

# Department of Human Services



## **PREAMMISSION SCREENING AND RESIDENT REVIEW (PASRR) OVERVIEW**

**JANUARY 2019  
(REVISED)**



# Objectives for Training

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- \* This training provides an understanding of the PASRR:
  - \* Regulations
  - \* Definitions of serious Mental Illness, Intellectual/Developmental Disability and Related Conditions
  - \* Requirements
  - \* Level I and Level II Responsibilities
  - \* Level I Screening form (LTC-26)
  - \* Notice of Referral for Level II Evaluation Form (LTC-29)
  - \* Level II Referral Requirements
  - \* Level II Evaluation and Determination
    - \* Abbreviated Level II Determinations
  - \* Resident Review

# Important Updates to PASRR

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- Updated LTC-26
  - Updated Instructions
  - Updated LTC-29
  - Updated PASRR Level II Psychiatric Evaluation Form
  - Updated DDD referral contact fax number
  - Updated DHS PASRR Website
- Note: Upon completion of this webinar please discard your previous forms and begin using the new forms which are posted on DHS website at <https://www.state.nj.us/humanservices/doas/home/forms.html> and the DMHAS website at <https://nj.gov/humanservices/dmhas/forms/>.



# PASRR

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- \* Federal law (Title 42:483.100-138) mandates that all Medicaid-Certified Nursing Facilities (NF) may not admit an individual with serious mental illness (MI), intellectual, developmental disability (ID/DD) or a related condition (RC) unless the individual has been properly screened, evaluated, and determined to be appropriate for NF placement regardless of payment source.
- \* Intended to protect individuals with serious mental illness (MI), intellectual disability, developmental disability (ID/DD) or a related condition (RC) from inappropriate placement in a nursing facility.

# Acronyms

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- DMHAS – Division of Mental Health and Addiction Services
- DoAS - Division of Aging Services
- DDD – Division of Developmental Disability
- MI -- Mental Illness
- NF – Nursing Facility
- OCCO – Office of Community Choice Options
- MCO – NJ Family Care Managed Care Organization
- SS- Specialized services exceed the services that a NF can provide.

# Specialized Services

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- Specialized Services are determined by the PASRR Level II Authority and outlined in the PASRR Level II determination.
- Specialized Services exceed the range of services that a NF is authorized to provide.
- Specialized Services are arranged in coordination with the applicable Level II Authority.

# Specialized Services MI

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- Specialized services for MI mean those services offered, in accordance with 42 CFR 483.120, that are determined to be medically indicated when an individual is experiencing an acute episode of serious MI and psychiatric hospitalization is recommended, based on a psychiatric evaluation.
  1. Specialized services include implementation of a continuous, aggressive and individualized treatment plan by an interdisciplinary team of qualified and trained mental health personnel.
  2. During a period of 24-hour supervision of an individual with MI, specific therapies and activities are prescribed, with the following objectives:
    - i. To diagnose and reduce behavioral symptoms;
    - ii. To improve independent functioning; and
    - iii. As early as possible, to permit functioning at a level where less than specialized services are appropriate.
  3. Specialized services for MI exceed the range of services that an NF is authorized to provide and can only be provided in a 24-hour inpatient setting.

# Specialized Services for ID\DD\RC

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- Specialized services for ID\DD\RC mean those services offered, in accordance with 42 CFR 483.120, when an individual is determined to have skill deficits or other specialized training needs that necessitate the availability of trained MR personnel, 24 hours per day, to teach the individual functional skills.
- 1. Specialized services are those services needed to address such skill deficits or specialized training needs.
- 2. Specialized services may be provided in an intermediate care facility for the ID\DD\RC individual or ICF as defined at 42 CFR 440.150 or in a community-based setting that meets ICF standards.
- 3. Specialized services for ID\DD\RC go beyond the range of services that a NF is required to provide.





# Serious Mental Illness

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- \* The federal definition of serious MI for PASRR is best understood in terms of the four “D’s”:
  - \* A **diagnosis** or suspicion of a major mental illness such as schizophrenia, bipolar disorder, major depression, or an anxiety disorder such as OCD.
  - \* An *absence* of **dementia**. If dementia is also present (co-morbid) with MI, a psychiatric evaluation is required to determine which diagnosis is primary. The individual’s MI must be more serious than their dementia.
  - \* A well-defined **duration**. To be relevant, intensive psychiatric treatment for MI must have taken place within the last two (2) years.
  - \* A particular level of **disability**. The individual’s MI must have resulted in functional limitations in major life activities within the past 3 to 6 months. The receipt of treatment is not a requirement. It is the severity and recency of impairment that matters, not whether the individual was hospitalized or even saw a mental health professional.

