- 7. Q: Is there not a level of subjectivity and interpretation to listing a diagnosis of depression or anxiety in terms of determining if the dx simple or mild? It's possible that any MI diagnosis could lead to chronic disability. Would it be safe to list all MI diagnoses?**
- A: Yes, there is subjectivity and yes, you could list all MI diagnoses. A major depression must meet at least five symptoms as listed in the DSM-5. Please see clarification at the beginning of this document for both depression and anxiety.
- 8. Q: What is the difference between psychosis and psychotic disorder? Is psychosis a symptom and not a diagnosis? Does a PASRR Level II Assessment need to be done?**
- A: Yes, Psychosis is a symptom and Psychotic Disorder is a diagnosis. If the individual has the symptom of psychosis as a result of a neurocognitive disorder or other medical condition, then a PASRR Level II would not be necessary. If the psychosis is a result of a mental illness, then a PASRR Level II would need to be completed. Complete the entire PASRR Level I form to be sure. Consult with Area on Aging or Field Operations if there are questions about whether an individual meets the criteria for Mental Illness.
- 9. Q: Would people in PCHs that have to go to a Nursing Facility and have schizophrenia if they haven't been hospitalized the past 2 years?**
- A: Yes, they would need to have a Level II Assessment done based on the diagnosis of Schizophrenia.
- 10. Q: What happens if a Psych admission found to be due to dementia, not a psychiatric disorder?**
- A: If there are no serious mental illness diagnoses, the person can be a regular admission and would not need to have a Level II Assessment done.
- 11. Q: How do we determine if a diagnosis of schizophrenia as an example is a chronic mental disorder?**
- A: Schizophrenia may lead to a chronic disability and is always considered a serious MI, (see diagnosis list on top of page 2).
- 12. Q: Question about simple depression and anxiety: If someone has simple depression or anxiety do we list the diagnosis but don't check yes?**
- A: List the diagnosis on the line (simple depression or anxiety). Mark "no" that it will not lead to a chronic disability.
- 13. Q: I know you said that a resident who has a diagnosis of Bi-Polar disorder will require a PASRR Level II. However as I read the note at the bottom of page 3, it states if there is a "yes" in III A AND/OR a yes in section III B....then it needs the evaluation. What does this mean?**
- A: The note for the Serious Mental Illness Section says: "A Level II evaluation must be completed and forwarded to the Program Office for final determination if the individual has a "YES" in Section III-A #1, a "YES" in any of Section III-B or both of these.
- 14. Q: If someone has psychosis diagnosis but no further qualifications from IIIB, do you still need the PASRR Level II evaluation done?**
- A: Psychosis is a symptom of another diagnosis, such as a Major NCD due to Alzheimer's, or a TBI. These individuals would not need to have PASRR Level II assessment done. Psychosis can also be related to a psychiatric illness. Complete the entire form to be sure.
- 15. Q: If a resident is on a psychotropic medication does that make someone a "Yes" checked vs just writing the diagnosis and marking "No"?**
- A: Psychotropic medications encompass all meds that are capable of affecting the mind, emotions and behavior. Psychotropic meds can be prescribed for reasons other than a mental illness leading to a chronic disability. The physician should assist in determining the reason for the psychotropic medication and if the individual has a mental illness that may lead to a chronic disability.

