MAXIMUS®

PASRR AND LEVEL OF CARE SCREENING
PROCEDURES FOR LONG TERM CARE SERVICES

Developed: 08. 18. 11

Revised 8.19.20

The policies and procedures in this document are approved and signed by Program Manager prior to posting.

Maximus is recognized nationally as a leader in providing outstanding clinical processes, information systems and superior management solutions to help our customers enhance their healthcare delivery systems.

Table of Contents

TABLE OF CONTENTS 2
I. PREADMISSION SCREENING AND RESIDENT REVIEWS (PASRR) 3
A. FEDERAL REQUIREMENTS FOR INDIVIDUALS SUBJECT TO PASRR 3
B. WHO IS EVALUATED THROUGH PASRR? 4
B.1 PERSONS WITH SERIOUS MENTAL ILLNESS 4
B.2 PERSONS WITH INTELLECTUAL DISABILITY (ID) 6
B.3 PERSONS WITH RELATED CONDITIONS/DEVELOPMENTAL DISABILITIES 6
C. LEVEL I PROCESS AND DECISIONS 7
D. LEVEL II PASRR PROCESS AND OUTCOMES 8
D.1 LEVEL II PREADMISSION DECISIONS 8
E. THE INDIVIDUALIZED LEVEL II PASRR PROCESS AND OUTCOMES 11
E.1 LEVEL II PROCESS 12
E.2 LEVEL II OUTCOMES 13
E.3 NOTIFICATION LETTERS AND PROCESS 14
F. RESIDENT REVIEW/STATUS CHANGE LEVEL II EVALUATION REQUIREMENTS FOR NF RESIDENTS 15
F.1 WHEN A CATEGORICAL DECISION CONCLUDES OR A SIGNIFICANT CHANGE IN STATUS OCCURS 16
F.2 WHEN A TRANSFER IS BEING CONSIDERED FOR A RESIDENT WHOSE PREVIOUS PASRR DECISION WAS FACILITY SPECIFIC 17
GNF UPDATE REQUIREMENTS FOR NF RESIDENTS EVALUATED THROUGH THE LEVEL II PROCESS 18
H. SERVICEMATTERS REVIEWS 18
II. GENERAL INFORMATION 22
A. DELAYED ADMISSIONS 22
B. READMISSIONS 22
III. FORMS AND TOOLS 23

 © 2020 Maximus. All rights reserved.

INTRODUCTION AND OVERVIEW

Return to table of contents

This manual serves as a reference for providers who facilitate placement for and deliver services to individuals in Medicaid certified nursing facilities (such as nursing home, hospital, and social service staff). The purpose is to describe state and federal requirements for: ***Preadmission Screening and Resident Review (PASRR)*** which applies to all applicants to and residents of Medicaid certified nursing homes, regardless of (the individual's) method of payment.

The following describes screening requirements and definitions that you will need to know to comply with federal and state regulations. PASRR requirements advocate for the individual, through promoting the least restrictive and most appropriate placement at the earliest possible time.

Maximus is a Nashville based utilization review firm that specializes in integrated disease management of both behavioral and medical healthcare. Our staff is well versed in Long Term Care review processes, and Maximus is a national leader in conducting PASR Rscreening/evaluations in a variety of states. Maximus's contact information is below:

> Training, procedures, forms, Frequently Asked Questions, and other updates can be found at www.maximus/com/svcs/iowa. Bookmark that site and visit it often.

Maximus
Iowa Long Term Care Division
Seven Corporate Centre, 840 Crescent
Centre Drive Franklin, TN 37067
Phone: 877.431.1388 Fax: 877.431.9568

I. Preadmission Screening and Resident Reviews (PASRR)

A. Federal Requirements for Individuals Subject to PASRR

Return to table of contents

The PASRR (Preadmission Screening and Resident Review) program is an advocacy program mandated by CMS to ensure that nursing home applicants and residents with mental illness and intellectual/developmental disabilities are appropriately placed and receive necessary services to meet their needs.

PASRR guidelines require that nursing homes address behavioral health needs of residents, including residents with Mental Illness (MI), Intellectual disability (ID), and conditions related to Intellectual disability (referred to in regulatory language as Related Conditions [RC]). These are the target conditions for PASRR. Behavioral health needs, when present, must be identified through a comprehensive evaluation process referred to as Preadmission Screening and Resident Review(PASRR). PASRR evaluations assess:

 © 2020 Maximus. All rights reserved.

- **Whether the individual requires the level of care provided in an institutionally based setting** and, if so, whether an NF is the appropriate institution.

- **Presence of behavioral health treatment needs.** Routine and ongoing rehabilitative treatment needs are the responsibility of NF staff following the identification of those service needs through the PASRR process. For residents exhibiting active, or specialized, treatment needs, the state authority is responsible for providing that treatment.

The term "*PASRR"* is used interchangeably with the term "*Level II* evaluation." The Level I is the initial screen which *identifies* persons who are subject to Level II evaluations.

PASRR evaluations are referred to as *Level II* evaluations to distinguish them from their counterpart *Level I* screens; the Level I screen is a brief screen used to identify persons applying to or residing in Medicaid certified nursing homes that are subject to the Level II process. Once a person with a suspected or known diagnosis is identified through that screen, a Level II evaluation must be performed to determine whether the individual has special treatment needs associated with the MI and/ or ID/RC.

Over the past few years the PASRR program has emerged as an important method for flagging persons who exhibit high risk symptoms and behaviors to ensure appropriate placement and services. ***The Power of PASRR*** **is increasingly being identified as a critical and important way for addressing a growing need among an exponentially growing population.**

Return to table of contents

B. Who is evaluated through PASRR?

The following describes the criteria used to determine whether an individual is subject to PASRR. Remember **that PASRR criteria apply whenever an individual is *suspected* of having a PASRR target condition (as defined on page 3), even though the individual may not have been formally diagnosed.** PASRR evaluations are mandated regardless of whether or not an individual is a recipient of Medicaid benefits. The **Medicaid certification of the nursing facility, not the payment method of the individual,** determines whether PASRR is required. The PASRR evaluation must occur **prior to admission** and **whenever a resident experiences a significant change in status**.

