

# Omnibus Budget Reconciliation Act (OBRA) Preadmission Screening Resident Review (PASRR) Instruction Manual

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This website is sponsored by the Alabama Department of Mental Health. The PASRR Instruction Manual has been created in an effort to educate healthcare professionals pertaining to Federal and State rules and regulations for admission into Medicaid certified nursing facilities.

For more information, contact the PASRR Office at:

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## ALABAMA PASRR PROCESS

Decision for Nursing Facility Placement is made



Pre-admission paperwork is completed including a Level I Screening form



The Level I Screening Form is submitted to the Alabama OBRA PASRR Office for review



A determination regarding the need for a Level II evaluation for mental illness (MI and/or mental retardation (MR) is made by the Alabama OBRA PASRR Office and returned to the referral source



If a Level II evaluation is not required, no further PASRR action is needed **unless** there is a change in the individual's diagnosis or behavior or a break in NF service



If a Level II evaluation is required, the Alabama OBRA PASRR Office assigns the evaluation to the contractor to conduct phone based clinical review to confirm the presence or absence of MI and/or MR and complete the Level II evaluation to include a face to face interview and a review of medical information. The Level II will determine within 7 working days: 1) *specialized service needs for the confirmed condition*; 2) *Eligibility for NF level of care*



The contractor contacts the referral source and gives the results by telephone on the date of the determination (Nursing Facilities can admit on verbal approval so as not to cause any delays while awaiting the paperwork)



The written paperwork and appeals process are mailed to: the referral source, and the individual

### **HISTORY OF OBRA PREADMISSION SCREENING RESIDENT REVIEW (PASRR)**

The Omnibus Budget Reconciliation Act of 1987 (OBRA '87), P.L. 100-203, Section 4211(c)(7), and OBRA 1990 contain provisions with major implications for persons with mental illness (MI) or mental retardation/related (MR/RC) condition who are applying or residing in a Medicaid certified nursing facility (NF). The provisions were designed to eliminate the practice of inappropriately placing persons with MI, MR, and RC in Medicaid certified NF. This Act mandates the Department for Mental Health and Mental Retardation services (DMHMRS), as the state mental health and mental retardation authority, to establish a Pre-Admission Screening and Resident Review (PASRR) for all persons requesting admission to or currently residing in a nursing facility.

Through the PASRR evaluation, the Department determines whether: (1) the person requires NF level of care; and whether NF level of care is the least restrictive environment in which care may be provided (2) if so, whether the person requires specialized services (active treatment).

Specifically, the PASRR program must assure the following: As of January 1, 1989, no person may be admitted to a Medicaid certified NF without first being screened for MI or MR/RC. This provision applies regardless of the source of NF payment. As a result of this pre-admission screening component (referred to as the Level I), persons who appear to have a MI or MR/RC will undergo a comprehensive assessment (referred to as the Level II) to determine the need for NF care and specialized services (active treatment).

As of April 1, 1990, all persons presently residing in NF, who entered the facility prior to January 1, 1989, will have been screened for MI or MR/RC (referred to as the initial resident review).

### **PURPOSE OF THE PREADMISSION SCREENING OFFICE**

The goal of the PASRR program is to permit the admission to nursing facilities of persons with a mental illness and mental retardation/related condition and identifying initial recommendations for continued treatment of the stated psychiatric condition. A second goal is to exclude those persons whose mental illness is in an acute phase, rendering the individual unsafe to be placed in a nursing facility.

Individuals requiring "specialized services," or inpatient psychiatric care, would be excluded from admission until the exacerbation is brought under control.

The intent of Public Law 100-203 (OBRA PASRR) is to:

- Ensure that all individuals **regardless of payment source** with suspected mental illness (MI) and suspected mental retardation/related conditions (MR/RC) are appropriately placed in Medicaid Certified Nursing Facilities
- Ensure an individual with MI/MR has medical needs that outweigh mental health needs for nursing facility placement
- Ensure this population receives appropriate services for MI and MR/RC.

If there is no MI or MR/RC indicated on the Level I and Level I Determination, medical eligibility is determined by the Nursing Facility and the Medicaid Agency.

## **MENTAL ILLNESS AND MENTAL RETARDATION SPECIALIZED SERVICES**

Specialized Services and MR Behavioral Health Services are defined by the Alabama Department of Mental Health (ADMH) as:

- **Mental illness** - twenty-four in-patient psychiatric treatment. (CMS has specified that specialized services for mental illness must include twenty-four hour supervision by a Qualified Mental Health Professional.) Further, if the individual or his/her family does not choose a private psychiatric setting, it is necessary for the individual to receive psychiatric services offered by the Alabama Department of Mental Health in a state-operated facility. Therefore, the individual often must meet commitment criteria. Nursing facility residents who are determined to require in-patient psychiatric treatment are not “eligible” for continued nursing facility residence until their psychiatric condition has stabilized and in-patient psychiatric treatment is no longer recommended. At that time, an updated Level I Screening would have to be submitted. Upon a determination of the need for in-patient psychiatric treatment for mental illness, the ADMH MI Division contacts the individual’s local community mental health center to assess if the individual could benefit from commitment or if, in fact, services of a lesser intensity are indicated. If the individual can benefit from services of a lesser intensity than in-patient psychiatric care, the mental health center may schedule “other” mental health services/rehabilitation services which may be provided in the nursing home setting.
- **Mental Retardation** – any service which is provided to a mentally retarded consumer and which can only be provided by the Department of Mental Health’s Division of Intellectual Disabilities or one of its contractual entities.
  - *MR Specialized Services* - individuals requiring MR specialized services are not eligible for continued stay in a NF and may pose a danger to self or others. The MR Comprehensive Support Service Team will be notified to evaluate and determine appropriate placement within 24 hours.
  - *Mental Retardation Behavioral Health Services* – services conducted in a NF by the MR Comprehensive Support Service Team.
- **Rehab services** – mental health and/or mental retardation services that are of lesser intensity than specialized services or MR Behavioral Health Services that can be received in a NF
  - These services are indicated on the Level II Determination as recommendations
  - An individual can be eligible for NF if Level of Care criteria is met
  - These services are the responsibility of the NF

## **ALABAMA OBRA PASRR REQUIREMENTS**

PASRR requirements are federally mandated and could effect Medicaid reimbursements.

