PASRR Level I Screen

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PASRR Administrator

Our Mission:

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources

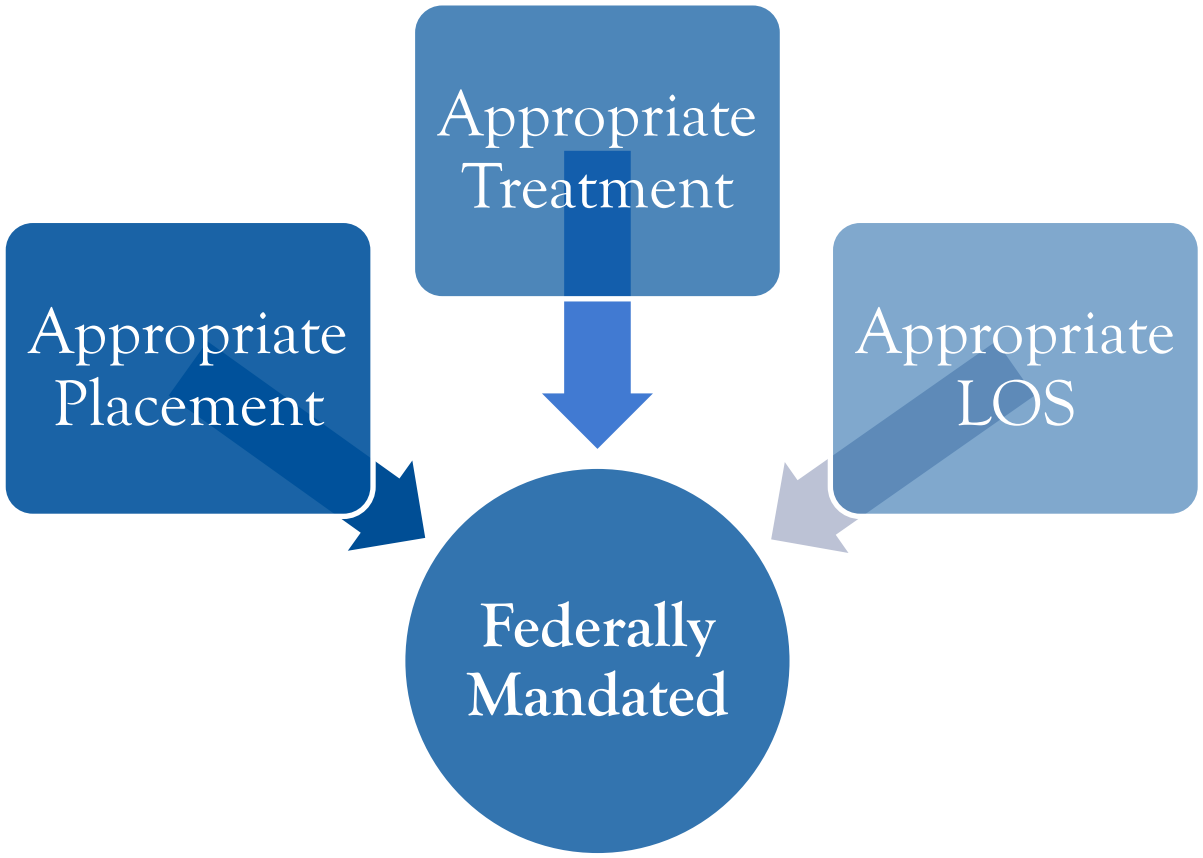
Training Objectives

To increase awareness about the purpose of the Level I Screen and its role in the PASSR process

To introduce the Level I Screen

To provide step by step instructions for completing the Level I Screen

Preadmission Screening and Resident Review (PASRR)



Stages of the PASRR Process

Preadmission

- Level I Screen
- Level II Evaluation (if needed)

Post Admission

- Resident Review
- Status Change

PASRR Preadmission Steps

Level I Screen

- Submitted to Masspro if indicators of MMI or MR/DD are present
- Not submitted to Masspro if indicators are not present