# Intellectual and Developmental Disability

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- \* **Intellectual disability** refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors and significant limitations in at least two of the following areas: communication, self-care, home living, social skills, use of community resources, self-direction, academic skills, work, leisure, health and safety. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. The presence of a diagnosis **without limitation** does not meet the criteria.
- \* **Developmental disability** is a severe, long term disability that can affect cognitive ability, physical functioning, or both. These disabilities appear before age 22 and are likely to be life-long. The term “developmental disability” encompasses intellectual disability but also includes physical disabilities. Some developmental disabilities may be solely physical, such as blindness from birth. Others involve both physical and intellectual disabilities stemming from genetic or other causes, such as Down syndrome and fetal alcohol syndrome.

# Related Condition

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- \* **Related Condition** is defined by 42 CFR 435.1009 as a disability that is attributable to Cerebral palsy or epilepsy; or any other condition, other than mental illness, found to be closely related to developmental disability because it impairs intellectual functioning *or* would require services normally delivered to an individual with impaired intellectual functioning, The disability manifests before the age of 22, is likely to continue indefinitely, **and** results in **substantial functional limitations** in three or more of the following life activities:
  - i) Self-care;
  - ii) Understanding and use of language;
  - iii) Learning;
  - iv) Mobility;
  - v) Self-direction; or
  - vi) Capacity for independent living
- **Individuals with a diagnosis without three limitations do not meet the criteria.**

# NJ's PASRR Program

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- \* All states are required to have a PASRR program that complies with the federal regulations: Title 42:483.100-138.
- \* The Centers for Medicare & Medicaid Services (CMS) requires each state and territory to specify the PASRR program in their Medicaid State Plan.
- \* NJ's PASRR Program is a collaborative process between the Division of Medical Assistance and Health Services (DMAHS), the Division of Aging Services (DoAS), the Division of Mental Health and Addiction Services (DMHAS), and the Division of Developmental Disabilities(DDD).
- \* The Division of Aging Services (DoAS) has the responsibility of overseeing the PASRR Level I process.
- \* The Division of Mental Health and Addiction Services has oversight of the PASRR Level II process for individuals identified as having a MI.
- The Division of Developmental Disabilities has oversight of the PASRR level II for individuals identified as ID\DD\RC.



# PASRR Components

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There are two components to PASRR:

## \* Level I Screen

- \* Level I identifies individuals suspected of having serious Mental Illness (MI), Intellectual/Developmental Disability or Related Condition(ID/DD/RC).

## \* Level II Evaluation and Determination:

- \* Level II is a comprehensive evaluation of individuals with serious MI and/or ID/DD/RC and a determination by DMHAS and/or DDD as to whether these individuals require specialized services or needs can be met in a less restrictive setting (e.g. Group home, supportive housing, etc).

# Application of PASRR

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- \* The PASRR regulation applies to all individuals entering a Medicaid-Certified NF for a **new** first time admission to a NF regardless of payer source, including Private Pay; Private Insurance; Medicare and/or Medicaid or Pending Medicaid.
- \* The PASRR is valid for the entire period of **continuous** NF placement (until a break in service).
  - \* A break in service occurs when the individual is discharged back to the community.
  - \* The following are considered continuous NF placements
    - \* NF resident is hospitalized ( non psychiatric) for the same condition he/she was admitted to from the NF then is readmitted to the same or different NF from hospital.
    - \* NF to NF transfers
- \* **Note: A Psychiatric hospital stay requires a new PASRR Level II referral and evaluation with a determination of no specialized services before returning to the NF.**

# New Admission Defined

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- \* A PASRR Level I Screen is required for any **new** NF Admission.
- \* Definition of a **New NF Admission** is: CFR 42-83.106-b (1)- *Admissions, readmissions and inter-facility transfers* —
  - (1) ***New admission.*** An individual is a new admission if he or she is admitted to any NF for the first time or does not qualify as a readmission. New admissions are subject to PASRR.
  - (2) ***Readmissions.*** An individual is a readmission if he or she is readmitted to a nursing facility from a hospital to which he or she was transferred for the purpose of receiving care.
  - (3) ***Inter-facility transfers.*** An inter-facility transfer occurs when an individual is transferred from one NF to another NF, with or without an intervening hospital stay.