### **MI and MR/RC Resident Level II Report**

The Alabama OBRA PASRR Level II report is: (**see report form attachment**)

- An indication of residents with a confirmed diagnosis of mental illness and/or mental retardation as determined by the Alabama OBRA PASRR Office
- Required for all Medicaid certified **nursing facilities**
  
- A change in a resident's placement status
  - Such as admissions, discharges with location, and/or deceased individuals in your facility for the current month who have a diagnosis of mental illness and/or mental retardation
  - Residents with changes for the current month must be listed alphabetically.
- Due by the 10<sup>th</sup> of every month.
  - If there are no changes during the month, no report is required.
- Mandatory but only if there has been a change in status of a resident with a diagnosis of mental illness and/or mental retardation determined by the Alabama OBRA PASRR Office.

### **Level I for MI and MR/RC**

The Level I screening process is designed to identify individuals with suspected MI or MR/RC. A Medicaid-certified NF is responsible for assuring that the Level I is conducted prior to admission on all new applicants and for all initial resident reviews, regardless of payment source. The NF is also responsible for initiating a Level I for current residents who experience a significant change in physical or mental condition that requires a subsequent review. A Level I Pre-Admission Screening: (see screening form attachment)

- Must be submitted to the Alabama OBRA PASRR Office on or before admission to a Medicaid Certified NF to receive a Level I Determination
- Must be completed accurately according to the medical records upon admission
- Can be completed by anyone with access to the medical records excluding family members
- Determines suspected MI and/or MR/RC based on diagnosis and/or behavior
- Determines the need for a Clinical Review/Level II evaluation

All Level I Screenings are valid until there has been a significant change in a patient with mental illness and/or mental retardation or a break in NF level of care for over 30 days.

Level I Screenings can be submitted via internet application or faxed.

The Level I Screening is not valid if:

- There is no Level I Determination.
- There is no signature of the admitting nursing facility RN on the Level I Determination
- The Level I Screening is not dated
- The Level I Screening is not consistent with the medical records

## **Significant Change**

### **Definition:**

Nursing Facilities (NF) have an ongoing responsibility to assess a resident's status. If interdisciplinary team members identify a significant change in a resident's condition, an updated Level I Screening should be completed and submitted within 14 days of the resident's status change to receive an updated Level I determination to ensure continued eligibility. The change in condition must affect either the residents need for continued NF placement or the need for specialized services for mental illness (MI) and/or mental retardation/related condition (MR/RC).

The goal of the Level I significant change update is to ensure that all NF residents with a confirmed diagnosis of MI and/or MR/RC continue to be appropriately placed, continue to receive appropriate services and that the individual's medical condition continues to outweigh their mental conditions. Significant Change **does not apply** to residents with a primary diagnosis of dementia including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder.

A significant change is defined as a change in the **medical/physical** or **mental** condition of all NF residents with a confirmed diagnosis of MI and/or MR/RC **regardless of payment source**.

- An updated Level I **medical/physical significant change** is a change in the medical/physical condition of a resident with a confirmed diagnosis of MI and/or MR/RC that may no longer warrant NF level of care. A **medical/physical significant change** would also apply to residents with MI and/or MR/RC that change from a short term to long term placement.
- An updated Level I **mental significant change** is a change in the mental condition of a resident with a confirmed diagnosis of MI and/or MR/RC that may no longer warrant NF level of care. A **mental significant change** would apply to all NF residents that warrant a new diagnosis of MI and/or MR/RC. A **mental significant change** would apply to all NF residents that have a primary diagnosis of Dementia with a diagnosis of MI and the MI diagnosis changes to primary.

If any resident is discharged to the hospital and an updated Level I significant change is required, the update can be completed and submitted by the NF within 14 days after the resident is readmitted.

## **Level I Significant Change Criteria\*\***

An updated Level I for a significant change is required if a **decline or improvement** change in a resident's medical/physical and/or mental condition is consistently noted in **one (1) area of decline in behavior or two (2) or more areas of decline in medical and/or two (2) or more areas of improvement:**

### **Decline:**

- Any decline in activities of daily living (ADL) physical functioning where a resident is newly coded as 3, 4 or 8 Extensive Assistance, Total Dependency, activity did not occur (note that even if coding in both columns A and B of an ADL category changes, this is considered 1 ADL change);
- Increase in the number of areas where Behavioral Symptoms are coded as “not easily altered” (e.g., an increase in the use of code 1’s for E4B);
- Resident’s decision-making changes from 0 or 1, to 2 or 3;
- Resident’s incontinence pattern changes from 0 or 1 to 2, 3 or 4, or placement of an indwelling catheter;
- Emergence of sad or anxious mood as a problem that is not easily altered;
- Emergence of an unplanned weight loss problem (5% change in 30 days or 10% change in 180 days);
- Begin to use trunk restraint or a chair that prevents rising for a resident when it was not used before;
- Emergence of a condition/disease in which a resident is judged to be unstable;
- Emergence of a pressure ulcer at Stage II or higher, when no ulcers were previously present at Stage II or higher; or
- Overall deterioration of resident’s condition; resident receives more support (e.g., in ADLs or decision making).