Masspro Review

- Determines outcome
- Refers for a Level II Evaluation if needed

Level II Evaluation

- Confirms presence of a major mental illness and/or developmental disability
- Determines appropriate nursing facility based disability specific treatment and recommended LOS

Level I Screen

→1st step in Preadmission phase

→Screening tool

→Required for all potential admissions to Medicaid certified nursing facility (except HCBS respite service approved by SEP) regardless of payer method

→Completed by SEPs, CCBs, hospitals, hospices, nursing facilities

Purpose of Level I Screen:

To identify indicators of a major mental illness and/or developmental disability

→Core information on the LI are diagnosis, symptoms and medications

Changes in Level I Process for Medicaid Clients

1. Level I screen will not be embedded in the ULTC. 100.2
2. Additional content is required
3. Level I will be completed as a hard copy (Not on the BUS)

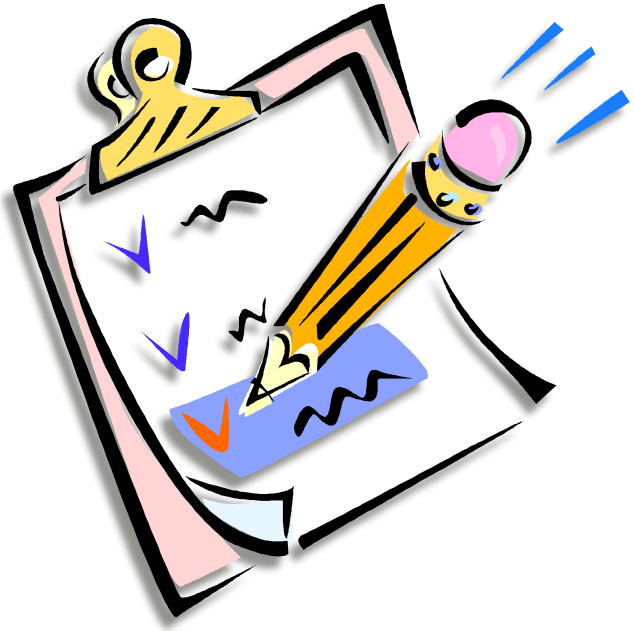
Reason for change:

- ***Constancy between providers***
- ***Preparation for web based Level I system***

Implementation Date:
July 1, 2013

Completion of the Level I Screen

- All questions must be answered
- Answers must be legible
- Incomplete and illegible Level I screens will be sent back as a non-cert
- Answer to the best of your ability
- Readily available information must be reflected



Demographics

If homeless, enter homeless in the mailing address and NA in City, State, Zip, and phone

"Provide Admission Date"

- Refers to admission to the CURRENT location
- Does NOT refer to planned admission date to nursing facility
- Needed if client is in
  - Medical facility, psychiatric facility, or nursing facility

Receiving Nursing Facility

1. There must be a facility identified
2. It is okay to enter the name of the SNF (skilled nursing facility) that the client will "most likely" go to and correct it prior to admit, if it changes
3. If the designated facility changes
   - Prior to the client being admitted to the SNF, the referral source will need to call Masspro to report the change and Masspro will issue a Level I Outcome with the new receiving facility
   - If the client has already been admitted to the SNF, DO NOT contact Masspro to request a change in facility
4. Prior to admission to a SNF you **MUST** have the accurate SNF cited on the 30 day Hospital Exemptions or on the categorical determinations of Terminal Illness, Severity of Illness, and 60 day Convalescence

Payment Method

- → Note what the payment method will be UPON admission to SNF
- → If the type is not listed (such as Workman's Comp, Kaiser, etc.) you can check private pay
- → If coming from out of State, check private pay
- → DO NOT check Medicaid or Medicaid pending (only SEP can do these as part of ULTC 100.2)
- → Hospice is used only if the client is on hospice
- → 30 Day PACE Respite is only for PACE clients who will be at the SNF for 30 days or less

Hospice Payment Method

The Hospice payment method option was developed in order to quickly identify those on hospice and to expedite the Level I's no matter where the individual is located or whether they have an MMI and/or DD/MR vs. other triggers.