# PASRR LEVEL I SCREEN



# PASRR Level I Screen

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- \* The PASRR Level I Screen identifies those individuals suspected of a MI or ID/DD/RC.
- \* If the screen is positive it is referred to the applicable Level II Authority for evaluation and determination.

# Level I Screening Tool (LTC-26)

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- \* PASRR Level I Screening Tool (LTC-26) is the tool used in New Jersey.
  - \* Available on the internet:  
<http://www.state.nj.us/humanservices/doas/home/forms.html>
- \* The LTC-26 must be completed with a determination for all new NF applicants **prior** to NF admission in accordance with Federal Regulation 42 CFR 483.106.
- \* The LTC-26 screens individuals for suspected MI or ID/DD/RC.

# LTC-26

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LTC-26

## NEW JERSEY DEPARTMENT OF HUMAN SERVICES PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR) LEVEL I SCREEN

- Please print and complete all questions.
- This form must be completed for all applicants **PRIOR TO** nursing facility (NF) admission in accordance with Federal PASRR Regulations 42 CFR § 483.106.
- **ALL POSITIVE LEVEL I SCREENS** are to be faxed to the appropriate agencies including Office of Community Choice Options (OCCO), Division of Developmental Disabilities (DDD) and/or Division of Mental Health and Addiction Services (DMHAS), as applicable.
- **ALL 30-DAY EXEMPTED HOSPITAL DISCHARGE SCREENS** are to be faxed to OCCO, DDD and/or DMHAS, as applicable.
- For first time identification of mental illness (MI) and/or intellectual disability/developmental disability/related condition (ID/DD/RC), the Level I Screener must provide written notice to the applicant and/or their legal representative that MI and/or ID/DD/RC is suspected or known and that a referral is being made to DMHAS and/or DDD for a PASRR Level II Evaluation. The Notice of Referral for a PASRR Level II Evaluation form (LTC-29) can be downloaded from the New Jersey DHS, Division of Aging Services forms webpage at <http://www.state.nj.us/humanservices/doas/home/forms.html>.
- **FAILURE TO ABIDE BY PASRR RULES WILL RESULT IN FORFEITURE OF MEDICAID REIMBURSEMENT TO THE NF DURING PERIOD OF NON-COMPLIANCE IN ACCORDANCE WITH FEDERAL PASRR REGULATIONS 42 CFR 483.122.**

### SECTION I – DEMOGRAPHICS AND CLINICAL ASSESSMENT STATUS

Name of Applicant (Last Name, First Name) [REDACTED]		Social Security Number [REDACTED]
Current Location Address [REDACTED]	County of Current Location [REDACTED]	Date of Birth [REDACTED]
Current Location Setting <input type="checkbox"/> Acute Care Hospital <input type="checkbox"/> Home/Apartment <input type="checkbox"/> Residential Health Care Facility <input type="checkbox"/> Group Home/Boarding Home <input type="checkbox"/> Psychiatric Hospital/Unit <input type="checkbox"/> Assisted Living Residence <input type="checkbox"/> Other (Specify): [REDACTED]		
Clinical Assessment/Authorization Status <input type="checkbox"/> Current Assessment/Authorization Date: [REDACTED] <input type="checkbox"/> Referred to OCCO for Clinical Assessment (No MCO Enrollment)- Referral Date: [REDACTED] <input type="checkbox"/> Private Pay <input type="checkbox"/> Other (Specify): [REDACTED]		

### SECTION II – MENTAL ILLNESS SCREEN



# Responsibility for Completion of PASRR Level I

- \* The current setting determines who is responsible to complete the Level I screen:

<b>Current Setting</b>	<b>PASRR Responsibilities for individuals who are MCO Enrolled</b>	<b>PASRR Responsibilities for individuals who are Fee for Service ( NO Managed Care )</b>
Hospital	Hospital	Hospital
Community	MCO	OCCO
Assisted Living	MCO	OCCO
Nursing Facility	Nursing Facility	Nursing Facility
Behavioral SCNF	Nursing Facility	Nursing Facility

# Who Can Complete a Level I PASRR Screen

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- The Minimum Credentials for a professional to complete the PASRR Level I are:
  - Social Worker - Licensed clinical or licensed certified social worker
  - Registered Nurse (APN, RN, MSN)
  - Physician and Physician Assistant

# Indications for the PASRR Level I Screen Completion

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## Indications:

- \* Any **new** NF admission
  - \* An individual is a **new admission** if admitted to any NF for the first time or does not qualify as a readmission.