### **Improvement:**

- Any improvement in ADL physical functioning where a resident is newly coded as 0, 1, or 2 when previously scored as a 3, 4, or 8;
- Decrease in the number of areas where Behavioral Symptoms or Sad or Anxious Mood are coded as “not easily altered”;
- Resident’s decision making changes from 2 or 3, to 0 or 1;
- Resident’s incontinence pattern changes from 2, 3, or 4 to 0 or 1; or
- Overall improvement of resident’s condition; resident receives fewer supports.

**\*\*This is not an inclusive list.**

## Level I Determination

Based on the information provided on the Level I Screening, a Level I Determination is required and is not valid without the Level I Screening. **All Level I Determinations must be signed and dated by the admitting facility's Registered Nurse stating that the Level I has been received and reviewed with the available medical records before the patient is admitted.**

A Level I Determination will indicate:

- If there is no suspected mental illness and mental retardation or a primary diagnosis of Dementia with a confirmed MMSE score
  - Medical Eligibility is determined by the NF and Medicaid
- The need for further evaluation
  - Medical Eligibility and Specialized Services are determined by the Alabama PASRR Office through a Level II Evaluation
- Categorical approval
  - A Level II Evaluation is required but can be completed after admission to a NF based on answers indicated on numbers 5 & 7 of the Level I Screening form.
  - The NF must contact the Alabama OBRA PASRR Office **immediately** at the time of admission in order for a Categorical Level II evaluation to be conducted. **Failure to comply will be reported to the Medicaid Agency for non compliance.**

## Clinical Review/Level II Evaluation

A Clinical Review is:

- a phone based review and a review of medical records conducted on all Level I screenings with suspected MI and/or MR/RC
- to assess the need for an onsite Level II evaluation
- confirming the presence/absence of MI and MR/RC.
- conducted within 48 hours after receipt of the Level I determination.

A Level II Evaluation is:

- Completed within 7 working days
- A review of the medical records that determines:
  - the need for specialized services for the confirmed MI/MR condition
  - the eligibility of level of care (**see level of care attachment**)

The Level II Evaluation and Determination is based on the:

- Face to face interview with the NF applicant/resident
- Medical Records
  - History and Physical
  - Medication Sheet
  - Progress Notes
  - Psychiatric History
  - IQ Testing
  - Physician's Orders

The contractor notifies the referral source with verbal results of the Level II evaluation. The written documentation will follow by mail.

## **Level II Results/Determination**

Level II results could be:

- Halted – this determination will indicate:
  - no mental illness/mental retardation or
  - a primary diagnosis of dementia over a mental illness diagnosis or
  - does not meet medical criteria
- Level II Service Determination – this determination will indicate:
  - the MI/MR Level II Report options (for NH use only)
  - the MI/MR diagnosis
  - the medical criteria that were met
  - specialized service requirements
  - mental health recommendations
  - placement options
  - eligibility
  - a basis for the decision

## **APPEALS PROCESS**

A person adversely affected by the results of the Level II determination:

- May file an appeal for reconsideration
- Must be filed in writing to the Commissioner of ADMH/MR within 10 days of the findings

Upon receipt of the notice of appeal all action shall be suspended regarding the individual until completion of the appeals process. **(see appeals process attachment)**

## **BASIC OBRA PASRR RULES**

### **New Admissions**

An individual is a new admission if an:

- Applicant is admitted to a NF for the first time
- Applicant has been discharged from a NF to anywhere except a hospital for over 30 days

All new admissions require a Level I screening and determination and possibly a Level II evaluation **before** admission **regardless of payment** source unless otherwise instructed. This will be indicated on the Level I Determination.

### **Readmissions**

An individual is a readmission if a:

- NF Resident is discharged to a hospital and is readmitted to the same NF.
  - Updated Level I screening and possible Level II evaluation may be required if a significant change has occurred and the resident is MI and/or MR. This can be done after readmission into the NF.
- NF Resident is discharged to a community setting for less than 30 days.
  - Updated Level I screening and possible Level II evaluation may be required only if a significant change has occurred and the resident is MI and/or MR. This can be done after readmission into the NF.

## **Inter-Facility Transfers**

An individual is an inter-facility transfer if a:

- Resident is transferred from one NF to another NF, with or without an intervening hospital stay and without a break in nursing facility service.
  - Transferring NF is responsible for sending PASRR reports with the resident
  - **If an updated Level I is required, it can be done in the new NF if there has been no break in NF service**
  - Receiving NF should verify that transferring resident has been properly screened and is appropriate for admission to Medicaid Certified NF

## **OUT OF STATE REFERRALS**

Any out of state applicant:

- Must complete an Alabama Level I Screening Form before admission
- Must be submitted to the Alabama OBRA PASRR Office for review and to receive a Level I determination before admission
- If a Level II evaluation is required, the Alabama OBRA PASRR Office will conduct a paper review by contacting the referral source and reviewing records before admission

## **VERBAL APPROVAL**

Verbal approval will be conveyed to the Level I referral source regarding the Level II determination results in order to expedite hospital discharges and NF admissions. The Level II results will be mailed to the referral source and must be forwarded to the admitting nursing facility. Per Federal Regulations, Section 483.112 (c), **verbal approval is acceptable and valid for admission into a Medicaid Certified Nursing Facility.**

## **EMERGENCY NURSING FACILITY PLACEMENTS** - Emergency & Respite NF Placements

### Emergency Situations Requiring Protective Services

Per Federal Regulations, provisional admissions can be issued for emergency situations requiring protective services. The Department of Mental Health's Director of the PASRR Office or the Assistant Director, in the absence of the Director must be contacted at 1-800-548-2188 before NH admission for approval and a Level I determination.