B.1 Persons with Serious Mental Illness

A person with *known* or *suspected* serious Mental Illness (MI) who is requesting admission to a Medicaid Certified nursing facility must be evaluated through the PASRR process. The following is the federal definition for serious MI:

- ***Diagnosis*** of a major mental illness, such as schizophrenia, schizoaffective disorder, bipolar disorder, major depression, panic disorders, obsessive compulsive disorder rand **any other disorder which could lead to a chronic disability which is not a primary diagnosis of neurocognitive disorder (formerly dementia)**. If the individual has a sole diagnosis of neurocognitive disorder, s/he is excluded from further PASRR evaluations. If the person has both a neurocognitive disorder diagnosis and another psychiatric condition, the neurocognitive disorder must be confirmed as

 © 2020 Maximus. All rights reserved.

primary. Primary means that the symptoms of neurocognitive disorder must be significantly more progressed than symptoms of the co-occurring psychiatric condition.

- ***Duration:*** significant life disruption or major treatment episodes within the past two years and due to the disorder. **This does not necessarily mean that the individual was hospitalized.** This might include, for example, a person whose mental illness exacerbated to the extent that critical resource adjustments (such as increased case management services, increased monitoring, etc.) would have been indicated (**regardless of whether they were identified or delivered**). Examples of the types of intervention needs which may have occurred, regardless of whether or not services were delivered, include (but are not limited to):
  - Psychiatric treatment more intensive than outpatient care (e.g., partial hospitalization, inpatient psychiatric hospitalization, crisis unit placement) within the past two years; or
  - A major psychiatric episode; or
  - A suicide attempts or gestures; or
  - Other concerns related to maintaining safety.

- ***Disability:*** referred to as *Level of Impairment* in regulatory language, is characterized by active behavioral health symptoms within the preceding six month period which significantly interfere with the individual's ability to interact interpersonally, concentrate, follow through with goals or needs, and/ or adapt effectively to change. Simply, this means that the individual has experienced chronic or intermittent symptoms over the preceding 6 months which have impacted his or her life.

How would a person with a first-time episode of serious depression be assessed under these criteria ?

To answer that, let's first look at the data. Current studies identify a range of anywhere from 19%-55% of persons in NF populations who experience mental disorders. Data also tells us that older adults are the most likely to attempt suicide and to use lethal means to accomplish suicide, more than any other population. Although persons living in NFs are less likely to attempt suicide through violent means, they have high levels of suicidal ideation. Moreover, many of these persons die from indirect suicide rather than from direct suicidal behavior (through self-destructive behaviors such as refusing to eat or refusing life-sustaining medications).

While PASRR does not target persons who have a transient depression, if the depression is more severe than or lasts longer than a typical grief reaction, it is important that Ascend be provided information sufficient to determine whether treatments should be identified through the PASRR process to address and ameliorate the individual's symptoms.

Return to table of contents

B.1.a The Neurocognitive Disorder Exclusion for Persons with MI

Certain persons with neurocognitive disorder are *excluded* from PASRR when a neurocognitive disorder condition is present. The **neurocognitive disorder exclusion** applies to:

- **People with a sole diagnosis of neurocognitive disorder** or
- **People with a primary neurocognitive disorder with a secondary mental illness diagnosis**

 © 2020 Maximus. All rights reserved.

Where co-morbid neurocognitive disorder and mental illness are present, the decision as to whether neurocognitive disorder is *primary* is more complex than simply deciding if the neurocognitive disorder is *currently* the most prominent diagnosis. The complexity occurs in ensuring that the symptoms of neurocognitive disorder are clearly more *advanced than* those of the co-occurring behavioral health condition. That is, the neurocognitive disorder is advanced to the degree that the co-occurring mental illness is not likely ever again to be the primary focus of treatment. Because both major mental illnesses and neurocognitive disorder exhibit similar types of executive functioning impairments and personality change, the *progression of the neurocognitive disorder* is a key focus of the screening processes. As a part of the Level I process, Ascend will be determining if neurocognitive disorder is the sole diagnosis or primary over a secondary mental illness diagnosis. For the latter of the situations, it is important that the Level I referral source provide information which clearly supports that the neurocognitive disorder is primary over the mental health diagnosis.

A note about individuals who have symptoms or diagnoses of neurocognitive disorder:
A person with neurocognitive disorder who has no other mental health conditions is not subject to PASRR. However, the federal law requires that the PASRR evaluation be conducted if information does not conclusively support that neurocognitive disorder is **progressed** and **primary** over any other mental health condition. When co-occurring diagnoses are present, Federal guidelines are very strict that an exemption cannot occur unless sufficient evidence is present which clearly confirms the progression of the neurocognitive disorder as primary.

B.2 Persons with Intellectual Disability (ID)

The definition for ID is provided in the Diagnostic and Statistical Manual, Fourth Edition Revised (DSM). Criteria includes a measure of intelligence that indicates performance at least two standard deviations below the mean (IQ of approx. 70 or less) with concurrent impairments in adaptive functioning and an onset before age 18.

Sometimes persons applying for nursing home care may be suspected of currently functioning in the ID range of intellectual abilities, but may not meet criteria to be diagnosed as a person with ID. This is because the definition of ID includes evidence that the adaptive and intellectual deficits began before age 18. Some persons may have a long but undocumented history of adaptive and intellectual disabilities. It is not uncommon that older persons do not have a record of school age diagnostic intelligence and adaptive behavior testing. In such situations, one of the key challenges is confirming that lowered cognitive levels occurred during the developmental period (prior to age 18) and are not a result of other medical causes (e.g., stroke, TIA, accidents or injuries) experienced during adulthood. It is important to remember that federal law **requires PASRR evaluation** if the individual is *known* to have or *suspected* of having ID, even when testing or documentation is not available to confirm conclusively the diagnosis. It is important to obtain as much information as possible to help determine the age of onset.

B.3 Persons with Related Conditions/Developmental Disabilities

Related Condition (RC) refers to individuals with service or treatment needs similar to individuals with ID. *Related Condition* is a federal term with a definition that is very similar to developmental disability.

 © 2020 Maximus. All rights reserved.

