

Date: June 20, 2024

To: Preadmission Screening and Resident Review (PASRR) Partners

Subject: Updated PASRR Level 1 Screening

Purpose: The PASRR Level 1 Screening has been updated to clarify the questions listed on the form.

Executive Summary

The PASRR Level 1 Screening is the first step of the PASRR process, which assesses whether an individual needs to proceed with further evaluation by PASRR contractors if the initial screening is positive for serious mental illness (SMI) and/or intellectual disability, developmental disability, and/or related condition(s) (ID/DD/RC). If the screening does not indicate signs of a SMI or ID/DD/RC, the individual can be discharged to a Medicaid-certified Skilled Nursing Facility (SNF). Over the years, the Level 1 Screening has been refined to capture essential information to aid contractors in determining the necessity of a Level 2 Evaluation. This latest version of the Level 1 Screening has been further refined to clarify the screening questions and gather pertinent information for the contractor. The updates were necessitated to improve the efficiency of the screening and reduce false positive results.

Background

Upon submission of a Level 1 Screening there are four possible outcomes: 1) immediate termination with a negative screening, 2) immediate termination with an Exempted Hospital Discharge, 3) progression to the contractor for further review when a positive screening is triggered, or 4) progression to the contractor for further review of a categorical determination. Any step beyond the Level 1 Screening is considered Level 2. The contractor must gather additional information to determine if a case categorized as Level 2 can be closed as a Categorical, or if the individual needs a Level 2 Evaluation.

The Level 1 Screening has been updated to include additional fields for facility staff to provide direct contact information for contractors in case a Level 2 Evaluation is required. New identification fields have also been added to integrate PASRR information with other DHCS beneficiary data. These enhancements aim to improve the efficiency and effectiveness of the PASRR process both at the initial screening stage and in subsequent evaluations.

Level 1 Screening changes

Facility Information

The following fields were added to capture more specific contact information for the screener, which will allow the contractor to reach the appropriate staff person in a timely manner to screen the Level 2 cases. The previous screening only captured the facility's main phone number which caused delays in the contractor reaching the appropriate staff and completing the case within the 72 hours turnaround time resulting in cases being closed as *Level 2 Attempt Other* and the hospital staff having to submit new screenings for the same individual.

- Direct phone number and extension. Please note, if used, the extension field requires 5 digits. If your extension is fewer than 5 digits, please add leading zeros to ensure the field reaches 5 digits.
 - For example:
 - Ext 1 – Input 00001
 - Ext 12 – Input 00012
 - Ext 123 – Input 00123
 - Ext 1234 – Input 01234
 - Ext 12345 – Input 12345
- Facility discharge planner fax number.
- Facility medical records fax number.
- Direct email.
- Medical Plan Number.
 - Medi-Cal
 - Medicare
 - Private insurance#/ID
 - NA

Section 1 – Individual Information

This section remains the same.

Section 2 – Intellectual Disability (ID) or Developmental Disability (DD) or Related Conditions (RC)

This section has been revised from six questions to four to reduce false positive ID/DD/RC cases. The logic for this section remains the same.

Original Questions:

4. The Individual has or is suspected of having a primary diagnosis of ID/DD/RC. ID/DD/RC include disabilities that originated before the age of 18, are expected to continue indefinitely, and constitute a substantial disability for an individual.

This includes intellectual disability, cerebral palsy, epilepsy, autism, and closely related disabling conditions, but shall not include handicapping conditions that are solely physical in nature.

5. The Individual has a history of a substantial disability prior to the age of 22.

6. The Individual has received services through a Regional Center.

7. The Individual has received ID/DD services, from another agency or facility.

8. Has the Individual ever been referred to Regional Center Services?

9. Because of ID/DD, the Individual experiences functional limitations. Examples of functional limitations include mobility, self-care, self-direction, learning/understanding/using language, capacity for living independently. Functional limitations. (Note: this question has a tooltip stating the functional limitations should be directly related to the ID/DD/RC).

New Questions:

5. The Individual has or is suspected of having a primary diagnosis of ID/DD/RC. ID/DD/RC include disabilities that originated before the age of 18, are expected to continue indefinitely, and constitute a substantial disability for an individual. This includes intellectual disability, cerebral palsy, epilepsy, autism, and closely related disabling conditions, but shall not include handicapping conditions that are solely physical in nature.