### **PROCEDURE:**

After the emergency situation has been approved by DMH indicating protective services are needed and Department of Human Resources are currently involved, a Level I must be completed by the referral source before NH admission to determine suspected mental illness and mental retardation/related condition and receive a Level I determination. The referral source should check "Other Short Term Stay" on # 7 of the level I Screening.

Level I Screenings indicating "No MI/MR" or "Dementia" will have no further requirements and no special determination for emergency placement.

If the Level I Determinations indicates that a Level II Evaluations is required, the admitting nursing facility must contact the OBRA PASRR Office **if** the applicant remains in the nursing facility after 7 days from the date of admission to complete the Level II evaluation. This Level I Screening and Determination will not be valid if this individual remains in the nursing facility after 7 days without a Level II evaluation.

## Displaced Evacuees

Per Federal Regulations, provisional admissions can be issued for Displaced Evacuees. For individuals who will be in “**temporary shelter**” in an Alabama Medicaid Certified nursing facility as a result of an evacuation decree by the Governor, the following PASRR policies and procedures will apply:

### **PROCEDURE:**

- No Level I Screening will be required for displaced evacuees being temporarily sheltered in an Alabama Medicaid Certified nursing facility.
- If the evacuee becomes a permanent resident of an Alabama nursing facility, the rules and regulations of the Alabama Medicaid Agency will apply.
- An Alabama Level I Screening must be submitted to the PASRR Office by the nursing facility at the time the individual becomes a permanent/long term resident. Displaced evacuee will be on the Level I Screening for the nursing facility to check the appropriate answer indicating where the evacuee came from.

## Respite Stay

Per Federal Regulations, provisional admissions can be issued for respite stay in a nursing facility.

### **PROCEDURE:**

The referral source would indicate a respite stay by indicating “other short term stay” on # 7 of the Level I Screening and faxing a note indicating the need for nursing home care for respite care followed by the perspective dates. The note will be attached to the submitted Level I Screening.

Level I Screenings indicating “No MI/MR” or “Dementia” will have no further requirements and no special determination for respite care placement.

If the Level I Determinations indicates that a Level II Evaluations is required, the admitting nursing facility must contact the OBRA PASRR Office **if** the applicant remains in the nursing facility after 7 days from the date of admission to complete the Level II evaluation. This Level I Screening and Determination will not be valid if this individual remains in the nursing facility after 7 days without a Level II evaluation.

## **GLOSSARY OF TERMS**

- **Level I Screening for Mental Illness and Mental Retardation**  
Initial screening completed by health care providers to identify suspected mental illness and mental retardation/related condition according to the medical records.
- **Clinical Review**  
A phone based review of medical records to confirm the presence/absence of mental illness and mental retardation/related condition or a primary diagnosis of Dementia.

- **Level II Evaluation**  
A review of medical records and a face to face interview with nursing facility residents and applicants with mental illness and mental retardation/related condition to determine medical eligibility, specialized service needs for their condition and appropriate placement.
- **Major Mental Illness**  
The definition for MI under these regulations is a psychiatric disorder of thought and/or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life (Schizophrenia, Depression, Major Affective Disorders, Schizoaffective Disorders, Atypical Psychosis, including any other DSM-IV Psychotic Disorder. **Excludes:** Dementia, Alzheimer’s Disease, Alcoholism, Substance Abuse, Mood Disorders or delirium due to a General Medical Condition, Epilepsy, Mental Retardation, and Developmental Disorders).
- **PAS**  
Preadmission Screening
- **Break in Nursing Facility Service**  
Discharged from a Nursing Facility to anywhere except a hospital for over 30 days
- **Mental Retardation**  
The definition for MR/RC under these regulations is a significant sub average general intellectual functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period ( i.e. prior to age 18) as defined by the American Association for Mental Retardation.
- **Related Condition**  
PASRR regulations define related conditions as being attributable to Cerebral Palsy or Epilepsy; or any other condition other than mental illness found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with mental retardation, and requires treatment or services similar to those required for these persons. Any other condition includes autism; It is manifested before the person reaches age 22; It is likely to continue indefinitely; and it results in substantial functional limitation in three or more of the following areas of major life activity: 1) Self care, 2) Under-standing and use of Language, 3) Learning, 4) Mobility, 5) Self-Direction, 6) Capacity of independent living.
- **Dementia Exemption**  
Although OBRA ‘87 applies to **all** applicants and residents of Medicaid certified nursing facilities, **regardless of payment source**, the Act specified one exclusion to the PASRR process. This exclusion was for the population suffering from Dementia and Alzheimer’s Disease (in the absence of a diagnosis of mental retardation or a primary diagnosis of mental illness). Therefore, individuals who are determined through the Level I process to have a diagnosis of Dementia or Alzheimer’s Disease and a confirmed, valid Mental Status Exam (MSE) score are exempt from further determination by the PASRR process. Often, Dementia or Alzheimer’s Disease accompanied

with a mental illness diagnosis and/or questionable behavior, may not be able to be confirmed at the Level I stage of the process and a Clinical Review/Level II may be required to confirm the diagnosis. If Dementia or Alzheimer's Disease is confirmed from the Clinical Review/Level II evaluation, the individual is exempt from any determination under PASRR and the decision to admit or retain an applicant or resident rests with the individual nursing facility and its ability to meet the needs of the individual. Due to the degenerative nature of Dementia and Alzheimer's Disease, some nursing facilities often face a difficult time in providing for this population. ADMH/MR developed the Bureau of Geriatric Psychiatry which is directed by Dr. Richard Powers. Dr. Powers made himself and the Bureau's Office available for consultative advice concerning this population. His toll free telephone number is 1-800-457-5679.

