WELCOME

State of Utah
PASRR Evaluator Training

October 30, 2019
Today’s Presenters

Robert Snarr, MPA, LCMHC, DHS, Division of Substance Abuse & Mental Health

Erin Lloyd, RN, DOH, Resident Assessment

Sheri DeVore, QIDP, ABISC, SSW, Division of Services for People with Disabilities

Geri Jardine, Division of Substance Abuse & Mental Health
What is PASRR

- To ensure that individuals are evaluated for evidence of possible mental illness and/or intellectual disabilities and related conditions (ID–RC)

- To help ensure individuals are placed appropriately, in the least restrictive setting possible

- To recommend that individuals receive the mental health and/or ID–RC services needed.
The goal of PASRR is to ensure all persons with disability are identified, their needs measured, the full array of needed services and supports are detailed in written recommendations, and that recommended services and supports are delivered.

The goal of PASRR Level I disability screening is to ensure that the power of PASRR evaluations and recommendations are brought to bear for all persons in NFs who have a PASRR disability condition.

PTAC exists to assist states with everything from high level analysis to working together on nuts and bolts parts of PASRR programs.

A trend is building for measurement of PASRR quality, outcomes and effectiveness. “Show us the data.”

Olmstead—“Olmstead v. L.C.” or “the Olmstead decision,”
MDS & Level of Care

- Medicaid 10A MDS & Level of Care
- MDS Significant Change
- Gradual Dose Reduction
R414–502–3. Approval of Level of Care

The Department shall document that at least two of the following factors exist ... that require the level of care of a nursing facility or waiver:

• Due to diagnosed medical conditions, the applicant requires **substantial physical assistance** with daily living activities above the level of verbal prompting, supervising, or setting up;

• The attending physician has determined that the applicant's **level of dysfunction in orientation to person, place, or time requires nursing facility care**; or equivalent care provided through a Medicaid Home and Community– Based Waiver program; or

• The medical condition and intensity of services indicate that the **care needs of the applicant cannot be safely met in a less structured setting**, or without the services and supports of a Medicaid Home and Community– Based Waiver program.
Medicaid Long Term Care – 10A process

PASRR affects the 10A payment for facilities if:
• The Level I is not completed prior to or day of admission
• Less than 30 day stay order is not signed by a physician on the discharge paperwork from a medical hospital stay – acute care hospital only
• Determination is a “denial”
• Facilities fail to appropriately refer for a Level II – missing convalescent/short term stay deadlines
Medicaid Long Term Care – 10A process

Discharge issues:

• Unable to find safe and appropriate placement after residents no longer meet nursing home level of care criteria and are in the facility due to mental illness.

• Potential of working with facilities to recommend placement when PASRR is completed so facilities can work on discharge prior to denial.
A Significant Change
Minimum Data Set (MDS)

A “significant change” is a major decline or improvement in a resident’s status that:

Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered “self-limiting”;
Impacts more than one area of the resident’s health status; and
Requires interdisciplinary review and/or revision of the care plan.
PASRR referral related to a Significant Change MDS

The nursing facility must provide the SMH/ID/DDA authority with referrals ... independent of the findings of the Significant Change MDS. PASRR Level II is to function as an independent assessment process for this population with special needs, in parallel with the facility’s assessment process. Nursing facilities should have a low threshold for referral to the SMH/ID/DDA, so that these authorities may exercise their expert judgment about when a Level II evaluation is needed.
Reasons for Referral to PASRR for a Significant Change

Referral for Level II Resident Review evaluations is **required** for individuals previously identified by PASRR to have mental illness, intellectual disability/developmental disability, or a related condition in the following circumstances: *Note: this is not an exhaustive list*

- A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.
- A resident with behavioral, psychiatric, or mood related symptoms that have not responded to ongoing treatment.
- A resident who experiences an improved medical condition—such that the resident’s plan of care or placement recommendations may require modifications.
- A resident whose significant change is physical, but with behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, that may influence adjustment to an altered pattern of daily living.
- PHQ–9/Mood Assessment score is 19 or above (not dependent on previous PASRR)
Gradual Dose Reductions

• A gradual dose reduction is defined by the MDS manual as “a step-wise tapering of a dose to determine whether or not symptoms, conditions, or risks can be managed by a lower dose or whether or not the dose or medication can be discontinued”.

