Iowa PASRR for Providers

A brief introduction to
Iowa’s PASRR process
Why are PASRR Level I screens and Level II evaluations important?
Mental health services in nursing facilities make a difference

In a 2 year study of 4,646 residents (NNHS):

For persons with psychiatric disorders who received versus did not receive treatment by a MH specialist:

• Found 26% lower mortality for persons with schizophrenia, other psychoses, and anxiety disorders

• Noted a 13% to 72% decline in inappropriate antipsychotic use
Services in the community or an NF?

• 40% of NF residents with SMI preferred community settings
• Clinicians judged community to be the most appropriate placement for 50% of NF residents with serious mental illness

(Bartels et al, 2003)
Federally Required PASRR Components:

- **Level I (broad screening)**
  - Screening to determine if there is any **suspicion** of Serious MI, MR, ID or DD?

- **Level II (PASRR individualized evaluation)**
  - Some can be abbreviated or expedited (exemptions and categorical decisions)
  - Others require onsite comprehensive evaluation
  - Make level of care, placement and treatment recommendations

- **Level II Summary report and notification letters**
  - Nursing Facility (NF) must keep copy in active chart
  - Recommendations must be addressed in NF plan of care

- **Follow-up assessments**
  - Referred to as Resident Reviews, Change in Status, or Change in Condition evaluations
  - NF must report certain changes in conditions to the PASRR authority
• **Question 1:** Does the individual meet this state’s criteria for a PASRR target diagnosis (SMI, MR, or RC)?

• **Question 2:** What is the most appropriate placement for this individual?

• **Question 3:** If NF is appropriate now, might this individual at some point be a candidate for transition to community services. If so, what kinds of supports would be necessary to return to his/her community?

• **Question 4:** What types of services are needed for the individual to be successful in the recommended placement?
Level I Process changes will start 1/9/12

On this date, Level I screens will be completed by entering an online form via Ascend’s 24/7 web-based Level I system.
What will change?

Rather than call IME Medical Services to submit Level I screening information and status changes, providers will complete an online Level I screen.

- The online Level I screen form must be completed by the provider serving the individual
- The Level I screen form is received and reviewed by Ascend
- You will be able to view the status and outcome of all Level I submissions
- Printed notices will be available from your logon

NF reimbursement contingent on PASRR approval prior to NF admission

- NFs must require a Level I or Level II approval notification document prior to accepting a patient

Streamlined information requirements for Level I screens

- The web-based Level I form is similar to the current Categorical and Exemption form, however, it programmed such that providers enter extra information only when needed
What has not changed?

• A Level I screen is still completed for all persons seeking admission to a Medicaid certified NF

• All Level II evaluations will still be completed by Ascend

• If Level II activity must occur, Ascend will continue to apply abbreviated or expedited Level II criteria whenever possible

• IME Medical Services will continue to make NF Level of Care decisions for all NF applicants who have Medicaid

• Ascend will review NF Level of Care screening information for non-Medicaid individuals, but only for non-Medicaid individuals who require Level II activity

• Familiar documentation requirements for Level II activity:
  – History and Physical, MAR, known mental health information, individual and facility contact information, guardianship information
Benefits of using Iowa’s online Level I submission process
How to get there...www.pasrr.com
Signing on to WEBSTARS™

Enter your unique name and password and note user agreement specifications associated with attestation of information accuracy.

Choose ‘No’. Passwords should never be saved on the computer.
Iowa Provider Workpage

Choose your option below:

**View Your 2-week History**
View your PASRR/LOC activity for the past 2 weeks. You may:
- Check the status of pending reviews
- Upload supporting documentation
- Print approval notifications
- Check whether additional info is required and add it

**PASRR Level 1 (MI/MR) Screen Only**
- Required for all new admissions to a Medicaid certified nursing facility (regardless of the applicant's method of payment)
- Required prior to the conclusion of an assigned time limited stay for individuals with MI and/or MR/RC whose stay is expected to exceed a time-limited approval.
- Required if more than 60 days occur between completion of a Level I screening and nursing facility placement.
- Required for residents of Medicaid certified NFs experiencing changes in status that suggests the need for a first-time or updated PASRR Level II evaluation. A change in status may include:
  - Increased behavioral health symptoms regardless of whether the individual was previously assessed by PASRR.
  - Behavioral, psychiatric, or mood related symptoms which have not responded to NF treatment.
  - A resident with MI and/or MR/RC who experiences an improved medical condition, such that the resident's plan of care or placement recommendations may require modifications.
  - A resident whose condition or treatment is significantly different than what was described in the resident's most recent PASRR Level II determination.
  - An update to the Level II for an individual whose Level II PASRR evaluation
Using the 2 week history

