



## **Preadmission Screening Resident Review (PASRR) Level II (MA 376.2)**

### Training Transcript

#### Opening Slide

Welcome!

My name is Ruth Anne Barnard. I work in the Office of Long-Term Living.

I am the PASRR Coordinator for Pennsylvania.

This training is for AgingWell/AAA and Nursing Facility Field Operation Representatives.

The AAA is referencing the Area Agency on Aging for this training.

The PASRR Level II Evaluation is meant to be done in the presence of the individual who is being evaluated. This may be done face-to-face, via a phone call or a teleconference or virtual call with the individual and/or personal representative.

You will be expected to send any and all supporting documentation that you will be using to support your responses to the Department of Human Services Program Office to help them make their final determination.

#### Slide #2

These are the Objectives for this training:

- Sequence of the PASRR Process
- What does Program Office Criteria mean
- Who does the PASRR Level II
- Role of the Program Office
- Review of PASRR Level II Evaluation Form
- Program Office order for packets
- Important Websites
- Who to call for questions

Handouts for this training can be found on the Pennsylvania PASRR Website where this training was posted.

#### Slide #3

The PASRR Level I is completed by the nursing facility, the hospital, or AgingWell/AAA no later than the day of admission. Family members may assist in this process.

But NFs are ultimately responsible to make sure the form is filled out correctly upon admission to their Nursing Facility.

If the individual has a Mental Illness (MI), Intellectual Disability/Developmental Disability (ID/DD) or Other Related Condition (ORC) diagnosis identified on the PASRR Level I and meets the criteria for the Program Office, the PASRR Level II evaluation must be completed before entering the Nursing Facility. Also, a Letter of Determination must be issued from the Program Office prior to admission to the nursing facility.

## Slide #4

### PASRR Reminders

- The PASRR Level I must be completed prior to admission.
- Only one PASRR on the clinical record per admission, unless a new PASRR Level I generated a Program Office letter.
- The PASRR Level II date cannot be before the PASRR Level I date.
- A new PASRR Level I is not completed when changes are needed to be made to the form. Instead update the original PASRR Level I to reflect the change(s) that need made.

### How to update a PASRR Level I

- Update diagnosis, psych stay, or additional information that affects PASRR, directly on the original PASRR Level I form.
- If a change in criteria results in a PASRR Level II needing to be done, page 7 of the PASRR Level I Form will need to be updated to reflect that a PASRR Level II now needs to be completed.
- Any updates made are to be initialed and dated.

AgingWell/AAA, if you are called by a hospital to do a PASRR Level II and the hospital, has already filled out the PASRR Level I, use the PASRR Level I that the hospital filled out. Do not do another PASRR Level I. The hospital most likely will send the copy that they did to the NF and then if you do one, there are two PASRR Level I's.

## Slide #5

When Program Office Criteria is met:

BEFORE ADMISSION:

PASRR Level II Evaluation must be completed by AgingWell/AAA.

After the PASRR Level II is done, a Program Office Letter of Determination must be issued before admission to the nursing facility.

## Slide #6

Positive PASRR Level I AFTER ADMISSION

If there has been a change for a Resident that affects PASRR, what is that process?

A MA 408 is sent to Field Operations to indicate that there has been a change.

The PASRR Level II Evaluation will be completed by either the County AgingWell/AAA office or Nursing Facility Field Operations Office.

Field Operations will do the PASRR Level II evaluations if the individual is already in the nursing facility and only if the individual does not need assessed for Medical Assistance.

If the individual needs assessed for Medical Assistance, then Aging Well/AAA will do the PASRR Level II after an individual has been admitted.

After the PASRR Level II is completed, a Program Letter of Determination is issued by the Program Office.

## Slide #7

Now we will start the Preadmission Screening Resident Review (PASRR) Level II Form review.

## Slide #8

At the top of the form, we want to know the Date of Assessment, Individual's name, SS#, Birthdate, county of Origin, whether the individual is enrolled in or applying for MA and the MA number if there is one.

I want to caution you, that this date, must be the same date or dated after the PASRR Level I form. Recently we have been seeing some forms that are dated before the PASRR Level I date, not sure how that is possible, because the PASRR Level I form is what triggers that a PASRR Level II evaluation to be done. If you do not have the PASRR Level I in hand when you are doing this evaluation, there is a problem, stop, and go and find the PASRR Level I form that was done. Don't wait to see if it shows up and do not fill out another one. By doing another form, you are out of compliance, because the date of the PASRR Level I will be after the date of the PASRR Level II.

