

PASRR Clarifications and Frequently Asked Questions

03/01/2024

This document is a compilation of questions asked and is organized by section topics of both the Preadmission Screening Resident Review (PASRR) Level I and Level II forms. This document will provide clarifications and answers on a variety of topics.

The PASRR process can be found in the OBRA regulations (42 CFR §§ 483.100 - 483.138).

CLARIFICATIONS

1. The concept and reason for doing the PASRR process has not changed and is still relevant in accordance with the OBRA regulations (42 CFR §§ 483.100 - 483.138). Center for Medicare & Medicaid Services (CMS) continues to review States PASRR processes.
2. For Neurocognitive Disorder (NCD), if a person has severe dementia, Parkinson's, Huntington's, etc. and he/she is unable to take care of his/her daily needs and his/her mental status is such that they would not understand or benefit from Specialized Services (SS), then this would override his/her serious MI and he/she would not need to have a PASRR Level II evaluation done.
3. For an Other Related Condition (ORC) the functional limitations that are listed on the PASRR Level I should match the functional limitations that are listed on the PASRR Level II evaluation. If they do not match, the PASRR Level I tool should be corrected to match what is on the PASRR Level II tool. Initial and date any changes that are made to the PASRR Level I.
4. For Exceptional Admissions – Exempted Hospital Discharge – the admission to the Nursing Facility (NF) cannot be from an observational stay, a psychiatric unit, behavioral health unit, Geri-psych unit, the emergency room, a rehabilitation unit or hospital, a hospice center or a long-term acute care facility (LTAC).
5. When unsure of the necessity of a PASRR Level II evaluation, complete the PASRR Level I form in its entirety, and refer to highlighted section of the form to determine if a Level II evaluation is required.

General Process

1. **Q: For packets going to Office of Developmental Programs (ODP) are we able to scan to the Regional Office as well as county of responsibility in order to expedite the process?**
A: AgingWell (AAA) should gather all the documentation that is required and place it into a packet that is uploaded into the Department of Human Services (DHS) DocuShare information system. If AgingWell (AAA) does not know which county is responsible for reviewing the packet, the packet should be placed into the "Other ODP" folder in the ODP collection of folders. The DocuShare system automatically notifies the ODP Regional office and the County of responsibility when a packet is placed into the ODP County folders. When a packet is placed into the "Other ODP" folder, ODP staff will transfer the packet to the appropriate County folder.
2. **Q: If a current NF resident, who does not have a program office letter, goes out for a psych stay, will he/she have to be evaluated prior to returning to the NF?**
A: If the individual was treated in an acute psych setting for a Serious Mental Illness, he/she will need to have a PASRR Level II evaluation done **after** he/she returns to the NF. The NF would submit a MA 408 upon readmission/return to Field Operations. The exception to needing a Level II evaluation would be if the individual had a psych stay for Dementia and there was no psychiatric history of a serious mental illness. Or, if the individual is going to be admitted to a new NF (and not returning to the previous NF), the new NF may want a program office letter prior to admission, so a Level II may be required for that situation.
3. **Q: Does Field Operations need a paper copy of the PASRR Level I to review when they are in a NF doing a review?**
A: Yes, they need to have a paper copy of the PASRR Level I to stamp. After the copy is stamped in may be rescanned into the nursing facilities electronic chart.

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4. Q: Who completes the PASRR Level II Evaluation?

A: The Aging Well network will complete the PASRR Level II evaluation if the individual is in the community or hospital or if the individual was already admitted to the NF and needs to have Medical Assistance turned on. Field Operations does the PASRR Level II evaluation if the individual was already admitted to the NF and the individual does not need Medical Assistance turned on.

5. Q: Is there a time requirement for the completion of the PASRR process?

A: Yes, there is a time requirement of 7-9 working days for the Preadmission screening of applicants. This is from the date of identification on the PASRR Level I assessment to the date of the Letter of Determination. See CFR §483.112 (c) <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-C/section-483.112>

6. Q: If a person is admitted to a NF from the hospital without a completed PASRR Level I, what should the NF do, and do we still have 48-hours to complete the 408?