Persons with related conditions are those individuals who have a severe, chronic disability that meets all of the following conditions:

- Is attributable to cerebral palsy, epilepsy, ***or any other condition* found to be closely related to intellectual disability** because this condition results in impairment of general intellectual functioning **or** adaptive behavior similar to that of people with ID and requires similar treatment or services;
- It is present ***prior to age 22;***
- Is expected to ***continue indefinitely;***
- Results in ***substantial functional limitations in three or more of the following major life activities:*** self-care; understanding and use of language; learning; mobility; self-direction; capacity for independent living.

Return to table of contents

C. Level I Process and Decisions

The purpose of the Level I screen is to identify individuals intended for evaluation through the PASRR Level II process – those individuals with *known* **or** *suspected* MI and ID/RC. Effective 1/9/12, the Level I screen must be electronically submitted to Maximus via Maximus's web-based system at: http://www.ascendami.com/UserManagement:

- Before admission to a Medicaid-certified nursing facility (regardless of the applicant's method of payment)
- For residents of Medicaid certified NFs experiencing changes in status that suggests the need fora first-time or updated PASRR Level II evaluation as described in *Section I.f* of this document;
- Prior to the conclusion of an assigned time-limited stay for individuals with MI and/or ID/RC *(Related Condition)* whose stay is expected to exceed a time-limited approval.

The Level I screening form includes questions to identify those individuals known and/or suspected of meeting criteria for MI and/or ID/RC. These questions are required federally as a method of looking *beyond the individual's reported diagnosis* to ensure that individuals suspected of having one or more of the three targeted conditions are identified.

For **Level II individuals** who are not Medicaid eligible, an Maixmus *Private Pay Level of Care Form* must be submitted to Maximus. When applicable, Maximus's web-based system will prompt the submitter to complete the *Private Pay Level of Care* portion of the Level I screen when the Level I is submitted.

Level Is with no indications or suspicion of MI and/or ID/RC as defined by federal regulations will be approved by Maximus's web-based system immediately. If there are indicators of a possible Level II condition, the Level I will receive a clinician review **within 8 business hours of online submission** to Maximus at www.ascendami.com. The submitter and authorized individuals from the submitter's facility may securely sign in to www.ascendami.com to obtain status updates posted by an Maximus reviewer. For example, if additional information is needed by the Maximus reviewer, the Ascend reviewer will identify information needs directly on the web page. Maximus's requests will be visible only to the submitter and authorized users from the submitter's facility once the user logs into Maximus's web-based system. After the screen is complete, the **referral source may print the outcome notice directly online after signing in**.

© 2020 Maximus. All rights reserved.

The ability to review and print outcomes for a referred individual is available to the screener and persons at that facility.

The admitting/receiving facility must obtain or print a copy of the completed screening form(s) and associated approval before admitting any individual to a Medicaid certified nursing facility. If the admitting facility needs to obtain a copy of the screening form, the facility provider can print a copy from Maximus's web-based system. The individual's location must be updated in PathTracker+™— Maximus's location tracking service for individuals with MI/ID/RC—in order to gain access to the individual's assessment record.

The screening form(s) and associated outcome letter(s) must be maintained in the resident's NF medical record at all times. **These forms should not be shifted to an administrative file or removed as part of the chart thinning process.** A copy must be transferred with the individual if she or he moves to another NF.

If an individual is known or suspected to have MI and/or ID/RC, the next decision is to determine: 1) whether the individual may be exempted from the PASRR process; 2) whether the individual may be eligible foran abbreviated Level II (if the individual matches the state's definition of a particular category of need), or; 3) whether a comprehensive onsite Level II evaluation is required. These options and their criteria are described in the following section. Instructions for completion of the Level I screen are provided in the following subsection.

Return to table of contents

D. Level II PASRR Process and Outcomes

D.1 Level II Preadmission Decisions

The following forms are used in the Preadmission process. These are provided on www.maximus.com/svcs/iowa:

Form	Submitted by Provider when:	Purpose
***Level I Form, Submitted via* MAXIMUS's web- based system**	For all individuals applying to NF settings (regardless of method of payment)	Determines: 1) whether MI and/or ID/RC is present, and; 2) if MI and/or ID/RC is present, determines whether an abbreviated (condensed) Level II process applies and supplies federally required information to begin the PASRR process
***Maximus Private Pay Level of Care Form, Submitted via* Maximus's web-based system**	The screened individual is not Medicaid eligible	Federally required under PASRR to determine NF appropriateness
Practitioner Certification Form ***submitted via upload to the individual's record in the Maximus Web-based system***	An Exempted Hospital Discharge, 60 Day Convalescent Care, or Terminal Categorical option is requested	Federally required under PASRR to confirm applicability for exemption or categorical decision

 © 2020 MAXIMUS. All rights reserved.

When a Level I screen is conducted, one of the following outcomes will occur based on the information supplied by the provider inthe ***Level I Screening Form:***

1) Negative Screen (the individual does not appear to have MI and/or ID/RC)
2) An Exemption from PASRR
3) An Abbreviated Level II (Categorical Decision)
    a. A Short Term Categorical Decision
    b. A Long Term Categorical Decision
4) An individualized Level II evaluation

Each of those options is described below.

A Negative Screen

A **negative screen** means that the individual does not show indication or suspicion of MI and/or ID/ RC as defined by federal regulations. PASRR rules do not apply for that individual unless such a condition is later discovered or emerges.

An Exemption from PASRR

An **exemption** means that certain situations or conditions, while also meeting criteria for Level II evaluation, are federally *exempted* from the need to have a full Level II evaluation prior to NF admission.

- ***Exempted Hospital Discharge.*** The Exempted Hospital Discharge decision is a *short-term* (30 day or less) exemption from the PASRR process for an individual with known or suspected MI and/ or ID/RC:
    - Who is **discharging from a medical hospital to a nursing facility** after receiving medical (non-psychiatric) services, and;
    - Who **requires NF treatment for the same condition** treated in the hospital, and;
    - Whose **physician has certified in writing** that the anticipated length of stay in the NF is not expected to exceed 30 calendar days.

  When this option applies:
  The discharging hospital/provider:

  1) Must submit the forms specified under SectionD.1
  2) Will receive an authorization letter from Maximus.
  3) Must provide a copy of the Maximus authorization letter and to the admitting NF.

