utah department of
human services
SUBSTANCE ABUSE AND MENTAL HEALTH

PASRR

(Pre-Admission Screening Resident Review)

STATE OF UTAH PASRR PROGRAM TRAINING MANUAL 2017 EDITION

To access the secure web-based PASRR system:
https://pasrr.dhs.utah.gov/dhspasrr/pasrrHeaderAction.do

To access the revised Level I:
https://pasrr.dhs.utah.gov/dhspasrr/public/PublicLevelOneAction.do

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For Your Notes:

Chapter

1

PASRR (Pre-Admission Screening Resident Review)

1.1 What Is PASRR?

PASRR stands for Pre-Admission Screening Resident Review and is part of the Federal Omnibus Budget Reconciliation Act of 1987, which went into effect January 1, 1989. The rules regarding the PASRR process are found in the Code of Federal Regulations Part 483, Subpart C, Volume 57, and Utah State Rules for Pre-admission and Continued Stay.

The PASRR is a three step process. The process starts with a Level I then, if triggered, a Level II evaluation which is followed by a Letter of Determination. The average time frame from the time the Level II evaluation is requested to a completed Letter of Determination is an annual average of 7 to 9 business days.

- The PASRR Level I screen contains demographic information, medical, psychiatric, mental illness, and ID-RC diagnoses. The Level I also serves to document when and if a Level II is needed and is requested.
- The PASRR Level II evaluation is an in-depth review of medical, social, and psychiatric history, as well as ADL functioning. It also documents nursing facility services that are required to meet the person's medical needs. This comprehensive evaluation is federally funded, which is managed separately by State Mental Health and Intellectual Disabilities and Related Conditions (ID-RC) Authorities.

Recommendations made in the Level II are closely monitored by the Utah Department of Health, Bureau of Health Facility Licensing, Certification and Resident Assessment which provides oversight and approves payment to Medicaid certified nursing facilities.

- The Letter of Determination is the final review and shows the recommendation of a qualified Applicant/Resident or a denial of an unqualified Applicant/Resident. The need to complete the PASRR process is fairly specific and is required for all nursing facilities with certified Medicaid beds that accept Medicaid as a payment source.

Note: Utah Division of Substance Abuse and Mental Health, State Mental Health Authority is referred throughout document as the State PASRR office.

1.2 Utah State PASRR Mission Statement

As the State Mental Health Authority the State PASRR office works to ensure that people with mental illnesses applying for admission or admitted to Medicaid certified nursing facilities are being adequately diagnosed and treatment recomendations. PASRR provides screening for evidence of possible mental illness and/or intellectual disabilities-related conditions (ID-RC) and to ensure that those with mental illness and/or ID-RC (and no substantial physical problems), are not being warehoused in nursing facilities. PASRR helps to facilitate appropriate placements for Applicant/Residents in the least restrictive setting possible by evaluating if the community is considered as a placement option and to identify the services Applicant/Residents need, wherever they are placed.

1.3 What If A PASRR Evaluation Is Not Completed?

If the PASRR process is not completed, people with mental illnesses and/or ID-RC may not be adequately diagnosed and treated. Also, the penalty for not complying with PASRR rules will be borne by the nursing facility admitting the patient. Penalties can range from loss of Medicaid payment on a specific Applicant/Resident for the days from the date of admission to the date of the PASRR process being completed, to the loss of all Medicaid funding for the entire nursing facility. Hospital discharge planners/case managers, nursing facilities and other referral sources must ensure that, if the Level I screen has triggered a Level II evaluation, a completed Letter of Determination by the State PASRR office is available prior to admission to a Medicaid certified nursing facility.

Chapter

2

Level I Form

2.1 Who fills out the form?

The Level I begins the PASRR process, and must be completed on all patients seeking admission to a Medicaid certified nursing facility, regardless of how they will be paying for the stay. A licensed health care provider, usually the hospital discharge planner or staff at the nursing facility, completes this form. According to R414-501-2(6) "Health care professional" means a duly licensed or certified physician, physician assistant, nurse practitioner, physical therapist, speech therapist, occupational therapist, registered professional nurse, licensed practical nurse, social worker, or qualified ID-RC professional.

If a mental illness or developmental disability is identified on the Level I, a Level II must also be completed by a seperate agency. While Level II evaluators cannot complete the Level I, instructions will be given in chapter three so they are aware of the procedures for proper completion of the Level I (Utah Department of Health Form).

State of Utah

Pre-Admission Screening/Resident Review (PASRR)
Identification Screening (LEVEL I - ID SCREEN)
In accordance to 42CFR 483.128 and R414-503-3

Revised 01/03/2017

Instructions for filling out Level I ID Screen

1. Level I ID Screen must be completed **prior to admission** to all Medicare/Medicaid Certified Nursing Facilities, regardless of the payment source. All Nursing Facilites with Medicaid Certified Beds must complete the Level I ID process.
2. Fill out **Page 1 through 4 completely.**
3. **Keep this form with the Applicant/Residents Medical Records.**
4. **Screener must sign page 4.**

Level I forms must not be copied

Level I Forms have unique document numbers. To print additional Level I Forms please go to:

http://pasrr.dhs.utah.gov/dhspasrr/public/PublicLevelOneAction.do

* Enter the number of Level I forms you would like.
* Click the "Generate the Level One Forms".

Please call your Local PASRR office to request Mental Health Level II evaluations:
http://dsamh.utah.gov/pdf/pasrr/PASRR%20Directory%202014.pdf

Please call The State Division of Services for People with Disabilities to request ID-RC Level II evaluations, (801) 538-4175.

If you have any questions on the Level I ID Screening form or Level II evaluations, please call the State Mental Health Authority at (801) 538-3918 or (801) 538-3939.

The Level I ID Screen is based on federal minimum criteria required under section 1929(b) (3) (f) of the Social Security Act. A screening of the following criteria is to determine if the Applicant/Resident has a possible Serious Mental Illness (SMI) and/or an Intellectual Disability or Related Conditions (ID-RC).

The Level I screener is only required to notify the Applicant/Resident of the need for a PASRR Level II evaluation when the Level I indicates there may be a diagnosis of Serious Mental Illness, Intellectual Disability or Related Condition which requires a referral for a Level II evaluation. The Applicant/Resident and/or legal representative AND the screener are required to sign page 4 prior to scheduling the evaluation. If the Applicant/Resident refuses to sign, document as such on the signature line. This is a notification that an evaluation may be completed, not a release of information.

PRE-ADMISSION SCREENING APPLICANT/RESIDENT REVIEW **Revised 01/03/2017**
IDENTIFICATION (ID) SCREENING
DOCUMENT NUMBER: 635874

SECTION 1

1.1 SCREENING DATE (MM/DD/YYYY)	/ /

Applicant/Resident's Information

1.2 NAME (LAST, FIRST, MIDDLE)	1.3 LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER X X X - X X - _____	1.4 DATE OF BIRTH (MM/DD/YYYY) / /
1.5 PLACEMENT PRIOR TO REQUEST FOR NURSING FACILITY PLACEMENT:		

Nursing Facility Information

1.6 NURSING FACILITY NAME:	1.7 NURSING FACILITY ADMISSION DATE: (MM/DD/YYYY) / /

SECTION 2

2.1 CURRENT MEDICAL DIAGNOSIS

ICD-Codes	Diagnosis Description	ICD-Codes	Diagnosis Description
(-)		(-)	
(-)		(-)	
(-)		(-)	

2.2 PSYCHIATRIC/SUBSTANCE USE DIAGNOSIS

ICD-Codes	Diagnosis Description	ICD-Codes	Diagnosis Description
(-)		(-)	
(-)		(-)	
(-)		(-)	

2.3 INTELLECTUAL DISABILITY OR RELATED CONDITION (ID/RC) DIAGNOSIS

ICD-Codes	Diagnosis Description	ICD-Codes	Diagnosis Description
(-)		(-)	
(-)		(-)	
(-)		(-)	

2.4 IF ANY OF THE FOLLOWING IS CHECKED "YES" THE PASRR 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 ID-RC Diagnosis
☐	☐	Prior to admission the **attending hospital Physician** certifies in writing that the Applicant/Resident will be admitted for "30 days or less" following a medical hospitalization
☐	☐	Hospice Respite stay of "5 days or less" **OR** Respite stay of "14 days or less"
☐	☐	Provisional stay of "7 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 **Revised 01/03/2017**

2.5.A Applicant/Resident has a diagnosis that falls within at least one of the following diagnostic groupings of Serious Mental Illness (SMI) as defined by the State Mental Health Authority. IF ANY OF THE BOXES BELOW ARE CHECKED "YES," A LEVEL II PASRR EVALUATION *IS* NEEDED.

Check all that apply			
☐	Schizophrenia	☐	Schizoaffective Disorder
☐	Delusional Disorder	☐	Psychosis NOT otherwise specified
☐	Major Depression	☐	Bipolar Disorder
☐	Panic Disorder	☐	Obsessive Compulsive Disorder
☐	Post-Traumatic Stress Disorder	☐	Generalized Anxiety Disorder
☐	Somatization Disorder	☐	Personality Disorders
☐	If none of the above SMI diagnostic categories apply, and the Applicant/Resident has a prescribed antipsychotic, antidepressant, mood stabilizer or anti-anxiety medication for a Serious Mental Illness (SMI) within the last year please list diagnosis:		

2.5.B Please note source(s) of diagnosis information.

☐	H&P	☐	Family	☐	MD	☐	Applicant/Resident
☐	Suspected	☐	Other:				

2.5.C FUNCTIONAL LIMITATIONS FOR APPLICANT/RESIDENT WITH SMI ONLY:
IF ANY OF THE BOXES BELOW ARE CHECKED "YES," PLEASE CONTACT YOUR LOCAL PASRR OFFICE TO DETERMINE IF A LEVEL II IS NEEDED.

	Care	Key Words/Phrases	YES-include Collateral	NO
2.5.C.1	Interpersonal Symptoms (for individuals with Mental Illness only)	Interpersonal; Serious difficulty interacting with others; Altercations; Evictions; Unstable employment; Frequently isolated; Avoids others	☐	☐
2.5.C.2	Completing Tasks (for individuals with Mental Illness only)	Serious difficulty completing tasks; Required assistance with tasks; Errors with tasks; Concentration; Persistence; Pace	☐	☐
2.5.C.3	Adapting to Change (for individuals with Mental Illness only)	Self-injurious or self-mutilations; Suicidal; Physical violence or threats; Appetite disturbance; Hallucinations or delusions; Serious loss of interest; Tearfulness; Irritability; Withdrawal	☐	☐

2.6 DEMENTIA DIAGNOSIS FOR APPLICANT/RESIDENT WITH SMI ONLY:
IF ANY OF THE BOXES BELOW ARE CHECKED "YES," PLEASE CONTACT YOUR LOCAL PASRR OFFICE TO DETERMINE IF A LEVEL II IS NEEDED.

Dementia Diagnosis	Diagnosis Description	YES-include Collateral	NO
Documented evidence of Dementia diagnosis (Dementia is so severe that the individual will not benefit from SMI services.)	Is there a diagnosis of Dementia?	☐	☐
	Has a medical Dementia work-up been completed?	☐	☐
	Has a comprehensive mental status evaluation been completed?	☐	☐

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-RC, refer to **BOTH** Local Mental Health PASRR Office and the State Intellectual Disability Authority).

Date of Referral to Your Local PASRR Office: _____/_____/_____ Name of Person Contacted: _____

Name of Agency Contacted: _____ Name of Evaluator: _____

Reason for Screen Out : _____

SECTION 3 **Revised 01/03/2017**

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: (Check all that apply)

	Check all that apply
☐	Documented Evidence of Intellectual Disability (onset before age 18 years old)
☐	Cerebral Palsy (onset before age 22 years old)
☐	Acquired/Traumatic Brain Injury (onset before age 22 years old)
☐	Epilepsy/Seizure Disorder (onset before age 22 years old)
☐	Autism (Autism Spectrum Disorder) (onset before age 22 years old)
☐	Other Related Conditions (E.g. Spina Bifida, Prader-Willi, Fragile-X, Fetal Alcohol Syndrome, Down Syndrome) (onset before age 22 years old) List Diagnosis/Condition:

OR

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

	Check all that apply
☐	Receipt of Services by **ID-RC** Agency (public or private) past, present and/or referrals
☐	The presence of cognitive or behavioral indicators of cognitive/intellectual deficits prior to age 22 years old
☐	A history of significant developmental delays
☐	Special Education classification, such as Intercultural Disability, Autism, Multiple Disability, Other Health Impared or Traumatic Brain Injury that indicates Intellectual Disability or a Related Condition

AND

3.3 FUNCTIONAL LIMITATIONS (contact Local PASRR Office for ruling)

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

☐	Occurred prior to his/her 22nd Birthday
☐	Is likely to continue throughout his/her life
☐	Has resulted in significant functional deficits in at least 3 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 evaluation 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 SMI** and **ID-RC**, refer to **BOTH** your Local Mental Health PASRR Office and the State Intellectual Disability Authority.

Date of Referral to **ID-RC** PASRR Office: _____/_____/_____ Name of Person Contacted: _____

Name of Agency Contacted: _____ Name of Evaluator: _____

Reason for Screen Out : _____

Additional SMI and/or ID-RC Comments_____

_____

_____

_____

SECTION 4 **Revised 01/03/2017**

NOTICE OF REFERRAL FOR PRE-ADMISSION SCREENING/RESIDENT REVIEW (PASRR) LEVEL II EVALUATION

4.1 REQUIRED LEVEL I SCREENER SIGNATURE

I certify that the above information is true and correct to the best of my knowledge and is adequately documented in the Applicant/Resident's medical record.

_____ / _____ / _____

Please print Name, Agency and Licensure of the Level I Screener Date

_____ / _____ / _____

Signature Date

4.2. APPLICANT/RESIDENT/LEGAL REPRESENTATIVE SIGNATURE

NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER (LAST FOUR DIGITS) XXX - XX - _____

The PASRR Level I ID Screen indicates you may have a diagnosis of Serious Mental Illness and/or Intellectual Disability or Related Condition (ID-RC) which requires a referral for a Level-II evaluation.

This is to notify you of the need for the Level II evaluation to detemine your level of care and ensure your needs can be met in the nursing facility. There is no cost for this evaluation. You may choose to have family and/or legal representation at the time of the evaluation. If you have a legal representative designated under state law you must notify them.

You will be contacted by the Local PASRR Office to conduct this Level II evaluation. If you have any questions regarding this notice, please contact the staff at the Nursing Facility.

_____ / _____ / _____

Signature of Applicant/Resident/Legal Representative Date

STOP HERE UNLESS THIS IS A REVISED LEVEL I

NOTICE OF REVISED LEVEL I

☐ Revised Level I Date of original Level I _____ / _____ / _____

Reason for Revised Level I _____

_____

_____

_____

_____

This completed Level I Screening must accompany the data sent for the PASRR level II evaluation.

Chapter

3

Completing the Level I

This section is provided to assist in completing the Level I accurately.

3.1 Cover Sheet

- **Level I forms must not be copied!** These forms have unique document numbers. To print new forms go to: https://pasrr.dhs.utah.gov/dhspasrr/public/PublicLevelOneAction.do
- **Complete pages one through four completely**, list N/A if the section does not apply.
- **Do NOT skip through this form.** Make sure to take your time and fill it out properly. Incomplete or improperly completed forms can result in the Applicant/Resident not getting the correct help and/or a delay in the process.

3.2 Page One

Section 1

1.1— Screening Date

- This is the date the Level I is completed (Not the date of admittance.)

1.2—1.5 Applicant/Resident Information

- Complete all demographic information.
- Placement Prior to Request for Nursing Facility—this is often the hospital, but may also be home, assisted living, family, or other placements.

1.6—1.7 Nursing Facility Information

- Nursing facility—to which the Applicant/Resident is to be admitted. It might not apply to all cases.
- Admission Date—this is the date the Applicant/Resident is admitted to the nursing facility.

Section 2

2.1 Current Medical Diagnosis

- All current Medical Diagnosis should be listed. May need to continue the list on a separate sheet.

2.2 Psychiatric/Substance Use Diagnosis

- All current psychiatric diagnoses should be listed. If no psychiatric diagnosis is listed, the State PASRR office will not reimburse if a Level II evaluation is completed.

