

1220-C PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)

REVISION DATES: 07/01/16, 07/01/12, 10/01/07, 03/01/06, 10/01/04, 10/01/01, 02/01/01, 03/14/97

INITIAL
EFFECTIVE DATE: 02/14/1996

AHCCCS registered Nursing Facilities (NFs) must complete a Level I PASRR screening, or verify that a screening has been conducted, in order to identify ~~serious~~ Mental Illness (MI)¹ and/or ~~Mental Retardation~~ Intellectual Disability (MRID) prior to initial admission of individuals to a NF bed that is Medicaid certified or dually certified for Medicaid/Medicare (42 CFR § 483.100-483.138)².

1. ~~The PASRR screening consists of a two-stage identification and evaluation process and is conducted to assure appropriate placement and treatment for those individuals identified with SMI and/or ID.~~³

~~a. The PASRR screening consists of a two stage identification and evaluation process and is conducted to assure appropriate placement and treatment for those identified with MI and/or MR. Level I reviews are used to determine whether the member/individual has any diagnosis or other presenting evidence that suggests the potential off for SMI and/or MRID. Exhibit 1220-1 provides a copy of the Level I PASRR form and Exhibit 1220-3 provides a copy of the invoice to be used.~~

Level II reviews are conducted by the Department of Economic Security (~~ADESDES~~)/~~DDD~~ for individuals with ID members and coordinated by ~~or~~ ADHSAHCCCS for ~~mentally ill members~~ individuals with an SMI to further evaluate and make a determination as to whether the ~~member/individual~~ is indeed ~~mentally ill~~ SMI or has an ID mental retardation. It also determines whether the individual needs the level of care provided in a NF and/or needs specialized services as defined in paragraph 8 of this section for MI or paragraph 7 for ID. An Intergovernmental Agreement between AHCCCS and DES is in place to initiate the Level II process. Exhibit 1220-2 provides a copy of the Level II Psychiatric Evaluation form to be used when screening an individual for MI.

b.

¹ MI was originally changed to SMI, then it was changed back to MI throughout the policy

² Federal citation added

³ Moved from paragraph below



~~It also determines whether the member/individual needs the level of care provided in a NFs and/or needs specialized services as defined in paragraph #8 of this section for SMI or paragraph # 7 for MRID.~~

2. ALTCS case managers may conduct Level I PASRR screenings, but it is the ultimate responsibility of the NF to assure it is completed prior to admission to the NF. The PASRR must be completed by medical professionals such as hospital discharge planners, nurses or social workers.⁴
3. A Level I PASRR screening is not required for readmissions of ~~residents~~ individuals who were hospitalized and are returning to the NF, or for inter-facility transfers from another NF. All PASRR screening information should accompany the readmitted or transferred ~~individual~~⁵ individual.
4. ~~If the individual-individual is to be admitted to the NF for a convalescent period, or respite care, not to exceed 30 consecutive days, however a PASRR Level I screening is still not required. but a referral for a Level II evaluation is not needed. If it is later determined that the admission will last longer than 30 consecutive days, however, a new Level I PASRR screening must be completed as soon as possible or within 40 calendar days of the admission date. to determine if a Level II evaluation is indicated. If a Level II PASRR is required, it shall be completed~~
 - a. ~~—~~
 5. It is the responsibility of the NF or the ALTCS Contractor to make referrals for Level II PASRR ~~evaluations~~ if determined necessary. ~~The NF or ALTCS Contractor shall contact The AHCCCS Division of Health Care Management(DHCM)PASRR Coordinator for a Level II evaluation of MI at PASRRProgram@azahcccs.gov. The Division of Behavioral Health Services within the Arizona Department of Health Services (ADHS) shall be contacted for a Level II evaluation of mental illness MI. The Arizona Department of Economic Security, Division of Developmental Disabilities (ADESDES/DDD) PASRR Coordinator shall be contacted for Level II evaluations PASRRs of MRID.~~

~~A n Intergovernmental Agreements among between AHCCCSADHS and ADESDES/DDD have is in place to initiate the Level II evaluation process.~~
 - 4.6. The outcome of the Level II PASRR ~~evaluation~~ will determine action to be taken by the NF. If the ~~membe~~ individual requires NF services, he/she may be admitted. —All ALTCS enrolled members are appropriate for a nursing level of care as determined by the ALTCS Pre-Admission

⁵ Individual/s changed to member/s throughout policy for consistency.



Screening (PAS) tool for medical eligibility. If an member individual is admitted and is determined to need specialized services, the NF should contact the member's case manager to arrange for the required services. If the outcome of the Level II PASRR ~~evaluation~~ determines the individual does not require NF services or specialized services, no admission ~~shall~~ take place.

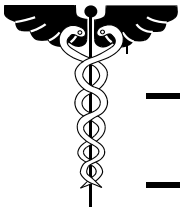
~~5.7. The need for Sspecialized services (for individuals with an mental retardationID) —Services areas specified by ADESEDES as the will result of a Level II PASRR evaluation of any resident which, for an member receiving provided in conjunction with NF services, XXXXXX, also results in the implementation of an aggressiveindividualized, consistent treatment programplan that:~~

- a. Allows the acquisition of ~~behaviors—skills~~⁶ necessary for the ALTCS member individual to function as independently as possible, and
- b. Prevents or decreases regression or loss of the ALTCS member individual's current optimal level of functioning.

