Welcome to the VA provider PASRR training from Ascend. We are pleased to offer this training to assist you with completing the PASRR process.
The objectives of this training are to:
1. Develop an understanding of PASRR
2. Discuss the structure and purpose of PASRR
3. Discuss how to begin the PASRR process
PASRR stands for Preadmission screening and resident review. This federally mandated advocacy process dates back to 1987 through language in the Omnibus Budget Reconciliation Act (OBRA), also known as the Nursing Home Reform Act. Administered by the Centers for Medicare and Medicaid Services (CMS), the process allows considerable discretion for states, and differs widely from one state to another.

PASRR requires that anyone admitted to a Medicaid funded NF be screened to identify the presence of serious mental illness, intellectual disability, or developmental disability (related condition). If a qualifying condition is known or suspected, an individualized evaluation must be conducted to ensure that the nursing facility is the most appropriate place for the person to live and receive needed services.
PASRR is not a punishment or a financially motivated program designed to keep people out of nursing facilities. The goal of PASRR is to optimize an individual's placement success, treatment success, and ultimately, an individual's quality of life. Established as part of the de-institutionalization process, PASRR works to ensure people with disabilities are not inappropriately institutionalized or marginalized; that every individual receives the needed services and supports in the least restrictive setting possible.
According to CMS, to reach PASRR’s goal, we must follow some fundamental steps.

First, we must identify nursing facility applicants and residents with disability to ensure we are working with the population that most needs the PASRR services and supports. We must identify an appropriate placement to meet the individual’s needs—this could be a nursing facility, community placement, psychiatric hospital, ICF/ID, or other setting to ensure service/support delivery in the least restrictive level of care; and, we must provide the individual with whatever disability supports and services he or she needs. If a NF cannot arrange or provide a person’s needed services, the NF would not be an appropriate location for the individual and alternate arrangements are necessary.

It is important that we place individuals in a location that can meet their needs to avoid disruption. This is among the reasons why it is so very important that you read the PASRR determination before you accept a person for placement in your facility.
Now let’s look at what PASRR federal law requires.

The preadmission screening and resident review process, otherwise known as PASRR, is a federally mandated process to ensure nursing facility applicants and residents with serious mental illness and/or intellectual and developmental disabilities are identified and placed appropriately in the least restrictive setting. PASRR ensures that persons with disability are admitted or allowed to remain in a particular nursing facility only if they can be appropriately served in the facility. PASRR ensures that individuals are provided with the disability services they need, including rehabilitative and specialized services. The goal of PASRR activity is to optimize each individual’s placement success, treatment success, and ultimately, the individual’s quality of life.

PASRR components include a Level I screening. In VA, this is called the DMAS 95. This screening identifies the presence or suspicion of a disability condition. Every person admitting to a Medicaid certified nursing facility, regardless of the individual’s pay source, must have a Level I screen conducted. If a disability is present or suspected, the individual is referred for a Level II evaluation. If the Level I screen indicates no disability is present or suspected, then no further PASRR activity is required prior to admission to a nursing facility. Persons with sole dementia with no suspicion of an underlying mental illness and
with no suspicion of an IDD condition do not need to be referred for PASRR

Level II evaluations are individualized. They evaluate the suspected PASRR condition and make level of care, placement, and treatment recommendations. Some Level II decisions are abbreviated, and can be completed using information submitted as part of the online Level I process. Some Level II evaluations require a comprehensive onsite evaluation by an Ascend clinical professional.
After a Level II evaluation is conducted, a report or summary is generated. This summary is a legal document with identified service needs for placement and treatment. Nursing facilities must keep a copy of this summary in an individual's clinical chart at all times. PASRR-identified services must be addressed in the nursing facility’s plan of care.

Finally, PASRR laws also mandate that nursing facilities notify the PASRR authority when an individual experiences certain changes in status. These follow-up PASRR evaluations may be called resident reviews or change in status evaluations. Sometimes these are conducted as phone-based reviews, and sometimes they are in-person evaluations. PASRR laws ensure that nursing facilities continue to monitor individuals with disabilities for placement and treatment appropriateness.
For a PASRR to be effective and meaningful to and for the individual, in addition to being federally compliant, it must answer four questions.

1. Does the individual have a PASRR condition?
2. What is the most appropriate placement for this individual? (acute enough/ too acute)
3. Might this individual be a candidate for transition to the community? What supports or services would be necessary to return to his/her community?
4. What unique disability supports and services does this individual need while a resident of a NF to ensure safety, health, and well-being?