• Within the first year in which a resident is admitted on an antipsychotic medication or after the facility has initiated an antipsychotic medication, the facility must attempt a GDR in two separate quarters (with at least one month between the attempts), unless physician documentation is present in the medical record indicating that a GDR is clinically contraindicated. After the first year, a GDR must be attempted at least annually, unless clinically contraindicated.
Level I Screening: The Requirements
Level I – Identifies:

- Diagnosis or credible suspicion
- Intellectual disability
- Related conditions
- Serious mental illness
- Primary Dementia
Level I Disability Screen: Purpose

- To identify all persons who must have the Level II Preadmission Screening (PAS) or Resident Review (RR);
- That is, to identify all applicants to and residents of Medicaid-certified nursing facilities (NFs) who possibly have serious mental illness, intellectual disability or a related condition.
Level I Disability Screen Tasks:

- Document that evidence is sufficient to rule out all suspicion of PASRR conditions (more than lack of a diagnosis in the record), by documenting on the Level I that the PASRR contractor or IDD Authority or designated entity was contacted, reviewed the collateral and stated that no Level II evaluation was needed.

- Document that the possible presence of a PASRR condition cannot be ruled out (a Level II evaluation is required),

- Document when information is sufficient to apply certain predetermined PASRR criteria (hospital exemptions), less than 30 day stay certified in writing by the attending physician.
Structure/Infrastructure Considerations

- Integration of Level I with Level of Care
- Integration of Level I screening information with Level II evaluation information (Level II evaluation & State Determination)
- Timeframes
What is a Primary diagnosis of Dementia?

- PASRR regulations at 42 CFR 483.128(m) permit Level II evaluations to be terminated if the Level II evaluator finds that individual has:
  - A primary diagnosis of dementia (including Alzheimer’s Disease or a related disorder)” (42 CFR 483.128(m)(2)(i));
  - However, an evaluation should not be halted if a PASRR disability has not yet been ruled out.
**SECTION 1: DEMOGRAPHIC AND ASSESSMENT INFORMATION**

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<thead>
<tr>
<th>SOCIAL SECURITY (LAST FOUR DIGITS)</th>
<th>BIRTH DATE (MM/DD/YYYY)</th>
<th>AGE</th>
<th>GENDER</th>
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<td>[ ] Islander</td>
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<td>[ ] Native American</td>
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<td>[ ] Hispanic</td>
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<tr>
<th>TYPE OF EVALUATION</th>
<th>TYPE OF RE-EVALUATION</th>
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<tr>
<td>[ ] Pre-Admission</td>
<td>[ ] End of Convalescent Care Stay</td>
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<td>[ ] Initial</td>
<td>[ ] End of Short Stay</td>
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<tr>
<td>[ ] End of Provisional Stay</td>
<td>[ ] Significant Change</td>
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<td>[ ] Over 30 Day MD Certified Stay</td>
<td>[ ] Assessment Update</td>
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**SECTION 1.1: REFERRAL INFORMATION/SCREENING LOCATION**

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<tr>
<th>REFERRAL DATE</th>
<th>ASSESSMENT START DATE</th>
<th>DATE MEDICAL/PHYSICAL INFO AVAILABLE (LEVEL I, H&amp;P AND MD ORDER)</th>
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<td>[ MDS attached: [ ] YES [ ] NO ]</td>
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<tr>
<th>HOSPITAL ADMISSION?</th>
<th>NAME OF HOSPITAL</th>
<th>ADMIT DATE</th>
<th>DISCHARGE DATE</th>
<th>ER ONLY</th>
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<td>[ ] YES [ ] NO</td>
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<tr>
<th>REFERRING AGENCY IF NOT HOSPITAL</th>
<th>ADMIT DATE IF IN NF</th>
<th>NAME OF REFERRAL SOURCE</th>
<th>PHONE NUMBER</th>
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<tr>
<td>Self</td>
<td>Legal Guardian/Conservator</td>
<td>POWER OF ATTORNEY</td>
<td>PHONE #</td>
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<td>Commitment</td>
<td>Legal Representative/POA</td>
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<tr>
<th>LEGAL GUARDIAN NAME</th>
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<th>CELL PHONE</th>
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| LEGAL GUARDIAN ADDRESS | |
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<tr>
<th>APPLICANT/RESIDENT AGREES TO LEGAL GUARDIAN/REP. AND/OR FAMILY PARTICIPATION</th>
<th>TRANSLATOR REQUIRED (IF YES, PLEASE PROVIDE TRANSLATOR NAME AND LANGUAGE)</th>
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<td>YES</td>
<td>NO</td>
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</table>
SECTION 2: MEDICAL JUSTIFICATION & INTENSITY OF SERVICES NEEDED IN NURSING FACILITY

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<th>Diagnosis</th>
<th>Onset Date</th>
<th>Diagnosis</th>
<th>Onset Date</th>
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Include height and weight if obesity is a factor: Height: _____ Weight: _____ BMI: _____

SECTION 3: MENTAL HEALTH SYMPTOMS/SUBSTANCE USE SUMMARY

**Onset of Psychiatric Symptoms with a Medical Condition:** Describe medical conditions that may be contributing to the onset of psychiatric symptoms, including date of onset of the medical condition.