~~6.8. The need for Sspecialized services (for individuals with an SMI —mental illness) —Services specified by ADHSAHCCCS as the result of a Level II PASRR evaluation of any resident, which provided in conjunction with NF services, will results in the implementation of an individualized care—treatment plan that:~~

- a. Is developed and supervised by an interdisciplinary team composed of a physician, qualified behavioral health professionals, ~~and, asand other appropriate, other~~ professionals,
- b. Prescribes specific therapies and services for the treatment of ALTCS members individuals experiencing an acute episode of ~~serious~~ mental illness which requires intervention by trained behavioral health personnel, and
- c. ~~Is directed toward diagnosing and reducing~~ Reduces the member individual's behavioral symptoms ~~that initiated necessitated the PASRR Level II evaluation for implementation of specialized services, and and improving improves~~ the member individual's level of functioning. ~~to the point that a reduction in the intensity of behavioral health services to below the level of specialized services may be accomplished at the earliest possible time.~~

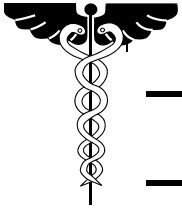
⁶ Changed for clarification



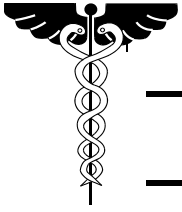
- 7.9. If the individual's mental health condition changes, or new medical records become available that indicate the need for a Level II PASRR ~~screening~~⁷, a new Level I screening must be completed as soon as possible and a referral made.
8. ~~The AHCCCS grievance and appeal system must be used for appeals (9 A.A.C. 34).⁸ These will be limited to individuals~~ Any person individual can request a hearing when he or she who believes the State has made an erroneous determination with regard to the preadmission and annual resident review requirements of section 1919(e)(7) of the Act. they have been adversely affected by a Level II PASRR determination, can file an appeal.
10. The AHCCCS rules for the administrative dispute resolution process are delineated in A.A.C. Title 9, Chapter 34. ~~grievance and appeal system must be used for appeals (9 A.A.C. 34).~~
11. For individuals who have an Serious Mental Illness (SMI) designation, appeals shall be processed in accordance with A.A.C. R9-21-401 and ACOM Ppolicy- 444 (Contractors).~~Notice and Appeal Requirements (Serious Mental Illness Appeals).~~ *[insert policy reference here]*

⁷ Deleted for consistency

⁸ Moved to end of paragraph



Tribal Consultation 10/20/2016



~~EXHIBIT 1220-1~~

~~PRE-ADMISSION SCREENING AND RESIDENT REVIEW-
SCREENING DOCUMENT-LEVEL I~~

Tribal Consultation 10/20/2016

EXHIBIT 1220-1
PASRR SCREENING DOCUMENT
LEVEL I

A. MEMBER INDIVIDUAL INFORMATION

1) NAME: last, first _____

2) DATE OF BIRTH: _____/_____/____

3) AHCCCS ID #: _____

4) MEMBER INDIVIDUAL COMING FROM?
ADDRESS: Street, City, State, Zip Code, nurses' station

5) Receiving Facility Name: _____

(Include nurses' station)

C. IDENTIFICATION OF POTENTIAL MENTAL RETARDATION
(circle answer)

MENTAL RETARDED (MR) EVALUATION CRITERIA

11) YES NO Diagnosis of Mental Retardation (MR)?

12) YES NO History of MR/Developmental Disability?

13) YES NO Any presenting evidence to indicate MR?

14) YES NO Referred by agency serving MR clients or eligible for such services?

15) YES NO Individual has any of the following conditions diagnosed prior to 22nd birthday?

- ↳ Autism _____
- ↳ Seizure Disorder _____
- ↳ Cerebral Palsy _____
- ↳ Developmental Delays _____
(children age 5 and under only)
- ↳ Epilepsy _____
- ↳ Intellectual disabilities _____

E. REFERRAL ACTION (circle only one)

17) NO Referral Necessary for any Level II

18) YES Referral for Level II determination for MR only (ADESDES)

19) YES Referral for Level II determination for MI only (ADHSDHS)

20) 17) YES Referral for Level II determination for Dual MR/MI

B. EXEMPTIONS (circle answer)

6) YES NO Primary Diagnosis Dementia? (includes Alzheimer's or related)

7) YES NO Secondary Diagnosis Dementia without primary diagnosis of serious mental illness?

8) YES NO Diagnosis Dementia with intellectual disabilities or related diagnosis and without an SMI diagnosis?

9) YES NO Convalescent care? (admission from hospital after receiving acute inpatient care, requires NF services for same condition and physician has certified before admission to NF that individual requires 30 days or less NF services).

10) YES NO Respite care? (brief and finite stay up to 30 days per period to provide respite to in-home caregivers to whom individual is expected to return).