A: The PASRR Level I must be completed on the day of admission and if the person requires a PASRR Level II evaluation, the NF will be out of Federal compliance of having the PASRR process done prior to admission. If this happens the NF will have 48 hours to complete and submit the MA 408 to Field Operations.

7. Q: Will Field Operations be looking at the date on the PASRR Level I to ensure that it was completed in a timely manner?

A: Yes, this will continue to be part of the Field Operations PASRR review process.

8. Q: Who should be completing the PASRR Level I assessment?

A: Anyone that would have medical knowledge of the individual and know the medical terminology used in the form.

9. Q: Will hospitals be accountable to have the PASRR Level I filled out prior to admission to a NF? Currently this is a major challenge for NFs.

A: There is no regulation that requires hospitals to complete the PASRR Level I. NFs should not admit individuals until the PASRR process is completed. NFs should coordinate the PASRR process with the hospitals they work with. Many hospitals have participated in the training webinars and the NF should continue to work with the hospitals to complete the PASRR process.

10. Q: If PASRR is completed early on the day of admission, but prior to actual admission, date of PASRR will be same date of admission. Will that be a problem?

A: No, that is fine. This meets the criteria of "prior to admission". However, if a PASRR Level II evaluation needs to be done, you will be out of Federal compliance because you did not have the full PASRR process completed prior to admission.

11. Q: How will the PASRR effect long term care Medicaid eligibility?

A: The PASRR does not affect a person's Long-term Medicaid eligibility. The PASRR must be done for all persons that are admitted to a Medicaid certified nursing facility regardless of their payer source.

12. Q: What if the PASRR Level II is done late or after admission to a skilled nursing facility?

A: The NF may not receive MA payment depending on the circumstance until the PASRR Level II evaluation is done and the NF has received the Program Office Letter of Determination. The NF is responsible for oversight to insure the PASRR process is completed.

13. Q: Does a PASRR Level II evaluation take the place of a MA 51 or is it in addition to?

A: The PASRR Level II Evaluation and the MA 51 are different forms and completed for different reasons.

14. Q: The form says prior to admission. If it is day of admission this makes a difference. It may cause sending institutions not to have people evaluated.

A: The process needs be completed "prior to admission" so individuals can be evaluated with the PASRR Level II if he/she meet the criteria to have the evaluation done.

15. Q: Who will enforce forfeiture of MA reimbursement if PASSR is not completed timely?

A: This is currently being discussed with the Office of Income Maintenance.

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- 16. Q: If the hospital does the PASRR prior to admission and sends it with the patient to the NF, and it is correct, is the SNF able to use that PASRR or does a new one need to be completed?**
A: The nursing facility is to use the one the hospital sends. If corrections need to be made because of additional or missing information they should be made on the form – just sign and date the correction.
- 17. Q: Often physicians from the community and emergency rooms do not know how to fill out the PASRR, how do we make them aware of how to fill out these forms? We are getting forms with the words "I don't know how to answer these questions" literally written on the PASRR.**
A: Nursing facilities need to work with the hospitals to educate them and make sure forms are filled out appropriately. DHS will continue to work with the Hospital Association of Pennsylvania (HAP) to educate the hospitals.
- 18. Q: What if information becomes available after the individual is admitted to the NF - info that had it been available at the time of initial completion of PASRR would have warranted PASRR Level II Assessment?**
A: Notify the NF Field Operations Team by using MA 408 Form that you have a PASRR Level II evaluation that needs to be done. The Team will call and speak to you regarding the case. Field Operations understands that this does happen and will review each situation on a case-by-case basis.
- 19. Q: What website do we go to download the Level I and II forms?**
A: The MA Forms website: <https://www.dhs.pa.gov/docs/Publications/Pages/Medical-Assistance-Provider-Forms.aspx>
- 20. Q: I work in an acute care hospital, what do we do when the AAA takes over 10 days to get in to complete the PASRR Level I assessment?**
A: AgingWell (AAA) does the PASRR Level II evaluations for the Acute Care Hospitals. The Hospital staff should do the PASRR Level I assessment prior to calling the AgingWell (AAA), to make sure a PASRR Level II evaluation needs to be done. If you have issues with the AgingWell (AAA) in scheduling the evaluation in a timely manner, please work with them to resolve or notify Field Operations so they can all work together to resolve.
- 21. Q: Do you offer any face-to-face training?**
A: Not currently. The PASRR Coordinator or Field Operations can do a Teams Meeting or Webinar to provide technical assistance as needed.
- 22. Q: If a community does not receive Medical Assistance (MA) funding, will they have to complete a PASRR?**
A: The PASRR process must be completed in MA certified nursing facilities only. If the facility is a Medicare (MC) only or a private pay facility, the PASRR process does not need to be completed.
- 22. Q: Do we have to wait for all Program Office Letters before we can admit to a NF?**
A: One Program Office letter that says the individual can be admitted to a NF, is sufficient to admit a person. You do not have to wait for all two or three letters before admitting.