Section I Mental Illness

- Question 1
  - Check **No, Yes, or Suspected** for any of the specific diagnosis listed
    - If there are strong indications that the client has any of these diagnosis although not being formally diagnosed with any, you may check SUSPECTED
- Question 2
  - Check Yes, No, or Suspected for any types of Depression (NOS,
    mild, or situational), Anxiety, Panic, or Personality Disorder not noted in #1

Major Depression vs. Depression (NOS, mild, or situational)

- Major Depression is an MMI and listed on Question #1 while other depressions such as depressive disorder NOS, 311, Situational depression, and simply "depression" are not an MMI and listed under #2

Geriatric Depression Screen

GDS

Required if you have checked

- Yes or Suspected Depression in Question 2
- Yes and any of the symptoms in Question 7

The GDS screen can be found on the Masspro website (www.masspro.org, click on Colorado LTC, click on Tools/Publications, click on Forms)

Complete the GDS to the best of your ability. If you are unable to complete it, state why.

Question 3

Check **No or Yes**

Use this if there are any other mental health diagnoses that are not reflected in Questions 1 or 2

Do not note dementia or dementia related diagnoses here

Examples are; PTSD, OCD, Somatic Disorder, etc.

Section II Symptoms

Answer **YES** or **NO**

- Question 4 regarding interpersonal functioning
- Question 5 regarding task completion
- Question 6, 7, and 8 (which are grouped together) regarding adaptation to change

Note all symptoms that are current or have occurred in the **PAST 6 MONTHS**

Do not check if these symptoms are due to a medical condition

- Ex. hallucinations and paranoia due to Parkinson's Disease with use of Sinemet, severe appetite loss S/P GI surgery

Do check these symptoms if they are due to dementia

Section III
History of Psychiatric Treatment

- → Check **No or Yes**
- → Question 9 relates to any treatment (inpatient, day treatment, residential, out patient.) received by the individual in the **PAST 2 YEARS**
- → Question 10 relates to significant life disruption including legal intervention, housing change and/or suicide attempt or ideation in the **PAST 2 YEARS**
- → Be sure to answer **Question 11**, this is frequently missed.
- → **If you have checked YES, include the date (if unknown – write unknown)**

Up to this point in the form you have been asked to answer No, Yes, or Suspected on 10 questions. Make sure that one of these has been marked.

Leaving these blank will result in a NON-CERT.

Section IV Dementia

- Question 12 - check **No** or **Yes for a diagnosis of Alzheimer's or dementia (any type)**
  - if you answer **No**, go to Question 15
- Question 13 covers substantiation of the dementia
  - Dementia work up covers a basic neuro, labs, etc.
  - Comprehensive Mental Status Exam includes full assessment of memory, insight, judgment, executive functioning, etc.
  - Other - can include reports from family of gradual decline, PCP use of dementia dx for past 3 years, etc.

Question 14 medications for dementia

- List currently used psychotropic medications that are on the Beer's list which are being used to treat dementia related issues
- You must check **No or Yes** about whether each medication is above the Beer's list or not
- Do not just list the medication, check NO or YES

→The Beer's list can be found on Masspro's website (www.masspro.org, click on Colorado LTC, click on Tools/Publications, click on Forms)

Section V Psychotropic Medications

- Question 15 - This is where you list medications used to treat mental illnesses/mental disorders

- List all psychoactive medications prescribed in the past 6 months
  - List medications – **Do Not** send the MARS (Medication Administration Record)
  - List the DAILY dose (5 mg tid, list as 15 mg per day)
  - PRNs are NOT included
  - Include the **diagnosis** for which the med is given
  - Do not list those used for dementia (unless the medication is not on the Beer's list)
  - Do not list those used for medical conditions (such as Elavil for peripheral neuropathy, wellbutrin for smoking cessation)
  - Include start date and end date, if known

Medication Challenges

Confusion caused by client with both a mental illness and dementia

→ Review record (History &Physical, progress notes) for indications of why medication is given i.e. treatment of depression vs. treatment of dementia

→ If the medication was used to treat the mental health dx prior to the onset of dementia, the medication should be listed in #15

→ If it is unclear, list the medication under #15

Section VI
Mental Retardation and Developmental Disabilities

Questions 16 through 18 must checked **yes** or **no**.