Also, one more thing that needs to be mentioned here: by Federal Regulation, the PASRR Level I form, must be on the resident's chart in the nursing facility. If you receive information from a nursing facility for the packet to send to the Program Office for your review and notice a change that needs to be made to the PASRR Level I form, make sure you update the PASRR Level I form. That updated PASRR Level I MUST be sent back to the nursing facility, so they also have the updated version of the PASRR Level I. This updated PASRR Level I that you made the updates/changes to, must be the one PASRR Level I on that individual's chart in the nursing facility. And the copy of the PASRR Level I that you send to the Program Office must be the same one that the Nursing Facility has on the resident's chart. At all places, your records, the packet that you send to the Program Office and the resident's chart must all have the same version of the PASRR Level I with your updates on them! Please make the nursing facility aware of the update and give the NF the copy you updated and ask that they destroy the one prior to your updated version.

## Slide #9

Section II is the Medical Documentation Section.

At Section II-A, we want to know the current diagnosis or diagnoses related to the individual's Mental Illness, Intellectual Disability/Developmental Disability, or Other Related Condition, that the individual currently has and the approximate date of onset for those diagnoses.

If there is not enough room for all diagnoses, attach another page for the rest of the diagnoses at the back of this form.

## Slide #10

At Section II-B, we want to know if the individual is currently displaying any of the symptoms or behaviors to the degree that he/she may injure him/herself or endanger other nursing facility residents without constant supervision by healthcare personnel?

The behaviors or symptoms listed are: Assaultive and/or self-abusive, aggressive, disruptive, inappropriate, depression, anxiety, feelings of loneliness, or worthlessness.

This would be to either themselves or others.

We want you to explain any of the behaviors that you marked with a "Yes".

Please review the medical chart and or notes, or another documentation that you would have either from the doctor's office or hospital.

### Slide #11

At Section II-C, number 1, we want to know what current medications the individual is taking and the diagnosis that the medication is prescribed for. Sometimes medications are used for two very different diagnoses such as Megace. It can be prescribed as a chemotherapeutic for breast cancer and it can also be prescribed for individuals that need to gain weight as an appetite stimulant. Also, some psychotropic medications are often prescribed for dementia behaviors and not for a Mental Health Diagnosis. Diagnoses for the medications should only be taken from the Physician orders or the medication administration record.

At number 2, we want to know if the individual has any allergies or adverse reactions to the medications you have listed above. Or any allergies to any medications not listed above.

### Slide #12

Neurological, Section II-D, you need to check all the neurological symptoms that apply to the individual.

Right-sided weakness, left-sided weakness, right-side Paralysis, left-side paralysis, unsteady gait, shuffling gait, excessively slow movements, use of assistive devices, weakness of arms, legs, hands, and feet, is there an alteration in response to pain/touch/temperature. Any uncontrolled movements or falls?

### Slide #13

At Section II-E, we want to know what the individual can do. We want to know about Activities of Daily Living (ADL). Can the individual take care of themselves? Eat, dress, bathe, and groom themselves. Can the individuals do their own Individual Independent (I)ADLs? Can the individual take their own medications, go to a doctor if they need to, and able to keep appointments when scheduled, can they manage their own money?

At number 3, we can want to know can they follow instructions, do they respond when spoken to and respond appropriately? Can they communicate their needs, pain or discomfort?

We want you to elaborate each of your "NO" responses to explain.

### Slide #14

At Section II-F asks about the individual's supports system and whether they have any socialization with others. Does the individual respond when people talk to them? How about initiating contact with others? Do they recognize that they do not feel good and need to see the doctor?

We want to know the medical and social or family supports the individual has. And then what activities does the individual do that show that they are socializing with others? Do they go on a trip with their family, go to church, or go bowling every week?

### Slide #15

For Review Type, we want to know for which Program Office you are doing this evaluation? It may be for just a Mental Health, or Intellectual/Developmental Disability or it may be for two or three Program Offices. What is checked at this section will determine what sections of this form are filled out. In addition to the particular Program Office section or sections, **All** evaluations must have Sections 7 through 11 filled out.

## Slide #16

Section IV is the Mental Health section of the form.

We want to know what Serious Mental Illness diagnosis the individual has. And at #2 in Section IV-A, we want to know the functional limitations in the last 3-6 months in the 3 areas for functioning: Interpersonal functioning; Concentration, persistence and pace; and Adaptation to change.