  The admitting facility:

  1) Must notify Maximus when an admission of an individual with MI and/or ID/RC occurs via PathTracker+. The information gathered on the IA Case Activity Report (CAR) form required for Medicaid members is now submitted electronically by Maximus via PathTracker+.Must submit **a new Level I form five days before the conclusion of the 30 day authorization** if itis determined that the individual will need nursing home care beyond the 30-day period.

 © 2020 Maximus. All rights reserved.

2) Will be contacted by Maximus so that the Level II evaluation can be coordinated. The Level II evaluation must, under federal law, be completed by or before the 40th calendar day from the individual's admission to the NF

An abbreviated Level I (Categorical Decision)

Some PASRR decisions are permitted under federal law to be performed through an abbreviated process, because of the individual's 'fit' into a certain category (referred to as *categorical* PASRR decision). When an individual meets criteria for one of these *categories,* it means that for that individual, decisions can be made to determine that nursing home admission is appropriate and/or to determine that specialized services are not needed*,* as appropriate for the category. In some cases, a categorical decision may be time-limited, meaning that the individual may be subject to a full PASRR Level II evaluation following admission. In other cases, categorical decisions may have no specified end date, but may continue to be subject to further evaluation by Maximus. If the individual qualifies for a categorical decision, Maximus will verify the condition, ensure that the individual is behaviorally stable, and will develop a written summary report for the admitting NF.

Those ***Categorical decisions which result in authorization end-dates follow***. Each of these provide time limited approvals necessitating that the NF submit a **new Level I form** *to Ascend* within five days of the conclusion of the authorized period.

- ***60 day convalescence:*** To be eligible, the individual must:
    - Be **discharging from a medical hospital to a nursing facility** after receiving medical (non- psychiatric) services, and;
    - Require **<60 day treatment in a NF** for the condition treated in the hospital, and;
    - **The attending physician must certify in writing** that the anticipated length of stay in the NF is not expected to exceed 60 calendar days.
- ***7 day delirium:*** To be eligible, the individual must present with clear evidence of delirium.
- ***7 day Provisional Emergency Situations:*** To be eligible, the individual must have an emergency situation requiring protective services via placement in the nursing facility.
- ***Terminal Illness:*** To be eligible, the individual's must have been physician determined to have a prognosis for life expectancy of 6 months or less.
- ***30 day Respite:*** To be eligible, the individual must require brief and finite NF care for the purpose of respite for an in-home caregiver to whom the individual is expected to return following the brief NF stay.

Required action for Categorical admissions which result in authorization end dates: *When this option applies:*

The discharging hospital/provider:

1) Must submit the forms specified under SectionD.1.
2) Will receive an authorization letter from Maximus.
3) Must provide a copy of the Ascend authorization letter to the admitting NF.

 © 2020 Maximus. All rights reserved.

The admitting facility:

1) Must notify Maximus when an admission of an individual with MI and/or ID/RC occurs via Ascend's web-based system. The information gathered on the IA Case Activity Report (CAR) form required for Medicaid members is now submitted electronically by Maximus via PathTracker+
2) Must submit: **a new Level I form five days before the conclusion of the authorized period** if it is determined that the individual will need nursing homecare beyond the authorization end date.
3) Will be contacted by Maximus once the Level I form is received so that the Level II evaluation can be coordinated.

Those ***Categorical decisions which are not time limited follow***. These decisions remain valid unless the individual experiences a **significant change in status**. In order for these to apply, the individual must be determined by Ascend to be clearly/sufficiently psychiatrically and/or behaviorally stable for NF admission.

Severe Physical illness: To be eligible, the individual must present with physical symptoms so severe that it would be impossible to benefit from or participate in a program of specialized treatment for his/ her MI and/or ID/RC. Examples of conditions typically meeting criteria under this category include: comatose state, ventilator dependence, functioning at the brain stem level, severe and progressed Amyotrophic Lateral Sclerosis (ALS), and severe and progressed Huntington's disease. The following *may also be considered* under this criterion: COPD (if there is shortness of breath and fatigue with minimal exertion; confusion, cyanosis, and recent signs and symptoms of heart failure; and/or 24-houroxygen requirements); Parkinson's (if there is slowness and poverty of movement; muscular rigidity; tremors at rest; and/or postural instability); and/or CHF if symptomatic at rest or with minimal exertion).

- ***Progressed Neurocognitive disorder/ID:*** To be eligible, the individual must have concomitant ID and neurocognitive disorder and the neurocognitive disorder must be progressed to the extent that the individual could or would not benefit from a program of specialized services.

  Required action for Categorical admissions which result in authorization end dates:

  When this option applies:

  The discharging hospital/provider:
  1) Must submit the forms specified under SectionD.1.
  2) Will receive an authorization letter from Ascend.
  3) Must provide a copy of the Maximus authorization letter to the admitting NF.

The admitting facility

1) Must notify Maximus when an admission of an individual with MI and/or ID/RC occurs via Maximuss web-based system. The information gathered on the IA Case Activity Report (CAR) form required for Medicaid members is now submitted electronically by Ascend via PathTracker+.
2) Must submit a new Level I form **only if** a significant change in status occurs as described in Section

 © 2020 Maximus. All rights reserved.

If an applicant with known or suspected MI and/or ID/RC does not meet the exemption or categorical decision options, a Level II evaluation is required. When symptoms/history of mental illness indicate that a *Level II on-site evaluation* is required, Maximus will request copies of the following from the individual's records, if available:

- A current ***history and physical*** (performed within the past 12 months) that includes a complete medical history with review of all body systems;
- Current ***physician's orders*** and treatments;
- Current ***medications***;
- ***Contact information/names and addresses for family, guardian***, and Primary Care Physician
- ***Admitting NF*** if known;
- Other information which may ***clarify the individual's mental or physical state***.

Preadmission Screen (PAS) *Level II evaluations* must occur prior to NF admission. Resident Reviews (RR) occur when a resident experiences a Change in Status (refer to Status Change Level II Requirements in Section II-F). IME contracts with Ascend to **complete Level II evaluations by or before five calendar days from referral** for a Level II evaluation. Ascend will also prioritize Level II evaluations for individuals currently in a hospital setting.

