

Introducing the New Automated Level 1 PASRR Submission Form

Department of Health Care Services

November 26, 2014

Conference Call



Agenda

1. Background
2. Automated PASRR
3. Screens
4. Preparing for Automated PASRR
5. Coming Soon....

Background

Project Objectives

1. Streamline/automate the PASRR processes.
2. Eliminate the need to fax or mail the Level I form.
3. Reduce the time it takes to issue a Level II Determination.
4. Bring California's PASRR processes into federal compliance for timeliness.

PASRR

The Preadmission Screening and Resident Review (PASRR) is federally mandated for all individuals entering a skilled nursing facility.



(Section 1919(e)(7) of the Social Security Act and Chapter 42 of the Code of Federal Regulations, §483.100 through 483.138)

PASRR Required Processes

1. Level I (Mental Illness Screening): Completed at Facility

- A Level I PASRR Screening is required for every individual entering a Skilled Nursing Facility (SNF).

2. Level II (Evaluation): Completed by DHCS' Contractor - APS Healthcare

- If there is a positive indication of significant mental illness, PASRR is federally mandated to have a third party entity perform a PASRR Level II evaluation to assess and gather data on individuals in Medicaid certified nursing facilities in California that are suspected of or diagnosed with a mental illness.
- As a requirement of the Nursing Home Reform Act included in the Omnibus Budget Reconciliation Act of 1987, the State has contracted with a public or private organization to perform the Level II evaluations since 1989.

3. Determination Letter: Completed by DHCS Clinical Staff

- After the Level II evaluation is completed by the contractor, the PASRR Clinical Evaluation Unit made up of Consulting Psychologists reviews each Level II evaluation and makes determinations and recommendations regarding appropriate placement and treatment for the individual.
- A determinations letter is then written and issued to the facility that includes the treatment and placement recommendations for the individual.

Role of DHCS PASSR Section

1. Receipt and review of Level I PASRR screens for positive significant mental illness.
2. Oversight of external contractor performing the Level II evaluations.
3. Review Level II evaluations for determination of appropriateness of placement and treatment recommendations.
4. Issue a Level II Determination Letter.
5. Provide ongoing training and technical assistance to stakeholders, e.g., Skilled Nursing Facilities and eventually General Acute Care Hospitals (GACHs).
6. Participate in various committees and work groups related to PASRR oversight activities for the state.

Evaluator Role: APS Healthcare

1. APS Healthcare is the third party entity under contract with DHCS to perform Level II evaluations.
2. When an evaluation for mental illness is required, APS Healthcare will contact your facility to coordinate a visit.
 - Visit your facility.
 - Conduct an in-person evaluation.
 - Submit the Level II evaluations results to DHCS.

The New Automated Level 1 PASRR Submission Form

Why Automate The Level 1 Form?

Eliminate costs and workload to fax and mail the Level I forms.

Provide timely information to facilities to improve resident care.

California becomes in compliance for issuing Level II Determination Letters within the Federally mandated 7 to 9 days.

Benefits of the New System

1. Level I form is electronically submitted to DHCS through the Internet. No more faxing or mailing!
2. Contains built-in business logic that reduces data entry.
3. Expedites the Level II evaluation process by the contractor.
4. 24x7 online Level I and II status tracking.
5. Determination letters are available on-line.

The Screening Process

1. Nursing Facilities are federally mandated to complete a PASRR on anyone who enters a skilled nursing facility.
 - The new PASRR system will through an automated questionnaire will help screen whether a Level II evaluation is required.
 - The new PASRR system will create an on-line printable 6170 form.
 - Depending on the answers to the system questions, the new PASRR system will automatically create an on-line:
 - “Need” letter
 - “No Need” letter
 - Existing determination letters are available in the new PASRR system when “no change in condition” is established.
 - If a Level II evaluation is required, an evaluator will contact the facility to schedule a visit.
 - If a resident’s status changes, a re-evaluation is possible at any time.