PASRR Clarifications and Frequently Asked Questions

AgingWell (AAA) Process

1. **Q: Is there a new Program Office Transmittal Sheet or where can I get a copy?**
A: The Program Office Transmittal form was updated by the Pennsylvania Department of Aging (PDA) and DHS and the most recent version can be obtained from PDA.
2. **Q: What is a FED assessment?**
A: FED stands for Functional Eligibility Determination assessment. This assessment is used to determine clinical eligibility for Medical Assistance (MA) long-term services and supports (LTSS).
3. **Q: For individuals that meet the criteria for one or more Program Office to review the case, do we complete transmittals and other required forms for each Program Office?**
A: The process has not changed. Only one packet needs to be uploaded into the DocuShare site into the folder for the primary Program Office: Office of Mental Health and Substance Abuse Services (OMHSAS), ODP, or Office of Long-Term Living for Other Related Conditions (ORC). If the individual meets the criteria for more than one Program Office, all the required forms for each Program Office must be included in one packet before uploading it into the first Program Office DocuShare folder.
4. **Q: If a Dr. completes as an Exceptional Admission and the Nursing Facility Clinically Eligible (NFCE) assessment unit does not agree that it is an Exceptional admission, what should we do? Who decides if it is an Exceptional or not?**
A: The AgingWell (AAA) would need to discuss this with the hospital. The decision should be made by the nursing facility, AgingWell (AAA), and the hospital. The nursing facility must ensure that the individual meets the exceptional admission criteria, or they should not admit the individual until the PASRR Level II evaluation is done. AgingWell (AAA) should consult the Program Office.
5. **Q: How long does it take for a PASRR Level II to be completed while in the hospital?**
A: The whole process, from the identification to the receiving of the Letter of Determination is to take 7-9 working days. The AgingWell (AAA) should be performing the evaluation within 72 hours of notification.

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Out of State Process for Pennsylvania PASRR

- 1. Q: If a resident is in an out of state hospital and based on PASRR, we think they may be a target, can we accept them in Pennsylvania?**

A: Yes, you may accept them, but you must have the AgingWell (AAA) call the out of state place that the individual is currently at and do a paper chart review prior to admission to make sure the person is Nursing Facility Clinically Eligible (NFCE). Please refer to the Pennsylvania PASRR website for the out of state process:
<https://www.dhs.pa.gov/providers/Providers/Pages/Out-of-State-Seeking-Long-Term-Care.aspx>
- 2. Q: If the AgingWell (AAA) goes to the nursing facility on the day of admission, they will not have any medical information. The Dr. hasn't even seen the consumer in the NF yet. Our NFCE assessment requires information that we need from the physician.**

A: You would have to review the records that came from the hospital or prior facility to obtain the necessary information to complete the packet to be submitted to the Program Office for review.
- 3. Q: We are a skilled facility located outside of Pennsylvania. What do we do if a referral requires a PASRR Level II and AgingWell (AAA) will not go to the hospital out of state to do the evaluation?**