D.2 Level II Process

The Level II process is typically conducted onsite and involves an interview with the individual and his/her guardian, interviews with family members if available and permitted by the individual, interviews with other caregivers, and a review of any available medical records. Federal requirements specify information which must be collected as part of the Level II process. The evaluation can be significantly expedited if the referral source assists in notifying relevant parties of the time of the scheduled evaluation. If a legal guardian has been appointed, the guardian must be given the option of participating in the evaluation. The patient must also be given the choice of whether s/he would like family and/or POA involvement and, if so, the provider should also make them aware of the time and location of the scheduled evaluation. The referral source will be contacted by a Maximus evaluator soon after the referral for evaluation. Once an evaluation of an individual is completed, it is electronically and securely transmitted to Ascend for quality review and development of the final Summary of Findings Report. Federal guidelines dictate the requirements for information that must be provided in the Summary of Findings report.

Maximus fully credentials all Level II evaluators and all evaluators are licensed in the State of Iowa. The evaluator will review any available medical records, interview caregivers, and interview the individual. The evaluator will collect all PASRR information using a structured interview protocol. The evaluation and any supplemental medical records will be forwarded to Maximus for a quality review and final decisions about placement and services. Adverse decisions will be made by Maximus's physician reviewers.

As a part of the Level II process, Maximus evaluators will obtain a Release of Information to obtain records from third-party sources such as a PCP's office, family members, etc. However, because PASRR is a federally mandated process, a Release of Information is not required for hospitals and nursing facilities to provide patient information and medical records to Maximus.

 © 2020 Maximus. All rights reserved.

When a Level II individualized evaluation is required:

Required action for Individualized Level II decisions which do not result in an exemption or a categorical decision:

The discharging hospital/provider:

1) Submits the forms specified under SectionD.1.
2) Maximus will contact the provider to schedule an evaluation.
3) If the individual was approved for admission, the discharging provider will receive a verbal (phone based) approval and an authorization letter from Maximus once the approval is determined (by or before five calendar days from referral).
4) Must provide a copy of the Maximus authorization letter to the admitting NF.

The admitting facility

1) Must notify Maximus when an admission of an individual with MI and/or ID/RC occurs by updating the admission in PathTracker+, a census tracking service provided within Maximus's web-based system. The information gathered on the IA Case Activity Report (CAR) form required for Medicaid members is now submitted electronically by Maximus via PathTracker+.
2) Must submit: **a new Level I screen only if** a **significant change in status** occurs as described in Section I.F of this manual.

Note: Whenever a resident previously evaluated through the PASRR Level II process transfers from one NF to another, the transferring facility must review the Level II Summary of Findings to ensure that transfer is permitted. In some situations a facility-specific decision will be made in the PASRR report and another facility cannot be selected without approval from Maximus. Refer to **Transfer Requirements for Residents Evaluated through the Level II process**

Return to table of contents

D.3 Level II Outcomes

Level I/II Screening results remain valid for the individual's NF stay, unless a change in status (described in Section 'I.F') occurs.

Once a Level II evaluation is completed, one of the following outcomes will occur:

Approval Decisions

1) Short-term approval (90, 120, 160, or 180 days) for admission to a Medicaid-certified NF.
2) Short-term approval (90, 120, 160, or 180 days) for admission only to a specific Medicaid-certified NF.
3) Long-term approval for admission to a Medicaid-certified NF.

Adverse (Denial) Decisions

4) Denied admission to a Medicaid certified NF because of the individual's behavioral health status.
5) Denied admission to a Medicaid certified NF because the individual does not meet NF level of care criteria.

 © 2020 Maximus. All rights reserved.

Decision that PASRR Requirements do not apply
6) Halted Level II (the evaluation indicates that the individual does not have a MI and/or ID/DD as defined under federal requirements).

When the first three outcomes are provided (approval decisions), the process will occur as described in the E.1 box above. When an adverse (denial) decision occurs, the following steps occur:

Adverse (Denial) Decision:

1) If the individual was denied NF admission due to absence of medical needs and/or presence of behavioral concerns, the discharging provider will receive a verbal(phone based) denial decision and a written notice from Ascend of the outcome (by or before five calendar days from referral).
2) **The provider may request a reconsideration if it can be demonstrated that new information or clarifications can be provided which could potentially reverse the denial decision.** Providers must submit reconsideration of this decision by contacting Ascend within ten (10) calendar days of the date of the written notice. The Provider must indicate in the written notice why they are appealing, and provide supporting documentation that is dated on or prior to the PASRR date.
3) Ascend is required to make and communicate a decision regarding the reconsideration within 5 calendar days after receipt of the reconsideration. If the decision is not reversed, the individual cannot be admitted to a Medicaid certified NF. If the individual is a current resident of the facility, transfer and discharge requirements apply. The individual/legal guardian will be provided information about how to appeal this decision through the fair hearing process.

An evaluation may also be *halted. Halted* means that PASRR Requirements do not apply.

Required action for Halted decisions:

1) The individual does not require further screening through the PASRR process, unless in the future a change in status occurs suggesting that the individual has a mental illness and/or ID/RC. If such as a change occurs, a **new Level I screen** must be submitted by the admitting NF.

Return to table of contents

D.4 Notification Letters and Process

Verbal notifications of Level II decisions will be provided upon completion. Verbal notification will be provided directly to the referral source on the day that the outcome is determined. Ascend will provide a copy of the evaluation outcome to the provider who submitted the screen, the individual/guardian, and the individual's primary care physician. For individuals with Level II conditions, a copy of the PASRR Summary of Findings Report must be forwarded from the discharging facility to the admitting NF before admission occurs, to ensure that the admitting facility can meet the needs of that individual.

The admitting NF must notify Ascend of the individual's admission via Ascend's web-based system. If the provider did not receive a copy of the notification letter and PASRR report from the discharging provider, the admitting NF should update PathTracker+ to reflect the admission and then print a copy from the individual's record. Federal regulations require that the NF maintain a copy of the notification letter and the *Summary of Findings Report* in the resident's medical record at all times. The Summary

 © 2020 Maximus. All rights reserved.

Identifies any behavioral health treatment and service needs that are the responsibility of the NF staff, as well as any specialized treatment needs. These determination reports are to be used in conjunction with the facility's resident assessment process to define a complete care plan for the resident.