## The PASRR Level I is not required for:

- \* Readmissions
  - \* An individual is a readmission if readmitted to a NF from a hospital to which the individual was transferred for the purpose of receiving care.
- \* Inter-facility transfers
  - \* Occurs when an individual is transferred from one NF to another, with/without an intervening hospital stay

# PASRR for Individuals in a Community Setting

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- \* Individuals **living in the community seeking new NF admission** are required to have a PASRR Level I Screen and determination completed prior to the day of admission.
- \* The Level I screen can be completed by:
  - \* Nursing Facility
  - \* OCCO or designee
  - \* MCO
- \* **Note:** Assisted Living is a community placement. PASRR is only completed in an assisted living facility if the individual is moving to a NF.

# Outcome of PASRR Level I Screening

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- \* **Negative Level I:**

- \* No Level II required
- \* May admit to NF

- \* **Positive Level I:**

- \* Referral to the applicable Level II Authority for PASRR Level II Evaluation and Determination
  - \* May not admit to the NF until determination is received from the Level II Authority
- \* Requires notification be provided to the individual/legal representative



# Notice of Referral for Level II PASRR Evaluation (LTC-29)

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- \* The Federal Rule requires in the case of first time identification, for the issuance of written notice to the individual or resident and his/her legal representative that the individual or resident is suspected of having MI or ID/DD/RC and is being referred to the state Mental Health or DDD Level II authority. (Title 42-483.128(a))
- \* A copy of the LTC-29 must be given to the Individual or their Legal Representative and the applicable level II authority when referring for a Level II PASRR Evaluation and Determination.
- \* The LTC-29 can be found on the DHS website at:  
<http://www.state.nj.us/humanservices/doas/home/forms.html>



# LTC-29

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• LTC-29

New Jersey Department of Human Services  
Division of Aging Services  
P.O. Box 807  
Trenton, NJ 08625-0807

## NOTICE OF REFERRAL FOR LEVEL II PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR) EVALUATION

CONSUMER INFORMATION	
Name of Consumer [REDACTED]	Date [REDACTED]
Address of Consumer [REDACTED]	
REFERRING PROVIDER / AGENCY / PROGRAM INFORMATION	
Name of Provider/Agency/Program [REDACTED]	
Street Address [REDACTED]	Telephone Number [REDACTED]



# PASRR LEVEL II EVALUATION AND DETERMINATION

# PASRR Level II

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- \* All positive PASRR Level I Screens require referral to the applicable Level II Authority for a **PASRR Level II Determination**
- \* The LTC-29 serves as notification of the referral.
- \* The PASRR Level II Psychiatric Evaluation form is used for all PASRR Level II MI referrals only.

# PASRR Level II Authority

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- \* The State designated Level II Authority is responsible for conducting the PASRR Level II Evaluation and Determination.
- \* NJ has two Level II authority designations:
  1. Division of Mental Health and Addiction Services (DMHAS) for individuals suspected as having a serious MI
  2. Division of Developmental Disabilities (DDD) for individuals suspected as having ID/DD/RC.

# MI

## PASRR Level II Authority

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- \* The DMHAS is responsible for completing the PASRR Level II Determination for all MI positive Level I screens to determine if the individual:
  - \* Requires *Specialized Services* (In-patient Psychiatric Treatment);
  - \* Has mental health care needs which can be met in a NF;
  - \* Can live in a supported community setting

# MI Positive Level I Referral Requirements

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- \* The Level I screener is responsible for making a Referral for all positive level I screens for MI to the MI Level II Authority. The referral must include the following:
  - \* Completion of the Level II Psychiatric Evaluation form by an independent Psychiatrist or Psychiatric APN. (Community only PCP)
    - \* The form is located on the DMHAS website at:  
<http://www.state.nj.us/humanservices/dmhas/forms/>
    - \* The PASRR positive Level I screen
    - \* The LTC-29
- \* The screener or designee will fax the completed positive LTC-26, LTC-29, as applicable to the DMHAS.
  - \* **DMHAS contact information can be found in Section X of the PASRR Level I screen**
- \* The DMHAS will review the evaluation and make the determination.