A: The AgingWell (AAA) does not go out of State. The AgingWell (AAA) will do a chart review prior to the individual coming to Pennsylvania. And once the individual has been admitted to the nursing facility, the AgingWell (AAA) will evaluate the individual in the nursing facility.
- 4. Q: Is a PASRR required when an out-of-state resident is being admitted to a PA SNF?**

A: Yes, the PASRR process is followed for out-of-state individuals and the PA specific forms must be used.
- 5. Q: Which county will review the PASRR I and II when the person is being admitted to a PA SNF from out-of-state.**

A: The county that would review these individuals would be the county the NF is located in.

PASRR Clarifications and Frequently Asked Questions

Forms

PASRR Level I Form

Section II – Neurocognitive Disorder (NCD)/Dementia

NOTE: The clarification at the beginning of this document should address issues related to NCDs and how to complete the form to determine if a Level II evaluation needs completed.

1. Q: At what point does a NCD need a PASRR Level II evaluation?

A: A PASRR Level II needs to be done if the individual has a NCD and a serious mental illness, Intellectual Disability, and/or Other Related Condition that would meet the criteria to have a PASRR Level II done. See the clarification section at the beginning of this document.

2. Q: What happens when the resident has a Diagnosis of Dementia AND Schizophrenia? Does the diagnosis of Dementia automatically exclude them from a PASRR Level II?

A: It depends on the severity of the dementia (see clarification at the beginning of this document). This can be a gray area and it may be beneficial to either call the Program Office or your Field Operations Team to discuss. As an additional resource, see CMS PTAC presentation on Dementia <https://www.pasrassist.org/webinars/Dementia-and-PASRR>. Simply stating that an individual has Dementia is not adequate to exclude them from a Level II evaluation. The diagnostic criterion includes a history, neurological examination, mini mental status examination, CBC and differential, electrolytes, TSH, B-12 level, drug levels and CT of the brain. If these items are not in the documentation, then the Department will evaluate the request with the submitted documentation.

3. Q: If the psych stay is due to dementia do you still need to send a 408?

A: No, the MA 408 does not need to be sent if the only diagnosis is dementia.

4. Q: Does dementia always override a mental illness diagnosis? I have residents with dementia who may have several psych diagnoses.

A: No, dementia does not always override the MI diagnosis. You must evaluate the person's severity of dementia, how the individual is able to function on a daily basis, their ability to understand, and participate in their surroundings.

5. Q: On the PASRR Level I, Section II NCD, when someone comes for a short term stay with a Diagnosis of Dementia with no mild or major determination, how do you determine if they need a Level II evaluation done?

A: You should ask the physician to make a determination. If that is not possible, review the physician's notes to try to determine. Is there any testing that was done? What is the family saying? Was a Mental Status Exam done? If you are still not able to determine, mark "Yes" at Section II, #1 that the individual has dementia, and at #2, you mark "No", indicating that you do not know the level of the dementia.

6. Q: What are examples of "corroborative testing or other information" related to Neurocognitive Disorder Section II # 3?

A: Standardized tests, information from family/friends, medical records (including notes made by physicians, nurses, social workers, etc.) are some examples.

7. Q: What if the patient has alcohol related dementia?

A: This is not a Mental Health Condition; you would not need to have a PASRR Level II evaluation done. A client who has both an alcohol related Dementia and a history of psychiatric problems should not automatically be considered to have Dementia related to alcoholism. The physician needs to clearly document that the Dementia related to alcoholism is the primary diagnosis.

8. Q: What about a TBI that is not a dementia, the TBI is new, and patient does not meet with criteria of the other categories?

A: A Traumatic Brain Injury (TBI) is considered a Neurocognitive Disorder. If there is no Mental Illness diagnosis, most of these persons will be a regular admission, but if the TBI occurred prior to age 22, it would also fall into the Other Related Conditions Program Office area.