- 16. Q: What if someone has panic disorders or schizophrenia but it is maintained and does not meet any other criteria in sections III B?**  
A: Both diagnoses are considered a Serious Mental Illness and would need to have a Level II Assessment done.
- 17. Q: The new ICD-10 coding for Depression NOS comes up as Major Depression. So how would you explain it on the form that it is mild when it is coded as major?**  
A: The ICD-10 codes are billing codes and should not be used to determine the level of depression. A physician should be determining a diagnosis based on the DSM-5. A major depression must meet at least five symptoms as listed in the DSM-5. Please see clarification at the beginning of this document.
- 18. Q: Are you saying that if the person simply has the diagnosis of a serious mental illness in section III A and no other areas marked in III B or III C, they have to be reviewed on a PASRR Level II form?**  
A: Yes, if there is a diagnosis of a serious mental illness which could lead to a chronic disability (see top of page 2 on PASRR ID form), that is enough to trigger the need for a PASRR Level II assessment.
- 19. Q: For Section 3 - MI- many patients will come into the SNF with newly diagnosed depressive disorder due to situation. Would this need a PASRR Level II assessment?**  
A: If the individual was diagnosed with a mild depressive disorder, a PASRR Level II assessment may not need to be done. Request the physician to document Depression as mild or major in accordance with the DSM-5, and then discuss any questions with the Program Office. A Major Depressive Disorder diagnosis must meet at least five symptoms as listed in the DSM-5. Please see clarification at the beginning of this document.
- 20. Q: Is Parkinson's disease included as a neurocognitive disorder?**  
A: Yes, it is as Neurocognitive disorder.
- 21. Q: If someone has dementia and is in a Behavior Health unit and has no psych history, do they need PASRR Level II assessment?**  
A: No, they do not need to have a PASRR Level II assessment done if they do not have a Serious Mental Illness. Make sure you complete the entire PASRR Level I form. As an additional resource, see CMS PTAC presentation on Dementia <http://www.pasrrassist.org/events/webinar/dementia-and-pasrr>. Simply stating a client has Dementia is not adequate. The diagnostic criterion includes a history, neurological examination, mini mental status examination, CBC and differential, electrolytes, TSH, B-12 level, drug levels and CT of the brain. If these items are not in the documentation then the Department will evaluate the request with the submitted documentation.
- 22. Q: If an established resident is admitted to a hospital for a psych stay was not a previous target, can the nursing home re-admit prior to Level II PASRR being completed or must the hospital initiate this?**  
A: The individual can go back to the nursing facility and the nursing facility must send a MA 408 to Field Operations listing the Change in Condition so that a PASRR Level II assessment can be done.
- 23. Q: Almost every resident in our facility has a diagnosis of a Major Depressive Disorder; most are functioning well with no interruption in their daily living. Does anyone with a diagnosis of a Major depression single episode require a PASRR Level II Assessment?**  
A: All relevant mental health diagnoses should be a result of a DSM-5 diagnosis and not an ICD-10 billing code. A current Major Depressive Disorder diagnosis would meet the requirements of a PASRR Level II Assessment. If the single episode of depression was not recent, and they have no other serious mental illness diagnoses, a PASRR Level II Assessment is not necessary. A Major Depressive Disorder diagnosis must meet at least five symptoms as listed in the DSM-5. Please see clarification at beginning of this document.

### **Substance Related Disorder**

- 1. Q: Section III, regarding substance related disorder...smoker needing SNF for COPD or lung cancer, would that be a 'yes' for NF placement with this Diagnosis correct?**  
A: No, tobacco use may have caused the COPD or lung cancer, but it is not the tobacco use that is leading to the nursing facility placement; the nursing facility placement is a result of the COPD or lung cancer diagnosis and symptoms. Also, an individual requires a substance use diagnosis from a physician for you to be able to indicate "Yes" under Section III-A 2a.
- 2. Q: For the question in section III-A 2-c ("Is the need for NF placement associated with this diagnosis") - is this in response to someone having a substance abuse disorder, MI, or either one?**  
A: This question is pertaining to a Substance Related Disorder.
- 3. Q: If a patient does not have a serious mental illness, but substance abuse has affected their ability to function in community, are we looking at getting a PASRR Level 2?**  
A: No, if no underlying mental illness, but work the form through to make sure there is no underlying cause. Individuals that have a substance related disorder may also have a serious mental illness that requires a PASRR Level II assessment.

4. **Q: If they use tobacco, do we have to list that under substance abuse?**  
A: Only list it if the doctor gives the person a diagnosis of a "Substance Related Disorder".
5. **Q: When you say "sedative/Hypnotic usage" under substance related disorder, does that mean any resident who may use a sleep aid (i.e. Restoril, Ambien) for sleep?**  
A: No, if they use a sleep aid responsibly and for the intended use, that would not be a "Substance Related Disorder".