3.3 Page Two

Section 2 Continued

2.3 Intellectual Disability-Related Conditions (ID-RC)

- Any diagnosis that meets criteria on page three.

2.4 Level II not needed at this time ***if***...

- If any of these boxes are checked "yes", a Level II is not required at this time. However, please finish completing this Level I form to assist the nursing facility with proper plans of care.

2.5.A Serious Mental Illness criteria.

- Check all that apply. If any of these boxes are checked then a Level II is triggered. Finish the form and call your local PASRR Office for a Level II evaluation.

2.5.B Serious Mental Illness criteria sources.

- Check and note the sources of the diagnosis information from 2.5.A

2.5.C Functional Limitations for applicants/residents with SMI only

- This is for applicants/residents with SMI in the last 3-6 months. If any of the boxes in this section are marked yes, please contact your Local PASRR Office to see if a Level II is needed.

2.6 Dementia Diagnosis for applicants/residents with SMI only

- This is for applicants/residents with SMI only. If any of the boxes in this section are checked yes, please contact your Local PASRR Office to determine if a Level II is needed.

SMI Comments and Triggers:

- After completing the above, check the appropriate box if a Level II is or is not needed.
- Date of Referral to Your Local PASRR Office—this is the date the Screener (person completing the Level I) calls the Local PASRR Office (or leaves a message) requesting a Level II. This date should match the "Referral Date" on the first page of the Level II. Sometimes facilities put the date of admission here, so it is important that the Level II evaluator keep close track of the date calls are received. Remember that the "Referral Date and/or Medical Date" starts the time frame to complete the Level II.
- Name of Person and Agency Contacted—this names the person contacted to make the referral for a Level II. If you left a message, then that needs to be noted.
- Name of Evaluator—Must be filled out if there is a Screen Out
- Reason for Screen Out —If a Level II is Screened Out (Ruled Out) by an evaluator, this section must be filled out with the reason for the Screen Out.

3.4 Page Three

Section 3

3.1—3.3 Check any applicable ID-RC within diagnostic groupings.

- For the Applicant/Resident to have an ID-RC diagnosis—at least one ID-RC diagnostic group should be listed. If no ID-RC diagnosis is listed check if these are indicators that the person may have an ID-RC. The Applicant/Resident must meet at least one of the requirements listed.
- Must fill out either section 3.1 OR sections 3.2 and 3.3.
- After completing the above, check the appropriate box if a Level II is or is not needed.
- Date of Referral to the ID-RC Office—this is the date the Screener (person completing the Level I) calls the ID-RC Office (or leaves a message) requesting a Level II. This date should match the "Referral Date" on the first page of the Level II. Sometimes facilities put the date of admission here, so it is important that the Level II evaluator keep close track of the date calls are received. Remember that the "Referral Date and/or Medical Date" starts the time frame to complete the Level II.
- Name of Person and Agency Contacted—this names the person contacted to make the referral for a Level II. If you left a message, then that needs to be noted.
- Name of Evaluator—Must be filled out if there is a Screen Out
- Reason for Screen Out —If a Level II is Screened Out (Ruled Out) by an evaluator, this section must be filled out with the reason for the Screen Out.

3.5 Page Four

Section 4

The purpose of this page is two fold. First it is to document the Screener has completed this form to the best of their knowledge. Second it is to document that the Applicant/Resident may be referred for a Level II evaluation. The Applicant/Resident has the right to have family or a legal representative present during the evaluation.

4.1—Screener Signature

- Print legibly the name and licensure Screener—this is the name of the person completing the Level I, and ***must*** be a licensed health care professional (See rule R414-501-2(6)).
- Signature—date and sign.
- If no Level II is triggered this completes the form.

4.2—Applicant/Resident/Legal Representative Signature

- The Applicant/Resident or legal guardian must sign the form acknowledging that the patient has been referred for a Level II evaluation. If they refuse then you must state so with the date.

For Your Notes:

Notice of Revised Level I

This section should be filled out if you find errors and/or changes that have not yet been noted on the Level I.

- Check “Revised Level I,” list date and reason for the revision if a Level I needs to be revised.
- Reason For Level I Revision—this is completed any time after the initial completion of the Level I with any significant change.

Chapter

4

Patient Mood Interview Patient Health Questionnaire (PHQ-9)

As part of the new federal initiatives under Health Care Reform, the Centers for Medicare and Medicaid Services have revised the Minimum Data Set version 3.0 (MDS) that requires nursing facilities as of October 1, 2010 to administer the Applicant/Resident Health Questionnaire (PHQ-9) to patients within two weeks of admittance to a nursing facility. Based on the total score that ranks the patients mood, the nursing facility may make a referral for a Level II evaluation. The evaluator should assess if a Level II should be completed based on the PHQ-9 and other clinical indicators such as previous treatment history and medications.

The items in the PHQ-9 address mood distress, a serious condition that is under diagnosed and under treated in the nursing facility, and is associated with significant morbidity. It is particularly important to identify signs and symptoms of mood distress among elderly nursing facility patients because these signs and symptoms can be treatable.

It is important to note that coding the presence of indicators in Section D does not automatically mean that the Applicant/Resident has a diagnosis of depression or other mood disorder. The nursing facility does not make or assign a diagnosis in Section D; they simply record the presence or absence of specific clinical mood indicators. Facility staff should recognize these indicators and consider them when developing the patient's individualized care plan, and call for a Level II evaluation.

- Depression can be associated with:
  - Psychological and physical distress (e.g., poor adjustment to the nursing home, loss of independence, chronic illness, increased sensitivity to pain).
  - Decreased participation in therapy and activities (e.g., caused by isolation).
  - Decreased functional status [e.g., resistance to daily care, decreased desire to participate in activities of daily living (ADLs)].
  - Poor outcomes (e.g., decreased appetite, decreased cognitive status).

- Findings suggesting a mood problem should lead to:
  - Identifying causes and contributing factors for symptoms.
  - Identifying interventions (treatment, personal support, or environmental modifications) that could address symptoms.
  - Ensuring Applicant/Resident safety.

PHQ-9 Total Severity Score can be used to track changes in severity over time. Total Severity Score can be interpreted as follows:

1-4: minimal depression

5-9: mild depression

10-14: moderate depression

15-19: moderately severe depression

20-27: severe depression

Please note: If the nursing facility staff cannot interview the Applicant/Resident (Applicant/Resident is rarely/never understood), then the nursing facility staff will assess resident's mood using the PHQ-9-OV.

The following are examples of the PHQ-9 and PHQ-9 OV forms.

Resident _____ Identifier _____ Date _____

Section D Mood

D0100. Should Resident Mood Interview be Conducted? - Attempt to conduct interview with all residents

Enter Code ☐

0. **No** (resident is rarely/never understood) → Skip to and complete D0500-D0600, Staff Assessment of Resident Mood (PHQ-9-OV)
1. **Yes** → Continue to D0200, Resident Mood Interview (PHQ-9©)

D0200. Resident Mood Interview (PHQ-9©)

Say to resident: *"Over the last 2 weeks, have you been bothered by any of the following problems?"*

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the resident: "*About **how often** have you been bothered by this?*"
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. **Symptom Presence**
   0. **No** (enter 0 in column 2)
   1. **Yes** (enter 0-3 in column 2)
   9. **No response** (leave column 2 blank)
2. **Symptom Frequency**
   0. **Never or 1 day**
   1. **2-6 days** (several days)
   2. **7-11 days** (half or more of the days)
   3. **12-14 days** (nearly every day)

	1. Symptom Presence	2. Symptom Frequency
	↓ Enter Scores in Boxes ↓	
A. *Little interest or pleasure in doing things*	☐	☐
B. *Feeling down, depressed, or hopeless*	☐	☐
C. *Trouble falling or staying asleep, or sleeping too much*	☐	☐
D. *Feeling tired or having little energy*	☐	☐
E. *Poor appetite or overeating*	☐	☐
F. *Feeling bad about yourself - or that you are a failure or have let yourself or your family down*	☐	☐
G. *Trouble concentrating on things, such as reading the newspaper or watching television*	☐	☐
H. *Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual*	☐	☐
I. *Thoughts that you would be better off dead, or of hurting yourself in some way*	☐	☐

D0300. Total Severity Score

☐☐ Enter Score

Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).

D0350. Safety Notification - Complete only if D0200I1 = 1 indicating possibility of resident self harm

Enter Code ☐

Was responsible staff or provider informed that there is a potential for resident self harm?
0. **No**
1. **Yes**

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Resident _____ Identifier _____ Date _____

Section D Mood

D0500. Staff Assessment of Resident Mood (PHQ-9-OV*)
Do not conduct if Resident Mood Interview (D0200-D0300) was completed

Over the last 2 weeks, did the resident have any of the following problems or behaviors?

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
Then move to column 2, Symptom Frequency, and indicate symptom frequency.

1. **Symptom Presence**
   0. **No** (enter 0 in column 2)
   1. **Yes** (enter 0-3 in column 2)
2. **Symptom Frequency**
   0. **Never or 1 day**
   1. **2-6 days** (several days)
   2. **7-11 days** (half or more of the days)
   3. **12-14 days** (nearly every day)

	1. Symptom Presence	2. Symptom Frequency
	↓ Enter Scores in Boxes ↓	
A. Little interest or pleasure in doing things	☐	☐
B. Feeling or appearing down, depressed, or hopeless	☐	☐
C. Trouble falling or staying asleep, or sleeping too much	☐	☐
D. Feeling tired or having little energy	☐	☐
E. Poor appetite or overeating	☐	☐
F. Indicating that s/he feels bad about self, is a failure, or has let self or family down	☐	☐
G. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐
H. Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that s/he has been moving around a lot more than usual	☐	☐
I. States that life isn't worth living, wishes for death, or attempts to harm self	☐	☐
J. Being short-tempered, easily annoyed	☐	☐

D0600. Total Severity Score

☐☐ Enter Score — **Add scores for all frequency responses in Column 2**, Symptom Frequency. Total score must be between 00 and 30.

D0650. Safety Notification - Complete only if D0500I1 = 1 indicating possibility of resident self harm

Enter Code ☐ — **Was responsible staff or provider informed that there is a potential for resident self harm?**
0. **No**
1. **Yes**

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Chapter

5

Level II Evaluation

5.1 Who Needs A Level II?

Any Applicant/Resident who has either a mental illness diagnosis or an ID-RC diagnosis listed on the Level I, must be referred for a Level II evaluation. Additionally a Level II evaluation is required for all hospice patients that have a previous mental illness diagnosis. The State PASRR office will make a final determination for all mental health Level II evaluations.

The Division of Services for People with Disabilities, the ID-RC Authority will make the final determination for all ID-RC Level II evaluations. If both types of diagnoses are present, an evaluation must be completed for mental illness and ID-RC. These are to be two separate evaluations done by two different agencies.

The remainder of this document will focus only on the Level II evaluations for mental illness. The PASRR evaluator must ensure that the Level I is correct and completely filled out prior to completing a PASRR Level II. The approved diagnoses are listed below. Other psychiatric diagnosis that may lead to serious disability must be approved by the State PASRR office.

Diagnosis		
Bipolar Disorder	Personality Disorders (does not include Personality Disorders NOS)	Delusional Disorder
Major Depression	Generalized Anxiety Disorder	Schizophrenia
Psychosis NOS	Obsessive Compulsive Disorder	Panic Disorder
Schizoaffective Disorder	Somatization Disorder	Post Traumatic Stress Disorder

Very often physicians may not include mental illnesses from the approved list of diagnoses in their documentation. It is important to review the medications, both those prescribed prior to a hospitalization (these should be, but are not always, listed in the History and Physical) and during the hospital admission. If a psychotropic drug (a medication typically given to treat a mental illness) is prescribed, it must be matched with a mental health diagnosis. Please note that there are non-psychiatric diagnoses for which psychotropic medications may be legitimately used. Additionally, non-psychotropic medications (most commonly anticonvulsants) are often used to treat psychiatric illnesses. For this reason, the physician must be consulted to link medications with a specific diagnosis.

Nursing facilities in Utah are mandated to maintain a psychiatric census of less than fifty percent of their current census (not fifty percent of their bed capacity). The list of diagnoses that are considered “psychiatric diagnoses” for this rule includes substance abuse and other disorders that do not require a PASRR Level II. For specific questions on a diagnostic category that requires a Level II, please contact the State PASRR office.

5.2 Patients Who Are Exempt From The Level II Process

- Medical Diagnosis only—No Psychiatric or ID-RC Diagnosis.
- The Physician has certified in writing, prior to nursing home admission, that he/she anticipates the Applicant/Resident will require a less than 30-day nursing facility stay following a hospital admission, and the primary care required is for the medical diagnosis treated during the hospitalization. Only the physician can make this determination. This can only be used if the person is going to the nursing facility directly from the hospital. The "less than 30-day" exemption cannot be used for admissions from home or following an emergency room admission, and must be written by the **attending physician only** (CFR 483.106 (2) (c).
- The Applicant/Resident is going into the nursing facility for respite care stay of less than 14 days.
- The Applicant/Resident previously had a Level II evaluation and then went from a nursing facility to a hospital (for a non-psychiatric medical reason), to a nursing facility with no discharge in between.
- Provisional Stay of "7-days or less" (Emergency APS Placement).

5.3 What Is Needed Before A Level II Can Be Completed?

An evaluator must ask the following questions when a request for a PASRR Level II is made:

1. Has an evaluation already been completed by another evaluator recently?
2. What is the mental illness diagnosis?
3. When did the symptoms start?
4. Has the Applicant/Resident ever had mental health treatment such as: counseling, hospitalizations, day treatment, and psychotropic medications in the past?
5. Is the Applicant/Resident currently prescribed any medications for this psychiatric problem? If yes, how long have they been prescribed these medications? Were there other medications prescribed in the past?
6. Has the problem caused some level of dysfunction in the person's past or present daily life?
7. If there is a dementia diagnosis or a medical condition that could present with psychiatric symptoms such as a physiological consequence, did the mental illness come first?
8. Is this a respite care stay of less than 14 days?
9. Is the Applicant/Resident going to a Medicare-Only Facility?

5.4 Documenting A Referral When No Level II Is Required

If it is determined that no Level II is required, the patient's name, referral source, date, and the justification must be documented and maintained by the Local PASRR office and documented on the Level I. This will help eliminate duplicate efforts and unnecessary evaluations. The Local PASRR Office is required to generate a contact log to document all calls and must document the reason why no Level II is required.

5.5 Collateral That Must Be Attached To The Level II

1. A completed Level I.
2. An up-to-date History & Physical (or one within the past six months plus progress notes documenting current condition).
3. Physician orders and/or current medication record.

5.6 When Must An Applicant/Resident Be Re-Evaluated For A PASRR Level II

Break in Stay (R414-503-2)

An Applicant/Resident wanting re-admittance to a nursing facility must be re-evaluated for a PASRR Level II evaluation for any break in stay as follows:

- An Applicant/Resident has voluntarily left a nursing facility against medical advice for more than two consecutrive days.
- An Applicant/Resident fails to return to a nursing facility within two consecutive days after an authorized leave of absence.
- discharges into a community setting.
- is admitted to the Utah State Hospital, to a civil or forensic bed (not the Adult Recovery Treatment Center.)

Reassessment

An Applicant/Resident must be re-assessed for a PASRR Level II evaluation as follows:

- An Applicant/Resident approved for a convalescent stay of a 120 days, requires a longer stay in the nursing facility for skilled nursing services.
- An Applicant/Resident approved for a short term stay of 120 days or less, requires a longer stay in the nursing facility for skilled nursing services.

Significant Change

All re-evaluations for significant changes must have prior approval from the State PASRR Office.