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9. **Q: Would Anoxic brain injury be noted in Section II Neurocognitive disorder? Anoxic brain injury is considered a non-traumatic head injury, caused by an injury without physical trauma.**
A: Yes, it is a Neurocognitive disorder.
10. **Q: Which program office will be responsible for fielding questions related to section II- Neurocognitive disorders?**
A: The Office of Mental Health and Substance Abuse Services Program Office.
11. **Q: We get a lot of residents who are admitted with a blank diagnosis of "dementia". If they have this diagnosis, do we still mark "yes" for Mild or Major NCD?**
A: Yes, you need to mark it "Yes". Request the physician to clearly document whether it is 'mild' or 'major'.
12. **Q: What are some examples of NCD's?**
A: Alzheimer's disease, Huntington's disease, Parkinson's disease, Lewy Body's disease, Wernicke-Korsakoff syndrome, Cretzfeldt-Jakob disease, Traumatic Brain Injury are some examples of NCD's.

Section III – Mental Health (MH)

III-A – Related Questions

Diagnosis

1. **Q: If a new diagnosis of depression or anxiety, etc. is given after admission, will they need to have the PASRR Level II done by Field Operations?**
A: If the diagnosis is indicated after admission, you would not need to have a PASRR Level II evaluation done unless there was a change in condition as indicated on the MA 408 form. If there is a "Yes" in Section III-B and/or a check in III-C, a PASRR Level II evaluation would need completed.
2. **Q: If we can't determine if the main problem is Dementia or schizophrenia can we get a physician to document in writing his opinion?**
A: Yes, you can get a Physician to document the primary diagnosis. As an additional resource, see CMS PTAC presentation on Dementia <https://www.pasrassist.org/webinars/Dementia-and-PASRR>. Simply stating a client has Dementia is not adequate. The diagnostic criterion includes a history, neurological examination, mini mental status examination, CBC and differential, electrolytes, TSH, B-12 level, drug levels and CT of the brain. If these items are not in the documentation, then the Department will evaluate the request with the submitted documentation. See the clarification for NCD at the beginning of this document.
3. **Q: What is the difference between psychosis and psychotic disorder? Is psychosis a symptom and not a diagnosis? Does a PASRR Level II Evaluation need to be done?**
A: Psychosis is a symptom and Psychotic Disorder is a diagnosis. If the individual has the symptom of psychosis as a result of a neurocognitive disorder or other medical condition, then a PASRR Level II would not be necessary. If the psychosis is a result of a mental illness, a PASRR Level II would need to be completed if there is a "Yes" in Section III-B and/or a check in Section III-C. Complete the entire PASRR Level I form to be sure. Consult with Aging Well Network or Field Operations, if there are questions about whether an individual meets the criteria for a Mental Health Condition.
4. **Q: If an established resident is admitted to a hospital for a psych stay and did not previously meet criteria by the OMHSA Program Office, can the NF re-admit prior to Level II PASRR being completed or must the hospital initiate the PASRR Level II?**
A: The individual can go back to the nursing facility and the nursing facility send a MA 408 to Field Operations listing the Change in Condition so that a PASRR Level II evaluation can be done.

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Substance Related Disorder

- Q: In Section III-A 2. c., regarding substance related disorder, if there is a smoker needing SNF for COPD or lung cancer, would that be a 'yes' for NF placement associated with this diagnosis?**
A: No, tobacco use may have caused the COPD or lung cancer, but it is not the tobacco use that is leading to the nursing facility placement; the nursing facility placement is a result of the COPD or lung cancer diagnosis and symptoms. Also, an individual requires a substance use diagnosis from a physician for you to be able to indicate "Yes" under Section III-A #2 a. on the PASRR Level I form.
- Q: If a patient does not have a serious mental illness, but substance abuse has affected their ability to function in community, are we looking at getting a PASRR Level II?**
A: No, you would not need to have PASRR Level II evaluation, if there is no underlying mental illness, but work the form through to make sure there is no underlying cause. Individuals that have a substance related disorder may also have a serious mental illness that requires a PASRR Level II evaluation.
- Q: If an individual uses tobacco, do we have to list that under substance abuse?**
A: Only list it if the doctor gives the person a diagnosis of a "Substance Related Disorder".