### **III-B – Recent Treatment**

1. **Q: Have had several residents admitted from a prison due to assault because they have a serious mental illness. Is this considered part of significant life disruption?**  
A: Yes and a Level II would need to be completed because they have a serious mental illness. If you are in doubt, all the MH Program Office to discuss.
2. **Q: Does this mean a resident only needs 1 psych stay to qualify as a target now?**  
A: One Psychiatric stay is sufficient to require a Level II assessment
3. **Q: Does a psychiatrist still need to be the one to verify a suicide attempt/ideation with plan?**  
A: For the Level I Assessment, it does not need to be verified, but for the Level II Assessment, it does. It is best to request a psychiatric consult anytime you have a suicide attempt.
4. **Q: What constitutes a MH Case Manager?**  
A: All of the following persons qualify for a Mental Health Case Manager: Intensive Case Manager (ICM), Blended or Targeted Case Manager, Resource Coordinator (RC), Community Treatment Team (CTT) or Assertive Community Treatment (ACT).
5. **Q: Is the two year deadline in Section III B exactly twenty four months? What if it's twenty five months?**  
A: No, the deadline is not exact. Look at the situation. Call the MH Program Office if necessary, to determine whether a Level II Assessment needs to be done.
6. **Q: Will suicidal ideation with a plan continue to be excluded from Exceptional Admissions and still require an OBRA letter prior to admission to NF?**  
A: A suicide ideation or a suicide attempt within the past 3 months is and will continue to be excluded from Exceptional Admissions. These persons always need to have a Level II assessment and a Program Office Letter of determination prior to admission to a nursing facility.
7. **Q: Can you clarify ideation with a plan? If I have a resident that says they have a plan about killing themselves, would they automatically be a target?**  
A: Suicide ideation with a realistic plan must have a Level II Assessment done. You must determine if it is a realistic suicide plan versus attention seeking behavior through the Level II assessment.
8. **Q: I just want to make sure that I understand that there has been a change in the requirements for Section 3B Question 1. The previous PASRR Level 1 indicated that the patient would need to have "more than one" inpatient psych admission within the last 2 years to be considered a target and the updated PASRR indicates "at least one" inpatient psych admission in the last two years. Is that correct? I would assume that these new requirements will open a wider range of patients that would be considered a "target".**  
A: You are correct for both.
9. **Q: In Section IIIB #2 d can you include examples of "Other"?**  
A: Examples for "Other" (III-B#2 d) could be getting fired from a job or getting expelled from school.
10. **Q: Is the MA 408 completed if there is only one psych stay?**  
A: Yes.

### **III-C**

1. **Q: Can you explain why the PASRR Level I doesn't mention the 3-6 month period under MH?**  
A: As per CMS, the PASRR Level I form has been made less restrictive, so the 3-6 month period does not apply to the Level I form.

### **NOTE**

1. **Q: Please clarify the "and/or" note under mental illness--this seems like it will increase the number of assessments needed.**  
A: With the updated forms, there will be more individuals that will have a PASRR Level II done to meet CMS requirements and to ensure individuals are provided appropriate services.

## **Section IV – Intellectual Disability ( ID)**

- 1. Q: Can you give examples of what "current evidence of an ID" means?**  
A: Someone that may have never received a physician's diagnosis for ID; he/she may have lived with family all his/her life, never attended a school, cannot cook for self, or live alone.
- 2. Q: If a resident received Chapter I classes (Math Reading) but was never tested (past rule: testing score less than 70) should this go on the ID line then worked out?**  
A: Yes, complete the rest of the form
- 3. Q: Do we only proceed to a Level II if 4A, B, and C are YES, correct?**  
A: No, a PASRR Level II Assessment needs to be done if: The individual has evidence of an ID or an ID diagnosis (Section IV-A) and has a "YES" or "cannot determine" in IV-B and a "YES" in IV-C with at least one functional limitation, or the individual has a "YES" in IV-D, or E, or F.

## **Section V – Other Related Conditions (ORC)**

- 1. Q: If a person has an ORC after age 22 should we still list the diagnosis with the date it occurred?**  
A: No, do not list diagnosis(es) after the age of 22.
- 2. Q: Can you respond to issues relating to target status for individuals who are blind and deaf?**  
A: A person must have both blindness and deafness prior to the age of 22 to meet the criteria for the ORC Program Office.