Evaluations are required for Applicant/Residents previously identified by PASRR to have mental illness, ID-RC, or a condition related to ID-RC in the following circumstances:

1. An Applicant/Resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.
2. An Applicant/Resident whose behavioral, psychiatric, or mood related symptoms have not responded to ongoing treatment within six months.
3. An Applicant/Resident who experiences an improved medical condition, such that the patient's plan of care or placement recommendations may require modifications.
4. An Applicant/Resident whose significant change is physical, but whose behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, may influence adjustment to an altered pattern of daily living.
5. An Applicant/Resident who indicates a preference (may be communicated verbally or through other forms of communication, including behavior) to leave the facility.
6. An Applicant/Resident whose condition or treatment is or will be significantly different than described in the patient's most recent PASRR Level II evaluation and determination. (**Note**: a referral for a possible new Level II PASRR evaluation is required whenever such a disparity is discovered.)
7. An Applicant/Resident has a significant change in condition that affects their ability to engage in psychiatric treatment. For example the Applicant/Resident has come out of a coma, no longer on a ventilator, or has developed a dementia /cognitive disorder which is now the primary condition that effects daily living.
8. A psychiatrist or other physician has given a new mental illness diagnosis that is different from the one on the Level I.

   Note: this is not an exhaustive list.

Referral for Level II Applicant/Resident Review evaluations are also required for Applicant/Residents who may not have previously been identified by PASRR to have mental illness, ID-RC, or other condition related to ID-RC in the following circumstances:

1. An Applicant/Resident who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a diagnosis of mental illness as defined under 42 CFR 483.100 (where dementia is not the primary diagnosis), that was not previously identified and evaluated through PASRR.
2. An Applicant/Resident whose ID-RC as defined under 42 CFR 483.100, or condition related to ID-RC as defined under 42 CFR 435.1010 was not previously identified and evaluated through PASRR.
3. An Applicant/Resident transferred, admitted, or readmitted to a Nursing Facility following an inpatient psychiatric stay or equally intensive treatment that was not previously identified and evaluated through PASRR.

   Note: this is not an exhaustive list.

No Significant Change

When an Applicant/Resident at a nursing facility with a current Level II is admitted to an acute psychiatric inpatient facility of a community hospital, or the Adult Recovery Treatment Center at the Utah State Hospital and is readmitted directly to a nursing facility with no break in stay, no Level II evaluation is needed unless there is a significant change. The no significant change request must be made by the nursing facility.

The step by step instructions on how to enter the no significant change into the PASRR system can be found in the PASRR System Manual; Nursing Facility Version.

5.7 Changing or Discontinuing Psychiatric Diagnosis

The condition of a serious mental illness, listed in a PASRR evaluation, stands until one of the following occurs and a new PASRR documenting the diagnosis change is completed.

- The Applicant/Resident is symptom-free and is off psychotropic medications for one full year.
- The Applicant/Resident's primary reason to being in the nursing facility is dementia.
- Additional information is received indicating that the mental illness began after a physical illness or injury that has psychiatric symptoms as a direct physiological consequence of the medical condition, e.g. delirium.

5.8 Time Frames for Completing the PASRR Process

Note: All time frames exclude weekends, State holidays, and Federal Holidays.

Remember: no matter the time frame taken to complete the PASRR process, the Letter of Determination must be completed before admitting (or re-admitting) an Applicant/Resident into a Medicaid nursing facility.

First, the Level I must be completed prior to referral for a Level II, as this serves as the documentation that a Level II is required. The Level I, History and Physical and physician orders and/or medication record must be available at the time of referral.

Second, if the Applicant/Resident is residing in the community or in a hospital, and is referred for a

Level II Evaluation then submit a completed Level II Evaluation to the PASRR Web-based system within 2 business days from the date of referral with receipt of the collateral information from the referral source. However, if the Applicant/Resident is currently residing in the nursing facility or if this is a re-evaluation, then submit the completed Level II evaluation to the PASRR Web-based system within 5 business days from the date of referral and receipt of the collateral information.

- Collateral information includes the History and Physical, the Medical Doctor (M.D.) orders and/or the medication orders and the Level I screening form. All collateral must have all necessary portions of the forms filled in, signatures obtained, and must be attached to the original Level II.

The PASRR process is time sensitive and all evaluations must be submitted within the required time-frames. If the required collateral information was not available on the date of referral, the evaluator is responsible to request the required collateral. The original referral is documented on the Level II form on page 1 under "Initial Referral Date." The date the collateral information is received should be documented on the Level II form on page 1, under the Medical/Physical Information. The date you actually start the Level II is documented under "Assessment Start Date" page 1.

Payment shall be reduced by $70 for each working day (24-hour period) the evaluation is late.

Incomplete evaluations shall be considered invalid and returned to the PASRR evaluator. If the Contractor resubmits the evaluation prior to the deadline, no reduction in payment is made. Otherwise, payment shall be reduced by $70 for each working day (24-hour period) the evaluation is late.

5.9 Why a Referral Date May Be Well After the Admission Date

At times an initial Level II evaluation may be requested long after the Applicant/Resident has been admitted to the nursing facility. When this occurs, the date the referral was made should be strictly adhered to, not backdated. In these cases, the nursing facility is required to make the referral the day the new diagnosis or information is received. Document the new information received on your contact logs.

Below are some examples for referrals placed at a later date. Note: This is not an exhaustive list.
A diagnosis of mental illness has been given after the admission to the nursing facility
New information is received indicating the presence of a mental illness
An adjustment disorder where the Applicant/Resident continues to have active symptoms for six months or longer
A "Less than 30-day Stay" period has expired (certified in writing by M.D.

Chapter

6

Completing the Level II Evaluation

Complete all fields even if the answer is "unknown" or "n/a." All Level II evaluations are required to be typed and entered electronically into the PASRR secure web-based program.
***Note**: Type in the patient's name on the bottom of each page of the evaluation except page one.*

6.1 Page One

Section 1: Demographic and Evaluation information

Complete all demographic information

Type of Evaluation

Identify the type of Level II that is being completed.

- **Initial**

  This type of evalutation is completed after an Applicant/Resident has been admitted into a nursing facility.

- **Pre-Admission**

  This type of evaluation is completed prior to the Applicant/Resident admitting into a nursing facility.

- **End of Provisional Stay**

  This determination is for up to 7-day stay. It comes as the result of delirium, an emergency, or a referral from Adult Protective Services and requires prior approval from the State PASRR office. A Level II is not needed unless the Applicant/Resident exceeds the 7-day admission.

- **Over 30-day M.D. Certified Stay**

  This type of evaluation is completed near the end of the 30-day period, when it is clear the Applicant/Resident will exceed 30 days in the facility due to ongoing need for skilled nursing facilities services.

- **End of Respite**

  This type of evaluation is completed if the Applicant/Resident is admitted for Respite stay and intends to be at the facility for longer than 14 days.

Type of Re-Evaluation

- **End of Convalescent Stay (120 days)**

This type of reassessment is completed prior to expiration of a patient's 120 day or less stay, if the Applicant/Resident requires further nursing facility care.

- **End of Short Stay**

This type of reassessment is completed prior expiration of a patient's 120 or less Short Stay, if the Applicant/Resident requires further nursing facility care.

- **Assessment Update**

This type of assessment is used when an Applicant/Resident has had an evaluation within the last 30 days and there is a break in stay (see page 27). Assessment Updates need to be coordinated with the nursing facility and the evaluator. Prior approval is needed by the State PASRR office.

Section 1.1: Referral Information

- **Referral Date**

This is the date of first contact requesting a Level II, whether it is a business day, after hours, holidays, or weekends. If the initial referral call came in after hours or on a weekend/holiday, this is the date you received the message. This is "Day Zero" of the two days given to complete the PASRR evaluation.

- **Date Medical/Psychiatric Information Available**

This is the date that all necessary information is available to complete the Level II. If the medical information is received after the referral date this will count as the date of the first contact.

- **Assessment Start Date**

This is the date you begin the assessment after all the necessary information is available.

- **Hospital Admission**

Check the box that applies: Yes or No

- **Admit Date**

Date admitted to the hospital, if applicable.

- **Discharge Date**

Date discharged from the hospital, if applicable.

- **ER Only**

Check the box that applies: Yes or No

- **Name of Hospital/Referral source**

List the hospital or the referral source

- **Name of Discharge Planner/Referral source**

  List the name of the discharge planner/case manager or referral source and phone number.

Section 1.2: Legal Status

Check the box that applies: Legal Guardian, Legal Representative, Commitment, or Self. This is to indicate if the Applicant/Resident is his or her own guardian, has a legal guardian or representative, or is civilly committed. This information is used by the State PASRR office to mail out a copy of the letter of determination to the Applicant/Resident indicated. If the Applicant/Resident is his or her own legal guardian, check "self."

- **Legal Guardian Name**

  List the name of the patient's representative contact numbers and address of legal guardian.

- **Applicant/Resident Agrees to Legal Guardian/Rep. and/or Family Participation**

  Check the box that applies: Yes or No. Also, unless the Applicant/Resident has no family or is estranged from family, evaluators should contact family during the Level II evaluation process.

- **Translator Required**

  Check the box that applies: Yes or No. If the Applicant/Resident speaks a language the evaluator does not know check "Yes." Evaluators are required to provide translation services if there is no family or other person to do so. If checked yes, provide the name of the translator used to conduct assessment and language.

6.2 Page Two

Section 2: Medical Justification and Intensity of Services Needed in the Nursing Facility

Review current symptoms, history and if symptoms are denied by patient, check all that apply and list other symptoms and/or behaviors. Formulate narrative on medical justification and include if the patient has had any Break In Stay and/or if the evaluation is requested due to Less Than 30-day Stay request and/or Significant Change. Document the medical condition and the justification for nursing facility services, including care needs of the Applicant/Resident and any significant cognitive deficits. Specify weight and height if obesity is a factor.

Include onset dates for medical diagnoses if known. Diagnoses should be listed based on the History and Physical. Additional diagnoses may be found in physician progress notes, physician orders, nursing assessment, and discharge summary. Please avoid abbreviations. Remember that even "minor" diagnoses like constipation or urinary tract infection can have a serious impact on mental status. Listing these diagnoses draws attention to the problem, which can benefit the patient. Often the Level II is the most comprehensive list of diagnoses that can be found in the chart—the more thorough the evaluator is, the greater treatment benefit (medical and psychiatric) the Applicant/Resident receives.

Section 3: Mental Health Symptoms/ Substance Use Checklist

Check all current, history and denied symptoms that apply while interviewing the Applicant.

Check if the Applicant is currently receiving mental health services.

Formulate a narrative on the mental health history, substance use history and clinical impressions. Briefly describe psychiatric symptoms substance abuse history, current symptoms, and their severity. If symptoms are not characteristic for the Applicant/Resident (e.g., psychosis, confusion, or delirium) talk to staff about onset and interventions. Regardless of diagnosis, always review specific ICD criteria for depression and anxiety. If the Applicant/Resident is unable to respond to questions from the evaluator, the evaluator is to complete the following: interview nursing facility staff, interview family, and complete a chart review (e.g., severity of illness, coma, and ventilator.)

6.3 Page Three

Section 4.0: Mental Status Examination/Summary

- **Appearance**

  e.g., Disheveled? Stated age? Clothing?

- **Attitude**

  e.g., Pleasant and cooperative? Guarded? Irritable? Defensive?

- **Overt Behavior**

  e.g., Unremarkable? Fidgety? Easily Distracted? Refused interview?

- **Affect**

  e.g., Normal range? Flat? Blunted? Restricted? Overly expressive?

- **Thought Form**

  e.g., linear, logical, tangential-Describe if logical and coherent? Tangential? Flight of ideas? Circumstantial? Paucity of thought? Easily derailed? Singular focus?

- **Speech Clarity and Modes of Expression**

  Address volume, pace, clarity, and spontaneity.

Section 4.1: Evaluation of Cognitive Functioning

- **Orientation (Y)es, (P)artial, (N)o**

Check to see if Applicant/Resident is oriented to person (self), place, situation, and time. Document with the Y for Yes, P for Partial, N for No, and U for Unable to assess.

- **Consciousness**

Check all the boxes that apply, if the Applicant/Resident was: Alert, Drowsy, Delirious, or Comatose.

- **Judgment**

Regarding the patient's judgment, check the box that applies: Independent, Modified Independence, Moderately Impaired, or Severely Impaired.

- **Recent Memory**

Regarding the patient's recent memory check the box that applies: Poor, Fair, Intact, or Unable to Assess.

- **Remote Memory**

Regarding the patient's remote memory check the box that applies: Poor, Fair, Intact, or Unable to Assess.

- **Insight (knowledge of illness)**

Check the appropriate box: Poor, Fair, Good, or Unable to Assess.

- **Additional Testing Results (if available)**

Refer to brain CT or MRI if available. Complete Mini Mental Status Exam (MMSE) if memory problems are evident. Discuss severity of memory loss and resultant confusion/ inability to care for self. Attach MMSE or other assessment tools behind page three.

- **Would the Applicant benefit from guardianship/conservatorship services?**

Check yes or no.

Section 4.2: Assessment for danger to self or others

- **Do your findings indicate the Applicant/Resident may be a substantial danger to himself/herself or others?**

Check yes or no.

- **If yes, does the nursing facility's supervision and structure mitigate the danger?**

Check yes or no, if yes please explain.

Section 4.3: Intellectual Disability-Related Condition Range (If Known)

- **Does the Applicant/Resident have a documented history of intellectual disablity?**

  Check yes or no.

- **Does the Applicant/Resident have a documented history of a related condition?**

  Check yes or no.

- **If Yes to either question, what is the diagnosis?**

Section 5: Current Medications

- **Medications**

  List all medications include any medications taken within the last 30 days that could mask or mimic symptoms of mental illness.

- **Dosage**

  List all medication dosages and frequency List all allergies side effects/adverse reactions.

6.4 Page Four

Section 6: Mental Health/Substance Use Diagnostic Summary Impression

List and complete the diagnostic formulation and recommendations. All psychiatric diagnoses must be based on current ICD 10 Codes.

Section 7: Review of Recommendations

Section 7.1: Review for Categorical Determinations

For Categorical recommendations indicate if specialized services (mental health treatment) are indicated in the nursing facility and check one recommendation.

- **Convalescent Care (CCS)**

  Applies if the Applicant/Resident was at a hospital for a medical condition and is going to the nursing facility for the same medical condition. Also, the date of referral for a Level II evaluation must be prior to admission to the nursing facility to qualify for convalescent care. This recommends a nursing facility stay of up to 120 days. This option cannot be used if the Applicant/Resident is being admitted from home or another placement outside of the hospital. Use this option if it appears that, following a relatively brief stay, the Applicant/Resident will be able to leave a nursing facility setting to home, other placement options or assisted living. If the need for a nursing facility care persists as the CCS is expiring, a new Level II is required. The determination for this second Level II cannot be another Convalescent stay. It must either be Long Term Care or Denial for lack of medical need.

If an Applicant/Resident has a medical hospitalization during the Convalescent Care Stay, the Applicant/Resident can re-admit to the nursing facility with no Break in Stay for the remainder of the CCS, if there are additional days of CCS remaning.

- **Short Stay (SS)**

Applies if the Applicant/Resident fails to qualify for CCS, although requires nursing facility admission for a stay not to exceed 120 days due to diagnosed medical conditions.

- **Severe Physical Illness**

This is essentially the same as Long Term Care and requires severe debilitation. Patients given this determination are too ill to benefit from mental health services.

- **Terminal Illness**

This requires a physician statement that the Applicant/Resident is terminally ill. At the time of the Level II.

Section 7.1: Recommendations for NSMI/Denial Determinations

- **NSMI**

Not seriously mental ill. The Applicant/Resident does not meet the diagnostic criteria of serious mental illness as per State PASRR office.

- **Denial**

For all recommendations of denial, please contact the nursing facility and the PASRR office to make the final determination as soon as possible.

  - Denial A

    Due to the need for acute psychiatric treatment and with a medical condition

  - Denial B

    Due to the need for acute psychiatric treatment and with no medical condition

  - Denial C

    Due to the lack of a medical condition and no need for acute psychiatric treatment

For Long Term Care and Denial due to a lack of a medical condition and no need for acute psychiatric treatment complete Sections 8 though 15. For all other recommendations stop the assessment here and skip to Section 15, complete the Nursing Facility Assessment, and sign the evaluation.

6.5 Page Five

Section 8: Psychosocial Evaluation Summary

Section 8.1: Applicant/Residents Place of Residence Prior to Hospital or Nursing Facility Placement

—Include social history (Developmental, Educational, Special Education, Occupational, Marital and Social Supports)

Section 8.2: Psychosocial Strengths

—Include descriptions such as supportive family, social, multiple interests, intelligent, recent history of higher functioning. List both strengths and weaknesses.