→Check for a diagnosis of Developmental Disability (Mental Retardation) in prior medical records.

→The Developmental Disability , with impact on intellectual functioning, must occur prior to age 22 for a "yes" to be checked.

→On #19, include the name of a Community Centered Board (CCB) or other service agency, when applicable.

Section VI
Exemption and Categorical Determinations

Admission to NF for individual who has indicators of MMI and/or DD/MR without a Level II evaluation being completed

Specific criteria must be met for each type of Exemption or Categorical Determination

→These can only be applied if you have answered **YES OR SUSPECTED** to Questions **1** (Major Mental Illness) **AND/OR 16, 17, 18, 19** (Mental Retardation or Developmental Disability).

→If you have answered **No** to Questions 1 and/or 16, 17, 18, 19 then you will need to answer **No** to Questions 20, 22, 23, and 24.

→Masspro determines approval of exemptions and categorical determinations.

Question 20
Hospital Exemption
(for those with MMI and/or DD/MR)

→Must be a direct admission from a medical hospitalization

→The expectation/plan is for a less than 30 day stay

→The SNF stay is needed for the same medical condition treated at the hospital

→The doctor is willing to certify the intent for a less than 30 day stay and that the individual is psychiatrically stable **(must list name, phone number, and license number on the Level I).**

Question 22 Terminal Illness

(for those with MMI and/or DD/MR)

- The client has a terminal illness
- The prognosis is 6 months or less per doctor documentation (must be sent to Masspro)
- The client does NOT have to be on hospice

Question 23 Severity of Illness

Ventilator dependent (and unable to communicate meaningfully) or

- Comatose or
- unresponsive

Question 24
60 Day Convalescent Care
(for those with MMI and/or DD/MR)

→Must be a direct admission from a medical hospitalization

→The SNF stay is needed for the same medical condition treated at the hospital

→The expectation/plan is for a less than 60 day stay

→The doctor confirms the **intent** for less than 60 day stay **(no requirement for name and license number)**

→Appropriate for short term rehabilitation stays

Hospital Exemption vs. 60 Day Convalescence

- Currently, the difference is;
  - Hospital Exemption is 30 days, requires a doctor's certification by name and license number.
  - Convalescent - 60 days is the intent and has no requirement for doctor's name and license number.

Please use these options when;

These are good options for people who will just need to be at the SNF for a short recuperative period and have the potential to return home quickly.

Hospice Payment Method vs. Terminal Illness

→The Hospice payment method option was developed in order to quickly identify those on hospice and to expedite the Level I's no matter where the individual is located or whether they have an MMI and/or DD/MR vs. other triggers.

→Terminal Illness can be used in cases where the person is not on hospice, but does meet the terminal illness criteria (including MMI and/or DD/MR diagnosis).

Question 21
Additional Comments

→This where you can add information that may help to clarify the case, such as;

- To acknowledge that someone is taking a psychoactive medication for a medical reason (such as Elavil for peripheral neuropathy)
- You, as a liaison are submitting the Level I, but the client is at a different location (which you provide)
- The client is physically out of state and planning admission to a Colorado SNF

Section VIII Outcome
PLEASE READ AND ANSWER QUESTIONS 25 TO 28 VERY CAREFULLY

→Question 25

→If you answered YES or Suspected on question;

- 1 and/or 3 (having to do with diagnosis) **or**
- 6, 7, 8, 9, and/or 10 (having to do with symptoms and treatment) **or**
- 14 and/or 15 (having to do with medications) **or**
- 16, 17, 18, and/or 19 (having to do with MR/DD)

CHECK YES ON QUESTION 25

Question 26

→If you answered YES or suspected on question;

- 2 (having to do with depression, anxiety, and/or personality disorders)

AND

- Any areas on Questions 4, 5, 6, 7, and/or 8 (having to do with symptoms)

CHECK YES ON QUESTION 26

Please pay close attention as this question is frequently answered incorrectly.