## **Section VII – Exceptional Admission** – See clarification at the beginning of this document.

- 1. Q: Can a patient in an observation bed at a hospital be an exceptional admission?**  
A: By Federal Regulation an Exceptional Admission can only be from an inpatient stay in an acute care hospital.
- 2. Q: Should the physician's note be attached to the PASSR for exceptional admission?**  
A: Yes, the physician's note is to be placed in the chart with the PASRR for the Exceptional Admission.
- 3. Q: What about admits from ER, can they be Exceptional Admissions?**  
A: Admissions from the ER are not an acute inpatient stays and cannot be an Exceptional Admission.
- 4. Q: Under exceptional admission, we get a lot of people with terminal illness, they are not stable but the doctor indicates life expectancy is less than 30 days, will they qualify?**  
A: Terminal illness is not considered an Exceptional Admission.
- 5. Q: If we have a resident in our Assisted Living section (so never had a PASRR) who did have an inpatient Psych stay within a year, then a few months later went out to the Hospital and had a three night stay and needed Skilled services and then came to our nursing facility for rehab. Would this mean this individual would be an exceptional admission?**  
A: There is no requirement for length of stay in the hospital. The requirement is that it must be a stay in an acute care hospital for inpatient medical care. The individual could be an Exceptional Hospital Discharge, providing all the criteria are met.
- 6. Q: If Emergency Placement (VII-C) is used, what proof of "certification" is needed?**  
A: The AAA's Protective Services Unit/physician must provide certification that an emergency placement is required.
- 7. Q: For Exempted Hospital Discharge (VII-A) - Is the physician's signature no longer required anywhere on the updated form?**  
A: The physician's signature is not required anymore. Now you must have a physician's note with documentation about why an Exceptional Admission is needed with his/her signature with date on that note. Keep this note with the PASRR Level I on the individual's chart.

## **Section IX – Individual Completing Form**

- 1. Q: What if the individual completing the form does not sign in Section IX?**  
A: The person who is filling out the form is to sign at Section IX. If you are the person reviewing the form on admission to the nursing facility and noted the form was not signed, you would note that on the form. State that the form was not signed and by whom (you may note "the hospital"), and then you would sign that you reviewed the form on admission. These forms must be signed. It is the nursing facility's responsibility that the form is filled out correctly.

## PASRR Level II Form

### General Questions for PASRR Level II

1. **Q: Can the supportive information in IV-B be the LCD completed by the AAA?**  
A: Yes, the Long-Term Supports and Services (LCD) Assessment can be used as supportive information. You must make sure though that it contains all the requested information in III-B #1, IV-B #2, and/or V-B #2.
2. **Q: What services are actually able to be utilized for someone who is identified as a target?** A: The Specialized Disability Services are listed in each of the Program Office Section on the PASRR Level II form.
3. **Q: What specialized services are available for rural counties?**  
A: The Specialized Services that should be available are the ones that are listed in the PASRR Level II Assessment for the particular Program Office.
4. **Q: If the individual is not able to be interviewed due to cognitive deficits or inability to focus etc., what do you mark in "does resident desire supportive services"?**  
A: Write what you just stated, "individual cannot be interviewed due to cognitive deficits or inability to focus" on the form. The Program Office will make the determination regarding Specialized Services.
5. **Q: Will DHS be providing the Counties with additional resources to pay for the recommended specialized services?**  
A: CMS has stated that Specialized Services be provided to individuals in a nursing facility. Program Offices must work with counties and nursing facilities to ensure services are provided.
6. **Q: Who actually provides the specialized services?**  
A: It depends on the Program Office. MH and ID Specialized Services are county based. So the counties are responsible for providing those in coordination with the Nursing Facility. ORC Specialized Services are provided by a contractor.
7. **Q: If the program office requests further information, who does the program office send the request to? Who is responsible for responding to that letter? What is the AAA or Field Operations' responsibility once a packet has been forwarded to the program office?**  
A: The Program Office will request further information from where the individual is. If the individual is in the hospital the Program Office sends/faxes a letter to the hospital Social Worker and if the individual is in a nursing facility the Program Offices sends the letter requesting the information from the nursing facility.
8. **Q: Level II only needs to be completed if they are a target correct?**  
A: The PASRR Level II Assessment is only completed if the individual meets the criteria for a further review by the Program Office(s).

