

**680-C - PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)**

EFFECTIVE DATES: 02/14/96, 08/01/17, 11/27/18, 10/01/19, 05/15/23

APPROVAL DATES: 03/14/97, 02/01/01, 10/01/01, 10/01/04, 03/01/06, 10/01/07, 07/01/12, 07/01/16, 07/20/17, 09/06/18, 09/05/19, 03/16/23

**I. PURPOSE**

This Policy applies to AHCCCS Registered Nursing Facilities (NFs). This Policy specifies Federal and State mandates for Pre-Admission Screening and Resident Review (PASRR) requirements for NFs who facilitate and deliver services to any individual being considered for NF admission regardless of payor source as specified in 42 CFR 483.100-483.138.

**II. DEFINITIONS**

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy including:

<b>HEALTH CARE DECISION MAKER</b>	<b>MEMBER</b>	<b>NURSING FACILITY</b>
<b>READMISSION</b>	<b>RESIDENT REVIEW</b>	<b>SIGNIFICANT CHANGE</b>
<b>SPECIALIZED SERVICES</b>	<b>TREATMENT PLAN</b>	

For purposes of this Policy:

**DETERMINATION**

The outcome of the Level II evaluation which ensures that Nursing Facility placement is, or continues to be, appropriate, and that services provided to individuals with a mental illness, intellectual disability, or related condition meet the individual’s needs, including the need for specialized services.

**INTER-FACILITY TRANSFERS**

Occurs when an individual is transferred from one NF to another NF, with or without an intervening hospital stay. Inter-facility transfers are subject to resident review rather than preadmission screening.

**III. POLICY**

**A. NURSING FACILITY REQUIREMENTS**

AHCCCS registered NFs are required to verify that a Level I PASRR Screening has been conducted, in order to identify Mental Illness (MI) and/or an Intellectual Disability (ID) prior to initial admission of individuals to a Medicaid certified or dually certified for Medicaid/Medicare NF.

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 MI and/or ID.

1. PASRR Level I Screenings are used to determine whether the individual has a diagnosis or other presenting evidence that suggests the potential for MI and/or ID. Refer to Attachment A for the PASRR Level I Screening tool.
2. PASRR Level II evaluations are conducted to further evaluate and determine as to whether the individual has MI/ID. It also determines whether the individual needs the level of care provided in a NF and/or needs Specialized Services as specified in this Policy for MI or ID.
  - a. Level II evaluations for individuals with a diagnosis of or suspected of having an ID, are conducted by the Department of Economic Security (DES). An Intergovernmental Agreement between AHCCCS and DES is in place to initiate the Level II process. PASRR Level II Determinations for individuals with ID shall be completed within nine business days of the referral, and
  - b. Level II Evaluations for individuals with a diagnosis of or suspected of having an MI are coordinated by AHCCCS but are performed by a designated entity and may be conducted via Telehealth. The designated entity shall use Attachment B, Level II Psychiatric Evaluation form when screening an individual for MI and shall use the invoice in Attachment C to make a claim for reimbursement.
    - i. PASRR Level II Determinations for individuals with MI in a hospital/inpatient setting shall be completed within three business days of the referral. Written response by the AHCCCS designated entity to include a copy of the completed PASRR Level II Evaluation and Invoice shall be submitted to AHCCCS within this timeframe.
    - ii. PASRR Level II Determinations for individuals with MI in a NF shall be completed within five business days of the referral. Written response by the AHCCCS designated entity to include a copy of the completed PASRR Level II Evaluation and Invoice shall be submitted to AHCCCS within this timeframe.

Determinations may be conveyed verbally to NFs and to the individual/HCDM, but shall be confirmed in writing. A copy of the Level II determination shall be provided to the attending physician by the NF, as specified in 42 CFR Part 483.130(k) and Part 483.130(f).

3. The PASRR Level I Screening tool shall be completed by an individual involved in the PASRR process, such as a hospital discharge planner, case manager, NF staff, social worker, or other qualified health professional. However, it is ultimately the responsibility of the NF to ensure that the PASRR Level I is completed prior to admission to the NF. It is not required that a PASRR Level I Screening to request a Level II Evaluation be submitted if not indicated by the Level I Screening.