Please describe why you checked “yes”. Does the individual have difficulty adapting to changes with family, environment, or perhaps their own medical situation? Are they not able to complete simple tasks like they used to do?

## Slide #17

At IV-A, #3 - We want to know about the individual’s treatment history and if the individual experienced at least one of the listed items in A through E at least once in the past two years.

Inpatient stay, episode of significant disruption where supportive services were required due to the individual’s mental illness, suicide ideation or attempted suicide, Electroconvulsive Therapy (ECT) for the Mental Health Condition, or a Mental Health intensive case manager? All of these must be due to the Mental Health Diagnosis.

## Slide #18

IV-B contains a list of Supporting Information that needs to be sent to Mental Health Program Office for the PASRR Level II review to make their final determination.

The whole review process according to Federal Regulation should only take 7-9 days. This means from the date of the PASRR Level I form to the date of the Letter of final Determination, this whole process is to take only 7-9 days.

If you cannot get all the information listed in #1, get what you can, and get it sent to the Program Office. The packet that you send may have enough information to make a determination. Or it may not have enough information. If it does not contain sufficient information the Program Office will generate a letter saying that they need more information to make a determination. And that is ok, because you have met the Federal Regulation of identifying the individual who may meet criteria for the Program Office.

AgeingWell/AAA, when you receive the requested information, send it to the Program Office so they can make the final determination and issue a letter so the individual knows if they can be admitted to a nursing facility or not. If this process is being done post admission, the entity doing the PASRR Level II would forward the documentation to the Program Office for their review.

We continue to use the Saint Louis University Mental Status exam, the SLUMS, and is a requirement for the PASRR Level II form. The SLUMS is a tool that helps to detect mild cognitive impairment and dementia. The SLUMS exam can be found on the last page of this form if you do not have it elsewhere. For the PASRR Level II, we need to know the individual’s score. There is a check box on this form in the case they refuse the test.

At #3 in Section IV-B, we want to know in your judgement, what would you say is an estimated level of intelligence of the individual. There is not a right or wrong answer for this question.

## Slide #19

Section V is Intellectual Disability/Developmental Disability (ID/DD).

In Section V-A, we need to know if there is documentation to indicate a diagnosis of ID/DD. Supporting documentation may be IQ and adaptive testing, preferably before the age of 18.

The age of 18, is the age that the Federal government uses as the developmental age for Intellectual or Developmental Disability. We need to follow this guideline.

Other documentation can be psychological reports, psychiatric reports, school records, summaries from the county Intellectual Disability/Developmental Disability program or Intellectual Disability/Developmental Disability agency, and other relevant professional reports.

List what documentation you have on the line on this form.

The Program Office needs to know if the documentation that you have, provide evidence of sub-average intellectual functioning with an IQ of approximately 70 or below on a standardized intelligence test, was the onset of the intellectual disability prior to the age of 18, and whether there are deficits in adaptive behavior or functioning on formal assessment.

On this form, we need you to indicate the level of the Intellectual/Developmental Disability. And this score is based on the IQ test.

## Slide #20

V-B is Supporting Information for Intellectual Disability/Developmental Disability.

At #1, does the individual have a Supports Coordinator? If the individual has one, please list the supports coordinator's name and agency.

At #2, list the information that the Intellectual Disability/Developmental Disability Program Office needs to make a determination and all this information would be included in your packet of information that you send to the Program Office.

We ask that you check the boxes of what you include in your packet here.

## Slide #21

Section VI is Other Related Conditions (ORC).

Other Related Conditions include physical, sensory, or neurological disabilities which manifested before the age of 22 and are likely to continue indefinitely and result in substantial functional limitations in three or more of the following areas of major life activity: those are self-care, receptive and expressive language, learning, mobility, self-direction, and capacity for independent living.

Section VI-A: we ask for the documentation of the diagnosis.

At #1, is there documentation to substantiate the individual meets the criteria for an Other Related Condition.

Documentation is to include a psychological evaluation, physician's note which indicates the diagnosis and three functional limitations that occurred prior to age 22.

A statement from the individual or family may suffice for this as well. Please list the documentation on the line.

At #2, we ask if the documentation provides evidence of a physical, sensory or neurological disability which is considered an Other Related Condition.

List the diagnosis on the line provided. Did the condition manifest before age 22 and is it going to continue forever.

## Slide #22

### Section VI-B: Supporting Documentation

#1, indicate, the areas where the individual has a substantial functional limitation that manifested prior to age 22.