- **Mental State Exam (MSE)**

A MSE is the tool used to confirm a diagnosis of Dementia and Alzheimer's Disease. If the Level I (# 4) indicates a diagnosis of Dementia/Alzheimer's Disease, a MSE must be completed and submitted with the Level I Screening form. The score must be indicated in the provided space on # 4. If an individual is unable to test due to dementia, a statement must be documented at the bottom of the MSE and a 0 score should be indicated. "Unable to test" should be indicated with a statement for all other reasons. Reasons such as "**patient is sleeping**" will **NOT** be valid and will not be accepted.

- **OBRA**

Omnibus Budget Reconciliation Act of 1987 as related to PASRR

- **PASRR**

Preadmission Screening Resident Review

## **HOW TO COMPLETE THE LEVEL I SCREENING FORM (see screening form attachment)**

- Complete the Level I Screening form based on documented medical information.
- Referral source can be anyone who has access to the medical records except family.
- Level I must be submitted to the Alabama OBRA PASRR Office **prior to** NF admission for new applicants **regardless of payment source.**
- Every question **MUST** be answered.

### **General Information:**

The Level I Screening form is the tool used to identify suspected mental illness and mental retardation/related condition for all individuals applying to a Medicaid Certified Nursing Facility **regardless of payment source.** It is also the tool used to identify significant changes in residents of Medicaid Certified Nursing Facilities with a confirmed mental health diagnosis or a new mental health diagnosis.

A valid Level I Screening form must:

- Reflect the treatments, conditions, diagnoses etc. as documented in the medical records
- Be submitted to the Alabama OBRA PASRR Office for a Level I Determination via internet or fax
- Be legible if faxed
- Be reviewed by the admitting nursing facility Registered Nurse for accuracy per available medical records **PRIOR TO ADMISSION.** If the Level I Screening is inaccurate, it should be sent back to the referral source for correction and re-submission to the Alabama OBRA PASRR Office.

### **Detailed Instructions:**

- Complete **name, SS # and DOB, Medicaid Recipient and number if applicable**
- Complete **present location** of patient at the time of completing the Level I. If community setting is checked, you must specify the location such as home, assisted living, group home
- Continue **present location** to complete **facility name (if home, skip to street address), street address, city, state, zip and county.**
- Complete **legal guardian** if applicable
- Complete **referral source and title** (the person completing the Level I)
- Complete **date** in which the Level I is done
- Complete **place of employment** of the referral source (**do not abbreviate**)
- Complete **fax number** of referral source
- Complete **phone number** of referral source (**include area code**)

**Q1. Does the individual have a diagnosis or history of mental retardation or a related condition? Yes/No**

If there is a documented diagnosis of mental retardation, autism, cerebral palsy, epilepsy, YES must be checked.

**Q1A. Specify: mental retardation, autism, cerebral palsy, epilepsy, N/A**

If the answer on Q1 is “YES”, you must indicate the documented condition (s). If your answer is “NO”, you must indicate N/A.

**Q1B. Did the mental retardation develop before the individual reached age 18?**

If the individual has mental retardation, indicate “unknown, yes or no” for age of onset. If the individual does **not** have mental retardation, you must indicate N/A.

**Q1C. Did the related condition develop before the individual reached age 22?**

If the individual has a related condition (autism/cerebral palsy/epilepsy) indicate “unknown, yes or no” for age of onset. If the individual does **not** have a related condition, you must indicate N/A.

**Q2. Does the individual have a diagnosis or history of a serious mental illness that is not situational or related to a medical condition? Yes/No**

If there is a documented diagnosis of a **serious mental illness**, YES must be checked.

- Psychiatric Disorder related to a general medical condition or that is situational is **not** considered a serious mental illness. For example, depression related to CVA, depression related to bereavement, anxiety related to hypertension and psychosis related to diabetes are psychiatric conditions related to a medical condition. Any psychiatric condition related to a general medical or situational is not considered a serious mental illness and would be “No” on Q2. **It must be documented in the medical record to be true.**

**Q2A. If yes, specify diagnosis:**

Check the appropriate documented serious mental illness diagnosis.

- Q3. Has the individual been prescribed or taken any anti-depressant, anti-psychotic and/or anti-anxiety medications on a regular basis within the last 14 days for a general medical condition? Yes/No**  
**If yes, list medications:**

If an individual has a prescription or has been taking any **anti-depressant, anti-psychotic** and/or **anti-anxiety** medication within the last 14 days or more for a **general medical condition (excluding PRN medications)**, each medication must be listed. All psychotropic medications that fall into one of these 3 categories must be listed only if it is for a general medical condition. These medications can be found in the PDR.

An example would be: Seroquel for insomnia, Depakote for seizures or Zoloft for depression related to CVA.