### Active Reviews

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MID</th>
<th>SSN</th>
<th>Referral Date</th>
<th>Status</th>
<th>Additional Info Request Date</th>
<th>Additional Info Requested</th>
<th>View/Edit Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td>Billy</td>
<td>2457</td>
<td></td>
<td></td>
<td>Saving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bob</td>
<td>Luke</td>
<td>8741</td>
<td></td>
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### Completed Reviews

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MID</th>
<th>SSN</th>
<th>Referral Date</th>
<th>Status</th>
<th>Additional Info Request Date</th>
<th>Additional Info Requested</th>
<th>View Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jones</td>
<td>James</td>
<td>8680</td>
<td></td>
<td>11/5/2011 6:20:01 PM</td>
<td>No Level II Condition-Level I Negative</td>
<td></td>
<td></td>
<td>View</td>
</tr>
</tbody>
</table>
Entering a Level I screen:

Section I. Client Demographics

✓ Enter all information

✓ Double check SSN and DOB
Entering a Level I screen: 

*Prescreening Questions*

1. **Why Are You Here?**

- Individual is seeking a new admission to a NF
- Individual is seeking readmission to a NF after a psychiatric hospitalization
- Individual is seeking readmission to a NF after a medical hospitalization
- Individual is a NF resident who has experienced a significant change in status
- Individual is a NF resident whose short term approval is expiring
- Individual is a NF resident who has never had a PASRR evaluation prior to admission to this facility

2. **Who or what entity is paying for this individual’s stay?**

3. **Typical living situation over the past year?**

   - Home Alone

   *Other (describe):*
Level I screening:
Identifying a suspicion of mental illness

**Diagnosis** of a major mental illness, such as Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Major Depression, Panic Disorders, Obsessive Compulsive Disorder; -and- the individual does not have a primary diagnosis of Dementia; and

**Duration:** Recent Treatment, related to significant disruption or major treatment episodes within the past two years and due to the disorder. This might include at least one episode of hospital care for a mental disorder within the preceding two years -or- significant life disruption related to the disorder; and

**Disability:** referred to as Level of Impairment in regulatory language, is characterized by active psychiatric symptoms within the preceding six month period and related to interpersonal functioning, concentration/pace/persistence, or adaptation to change.
## Entering a Level I Screen: Mental illness diagnoses

### 3. Does the individual have a diagnosis of a mental disorder that is not listed in #1 or #2? (Do not list dementia here)

<p>| | |</p>
<table>
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<tr>
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<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Yes (if yes, list diagnosis(es) below):</td>
</tr>
<tr>
<td></td>
<td>Diagnosis 1: ____________________</td>
</tr>
<tr>
<td></td>
<td>Diagnosis 2: ____________________</td>
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</tbody>
</table>

### 3. Does the individual have a substance related disorder?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Yes (if yes, complete remaining questions in this section):</td>
</tr>
</tbody>
</table>

#### b.1. List substance related diagnosis(es)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Diagnosis</th>
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</table>

#### b.2. Is NF need associated with this diagnosis?

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### b.3. When did the most recent substance use occur?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>&lt; 7 days</td>
<td>&gt;7-14 days</td>
</tr>
<tr>
<td>≥14-28 days</td>
<td>≥28 days-2 months</td>
</tr>
<tr>
<td>&gt;2-3 months</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
Entering a Level I screen:

Mental health signs and symptoms

3. Identify whether the individual exhibited the following symptoms currently or within the past 6 months relating to adapting to change.

3a. Physical threat symptoms
☐ None or No Symptoms experienced
☐ Self injurious or self mutilation
☐ Suicidal talk
☐ History of suicide attempt or gestures
☐ Physical violence
☐ Physical threats (with potential for harm)

3b. Mental and physical symptoms
☐ None or No Symptoms experienced
☐ Severe appetite disturbance
☐ Hallucinations or delusions
☐ Serious loss of interest in things
☐ Excessive tearfulness
☐ Excessive irritability
☐ Physical threats (no potential for harm)

3c. Other major mental health symptoms (this may include recent symptoms that have emerged or worsened as a result of recent life changes as well as ongoing symptoms.
☐ Other major mental health symptoms (this may include recent symptoms that have emerged or worsened as a result of recent life changes as well as ongoing symptoms.
Entering a Level I screen: *History of psychiatric treatment*