The individual with a Level II condition may transfer to another NF if a facility-specific decision was not made as part of the Level II outcome. When such a transfer occurs, a copy of the PASRR letter and report must be transferred with the individual. When a Abrocome specifies that the individual cannot transfer to another NF without pre-authorization, a Document-Based Review and Facility Specific Transfer Form must be completed and submitted to Ascend.

The admitting NF must obtain a copy of the completed screening form(s) and associated approval before admitting any individual to a Medicaid certified nursing facility. If the admitting facility needs to obtain a copy of the screening form from Ascend, the facility should update PathTracker+, then print a copy from the individual's record.

Required action for PASRR Notices and Reports:

The screening form(s) and associated outcome letter(s) must be maintained in the resident's NF medical record at all times. If service recommendations are included in the PASRR report, those services must be incorporated in the individual's plan of care.

PASRR forms should not be shifted to an administrative file or removed as part of the chart thinning process. A copy must be transferred with the individual if she or he moves to another NF.

Return to table of contents

E. Resident Review/ Status Change Level II Evaluation Requirements for NF Residents

The MDS 3.0 (Chapter 2) identifies when updated PASRR evaluations (*Resident Reviews*) must be conducted. Those requirements will be discussed in the following subsection. The following forms are used in the Review process. These are provided on www.pasrr.com.

Form	Submitted by Provider when:	Purpose
Level I Form, ***Submitted via*** **Ascend's web-based system**	1)A categorical decision has concluded, or when a change in status occurs	Federally required that a significant status change and/or a concluded categorical stay be reviewed viat he PASRR process.
Document-based review and Facility Specific Transfer Form, **submitted via upload to the individual's record in Ascend's web-**	2)A transfer is being considered for a resident whose previous PASRR decision was facility specific(e.g., the decision is worded as follows: *this individual can only be admitted to [ABC] Nursing Facility)*	Federally required that a facility-specific transfer be reviewed through PASRR to ensure that an admitting NF can meet the needs of the individual.

 © 2019 MAXIMUS. All Rights

based system		
Document-based review and Facility Specific Transfer Form, **submitted via fax**	3)Requested by Ascend to follow up on delivery of PASRR mandated services.	Federally required that PASRR-identified services and supports are incorporated in the plan of care for the individual.

Each of those processes and their requirements are described below.

E.1 When a Categorical Decision Concludes or a Significant Change in Status Occurs

When a categorical decision or short-term approval concludes, federal law requires that PASRR be involved to determine whether continued NF care is appropriate if the provider believes that the individual's stay should extend beyond the authorized period. Payment for NF care will not continue beyond the authorization end date unless that screening occurs.

Anytime a NF resident with MI or ID/RC (Related Condition) experiences changes which affect his/her placement or service decision (suggesting the individual may benefit from less restrictive placement or more intensive behavioral health services), NF staff must contact Ascend to report that change.

Likewise, a *Significant Change in Status* is federally required to trigger a PASRR Resident Review. Federal guidelines mandate that nursing home providers continually evaluate their *Minimum Data Set/RAPS* data to identify significant change. Providers are required to consider a Status Change PASRR evaluation whenever the Minimum Data Set (MDS) determines that a change is present in at least two areas of an individual's functioning or behavior. In the event that such a *significant change* is supported through the MDS, the nursing facility is responsible for completing and submitting a Level I Form to Ascend. The guidelines for determining when a Status Change is significant are provided in MDS 3.0 (Chapter 2). When appropriate, Ascend may refer these individuals for a Level II so that updated recommendations or placement decisions can be determined.

The MDS 3.0 for the first time clarified Significant Change, as including the following:

Individuals previously identified by PASRR to have mental illness, intellectual disability, ora condition related to intellectual disability in the following circumstances: (Please note this is not an exhaustive list.)

1. A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.
2. A resident whose behavioral, psychiatric, or mood related symptoms have not responded to ongoing treatment.
3. A resident who experiences an improved medical condition, such that the resident's plan of care or placement recommendations may require modifications.
4. A resident whose significant change is physical, but whose behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, may influence adjustment to an altered pattern of daily living.

 © 2019 MAXIMUS. All Rights

5. A resident who indicates a preference(may be communicated verbally or through other forms of communication, including behavior) to leave the facility.
6. A resident whose condition or treatment is or will be significantly different than described in the resident's most recent PASRR Level II evaluation and determination. (Note that a referral fora possible new Level II PASRR evaluation is required whenever such a disparity is discovered, whether or not associated with a Significant Change in Status Assessment.)

Individuals who may not have previously been identified by PASRR to have mental illness, intellectual disability, or a condition related to intellectual disability in the following circumstances: (Please note this is not an exhaustive list.)

1. A resident who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a diagnosis of mental illness as defined under 42 CFR 483.100 (where neurocognitive disorder is not the primary diagnosis).
2. A resident whose intellectual disability as defined under 42 CFR 483.100, or condition related to intellectual disability as defined under 42 CFR 435.1010 was not previously identified and evaluated through PASRR.
3. A resident transferred, admitted, or re-admitted to a NF following an inpatient psychiatric stay or equally intensive treatment.

Required action for a Significant Change in Status or when a Categorical or Short-Term authorization concludes:

The NF must submit a ***Level I Form*** to Ascend. This form should be submitted electronically via Ascend's web-based system at www.pasrr.com. Ascend will work with the NF to determine further action.

Return to table of contents

F.2 When a Transfer is being considered for a resident whose previous PASRR decision was facility -specific

Many residents with Level II conditions may transfer from NF to NF without an intervening PASRR review. However, some PASRR outcomes will indicate that the resident needs a specific NF to ensure that his/her behavioral health or other specified needs are met. When a placement is limited to a specific NF, the individual cannot transfer unless Ascend approves the transfer. When a PASRR outcome specifies that the individual cannot transfer to another NF without pre-authorization, a Document-Based Review and Facility Specific Transfer Form must be completed by the current NF. This form provides details about the individual's current functioning, service needs, and service plan.