**NOTE:** If requesting a 30-Day Exempted Hospital Discharge or categorical determination, follow the instructions on the LTC-26 and send to the applicable Level II Authority.



# ID/DD/RC PASRR Level II Authority

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- \* The DDD is responsible for completing the PASRR Level II Evaluation and Determination for all ID/DD/RC positive Level I screens to :
  - Determine whether evidence (documentation and assessment) substantiates that the individual who screened positive on the Level I Screen meets the PASRR definition of ID/DD/RC.
  - Identify the specialized services needed to address the individual's disability-related skill deficits; and
  - Determine which is the most appropriate, least restrictive setting in which the individual's identified needs can be met. (Can their needs be met in a smaller, integrated community setting?)



# ID/DD/RC Positive Level I Referral Requirements

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- \* All Level I PASRR Screens Positive for DD/ID/RC are to be referred to the DDD Level II Authority for a PASRR Level II Evaluation and Determination.
- \* The Level I Screener will fax the positive LTC-26 and LTC-29 to the DDD Central fax number at 609 341 2349.
- \* The DDD will conduct the evaluation and make the determination.

**NOTE:** If requesting a 30-Day exempted hospital discharge or categorical determination follow the instructions on the LTC-26 and send to the applicable Level II Authority.

## Positive Level I PASRR MI and ID/DD/RC

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- \* For instances of a positive Level I Screen in which MI and ID/DD/RC are identified, a referral is required to both DMHAS and the DDD Regional Office.

**NOTE:** NF transfer **cannot** occur **until both Level II** determinations have been received indicating no need for specialized services.

# Positive PASRR Level I Screen

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**30 DAY HOSPITAL EXEMPTED  
DISCHARGE**

# Positive Level I Screen 30-Day Exempted Hospital Discharge

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- \* Individuals who are discharged from a hospital into a Medicaid-certified NF whose stay is expected to be 30 days or less may be eligible for the PASRR 30 Day Exempted Hospital Discharge.
- \* All requirements for the 30 Day Exempted Hospital Discharge are required to be met if requesting this exemption.

# Positive Level I Screen 30-Day Exempted Hospital Discharge

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- \* Applies only to **INITIAL** nursing facility admission and **NOT** to resident review (RR), nursing facility readmission or inter-facility transfer. **No 30 Day Hospital PASRR Exemption for a Psychiatric stay**
- \* When the Level I Screen is positive, an individual may be admitted to a skilled nursing facility directly from the hospital after receiving inpatient care (non-psychiatric) at the hospital if:
  - ✓ The individual requires skilled nursing facility services for the condition for which he/she received care in the hospital AND
  - ✓ The attending hospital physician certifies before the NF admission that the individual is likely to require less than 30 days skilled nursing facility care.
- \* The Positive Level I Screen must be faxed to OCCO and to DMHAS and/or DDD, as applicable, then the individual can be discharged to the nursing facility without a determination.

# Positive Level I Screen 30-Day Exempted Hospital Discharge

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## \* Considerations

- \* If an individual who enters a NF as a 30-Day Exempted Hospital Discharge is later found to require more than 30 days of NF care, the PASRR process must be completed.
- \* It is the responsibility of the NF to complete the PASRR process prior to the 40th day of admission to the NF.
  - \* The NF should identify and make the Level II referral by the 30<sup>th</sup> day and no later than the 35<sup>th</sup> day

# Positive PASRR Level I Screen

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## MI DEMENTIA EXCLUSION

# MI Dementia Exclusion

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- **The referral process for the MI Primary Dementia Exclusion has changed.** It is no longer stopped at the level I screen.
- For individuals with a **Positive level I screen for Mental Illness with a diagnosis of Dementia** and the Dementia is primary or more progressed than the co- occurring Mental Illness a referral to the DMHAS for the PASRR level II evaluation and determination is **required** prior to Nursing Facility admission.
- The Mental Illness Primary Dementia Exclusion applies to individuals who have a confirmed diagnosis of dementia and that the dementia diagnosis is documented as primary or more progressed than a co- occurring mental illness as determined by the Level II Authority.