The New PASRR Web-Based Screening System

Automated PASRR Level 1

Enter Resident Information

Dashboard ▾
Level I ▾
Welcome, PASRRUser1 ▾

🏠 PASRR I > PASRR I Wizard

PASRR Level I

1
2
3
4
5
6

Client Identification
 Facility Completing Level I
 MI Determination
 ID/DD/RC Determination
 Dementia / Related Disorder Determination
 Provisional Admission

1. Date Started

2. Screening Type Initial(PAS) Resident Review (RR) (Status Change)

Section I - Resident Identification

3. Last Name ⓘ
 First Name ⓘ
 Middle Initial

4. Date of Birth

5.a. Social Security Number ⓘ
 5.b. Medi-Cal BIC# ⓘ
 5.c. Medicare HIC# ⓘ
 6. No Identification

7. What type of bed is the resident currently residing in?

General Acute Care Hospital
 Psychiatric Health Facility (PHF)
 Rehabilitation/ Hospital
 Group Home/ Assisted Living
 Skilled Nursing Facility
 Acute Psychiatric Hospital/ Unit
 STP/ IMD
 ICF/ ID
 Other - specify

8. Physical diagnosis at time of transfer/admission to nursing facility

	Primary	Primary diagnosis information will be entered in this open text field
	Secondary	Secondary diagnosis information will be entered in this open text field
	Other	

Enter both Primary
AND
Secondary Diagnosis

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Automated PASRR Level 1

Enter previously documented information on Mental Illness

Dashboard ▾
Level I ▾
Welcome, PASRRUser1 ▾

🏠 PASRR I > PASRR I Wizard

PASRR Level I

Client Identification Facility Completing Level I MI Determination ID/DD/RC Determination Dementia / Related Disorder Determination Provisional Admission

PASRR CID	Last Name	First Name	Middle Initial	DOB
100-001-115	Dason	Cyril		05/05/1986

Section III - Serious Mental Illness (MI) Determination

11. **Diagnosis** - Does the individual have one of the following diagnosis?

Yes - Select applicable boxes No

<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Schizo affective Disorder (SAD)	<input type="checkbox"/> Panic or Other Severe Anxiety Disorder
<input type="checkbox"/> Depression	<input type="checkbox"/> Delusional (Paranoid Disorder)	<input type="checkbox"/> Bipolar
<input type="checkbox"/> Mood Disorder	<input type="checkbox"/> Psychotic Disorder	<input type="checkbox"/> Depression
<input type="checkbox"/> Other - specify		

Indications of MI

12. **Recent Treatment/History** - The treatment history for the mental disorder indicates that the individual has experienced at least one of the following within the last two years.

a. <input type="radio"/> Yes <input checked="" type="radio"/> No Hospitalization for psychiatric treatment	d. <input type="radio"/> Yes <input checked="" type="radio"/> No Significant disruption
b. <input checked="" type="radio"/> Yes <input type="radio"/> No Intensive Case Management	e. <input type="radio"/> Yes <input checked="" type="radio"/> No Suicide Ideation with Plan (verified by psychiatric consult)
c. <input type="radio"/> Yes <input checked="" type="radio"/> No County Mental Health Services	f. <input type="radio"/> Yes <input checked="" type="radio"/> No Suicide Attempt

13. Yes No **Functional Limitation in Major Life Activities**
The disorder results in functional limitations in major life activities within the past three to six months that would be appropriate for the individual's developmental stage.

14. Yes No **Interpersonal Functioning**
The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and/or social isolation.

15. Yes No **Concentration, Persistence, and Pace**
The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, demonstrates inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.

16. Yes No **Adaptation to Change**
The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.

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Automated PASRR Features

Notice ✕

Level II determination is not required and further completion of Level I screening will not be required. The resident can be admitted to or remain in the nursing facility. This form must be filed in the resident's medical record within five days of admission

OK

Business rules are built in to guide the user.

This notice appears when the assessment is complete. A letter of “No Need” is created.