It is the responsibility of the NF, or in some cases the ALTCS Contractor, or Tribal ALTCS Program to make referrals for a Level II PASRR if determined necessary. The NF or the ALTCS Contractor/Tribal ALTCS Program shall contact the AHCCCS PASRR Coordinator for a Level II PASRR Evaluation of MI. These requests shall be sent to the AHCCCS PASRR Coordinator at: [PASRRProgram@azahcccs.gov](mailto:PASRRProgram@azahcccs.gov). The DES/DDD PASRR Coordinator shall be contacted for Level II PASRR Evaluations for individuals with ID. These requests shall be sent to the DES/DDD PASRR Coordinator at: [DDDPASRR@azdes.gov](mailto:DDDPASRR@azdes.gov). When submitting the PASRR Level I Screening tool for a Level II PASRR Evaluation, it must be completed in its entirety and the following documentation shall also be included as part of the submission in order for the request to be accepted and processed:

- a. Hospital or facility face sheet/demographic sheet,

- b. History and Physical (H & P),
  - c. Current medication list,
  - d. Health Care Decision Maker documentation and information (if applicable),
  - e. Current nursing/physician progress notes, and
  - f. Any recent psychiatric consults and/or evaluations.
4. The outcome of the Level II PASRR will determine action to be taken by the NF. If the individual requires NF services, they may be admitted to the NF. The NF shall also ensure that any Specialized Services recommended in the Level II PASRR Determination are available and coordinated by the facility. If the outcome of the Level II PASRR Evaluation determines that the individual does not require NF services or Specialized Services, no admission shall take place. However, ALTCS enrolled members are appropriate for a nursing level of care as determined by the ALTCS Pre-Admission Screening (PAS) tool for medical eligibility. Therefore, ALTCS members may still be appropriate for NF placement despite the outcome of the Level II Evaluation. If an ALTCS member is determined to need specialized services and is admitted to a NF, the NF shall coordinate with the member’s ALTCS case manager to arrange for the required services.
5. A new PASRR Level I Screening is not required for Readmission to the NF when an Inter-Facility Transfer occurs. All PASRR screening information shall accompany the readmitted or transferred individual.
6. A request for a Level II Evaluation is not required under the following circumstances:
  - a. When it is determined that an individual has a primary diagnosis of dementia and a secondary diagnosis of MI or ID,
  - b. For individuals requiring admission to a NF, for a convalescent period, or respite care (not to exceed 30 consecutive days). If it is later determined that the admission will last longer than 30 consecutive days, a new PASRR Level I Screening shall be completed as soon as possible or within 40 calendar days of the admission date to the NF, or
  - c. When an individual meets one or more of the following as a result of a terminal or severe illness:
    - i. An individual has been diagnosed with a terminal illness and has a life expectancy of less than six months (records supporting the terminal state shall be present), and there is not a current risk to self or others and behaviors/ symptoms are stable, and/or
    - ii. An individual has been diagnosed with a severe illness including, but not limited to, brain-stem dysfunction, progressed Amyotrophic Lateral Sclerosis (ALS), progressed Huntington’s disease, when in a coma state, is ventilator dependent, etc., of such severity that the individual would be unable to participate in a program of specialized care associated with his/her MI and/or ID or related condition.

**B. SPECIALIZED SERVICES**

1. For individuals determined to have ID, the Specialized Services as specified by DES/DDD combined with services provided by the NF or other service providers, results in the implementation of an individualized Treatment Plan that:
  - a. Allows the acquisition of skills necessary for the individual to function as independently as possible, and

- b. Prevents or decreases regression or loss of the individual’s current optimal level of functioning.
2. For individuals determined to have MI, the Specialized Services combined with services provided by the NF, results in the continuous and aggressive implementation of an individualized plan of care that:
  - a. Is developed and supervised by an interdisciplinary team composed of a physician, qualified behavioral health professionals, and other professionals,
  - b. Prescribes specific therapies and services for the treatment of individuals experiencing an acute episode of mental illness which requires intervention by trained behavioral health personnel, and
  - c. Is directed toward diagnosing and reducing the resident's behavioral symptoms that necessitated institutionalization, improving his or her level of independent functioning, and achieving a functioning level that permits reduction in the intensity of behavioral health services to below the level of Specialized Services at the earliest possible time.

**C. RESIDENT REVIEW**

1. NFs are required to request Resident Reviews for individuals experiencing a Significant Change in condition as specified in Section 1919(e)(7)(B)(iii) of the Social Security Act. NFs shall submit a new Level I Screening to AHCCCS or DES/DDD (as applicable) within 14 calendar days after the facility determines, or should have determined, through the Minimum Data Set assessment, that there has been a Significant Change in the resident's physical or mental condition (42 CFR 483.20). The Level I Screening indicating a change in the individual’s status shall include the same documentation as required when submitting an initial Level I Screening. The submitted documentation will be reviewed by AHCCCS or DES/DDD (as applicable) to determine if another PASRR Level II evaluation is needed.
2. Resident Reviews shall also be requested upon any evidence of possible, but previously unrecognized or unreported MI, ID, or related condition.

**D. REQUEST FOR HEARING**

Any individual can request a hearing when he or she believes the State has made an erroneous Determination regarding the PASRR requirements as specified in 42 CFR, Subpart C. The AHCCCS rules for the administrative dispute resolution process are specified in 9 A.A.C. 34.

Individuals determined to have an SMI have the option to choose between the appeal process for individuals determined to have an SMI (ACOM Policy 444 and 446, and A.A.C. R9-21-401) or the standard Title XIX appeal process (42 CFR Part 438 Subpart F).