Section 8.3: Psychosocial Needs

—Include descriptions such as advancing age, chronic mental illness, impaired mobility, or sight or hearing, limited social support.

Section 9: Level of Impairment

Adapted from CFR 483.102(ii) (A) (B) (C) Level of Impairment—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 the following sections:

- Adaptation to change (serious difficulty)
- Concentration, Persistence and Pace (serious difficulty)
- Interpersonal Functioning (serious difficulty)

483.102 (iii) (A) (B) Recent Treatment—Document the treatment history which indicates that the Applicant/Resident has experienced at least one of the following in the last two years. Psychiatric treatment more intensive that outpatient care more than once in the past two years. Some examples would include: partial hospitalization/day treatment or in-patient hospitalization; crisis intervention; experienced an episode of significant disruption to the normal living situation; 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. The "supportive services" may include medical management assistance with self-care, and other supports.

6.6 Page Six

Section 10: Applicant/Resident Activities of Daily Living Functional Assessment

Check appropriate box that corresponds with the "activity." The "Self Initiates" column means that the person is completely independent in the task. The "Total Dependence" column means that the person is unable to assist with the task in any way, as in quadriplegia. Several items would be checked in the "Limited Assistance" and "Extensive Assistance" columns, in order to show the patient's need for significant "Assistance with ADL's." The Applicant/Resident requires at least substantial physical assistance with activities of daily living. Make sure to state the source where you obtained the information.

Section 11: Nursing Facility Services

Check the types of medical care required. This section documents that the Applicant/Resident requires the level of care of a nursing facility and that his/her needs could not be safely met in a less structured setting.

Section 12: Discharge Potential and Prognosis for Non-institutional Living Arrangements

This section is to document the potential and prognosis for the Applicant/Resdient to be able to be referred to a home, community-based waiver program, and/or reside in a less restrictive setting.

Could Applicant/Resident be referred to a home/community-based waiver program? Check the appropriate box: Yes or No. To qualify for this, the Applicant/Resident must be Medicaid eligible and it must be possible to safely meet the patients needs outside a nursing facility.

Could Applicant/Resident currently reside in a less restrictive community-based setting? Check the appropriate box: Yes or No.

Is the Applicant/Resident in agreement with nursing facility placement? Check the appropriate box: Yes or No.

If no, is the Applicant/Resident medically capable of residing in a non-institutional setting? Check the appropriate box: Yes or No.

6.6 Page Seven

Section 13: Type of Supports Needed to Perform Activities in the Community

Please list recommendations. For example; if Long Term Care (LTC) is recommended then document placement options once Applicant/Resident becomes medically stable. Examples may include: home with home health and family assistance, assisted living, or group home. Please do not list specific placement options.

Section 14: Nursing Facility Services Recommendation

Nursing Facility Services (LTC)—Check box for 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 Criteria Assessment

In order to qualify for a nursing facility admission, the Applicant/Resident must meet two or more of the criteria listed below. Check the boxes that apply:

Due to diagnosed medical conditions, the Applicant/Resident requires at least substantial physical assistance with activities of daily living above the level of verbal prompting, supervising, or setting up.

Check this if the person requires hands-on assistance with several of the ADLs above the level of verbal prompting, supervising, or setting up.

The attending physician had determined that the Applicant's/Patient'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; or Documentation is provided to substantiate significant cognitive deficits- e.g., Mini Mental Status Exam or other assessment tools.

Check this if the person has significant cognitive deficits (not a psychotic process). This information should be documented on page 3, as well as any additional documentation to substantiate 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 supports of an alternative Medicaid health care delivery program. (Justification is provided that less structured alternatives have been explored and why alternatives are not feasible).

Check this if the person's needs cannot be safely met in a less structured setting without the services and supports of an alternative Medicaid health care delivery program.

Section 16: Signature

Type name of PASRR evaluator, credential(s) and PASRR Contractor, sign and date.

Final Delivery to the PASRR Office

Once the Level II evaluation is complete, including signatures, the original document must be uploaded to the State PASRR office through the PASRR secure web-based system. A faxed or emailed Level II evaluation will not be accepted. The PASRR evaluation must be entered into the PASRR web-based system no later than on day two following the initial Referral Date/Medical Date/Physical Information is available. All collateral information must accompany the Level II. Evaluators shall keep a copy of each Level II for seven years.

All requests regarding PASRR information must be sent either through a secure email or email transmissions using only the patient's first name and first letter of last name and/or Level I number.

Any Applicant/Resident information received in any other way as discussed above will not be accepted including collateral information, and may result in late PASRR Level II evaluations and/or PASRR Level II evaluations not being submitted.

For Your Notes:

PREADMISSION SCREENING RESIDENT REVIEW
PASRR LEVEL II

UTAH DIVISION OF SUBSTANCE ABUSE
AND MENTAL HEALTH
195 N 1950 W
SALT LAKE CITY, UT 84116

SECTION 1: DEMOGRAPHIC AND ASSESSMENT INFORMATION

NAME (LAST, FIRST, MIDDLE)			LEVEL I DOCUMENT #
SOCIAL SECURITY (LAST FOUR DIGITS)	BIRTH DATE (MM/DD/YYYY)	AGE	GENDER
			☐ Female ☐ Male

RACE	ETHNICITY
☐ African-American ☐ Asian ☐ Caucasian ☐ Native American ☐ Pacific Islander	☐ Hispanic

TYPE OF EVALUATION	TYPE OF RE-EVALUATION
☐ Pre-Admission ☐ Initial ☐ End of Provisional Stay ☐ Over 30 Day MD Certified Stay ☐ End of Respite	☐ End of Convalescent Care Stay ☐ End of Short Stay ☐ Significant Change ☐ Assessment Update

SECTION 1.1: REFERRAL INFORMATION/SCREENING LOCATION

REFERRAL DATE	ASSESSMENT START DATE	DATE MEDICAL/PHYSICAL INFO AVAILABLE (LEVEL I, H&P AND MD ORDER)
		MDS attached: ☐ YES ☐ NO

HOSPITAL ADMISSION?	NAME OF HOSPITAL	ADMIT DATE	DISCHARGE DATE	ER ONLY
☐ YES ☐ NO				☐ YES ☐ NO

REFERRING AGENCY IF NOT HOSPITAL	ADMIT DATE IF IN NF	NAME OF REFERRAL SOURCE	PHONE NUMBER

SECTION 1.2: LEGAL STATUS

		POWER OF ATTORNEY	PHONE #
☐ Self ☐ Commitment	☐ Legal Guardian/Conservator ☐ Legal Representative/POA		

LEGAL GUARDIAN NAME	PHONE	CELL PHONE

LEGAL GUARDIAN ADDRESS

APPLICANT/RESIDENT AGREES TO LEGAL GUARDIAN/REP. AND/OR FAMILY PARTICIPATION	TRANSLATOR REQUIRED (IF YES, PLEASE PROVIDE TRANSLATOR NAME AND LANGUAGE)	
☐ YES ☐ NO	☐ YES ☐ NO	Name: Language:

Applicant/Resident:

SECTION 2: MEDICAL JUSTIFICATION & INTENSITY OF SERVICES NEEDED IN NURSING FACILITY

Diagnosis	Onset Date	Diagnosis	Onset Date

Include height and weight if obesity is a factor: Height: Weight: BMI:

SECTION 3: MENTAL HEALTH SYMPTOMS/SUBSTANCE USE CHECKLIST

C=CURRENT SYMPTOM H=HISTORY OF SYMPTOM D=DENIED SYMPTOM

	C	H	D			C	H	D
Depressed Mood	☐	☐	☐		Delusions/Hallucinations	☐	☐	☐
Anhedonia	☐	☐	☐		Grandiosity	☐	☐	☐
Sleep Disturbance	☐	☐	☐		Pressured Speech	☐	☐	☐
Appetite Disturbance	☐	☐	☐		High Energy	☐	☐	☐
Low Energy	☐	☐	☐		Flight of Ideas	☐	☐	☐
Psychomotor Disturbance	☐	☐	☐		Excessive Pleasure Seeking/Spending	☐	☐	☐
Worthlessness	☐	☐	☐		Increased Risk-Taking	☐	☐	☐
Social Isolation	☐	☐	☐		Increased Arousal	☐	☐	☐
Concentration Difficulty	☐	☐	☐		Multiple Somatic Complaints	☐	☐	☐
Thoughts of Death	☐	☐	☐		Depressant Abuse/Dependence	☐	☐	☐
Suicidal Ideation	☐	☐	☐		Hallucinogenic Abuse	☐	☐	☐
Suicide Attempt	☐	☐	☐		Opioid Abuse/Dependence	☐	☐	☐
Inappropriate Guilt	☐	☐	☐		Cannabis Abuse/Dependence	☐	☐	☐
Easily Fatigued	☐	☐	☐		Alcohol Abuse/Dependence	☐	☐	☐
Restlessness	☐	☐	☐		Inhalant Abuse	☐	☐	☐
Irritability	☐	☐	☐		Cocaine and other Stimulants A/D	☐	☐	☐
Intrusive Thoughts/Rumination	☐	☐	☐		Affective Instability	☐	☐	☐
Excessive Worry	☐	☐	☐		Antisocial Traits	☐	☐	☐
Unrealistic fears	☐	☐	☐		Entitlement/Narcissism	☐	☐	☐
Derealization or Flashbacks	☐	☐	☐		Self Injurious Behavior	☐	☐	☐
Anxious Mood	☐	☐	☐		Eccentricity	☐	☐	☐
Avoidance of Stimuli	☐	☐	☐		Attention Seeking	☐	☐	☐
Compulsions	☐	☐	☐		Excessive Dependence	☐	☐	☐
Hallucinations	☐	☐	☐		Unstable Relationships	☐	☐	☐

Is the Applicant/Resident currently receiving mental health services? ☐ YES ☐ NO

MENTAL HEALTH HISTORY/SUBSTANCE USE HISTORY/CLINICAL IMPRESSIONS:

Applicant/Resident:

SECTION 4.0 MENTAL STATUS EXAMINATION/SUMMARY

SECTION 4.1 DESCRIPTION

Appearance:

Attitude:

Overt Behavior:

Affect:

Thought Form & Content: (i.e. linear, logical, tangential):

Speech Clarity & Modes of Expression:

SECTION 4.1: EVALUATION OF COGNITIVE FUNCTIONING

ORIENTATION: (Y)es, (P)artial, (N)o, (U)nable to assess	- Person	- Place	- Situation	- Time

CONSCIOUSNESS:	☐ Alert	☐ Drowsy	☐ Delirious	☐ Comatose

JUDGMENT:	Independent ☐	Modified Independence ☐	Moderately Impaired ☐	Severely Impaired ☐

MEMORY:				
	RECENT:	☐ Poor	☐ Fair	☐ Intact	☐ Unable to assess
	REMOTE:	☐ Poor	☐ Fair	☐ Intact	☐ Unable to assess

INSIGHT (Knowledge of Illness)	☐ Poor	☐ Fair	☐ Intact	☐ Unable to assess

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 4.2: 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 4.3: 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 5: CURRENT MEDICATIONS - Psychiatric medications taken within the last 30 days that could mask or mimic symptoms of mental illness:

MEDICATION	DOSE/FREQUENCY	MEDICATION	DOSE/FREQUENCY

Allergies/Adverse Reactions/Side Effects:

Applicant/Resident:

SECTION 6: MENTAL HEALTH/SUBSTANCE ABUSE DIAGNOSTIC SUMMARY IMPRESSION

DSM-IV	Diagnosis Description	DSM-IV	Diagnosis Description

Diagnostic formulation:

Recommendations:

SECTION 7: REVIEW OF RECOMMENDATIONS

SECTION 7.1: RECOMMENDATIONS FOR CATEGORICAL DETERMINATIONS

Check one:

☐ **Convalescent Care Stay** ☐ **Short Stay** ☐ **Severe Physical Illness** ☐ **Terminal Illness**

Are specialized services (mental health treatment) needed in the nursing facility? ☐ **YES** ☐ **NO**

If yes, recommendations:

SECTION 7.2: 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 8 through 15 if using this determination.)

For all Denial recommendations: Inform the nursing facility and the PASRR office (801-538-3918) as soon as possible.

For **Long Term Care and Denial due to a lack of medical need and no need for acute psychiatric treatment,** complete Sections 8 through 15. For all other recommendations: STOP ASSESSMENT HERE, skip to Section 15, complete the **Nursing Facility Criteria Assessment**, and sign the evaluation.

SECTION 8: PSYCHOSOCIAL EVALUATION/SUMMARY

SECTION 8.1: 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 8.2: PSYCHOSOCIAL STRENGTHS

SECTION 8.3: PSYCHOSOCIAL NEEDS (identify recommendations)

SECTION 9: 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:

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	☐	Employment
☐	Communicating effectively with others	☐	Criminal Justice Involvement
☐	Housing	☐	Social Isolation
☐	Fear of strangers	☐	Violence

483.102(iii)(A)(B) Recent Treatment

Document the treatment history which indicates that the individual has experience at **least one** of the following:

- ☐ 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:
- ☐ 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

Applicant/Resident:

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

ACTIVITIES	N/A	HELP INITIATION ADL TASKS SUBSTANTIALLY	SUPERVISION, OVERSIGHT, ENCOURAGEMENT OR CUEING	LIMITED ASSISTANCE RESIDENT PHYSICAL HELP (RESIDENT INVOLVED)	EXTENSIVE ASSISTANCE RESIDENT PERFORMS PART OF ACTIVITY	TOTAL DEPENDENCE COMPLETE NON-PARTICIPATION
1. Toilet Use	☐	☐	☐	☐	☐	☐
2. Bladder Continence	☐	☐	☐	☐	☐	☐
3. Catheter	☐	☐	☐	☐	☐	☐
4. Bowel Continence	☐	☐	☐	☐	☐	☐
5. Locomotion - On unit - Off Unit	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
6. ☐Wheelchair/☐Walker/☐Cane	☐	☐	☐	☐	☐	☐
7. Bed Mobility	☐	☐	☐	☐	☐	☐
8. Transfers	☐	☐	☐	☐	☐	☐
9. Verbal/Gestural or Written Communication	☐	☐	☐	☐	☐	☐
10. Self-Monitoring of Health Status	☐	☐	☐	☐	☐	☐
11. Self-Administration of Medication	☐	☐	☐	☐	☐	☐
12. Medication Compliance	☐	☐	☐	☐	☐	☐
13. Self-Directive Accessing Medical Treatment	☐	☐	☐	☐	☐	☐
14. Eating & Monitoring of Nutritional Status	☐	☐	☐	☐	☐	☐
15. Bathing/Personal Hygiene	☐	☐	☐	☐	☐	☐
16. Dressing Skills	☐	☐	☐	☐	☐	☐
17. Handling Money	☐	☐	☐	☐	☐	☐

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

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

☐Poor ☐Fair ☐Good ☐Excellent

Could Applicant/Resident be referred to a home/community based waiver program?	☐ YES	☐ NO
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

Applicant/Resident:

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); or
☐	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:	Credential:	PASRR Contractor:
Evaluator Signature:		Date:

Revised October 2014

Applicant/Resident:

Chapter

7

Differential Diagnosis

7.1 When can Adjustment Disorder Diagnosis Be Used?

The use of the Diagnosis of Adjustment Disorders (sometimes called "situational depression" or "situational anxiety") is one of the most common examples of misdiagnosis. Adjustment Disorders do not require a Level II. These diagnoses require an identifiable stressor and onset of symptoms (in excess of the expected reaction) within three months after the onset of the stressor. Adjustment Disorder cannot be used if the person has had a previous diagnosis of serious mental illness that would account for the symptoms, or currently meets the criteria for a serious mental illness.

If the stressor and its consequences are relatively brief (e.g., a broken leg), the adjustment disorder should resolve within six months. If not, another diagnosis may be warranted.

Adjustment disorders can be chronic, as in the case of a long-term, disabling medical condition or the ongoing financial and emotional difficulties related to divorce or widowhood. In these cases, when the stressor and/or its consequences are long-term, adjustment disorder is an appropriate diagnosis for more than a six-month period.