D. IDENTIFICATION OF POTENTIAL MENTAL ILLNESS
(Circle answer)

MENTAL ILLNESS (MI) EVALUATION CRITERIA

16) YES NO Primary Diagnosis of Serious Mental Illness (SMI) - defined in DSM-IV as:

- ↳ Major Depression _____
- ↳ Psychotic Disorder _____
- ↳ Delusional Disorder (i.e. paranoid) _____
- ↳ Mood Disorder _____
- ↳ Schizophrenia _____

and
Level of impairment limiting life activities within the past three to six months
and
Recent treatment within the past two years?

F. SIGNATURE OF MEMBER INDIVIDUAL OR REPRESENTATIVE FOR A LEVEL I PASRR

I understand that I am required to undergo a Level II evaluation as a condition of admission to or my continued residence in a Title XIX Medicaid Nursing Facility. I also give my permission to disclose all pertinent medical and personal information to any governmental agency involved in this evaluation.

MEMBER INDIVIDUAL OR MEMBER INDIVIDUAL'S REPRESENTATIVE

DATE

G. SIGNATURE OF MEDICAL PROFESSIONAL COMPLETING LEVEL I PASRR

I understand that this report may be relied upon in the payment of claims that will be from Federal and State Funds, and that any willful falsification, or concealment of a material fact, may be prosecuted under Federal and State Laws. I certify that to the best of my knowledge the foregoing information is true, accurate and complete.

In addition, I acknowledge that information supplied in this report may be shared with other State agencies involved in member individual screening.

SIGNATURE _____ TITLE _____

PRINT NAME _____

TELEPHONE NUMBER _____ DATE _____

PASRR SCREENING DOCUMENT INSTRUCTIONS/EXPLANATION

PLEASE PRINT

Initial PASRR Identification and evaluation must take place Prior to Admission to a Medicaid-certified nursing facility. If a referral for a Level II is indicated, the member/individual must not be admitted to a Medicaid-certified nursing facility until the Level II portion of the evaluation process has been completed.

MEMBER/INDIVIDUAL INFORMATION

1. NAME: ~~LAST, FIRST~~

2. DATE OF BIRTH: MONTH, DAY, YEAR

INSERT AHCCCS ID# (If Applicable)

PT. COMING FROM: (where client is at time of Level I evaluation)

PRINT: STREET ADDRESS, CITY, STATE, ZIP CODE, NURSES' STATION

RECEIVING FACILITY: INSERT NAME

THIS LEVEL I MR/MI IDENTIFICATION PROCESS IS COMPLETE WHENEVER A DECISION IS MADE IN SECTION "E", REFERRAL ACTION.

EXEMPTIONS

6. THROUGH 10. ***PLEASE ANSWER THESE QUESTIONS BASED ON THE MEMBER/INDIVIDUAL'S CURRENT CONDITION AND THE MOST RECENT MEDICAL INFORMATION.***

IF THE ANSWER TO ANY OF THESE QUESTIONS IS "YES", SKIP SECTIONS C AND D AND GO TO SECTION E "REFERRAL ACTION" AND INDICATE THAT NO REFERRAL FOR LEVEL II DETERMINATION IS NECESSARY.

IDENTIFICATION OF POTENTIAL MENTAL RETARDATION (MR)

THROUGH 15. ***IF THE ANSWER TO ANY OF THESE QUESTIONS IS "YES", GO TO SECTION E "REFERRAL ACTION" AND INDICATE THAT A REFERRAL FOR A LEVEL II DETERMINATION FOR MR (DEPARTMENT OF ECONOMIC SECURITY (ADES)) IS NECESSARY. ATTACH ANY SUPPORTIVE DOCUMENTATION.***

IDENTIFICATION OF POTENTIAL MENTAL ILLNESS (MI)

IF THE ANSWER TO THIS QUESTION IS "YES", GO TO SECTION "E" REFERRAL ACTION" AND INDICATE THAT A REFERRAL FOR A LEVEL II DETERMINATION FOR MI (DEPARTMENT OF HEALTH SERVICES (DHS)) IS NECESSARY.

ATTACH ANY SUPPORTIVE DOCUMENTATION.

REFERRAL ACTION

THROUGH 20. ***CIRCLE ONLY ONE (1) ANSWER.***

SIGNATURE OF MEMBER/INDIVIDUAL OR REPRESENTATIVE

READ THE DISCLOSURE TO THE MEMBER/INDIVIDUAL OR REPRESENTATIVE AND OBTAIN SIGNATURE PRIOR TO THE LEVEL II REFERRAL.

SIGNATURE OF MEDICAL PROFESSIONAL

SIGN AND COMPLETE THE INFORMATION AS REQUESTED. BE SURE TO INCLUDE A PHONE NUMBER. — REVISION DATE: — 03/2006

REVIEW DATE: 07/2012¹⁰¹¹

⁴⁰ These instructions were for the old PASRR Level I Tool. The new Screening Tool is self-explanatory and does not require instructions.

¹¹ Replace with new Level I Screening Document. Same exhibit number. See pdf document titled "Arizona PASRR Level 1" saved in SharePoint.