



PASRR

**How to complete the Level I fast
and efficiently; opportunity to ask
questions of the PASRR DHCS staff**

Agenda

- Moderator Instructions
- Introductions
- Purpose of the Meeting
- What is PASRR
- Online PASRR Update
- Online Overview of the new DHCS 6170
- Next Steps
- Contact Information

Introductions

- Boukje Eerkens, Psy.D.
 - 15 years in psychological assessment and intensive outpatient and inpatient psychotherapy; 6.5 years with PASRR
- Michele Ernst, Psy.D.
 - 14 years experience with the State of CA (including DDS, CDCR, DMH, and DHCS; 9 years with PASRR
- Diana Downing, Ph.D.
 - 17+ years in psychological treatment and services (including private practice, community mental health, Regional Centers, DDS, DMH, and DHCS); 5 years with PASRR
- Carl Bonacci, Ph.D.
 - 12 years experience in psychological assessment, geriatric neuropsychology, and forensic psychology; 2 years with PASRR
- Jennifer Ochoa, Psy.D.
 - 9 years in forensic psychology, crisis intervention, psychological assessment, and clinical supervision; 2 years with PASRR

Reminders

- Mute phone consoles during the Webinar
- You can control the Webinar volume from your own desktop
- We invite you to post questions during the Webinar. Questions may be chosen for response during the Webinar.
- Due to the volume of questions, most questions posted during today's Webinar will be answered and posted on the PASRR website.
- FAQs from previous Webinars are now available on the PASRR website: <http://www.dhcs.ca.gov/services/MH/Pages/PASRR.aspx>
- If you have an idea for PASRR system training, please email us at mhpasrr@dhcs.ca.gov

Meeting Purpose

- Provide information about PASRR
- Provide an update on Online PASRR
- Provide information to help facilities completing the Level I DHCS 6170
- Continue ongoing technical assistance and training to NFs/GACHs