# MI Primary Dementia Exclusion Referral Process

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Referral process for MI Primary Dementia Exclusion requires the Level I screener to do the following :

- Counsel the individual/representative residing in a community setting that the PASRR Level II Psychiatric Evaluation form is required to be completed and provide a copy of the form.
- Counsel the individual/representative that the Psychiatrist or Psychiatric Advanced Practice Nurse conducting the Evaluation shall not be directly involved in treating the individual nor otherwise responsible for or involved in the person's care.
- If residing in the community and does not have a treating psychiatrist the primary care physician can complete the form.
- Advise Hospital /NF that the PASRR Level II Psychiatric Evaluation form is required to be completed and provide form /website to obtain the form.
- Fax the positive Level I screen and the LTC-29 to the DMHAS.

# DMHAS Psychiatric Evaluation

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The individual completing the Psychiatric Evaluation form will evaluate whether the following 3 conditions are met:

- Dementia/Major Neurocognitive Disorder (e.g., Alzheimer's, Vascular dementia) is diagnosed
- Dementia /Major Neurocognitive disorder diagnosis has been confirmed by one or more of the following:
  - Neurological examination (e.g., CT, PET, MRI scans)
  - Cognitive functioning evaluation or neuropsychological testing performed by a qualified professional;
  - Documented history of progressive decline in cognitive functioning
- Dementia/Major Neurocognitive Disorder is the primary diagnosis or has progressed beyond that of a Co-occurring mental illness.

# MI Primary Dementia Exclusion

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- When requesting for Dementia Exclusion, the evaluator only needs to complete sections 1 and 2 of the PASRR Level II psychiatric evaluation form, and then fax the form with supporting documents to DMHAS.
- DMHAS will fax the Level II determination outcome to the sending facility upon review of the Level I screen, the psychiatric evaluation form, supporting documents and the LTC-26.
- The determination must be received stating no specialized services prior to NF admission.

# Positive PASRR Level I Screen

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## PASRR CATEGORICAL DETERMINATIONS

# Categorical Determinations for Positive Level I Screens

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- \* Categorical determinations permit states to omit the full Level II evaluation in certain circumstances that are time-limited or where the need for NF is clear.
- \* Categorical determinations are not “exemptions” and are subject to the PASRR level II process.

# Positive PASRR Level I Screen Level II Determination Requests

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## \* Types of Categorical Determinations

- \* Terminal Illness
- \* Severe Physical Illness
- \* Respite (not a service for all programs)
- \* Adult Protective Services (APS)
- \* Dementia (DDD)

\* Note: All positive PASRR Level I Screens require referral to the applicable Level II Authority (DMHAS and/or DDD).

# Categorical Determinations for Positive Level I Screen

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- \* **Terminal Illness** – Documented terminally ill with a medical prognosis of life expectancy six months or less; not a danger to self or others
- \* **Severe Physical Illness** –A medical condition of such severity that prohibits participation in or benefitting from Specialized Services: (Examples comatose state, ventilator dependence, advanced Amyotrophic Lateral Sclerosis (ALS) or Huntington’s disease, debilitating COPD (and/or 24hr oxygen requirement), severe congestive heart failure (e.g symptomatic at rest))
- \* **Respite Care** – To provide short term respite to the caregiver, admission from a non-institutional setting not to exceed 30 days to provide short term respite to caregivers through appropriate respite programs if eligibility requirements are met. **Not a service for all programs.**
- \* **Protective Services** –Referred by APS when NF admission is necessary, not to exceed 7 days, while alternative arrangements are made.
- \* Note: This APS categorical determination can only be utilized when an emergency placement is necessary outside of normal State business hours.



# Categorical Determinations for Positive Level I Screen - MI

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- \* Request for a Categorical determination for a Positive Level I Screen for MI require the following:
  - \* DMHAS Categorical Determination Form must be completed and sent with the Level I Screen along with:
    - History and Physical
    - Recent Psychiatric Evaluation
    - Other documentation supporting the request

The form can be found at the DMHAS website:

<http://www.state.nj.us/humanservices/dmhas/forms/>.





# Categorical Determinations for Positive Level I Screen - DDD

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- If requesting for a categorical determination through DDD, the Level I Screener must contact the DDD Regional Office serving the area.
- Fax the Level I Positive Screen along with any supporting documentation.