Question 27

→If you answered YES on question 4 or 5, or anything in 7 is marked

AND

→You answered NO on 12

CHECK YES ON QUESTION 27

Question 28

→If you have answered YES to any of questions 25, 26, and/or 27

CHECK <u>YES</u> ON QUESTION 28

AND SUBMIT THE LEVEL I TO MASSPRO UPON COMPLETION

Questions 25 through 28

If you have answered **NO** to Questions 25, 26, 27, and 28, **Do not submit this Level I to Masspro**. Simply send a copy of the Level I to the SNF.

SNFs are **NOT** required to have a Level Outcome Form from Masspro for a Level I with **NO** triggers.

If you have checked NO to question 28

DO NOT SUBMIT TO MASSPRO

Discharge when ready and provide SNF with a copy of the Masspro Colorado Level I Form

Legal Guardian

→If you are aware of a legal guardian, provide their information here.

→If you have no knowledge of a legal guardian, answer No Legal Guardian

Provide a copy of the completed Level I to the client or to the legal guardian if appropriate

Section IX
Source Signature

→ Sign and date the PASRR

→ Provide a phone and fax number in order for Masspro to contact you with any questions and the approval outcome

→ Please be sure to fill this information in legibly

(Masspro cannot contact you if they cannot they cannot read your name and numbers)

→ Please don't use acronyms

(We all do it, but not everyone knows what they mean and it complicates things)

If you have checked YES to question 28

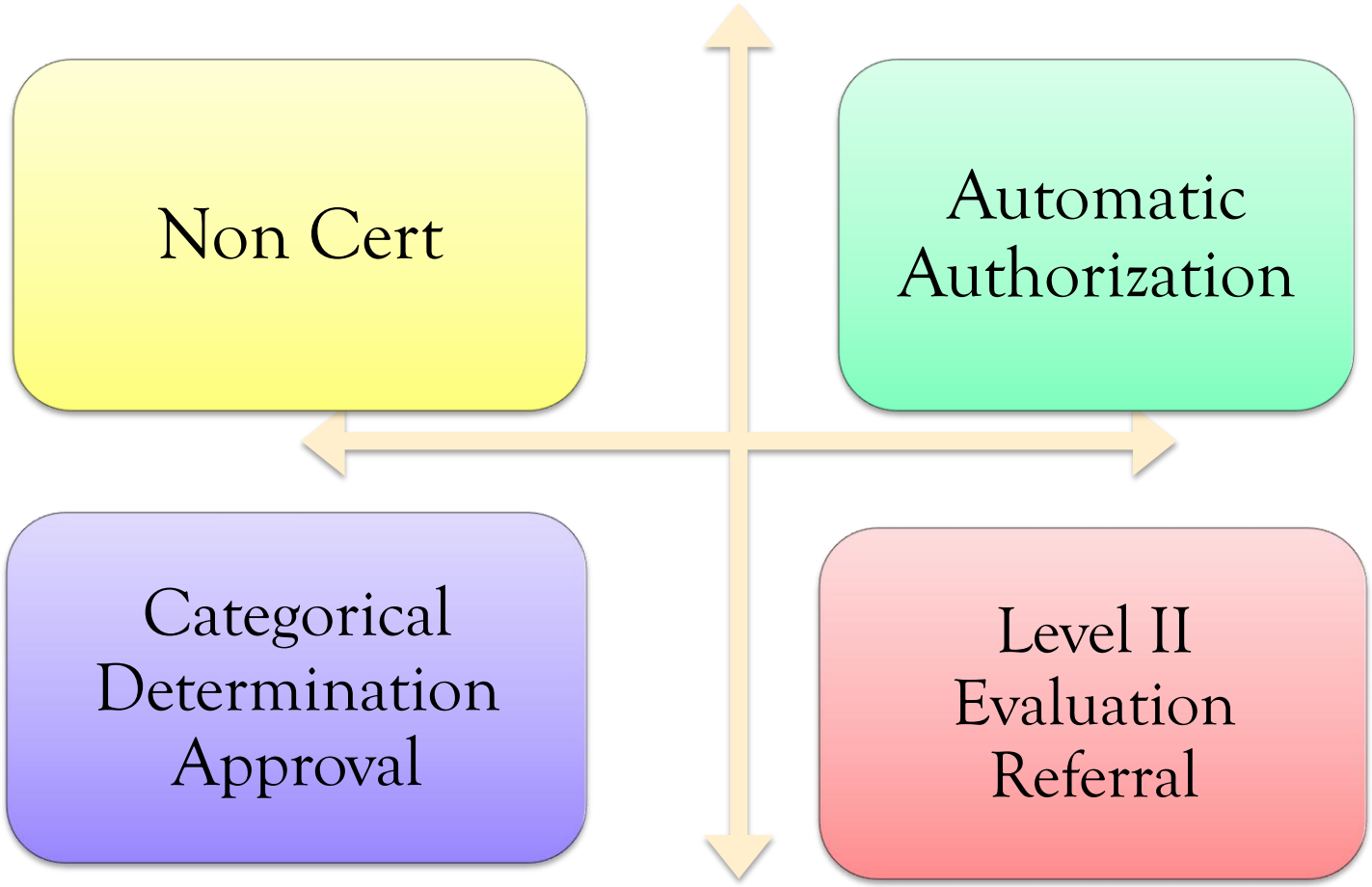
- Submit the Masspro Colorado Level I Form to Masspro **(WITH A COVER SHEET)** at **1-855-222-3114**. ***Do not submit the Level I more than once.***
- Keep a copy of the Level I (you will need to give it to the SNF)
- Wait for Colorado Level I Masspro Fax Outcome Form before discharging the client
- After receiving the Colorado Level I Masspro Fax Outcome Form from Masspro, combine it with the Masspro Colorado Level Form I copy and provide BOTH to the SNF