We will explore the meaning of these 4 questions on the following slides.
To learn the PASRR process, we will break MI apart from ID/RC. First, let’s discuss MI and we will discuss ID/RC a little later. The first of our four questions asks: Does this individual have a PASRR condition? This means, does the person have a known or suspected diagnosis of a serious mental illness.

To answer this question, let’s examine the 4Ds of PASRR related to mental illness: Diagnosis, Dementia, Duration, and Disability.

- **Diagnosis** examines the presence or suspicion of a serious mental illness. Serious mental illnesses can include Schizophrenia, Bipolar Disorder, Depression, and others. Just because a person doesn’t yet have a formal diagnosis doesn’t mean they don’t have a mental illness; sometimes the first episode of depression can have a major effect on the individual, for which they need services and supports — this is the heart of PASRR: identifying people with PASRR conditions who need services and supports and ensuring they receive them in a meaningful way in the least restrictive environment.

- **The second D is for dementia;** we must confirm the person does not have primary dementia. This means people whose dementia is advanced to the point that intervention for their mental illness will no longer provide benefit or support; that their dementia is their primary condition.

- **The third D is duration.** We look to see if the person has had any significant life disruptions because of the disorder. These disruptions can include hospitalization, loss of housing, jobs, or legal issues.

- **The final D is Disability.** For this, we examine the individual’s symptoms specifically related to interpersonal functioning, concentration/pace/persistence, or adaptation to change.

Because PASRR is designed for people who meet the specific criteria of a known or suspected diagnosis of a serious mental illness, it is important that we do not include people who do not meet the program parameters. This can include people who are experiencing situational emotional reactions, people prescribed psychoactive medications for non-psychiatric conditions, or people with advanced dementia that will no longer benefit from services or supports related to treatment for their mental illness. Although a person doesn’t have to meet all four of the Ds, these categories help us understand if a person belongs in PASRR population.

By not including these people in PASRR population, the nursing facility is responsible for determining the individual’s plan of care, without input or regulation to meet PASRR standards.
Although PASRR includes mental illness and intellectual disabilities and related conditions, the way we determine if a person meets PASRR criteria is slightly different for ID/RC than it is for MI. Let’s look at the “Ds” again, this time with a focus on ID/RC.

Again, the first question is: Does the individual have a PASRR condition? This means, does the person have a known or suspected diagnosis of an intellectual disability and/or a developmental disability. In PASRR, a developmental disability is also known as a related condition—that is a condition related to an intellectual disability.

To answer question 1 related to intellectual disabilities and related conditions, we consider the Ds of PASRR: Diagnosis, Duration, and Disability.

- **Diagnosis** examines the presence or suspicion of an intellectual or developmental disability (IDD). IDD is identified through diagnoses, IQ testing, and/or receipt of specific social services. Just because a person doesn’t yet have a formal diagnosis doesn’t mean they don’t have an IDD; sometimes the person has only received support from family and has no history of IQ testing or social services; although the disability can have a major effect on the individual, for which they need services and supports—this is the heart of PASRR: identifying people with PASRR conditions who need services and supports and ensuring they receive them in a meaningful way in the least restrictive environment. Refer to the DMAS 95 to determine if the individual falls within these criteria.

- **You** will notice that our second D, dementia, is not included when evaluating the “Ds” for intellectual disabilities. This is because people with ID/RC often continue to receive similar services, regardless of a dementia diagnosis and people with both ID/RC and dementia can continue to benefit from PASRR oversight.

- **The third D** is duration. We look to see if the person has had any significant life disruptions because of the disorder. These disruptions can include hospitalization, loss of housing, jobs, or legal issues.

- **The final D** is Disability. For this, we examine the individual’s symptoms specifically related to interpersonal functioning, concentration/pace/persistence, or adaptation to change.
Related conditions is a term that PASRR uses to describe developmental disabilities because it results in similar impairment of general intellectual functioning and/or adaptive behavior & requires similar treatment or services. Some examples of related conditions are available on this screen. This is not an exhaustive list, although it represents examples of what could be considered a related condition. However, the existence of a diagnosis/condition alone does not automatically mean a person meets PASRR criteria.