Persons can have an Other Related Condition and may be intellectually intact. For example, persons with Cerebral Palsy, generally these persons will attend school, work, perhaps marry, and live independently. These persons would not meet the criteria for this Program Office, as they would not meet the functional limitation prior to age 22.

#2, is a list of items the Program Office needs submitted to make a determination. You are to check off each item that you have included in your packet.

## Slide #23

### Section VII is the Findings and Recommendation section.

At Section VII-A: #1, Does the individual have a suspected or confirmed serious Mental Illness, Intellectual/Developmental Disability or Other Related Condition which meets the criteria for further review by the respective program office?

#2, Does the individual currently receive services in the community for the condition he/she has? Yes or no, you need to list what services are being received by the individual.

#3, Is the individual seeking Nursing Facility placement right now? If not seeking, nursing facility placement, what placement is the individual seeking? And if Nursing Facility placement is being sought, is there a nursing facility that has been decided upon?

The last question in this section asks if the individual needs health rehabilitative services such as physical therapy, occupational therapy, speech therapy, or restorative nursing for his/her Mental illness, Intellectual/Developmental Disability, or Other Related Condition? If so, list the type of service that would be required in your opinion.

## Slide #24

### Section VII-B, Desire for Specialized Services.

This is the section where you explain to the individual what specialized services are for the Program Office and find out if the individual would like to receive the services in the nursing facility if you were to recommend the services to the Program Office. The services are the services that could be provided to the individual in the nursing facility.

Some of these individuals may have been receiving some services in the community and may benefit if they would continue to receive them when in the nursing facility.

You would check the applicable Program Office box, to indicate that the individual and/or his/her representative have been informed of the specialized services that are available for that program office.

### Slide #25

These are the Specialized Services that are available for the Mental Health:

- Partial Psychiatric Hospitalization,
- Psychiatric Outpatient Clinic,
- Mobile Mental Health Treatment,
- Crisis Intervention Services,
- Targeted mental health Case Management such as Intensive Case Management and Resource Coordination,
- Peer Support Services, and
- Outpatient Drug & Alcohol Services, including Methadone Maintenance Clinic

For a medical assistance individual that has a Community Health Choices MCO, there is actually a Behavioral Health MCO that would provide some of these services for an individual in the nursing facility.

### Slide #26

These are the Specialized Services that are available for Intellectual Disability/Developmental Disability:

- Assistive Technology,
- Behavioral Support,
- Communication Specialist,
- Companion Services,
- Housing Transition and Tenancy Sustaining services,
- In-Home and Community Support,
- Supports Coordination,
- Support for the Medical Environment, and
- Transportation

I want to mention here that Supports Coordination is for the Intellectual/Development Disability diagnosis. This is a Specialized Service and is not the same as Service Coordination that the Community Health Choices MCO would provide.

### Slide #27

These are the Specialized Services that are available for the Other Related Condition Program Office:

- Service Coordination/Advocacy Services,
- Peer Counseling/Support Groups,
- Training,
- Community Integration Activities,
- Equipment/Assessments, and
- Transportation

I want to mention here that Service Coordination is for the Other Related Condition diagnosis. This is a Specialized Service and is not the same as Service Coordination that the Community Health Choices MCO would provide.



## Slide #28

Continuing with Section VII-B Desire For Specialized Service.

#3 Based on your evaluation, will the specialized services be needed if the individual will be served in a nursing facility? And if so, what services do you as the assessor recommend to them?

#4 If the individual will be served in a nursing facility, would he/she needs any services of lesser intensity than the previously mentioned specialized services? If so, what services do you as the assessor recommend?

#5 Does the individual understand what you have said about specialized services? And #6, if recommended, does the individual want to receive the specialized Services?

Remember that Specialized Services are services that go above and beyond what the Nursing Facility provides on a daily basis to care for that resident.

## Slide #29

Section VIII – Notice of Referral for Final Determination

This where you now explain to the individual, family, legal representative and/or significant other that the individual may not always need nursing facility services and should be placed in the most appropriate setting for their needs. And that this evaluation is a way of assessing if the nursing facility is actually where the individual needs to be.

You read the section to the individual based on the which Program Office you are referring them to, let the individual know that they are someone that needs a further evaluation by the Program Office, and that what you have filled out on this form and the information you have collected will be forwarded to the Program Office, so they can determine, the need and appropriateness for nursing facility care and specialized services.

## Slide #30

Section IX: Name and Contact Information for the Assessor who is completing this form.

