

IN PASRR: AssessmentPro and Level I

Process and System Use

Topics



End of the Public Health Emergency



Review of PASRR Process



Digital Forms



AssessmentPro Overview



Registration, Roles, and Logging In



Submitting a Level I



Accessing Outcomes and Letters



Resources and Support

Public Health Emergency

- Resuming ALL PASRR activity in a state- and federally-compliant process
- Preadmission MUST BE COMPLETE BEFORE admission to a NF
 - Includes completion of all Level I and Level II activity
 - Hospitals are responsible for completing the PASRR process for their patients transferring to the NF
 - NFs remain responsible for ensuring completion prior to admission

PHE/1135 Waiver ends May 11

Structure and Purpose of PASRR

Preadmission Screening & Resident Review

- Administered by Centers for Medicare and Medicaid Services (CMS)
 - Created in 1987
- Anyone in Medicaid-funded NF screened for:
 - Serious Mental Illness (SMI), Intellectual Disability (ID), or Related Condition (RC)
- Known or suspected condition = evaluation
 - To ensure NF is most appropriate placement
 - To ensure receipt of needed services

PASRR Process Overview

Level I

Identification
screen

Level II

Individualized
assessment

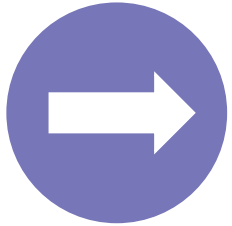
Level of
Care
(LOC)

Medical
Necessity screen

Determination
& Needs

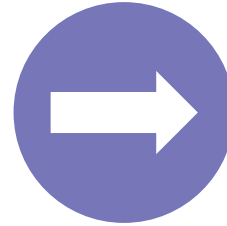
Placement
Needed services
and supports

Purpose of the Level I

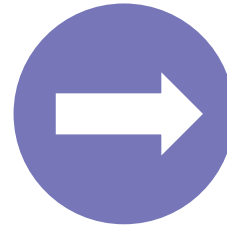


Identification screen

- Known or suspected diagnoses
 - MI, ID, RC
 - Substance use
 - Dementia
 - Symptoms
 - Medications



First step in process



Completed no more than 6 hours from the time we receive all needed information

Some are instant!

Who receives a PASRR?

EVERYONE

Entering/residing in a Medicaid-certified NF

- Regardless of payer source
- Regardless of diagnoses
- Regardless of current location

When to Submit a Level I

PREADMISSION

Before NF Admission

RESIDENT REVIEW

Expiration of a time-limited stay
– Submit 7 days before end date

Significant change in status

Level I Determinations

No Level II Required = No PASRR condition, can admit to with no additional screen

Level II Negative, No Status Change = No PASRR condition, can remain in NF with no additional screen

No Level II Required, Resolved Symptoms = Behavioral health symptoms have resolved, and no Level II needed at this time

No Level II Required, Situational Symptoms = Behavioral health symptoms are related to a specific event or medical condition, no level II needed at this time

Level II Positive, No Status Change = PASRR condition that does not require a new Level II, can remain in NF with no additional screen

Refer for Level II = PASRR condition known or suspected. A full Level II needed for NF care

Withdrawn or Cancelled = person is not going to/remaining in NF

Intent of Categorical Options

- Opportunity for a person to go to NF without full Level II
- Person cannot participate in assessment or services/supports
- Person won't be in NF long enough to receive services/supports

Remember: Not designed to be a shortcut
around a Level II assessment

Basic Requirements for Application of Categorical Determinations

- Must have a known/suspected PASRR condition
- Must be psych stable and NOT a danger to self or others
- Each outcome has specific criteria

Exemption & Categoricals

Primary Dementia/Secondary Mental Illness

- Level I must include documentation that supports dementia as primary diagnosis
- Cannot occur unless sufficient evidence confirms the progression of dementia as primary

Exempted Hospital Discharge (30 days)

- Requires current history & physical, psych consult, if completed
- The resident has been hospitalized for acute inpatient care
- The resident requires NF services for the condition for which care was received in the hospital
- The attending physician certifies before admission to the facility that the resident is expected to require fewer than 30 days of NF services

Convalescent

- The person will be in the NF for 60 days or less, as verified by physician
- Admitting to a NF from a hospital medical unit for treatment of the same condition for which the person was in the hospital.
- Emergency Room and Observation NOT included
- Like EHD, except 60-day time limit

Documentation requirements:

Nothing additional beyond the typical (e.g., H&P, MAR, LOC)

Categoricals

Provisional Emergency

- Sudden, unexpected & urgent need for placement
- A lower level of care is not available
- Up to 7 calendar days

Respite Care

- Individuals admitted to an NF from community for short-term respite care
- Must be an expressed intention of leaving the NF by the expiration of the approved respite time period.
- Up to 30 days per calendar quarter, with 30 calendar days between stays of 15 calendar days or more