# Categorical Determinations for Positive Level I Screen - DDD

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- \* **DDD PASRR Dementia Categorical Determination**
  - \* Dementia with a diagnosis of intellectual disability or related condition requires a PASRR Level II Determination
  - \* DDD requires and determines a baseline of the individual in order to determine any regression
  - \* If requesting the DDD Dementia Categorical Determination the Level I Screener must contact the DDD Regional Office serving the area who will direct the level I screener on the next steps in the referral process and required documents.

# PASRR LEVEL II DETERMINATION

# PASRR Level II Determinations

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There are two possible PASRR Determination Outcomes:

- Negative: No Specialized Services Required can admit to the NF.
- Positive: The applicable Level II Authority will:
  - Reach out to the Screener and individual\legal representative
  - Counsel on the Specialized Services available and assist with options

# PASRR Level II Determination

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- \* Summarizes the individualized evaluation information;
- \* Determines “yes” or “no” whether Specialized Services are needed or not and if needs can be met in a less restrictive setting.
- \* Makes specific and clear recommendations for rehabilitative services (if the person was approved for NF stay).
- \* Copies of the determination document are forwarded to the contacts provided on the PASRR Level I screen (Section IX)

# Right to Appeal

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- \* If the individual\Legal Representative refuses Specialized Services they have the Right to Appeal the determination.
- \* The determination summary and the notice indicating a right to appeal are explained to the individual and (where appropriate) to his or her representative / legal guardian.
- \* Copies of the determination document are forwarded to the contacts provided on the PASRR Level I screen (Section IX) which contains the instructions to appeal the determination
- \* Individuals with a Positive Level II determination who require specialized services:
  - \* Cannot continue to reside in or enter a Medicaid Certified NF pending appeal outcome

# PASRR Guidelines - Completion of Specialized Services

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- \* Upon completion of Specialized Services:
  - \* The individual may only be admitted or return to the NF following:
    - \* The Level II Authority has issued a new determination of no need for Specialized Services, and
    - \* The NF has forwarded said determination to the OCCO to determine the need for a new PAS and approval letter.
  
- \* Note: For individuals enrolled in an MCO, it is the responsibility of the MCO to provide to OCCO the new determination from the Level II Authority that specialized services are not required and follow the process for PAS review.

# RESIDENT REVIEW



# PASRR Resident Review

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- Resident Reviews are required for NF residents experiencing a “significant change”
- A “significant change” is a major decline or improvement in a resident’s status that:
  - Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered “self- limiting”;
  - Impacts more than one area of the resident’s health status; and
  - Requires interdisciplinary review and/or revision of the care plan.

# PASRR Resident Review

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- (CMS) Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, version 1.5, provides guidance to nursing facilities (NF) on when a significant change requires referral for a PASRR Resident Review, evaluation, and determination if a mental illness, intellectual disability, or related condition is present or is suspected to be present.
- Resident Review applies to individual NF residents both previously identified and/or not previously identified by PASRR regardless of payor source.
- A resident review (RR) is triggered whenever an individual undergoes a significant change in status and that change has a material impact on their functioning as it relates to their MI/ID status.

A Resident Review is required for a newly diagnosed mental illness, decline, improvement or when an individual expresses a desire to return to the community.

# PASRR Resident Review NF Responsibilities

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- \* The NF is responsible for conducting the PASRR Resident Review for residents who have experienced a significant change in status.
- \* The NF will complete the referral process for the resident review to the applicable level II authority for evaluation and determination.
- \* A Resident Review is not a requirement for Behavioral SCNF referral, however, behaviors resulting in referral to SCNF are often the result of a change in condition which may trigger the need for a resident review.

# Mental Illness Resident Review Referral Process for NF

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- MI Resident Review requires completion of the following to be sent to DMHAS:
  - DMHAS Resident Review form and all supporting documentation including nursing notes/report
  - PASRR Level II Psychiatric Evaluation NJ DMHAS dated within one week
  - Change in Condition MDS

# DDD Resident Review Referral Process for NF

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- ID/DD/RC Resident Review requires completion of the following to be sent to DDD:
  - Change in condition MDS
  - Supporting Documentation

# Resident Review Level II Responsibilities

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- The applicable Level II authority upon receipt of the Resident Review will make a determination as to the need for specialized services.
- The applicable Level II authority will notify the individual/legal representative and the NF of the determination.
- If the determination indicates Specialized Services the applicable Level II Authority will coordinate the Specialized Services with the Individual /legal guardian and NF.

