



September 15, 2010

Dear Nursing Facility Administrator:

Beginning October 1, 2010 the Centers for Medicare & Medicaid Services (CMS) has mandated that nursing facilities certified to participate in Medicare and Medicaid programs, begin utilizing the new Minimum Data Set (MDS) 3.0 form. The new MDS 3.0 assessment tool includes question A1500 that applies to PASRR Level II evaluations. Question A1500 documents whether a PASRR Level II determination has been issued. It does not call for judgment about an individual's mental illness, mental retardation, or a related condition and only reports on the results of the PASRR process. This is not new process; this is the current North Dakota process.

If a significant change in status assessment, (SCSA) is completed for a resident known or suspected to have mental illness, mental retardation, or a related condition then a referral to the state mental health or mental retardation authority is required.

The North Dakota Department of Human Services contracts with Ascend Management Innovations for all MI PASRR evaluations. When a status change is reported to Ascend, the Ascend review nurses will determine whether a PASRR Level II evaluation is required. A PASRR Level II Change in Status must meet the following criteria for a request to be submitted to Ascend.

Referral for Change in Status evaluations are required for residents previously identified by PASRR to have mental illness, mental retardation, or related conditions the following circumstances: (Please note this is not an exhaustive list.)

1. A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.
2. A resident who's behavioral, psychiatric, or mood related symptoms have not responded to ongoing treatment.
3. A resident who experiences an improved medical condition, such that the resident's plan of care or placement recommendations may require modifications.
4. A resident whose significant change is physical, but who's behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, may influence adjustment to an altered pattern of daily living.
5. A resident who indicates a preference (may be communicated verbally or through other forms of communication, including behavior) to leave the facility.
6. A resident whose condition or treatment is or will be significantly different than described in the resident's most recent PASRR Level II evaluation and determination. (*Note that a referral for a possible new Level II PASRR evaluation is required whenever such a disparity is discovered, whether or not associated with a SCSA.)

Referral for Level II Resident Review evaluations are required for residents who may not have previously been identified by PASRR to have mental illness, mental retardation, or a condition related to mental retardation in the following circumstances: (Please note this is not an exhaustive list.)

1. A resident who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a diagnosis of mental illness (and dementia is not the primary diagnosis).
2. A resident whose mental retardation or condition related to mental retardation was not previously identified and evaluated through PASRR.
3. A resident transferred, admitted, or readmitted to a NF following an inpatient psychiatric stay or equally intensive treatment.

Once the Change in Status has been reported to Ascend, the information will be reviewed and if a Level II evaluation is required Ascend will send an reviewer to complete a face-to-face evaluation.

This is not new process; this is the current North Dakota process. If you have questions about the information described in this letter, please contact Ascend Management Innovations at:

Ascend North Dakota Division	1-877-431-1388
Breck Douglas, Operations Manager	ext 3334
Tondra Burnley, Clinical Reviewer	ext 3321
Lena Lucas, Clinical Reviewer	ext 3232

Or the Medical Services Division at:

Medical Services Division
North Dakota Dept of Human Services

Debbie Baier
701-328-4864
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Thank you for your continued cooperation and assistance.