### Section II – Documentation

1. **Q: Adverse reaction to meds - all meds or just listed meds?**  
A: We just need side effects to the meds used for MI, ID, or ORC conditions that are listed in the list at II-A.
2. **Q: We have had individuals who are on e.g. Remeron for appetite, is this acceptable?**  
A: Remeron can be used as an appetite stimulant. If that is the only reason the individual is taking Remeron, this reason would not be for a Serious Mental Illness disorder and would not be listed as a medication at II-A.

### Section III – Mental Illness

1. **Q: Specialized services used to be State Hospitalization and were marked "no" on the Transmittal. Is it now marked "yes" if any in III D 2 are indicated?**  
A: State Hospitalization is not a Specialized Service that can be provided in a nursing facility. If Specialized Services are recommended for in the nursing facility for a person that meets MH Program Office criteria, you would mark "Yes". State Hospital indication would mean that the individual would not be eligible for Nursing Facility placement.
2. **Q: Does the consumer still have the right to refuse to complete the SLUMS? Is it required for the Level II form?**  
A: An individual has the right to refuse to take the SLUMS. If this is the case, look for other testing that may have been done, such as the Mini Mental Status Exam or what the physician is saying in his/her notes. Document the refusal by the individual indicating the reason for refusal.
3. **Q: The SLUMS is part of the AAA's Level of Care assessment. If nursing home or hospitals do not have on file, can the AAA's be used?**  
A: Yes, you can ask the AAA if they have done one that you can use.

4. **Q: There are exceptions to completing the SLUMS on the LCD. Do those exceptions apply? Exceptions for not doing the SLUMS on the LCD include blindness, paraplegia, dysphagia, and dementia.**  
A: If the SLUMS cannot be completed due to the individual's condition, document this on the PASRR Level II form.
5. **Q: Should the NF have their Psychologist/Psychiatrist complete SLUMS prior to level 2 evaluation? Will this make the process easier?**  
A: This may make the process easier, but they would not have to do it prior to the evaluation.
6. **Q: Who can do a Psych Evaluation for the PASRR Level II Assessment?**  
A: A Psychiatric Evaluation can be done by a Psychiatrist or a Certified Registered Nurse Practitioners (CRNP) within their scope of practice.

#### **Section IV – Intellectual Disability**

1. **Q: Schools only keep records for so long and then they are destroyed. If there is only word of mouth, no records and someone appears to be of low cognition, would the level II form need completed and submitted?**  
A: Yes, this person needs to have a Level II Assessment done and sent to the ODP Program Office. The county or the individual's physician, or family may have copies of the school records or other relevant documentation.

#### **Section V – Other Related Conditions**

1. **Q: Just to clarify... ORC needs to have three or more limitations?**  
A: This is true for the Level II Assessment. You only need one functional limitation for the Level I Assessment to meet the criteria to have a Level II Assessment done.

#### **Section VI – Signatures**

1. **Q: What if unable to sign and significant other is not available?**  
A: Document the individual is unable to sign and that there is no significant other available.
2. **Q: Is a legal representative a parent without a POA or guardian?**  
A: Yes, a parent is a Legal Representative.

#### **Program Office Letters Of Determination**

1. **Q: Can you accept verbal approvals while waiting for the letter of approval?**  
A: Yes, nursing facilities may accept a verbal approval. Hospitals cannot. Nursing facilities can call the hospital and tell the hospital that you got a verbal.
2. **Q: A verbal approval is acceptable. What about on weekend and after hour admissions?**  
A: There is no Program Office staff on a weekend to give a verbal approval. Make sure the PASRR process has been completed prior to the weekend.
3. **Q: If someone has gone through the Level II process and has been identified as a Target, and has a letter from the Program Office that they do meet Program Office criteria, but then only stays in the NF for a short time and needs to be readmitted within a few months, does the Level II process need to be completed again? Is it possible to use the previous Program Office letter? What would be the limit on time from when it was previously done? We often have 'frequent flyers' that meet Level II criteria, but don't stay in placement long but need frequent readmissions.**  
A: In most cases the PASRR process would need to be completed again. Sometimes the Program Office will allow you to use the same letter depending on the circumstances. Nursing Facilities are to contact the Program Office to find out if they can use the old letter or if a new PASRR Level II Assessment needs to be done. If a new PASRR Level II Assessment needs to be done, prior to admission, you need to contact your AAA in the county the individual is currently residing in to have another one done.