Masspro Processing

Level Is are logged in and reviewed

Outcome determination is made by a Level I Reviewer

Level I Outcomes



Non Cert

- No indicator of MMI or MR/DD (No triggers)
- Lack of information (any question is not answered)
- No Authorization Number is given

Automatic Authorization

- Approval for No MMI/DD, Hospice or 30 Day PACE Respite
- Authorization Number is given

Masspro Reviewer Authorization

- Approval given for Follow up Next Quarter, Categorical Determination, Provisional – Out of State , Provisional- Emergency
- Authorization Number is given

Level II Evaluation Referral

Due to MMI only,

MR/DD only

MMI/MR/DD

Next Step for:

- **Non Cert**
- **Automatic Authorizations**
- **Masspro Reviewer Authorizations**

→ Masspro will send the Colorado Level I Masspro Fax Outcome Form To the Referral Source.

→ The Referral Source will send the Masspro Colorado Level I Form that was submitted to Masspro **and** the Outcome Form to the receiving SNF .

BOTH FORMS MUST GO TO SNF

Referral for Level II Evaluation for MMI

- → Masspro makes the referral to the OBRA Coordinator
  - Level II evaluations are to take place within 2 business days with results submitted to Masspro
- → Masspro reviews findings with The State Mental Health Authority for approval
- → Masspro sends a copy of the State Determination Letter which contains findings and approval of the PASRR Level II to the SNF
- → Masspro calls the referral source and provides the outcome of the Level II and authorization number

Level II Referral for MR/DD

- → Masspro makes referral to the CCB
- → Level II evaluations are to be completed within 8 business days with results submitted to Masspro.
- → Masspro reviews findings with The State Developmental Disability Authority for approval.
- → **Masspro sends a copy of the State Determination Letter which contains findings and approval of the PASRR Level II to the SNF**
- → If the CCB determines the individual does not have a developmental disability, Masspro sends an outcome and the SDDA sends a letter to the SNF and individual. No further Level II evaluation is needed.

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