III-B – Recent Treatment

- Q: Does a psychiatrist still need to be the one to verify a suicide attempt/ideation with plan?**
A: For the PASRR Level I Assessment, it does not need to be verified, but for the PASRR Level II evaluation, it does. It is best to request a psychiatric consult anytime you have a suicide attempt.
- Q: Is the two-year deadline in Section III-B exactly twenty-four months? What if it's twenty-five months?**
A: No, the deadline is not exact. Look at the situation. Call the MH Program Office, if necessary, to determine whether a PASRR Level II evaluation needs to be done.
- Q: Will suicidal ideation with a plan continue to be excluded from Exceptional Admissions and still require an OBRA letter prior to admission to NF?**
A: A suicide ideation or a suicide attempt within the past 3 months is and will continue to be excluded from Exceptional Admissions. These persons always need to have a PASRR Level II evaluation and a Program Office Letter of determination prior to admission to a nursing facility.
- Q: Can you clarify ideation with a plan? If I have a resident that says they have a plan about killing themselves, would they automatically be a target?**
A: Suicide ideation with a realistic plan (Is the person capable of carrying it out?) must have a PASRR Level II evaluation done. You must determine if it is a realistic suicide plan versus attention seeking behavior through the PASRR Level II evaluation.
- Q: In Section III-B #2 d can you include examples of "Other"?**
A: Examples for "Other" could be getting fired from a job or getting expelled from school.

Section IV – Intellectual Disability/Developmental Disability (ID/DD)

- Q: Can you give examples of what "current evidence of an ID/DD" means?**
A: Someone that may have never received a physician's diagnosis for ID/DD; may have lived with family all their life, never attended a school, cannot cook for self, or live alone are some examples.
- Q: If a resident received Chapter I classes (Math Reading) but was never tested (past rule: testing score less than 70) should this go on the ID/DD line then worked out?**
A: Yes, complete the rest of the form.
- Q: Do we only proceed to a PASRR Level II if IV A, B, and C are YES, correct?**
A: No, a PASRR Level II evaluation needs to be done if: The individual has evidence of an ID/DD or an ID/DD diagnosis (Section IV-A) and has a "YES" or "cannot determine" in IV-B and a "YES" in IV-C with at least one functional limitation, or the individual has a "YES" in IV-D, or E, or F.

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Section V – Other Related Conditions (ORC)

- 1. Q: If a person has an ORC after age 22 should we still list the diagnosis with the date it occurred?**
A: No, do not list diagnosis(es) after the age of 22.
- 2. Q: Can you respond to issues relating to target status for individuals who are blind and deaf?**
A: A person must have both blindness and deafness prior to the age of 22 to meet the criteria for the ORC Program Office.

Section VII – Exceptional Admission – See clarification at the beginning of this document.

- 1. Q: Can a patient in an observation bed at a hospital be an exceptional admission?**
A: By Federal Regulation an Exceptional Admission can only be from an inpatient stay in an acute care hospital.
- 2. Q: Should the physician's note be attached to the PASSR for exceptional admission?**
A: Yes, the physician's note is to be placed in the chart in the NF along with the PASRR for the Exceptional Admission.
- 3. Q: What about admits from ER, can they be Exceptional Admissions?**
A: Admissions from the ER are not an acute inpatient stay and cannot be an Exceptional Admission.
- 4. Q: Under exceptional admission, we get a lot of people with terminal illness, they are not stable, but the doctor indicates life expectancy is less than 30 days, will they qualify?**
A: Terminal illness is not considered an Exceptional Admission in Pennsylvania.
- 5. Q: If we have a resident in our Assisted Living section (so never had a PASRR) who did have an inpatient Psych stay within a year, then a few months later went out to the Hospital and had a three-night stay and needed Skilled services and then came to our nursing facility for rehab. Could this individual be an exceptional admission?**
A: There is no requirement for length of stay in the hospital. The requirement is that it must be a stay in an acute care hospital for inpatient medical care. The individual described above could be an Exceptional Hospital Discharge, providing all the criteria are met and he/she were not in an observational stay in the hospital.
- 6. Q: If Emergency Placement Exceptional Admission is used, what proof of "certification" is needed?**
A: The Protective Services Agency's physician must provide certification that an emergency placement is required.
- 7. Q: For Exempted Hospital Discharge - Is the physician's signature no longer required anywhere on the updated form?**
A: The physician's signature is not required anymore. Now you must have a physician's note with documentation in it about why an Exceptional Admission is needed with his/her signature with date on that note. This note must be attached to or with the PASRR Level I on the individual's chart.