1. Currently or within the past 2 years, has the individual received any of the following mental health services? (If yes, indicate all that apply and provide most recent date if known, if unknown please estimate)
   - No
   - Yes

2. Currently or within the past 2 years, has the individual experienced significant life disruption because of mental health symptoms? (If yes, indicate all that apply and provide most recent date if known, if unknown please estimate)
   - No
   - Yes

3. Has the individual had a recent psychiatric/behavioral evaluation?
   - No
   - Yes (date): [ ]
Entering a Level I screen: Dementia questions

4. Does the individual have a diagnosis of dementia or Alzheimer’s disease?
   - No
   - Yes

5. If yes, is corroborative testing or other information available to verify the presence or progression of the dementia?
   - No
   - Yes (check all that apply):
     - Dementia work up
     - Comprehensive Mental Status Exam
     - Other (specify):
Entering a Level I screen: Reporting psychotropic medication use

• Has the individual been prescribed psychoactive medications (mental health medications) now or within the past 6 months?
Level I screening: *Intellectual and Developmental Disabilities*

6. Are there substantial functional limitations NOT due to medical condition, dementia or mental illness?
   - [ ] No
   - [ ] Yes

6a. If Yes, Specify:
   - [ ] Mobility
   - [ ] Self-Care
   - [ ] Self-Direction
   - [ ] Learning
   - [ ] Understanding/Use of Language
   - [ ] Capacity for living independently
   - [ ] Other __________

5b. Did this condition develop prior to age 22?
   - [ ] No
   - [ ] Yes
That was the last of the items on the Level I screen itself.
Your screen has been approved by WEBSTARS!

**You will not receive a faxed copy.**

Print a copy for your records and forward a copy to the receiving facility (if applicable). If this is for a Hospital Exemption, you must also forward a copy of the MD attestation to both the receiving facility and Ascend. If you do not wish to print a copy now, you may return to your history page and print later. You have up to two weeks to print a copy.
Ascend determines *which* Level II activity is required

- **An Exemption from PASRR**
- **An Abbreviated Level II (Categorical Decision)**
  - Short Term Decision
  - Long Term Decision
- **A comprehensive Level II evaluation**

Refer to Section D of Ascend’s Provider PASRR Manual (www.pasrr.com – Iowa PASRR)
Exemptions and Categorical Decisions. What are they?

• There are 6 federally allowed options used in Iowa for admission to a NF prior to a full face-to-face Level II evaluation.

• One is a time limited *exemption* requiring no evaluation report, and the other five are called advance categorical decisions. Each of these requires a brief PASRR Summary Report be created.
Positive Level I: Exempted Hospital Discharge

Criteria:

• Discharge *directly* from a medical hospital to an NF

• Requires *MD certification* of:
  – 30 days or less stay,
  – For the *same condition* treated in the hospital
  – The individual is stable and safe, and has no need for intensive treatment for their disability

• These are reviewed and authorized by Ascend

Refer to Section D of Ascend’s Provider PASRR Manual (www.pasrr.com – Iowa PASRR)
Process to request an Exempted Hospital Discharge

The *discharging* hospital/facility:

- Indicates through WEBSTARs the intent to pursue an EHD
- Faxes a signed *Practitioner Certification Form* to Ascend
- If required, completes the PASRR Level of Care items in WEBSTARs
- If approved, will receive an approval letter from Ascend
- The Level II submitter can view and print the EHD outcome
  - And can provide a copy of the EHD authorization letter to the admitting NF
Positive Level I: Requesting categorical decisions

- Does the admission meet criteria for Hospital Convalescence?
- Does the admission meet criteria for emergency or provisional delirium?
- Does the individual meet one of the following criteria for Respite admission for up to 30 calendar days?
- Does the individual meet one of the following criteria for categorical NF approval as a result of terminal state or severe illness?

<table>
<thead>
<tr>
<th>Form</th>
<th>Submitted by Provider for:</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioner Certification Form</td>
<td>An Exempted Hospital Discharge, 60 Day Convalescent Care, or Terminal Categorical option requests</td>
<td>Physician signed form which is Federally required under PASRR to confirm applicability for exemption or categorical decision</td>
</tr>
</tbody>
</table>
Positive Level I screens: Additional Information

When a Level I screen is positive, additional information is required

- Does individual need or want an interpreter to communicate with the PASRR assessor or with treating provider staff?