- Q4. Is there a diagnosis of Dementia, Alzheimer or any related organic disorders? Yes/No If yes, complete the MMSE.**

If there is a diagnosis of Dementia, the MMSE must be completed. The MMSE score and the level of consciousness confirms the diagnosis of Dementia. The score, as indicated on the MMSE, must be provided in the “MMSE Score:” blank on the Level I Screening. If the MMSE is unable to be completed due to the diagnosis of Dementia, “0” is a valid score and must be indicated on the Level I Screening and the MMSE with an explanation such as “unable to complete due to Dementia”. If the MMSE is unable to be completed due to **any** other reason, “unable to test” must be indicated on the Level I Screening and the MMSE with an explanation such as “unable to complete due to patient refuses to answer” or “unable to complete due to stroke”.

- Q4A. If # 4 is yes, check level of consciousness:**

Check the appropriate “level of consciousness” as indicated on the MMSE.

- Q4B. If # 2 and # 4 are yes, which diagnosis is primary?**

If there is a diagnosis of mental illness as indicated on # 2 and diagnosis of Dementia as indicated on # 4, which is primary? This must be documented in the medical records by physician’s notes or indicated by the order of diagnosis. The answer on the Level I Screening must match the medical records.

- Q5. Does the individual’s current behavior or recent history within 1 year indicate that he/she is a danger to self or others? Yes/No**

If an individual’s current behavior or recent history within 1 year is a danger to self or others, YES and an explanation must be indicated. If an individual is admitted to the hospital for being a danger to self or others and is stable at the time of discharge, YES and an explanation must be indicated because it is within 1 year.

**Q6. This Level I is due to one of the following:**

If a Level I Screening is being done for a significant change, **significant behavior change, significant diagnosis change, significant medical decline or significant medical improvement (significant change Level I is typically completed by the re-admitting NF)** must be checked. If a Level I Screening is being done because the admitting nursing facility finds the Level I Screening inaccurate after the patient is admitted, **“previous Level I incorrect”** must be checked. If the admitting nursing facility finds the Level I Screening was not completed/submitted before the patient was admitted to the nursing facility, **“no Level I upon NF admission”** must be checked. “Previous Level I incorrect” and “no Level I upon NF admission” should only be checked by a NF. All other reasons should be **“New NF admit”**.

**Q7. Is the individual applying for NF care due to the following conditions?**

Check the appropriate answer (s). Answer must be documented in the medical records. Long Term Care, Convalescent Care and Other Short Term NF Stay cannot be checked at the same time. If an individual is being admitted to a NF for rehab and long term care, long term care must be checked. **Convalescent Care is a short term rehab NF stay only and must be accompanied by PT and/or OT orders. OT and PT orders are required in order to check convalescent care. OT and PT are defined as Occupational and/or Physical Therapy delivered by a Licensed Therapist for five (5) days a week. Orders for Restorative Care are not OT or PT orders or services.** Other Short Term NF Stay includes but is not limited to short term stays for respite care, IV Therapy etc.

**LEVEL I SCREENING FOR MENTAL ILLNESS/MENTAL RETARDATION**

**Please Print. The Form MUST be Completed in Full.**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRESENT LOCATION:  NF  Hospital  Community Setting (Specify): \_\_\_\_\_

Facility Name and Room # \_\_\_\_\_ Street \_\_\_\_\_ City, State and Zip \_\_\_\_\_ County \_\_\_\_\_

LEGAL GUARDIAN, If Applicable: \_\_\_\_\_ Address: \_\_\_\_\_

**Note:** Under OBRA '87, any individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$ 5,000 with respect to each assessment.

The Medical Records contain documentation to support information indicated and submitted on the Level I

REFERRAL SOURCE AND TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ FAX #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

1. Does the individual have a suspected diagnosis or history of mental retardation or a related condition?  Yes  No

1a. Specify.

- Mental Retardation  Epilepsy
- Autism  N/A
- Cerebral Palsy

1b. Did the **mental retardation** develop before the individual reached age 18?  Unknown  Yes  No  N/A

1c. Did the **related condition** develop before the individual reached age 22?  Unknown  Yes  No  N/A

2. Does the individual have a suspected diagnosis or history of a serious mental illness that is not situational or related to a medical condition?

Yes  No

2a. If yes, specify diagnosis:

- Schizophrenia
- Mood Disorder:  Major Depression  Bipolar  Depression
- Paranoid Disorder
- Anxiety Disorder
- Somatoform Disorder
- Personality Disorder
- Psychotic Disorder
- Unspecified Mental Disorder
- Panic Disorder

3. Has the individual been prescribed or taken any **anti-depressant, anti-psychotic and/or anti-anxiety medications** on a **regular** basis within the last 14 days for a **general medical condition**?