6. Because of their ID/DD/RC, the Individual experiences functional limitations. Examples of functional limitations include mobility, self-care, self-direction, learning/understanding/using language, and capacity for living independently. These limitations shall not be related to a physical or mental health condition that the Individual is also experiencing, they should be limitations caused solely by a developmental disability or conditions.

7. Has the Individual ever been referred to Regional Center for services?

8. Has the Individual received services through a Regional Center?

Section 3 – Serious Mental Illness (SMI)

The SMI questions 10, 11, and 12 become 9, 10, and 11 due to the shorter ID/DD/RC Section.

Question 11 for psychotropic medication has a minor text change to clarify if the psychotropic medications is for serious mental illness.

Original Question: The Individual has been prescribed psychotropic medications for mental illness.

New Question: Has the Individual been prescribed psychotropic medications for Serious Mental Illness?

Section 4 – Categorical Determination

The Categorical Determination questions 13, 14, and 15 become 12, 13, and 14 due to the shorter ID/DD/RC Section.

Question 12 about brief stay has been modified to indicate that the stay is less than 15 calendar days.

Original Question: The Individual requires less than 15 days stay.

New Question: The Individual requires a stay of less than fifteen (15) calendar days.

Question 13 remains the same.

Question 14 for Severe Physical Condition has been updated to clarify how the effect of a neurocognitive disorder may prevent an individual from receiving specialized services.

Original Question: The individual could not benefit from specialized (mental health) services because there is a severe physical condition such as coma, ventilator dependence, or neurocognitive disorder (dementia) that prevents the individual from engaging with others, communicating effectively, and/or participating in mental health care; Or the Individual has a terminal illness that is currently being treated under palliative, comfort, or hospice care.

New Question: The individual could not benefit from Specialized Add-on Services because of conditions including but not limited to coma, ventilator dependence, hospice and neurocognitive disorder. Neurocognitive disorder, and the previously used term, "Dementia," refers to a physical condition that disrupts the individual's capacity to engage in productive interaction or to communicate their needs such that participating in a face-to-face or telehealth evaluation would be unreasonably disruptive to their care.

Question 14a was refined to specifically ask for the severe physical conditions that prevent the individual from participating in Specialized add-on services.

Original Question: Provide the physical diagnoses that causes the individual to require Nursing Facility care, followed by the specific conditions or reasons that prevent the individual from participating in specialized services.

New Question: Provide the specific severe physical conditions that prevent the Individual from participating in Specialized Add-on Services.

Questions 15 has been edited to clarify the data source that applies to questions 12, 13, or 14 in Section 4.

Original Question: Please select the data source that is the basis for the above categorical application.

New Question: If response to question number 12, 13, or 14 is yes, select the data source(s) that is the basis for the categorical selection.

Section 5 – Current Physical Diagnoses, Bed Type and Exempted Hospital Discharge

Question 16 has been modified to ask for **all** the current physical diagnoses of an individual requiring Nursing Facility services.

Original Question: Please indicate the physical diagnosis/diagnoses that requires SNF level of care.

New Question: Specify all the Individual's current physical diagnoses that require Nursing Facility services.

Question 17 has been updated to allow the screener to choose from a list to indicate where the individual is currently placed.

Original Question: What type of bed is the resident currently residing in?

New Question: Identify the Individual's current location by selecting one (1) of the following.

- General Acute Care Hospital
- Nursing Facility
- Group Home/Assisted
- Acute Psychiatric Hospital/Unit
- Special Treatment Program/Institution for Mental Disease
- Intermediate Care Facility
- Other – specify

Question 18 has been modified for the screener to confirm whether the three criteria allowing for an exempted hospital discharge have been met prior to selecting "Yes." (The criteria are defined in tool tip.)

Original Question: Exempted Hospital Discharge.

New Question: Does the Individual meet the criteria for an Exempted Hospital Discharge?

DHCS' ongoing Level 1 and Level 2 training webinars will now include information on the new Level 1 Screening. These training webinars serve to provide a comprehensive review of the Level 1 screening and assess the responses that lead to four possible outcomes.

References

For further guidance, please visit the [PASRR website](#).

For PASRR Information Notices, please visit the [PASRR Information Notices](#) page.

For training material, please visit the [PASRR Training](#) page.

For questions regarding this PASRR IN, please contact DHCS' PASRR program staff at ITServiceDesk@dhcs.ca.gov.

Sincerely,

A handwritten signature in black ink that reads "Kyna Kemp". The signature is written in a cursive, flowing style.

Kyna Kemp, Chief
PASRR Section
Clinical Assurance Division
Department of Health Care Services