**History/Onset Of Psychiatric Symptoms:** Describe when symptoms started and if there was a precipitating event or circumstance. Also, describe how these specific Psychiatric diagnosis and related symptoms have resulted in serious difficulty in functional limitations in major life activities.

**Substance Use History:** _____

**Current Psychiatric Functioning:** General summary of current functioning, document supportive services required due to SMI in reference to Sec 4 - 483.102(iii)(A)(B). For eg: "Supportive Services" include home health, case management, assistance with self-care and/or other supports.
Section 3.1: DIAGNOSTIC SPECIFIC CHECKLISTS

For all psychiatric diagnoses, there must be a history of functional impairment. Sufficient symptoms to meet the criteria must have been present in the past or currently. Symptoms must have been present in the ABSENCE of substance abuse, and must PRE-DATE medical diagnoses that have psychiatric symptoms as a physiological consequence. 

I = Current/Past

AFFECTIVE DISORDERS

Major Depressive Episode/Disorder (must meet 1 or 2 AND 4 additional for the past 7 weeks)
1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 

A manic Episode/Hypomanic Episode

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<th>A period of elevated, expansive, or irritable mood AND persistently increased goal-directed activity or energy lasting at least one week for a manic episode and at least 4 days for a hypomanic episode and present most of the day nearly every day of the life of the patient AND (3 more of the following):</th>
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<tbody>
<tr>
<td>Belligerence</td>
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<tr>
<td>Emotional lability</td>
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<td>Increased appetite</td>
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<td>Increased sex drive</td>
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<td>Inflated self-esteem</td>
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<td>Insomnia</td>
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<td>Marked distractibility</td>
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<td>Motoricapacity</td>
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<td>Perseveration</td>
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<tr>
<td>Poor judgment</td>
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<tr>
<td>Psychomotor retardation</td>
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Bipolar I Disorder

Criteria have been met for at least one manic episode
The symptoms are not better explained by another psychotic disorder (Schizophreniform Disorder, Schizophrenia, etc.)

Bipolar II Disorder

Criteria have been met for at least one hypomanic episode
Criteria have been met for a Major Depressive episode

PSYCHOTIC DISORDERS

Schizophrenia (1, 2, or 3 below plus one additional)
1. 
2. 
3. 
4. 
5. 

Significant decrease in level of functioning since onset AND
Continuous signs of the disorder for at least 6 months

Schizophreniform Disorder

Schizophrenia and a major mood episode occur concurrently AND

Delusional Disorder

The presence of one or more delusions for at least one month
Apart from the delusion(s), functioning is not impaired
If a mood disorder has occurred, they have been brief relative to the duration of the delusion(s)

Psychotic Disorder NOS

Symptoms characteristic of schizophrenia or another psychotic disorder are present that cause clinically significant distress or impairment in major life functioning but do not meet the full criteria for any disorder.

ANXIETY DISORDERS

Generalized Anxiety Disorder (must meet 1st 2 criteria and 3 of the remaining 6 for at least 6 months)
1. 
2. 
3. 
4. 
5. 
6. 

Panic Disorder (must meet 1st criteria and 4 of the remaining)

Abrupt surge of intense fear, peaking within minutes AND

Increased heart rate

Derealization/Depersonalization

Trembling/Shaking

Shortness of breath

Smothering

Chest Discomfort

Abdominal distress

Light-headed/dizzy/weakness

Sweating

Fear of losing control going crazy

Fear of dying

Chills or hot flashes

At least one attack has been followed by one month of either:

Excessive worry about having another panic attack OR
A maladaptive change in behavior (i.e. to avoid further attacks)

Agoraphobia

Marked fear or anxiety about 2 or more of the following:

Using public transportation

Being in enclosed spaces

Standing in line or being in a crowd

Avoidance of such situations because escape might be difficult

The situations almost always provoke fear anxiety

The situations are avoided, require the presence of a companion, or are endured with intense fear/anxiety