Section IX – Individual Completing Form

- 1. Q: What if the individual completing the form does not sign in Section IX of the PASRR Level I form?**
A: The person who is filling out the form is to sign at Section IX. If you are the person reviewing the form on admission to the nursing facility and noted the form was not signed, you would note that on the form. State that the form was not signed and by whom (you may note "the hospital"), and then you would sign that you reviewed the form on admission. These forms must be signed. It is the nursing facility's responsibility that the form is filled out correctly.

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PASRR Level II Form

General Questions for PASRR Level II

1. **Q: Can the supportive information in IV-B be the NFCE Assessment completed by Aging Well?**
A: Yes, the NFCE Assessment can be used as supportive information. You must make sure though that it contains all the requested information in IV-B #1.
2. **Q: What services are actually able to be utilized for someone who is identified as a target?**
A: The Specialized Disability Services are listed in Section VII-B on the PASRR Level II form.
3. **Q: What specialized services are available for rural counties?**
A: The Specialized Services that are available are the ones that are listed in the PASRR Level II evaluation for the particular Program Office at Section VII-B.
4. **Q: If the individual is not able to be interviewed due to cognitive deficits or inability to focus etc., what do you mark in "does resident desire supportive services"?**
A: Write what you just stated, "individual cannot be interviewed due to cognitive deficits or inability to focus" on the form. The Program Office will make the determination regarding Specialized Services.
5. **Q: Will DHS be providing the Counties with additional resources to pay for the recommended specialized services?**
A: CMS has stated that Specialized Services be provided to individuals in a nursing facility. Nursing Facilities must work with counties, CHC/MCO's, Behavioral Health MCO, and Program Offices to ensure specialized services are provided.
6. **Q: Who actually provides the specialized services?**
A: It depends on the Program Office. MH services can be funded by Medicaid, Medicare, Private Insurance, or county based funds. ID Specialized Services are county based. In this case, the counties are responsible for providing those services in coordination with the Nursing Facility. Once admitted into the NF, Specialized Services for individuals with ID will continue to be funded by the County ID office until, such a time as the Community Health Choices/Managed Care Organization (CHC/MCO) has assumed the funding and is able to provide the Specialized Services for the individual. ORC Specialized Services are provided by a contractor for persons in a nursing facility that are not in a CHC/MCO. Once the person is in CHC/MCO in the nursing facility, the CHC/MCO will provide those services in coordination with the Behavioral Health MCO.
7. **Q: Who actually provides the specialized services?**
A: The NF and funding agencies are responsible to work together to find providers or individuals who can provide the recommended specialized services for the resident in the NF.
8. **Q: If the program office requests further information, who does the program office send the request to? Who is responsible for responding to that letter? What is the AgingWell (AAA) or Field Operations' responsibility once a packet has been forwarded to the program office?**
A: The Program Office will request further information from the setting the individual is in currently. If the individual is in the hospital the Program Office sends/faxes a letter to the hospital Social Worker and if the individual is in a nursing facility the Program Offices sends the letter requesting the information from the nursing facility.
9. **Q: A PASRR Level II evaluation only needs to be completed if a person meets the Program Office criteria, correct?**
A: The PASRR Level II evaluation is only completed if the individual meets the criteria for a further review by the Program Office(s).