7.2 Mental Disorders Due to Medical Problems

As a general rule, a separate diagnosis of mental illness must be given in instances where symptoms of a psychiatric disorder were being treated prior to the onset of the medical illness or dementia.

A mood disorder can only be attributed to a medical condition if the mood symptoms are a "direct physiological consequence of the medical condition," according to the current Diagnostic and Statistical Manual of Mental Disorders (DSM). While depression may be a psychological consequence of chronic pain or a broken leg, it is not a physiological consequence. Cerebrovascular accidents (strokes), on the other hand, do cause physiologic changes in the brain which can directly result in depression or anxiety. In this instance, it is necessary to know if the strokes or the depression came first.

Dementia is also caused by changes in the brain and can be accompanied by anxiety, agitation, psychosis, and/or depression. If the Applicant/Resident has dementia, it is important to find out if the mood symptoms or the dementia came first, as this is the best criterion we have at this time to determine the diagnosis. If the mood symptoms have been long-standing and the dementia is relatively new, separate mood disorder and dementia diagnoses are given, and a Level II will be needed for the mood disorder. If the dementia came first, a diagnosis such as Vascular Dementia

with Depressed Mood could be given, and no Level II would be necessary. The following are examples of medical problems with associated mood or psychotic symptoms (this information is taken directly from DSM). Please note that some of these conditions can be resolved with treatment, so that they may no longer account for mood symptoms—hypothyroidism is a good example.

7.3 Medical Conditions That Can Cause Anxiety Disorders

- Endocrine Conditions (hyperthyroidism, hypothyroidism, pheochromocytoma, hypoglycemia, hyperadrenocorticism).
- Cardiovascular Conditions (congestive heart failure, pulmonary embolism, arrhythmia).
- Respiratory Conditions (chronic obstructive pulmonary disease, hyperventilation, pneumonia).
- Metabolic Conditions (vitamin B12 deficiency, porphyria).
- Neurological Conditions (neoplasms, vestibular dysfunction, encephalitis).

7.4 Medical Conditions That Can Cause Depression Disorders

- Degenerative Neurological Conditions (Parkinson's Disease, Huntington's Disease).
- Cerebrovascular Disease.
- Metabolic Conditions (Vitamin B12 deficiency).
- Endocrine Conditions (Hyperthyroidism, Hypothyroidism, Hyperparathyroidism, Hypoparathyroidism, Hyperadrenocorticism, Hypoadrenocorticism).
- Autoimmune Conditions (Systemic Lupus Erythematosus).
- Viral or other Infections (Hepatitis, HIV, Mononucleosis).
- Certain Cancers (Pancreatic Cancer).

7.5 Medical Conditions That Can Cause Psychotic Disorders

- Neurological Conditions (Neoplasms, Cerebrovascular Disease, Huntington's Disease, Epilepsy, Auditory Nerve Injury, Deafness, Migraine, Central Nervous System Infections); Neurological Conditions that involve subcortical structures or the temporal lobe are more commonly associated with delusions.
- Endocrine Conditions (Hyperthyroidism, Hypothyroidism, Hyperparathyroidism, Hypoparathyroidism, Hypoadrenocorticism).
- Metabolic Conditions (Hypoxia, Hypercarbia, Hypoglycemia).
- Fluid or Electrolyte Imbalances.

- Hepatic Disease.
- Renal Disease.
- Autoimmune Disorders with Central Nervous System Involvement (Systemic Lupus Erythematosus).

Any time an Applicant/Resident experiences a sudden change in mental status (especially in those with no history of mental illness), such as increased confusion, hallucinatory activity, or a decreased level of consciousness, a medical condition should be investigated. Medication changes, pneumonia, urinary tract infection, electrolyte imbalance, stroke, increased or decreased fluid consumption, and constipation or diarrhea, are common culprits. A PASRR Level II generally should not be completed in these instances until after a medical work-up has ruled out acute medical illness as the cause for the psychiatric symptom.

7.6 Precursors to Psychiatric Symptoms in Persons with Organic Disorders

The full spectrum of psychiatric symptoms can also be seen in persons with organic disorders. These would include depression, agitation, aggression, insomnia, impulse control problems, hallucinations (auditory, visual, olfactory, tactile, gustatory), delusions (especially paranoid), anxiety, behavior decontrol, and so forth. Diagnosis can be difficult and requires a thorough review of social, medical and psychiatric history. Below are a few of the factors that can worsen or cause psychiatric symptoms. The time of onset of the symptoms, especially in relationship to medical problems, other psychiatric disorders, and environmental issues must always be taken into consideration.

- New medical problems
- UTI (Urinary Tract Infection)
- Electrolyte Imbalance
- Low Oxygen Saturation Levels
- Start of a new medication or increase in dose of an existing medication
- Decline in physical ability and independence
- Facility, room or roommate changes
- Illness, move out of area, or death of a family member or friend (or another patient)
- Financial or legal stressors
- Agitation, aggression or other disturbance among other patients
- Physician or other staff change
- Staff conflict
- Food preferences not met
- Conflict with significant others
- Isolation or expected visitors did not come

Differential Diagnosis of Dementia

	Dementia Delirium	Schizophrenia	Depression
Hallucinations	Fragmented, fluctuating, visual	Any sense by mostly auditory	Mood congruent
Delusions	Fragmented, fluctuating, persecutory	Systematized or bizarre	Mood congruent
Memory	Impaired	Minimal impairment	Complaints worse than objective assessment
Cognition	Severe if late in course	Less severe impairment	Less severe impairment
Personality changes	Irritable, disinhibited	More inhibited, loss of interests	Loss of interests, self critical
Age of onset	Elderly	20's	Any age
Medical problem and/or substance abuse	Yes	No	No
Family history	None	Schizophrenia spectrum disorders	Affective illness
Course	Elderly onset more common	Gradual deterioration	Recent onset
Treatment response	Medical support	Anti-psychotics	Antidepressants/ECT
Affect	Irritable or labile	Constricted	Depressed (painful)
Sequence of symptoms	Cognitive first	Social/vocational first	Mood first
Social/Vocational functioning	History of good functioning with gradual deterioration	Poor	History of good functioning with recent deterioration

Differential Diagnosis

	Delirium	Dementia	Pseudo dementia
Age of Onset	Any Age	Usually after 60	Any Age
Occurrence	about 10-15% of those admitted medically; higher in elderly and young children	15% over 65yo severe 5% over 65yo mild 20% over 80 yrs severe 50-60% Alzheimer's disease 15-30% vascular dementia	50-75% of depressed patients have some cognitive impairment
Course	acute onset lasts from hours to days- fluctuates; usually full recovery	gradual onset- decline can be rapid or slow; depending on type of dementia	rapid onset resolves with improvement in depression
Symptom Sequence	anxiety, restlessness, insomnia, daytime somnolence, distractibility, vivid dreams, hallucinations	cognitive decline noted first may later develop depression or anxiety	depressive symptoms first, then rapid onset of cognitive decline (15%)
Physical Symptoms	high temperature or blood pressure- tachycardia, sweating, abnormal labs and/or EEG's	none except those associated with underlying cause of dementia until late in the course	increased somatic complaints and/or decreased tolerance for discomfort
Consciousness	poor attention, decreased ability to interact with environment	normal consciousness or minimal clouding	normal consciousness
Memory	poor recent (and will deny deficits)	recent memory worse than remote memory	recent and remote impaired equally; complain about deficits
Affect	labile, fearful, anxiety	labile shallow feel worse at night; 40-50% develop depression-anxiety	depressed- feel worse in the morning, irritable
Personality change	associated with confusion labile mood; usually resolves	exaggeration of previous personality' irritable, disinhibited in later stages	loss of interest and energy, withdrawn
Hallucinations	fragmented and fluctuating, usually visual and auditory illusions	fragmented and usually simple 20-30% experienced this	usually mood congruent
Delusions	occasional paranoia	fragmented persecutory; 30-40% experience this	usually mood congruent: poverty, guilt, grave illness,
Testing	great difficulty attending to task	good effort- confabulate to cover deficits; no improvement with coaching	poor effort frequent 'I don't know" answers, give up easily, improve with coaching
Treatment	always a medical emergency; treat underlying medical condition; may need to treat acute psychiatric symptoms	always an underlying medical problem but it is not always identifiable; 10-15% reversible	treat depression

For Your Notes:

Chapter

8

Code of Federal Regulations Part 483, Subpart C, Volume 57, No. 230

Title 42: Public Health

PART 483—REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES

Subpart C—Preadmission Screening and Annual Review of Mentally Ill and Mentally Retarded Individuals
Source: 57 FR 56506, Nov. 30, 1992, unless otherwise noted.

§ 483.100 Basis.

The requirements of §§483.100 through 483.138 governing the State's responsibility for preadmission screening and annual resident review (PASARR) of individuals with mental illness and ID-RC are based on section 1919(e)(7) of the Act.

§ 483.102 Applicability and definitions.

(a) This subpart applies to the screening or reviewing of all individuals with mental illness or ID-RC who apply to or reside in Medicaid certified NFs regardless of the source of payment for the NF services, and regardless of the individual's or resident's known diagnoses.

(b) ***Definitions.*** As used in this subpart—

(1) An individual is considered to have a serious mental illness (MI) if the individual meets the following requirements on diagnosis, level of impairment and duration of illness:

(i) ***Diagnosis.*** The individual has a major mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, revised in 1987.

Incorporation of the 1987 edition of the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51 that govern the use of incorporation by reference.[1]

[1] The Diagnostic and Statistical Manual of Mental Disorders is available for inspection at the Centers for Medicare & Medicaid Services, room 132, East High Rise Building, 6325 Security Boulevard, Baltimore, Maryland, or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202—741—6030, or go to: *http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.* Copies may be obtained from the American Psychiatric Association, Division of Publications and Marketing, 1400 K Street, NW., Washington, DC 20005.

This mental disorder is—

(A) A schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability; but

(B) Not a primary diagnosis of dementia, including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder as defined in paragraph (b)(1)(i)(A) of this section.

(ii) ***Level of impairment.*** The disorder results in functional limitations in major life activities within the past 3 to 6 months that would be appropriate for the individual's developmental stage. An individual typically has at least one of the following characteristics on a continuing or intermittent basis:

(A) ***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 social isolation;

(B) ***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, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks; and

(C) ***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.

(iii) ***Recent treatment.*** The treatment history indicates that the individual has experienced at least one of the following:

(A) Psychiatric treatment more intensive than outpatient care more than once in the past 2 years (e.g., partial hospitalization or inpatient hospitalization); or

(B) Within the last 2 years, due to the mental disorder, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

(2) An individual is considered to have dementia if he or she has a primary diagnosis of dementia, as described in the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, revised in 1987, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder as defined in paragraph (b)(1)(i)(A) of this section.

(3) An individual is considered to have ID-RC (MR) if he or she has—

(i) A level of retardation (mild, moderate, severe or profound) described in the American Association on ID-RC's Manual on Classification in ID-RC (1983). Incorporation by reference of the 1983 edition of the American Association on ID-RC's Manual on Classification in ID-RC was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51 that govern the use of incorporations by reference;[2] or

[2] The American Association on ID-RC's Manual on Classification in ID-RC is available for inspection at the Centers for Medicare & Medicaid Services, Room 132, East High Rise Building, 6325 Security Boulevard, Baltimore, Maryland, or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202—741—6030, or go to: *http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.* Copies may be obtained from the American Association on ID-RC, 1719 Kalorama Rd., NW., Washington, DC 20009.

(ii) A related condition as defined by §435.1010 of this chapter.

[57 FR 56506, Nov. 30, 1992; 58 FR 25784, Apr. 28, 1993; 71 FR 39229, July 12, 2006]

§ 483.104 State plan requirement.

As a condition of approval of the State plan, the State must operate a preadmission screening and annual resident review program that meets the requirements of §§483.100 through 438.138.

§ 483.106 Basic rule.

(a) ***Requirement.*** The State PASARR program must require—

(1) Preadmission screening of all individuals with mental illness or ID-RC who apply as new admissions to Medicaid NFs on or after January 1, 1989;

(2) Initial review, by April 1, 1990, of all current residents with ID-RC or mental illness who entered Medicaid NFs prior to January 1, 1989; and

(3) At least annual review, as of April 1, 1990, of all residents with mental illness or ID-RC, regardless of whether they were first screened under the preadmission screening or annual residents review requirements.

(b) ***Admissions, readmissions and interfacility transfers —***

(1) ***New admission.*** An individual is a new admission if he or she is admitted to any NF for the first time or does not qualify as a readmission. With the exception of certain hospital discharges described in paragraph (b)(2) of this section, new admissions are subject to preadmission screening.

(2) ***Exempted hospital discharge.***

(i) An exempted hospital discharge means an individual—

(A) Who is admitted to any NF directly from a hospital after receiving acute inpatient at the hospital;

(B) Who requires NF services for the condition for which he or she received care in the hospital; and

(C) Whose attending physician has certified before admission to the facility that the individual is likely to require less than 30 days nursing facility services.

(ii) If an individual who enters a NF as an exempted hospital discharge is later found to require more than 30 days of NF care, the State mental health or ID-RC authority must conduct an annual resident review within 40 calendar days of admission.

(3) ***Readmissions.*** An individual is a readmission if he or she was readmitted to a facility from a hospital to which he or she was transferred for the purpose of receiving care. Readmissions are subject to annual resident review rather than preadmission screening.

(4) ***Interfacility transfers —***

(i) An interfacility transfer occurs when an individual is transferred from one NF to another NF, with or without an intervening hospital stay. Interfacility transfers are subject to annual resident review rather than preadmission screening.

(ii) In cases of transfer of a resident with MI or MR from a NF to a hospital or to another NF, the transferring NF is responsible for ensuring that copies of the resident's most recent PASARR and Applicant/Resident assessment reports accompany the transferring patient.

(c) ***Purpose.*** The preadmission screening and annual resident review process must result in determinations based on a physical and mental evaluation of each individual with mental illness or ID-RC, that are described in §§483.112 and 483.114.

(d) ***Responsibility for evaluations and determinations.*** The PASARR determinations of whether an individual requires the level of services provided by a NF and whether specialized services are needed—

(1) For individuals with mental illness, must be made by the State mental health authority and be based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority; and

(2) For individuals with ID-RC, must be made by the State ID-RC authority.

(e) ***Delegation of responsibility —***

(1) The State mental health and ID-RC authorities may delegate by subcontract or otherwise the evaluation and determination functions for which they are responsible to another entity only if—

(i) The State mental health and ID-RC authorities retain ultimate control and responsibility for the performance of their statutory obligations;

(ii) The two determinations as to the need for NF services and for specialized services are made, based on a consistent analysis of the data; and

(iii) The entity to which the delegation is made is not a NF or an entity that has a direct or indirect affiliation or relationship with a NF.

(2) The State ID-RC authority has responsibility for both the evaluation and determination functions for individuals with MR whereas the State mental health authority has responsibility only for the determination function.

(3) The evaluation of individuals with MI cannot be delegated by the State mental health authority because it does not have responsibility for this function. The evaluation function must be performed by a person or entity other than the State mental health authority. In designating an independent person or entity to perform MI evaluations, the State must not use a NF or an entity that has a direct or indirect affiliation or relationship with a NF.

[57 FR 56506, Nov. 30, 1992; 58 FR 25784, Apr. 28, 1993]

§ 483.108 Relationship of PASARR to other Medicaid processes.

(a) PASARR determinations made by the State mental health or ID-RC authorities cannot be countermanded by the State Medicaid agency, either in the claims process or through other utilization control/review processes or by the State survey and certification agency. Only appeals determinations made through the system specified in subpart E of this part may overturn a PASARR determination made by the State mental health or ID-RC authorities.

(b) In making their determinations, however, the State mental health and ID-RC authorities must not use criteria relating to the need for NF care or specialized services that are inconsistent with this regulation and any supplementary criteria adopted by the State Medicaid agency under its approved State plan.

(c) To the maximum extent practicable, in order to avoid duplicative testing and effort, the PASARR must be coordinated with the routine Resident assessment required by §483.20(b).

§ 483.110 Out-of-State arrangements.