- Enter required contact information for PASRR Level II notifications
  - Individual
  - Legal guardian/conservator
  - Primary care physician
  - Admitting facility
  - Current location
Positive Level I: Level of care information occasionally required

Ascend must collect and review level of care information for all individuals with a positive Level I screen who:

- Do not have Medicaid as their payer source
- Seeking a PASRR exemption or categorical decision

<table>
<thead>
<tr>
<th>Information</th>
<th>Submitted by Provider when:</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Care information submitted via WEBSTARS™ (as applicable)</td>
<td>The screened individual is not Medicaid eligible, or an exemption or categorical decision is requested</td>
<td>Federally required under PASRR to determine NF appropriateness</td>
</tr>
</tbody>
</table>
NF follow up required for all Level II decisions

The *admitting* nursing facility:

- Must fax a [CARs Form (Case Activity Report)](#) to Ascend when the admission occurs
- If given a time-limited approval, must submit: a new Level I screen at least five days before the conclusion of the approved period if the individual will need NF care beyond the approval period
  - Ascend will then contact the NF to coordinate a Level II evaluation
Printing PASRR outcome notifications

• Outcomes: *Where is the actual outcome listed?*
• End dates: *Where do I see the length of stay approved?*

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**ASCEND OUTCOME**

Reviewer: Web Based  
Outcome: Approved  
UR Assessment Type:  
Cancelled Reason:  
Review Date: 02/03/2010  
End Date:  
Status Change:  
Rationale:  

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**THIS REFERRAL HAS BEEN APPROVED. THIS PASRR OUTCOME MUST BE FORWARDED TO THE RECEIVING NURSING HOME AND PLACED IN THE INDIVIDUAL’S CHART.**
Exiting WEBSTARs

Exiting without saving your work: If you need to leave the WEBSTARs system prior to saving or submitting Level I screen information that you have entered you should either:

- **Click the Log out button**: This will keep your internet browser open, while closing the WEBSTARs™ page
- **Click the Exit System and Close Browser button**: This closes both the WEBSTARs page and your internet connection
Printing a blank form:

• To print a blank Practitioner Certification form go to www.PASRR.com and click on Iowa PASRR.

• Then click “Practitioner Certification Form” under Provider Tools
PASRR Level II evaluations
If the Level I indicates a suspicion of a PASRR condition, and no exemption or categorical applies, then a full PASRR evaluation must occur prior to NF admission.
PASRR Level II: Comprehensive evaluation

- *This is a federal and not a state requirement. NFs may not be paid for admission prior to completion of all PASRR activity.*
- Onsite assessment of MI, ID, DD status and needs
- Conducted by an assessor and reviewed by a quality team
- Makes written recommendations about placement and treatment or service needs
- Needed at admission and whenever a resident experiences a significant change in status
Typical information requests for Level II candidates

- A current **H&P**
- Current **physician’s orders** and treatments
- Current **medications**
- **Contact information/names and addresses for family, guardian,** and Primary Care Physician
- **Admitting NF** if known
- Other information which may **clarify the individual’s mental or physical state.**

Refer to Section E of Ascend’s Provider PASRR Manual ([www.pasrr.com](http://www.pasrr.com) – Iowa PASRR)
PASRR Level II evaluation summary report

1. The individual’s history and disability care needs

2. The Level II evaluation determination decisions
   - Approve NF or not
   - Facility specific approval sometimes

3. The Level II evaluation recommendations
   - The state’s obligation for specialized services
   - The nursing facility’s obligation for rehabilitative services
   - The nursing facility’s obligation for monitoring the individual’s ongoing needs
The discharging hospital/provider: After the Level I referral:

• Ascend will contact the provider to schedule an evaluation

• If the individual is approved for admission:
  – the discharging provider will receive a verbal approval and a written authorization letter
  – by or before 5 calendar days from referral

• Must provide a copy of the authorization letter to the admitting NF

The admitting NF:

• Must submit an CARs Form to Ascend

• Must submit a new Level I only if a significant change in status occurs
NF residents must be referred for possible status change evaluation in the following circumstances. When a resident:

• Whose behavioral, psychiatric, or mood related symptoms have not responded to ongoing treatment.

• Who experiences an improved medical condition & whose plan of care or placement recommendations may require modifications.