Section II-C – Medications

1. **Q: Do we have to list all medications a person is on now, or can we just write a note to refer to the Medication record included in the packet of information that is sent to the Program Office?**
A: You may write a note to refer to the Medication record as long as the medication record contains all the information requested in this section, (Medication, Diagnosis, Dose, Frequency, and Side Effects).

PASRR Clarifications and Frequently Asked Questions

Section IV – Mental Health (MH)

- Q: There are exceptions to completing the SLUMS on the NFCE Assessment. Do those exceptions apply? Exceptions for not doing the SLUMS on the NFCE Assessment include blindness, paraplegia, dysphagia, and dementia.**
A: If the SLUMS cannot be completed due to the individual's condition, document this on the PASRR Level II form.
- Q: Who can do a Psych Evaluation for the PASRR Level II evaluation?**
A: A Psychiatric Evaluation can be done by a Psychiatrist or a Certified Registered Nurse Practitioner (CRNP) within their scope of practice. A psychological evaluation is also acceptable if it meets all the requirements of CFR 483.134 and there is a History and Physical that addresses whether a program of psychiatric specialized services is needed, including whether the client requires medication and/or medication management for their psychiatric diagnosis.

Section V – Intellectual Disability/Developmental Disability (ID/DD)

- Q: Schools only keep records for so long and then they are destroyed. If there is only word of mouth, no records and someone appears to be of low cognition, would the PASRR level II form need to be completed and submitted?**
A: Yes, this person needs to have a PASRR Level II evaluation done and uploaded into the ODP Program Office DocuShare folder. The county or the individual's physician, or family may have copies of the school records or other relevant documentation.

Section VI – Other Related Conditions

- Q: Just to clarify... ORC needs to have three or more limitations?**
A: This is true for the PASRR Level II evaluation. You only need one functional limitation for the PASRR Level I Assessment to meet the criteria to have a PASRR Level II evaluation done.

Section IV-B: Supporting Information

- Q: Is the SLUMS is completed for all admissions? When completing the PASRR Level II form, is it appropriate to respond with a "YES" in Section IV-B #2?**
A: Saint Louis University Mental Status (SLUMS) exam is completed on those individuals that the AgingWell (AAA) does a NFCE assessment for or that Field Operations does a Resident Review on. Yes, you can respond on the PASRR Level II with a "Yes" in Section IV-B #2, if a SLUMS has been completed and note the score. The OMHSAS Program Office is looking for a physician's assessment of the neurocognitive disorder. If the SLUMS is not completed for any reason, the assessor should indicate the reason why it was not completed.

PASRR Clarifications and Frequently Asked Questions

Program Office Letters of Determination

1. Q: Can you accept verbal approvals while waiting for the letter of approval?

A: Yes, nursing facilities may accept a verbal approval. Hospitals cannot. Nursing facilities can call the hospital and tell the hospital that you got a verbal.

2. Q: A verbal approval is acceptable. What about on weekend and after hour admissions?

A: There is no Program Office staff on a weekend to give a verbal approval. Make sure the PASRR process has been completed prior to the weekend.

3. Q: If an individual has a Program Office letter which indicates the individual meets Program Office criteria and is approved for Nursing Facility level of care, but they are discharged from the NF and need to be re-admitted, is the letter still valid for the re-admission?

A: Nursing Facilities are to contact the Program Office to find out if they can use the old letter or if a new PASRR Level II evaluation needs to be done. If a new PASRR Level II evaluation needs to be done, prior to admission, you need to contact Aging Well in the county the individual is currently residing in to have another one done. OMHSAS Program Office letters that indicate approval up to 180 days typically remain valid unless a client is admitted to an acute inpatient psychiatric unit for mental illness. If that occurs, then a verbal request to OMHSAS should be made to determine if the letter is still valid or if a new PASRR Level II needs completed.