# Final Points about PASRR

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- \* Nursing Facility residents, regardless of payor source, are required to have a PASRR Level I Screen and Level II determination if applicable prior to NF placement regardless of payor source.
- \* Copies of the PASRR Level I Screen and PASRR Level II Evaluation and Determination (if applicable) are to be kept in the individual's active NF Medical Record.
- \* State Survey teams have the responsibility of monitoring the NF medical records for compliance with the PASRR Federal Mandate.

# PASRR Resources

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- \* DMHAS has contracted with an agency called S-COPE to assist NFs in managing residents with behavioral disturbances or mental illness.
- \* Referrals for ages 55 and over
- \* Makes non- pharmacological recommendations for behavioral management
- \* S-COPE can be contacted at: **855-718-2699**  
**and [scopenj.org](http://scopenj.org)**



# PASRR Mental Health Resources

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- Individuals whose behaviors cannot be managed in a conventional NF and may not be appropriate for inpatient psychiatric treatment may be eligible for Behavioral Health Special Care Nursing Facilities(SCNF's) or other Units.
  - DMHAS will assist with placement options upon contact.
- Behavioral SCNF's require the individual to meet the clinical eligibility requirement for admission as per N.J.A.C. 8:85-2.21.
- Clinical eligibility for Behavioral SCNF's is assessed by the MCO or OCCO.
- There are four NJ Certified Behavioral SCNFs whose information can be found at the following link: <https://www.state.nj.us/health/>



# PASRR Tracking Coming Soon

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- Metrics for tracking the NJ PASRR process are required by the Centers for Medicare and Medicaid Services (CMS).
- The Division of Aging Services (DoAS) has the responsibility of overseeing the PASRR Level I process including Quality Monitoring and Quality Improvement
- Due to various funding sources, the most reliable source of information for PASRR tracking is the NF.
- DoAS will be developing tracking parameters and reporting requirements for NFs for implementation in 2019.

Division of Aging Services, Office of Community Choice Options  
(DoAS OCCO)

Contact Information

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**OCCO Northern Regional Office**

Phone: (732) 777-4650

Fax: (732) 777-4681

Counties: Bergen, Essex, Hudson, Hunterdon, Middlesex  
Morris, Passaic, Somerset, Sussex, Union, and Warren.

**OCCO Southern Regional Office**

Phone: (609) 704-6050

Fax: (609) 704-6055

Counties: Atlantic, Burlington, Camden, Cape May,  
Cumberland, Gloucester, Mercer, Monmouth, Ocean, and  
Salem



# Division of Mental Health and Addiction Services (DMHAS) Contact Information

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- DMHAS PASRR Coordinator for Mental Health
  - Phone: 609-438-4152 or 609-438-4146
  - Fax: 609-341-2307



# Division of Disabilities (DDD) Regional Offices Contact Information

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- All DDD Positive Level I screen referrals are to be faxed to the DDD Central fax number at **609 341 2349**.
- DDD Regional Office Phone Numbers:
  - **Newark:** Phone: 973-693-5058 for Bergen, Essex, Hudson counties.
  - **Plainfield:** Phone: 908-226-7800 for Hunterdon, Somerset, Union counties.
  - **Flanders:** Phone: 973-927-2600 for Morris, Passaic, Sussex, Warren counties.
  - **Freehold:** Phone : 732-863-4500 for Middlesex, Monmouth, Ocean counties.
  - **Trenton:** Phone: 609-584-1340 for Burlington and Mercer counties.
  - **Mays Landing:** Phone: 609-476-5200 for Atlantic, Cape May, Cumberland counties.
  - **Voorhees:** Phone: 856-770-6366 for Camden, Gloucester, Salem counties.



# NJ FamilyCare Managed Care Organizations (MCOs) Contact Information

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There are five contracted MCOs whose contact information can be found at the Division of Medical Assistance and Health Services website at the following link:

- <https://www.state.nj.us/humanservices/dmahs/clients/medicaid/hmo/index.html>



# Questions

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# Next Steps

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- Implement all new processes and forms no later than February 1, 2019
- Update contact numbers, forms, etc.
- Use the provided training materials for reference
- Outreach the appropriate entity for inquiries and questions