Required action for consideration of a transfer of a resident with MI and/or ID/DD:

Whenever an individual with MI and/or ID/RC is considered fortransfer to another NF, NF staff must:

1. Review the PASRR report to determine whether the decision was facility-specific.
2. If the decision was facility-specific, a Document-Based Review and Facility Specific Transfer Form must be submitted to Ascend. If the transfer is approved by Ascend, Ascend will issue updated notifications permitting the transfer. The admitting NF must report the admission in

 © 2019 MAXIMUS. All Rights

PathTracker+. The information gathered in the IA Case Activity Report (CAR) form required for Medicaid members is now submitted electronically by Ascend via PathTracker+.
3. If the decision is not facility-specific, the admitting NF must review the PASRR documentation to ensure they can meet the resident's needs. If the NF can meet the resident's needs, the transfer can occur, and the admitting NF must report the admission in PathTracker+. The information gathered in the IA Case Activity Report (CAR) form required for Medicaid members is now submitted electronically by Ascend via PathTracker.

All forms are posted at www.pasrr.com (Iowa PASRR).

Return to table of contents

F. NF Update Requirements for NF Residents Evaluated through the Level II Process

Under federal law, the state authority is required to maintain location information for all NF residents who have been evaluated through the PASRR process. The State of Iowa uses PathTracker+, a location tracking service within Ascend's web-based system, to report admissions. When an admission of an individual with MI and/or ID/RC occurs (regardless of pay source), the NF provider will update the census information in PathTracker+ via Ascend's web-based system. If a provider does not receive a copy of the notification letter and PASRR report from the discharging provider, the admitting NF may print a copy from Ascend's web-based system after updating PathTracker+ with the individual's admission information.

Temporary transfers to a hospital or other treating facility do not need to be reported to Ascend, as long as the individual is expected to return to the facility within 10 days.

Steps for updating location information for a NF resident who has MI and/or ID/DD.

Wheneveran individual with MI and/or ID/RC is admitted to a NF, NF staff must:

1. Update the NF census in PathTracker+ (within Ascend's web-based system).

If the provider did not receive a copy of the notification letter and PASRR report from the discharging provider, the admitting NF should update PathTracker+ to reflect the admission and then print a copy from the individual's record.

Return to table of contents

G. Service Matters Reviews

Federal regulations have placed increased emphasis on ensuring that states develop systems of managing and monitoring NF compliance with significant status change reporting. Quality monitoring procedures ensure adherence to federal PASRRrequirements.

The purpose of the ServiceMatters review process is to assist NF providers to ensure compliance with federal and state PASRR requirements for care planning for all PASRR-identified services and supports, and for implementation and delivery of PASRR-identified services and supports. There are three main questions that the ServiceMatters review process is designed to answer:

1. Are **all** PASRR-identified services and supports planned for in the individual's care plan within 21-45 days of the admission date (i.e., is the care plan compliant)?

 © 2019 MAXIMUS. All Rights

2. Are the PASRR-identified services and supports being delivered?
3. Has the individual experienced a significant change and, if so, has a new Level I screen been submitted?

Process Overview:

Ascend's web-based system will automatically queue for ServiceMatters review all Level II evaluations for which specialized services are identified. NF providers must monitor their inbox in Ascend's web system throughout each day to ensure they receive alerts in a timely manner.

1. **The ServiceMatters automated alert is issued via Ascend's web-based system.** When a review is queued, the system will send an automated alert to the admitting NF on record.
    a. If there is no admission record, an Ascend Project Support Specialist will contact the referring facility and contact the admitting facility, if applicable, to request that he or she complete an admission record in Ascend's web-based system.
2. **When ServiceMatters alerts are received, the NF provider completes the ServiceMatters review form and uploads the individual's care plan and all required documents within 7 business days.**
    a. If the NF provider does not complete the ServiceMatters review form within 7 days, the system will send a second and final alert to the provider. The provider will have an additional 7 days to complete the ServiceMatters review form and upload the required documents.
        i. The NF provider will be prompted to enter his or her times of availability, should a follow-up call be needed to offer technical assistance and clarify any information.
    b. If the NF provider does not complete these initial steps within 14 days, Ascend's web- based system will automatically close the review.
3. **An Ascend Clinical Analyst will review the ServiceMatters form, the individual's uploaded care plan, all uploaded supporting documentation and the PASRR Summary of Findings.**
    a. If needed, the Clinical Analyst will contact the NF provider during the dates and times indicated on the ServiceMatters form to offer technical assistance and clarify any information.
    b. The Clinical Analyst will review the information to determine whether: 1) the care plan is compliant with federal and state requirements, 2) the PASRR-identified services and supports are being delivered, and 3) the person is benefitting from the services and supports identified in the PASRR Summary of Findings.
    c. The Clinical Analyst may amend the original Summary of Findings based upon information reported, learned, and discussed during the ServiceMatters review.
    d. Compliance decisions will be based on the guidance provided by Iowa DHS, in the training offered to providers regarding the process, in the Iowa Level II Care Planning Tool and instruction from the State Officer.

4. **The NF provider reviews the IA PASRR Service Monitoring Compliance Report letter.**
   - ***a.*** If the NF provider is found to be noncompliant with either care planning for PASRR-identified services or delivery of PASRR-identified specialized services, the NF provider has 14 days to become compliant. On the 14th day, the system will send an automated alert to the NF provider requesting a new ServiceMatters review form. *NF providers will* ***only receive one courtesy alert to address areas of noncompliance.***
   - b. Begin immediately to make any corrections to the care plan, and implement any expectations about service delivery that arise from the ServiceMatters technical assistance and education.
   - c. If the ServiceMatters review process results in any changes to the PASRR-identified services or supports or the original Summary of Findings, incorporate those changes to the care plan immediately and begin implementing those changes to the PASRR-identified services and supports, if any are made.
   - d. Submit a new Level I screen if requested, or whenever the individual experiences a significant change in condition. Providers must submit a status change within 14 days from the date of the significant change event.

Figure 1: ServiceMatters Alert Schedule

ServiceMatters Automated Alert Schedule:

ServiceMatters review initiated:
30-90 day approvals ⇨ 21days after Level II determination date
120-180 day approvals ⇨ 30 days after Level II determination date
Long-term approvals ⇨ 45 days after Level II determination date

NF has 7 days to respond.

Second & final alert to submit care plan:
If no response received within 7 days of 1st request, NF will receive 2nd alert. NF will have 7 additional days to respond.
If no response to second request is received, NF is reported to DHS.

The Care Planning Tool developed by the Department of Human Services offers specific guidance on compliant care planning, including the required elements that must be documented in the care plan for each service.