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<th>Possible PASRR Related Conditions</th>
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<td>Anoxia at birth</td>
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<td>Arthrogryposis</td>
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<td>Autism</td>
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<td>Congenital Blindness</td>
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In addition to the diagnosis, we examine how a related condition affects the person’s functioning and at what age the person needed support related to the condition. PASRR indicates the person must have 3 or more functional limitations from a condition diagnosed before the age of 22 that will last indefinitely. The areas of functional limitation in major life activities are: self-care, understanding and use of language, learning, mobility, self direction, capacity for independent living.
The second of the four questions is: What is the most appropriate placement for this individual? (Is the placement acute enough or too acute). To answer this question, we must determine what the least restrictive level of care is for the individual and determine if the person has needs that require additional services because of mental illness, intellectual disability, or a related condition. This could mean additional NF services, like psychiatric medication monitoring, individual therapy, inpatient psychiatric hospitalization, ICF/ID placement, or some version of a community placement with services, like home health or case management. We need to know what the person needs and what the best environment is to meet those needs in a way that does not marginalize or institutionalize the individual.
Question 3 asks *Might this individual be a candidate for transition to the community? What supports or services would be necessary to return to his/her community?* By this, we must determine if the person’s needs can be met in a community or otherwise less restrictive setting. This can include independent living with or without services like home health, meals on wheels, or environmental adaptations; or living with structured supports, as in a group home or shared environment. It is necessary to understand not only what the person needs, but also what the person wants. Every person has the right to direct their care and optimal living environment.
Question #4:

What unique disability supports and services are needed while a resident of an NF to ensure safety, health, and well-being?

- Specialized Services
- Highest practicable physical, mental, and psychosocial well-being
- Any needed service/support
  - Not limited to facility’s existing resources

Question 4 asks what unique disability supports and services does the individual need while a resident of an NF to ensure safety, health, and well-being? CMS charges nursing facilities to provide services and supports so the person can attain the highest practicable physical, mental, and psychosocial well-being. These “Specialized Services” are any service or support identified through an individualized Level II determination that a particular nursing facility resident requires due to mental illness, intellectual disability, or related condition, that supplements the scope of services that the facility must provide under reimbursement as nursing facility services. It is possible that an alternate facility can provide the needed services or secondary community resources can be used. We can also examine comparable or similar services in lieu of any recommendations given. For example, if a PASRR-identified service is for a psychiatrist to provide ongoing medication management and the facility does not have a psychiatrist on staff, the NF can work with community providers to arrange.
If a person has a PASRR diagnosis or even a suspicion of a PASRR diagnosis, they will need a PASRR evaluation. Remember, the PASRR diagnoses are major mental illness, intellectual disability, and related conditions.
The name says it all:

PASRR:

Pre-admission screening—submit the DMAS 95 and additional information before admission.

Resident Review—you will submit the DMAS 95 and additional information if the person has an expiring time limited stay or has a significant change in status.

After an initial Resident Review, DBHDS will request re-reviews within the next few months with a max of 365 days before the next re-review. However, should the individual experience a change in mental status or LOC, a new PASRR should be initiated. (Need to define the referral process ----do they call Ascend for example
The PASRR process follows these steps:

1. **Referrer** submits all of the required documents to Ascend management by fax. Ascend cannot proceed without all of the necessary documentation. Referrers are Hospital or Nursing Facility Provider or the Referring Community Agency.

2. **Ascend** reviews documents, and assigns an independent contractor for a face to face assessment.

3. **Ascend** reviews the face to face assessment upon return from the contractor, and submits the review to DBHDS.

4. **DBHDS** makes final determination and submits notifications to the referrer.

5. Once the necessary information is received from the Provider, this is a 7-9 business day process.
Before you admit a person with a PASRR condition to your NF, you must complete a pre-admission screening. To do this, fax the following documents to Ascend:

- Completed UAI
- DMAS 95 indicating whether the individual is being referred for serious mental illness, intellectual disability, and/or related condition
- guardianship documentation (if applicable)
- medical History and Physical in the past year signed by a physician
- psychiatric evaluation in the past year signed by a psychiatrist (if referring for serious mental illness)
- intelligence testing (if referred for intellectual disability). If scores are not available, Ascend has contracted intelligence testers that can obtain this information.
If a person with a PASRR condition requires a resident review, either targeted or from change in status, fax the following documents to Ascend:

- guardianship documentation (if applicable)
- medical history and physical in the past year signed by a physician
- psychiatric evaluation in the past year signed by a psychiatrist (if referring for serious mental illness)
- intelligence testing (if referred for intellectual disability). If scores are not available, Ascend has contracted intelligence testers that can obtain this information.
- Face Sheet
- Daily notes for the past 7 days
- Most recent 2 MDS
If you have questions or need assistance, we are happy to talk with you. The easiest way to reach us is calling one of our clinicians at the extensions listed. Ascend responds to all voicemails within 3 business hours.
Thank you for viewing the VA provider PASRR training from Ascend. We are pleased to offer this training to assist you with completing the PASRR process. If you have questions about the information in this training, or any other PASRR questions, please do not hesitate to contact us.