Terminal Illness

- Individual has documented support of end stage illness
- Life expectancy of 6 months or less
- This categorical is not time limited

Documentation requirements:

- Physician's documentation of life expectancy <6 months.
- LOC/Medical necessity standards ARE applied as part of the categorical decision-making process
- H&P

LEVEL II ASSESSMENTS

Next Steps:



In-depth Assessment

- Meet the person for bio/psycho/social interview
- Interview support/care providers
- Review medical records



Tells who the person is

- Likes/dislikes
- History
- Needs
- Diagnoses



State and Federally required

Level II & LOC Determinations



Approved for
Short-Term
Nursing Facility
= 0-29, 30, 60,
90, or 120
calendar days

Approved for
Long-Term
Nursing Facility
= no specified
timeframe

Denied for
Nursing Facility
= referred to
AAA for onsite
assessment

After the Assessment

- Determination
- Summary of Findings report
- Consideration of placement options
- PASRR-identified service delivery assurances

The Level II Summary Report has critical information NF providers need to determine if they can provide the needed services to the person

LEVEL OF CARE

Level of Care



Determine the most appropriate setting to meet an individual's needs



Level of care provided in a skilled or intermediate nursing facility



Required for those who have (or who will have) Medicaid as a payer OR who have a Level II condition

Level of Care Hints

ARD

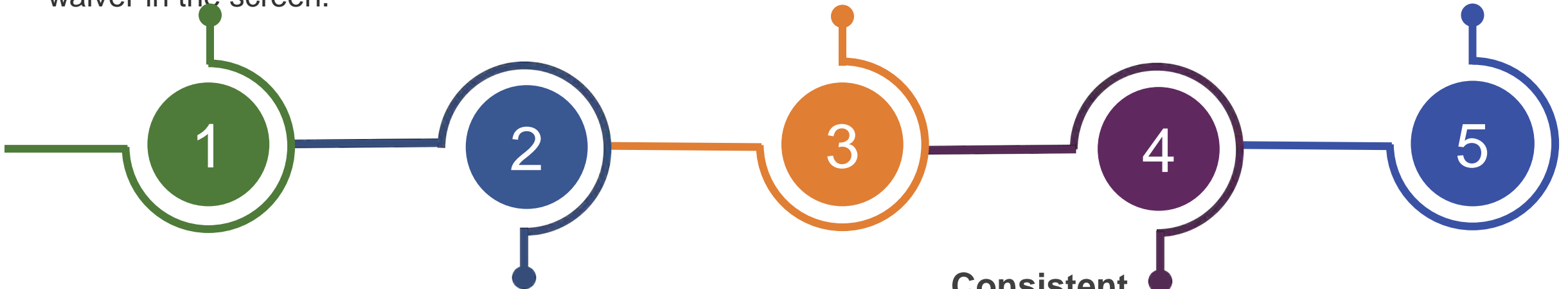
- Tied to payment
- Note date of assessment
- Do not withdraw LOC: Use the DBR process if the person has discharged. If they have a waiver, complete the LOC and upload the waiver in the screen.

Medicaid Pending

- Medicaid anticipated, submit at admission
- Use + as the Medicaid number

Medicaid Conversions

- ARD = Date Medicaid became effective (think billing start date)



Timeliness

- ARD = First day of the “approval period”

Consistent

- Make sure LOC is consistent with dates and information entered

Digital Forms

Release of Information

Scheduling Attestation

maximus

SCHEDULING ATTESTATION

Start

Instructions:

This form must be completed to document scheduling efforts for onsite Level II assessments conducted at facilities (e.g. hospitals, nursing facilities). The form confirms that the referring facility has been contacted prior to arrival, was involved in confirming the availability of the individual being assessed, and was notified of the Independent Contractor's scheduled arrival time. In addition, the form identifies the facility representatives¹ that were consulted during or as a part of the onsite assessment. PASRR Independent Contractors must complete all sections of the form and have a facility representative sign this attestation before leaving the facility. Submit this attestation to Ascend.

Onsite Assessment Scheduling

| Facility Representative Name & Title | Date Contacted | Time Contacted | Date and Time Assessment Scheduled |
|--------------------------------------|----------------|----------------|------------------------------------|
| ★ | ★ | ★ | ★ |
| | | | |
| | | | |

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, or Social Worker to schedule the assessment date/time.

LLC. ALL RIGHTS RESERVED

to do business

Click to Sign

AssessmentPro

Registration and Access

- Determine who will be your AssessmentPro **Access Coordinator**
 - Can have as many as you want, no fewer than 2 per facility/agency
 - No restrictions on who
- EVERYONE must register for access
 - No one will be automatically enrolled
 - Registration for Access Coordinator available now
- Training on how to complete registration available as a handout
 - Also on website
- Roles
 - Access Coordinator
 - Clinical User
 - Non-Clinical User

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