Below are some guidelines for ensuring *appropriate planning* of *all* PASRR-identified services and supports.

- ☐ The care plan is revised to reflect PASRR-identified services and supports within 21-45 days of the individual's date of admission to the NF.
- ☐ Community placement supports are incorporated for all individuals who have been issued a short-term approval, have a potential to return to the community identified in Section Q of the MDS 3.0, and/or, have otherwise communicated a desire to return to the community.
- ☐ The care plan must *plan for* all specialized and rehabilitative services and supports identified in the SOF and include all the elements described in the care planning tool. Refer to the care planning tool for specific language and requirements of each service, which will enhance efforts to be

 © 2019 MAXIMUS. All Rights

compliant. Care plan requirements vary by service, and may include some or all of the following elements:

- ✓ Identify whether it is a Specialized, or Rehabilitative service, or community placement support,
- ✓ Specify the exact type of service—it is a best practice to name the service or support exactly as it appears in the PASRR Summary of Findings,
- ✓ Goal,
- ✓ Intervention,
- ✓ Name of NF staff member responsible for arranging the service/support,
- ✓ Responsibilities of NF staff, specific providers, the individual and family, and other designated individuals related to the service or support,
- ✓ Name and credentials of the professional who is providing the service(s) or the provider agency name,
- ✓ Actual or anticipated actual start date of the service(s), and
- ✓ Anticipated end date and/or duration of the service(s).

Below are some guidelines for ensuring *appropriate delivery* of PASRR-identified *specialized* services.

- ☐ The care plan must identify some or all of the following elements:
  - ✓ Type of service,
  - ✓ Goal,
  - ✓ Intervention,
  - ✓ Name and credentials of the professional who is providing the service(s),
  - ✓ Actual or anticipated actual start date of the service(s), and
  - ✓ Anticipated end date and/or duration of the service(s).
- ☐ When PASRR-identified services involve the development of a plan (e.g. behaviorally based treatment plan, crisis/safety plan, etc.), the plan must be referenced in the care plan (e.g. "see attached plan") and attached to care plan OR the plan must be documented within the care plan itself.
- ☐ Appropriate delivery must be evidenced by documentation within the care plan of the dates on which the service was provided and the name of the professional who provided the service AND supporting documentation that the service was delivered (e.g. an attestation from the service provider with the dates of service, progress notes, etc.).
- ☐ The professional providing the service must be qualified to provide the service. Refer to the Care Planning Tool for specific professional requirements by service type.
- ☐ If a NF provider includes evidence that a service was delivered but has not developed a compliant care plan (or vice versa), Ascend's Clinical Analyst will mark the review as noncompliant.
- ☐ NF Providers will be considered compliant only if they have appropriately developed a PASRR compliant care plan and provide evidence of the delivery of *all* PASRR-identified services and supports.

Required action for ServiceMatters Review:

 © 2019 MAXIMUS. All Rights

The NF provider must:

a) Report admission via Ascend's web-based system (PathTracker+) whenever an individual with MI and/or ID/DD is admitted to an NF.
b) Develop the care plan to reflect all PASRR-identified services and supports **within 21 days of the individual's admission date.** Refer to the Iowa Level II Care Planning Tool for additional guidance on compliant care planning.
c) Monitor the web-based system daily for ServiceMatters alerts.
d) When alerted, NF provider will complete the ServiceMatters review form and upload the person's PASRR-compliant care plan and relevant supporting documentation within 7 days. A second alert is sent on the 7th day if the form has not yet been completed. The NF provider will have an additional 7 days to respond to the alert.
e) Review the IA Service Monitoring Compliance Report letter. The NF provider will have 14 days from the date of the letter to correct any areas of noncompliance(a single alert will be issued on the 14th day). Begin immediately to make any corrections to the care plan, and implement expectations about services and delivery that arise from the ServiceMatters technical assistance and review process.
f) Any changes to PASRR-identified services and supports will be indicated in an Amendment to the Summary of Findings.
g) Ascend will report the results of each ServiceMatters review to the Iowa Department of Human Services. DHS Division of Mental Health and Disability Services will make final determinations about PASRR non-compliance. DHS Iowa Medicaid Enterprise (IME) will make final determinations about any potential non-payment or recoupment related to PASRRnon-compliance.

Return to table of contents

II. General Information

A. Delayed Admissions

Level I and Level II approvals are valid for 60 days only. When an approved NF admission does not occur within 60 days from the completion of Level I screening, the Level I process must be repeated before NF admission can occur.

B. Readmissions

There are certain rules associated with PASRR requirements for individuals who are readmitted to a NF. The general rule of thumb is that a person who has been admitted to a NF and then is transferred to a **higher level of care** (e.g., a hospital) may be readmitted to the NF without further screening or evaluations. However, for those same individuals, anew screen and/or **evaluation may be required once the readmission occurs**, as follows:

- **If a prior PASRR evaluation was time-limited:** The nursing facility is responsible for completing and submitting a ***Level I Form*** to Ascend before the conclusion of the authorization period.
- **If a significant change in status occurred:** (refer to Status Change Level II Requirements in Section II-F) An updated Level II may be conducted after the readmission occurs. The NF may, however, request anew Level II evaluation before the readmission occurs if there are concerns about the individual's stability in returning to the NF setting. When a NF resident experiences a

 © 2019 MAXIMUS. All Rights

significant change, the nursing facility is responsible for completing and submitting a ***Level I Form*** to Ascend.

When an individual is transferred from a NF to a hospital with plans to return to the NF, and is able to return in 10 days or less, his or her PathTracker+ status is not affected and a new Level I screen is not required. If the individual remains in the hospital for more than 10 days, the NF provider will report the individual's discharge in PathTracker+ on day 11. If the individual returns to the NF, the NF provider will report the individual's return as a readmission in PathTracker+. A new Level I screen must be submitted to Ascend if the person meets status change requirements.

When an individual was transferred/discharged to a lower level of care (e.g., community setting), the individual is considered anew admission, and a PASRR Level I and, as appropriate, Level II is required.

Return to table of contents

III. Forms and Tools

All forms and tools discussed in this manual are posted at www.pasrr.com (Iowa PASRR).

Return to table of contents