Posttraumatic Stress Disorder

Exposure to a life-threatening event or significant other AND - intrusion - presence of one or more of the following symptoms:

Recurrent, involuntary, and intrusive disturbing memories

Recurrent distressing dreams related to the event

Disassociative reactions (e.g. flashbacks)

Intense or prolonged distress at exposure OR

Marked physiological reactions to cues that symbolize or resemble the event

Avoidance of trauma associations (must meet 1 or more)

Imagery

Speech

External Activities

Places

People

Situations AND - memory mood symptoms as evidenced by 2 or more of the following:

Inability to recall aspects of the event (not due to EDS)

Negative beliefs about self others

Inappropriate blaming of self or others for the event

Persistent negative emotional state (fear, guilt, shame)

Diminished interest in significant activities

Feelings of detachment or estrangement from others

Persistent inability to experience positive emotions

Increased arousal/reactivity as evidenced by 2 or more:

Irritability, surge with little or no provocation

Excessive irritability or anger

Excessive startle response

Problems with concentration

Sleep disturbance

AND - Duration of disturbance is greater than one month
**PERSONALITY DISORDERS** - Below is a summary of all personality disorders. If an individual's presentation is consistent with the description, the evaluator should review the specific DSM V diagnostic criteria for the disorder to determine whether diagnostic criteria are met. In all instances, the described symptoms are severe, pervasive, have been present since early adulthood, and are seen in a variety of contexts/situations.

**Cluster A:**
- **Paranoid Personality** – Distrust and suspiciousness of others such that their motives are interpreted as malevolent.
- **Schizoid Personality** – Detachment from social relationships and a restricted range of expression of emotions in interpersonal settings.
- **Schizotypal Personality** – Social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships and by cognitive or perceptual distortions and behavioral oddities.

**Cluster B:**
- **Antisocial Personality** – Disregard for and violation of the rights of others, beginning by age 15.
- **Borderline Personality** – Instability of interpersonal relationships, self-image, and affect as well as marked impulsivity.
- **Histrionic Personality** – Excessive emotionality & attention seeking.
- **Narcissistic Personality** – Grandiosity (in fantasy or behavior), an excessive need for admiration, and a marked lack of empathy.

**Cluster C:**
- **Avoidant Personality** – Social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation.
- **Dependent Personality** – Excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation.
- **Obsessive-Compulsive Personality** – Preoccupation with orderliness, perfectionism, and mental and interpersonal control at the expense of flexibility, openness, and efficiency.

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**ANXIETY DISORDERS** (cont.)

**Obsessive Compulsive Disorder** (must meet 1. or 2. **AND** 3. or 4.)
1. **Obsessions** – intrusive thoughts, urges, images that cause marked distress, with an attempt to ignore or suppress with another thought or a compulsion **OR**
2. **Compulsions** – repetitive behavior driven to perform due to an obsession or a set of rigid rules, to reduce anxiety, are not realistically connected to the obsession or are clearly excessive.
3. **Time consuming** – more than one hour a day **OR**
4. **Cause clinically significant distress/impairment**

**Somatization Disorder** (must meet first criteria **and** 2 additional)
- Presence of one or more very distressing somatic symptoms that cannot be fully explained by a general medical condition **AND**
1. **Disproportionate and persistent thoughts about the symptom**
2. **Persistently high level of anxiety about health or symptom(s)**
3. **Excessive time and energy devoted to the symptom(s)** **AND**
- **Duration of symptoms is 6 months or more.**

**ALL DIAGNOSES GIVEN MUST MEET DSM V CRITERIA.**
**SECTION 4: LEVEL OF IMPAIRMENT (ADAPTED FROM CFR 483.102(II)(A)(B)(C))**

Functional limitations in major life activities within the past 3 to 6 months. Must have at least one of the following characteristics on a continuing or intermittent basis in each area - Adaptation to Change, Concentration and Interpersonal Functioning.