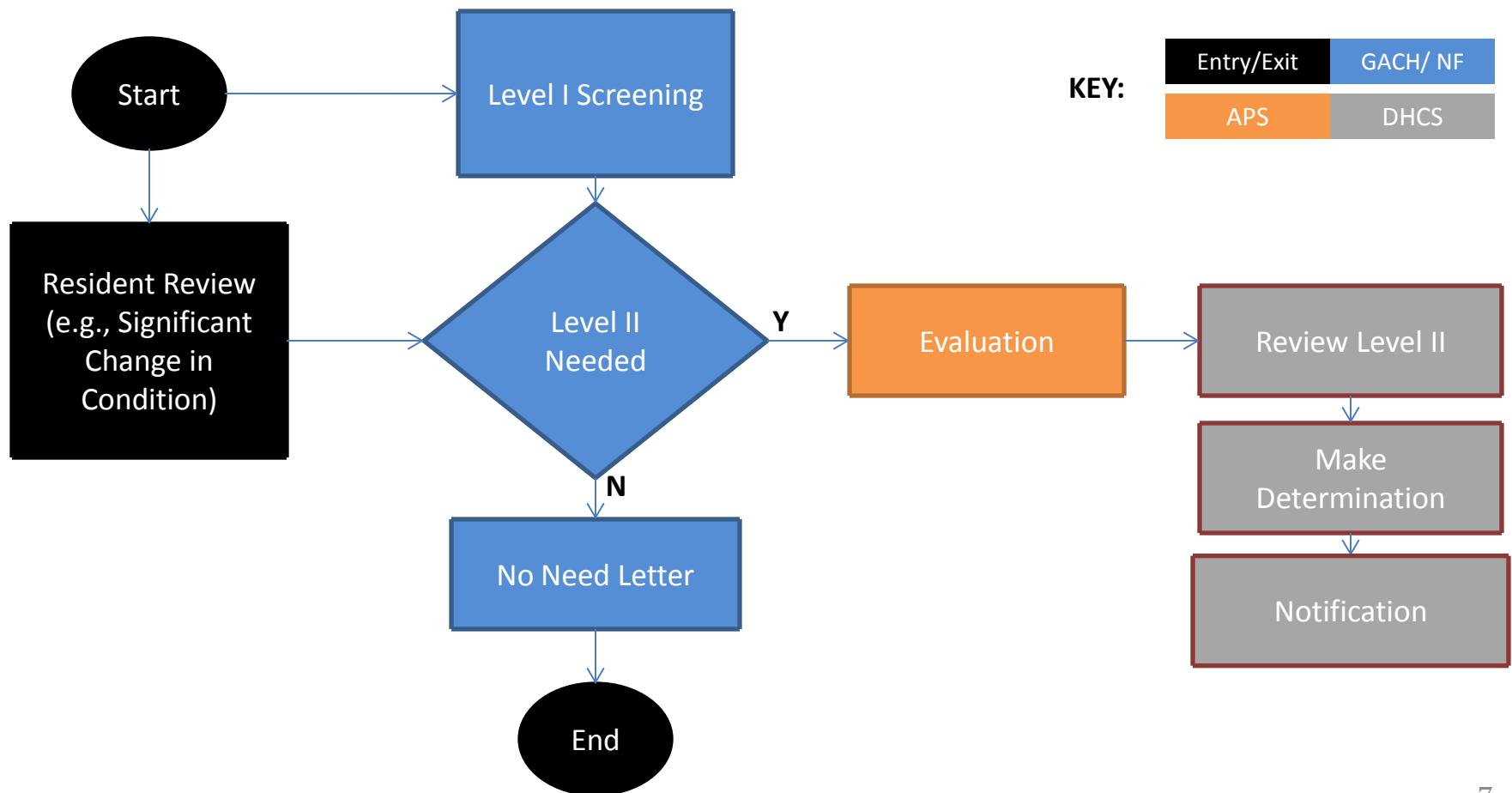
What is PASRR

Preadmission Screening and Resident Review (PASRR) was designed to ensure that individuals are not admitted to or retained in NFs when there are superior alternatives.

PASRR was created in 1987 through language in the Omnibus Budget Reconciliation Act (OBRA). It has three goals

- to identify individuals with mental illness (MI) and/or intellectual disability (ID. Previously termed mental retardation, or MR)
- to ensure they are placed appropriately, whether in the community or in a NF; and
- to ensure that they receive the services they require for their MI or ID (wherever they are placed).

PASRR Process Overview



In California

PASRR (and many other states) is shared by different state agencies:

- The Medicaid agency, (DHCS in CA.) which has ultimate oversight;
- The Department of Public Health that which has Licensing and Certification responsibilities;
- The state mental health authority (DHCS in CA.), which can issue Level II determinations but cannot perform Level II evaluations; and
- The state intellectual disability authority (CDDS in CA.), which can perform Level II evaluations *and* determinations, but can choose to delegate either.

**More information and helpful PASRR FAQs are available at:
<http://www.pasrrassist.org/>**

Online PASRR Update

- **Facilities currently enrolled 947**
- **Administrators 1484**
- **Users 2922**
 - **DHCS routinely receives**
 - **15-20 Enrollment requests a day**
 - **10-15 requests for Password resets**

Level I DHCS 6170

DHCS PASRR Section Chief and Consulting Psychologists will go through the DHCS 6170 and answer any questions you may have.