(a) ***Basic rule.*** The State in which the individual is a State resident (or would be a State resident at the time he or she becomes eligible for Medicaid), as defined in §435.403 of this chapter, must pay for the PASARR and make the required determinations, in accordance with §431.52(b).

(b) ***Agreements.*** A State may include arrangements for PASARR in its provider agreements with out-of-State facilities or reciprocal interstate agreements.

[57 FR 56506, Nov. 30, 1992; 58 FR 25784, Apr. 28, 1993]

§ 483.112 Preadmission screening of applicants for admission to NFs.

(a) ***Determination of need for NF services.*** For each NF applicant with MI or MR, the State mental health or ID-RC authority (as appropriate) must determine, in accordance with §483.130, whether, because of the resident's physical and mental condition, the individual requires the level of services provided by a NF.

(b) ***Determination of need for specialized services.*** If the individual with mental illness or ID-RC is determined to require a NF level of care, the State mental health or ID-RC authority (as appropriate) must also determine, in accordance with §483.130, whether the individual requires specialized services for the mental illness or ID-RC, as defined in §483.120.

(c) ***Timeliness —***

(1) Except as specified in paragraph (c)(4) of this section, a preadmission screening determination must be made in writing within an annual average of 7 to 9 working days of referral of the individual with MI or MR by whatever agent performs the Level I identification, under §483.128(a) of this part, to the State mental health or ID-RC authority for screening. (See §483.128(a) for discussion of Level I evaluation.)

(2) The State may convey determinations verbally to nursing facilities and the individual and confirm them in writing.

(3) The State may compute separate annual averages for the mentally ill and the mentally retarded/developmentally disabled populations.

(4) The Secretary may grant an exception to the timeliness standard in paragraph (c)(1) of this section when the State—

(i) Exceeds the annual average; and

(ii) Provides justification satisfactory to the Secretary that a longer time period was necessary.

§ 483.114 Annual review of NF residents.

*****See Amendment to the PASRR program on page 87 for legislative changes that no longer require an annual resident review.*****

(a) ***Individuals with mental illness.*** For each resident of a NF who has mental illness, the State mental health authority must determine in accordance with §483.130 whether, because of the resident's physical and mental condition, the resident requires—

(1) The level of services provided by—

(i) A NF;

(ii) An inpatient psychiatric hospital for individuals under age 21, as described in section 1905(h) of the Act; or

(iii) An institution for mental diseases providing medical assistance to individuals age 65 or older; and

(2) Specialized services for mental illness, as defined in §483.120.

(b) ***Individuals with intellectual disability.*** For each resident of a NF who has intellectual disability, the State intellectual disability or developmental disability authority must determine in accordance with §483.130 whether, because of his or her physical or mental condition, the resident requires—

(1) The level of services provided by a NF or an intermediate care facility for the mentally retarded; and

(2) Specialized services for ID-RC as defined in §483.120.

(c) ***Frequency of review —***

(1) A review and determination must be conducted for each resident of a Medicaid NF who has mental illness or ID-RC not less often than annually.

(2) "Annually" is defined as occurring within every fourth quarter after the previous preadmission screen or annual resident review.

(d) ***April 1, 1990 deadline for initial reviews.*** The first set of annual reviews on resident who entered the NF prior to January 1, 1989, must be completed by April 1, 1990.

§ 483.116 Residents and applicants determined to require NF level of services.

(a) ***Individuals needing NF services.*** If the State mental health or ID-RC authority determines that a resident or applicant for admission to a NF requires a NF level of services, the NF may admit or retain the individual.

(b) ***Individuals needing NF services and specialized services.*** If the State mental health or ID-RC authority determines that a resident or applicant for admission requires both a NF level of services and specialized services for the mental illness or ID-RC—

(1) The NF may admit or retain the individual; and

(2) The State must provide or arrange for the provision of the specialized services needed by the individual while he or she resides in the NF.

§ 483.118 Residents and applicants determined not to require NF level of services.

(a) ***Applicants who do not require NF services.*** If the State mental health or ID-RC authority determines that an applicant for admission to a NF does not require NF services, the applicant cannot be admitted. NF services are not a covered Medicaid service for that individual, and further screening is not required.

(b) ***Residents who require neither NF services nor specialized services for MI or MR.*** If the State mental health or ID-RC authority determines that a resident requires neither the level of services provided by a NF nor specialized services for MI or MR, regardless of the length of stay in the facility, the State must—

(1) Arrange for the safe and orderly discharge of the resident from the facility in accordance with §483.12(a); and

(2) Prepare and orient the resident for discharge.

(c) ***Residents who do not require NF services but require specialized services for MI or MR —***

(1) ***Long term residents***. Except as otherwise may be provided in an alternative disposition plan adopted under section 1919(e)(7)(E) of the Act, for any resident who has continuously resided in a NF for at least 30 months before the date of the determination, and who requires only specialized services as defined in §483.120, the State must, in consultation with the resident's family or legal representative and caregivers—

(i) Offer the resident the choice of remaining in the facility or of receiving services in an alternative appropriate setting;

(ii) Inform the resident of the institutional and noninstitutional alternatives covered under the State Medicaid plan for the resident;

(iii) Clarify the effect on eligibility for Medicaid services under the State plan if the resident chooses to leave the facility, including its effect on readmission to the facility; and

(iv) Regardless of the resident's choice, provide for, or arrange for the provision of specialized services for the mental illness or ID-RC.

(2) ***Short term residents.*** Except as otherwise may be provided in an alternative disposition plan adopted under section 1919(e)(7)(E) of the Act, for any resident who requires only specialized services, as defined in §483.120, and who has not continuously resided in a NF for at least 30 months before the date of the determination, the State must, in consultation with the resident's family or legal representative and caregivers—

(i) Arrange for the safe and orderly discharge of the resident from the facility in accordance with §483.12(a);

(ii) Prepare and orient the resident for discharge; and

(iii) Provide for, or arrange for the provision of, specialized services for the mental illness or ID-RC.

(3) For the purpose of establishing length of stay in a NF, the 30 months of continuous residence in a NF or longer—

(i) Is calculated back from the date of the first annual resident review determination which finds that the individual is not in need of NF level of services;

(ii) May include temporary absences for hospitalization or therapeutic leave; and

(iii) May consist of consecutive residences in more than one NF.

§ 483.120 Specialized services.

(a) ***Definition —***

(1) For mental illness, specialized services means the services specified by the State which, combined with services provided by the NF, results in the continuous and aggressive implementation of an individualized plan of care that—

(i) Is developed and supervised by an interdisciplinary team, which includes a physician, qualified mental health professionals and, as appropriate, other professionals.

(ii) Prescribes specific therapies and activities for the treatment of persons experiencing an acute episode of serious mental illness, which necessitates supervision by trained mental health personnel; and

(iii) Is directed toward diagnosing and reducing the resident's behavioral symptoms that necessitated institutionalization, improving his or her level of independent functioning, and achieving a functioning level that permits reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time.

(2) For ID-RC, specialized services means the services specified by the State which, combined with services provided by the NF or other service providers, results in treatment which meets the requirements of §483.440(a)(1).

(b) ***Who must receive specialized services.*** The State must provide or arrange for the provision of specialized services, in accordance with this subpart, to all NF residents with MI or MR whose needs are such that continuous supervision, treatment and training by qualified mental health or ID-RC personnel is necessary, as identified by the screening provided in §483.130 or §§483.134 and 483.136.

(c) ***Services of lesser intensity than specialized services.*** The NF must provide mental health or ID-RC services which are of a lesser intensity than specialized services to all residents who need such services.

§ 483.122 FFP for NF services.

(a) ***Basic rule.*** Except as otherwise may be provided in an alternative disposition plan adopted under section 1919(e)(7)(E) of the Act, FFP is available in State expenditures for NF services provided to a Medicaid eligible individual subject to the requirements of this part only if the individual has been determined—

(1) To need NF care under §483.116(a) or

(2) Not to need NF services but to need specialized services, meets the requirements of §483.118(c)(1), and elects to stay in the NF.

(b) ***FFP for late reviews.*** When a preadmission screening has not been performed prior to admission or an annual review is not performed timely, in accordance with §483.114(c), but either is performed at a later date, FFP is available only for services furnished after the screening or review has been performed, subject to the provisions of paragraph (a) of this section.

§ 483.124 FFP for specialized services.

FFP is not available for specialized services furnished to NF residents as NF services.

§ 483.126 Appropriate placement.

Placement of an individual with MI or MR in a NF may be considered appropriate only when the individual's needs are such that he or she meets the minimum standards for admission and the individual's needs for treatment do not exceed the level of services which can be delivered in the NF to which the individual is admitted either through NF services alone or, where necessary, through NF services supplemented by specialized services provided by or arranged for by the State.

§ 483.128 PASARR evaluation criteria.

(a) ***Level I: Identification of individuals with MI or MR.*** The State's PASARR program must identify all individuals who are suspected of having MI or MR as defined in §483.102. This identification function is termed Level I. Level II is the function of evaluating and determining whether NF services and specialized services are needed. The State's performance of the Level I identification function must provide at least, in the case of first time identifications, for the issuance of written notice to the individual or resident and his or her legal representative that the individual or resident is suspected of having MI or MR and is being referred to the State mental health or ID-RC authority for Level II screening.

(b) ***Adaptation to culture, language, ethnic origin.*** Evaluations performed under PASARR and PASARR notices must be adapted to the cultural background, language, ethnic origin and means of communication used by the individual being evaluated.

(c) ***Participation by individual and family.*** PASARR evaluations must involve—

(1) The individual being evaluated;

(2) The individual's legal representative, if one has been designated under State law; and

(3) The individual's family if—

(i) Available; and

(ii) The individual or the legal representative agrees to family participation.

(d) ***Interdisciplinary coordination.*** When parts of a PASARR evaluation are performed by more than one evaluator, the State must ensure that there is interdisciplinary coordination among the evaluators.

(e) The State's PASARR program must use at least the evaluative criteria of §483.130 (if one or both determinations can easily be made categorically as described in §483.130) or of §§483.132 and 483.134 or §483.136 (or, in the case of individuals with both MI and MR, §§483.132, 483.134 and 483.136 if a more extensive individualized evaluation is required).

(f) ***Data.*** In the case of individualized evaluations, information that is necessary for determining whether it is appropriate for the individual with MI or MR to be placed in an NF or in another appropriate setting should be gathered throughout all applicable portions of the PASARR evaluation (§§483.132 and 483.134 and/or §483.136). The two determinations relating to the need for NF level of care and specialized services are interrelated and must be based upon a comprehensive analysis of all data concerning the individual.

(g) ***Preexisting data.*** Evaluators may use relevant evaluative data, obtained prior to initiation of preadmission screening or annual resident review, if the data are considered valid and accurate and reflect the current functional status of the individual. However, in the case of individualized evaluations, to supplement and verify the currency and accuracy of existing data, the State's PASARR program may need to gather additional information necessary to assess proper placement and treatment.

(h) ***Findings.*** For both categorical and individualized determinations, findings of the evaluation must correspond to the person's current functional status as documented in medical and social history records.

(i) ***Evaluation report: Individualized determinations.*** For individualized PASARR determinations, findings must be issued in the form of a written evaluative report which—

(1) Identifies the name and professional title of person(s) who performed the evaluation(s) and the date on which each portion of the evaluation was administered;

(2) Provides a summary of the medical and social history, including the positive traits or developmental strengths and weaknesses or developmental needs of the evaluated individual;

(3) If NF services are recommended, identifies the specific services which are required to meet the evaluated individual's needs, including services required in paragraph (i)(5) of this section;

(4) If specialized services are not recommended, identifies any specific ID-RC or mental health services which are of a lesser intensity than specialized services that are required to meet the evaluated individual's needs;

(5) If specialized services are recommended, identifies the specific ID-RC or mental health services required to meet the evaluated individual's needs; and

(6) Includes the bases for the report's conclusions.

(j) ***Evaluation report: Categorical determinations.*** For categorical PASARR determinations, findings must be issued in the form of an abbreviated written evaluative report which—

(1) Identifies the name and professional title of the person applying the categorical determination and the data on which the application was made;

(2) Explains the categorical determination(s) that has (have) been made and, if only one of the two required determinations can be made categorically, describes the nature of any further screening which is required;

(3) Identifies, to the extent possible, based on the available data, NF services, including any mental health or specialized psychiatric rehabilitative services, that may be needed; and

(4) Includes the bases for the report's conclusions.

(k) ***Interpretation of findings to individual.*** For both categorical and individualized determinations, findings of the evaluation must be interpreted and explained to the individual and, where applicable, to a legal representative designated under State law.

(l) ***Evaluation report.*** The evaluator must send a copy of the evaluation report to the—

(1) Individual or resident and his or her legal representative;

(2) Appropriate State authority in sufficient time for the State authorities to meet the times identified in §483.112(c) for PASs and §483.114(c) for ARRs;

(3) Admitting or retaining NF;

(4) Individual's attending physician; and

(5) The discharging hospital if the individual is seeking NF admission from a hospital.

(m) The evaluation may be terminated if the evaluator finds at any time during the evaluation that the individual being evaluated—

(1) Does not have MI or MR; or

(2) Has—

(i) A primary diagnosis of dementia (including Alzheimer's Disease or a related disorder); or

(ii) A non-primary diagnosis of dementia without a primary diagnosis that is a serious mental illness, and does not have a diagnosis of MR or a related condition.

[57 FR 56506, Nov. 30, 1992; 58 FR 25784, Apr. 28, 1993]

§ 483.130 PASARR determination criteria.

(a) ***Basis for determinations.*** Determinations made by the State mental health or ID-RC authority as to whether NF level of services and specialized services are needed must be based on an evaluation of data concerning the individual, as specified in paragraph (b) of this section.

(b) ***Types of determinations.*** Determinations may be—

(1) Advance group determinations, in accordance with this section, by category that take into account that certain diagnoses, levels of severity of illness, or need for a particular service clearly indicate that admission to or residence in a NF is normally needed, or that the provision of specialized services is not normally needed; or

(2) Individualized determinations based on more extensive individualized evaluations as required in §483.132, §483.134, or §483.136 (or, in the case of an individual having both MR and MI, §§483.134 and 483.136).

(c) ***Group determinations by category.*** Advance group determinations by category developed by the State mental health or ID-RC authorities may be made applicable to individuals by the NF or other evaluator following Level I review only if existing data on the individual appear to be current and accurate and are sufficient to allow the evaluator readily to determine that the individual fits into the category established by the State authorities (see §483.132(c)). Sources of existing data on the individual that could form the basis for applying a categorical determination by the State authorities would be hospital records, physician's evaluations, election of hospice status, records of community mental health centers or community ID-RC or developmental disability providers.

(d) ***Examples of categories.*** Examples of categories for which the State mental health or ID-RC authority may make an advance group determination that NF services are needed are—

(1) Convalescent care from an acute physical illness which—

(i) Required hospitalization; and

(ii) Does not meet all the criteria for an exempt hospital discharge, which is not subject to preadmission screening, as specified in §483.106(b)(2).

(2) Terminal illness, as defined for hospice purposes in §418.3 of this chapter;

(3) Severe physical illnesses such as coma, ventilator dependence, functioning at a brain stem level, or diagnoses such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, and congestive heart failure which result in a level of impairment so severe that the individual could not be expected to benefit from specialized services;

(4) Provisional admissions pending further assessment in cases of delirium where an accurate diagnosis cannot be made until the delirium clears;

(5) Provisional admissions pending further assessment in emergency situations requiring protective services, with placement in a nursing facility not to exceed 7 days; and

(6) Very brief and finite stays of up to a fixed number of days to provide respite to in-home caregivers to whom the individual with MI or MR is expected to return following the brief NF stay.

(e) ***Time limits.*** The State may specify time limits for categorical determinations that NF services are needed and in the case of paragraphs (d)(4), (5) and (6) of this section, must specify a time limit which is appropriate for provisional admissions pending further assessment and for emergency situations and respite care. If an individual is later determined to need a longer stay than the State's limit allows, the individual must be subjected to an annual resident review before continuation of the stay may be permitted and payment made for days of NF care beyond the State's time limit.

(f) The State mental health and ID-RC authorities may make categorical determinations that specialized services are not needed in the provisional, emergency and respite admission situations identified in §483.130(d)(4)—(6). In all other cases, except for §483.130(h), a determination that specialized services are not needed must be based on a more extensive individualized evaluation under §483.134 or §483.136.