Level I screenings are available on line.

“In Progress” Level I is auto-saved and can be accessed later.

PASRR CID #	Resident Name	DOB	LI Date	Case State	Resolution	Action
200-000-929	Barker, Bob	12/2/1935	11/4/2014	Level I	LI - Submitted	 
200-000-922	David, Troop	9/5/1992	11/4/2014	Level I	LI - Submitted	 
200-000-920	Regina, Small	10/31/1994		Level I	LI - In Progress	 

PASRR Printed Form

Level I – 6170 System Generated Form

- Available as a
PDF
- Can be
printed

State of California-Health and Human Services Agency

Department of Health Care Services

Preadmission Screening and Resident Review (PASRR) Level I Screening Document



The federal Omnibus Reconciliation Act (Public Law 100-203) and 42 CFR 483.100 □38 requires that each individual, regardless of payment source, applying for admission to, or residing in, a Medicaid-certified nursing facility be screened for mental illness and intellectual disability. Federal law prohibits payment for nursing facility services until the PASRR screening has been completed. Please complete all sections that apply. Instructions for submitting the Level I are on Page 4. Do not enter anything in the area noted for State Use Only.



Questions? DHCS-MI (916) 650-6659

MI- Fax : (916) 319-0980

DDS- ID/DD/RC (916) 654-2300

ID/DD/RC - Fax: (916) 654-3256

Level I Screening Can be Completed By:

- Delegated Hospital Staff
- Nursing facility(NF)- Nursing Staff
- Qualified Community services Provider
- Discharge Planner
- Primary Care Physician

Level I Screening Document Distribution:

- **Original** - Resident's NF Medical Record
- **One copy** - DHCS or DDS PASRR, when applicable
- **One copy** - With TAR to Medi-Cal Field Office
- **One copy** - NF

The Level I must be completed at the time of admission.

Readmission to the same NF after temporary hospitalization of 90 days or less does not require another Level I.

A new Level I is required if the individual has been out of the NF system for more than 90 days.

1. Date Started 08/28/2014 2. Screening Type Initial(PAS) Resident Review (RR) (Status Change)

Section I - Resident Identification

3. Last Name Dason	First Name Cyril	Middle Initial	4. Date of Birth 05/05/1986
5.a. Social Security Number XXX-XX-4958	5.b. Medi-Cal BIC# 34059834B3	5.c. Medicare HIC# 345-09-3485-039	6. <input type="checkbox"/> No Identification

7. What type of bed is the resident currently residing in?

- General Acute Care Hospital Psychiatric Health Facility (PHF) Rehabilitation/ Hospital Group Home/ Assisted Living
- Skilled Nursing Facility Acute Psychiatric Hospital/ Unit STP/ IMD ICF/ ID
- Other - specify

8. Physical diagnosis at time of transfer / admission to nursing facility

Primary Primary diagnosis information will be entered in this open text field

Enter both Primary
AND
Secondary Diagnosis

Secondary Secondary diagnosis information will be entered in this open text field

Other

Preparing for the Automated PASRR

Preparing for Automated PASRR

Technical Preparation:

- Do you have a computer that can access the Internet in your facility?
- Check to see if you can access the DHCS' PASRR homepage:
<http://www.dhcs.ca.gov/services/mh/Pages/PASRR.aspx>
- Can you print from your computer?

Organizational Preparation

- Decide who will require user accounts in your facility.

Accessing the New PASRR IT System

- DHCS will notify the facilities in January 2015 on how to access the new PASRR system and assist them with setting up facility accounts for their users.

Training

- DHCS will provide training via WebEx starting December 17 and ongoing as required and requested by the facilities.

Want to know more...

Ask us!

- For more information about the new PASRR system and important dates, logon to the following site:
<http://www.dhcs.ca.gov/services/MH/Pages/PASRRIT.aspx>
- For help, call the dedicated phone line at 916-650-6945 or you can email your questions to mhpasrr@dhcs.ca.gov.