**Adaptation to change (serious difficulty)**
- □ Adapting to typical changes in circumstances associated with: □ Family □ School □ Social Interaction □ Work
- □ Exacerbated signs and symptoms associated with the illness
- □ Manifests agitation
- □ Requires intervention of the mental health or judicial system
- □ Withdrawal from the situation

**Concentration, Persistence and Pace (serious difficulty)**
- □ Difficulties in concentration
- □ Inability to complete simple tasks within and established time period
- □ Makes frequent errors
- □ Requires assistance in completion of these tasks
- □ Sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work setting or work-like structured activities occurring in school or home settings

**Interpersonal Functioning (serious difficulty)**
- □ Maintaining interpersonal relationships
- □ Communicating effectively with others
- □ Housing
- □ Fear of strangers
- □ Employment
- □ Criminal Justice Involvement
- □ Social Isolation
- □ Violence

**483.102(iii)(A)(B) Recent Treatment**
- □ Psychiatric treatment more intensive than outpatient care more than once in the past 2 years: (e.g., partial hospitalization/day treatment or in-patient hospitalization; crisis intervention) OR

**Within the last 2 years:**
- □ Experienced an episode of significant disruption to the normal living situation which:
  - □ Required supportive services due to serious mental illness, to maintain function at home or in a residential treatment environment OR
  - □ Resulted in intervention by housing or law enforcement officials
SECTION 5.0 MENTAL STATUS EXAMINATION/SUMMARY

SECTION 5.1 DESCRIPTION
Appearance: 
Attitude: 
Overt Behavior: 
Affect: 
Thought Form & Content: (i.e. linear, logical, tangential): 
Speech Clarity & Modes of Expression: 

SECTION 5.2: EVALUATION OF COGNITIVE FUNCTIONING

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<thead>
<tr>
<th>ORIENTATION: (Y)es, (P)artial, (N)o, (U)nable to assess</th>
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<td>- Person</td>
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<tr>
<td>CONSCIOUSNESS:</td>
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<td>JUDGMENT:</td>
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<td>MEMORY:</td>
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<td>INSIGHT (Knowledge of Illness)</td>
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Additional Testing Results (if available): (i.e. mental status exam, depression inventory. Attach copy.) 

Would the Applicant/Resident benefit from referral for guardianship/conservatorship services? YES NO

SECTION 5.3: ASSESSMENT FOR DANGER TO SELF OR OTHERS

Do your findings indicate the Applicant/Resident may be a substantial danger to himself/herself or others? YES NO
If Yes, does the nursing facility’s supervision and structure mitigate the danger? YES NO If yes, please explain:

SECTION 5.4: INTELLECTUAL DISABILITY-RELATED CONDITION

Does the Applicant/Resident have a documented history of intellectual disability? YES NO
Does the Applicant/Resident have a documented history of a related condition? YES NO
If Yes to either question, what is the diagnosis?
### SECTION 6: CURRENT MEDICATIONS
- Psychiatric medications taken within the last 30 days that could mask or mimic symptoms of mental illness:

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<tr>
<th>MEDICATION</th>
<th>DOSE/FREQUENCY</th>
<th>MEDICATION</th>
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Allergies/Adverse Reactions/Side Effects: 

### SECTION 7: MENTAL HEALTH/SUBSTANCE ABUSE DIAGNOSTIC SUMMARY IMPRESSION

<table>
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<th>DSM-V</th>
<th>Diagnosis Description</th>
<th>DSM-V</th>
<th>Diagnosis Description</th>
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Diagnostic Formulation: 

Recommendations for services to be provided by the Nursing Facility: 

Recommendation for Specialized Services for mental health treatment: 

## SECTION 8: REVIEW OF RECOMMENDATIONS

### SECTION 8.1: RECOMMENDATIONS FOR CATEGORICAL DETERMINATIONS

Check one:
- [ ] Convalescent Care Stay
- [ ] Short Stay
- [ ] Severe Physical Illness
- [ ] Terminal Illness

### SECTION 8.2: RECOMMENDATIONS FOR NSMI/DENIAL DETERMINATIONS

- [ ] Not Seriously Mentally Ill (NSMI) for purposes of PASRR
- [ ] Denial due to the need for acute psychiatric treatment with a medical need that requires NF services
- [ ] Denial due to the need for acute psychiatric treatment with no medical need
- [ ] Denial due to a lack of medical need and no need for acute psychiatric treatment – (Complete Sections 9 through 15 if using this determination.)

For all Denial recommendations: Inform the Nursing Facility and the State PASRR office (pasrradmin@utah.gov) no later than the day the evaluation is submitted to the online PASRR system.