The assessor needs to sign the form here and add their information, agency, email address, etc.

According to the Federal Regulation, a copy of this evaluation can be given to the individual if they would request it. We have a question for that here on this page.

## Slide #31

Section X: This is the list of all information you must include for each Program Office packet.

Your check mark indicates that the information has be included in your packet that you will be sending to the Program Office.

The MA 51 that you include with your packet of information must also be current.

## Slide #32

Section XI is the Notification Sheet.

This is where all the contact information goes.

This is very important for the Program Office to have this filled out entirely in case the Program Office has any questions. Make sure that you also have the physician information that is required on this page.

The address of the hospital would not be listed on the form for the individual's address unless, the individual is homeless and has no POA or case manager.

If the individual is in the hospital, on the Notification sheet, we need the name of the Social Worker/Case Manager at the hospital and the fax number for that person. This is very important to Mental Health Program Office as the Letters of Determination are faxed to the hospital as soon as they are completed.

We have a contact email on this form for the contact person as correspondences go by email now.

There is a little reminder note at the bottom of this page to include the fax numbers.

### Slide #33

And this is the last page. The St. Louis University Mental Status (SLUMS), for short, Examination tool.

For Aging Well/AAAs:

The SLUMS or any other tools are not a requirement for the Functional Eligibility Determination (FED) to determine nursing facility eligibility.

But the SLUMS is required when you are doing the PASRR Level II evaluation.

If you are not doing this evaluation face-to-face, the nursing facility social worker or speech therapist may complete this for you.

### Slide #34

You have gathered your information and have your Level I and Level II forms completed. What is the next step?

All of your information is now sent to the appropriate Program Office.

Where do you send it first?

This slide shows how the Program Offices get their packets of information from you.

If you have a Mental Health Program Office Packet, it goes to the Department of Human Services Office for Mental Health and Substance Abuse Services Program Office.

If you have an Intellectual/Developmental Disability Program Office Packet, it goes to the Department of Human Services Office of Developmental Disabilities Program Office.

If you have an Other Related Condition Program Office Packet, it goes to the Department of Human Services Office of Long-Term Living Program Office.

If you have multiple Program Offices that need to review the packet, you are only to send to the first Program Office and not to all of the Program Offices.

The first Program Office is to send the packet to the next Program Office to review after they review it.

You would send in the priority listed on this slide. Mental Health > Intellectual/Developmental Disability > Other Related Condition.

If you are a Field Operations Representative, make sure your Nursing Facility Transmittal form indicates the Program Office(s) the packet is to be sent to.

### Slide #35

On this page we have important websites.

- The Pennsylvania PASRR Process Website  
<https://www.pa.gov/en/agencies/dhs/resources/for-providers/ltc-providers/pasrr-process.html>
- The Out of State Process for PASRR  
<https://www.pa.gov/en/agencies/dhs/resources/for-providers/ltc-providers/out-of-state-seeking-ltc.html>
- The Long-Term Care For Provider website. This is where you would find Case Mix information, Rate information, Resident Data Reporting Manual, and many more items.  
<https://www.pa.gov/en/agencies/dhs/resources/for-providers/ltc-providers/long-term-nursing-facilities.html>
- And the website for the MA Forms. This is the website that you would go to download and print the PASRR Level I and PASRR Level II forms. The Admission Notice (MA 401) packet and the Nursing Facility PASRR Positive Reporting Information Form (MA 408) is also available at this site.  
<https://www.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/medical-assistance-provider-forms.html>

### Slide #36

This is what is on the PASRR Website on the right-hand side of the page.

The PASRR Forms and Documents: PASRR Level I, PASRR Level II, and the MA 408.

### Slide #37

On the right-hand side of the page, further down, we have the PASRR Bulletins for the PASRR Level I, PASRR Level II, and the MA 408.

### Slide #38

Here are the Additional PASRR Resources on the right-hand side of the page:

- The PASRR Clarification and Frequently Asked Questions Document
- Handouts for Trainings
- PASRR Training Webinars will be posted here.
- PASRR Contact Information for Field Operations and the Program Offices.
- The State PASRR Coordinator's phone number.

As these resources change routinely, please use the PASRR Website main web page (on slide 35, first bullet) for the updated links for the resources on this slide.

### Slide #39

I want to thank you for listening to today's presentation.

Remember PASRR is about honoring a person's choice.

A nursing facility might not be their choice and we should be mindful of that.

If you have questions regarding what you have heard, please do not hesitate to reach out to me regarding those questions.