Level I DHCS 6170 – Section I

1. Date Started		2. Screening Type	Initial Preadmission Screening (PAS) <input type="radio"/>	Resident Review (RR) (Status Change) <input type="radio"/>	Admission Date for RR	
Section I - Resident Identification						
3. Last Name	First Name	Middle Initial	4. Date of Birth	MM	DD	YYYY
5.a. Medi-Cal BIC #	5.b. Medicare HIC #	5.c. Social Security Number	6. <input type="checkbox"/> No Identification			
7. What type of bed is the resident currently residing in?						
a. General Acute Care Hospital <input type="radio"/> c. Psychiatric Health Facility (PHF) <input type="radio"/> e. Rehabilitation/Hospital <input type="radio"/> h. Group Home/Assisted Living <input type="radio"/>						
b. Skilled Nursing Facility <input type="radio"/> d. Acute Psychiatric Hospital/Unit <input type="radio"/> f. STP/IMD <input type="radio"/> g. ICF/ID <input type="radio"/> i. Other - specify <input type="radio"/>						
8. Physical diagnosis at time of transfer/admission to Nursing Facility						
Enter "None" if no physical diagnosis						

Level I DHCS 6170 – Section I

- What is the difference in a Preadmission Screen and a Resident Review?
 - A Preadmission Screen is performed either prior to an individual arriving at a SNF or just after admission.
 - A Resident Review is performed when an individual who has been residing in a SNF experiences a significant change in condition.
- When should I perform a Resident Review?
 - There is no longer a time requirement for Resident Reviews.
 - Resident Reviews should be submitted when an individual experiences a significant change in condition, either physical or mental, that will affect the types of services he or she needs.
- What information should I include in Question 8?
 - This space is for physical diagnosis only. Any mental health information will be addressed in Sections III-V.

Level I DHCS 6170 – Section II

Section II - Facility Completing Level I

9. Name of facility (**no initials**) completing the Level I prior to admission/transfer to the NF (PAS) or the NF where the resident currently resides (RR).
This is the location where the Level II evaluation will occur when applicable.

Facility Name: Name of Person Completing Form:
Address: Phone: Fax:
City: Zip code: E-mail address:

10.a. Yes ☐ No ☐ Unknown ☐ Has the resident been out of a Nursing Facility for more than 90 days, whether in an acute hospital or community setting?

10.b. Yes ☐ No ☐ Unknown ☐ Has the resident experienced a change in his or her medical condition that may indicate a change in his or her MI/MR status?

10.c. Enter the proposed transfer date to the NF or enter the date the resident was admitted to the NF where currently located

Transfer Date		or	Date Admitted
	<input type="text"/>		<input type="text"/>

Level I DHCS 6170 – Section II

- I never entered my facility information into PASRR. Why?
 - This information is automatically filled in based on the information you (or your facility) provided when you enrolled in Online PASRR. If it is incorrect, please have your facility Administrator contact DHCS.
- What should I answer for Question 10a?
 - Please always answer “Unknown” to Question 10a. This will help avoid false negative Level I PASRR Screenings.
 - If you accidentally answered “Yes” to this question, please contact DHCS.

Level I – DHCS 6170 – Section III

Section III - Mental Illness (MI) Screen

11. Diagnoses - Does the resident have, or is suspected of having, a mental illness?

Yes - Select applicable boxes ☐ No ☐

☐ Schizophrenia

☐ Schizo-affective Disorder (SAD)

☐ Panic or Other Severe Anxiety Disorder

☐ Depression

☐ Delusional (Paranoid Disorder)

☐ Bipolar

☐ Mood Disorder

☐ Psychotic Disorder NOS

☐ Other - specify

Level I – DHCS 6170 – Section III

- Where do I find the information to complete this section?
 - Use a current MDS if available.
 - If not, information can be found in a former MDS or notes from admission or a former physician's assessment.
 - The individual or their family can provide additional information.
- What do I do if I observe symptoms of a MI but don't know if the patient has been diagnosed with one?
 - Check the applicable box for the suspected MI or check other and describe their symptoms.
- How do I use information on prescription medication to fill out this section?
 - If the individual is taking prescription medication for MI, but has no confirmed diagnosis, check "other" and enter the name of the medication.

Level I – DHCS 6170 – Section III

Indications of MI

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

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

13. Yes ☐ No ☐ **Functional Limitations 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 resident's developmental stage.

14. Yes ☐ No ☐ **Interpersonal Functioning**

The resident 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 resident 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, 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 resident 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.