For Long Term Care, Severe Physical Illness, Terminal Illness, and Denial due to a lack of medical need and no need for acute psychiatric treatment, complete Sections 9 through 15. For all other recommendations: STOP ASSESSMENT HERE, skip to Section 15, complete the Nursing Facility Levels of Care, and sign the evaluation.
### SECTION 9: PSYCHOSOCIAL EVALUATION/SUMMARY

#### SECTION 9.1: Applicant/Resident’s place of residence prior to hospital or nursing facility placement. Include social history (developmental, educational, special education, occupational, marital and social supports)

#### SECTION 9.2: PSYCHOSOCIAL STRENGTHS

#### SECTION 9.3: PSYCHOSOCIAL NEEDS (identify recommendations)

### SECTION 10: APPLICANT/RESIDENT’S ACTIVITIES OF DAILY LIVING FUNCTIONAL ASSESSMENT

<table>
<thead>
<tr>
<th>Activities</th>
<th>N/A</th>
<th>Self Initiates ADL Tasks Independently</th>
<th>Supervision, Oversight, Encouragement or Cuing</th>
<th>Limited Assistance Receives Physical Help (Resident Involved)</th>
<th>Extensive Assistance Resident Performed Part of Activity</th>
<th>Total Dependence Complete Non-Participation</th>
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<tbody>
<tr>
<td>1. Toilet Use</td>
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<td>5. Locomotion</td>
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<td>- Off Unit</td>
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<td>6. □Wheelchair/ □Walker/ □Cane</td>
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<td>7. Bed Mobility</td>
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<td>8. Transfers</td>
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<td>9. Verbal/Gestural or Written Communication</td>
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<td>10. Self-Monitoring of Health Status</td>
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<td>11. Self-Administration of Medication</td>
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<tr>
<td>12. Medication Compliance</td>
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<td>13. Self-Directive Accessing Medical Treatment</td>
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<td>14. Eating &amp; Monitoring of Nutritional Status</td>
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<td>15. Bathing-Personal Hygiene</td>
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<td>16. Dressing Skills</td>
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<td>17. Handling Money</td>
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</table>

Source of Information:
SECTION 11: NURSING FACILITY SERVICES

Identify the specific nursing facility services that the Applicant/Resident requires for nursing facility placement. Check all that apply.

- Assistance with ADL’s
- IV Antibiotics
- Oxygen
- Colostomy Care
- Occupational Therapy
- Feeding Tube
- Wound Care
- Monitor Safety (i.e. falls, wandering risk)
- Physical Therapy
- Monitor Diet
- Skin Care
- Total Care for ADL’s
- Speech Therapy
- Monitor Medications
- Catheter Care
- Other

SECTION 12: DISCHARGE POTENTIAL AND PROGNOSIS FOR NON-INSTITUTIONAL LIVING ARRANGEMENTS

- Poor
- Fair
- Good
- Excellent

Could Applicant/Resident currently reside in a less restrictive community-based setting? □ YES □ NO

Is the Applicant/Resident in agreement with nursing facility placement? □ YES □ NO

If no, is the Applicant/Resident medically capable of residing in a non-institutional setting? □ YES □ NO

SECTION 13: TYPE OF SUPPORTS THAT MAY BE NEEDED TO PERFORM ACTIVITIES IN THE COMMUNITY

If the applicant/resident’s medical condition stabilizes, identify the supports that will be needed to perform activities of daily living in the community. Include recommendations & alternative placement options:

SECTION 14: NURSING FACILITY SERVICES RECOMMENDATION

- NURSING FACILITY SERVICES (LTC)- This is the Long Term Care determination option for those who will require more than 120 days of nursing facility care.
SECTION 15: PASRR LEVEL II NURSING FACILITY LEVELS OF CARE

Criteria for Level of Nursing Service for Applicant/Resident with a SERIOUS MENTAL ILLNESS as defined by the State Mental Health Authority. The request for nursing facility services must document that the applicant/resident has TWO or MORE of the following elements according to Administrative Rule R414-502:

☐ Due to diagnosed medical conditions, the Applicant/Resident requires at least substantial physical assistance with activities of daily living about the level of verbal promptings, supervising, or setting up;

☐ The attending physician has determined that the Applicant/Resident’s level of dysfunction in orientation to person, place, or time requires nursing facility care; or equivalent care provided through an alternative Medicaid health care delivery program (Documentation must be provided to substantiate significant cognitive deficits);

☐ The medical condition and intensity of services indicate that the care needs of the Applicant/Resident cannot be safely met in a less structured setting or without the services and support of an alternative Medicaid health care delivery program (Justification is provided that less structured alternatives have been explored and why alternatives are not feasible).