(g) ***Categorical determinations:*** No positive specialized treatment determinations. The State mental health and ID-RC authorities must not make categorical determinations that specialized services are needed. Such a determination must be based on a more extensive individualized evaluation under §483.134 or §483.136 to determine the exact nature of the specialized services that are needed.

(h) ***Categorical determinations:*** Dementia and MR. The State ID-RC authority may make categorical determinations that individuals with dementia, which exists in combination with ID-RC or a related condition, do not need specialized services.

(i) If a State mental health or ID-RC authority determines NF needs by category, it may not waive the specialized services determination. The appropriate State authority must also determine whether specialized services are needed either by category (if permitted) or by individualized evaluations, as specified in §483.134 or §483.136.

(j) ***Recording determinations***. All determinations made by the State mental health and ID-RC authority, regardless of how they are arrived at, must be recorded in the individual's record.

(k) ***Notice of determination.*** The State mental health or ID-RC authority must notify in writing the following entities of a determination made under this subpart:

(1) The evaluated individual and his or her legal representative;

(2) The admitting or retaining NF;

(3) The individual or resident's attending physician; and

(4) The discharging hospital, unless the individual is exempt from preadmission screening as provided for at §483.106(b)(2).

(l) ***Contents of notice.*** Each notice of the determination made by the State mental health or ID-RC authority must include—

(1) Whether a NF level of services is needed;

(2) Whether specialized services are needed;

(3) The placement options that are available to the individual consistent with these determinations; and

(4) The rights of the individual to appeal the determination under subpart E of this part.

(m) ***Placement options***. Except as otherwise may be provided in an alternative disposition plan adopted under section 1919(e)(7)(E) of the Act, the placement options and the required State actions are as follows:

(1) ***Can be admitted to a NF.*** Any applicant for admission to a NF who has MI or MR and who requires the level of services provided by a NF, regardless of whether specialized services are also needed, may be admitted to a NF, if the placement is appropriate, as determined in §483.126. If specialized services are also needed, the State is responsible for providing or arranging for the provision of the specialized services.

(2) ***Cannot be admitted to a NF.*** Any applicant for admission to a NF who has MI or MR and who does not require the level of services provided by a NF, regardless of whether specialized services are also needed, is inappropriate for NF placement and must not be admitted.

(3) ***Can be considered appropriate for continued placement in a NF.*** Any NF resident with MI or MR who requires the level of services provided by a NF, regardless of the length of his or her stay or the need for specialized services, can continue to reside in the NF, if the placement is appropriate, as determined in §483.126.

(4) ***May choose to remain in the NF even though the placement would otherwise be inappropriate.*** Any NF resident with MI or MR who does not require the level of services provided by a NF but does require specialized services and who has continuously resided in a NF for at least 30 consecutive months before the date of determination may choose to continue to reside in the facility or to receive covered services in an alternative appropriate institutional or noninstitutional setting. Wherever the resident chooses to reside, the State must meet his or her specialized services needs. The determination notice must provide information concerning how, when, and by whom the various placement options available to the resident will be fully explained to the resident.

(5) ***Cannot be considered appropriate for continued placement in a NF and must be discharged (short-term residents).*** Any NF resident with MI or MR who does not require the level of services provided by a NF but does require specialized services and who has resided in a NF for less than 30 consecutive months must be discharged in accordance with §483.12(a) to an appropriate setting where the State must provide specialized services. The determination notice must provide information on how, when, and by whom the resident will be advised of discharge arrangements and of his/her appeal rights under both PASARR and discharge provisions.

(6) ***Cannot be considered appropriate for continued placement in a NF and must be discharged (short or long-term residents)***. Any NF resident with MI or MR who does not require the level of services provided by a NF and does not require specialized services regardless of his or her length of stay, must be discharged in accordance with §483.12(a). The determination notice must provide information on how, when, and by whom the resident will be advised of discharge arrangements and of his or her appeal rights under both PASARR and discharge provisions.

(n) ***Specialized services needed in a NF.*** If a determination is made to admit or allow to remain in a NF any individual who requires specialized services, the determination must be supported by assurances that the specialized services that are needed can and will be provided or arranged for by the State while the individual resides in the NF.

(o) ***Record retention.*** The State PASARR system must maintain records of evaluations and determinations, regardless of whether they are performed categorically or individually, in order to support its determinations and actions and to protect the appeal rights of individuals subjected to PASARR; and

(p) ***Tracking system.*** The State PASARR system must establish and maintain a tracking system for all individuals with MI or MR in NFs to ensure that appeals and future reviews are performed in accordance with this subpart and subpart E.

[57 FR 56506, Nov. 30, 1992; 58 FR 25784, Apr. 28, 1993]

§ 483.132 Evaluating the need for NF services and NF level of care (PASARR/NF).

(a) ***Basic rule.*** For each applicant for admission to a NF and each NF resident who has MI or MR, the evaluator must assess whether—

(1) The individual's total needs are such that his or her needs can be met in an appropriate community setting;

(2) The individual's total needs are such that they can be met only on an inpatient basis, which may include the option of placement in a home and community-based services waiver program, but for which the inpatient care would be required;

(3) If inpatient care is appropriate and desired, the NF is an appropriate institutional setting for meeting those needs in accordance with §483.126; or

(4) If the inpatient care is appropriate and desired but the NF is not the appropriate setting for meeting the individual's needs in accordance with §483.126, another setting such as an ICF/MR (including small, community-based facilities), an IMD providing services to individuals aged 65 or older, or a psychiatric hospital is an appropriate institutional setting for meeting those needs.

(b) ***Determining appropriate placement.*** In determining appropriate placement, the evaluator must prioritize the physical and mental needs of the individual being evaluated, taking into account the severity of each condition.

(c) ***Data***. At a minimum, the data relied on to make a determination must include:

(1) Evaluation of physical status (e.g., diagnoses, date of onset, medical history, and prognosis);

(2) Evaluation of mental status (e.g., diagnoses, date of onset, medical history, likelihood that the individual may be a danger to himself/herself or others); and

(3) Functional assessment (activities of daily living).

(d) Based on the data compiled in §483.132 and, as appropriate, in §§483.134 and 483.136, the State mental health or ID-RC authority must determine whether an NF level of services is needed.

§ 483.134 Evaluating whether an individual with mental illness requires specialized services (PASARR/MI).

(a) ***Purpose.*** The purpose of this section is to identify the minimum data needs and process requirements for the State mental health authority, which is responsible for determining whether or not the applicant or resident with MI, as defined in §483.102(b)(1) of this part, needs a specialized services program for mental illness as defined in §483.120.

(b) ***Data.*** Minimum data collected must include—(1) A comprehensive history and physical examination of the person. The following areas must be included (if not previously addressed):

(i) Complete medical history;

(ii) Review of all body systems;

(iii) Specific evaluation of the person's neurological system in the areas of motor functioning, sensory functioning, gait, deep tendon reflexes, cranial nerves, and abnormal reflexes; and

(iv) In case of abnormal findings which are the basis for an NF placement, additional evaluations conducted by appropriate specialists.

(2) A comprehensive drug history including current or immediate past use of medications that could mask symptoms or mimic mental illness.

(3) A psychosocial evaluation of the person, including current living arrangements and medical and support systems.

(4) A comprehensive psychiatric evaluation including a complete psychiatric history, evaluation of intellectual functioning, memory functioning, and orientation, description of current attitudes and overt behaviors, affect, suicidal or homicidal ideation, paranoia, and degree of reality testing (presence and content of delusions) and hallucinations.

(5) A functional assessment of the individual's ability to engage in activities of daily living and the level of support that would be needed to assist the individual to perform these activities while living in the community. The assessment must determine whether this level of support can be provided to the individual in an alternative community setting or whether the level of support needed is such that NF placement is required.

(6) The functional assessment must address the following areas: Self-monitoring of health status, self-administering and scheduling of medical treatment, including medication compliance, or both, self-monitoring of nutritional status, handling money, dressing appropriately, and grooming.

(c) ***Personnel requirements.***

(1) If the history and physical examination are not performed by a physician, then a physician must review and concur with the conclusions.

(2) The State may designate the mental health professionals who are qualified—

(i) To perform the evaluations required under paragraph (b) (2)—(6) of this section including the—

(A) Comprehensive drug history;

(B) Psychosocial evaluation;

(C) Comprehensive psychiatric evaluation;

(D) Functional assessment; and

(ii) To make the determination required in paragraph (d) of this section.

(d) ***Data interpretation.*** Based on the data compiled, a qualified mental health professional, as designated by the State, must validate the diagnosis of mental illness and determine whether a program of psychiatric specialized services is needed.

§ 483.136 Evaluating whether an individual with ID-RC requires specialized services (PASARR/MR).

(a) ***Purpose.*** The purpose of this section is to identify the minimum data needs and process requirements for the State ID-RC authority to determine whether or not the applicant or resident with ID-RC, as defined in §483.102(b)(3) of this part, needs a continuous specialized services program, which is analogous to active treatment, as defined in §435.1010 of this chapter and §483.440.

(b) ***Data.*** Minimum data collected must include the individual's comprehensive history and physical examination results to identify the following information or, in the absence of data, must include information that permits a reviewer specifically to assess:

(1) The individual's medical problems;

(2) The level of impact these problems have on the individual's independent functioning;

(3) All current medications used by the individual and the current response of the individual to any prescribed medications in the following drug groups:

(i) Hypnotics,

(ii) Antipsychotics (neuroleptics),

(iii) Mood stabilizers and antidepressants,

(iv) Antianxiety-sedative agents, and

(v) Anti-Parkinson agents.

(4) Self-monitoring of health status;

(5) Self-administering and scheduling of medical treatments;

(6) Self-monitoring of nutritional status;

(7) Self-help development such as toileting, dressing, grooming, and eating;

(8) Sensorimotor development, such as ambulation, positioning, transfer skills, gross motor dexterity, visual motor perception, fine motor dexterity, eye-hand coordination, and extent to which prosthetic, orthotic, corrective or mechanical supportive devices can improve the individual's functional capacity;

(9) Speech and language (communication) development, such as expressive language (verbal and nonverbal), receptive language (verbal and nonverbal), extent to which non-oral communication systems can improve the individual's function capacity, auditory functioning, and extent to which amplification devices (e.g., hearing aid) or a program of amplification can improve the individual's functional capacity;

(10) Social development, such as interpersonal skills, recreation-leisure skills, and relationships with others;

(11) Academic/educational development, including functional learning skills;

(12) Independent living development such as meal preparation, budgeting and personal finances, survival skills, mobility skills (orientation to the neighborhood, town, city), laundry, housekeeping, shopping, bedmaking, care of clothing, and orientation skills (for individuals with visual impairments);

(13) Vocational development, including present vocational skills;

(14) Affective development such as interests, and skills involved with expressing emotions, making judgments, and making independent decisions; and

(15) The presence of identifiable maladaptive or inappropriate behaviors of the individual based on systematic observation (including, but not limited to, the frequency and intensity of identified maladaptive or inappropriate behaviors).

(c) ***Data interpretation —***

(1) The State must ensure that a licensed psychologist identifies the intellectual functioning measurement of individuals with MR or a related condition.

(2) Based on the data compiled in paragraph (b) of this section, the State ID-RC authority, using appropriate personnel, as designated by the State, must validate that the individual has MR or is a person with a related condition and must determine whether specialized services for ID-RC are needed. In making this determination, the State ID-RC authority must make a qualitative judgment on the extent to which the person's status reflects, singly and collectively, the characteristics commonly associated with the need for specialized services, including—

(i) Inability to—

(A) Take care of the most personal care needs;

(B) Understand simple commands;

(C) Communicate basic needs and wants;

(D) Be employed at a productive wage level without systematic long term supervision or support;

(E) Learn new skills without aggressive and consistent training;

(F) Apply skills learned in a training situation to other environments or settings without aggressive and consistent training;

(G) Demonstrate behavior appropriate to the time, situation or place without direct supervision; and

(H) Make decisions requiring informed consent without extreme difficulty;

(ii) Demonstration of severe maladaptive behavior(s) that place the person or others in jeopardy to health and safety; and

(iii) Presence of other skill deficits or specialized training needs that necessitate the availability of trained MR personnel, 24 hours per day, to teach the person functional skills.

[57 FR 56506, Nov. 30, 1992; 58 FR 25784, Apr. 28, 1993, as amended at 71 FR 39229, July 12, 2006]

§ 483.138 Maintenance of services and availability of FFP.

(a) ***Maintenance of services.*** If a NF mails a 30 day notice of its intent to transfer or discharge a resident, under §483.12(a) of this chapter, the agency may not terminate or reduce services until—

(1) The expiration of the notice period; or

(2) A subpart E appeal, if one has been filed, has been resolved.

(b) ***Availability of FFP.*** FFP is available for expenditures for services provided to Medicaid recipients during—

(1) The 30 day notice period specified in §483.12(a) of this chapter; or

(2) During the period an appeal is in progress

Chapter

9

State Rules for Preadmission and Continued Stay

R414. Health, Health Care Financing, Coverage and Reimbursement Policy.

R414-501. Preadmission Authorization, Retroactive Authorization, and Continued Stay Review.

R414-501-1. Introduction and Authority.

This rule implements the nursing facility and utilization requirements of 42 U.S.C. Sec. 1396r(b)(3), (e)(5), and (f)(6)(B), 42 CFR 456.1 through 456.23, and 456.350 through 456.380, by requiring the evaluation of each resident's need for admission and continued stay in a nursing facility. It also implements the requirements for states and long term care facilities found in 42 CFR 483.

R414-501-2. Definitions.

In addition to the definitions in Section R414-1-1, the following definitions apply to Rules R414-501 through R414-503:

(1) "Activities of daily living" are defined in 42 CFR 483.25(a)(1), and further includes adaptation to the use of assistive devices and prostheses intended to provide the greatest degree of independent functioning.

(2) "Categorical determination" means a determination made pursuant to 42 CFR 483.130 and ATTACHMENT 4.39-A of the State Plan.

(3) "Code of Federal Regulations (CFR)" means the most current edition unless otherwise noted.

(4) "Continued stay review" means a periodic, supplemental, or interim review of a resident performed by a Department health care professional either by telephone or on-site review.

(5) "Discharge planning" means planning that ensures that the resident has an individualized planned program of post-discharge continuing care that:

(a) states the medical, functional, behavioral and social levels necessary for the resident to be discharged to a less restrictive setting;

(b) includes the steps needed to move the resident to a less restrictive setting;

(c) establishes the feasibility of the resident's achieving the levels necessary for discharge; and

(d) states the anticipated time frame for that achievement.

(6) "Health care professional" means a duly licensed or certified physician, physician assistant, nurse practitioner, physical therapist, speech therapist, occupational therapist, registered professional nurse, licensed practical nurse, social worker, or qualified mental retardation professional.

(7) "Medicaid resident" means a resident who is a Medicaid recipient.

(8) "Medicaid admission date" means the date the nursing facility requests Medicaid reimbursement to begin.

(9) "Mental retardation" is defined in 42 CFR 483.102(b)(3) and includes "persons with related conditions" as defined in 42 CFR 435.1009.

(10) "Minimum Data Set (MDS)" means the standardized, primary screening and assessment tool of health status that forms the foundation of the comprehensive assessment for all residents in a Medicare or Medicaid certified long-term care facility.

(11) "Nursing facility" is defined in 42 USC. 1396r(a), and also includes an intermediate care facility for people with mental retardation as defined in 42 USC 1396d(d).

(12) "Nursing facility applicant" is an individual for whom the nursing facility is seeking Medicaid payment.

(13) "Preadmission Screening and Resident Review (PASRR) Level I Screening" means the preadmission identification screening described in Section R414-503-3.

(14) "Preadmission Screening and Resident Review (PASRR) Level II Evaluation" means the preadmission evaluation and resident review for serious mental illness or mental retardation described in Section R414-503-4.

(15) "Physician Certification" is a written statement from the Medicaid resident's physician that certifies the individual requires nursing facility services.

(16) "Resident" means a person residing in a Medicaid-certified nursing facility.