Level I – DHCS 6170 – Section III

- Why do we ask question 12?
 - All of these factors are indicators of current or recent MI.
- What do questions 13-16 tell us?
 - These questions indicate how well the individual can function and integrate into their new surroundings and how much support they will need to be successful.
- What kinds of changes are relevant to question 16?
 - This can refer both to typical changes that an individual would encounter in their daily life or adapting to their new living situation or physical condition.

Level I – DHCS 6170 – Section IV

Section IV - Intellectual or Developmental Disability (ID)/(DD) or Related Condition (RC) Screen

17. Yes ☐ No/Unknown ☐ Does the resident have an ID/DD/RC diagnosis?
Specify type/diagnosis
18. Yes ☐ No/Unknown ☐ Does the resident have a history of a substantial disability prior to the age of 22?
19. Yes ☐ No/Unknown ☐ Is the resident a consumer of Regional Center services?

Level I – DHCS 6170 – Section IV

- What are developmental disabilities, according to state and federal law?
 - Intellectual Disability, Cerebral Palsy, Epilepsy, Autism, and any other condition that closely resembles any of the above and requires similar treatment and services.
- Who provides services for individuals with developmental disabilities in California?
 - Services are provided for Californians with developmental disabilities through one of 21 Regional Centers.
- Who handles PASRRs for individuals with intellectual disabilities, Cerebral Palsy, Epilepsy, and Autism?
 - California Department of Developmental Services (CDDS).
- What do I do if an individual who is developmentally disabled also has a mental illness?
 - Submit your Level I PASRR form to both DHCS and CDDS.

Level I – DHCS 6170 – Section V

Section V - Major and Mild Neurocognitive Disorders Screen
(formerly Dementia / Related Disorder Determination)

20. Yes ☐ No/Unknown ☐ Is there documented evidence that a major or mild Neurocognitive Disorder is due to Alzheimer's?
21. Yes ☐ No/Unknown ☐ Is there documented evidence that a major or mild Neurocognitive Disorder is due to Traumatic Brain Injury, Vascular Disease, or Stroke/CVA?
22. Yes ☐ No/Unknown ☐ Is there documented evidence that a major or mild Neurocognitive Disorder is due to any other causes than those listed in questions 21 and 22?
If Yes, specify
23. How can requestor show that the Neurocognitive Disorder is the diagnosis?
- a. ☐ Neuropsychological Evaluation
 - b. ☐ Medical/functional history prior to onset of Neurocognitive Disorder
 - c. ☐ Other - Specify
24. Describe the resident's current cognitive function level. Briefly describe why you think the resident could or could not benefit from specialized mental health services.

Level I – DHCS 6170 – Section V

- What are types of Neurocognitive Disorders?
 - Dementia, Alzheimer's Disease, Parkinson's Disease, Huntington's Chorea.
- Do I need to distinguish between major or mild Neurocognitive Disorders?
 - No.
- Why do we ask for this information?
 - We are trying to distinguish between individuals who can benefit from mental health services and those whose Neurocognitive Disorders are too advanced for them to benefit.
 - Individuals with a primary diagnosis of Neurocognitive Disorder often do not require a Level II PASRR Evaluation.
- I don't understand the medical terms used in this section, how do I describe the individual's cognitive function?
 - Use the text boxes in questions 22 and 24 to describe what the individual is or is not able to do or understand.

Level I – DHCS 6170 – Section VI

Section VI - Provisional Admission

- 25.a. Yes ☐ No ☐ Does the resident have delirium?
Pending further assessment of delirium when an accurate diagnosis cannot be made until delirium clears.
- 25.b. Yes ☐ No ☐ Has the delirium exceeded 7 days?
- 26.a. Yes ☐ No ☐ Does the resident require protective services?
Pending further assessment in emergency situations requiring protective services, with placement in a nursing facility.
- 26.b. Yes ☐ No ☐ Has the protective services exceeded 7 days?
- 27.a. Yes ☐ No ☐ Is the resident being admitted to provide temporary respite for the in-home caregiver? (CA Health & Safety Code, Section 1418.1)
Brief respite care for in-home caregivers, with placement for the resident in a NF.
- 27.b. Yes ☐ No ☐ Has the respite care exceeded 15 days?