• Demonstrates increased behavioral, psychiatric, or mood-related symptoms.
Residents *previously identified* by PASRR should be referred for status change evaluation when they:

- Experience a significant physical change, and their behavioral or cognitive issues may influence their adjustment to their altered daily living pattern
- Indicate a preference (verbally or via behavior) to leave the facility
- Their condition or treatment is or will be significantly different than described in the resident’s most recent PASRR Level II evaluation and determination
Residents not previously identified by PASRR should be referred for status change evaluation when:

- The resident exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a diagnosis of MI
- It appears that an intellectual or developmental disability has been present but was not previously identified or evaluated through PASRR.
- The resident is transferred in to an NF, or admitted or readmitted to an NF following an inpatient psychiatric stay or equally intensive disability treatment.
When an NF notes that a status change occurred:

• The NF must submit a Level I screen to Ascend using the online system

• Ascend will work with the NF to determine further action.
If a PASRR decision is adverse

• The referring provider will receive a verbal (phone based) denial decision and a written notice from Ascend of the outcome.

• The provider may request a reconsideration if clarifications could potentially reverse the denial decision. This must be requested within 10 days of the date of the written notice.

• If the decision is not reversed on reconsideration, the individual cannot be admitted to a Medicaid certified NF.

• If the individual is a current resident of a nursing facility, typical state transfer and discharge requirements apply.

• The individual/legal guardian will be provided information about how to appeal this decision through the fair hearing process.
Notification Letters and Process

• If a Level I was positive: The admitting NF must send a CARs form to Ascend at admission.

• If NF cannot locate their copy of a past Ascend Level I, categorical, exemption or Level II decision, send us a PASRR Record Request Form.

• PASRR decisions, form(s), letters, and reports must be maintained in the resident’s NF medical record at all times.

• Any service recommendations must be incorporated in the individual’s plan of care.

Refer to Section E.3 of Ascend’s Provider PASRR Manual (www.pasrr.com – Iowa PASRR)
NF staff must:

- Review the PASRR report to determine whether the decision was facility-specific.

- If the decision was facility-specific, a Document Based Review and Facility Specific Transfer Form must be submitted to Ascend. If the transfer is approved by Ascend, Ascend will issue updated notifications permitting the transfer. The admitting NF must submit an CARs Form to Ascend.

- If the decision is not facility-specific, the admitting NF must review the PASRR documentation to ensure they can meet the resident’s needs. If the NF can meet the resident’s needs, the transfer can occur, and the admitting NF must submit an CARs Form to Ascend.

All forms are posted at www.pasrr.com (Iowa PASRR).
Other General Rules

Delayed Admissions

- When an approved admission does not occur immediately, Level II evaluations remain valid for a 60 day period.

Readmissions

- NF resident transfers to a higher level of care (e.g., a hospital) may be readmitted to the NF without further screening or evaluations. However:
  - If a prior PASRR evaluation was time limited, the NF must submit a new Level I before the conclusion of the authorization period.
  - If a significant change in status occurred, an updated Level II may be conducted after the readmission occurs.

Transfers/discharges to a lower level of care (e.g., community setting), the individual is considered a new admission, and a PASRR Level I and, as appropriate, Level II is required.

Refer to Section III of Ascend’s Provider PASRR Manual (www.pasrr.com – Iowa PASRR)
Ascend will complete all decisions as quickly as practicable.

<table>
<thead>
<tr>
<th>Review Type</th>
<th>State Turnaround</th>
<th>Federal Turnaround</th>
<th>Ascend’s Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level I screens</td>
<td>8 business hours</td>
<td>Not specified</td>
<td><strong>Negative LI screens</strong>: receive an automatic approval</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>LI screens requiring further review</strong>: 4-6 business hours</td>
</tr>
<tr>
<td>Categorical Decisions</td>
<td>8 business hours</td>
<td>Not specified</td>
<td>4-6 business hours</td>
</tr>
<tr>
<td>Onsite Evaluations and Determinations*</td>
<td>5 calendar days</td>
<td>7-9 business days</td>
<td>3 calendar days for hospitals; 4 calendar days for non-hospitals</td>
</tr>
<tr>
<td>Desk Reviews*</td>
<td>5 calendar days</td>
<td>7-9 business days</td>
<td>1-2 business days</td>
</tr>
</tbody>
</table>

*The Iowa Level II PASRR structure gives procedural priority for expediting hospital PASRR evaluations.*
Contacts and Resources

• **Don Gookin**, Long Term Care, IME, NF Policy
  515-256-4648
  DGookin@dhs.state.ia.us

• **Lila Starr**, DHS, MHDS, Adult Mental Health Specialist
  515-281-5318
  LStarr@dhs.state.ia.us

• **Ascend Iowa Helpdesk**, 1-877-431-1388 extension 3403

• [www.pasrr.com](http://www.pasrr.com) (Iowa PASRR) contains manuals, forms, instructional videos and other resources