Yes  No

If yes, list medications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Is there a diagnosis of Dementia, Alzheimer or any related organic disorders?  Yes  No If yes, complete the MSE

Provide MSE Score: \_\_\_\_ Check if unable to test:

4a. If #4 is yes, Check level of consciousness:

Alert  Drowsy  Stupor  Coma  N/A

4b. If #2 & #4 are yes, which diagnosis is primary:

Dementia  Mental Illness  N/A

5. Does the individual's current behavior or recent history within 1 year indicate that he/she is a danger to self or others (suicidal, self-injurious or combative)?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

6. This Level I is due to **one** of the following:

- Significant behavioral change
- Significant mental health diagnosis change
- Significant medical decline
- Significant medical improvement
- New NF admit
- Previous Level I incorrect (for nursing home use only)
- No Level I upon NF admission (for nursing home use only)

7. Is the individual applying for NF care due to the following conditions? (choose **one or more** of the following):

- Long term care
- Convalescent care (Valid **ONLY** with PT and/or OT orders and for a short term stay as prescribed by MD for 120 days or less)
- Other short term NF stay
- Terminal illness (Life expectancy of 6 mo. or less)
- Comatose
- Ventilator dependant
- Functioning only at brain stem level
- Cerebella degeneration
- Advanced Amyotrophic Lateral Sclerosis
- Huntington's Disease

## **PREAMISSION SCREENING RESIDENT REVIEW (PASRR) APPEALS PROCESS**

Public Law 100-203 requires that persons applying for or residing in a Medicaid certified nursing facility as of January 1, 1989, must be screened and evaluated for medical eligibility and the need for specialized services for mental illness, mental retardation or other related conditions. Upon completion of an evaluation, a determination regarding medical eligibility and specialized services needs are made by an independent contractor. Per Federal PASRR regulations, if the findings are unacceptable to the applicant/resident, the following appeal process is made available to insure a fair and impartial final decision:

### **1. Notice of Appeal**

A person adversely affected by the results of the PASRR Level II evaluation findings may file an appeal for reconsideration within ten (10) days of notification of the findings. Receipt of a notification of appeal shall suspend further action regarding the individual pending completion of the appeals process. The appeal must be filed with the Commissioner of the Department of Mental Health in writing to: 100 N. Union Street, P.O. Box 301410, Montgomery, Al 36130-1410. Within twenty (20) days of the request for an appeal, the appealing party will submit to the Commissioner information which substantiates the reason for the appeal. If such information is not received within the specified time frame, the request for appeal is considered void. Upon receipt of the substantiating information, the Commissioner or his designee will order a Local Evidentiary Hearing for reconsideration of the evaluation findings within fifteen (15) working days and will notify the appealing party in writing.

### **2. Local Evidentiary Hearing**

Hearings shall be informal and conducted by the Commissioner or his designee. The evidence may be presented in writing or in person by the applicant/resident or his/her representative. The hearing will be limited to reconsideration of the decision adversely affecting the applicant. Any expert testimony or other testimony shall be received by affidavit.

### **3. Findings on Appeal Hearing**

After review of submitted evidence or testimony, the Commissioner or his designee will provide the findings of the hearing in writing to the appealing party within ten (10) days of the hearing date.

If the applicant/resident continues to feel adversely affected by the evaluation determination and the subsequent decision from the Appeal Hearing, a written request for a Fair Hearing must be received by the Alabama Medicaid Agency within sixty (60) days following the findings of the appeal.

Mail to: Alabama Medicaid Agency  
Long Term Care Project Development/Legal Division  
501 Dexter Avenue  
Montgomery, Alabama 36103-5624



## NURSING FACILITY LEVEL OF CARE CRITERIA

In determining if a nursing facility applicant/resident is medically eligible for nursing facility level of services, the individual must require or meet at least two of the following services/criteria:

<p><b><u>CRITERIA A</u></b></p> <p>Administration of a potent and dangerous injectable medication and intravenous medication and solutions on a daily basis or administration of routine oral medications, eye drops or ointment.</p> <ul style="list-style-type: none"> <li>• Documentation in the record should support the dosage and frequency of the medication</li> <li>• Daily basis refers to 7 days per week               <ul style="list-style-type: none"> <li>Examples: Lasix 40 mg IM qd</li> <li>Lasix 40 mg IV qd</li> <li>Normal saline 1 liter q 24 hrs</li> </ul> </li> </ul>	<p><b><u>CRITERIA B</u></b></p> <p>Restorative nursing procedures (such as gait training and bowel and bladder training) in the case of residents who are determined to have restorative potential and can benefit from the training on a daily basis per physician's orders.</p> <ul style="list-style-type: none"> <li>• Documentation should include the following:               <ol style="list-style-type: none"> <li>1. A frequency of 5 times per week</li> <li>2. Diagnosis to support the need for restorative nursing procedures</li> <li>3. Written physician order</li> </ol> </li> </ul>
<p><b><u>CRITERIA C</u></b></p> <p>Nasopharyngeal aspiration required for the maintenance of a clear airway.</p> <ul style="list-style-type: none"> <li>• Documentation should include the following:               <ol style="list-style-type: none"> <li>1. Supporting diagnosis</li> <li>2. Written physician orders</li> <li>3. Necessary equipment</li> </ol> </li> </ul>	<p><b><u>CRITERIA D</u></b></p> <p>Maintenance of tracheostomy, gastrostomy, colostomy, ileostomy, and other tubes indwelling in body cavities as an adjunct to active treatment for rehabilitation of disease for which the stoma was created.</p> <ul style="list-style-type: none"> <li>• Documentation should include the following:               <ol style="list-style-type: none"> <li>1. Physician order for active treatment</li> <li>2. type of indwelling tube</li> </ol> </li> </ul>
<p><b><u>CRITERIA E</u></b></p> <p>Administration of tube feedings by naso-gastric tube.</p> <ul style="list-style-type: none"> <li>• Physician's order should support:               <ol style="list-style-type: none"> <li>1. Type of tube</li> <li>2. Feedings to be administered</li> <li>3. Frequency of tube changes</li> </ol> </li> </ul>	<p><b><u>CRITERIA F</u></b></p> <p>Care of Extensive Decubitus Ulcers or Other Widespread Skin Disorders. Documentation of ducubitis should support</p> <ol style="list-style-type: none"> <li>1. Number of ulcers</li> <li>2. Stage of decubitis</li> <li>3. Treatment being rendered</li> </ol> <ul style="list-style-type: none"> <li>• Widespread skin disorders may include the following: 1. Psoriasis 2. Herpes</li> </ul>