Level I – DHCS 6170 – Section VI

- What is provisional admission?
 - A way to expedite decisions regarding a person's needs when a full Level II is not necessary.
- What are some signs of delirium?
 - Occasional sleeplessness, severe agitation, and irritability.
- How does delirium differ from a mental illness?
 - Delirium has an onset of hours to days and must be caused by an organic source such as infection or medication.
 - It may not be possible to distinguish delirium from a mental illness without further evaluation.

Level I – DHCS 6170 – Section VII

Section VII - 30 Day Exempted Hospital Discharge

When the resident is admitted to the nursing facility from an ICF/ID, Acute Psychiatric Hospital/Unit or from a Psychiatric Health Facility (PHF), a Level II evaluation is required and the **30-day exempted hospital discharge is not applicable**.

28.a. Yes ☐ No ☐ Has the resident been admitted from a hospital after receiving acute inpatient care and requires NF convalescent or rehabilitation services related to the condition for which they received care in the hospital?

28.b. Yes ☐ No ☐ Will the resident's stay at your facility likely to require less than 30 days of NF services?

29.a. Yes ☐ No ☐ Has the attending physician certified before/upon admission to the NF that the resident is likely to require less than 30 days of NF services?

29.b. Enter Physician's Name

29.c. ☐ I acknowledge that the information entered in 29.a. and 29.b. (if applicable) is true

29.d. Date new Level I Due (Day 31 after admission)

Level I – DHCS 6170 – Section VII

- What is the 30 day exemption?
 - Individuals are exempt from PASRR requirements when their anticipated stay in a SNF is less than 30 days
- What do I do if the individual actually stays more than 30 days?
 - In this case, a PASRR evaluation must be completed before the individual has been in the facility for 40 days.
 - A Level I PASRR Screening should be conducted on the individual's 31st day in the facility.
- What should I enter if the individual is admitted on a 5150 or 5250 hold?
 - Enter these individuals as having a planned stay of less than 30 days.

Next Steps

- **Level I revisions to simplify and shorten**
- **Full Implementation of the Online System**
 - **Enroll Early to avoid delays**
 - **Any faxed or mailed PASRR received after June 30, 2015 will be returned and the facility will be asked to enroll and submit it online.**
- **Phase II- Implementation of preadmission process.**

Contact Information

- PASRR Program contact information
 - Rita McCabe
DHCS Mental Health Services Division
Chief of PASRR Section
 - 916-650-6945
 - MHPASRR@dhcs.ca.gov
 - <http://www.dhcs.ca.gov/services/MH/Pages/PASRR.aspx>
- For questions related to TAR Processing:
 - Xerox Call Center
 - 1-800-541-5555

Assistance is Available

PASRR users have multiple options to access help

1. Ask your Facility's PASRR Administrator – He/she will contact DHCS
2. Send an email to the PASRR Section - mhpasrr@dhcs.ca.gov
3. Call the DHCS dedicated phone line: (916) 650-6945
 - You will receive a response within 24 working hours

For More Information

- Go to the DHCS Website routinely to review FAQs
- Refer to the training documents (routinely updated)
 - 2 Training Manuals: System Basics and Level I
 - This PowerPoint with Job Aid

Assistance is Available – Transition of PASRR Technical Assistance

Beginning July 1, 2015, PASRR Technical Assistance will transition to the DHCS IT Service Desk

1. Send an email - ITServiceDesk@dhcs.ca.gov
2. Call the DHCS IT Service Desk: (916) 440-7000 or (800) 579-0874
 - Between the hours of 7:00 AM and 5:00 PM

Questions regarding policy, program, or clinical concerns can continue to be directed to (916) 650-6945.