SECTION 16: SIGNATURE

Completed by: [Signature]

License: [License Number]  PASRR Contractor: [Contractor Number]

Evaluator Signature: [Signature]

Date: [Date]

Revised 01/23/2018
PASRR: REAL STORIES, REAL PEOPLE

PASRR is thinking about *quality* of life for persons with disability
QUESTIONS
HOUSEKEEPING

1. When to do an End of Stay vs. Significant Change

2. Older Adults Conference – Save the Date June 29-30th

3. Completed Level I – Okay to send back and ask it be completed. Use the referral date of the completed Level I as the referral date

4. Importance of accurate demographic information

5. Check for Medicaid numbers

6. How to Resubmit a Level II
Intellectual Disability and Related Condition

PASRR
Intellectual Disability Defined

- An IQ of 70 or less
- Plus, substantial functional limitation in three or more of the following areas of major life activity:

<table>
<thead>
<tr>
<th>• Self-Care</th>
<th>• Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Expressive/ Receptive Language</td>
<td>• Mobility</td>
</tr>
<tr>
<td>• Self-Direction</td>
<td>• Capacity for Independent Living</td>
</tr>
<tr>
<td>• Economic Self-Sufficiency</td>
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</tbody>
</table>

- Onset during developmental period (prior to 18 years of age)
Related Condition Defined

Medical conditions associated with developmental delay include, but are not limited to:

- Down Syndrome
- Autism Spectrum Disorder
- Fetal Alcohol Syndrome
- Cerebral Palsy
- Epilepsy/Seizure Disorder
- Fragile-X Syndrome
- Prader–Willi Syndrome
- Spina Bifida
- Angelman Syndrome
- Traumatic Brain Injury

Plus, substantial functional limitation in three or more of the areas of major life activity. Onset during developmental period (prior to 22 years of age)
SECTION 1

Applicant/Resident's Information

1.6: NAME (FIRST, MIDDLE, LAST)

1.7: 4 Last Four Digits of Social Security Number

1.8: Date of Birth (MM/DD/YYYY)

Nursing Facility Information

1.9: Nursing Facility Name

1.10: Nursing Facility Admission Date (MM/DD/YYYY)

SECTION 2

2.1 CURRENT MEDICAL DIAGNOSIS

<table>
<thead>
<tr>
<th>ICD Codes</th>
<th>Diagnosis Description</th>
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</table>

2.2 PSYCHIATRIC/SUBSTANCE USE DIAGNOSIS

<table>
<thead>
<tr>
<th>ICD-9-CM Codes</th>
<th>Diagnosis Description</th>
</tr>
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</table>

2.3 INTELLECTUAL DISABILITY OR RELATED CONDITION (ICD-10) DIAGNOSIS

<table>
<thead>
<tr>
<th>ICD-10 Codes</th>
<th>Diagnosis Described</th>
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2.4 If any of the following is checked "YES" the PASIR Level II Evaluation is NOT required at this time. (If the applicant/resident continues to need Nursing Facility Services please complete a revised Level I Screen prior to the end of stay and refer for a Level II evaluation if needed.)

YES NO

□ Medical Diagnosis Only—No Psychiatric or ICD-10 Diagnosis

□ Prior to admission the attending licensed Practitioner will admit for 5 days or less following a medical hospitalization

□ Hospice Episode stay of "25 days or less" or Episode stay of "26 days or less"

□ Provisional stay of "31 days or less"—Must call and notify APS and document on the Level I of Emergency Only placement

Comments and Notes

-------------------------------------------------------------------
2.5 SERIOUS MENTAL ILLNESS (SMI) CRITERIA

2.5.1. Applicant/Resident has a diagnosis that meets criteria for at least one of the following diagnostic groupings of Serious Mental Illness (SMI) as defined by the State Mental Health Authority:

- Schizophrenia
- Schizoaffective Disorder
- Delusional Disorder
- Psychotic Not otherwise specified
- Major Depression
- Bipolar Disorder
- Bipolar Disorder
- Obsessive Compulsive Disorder
- Post- Traumatic Stress Disorder
- Generalized Anxiety Disorder
- Personality Disorder

2.5.2. Please note source(s) of diagnosis information:

- [ ] Self
- [ ] Family
- [ ] MD
- [ ] Applicant/Resident
- [ ] Other:

2.5.3. FUNCTIONAL LIMITATIONS FOR APPLICANT/RESIDENT WITH SMI ONLY.

- [ ] YES—Include Collateral
- [ ] NO

2.5.3.1. Interpersonal Symptoms (for individuals with Mental Illness only)

- [ ] Interpersonal: Social difficulty interacting with others, Alternation, Distress, Unstable employment, Frequently isolated, Avoids others