<p style="text-align: center;"><b><u>CRITERIA G</u></b></p> <p>Observation of unstable medical conditions required on a regular and continuing basis that can only be provided by or under the direction of a registered nurse.</p> <ul style="list-style-type: none"> <li>• The Alabama Medicaid Agency adopted Medicare guidelines to define an unstable medical condition.</li> <li>• If unstable medical condition is one of the qualifying criteria then the medical record must contain information to support the condition and the active treatment rendered in the 60 days prior to admission.</li> </ul>	<p style="text-align: center;"><b><u>CRITERIA H</u></b></p> <p>Use of oxygen on a regular or continuing basis.</p> <ul style="list-style-type: none"> <li>• Documentation should include the following:             <ol style="list-style-type: none"> <li>1. Physician Order</li> <li>2. Flow of oxygen</li> <li>3. Frequency</li> <li>4. Supporting diagnosis</li> </ol> </li> </ul>
<p style="text-align: center;"><b><u>CRITERIA I</u></b></p> <p>Application of dressing involving prescription medications and aseptic and/or changing of dressing in noninfected, postoperative or chronic conditions per physician's orders.</p> <ul style="list-style-type: none"> <li>• Documentation should include the following:             <ol style="list-style-type: none"> <li>1. Specific orders from physician for wound care treatment</li> </ol> </li> </ul>	<p style="text-align: center;"><b><u>CRITERIA J</u></b></p> <p>Comatose resident receiving routine medical treatment.</p> <ul style="list-style-type: none"> <li>• Documentation should support:             <ol style="list-style-type: none"> <li>1. Diagnosis</li> <li>2. Total Care</li> <li>3. Non-responsive state</li> <li>4. Specific treatment needs</li> </ol> </li> </ul>

\* Please note that the Alabama Medicaid Agency has stated that seizure disorders are considered a related condition if the individual has mental retardation. Therefore, seizure disorders are not considered a medical condition unless the seizures are not controlled.

\* Further, medications prescribed for seizures for individuals with mental retardation are not considered to meet the first criteria unless the seizures are not controlled. Additionally, medications prescribed for the treatment of mental illnesses are not considered to meet the medical criteria regarding the administration of medication unless the medication is being prescribed for the treatment of a medical illness (e.g. Thorazine for uncontrollable hiccups).

## Alabama OBRA PASRR TEST

### TRUE OR FALSE:

1. \_\_\_\_ The intent of the OBRA PASRR Law is to ensure appropriate placement & services for individual with mental illness and mental retardation.
2. \_\_\_\_ The purpose of the Level I form is to determine medical needs.
3. \_\_\_\_ The Level I form can be completed by only family members.
4. \_\_\_\_ The OBRA PASRR Law is mandatory for Medicaid applicants and Medicaid residents only.
5. \_\_\_\_ The Level I must be completed on all applicants and residents regardless of payment source.
6. \_\_\_\_ The Level I determines suspected mental illness and mental retardation.
7. \_\_\_\_ The Level I determines the need for NH placement.
8. \_\_\_\_ The Level I determines the need for further evaluation (Level II).
9. \_\_\_\_ A significant change is a change in the medical/physical or mental condition of NF residents with a confirmed diagnosis of MI and/or MR/RC.
10. \_\_\_\_ A Level I for a significant change is mandatory for all residents regardless of payment source.
11. \_\_\_\_ A Level I and a Level I Determination must be dated on or before admission.
12. \_\_\_\_ A Level I form is completed based on the patient's medical records.
13. \_\_\_\_ A NH can complete the Level I after admission into the NH for new NH applicants.
14. \_\_\_\_ A Level II determines the need for specialized services and medical eligibility.
15. \_\_\_\_ A Level II must be completed and dated on or before admission unless otherwise instructed.
16. \_\_\_\_ A resident with MI/MR must have an updated Level I before re-admission from a hospital.
17. \_\_\_\_ A NH can update the Level I after a pt is readmitted.
18. \_\_\_\_ A documented dx of depression due to a general medical condition is a serious MI.
19. \_\_\_\_ A documented dx of anxiety due to a CVA is not a serious mental illness.
20. \_\_\_\_ Convalescent Care is a pt being admitted to a NH for rehab and a long term stay.

## Answers to Test

1. T
2. F – The purpose of the Level I is to determine suspected mental illness and mental retardation.
3. F – The Level I can be completed by anyone with access to the medical records except family.
4. F – The OBRA PASRR Law is mandatory for all applicants and residents regardless of payment source.
5. T
6. T
7. F – The Level I determines suspected mental illness and mental retardation.
8. T
9. T
10. F – Significant Change is only for NF residents with a diagnosis of mental illness and/or mental retardation determined and confirmed by the Alabama OBRA PASRR Office and NF residents who warrant a new mental health diagnosis.
11. T
12. T
13. F – The Level I must be completed and submitted for a Level I determination before NH admission.
14. T
15. T
16. F – An updated Level I can be completed and submitted after a readmission.
17. T
18. F – Depression due to a medical condition is not a serious mental illness but must be documented.
19. T
20. F – Convalescent Care is a short term stay for rehab with PT or OT orders.