2.5.3.2. Completing Tasks (for individuals with Mental Illness only)

- [ ] Severe difficulty completing tasks: Required assistance with tasks; Excess with tasks; Concentration, Persistence, Pace

2.5.3.3. Adapting to Changes (for individuals with Mental Illness only)

- [ ] Self-evaluates or self-manages: Social, Physical violence or threats, Apparent disturbance, hallucinations or delusions, Seclusion or loss of interest, Tearfulness, Irritability, Worsens

2.6 DEMENIA DIAGNOSIS FOR APPLICANT/RESIDENT WITH SMI ONLY.

- [ ] YES—Include Collateral
- [ ] NO

2.6.1. Documented evidence of Demenita diagnosis (Ensure the diagnosis is from a mental health professional trained in SMI services)

- [ ] Is there a diagnosis of Demenita?
- [ ] Has a medical Demenita work-up been completed?
- [ ] Has a comprehensive mental status evaluation been completed?

9.1 SMI Comments and Notes

- [ ] Level I Screen indicates referral for Level II evaluation SMI is NOT needed
- [ ] Level I Screen indicates referral for Level II evaluation SMI is needed (if the Applicant/Resident has SMI and ID—PC, refer to BOTH local mental health PASER office and the State Intellectual Disability Authority)

Date of Referral to Local PASER Office: Name of Person Contacted:

Name of Agency Contacted:

Reason for Screen Out:

Revised 12/2011
SECTION 3

3.1 INTELLECTUAL DISABILITY OR RELATED CONDITION (ID-RC) CRITERIA

The Applicant/Resident has a diagnosis that falls within at least one of the following diagnostic groupings:

- Documented Evidence of Intellectual Disability (onset before age 18 years old)
- Cerebral Palsy (onset before age 22 years old)
- Acquired/Transcranial Brain Injury (onset before age 22 years old)
- Epilepsy/Serious Disorder (onset before age 22 years old)
- Autism (Autism Spectrum Disorder) (onset before age 22 years old)
- Other Related Conditions (e.g. Spina Bifida, Friedreich-Ataxia, Fragile-X, Fetal Alcohol Syndrome, Down Syndrome) (onset before age 22 years old)
- List Diagnostic Condition:

3.2 Without an Intellectual Disability or Related Condition (ID-RC) diagnosis, there are indicators the person may have an Intellectual Disability or Related Condition. (Check all that apply)

- A history of significant developmental delays
- Spina bifida: Special education classification, such as Intellectual Disability, Autism, Multiple Disability, Other Health Impaired or Traumatic Brain injury that indicates Intellectual Disability or a Related Condition

AND

3.3 FUNCTIONAL LIMITATIONS (Contact local PASSR office for rating)

For the Applicant/Resident to have a Related Condition the Applicant/Resident must have an identified condition and meet all the following requirements for that specific condition:

- Occurred prior to August 1, 2001
- A history of continuous throughout the last 12 months
- Has resulted in significant functional deficits in at least 2 of the following areas (Circle all that apply):
  - Self-care
  - Learning
  - Mobility
  - Self-direction
  - Capacity of independent living
  - Understanding and use of language

☐ Level I Screen indicates referral for Level II assessment for ID-RC is NOT needed.

☐ Level I Screen indicates referral for Level II evaluation for ID-RC is needed.

[If the Applicant/Resident has BOTH MBI and ID-RC, refer to BOTH your local mental health PASSR office and the State Intellectual Disability Authority]

- Date of Referral to ID-RC PASSR Office: ___________________ Date of Person Contacted: ___________________
- Name of Agency Contacted: ___________________ Name of Person Contacted: ___________________
- Reason for Screen: ___________________

ADDITIONAL SMI and/or ID-RC COMMENTS:

____________________

____________________
Updating Level II/Collateral Client Search Screen

1. On the Client Search screen type in the Level I number and click search.

2. Click on the Level I number on the right of your screen.
3. Click on the Determination Tab
4. Notice this evaluation’s status is “In Evaluation” which will allow you to make changes.
5. Click on the Edit button (check to make sure you are clicking the Edit on the line without a Letter of Determination).
6. Click in the box next to the Collateral you want to **DELETE**
7. Click the Browse button and find the Collateral you want to Add (same as you would if you were entering an evaluation.
8. Click the save Button.
9. You will get a green notice at the top indicating the Collateral successfully added and Collateral successfully deleted.

In the below illustration note the name of the file is now changed from Testing Collateral to Testing II.