(17) "Serious mental illness" is defined by the State Mental Health Authority.

(18) "Significant change" means a major change in the resident's physical, mental, or psychosocial status that is not self-limiting, impacts on more than one area of the resident's health status, and requires interdisciplinary review, revision of the care plan, or may require a referral to a preadmission screening resident review if a mental illness or intellectual disability or related condition is suspected or present.

(19) "Skilled care" means those services defined in 42 CFR 409.32.

(20) "Specialized rehabilitative services" means those services provided pursuant to 42 CFR 483.45 and Section R432-150-23.

(21) "Specialized services" means those services provided pursuant to 42 CFR 483.120 and ATTACHMENT 4.39 of the State Plan.

(22) "United States Code (USC)" means the most current edition unless otherwise noted.

(23) "Working days" means all work days as defined by the Utah Department of Human Resource Management.

R414-501-3. Preadmission Authorization.

(1) A nursing facility will perform a preadmission assessment when admitting a nursing facility applicant. Preadmission authorization is not transferable from one nursing facility to another.

(2) A nursing facility must obtain approval from the Department when admitting a nursing facility applicant. The nursing facility must submit a request for prior approval to the Department no later than the next business day after the date of admission. A request for prior approval may be in writing or by telephone and will include:

(a) the name, age, and Medicaid eligibility of the nursing facility applicant;

(b) the date of transfer or admission to the nursing facility;

(c) the reason for acute care inpatient hospitalization or emergency placement, if any;

(d) a description of the care and services needed;

(e) the nursing facility applicant's current functional and mental status;

(f) the established diagnoses;

(g) the medications and treatments currently ordered for the nursing facility applicant;

(h) a description of the nursing facility applicant's discharge potential;

(i) the name of the hospital discharge planner or nursing facility employee who is requesting the prior approval;

(j) the Preadmission Screening and Resident Review (PASRR) Level I screening, except the screening is not required for admission to an intermediate care facility for people with mental retardation; and

(k) the Preadmission Screening and Resident Review (PASRR) Level II determination, as required by 42 CFR 483.112.

(4) If the Department gives a telephone prior approval, the nursing facility will submit to the Department within five working days a preadmission transmittal for the nursing facility applicant, and will begin preparing the complete contact for the nursing facility applicant. The complete contact is a written application containing all the elements of a request for prior authorization plus:

(a) the preadmission continued stay transmittal;

(b) a history and physical;

(c) the signed and dated physician's orders, including physician certification; and

(d) an MDS assessment completed no later than 14 calendar days after the resident is admitted to a nursing facility.

(5) The requirements in Section R414-501-3 do not apply in cases in which a facility is seeking Retroactive Authorization described in Section R414-501-5.

R414-501-4. Immediate Placement Authorization.

(1) The Department will reimburse a nursing facility for five days if the Department gives telephone prior approval for a resident who is an immediate placement.

(a) An immediate placement will meet one of the following criteria:

(i) The resident exhausted acute care benefits or was discharged by a hospital;

(ii) A Medicare fiscal intermediary changed the resident's level of care, or the Medicare benefit days terminated and there is a need for continuing services reimbursed under Medicaid;

(iii) Protective services in the Department of Human Services placed the resident for care;

(iv) A tragedy, such as fire or flood, has occurred in the home, and the resident is injured, or an accident leaves a dependent person in imminent danger and requires immediate institutionalization;

(v) A family member who has been providing care to the resident dies or suddenly becomes ill;

(vi) A nursing facility terminated services, either through an adverse certification action or closure of the facility, and the resident must be transferred to meet his medical or habilitation needs; or

(vii) A disaster or other emergency as defined by the Department has occurred.

(b) The Department will deny an immediate placement unless the PASRR Level I screening is completed and the Department determines a PASRR Level II evaluation is not required, or if the PASRR Level II evaluation is required, then the PASRR Level II evaluation is completed and the Department determines the nursing facility applicant qualifies for placement in a nursing facility. The two exceptions to this requirement are when the nursing facility applicant is a provisional placement for less than seven days or when the placement is after an acute hospital admission and the physician certifies in writing that the placement will be for less than 30 days.

(c) Telephone prior approval for an immediate placement will be effective for no more than five working days. During that period the nursing facility will submit a preadmission transmittal, and will begin preparing the complete contact for the nursing facility applicant. If the nursing facility fails to submit the preadmission transmittal in a timely manner, the Department will not make any payments until the Department receives the preadmission transmittal and the nursing facility complies with all preadmission requirements.

R414-501-5. Retroactive Authorization.

A nursing facility may complete a written request for Retroactive Authorization. If approved, the authorization period will begin a maximum of 90 days prior to the date the authorization request is submitted to the Department. The request for Retroactive Authorization will include documentation that will demonstrate the clinical need for nursing facility care at the time of the requested Medicaid admission date. The documentation must also demonstrate the clinical need for nursing facility care as of the current date. This documentation will allow the Department's medical professionals to determine the clinical need for nursing facility care during both the retroactive period and the current period. Documentation will include:

(a) the name of the nursing facility employee who is requesting the authorization;

(b) the Retroactive Authorization request submission date;

(c) the requested Medicaid admission date;

(d) a description of why Retroactive Authorization is being requested;

(e) the name, age, and Medicaid identification number of the nursing facility applicant;

(f) the PASRR Level I screening; except the screening is not required for admission to an intermediate care facility for people with mental retardation;

(g) the PASRR Level II determination as required by 42 CFR 483.112;

(h) a history and physical;

(i) signed and dated physician's orders, including the physician certification;

(j) MDS assessment that covers the time period for which Medicaid reimbursement is being requested; and

(k) a copy of a Medicare denial letter, a Medicaid eligibility letter, or both, as applicable.

R414-501-6. Readmission After Hospitalization.

When a Medicaid resident is admitted to a hospital, the Department will not require Preadmission Authorization when the Medicaid resident returns to the original nursing facility not later than three consecutive days after the date of discharge from the nursing facility. If the readmission occurs four or more days after the date of discharge from the nursing facility, the nursing facility will complete the Preadmission Authorization process again including revising the PASRR Level I screening to evaluate the need for a new PASRR Level II evaluation.

R414-501-7. Continued Stay Review.

(1) The Department will conduct a continued stay review to determine the need for continued stay in a nursing facility and to determine whether the resident has shown sufficient improvement to implement discharge planning.

(2) If a question regarding placement or the ongoing need for nursing facility services for a Medicaid resident arises, the Department may request additional information from the nursing facility. If the question remains unresolved, a Department health care professional may perform a supplemental on-site review. The Department or the nursing facility can also initiate an interim review because of a change in the Medicaid resident's condition or medical needs.

(3) A nursing facility will make appropriate personnel and information reasonably accessible so the Department can conduct the continued stay review.

(4) A nursing facility will inform the Department by telephone or in writing when the needs of a Medicaid resident change to possibly require discharge or a change from the findings in the PASRR Level I screening or PASRR Level II evaluation. A nursing facility will inform the Department of newly acquired facts relating to the resident's diagnosis, medications, treatments, care or service needs, or plan of care that may not have been known when the Department determined medical need for admission or continued stay. With any significant change, the nursing facility is responsible to revise the PASRR Level I screening to evaluate the need for a new PASRR Level II evaluation.

(5) The Department will deny payment to a nursing facility for services provided to a Medicaid resident who, against medical advice, leaves a nursing facility for more than two consecutive days, or who fails to return within two consecutive days after an authorized leave of absence. A nursing facility will report all such instances to the Department. The resident will complete all preadmission requirements before the Department may approve payment for further nursing facility services.

R414-501-8. Payment Responsibility.

(1) If a nursing facility accepts a resident who elects not to apply for Medicaid coverage, and the nursing facility can prove that it gave the resident or his legal representative written notice of Medicaid eligibility and preadmission requirements, then the resident or legal representative will be solely responsible for payment for the services rendered. However, if a nursing facility cannot prove it gave the notice to a resident or his legal representative, then the nursing facility will be solely responsible for payment for the services rendered during the time when the resident was eligible for Medicaid coverage.

(2) For Preadmission Authorization requests described in Section R414-501-3, the Department will deny payment to a nursing facility for services provided:

> (a) before the date of the verbal prior approval or the date postmarked on the envelope containing the written application, or the date the Department receives the written application (whichever is earliest);
>
> (b) if the facility fails to submit a complete application by the 60th day from the date the Department receives the Preadmission Authorization request; or
>
> (c) if the facility fails to comply with PASRR requirements.

(3) For Retroactive Authorization described in Section R414-501-5, the Department will deny payment to a nursing facility for services provided:

(a) greater than 90 days prior to the request for Retroactive Authorization;

(b) if the facility fails to submit a complete application by the 60th day from the date the Department receives the Retroactive Authorization request; or

(c) the facility fails to comply with PASRR requirements.

R414-501-9. General Provisions.

(1) The Department is solely responsible for approving or denying a Preadmission, Retroactive or continued stay authorization for payment for nursing facility services provided to a Medicaid resident. The Department is ultimately responsible for determining if a Medicaid resident has a clinical need for nursing facility services. If the Department determines a nursing facility applicant or Medicaid resident does not have a clinical need for nursing facility services, a written notice of agency action, in accordance with 42 CFR 431.200 through 431.246, 42 CFR 456.437 and 456.438 will be sent. If a nursing facility complies with all Preadmission Authorization, Retroactive Authorization and continued stay requirements for a Medicaid resident then the Department will provide coverage consistent with the State Plan.

(2) If a nursing facility fails to comply with all Preadmission Authorization, Retroactive Authorization or continued stay requirements, the Department will deny payment to the nursing facility for services provided to the nursing facility applicant. The nursing facility is liable for all expenses incurred for services provided to the nursing facility applicant on or after the date the nursing facility applicant applied for Medicaid. The nursing facility will not bill the nursing facility applicant or his legal representative for services not reimbursed by the Department due to the nursing facility's failure to follow Preadmission Authorization, Retroactive Authorization or continued stay rules.

(3) If the application is incomplete it will be denied. The Department will comply with notice and hearing requirements as defined in 42 CFR 431.200 through 431.246, and also send written notice to the nursing facility administrator, the attending physician, and, if possible, the next-of-kin or legal representative of the nursing facility applicant. If the Department denies a claim, the nursing facility can resubmit additional documentation not later than 60 calendar days after the date the Department receives the initial Preadmission or Retroactive Authorization request or continued stay transmittal. If the nursing facility fails to submit additional documentation that corrects the claim deficiencies within the 60 calendar day period, then the denial becomes final and the nursing facility waives all rights to Medicaid reimbursement from the time of admission until the Department approves a subsequent request for authorization submitted by the nursing facility.

(4) The Department adopts the standards and procedures for conducting a fair hearing set forth in 42 U.S.C. Sec. 1396a(a)(3) and 42 CFR 431.200 through 431.246, and as implemented in Rule R410-14.

R414-501-10. Safeguarding Information of Nursing Facility Applicants and Residents.

(1) The Department adopts the standards and procedures for safeguarding information of nursing facility applicants and recipients set forth in 42 U.S.C. Sec.1396a(a)(7) and 42 CFR 431.300 through 431.307.

(2) Standards for safeguarding a resident's private records are set forth in Section 63G-2-302.

R414-501-11. Free Choice of Providers.

Subject to certain restrictions outlined in 42 CFR 431.51, 42 USC 1396a(a)(23) requires that recipients have the freedom to choose a provider. A recipient who believes his freedom to choose a provider has been denied or impaired may request a hearing from the Department, as outlined in 42 CFR 431.200 through 431.221.

R414-501-12. Alternative Services Evaluation and Referral.

While reviewing a preadmission assessment for admission to a nursing care facility, other than an ICF/MR, the Department may evaluate the potential for the nursing facility applicant to receive alternative Medicaid services in a home or community-based setting that are appropriate for the needs of the individual identified in the preadmission submittals. If there appears to be a potential for alternative Medicaid services, with the permission of the nursing facility applicant, the nursing facility will refer the name of the nursing facility applicant to one or more designated Medicaid home and community-based services program representatives for follow-up contact with the nursing facility applicant.

KEY: Medicaid

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R414. Health, Health Care Financing, Coverage and Reimbursement Policy.

R414-503. Preadmission Screening and Resident Review.

R414-503-1. Introduction and Authority.

This rule implements 42 U.S.C. 1396r(b)(3) and (e)(7) and Pub. L. No. 104 315, which require preadmission screening and resident review (PASRR) of nursing facility residents with serious mental illness or intellectual disability. This rule applies to all Medicare/Medicaid-certified nursing facility admissions irrespective of the payment source of an individual's nursing facility services.

R414-503-2. Definitions.

In addition to the definitions in Sections R414-1-2 and R414-501-2, the following definitions apply:

(1) "Break in Stay" occurs when a resident of a Medicare/Medicaid-certified nursing facility:

(a) voluntarily leaves against medical advice for more than two consecutive days;

(b) fails to return within two consecutive days after an authorized leave of absence;

(c) discharges into a community setting; or

(d) is admitted to the Utah State Hospital, to a civil or forensic bed (not the Adult Recovery Treatment Center).

(2) "Intellectual Disability" is the equivalent term for "Mental Retardation" in federal law.

R414-503-3. PASRR Level I Screening for All Persons.

The purpose of a Preadmission Level I Screening is for a health care professional to identify any person with a serious mental illness, intellectual disability or other related condition so the professional may consider that person for admission to a Medicare/Medicaid-certified nursing facility. The health care professional who conducts the Level I Screening shall refer the person for a Level II Evaluation if the professional determines that the person has a serious mental illness, intellectual disability or other related condition.

(1) The health care professional shall complete a Level I Screening before any Medicare and Medicaid-certified nursing facility admission.

(2) The health care professional shall complete the Level I Screening on a form supplied by the Department.

(3) The health care professional shall sign and date the Level I Screening.

(4) The nursing facility shall revise the Level I Screening if there is a significant change in the person's condition.

(5) The Department shall require Level I Screening for all persons even if a person cannot cooperate or participate in Level I Screening due to delirium or other emergency circumstances. The health care professional shall complete the Level I Screening by using available medical information or other outside information.

R414-503-4. PASRR Level II Evaluation Criteria.

The purpose of a Level II Evaluation is to avoid unnecessary or inappropriate nursing facility admission of persons with serious mental illness or intellectual disabilities or related conditions. The Level II evaluation ensures that persons with serious mental illness or intellectual disabilities or related conditions are recommended for specialized services when a health care professional determines there is a need for specialized services during the evaluation process. The Department bases Level II Evaluations on the criteria set forth in 42 CFR 483.130. Level II Evaluations must address the level of nursing services, specialized services, and specialized rehabilitative services needed for the patient.

(1) The health care professional who completes the Level I screening shall refer the person to a contracted mental health PASRR Evaluator for the Level II Evaluation if the Level I Screening indicates the person meets all of the following criteria:

(a) The person has a serious mental illness as defined by the State Mental Health Authority and identified by the Level I Screening;

(b) The diagnosis of mental illness falls within the diagnostic groupings as described in the Diagnostic and Statistical Manual; and

(c) In addition to the criteria listed in Subsection R414-503-4(1)(a)(b), the person meets any one of the following criteria:

(i) The person has undergone psychiatric treatment at least twice in the last two years that is more intensive than outpatient care;

(ii) Due to a significant disruption in the person's normal living situation, the person requires supportive services to maintain the current level of functioning at home or in a residential treatment center; or

(iii) The person requires intervention by housing or law enforcement officials.

(2) The health care professional who completes the Level I screening shall refer the person to the Intellectual Disability or Related Condition Authority for the Level II Evaluation if the Level I Screening indicates the person meets at least one of the following criteria:

(a) The person has received a diagnosis of an intellectual disability or related condition;

(b) The person has received a diagnosis of epilepsy or seizure disorder with onset before 22 years of age;

(c) The person has a history of intellectual disability or related condition, or an indication of cognitive or behavioral patterns that indicate the person has an intellectual disability or related condition; or

(d) The person is referred by any agency that specializes in the care of persons with intellectual disabilities or related conditions.

(3) The health care professional who completes the Level I screening shall refer the person to both the contracted mental health PASRR Evaluator and the Intellectual Disability or Related Condition Authority if the person meets the criteria for Subsection R414-503-4(1) and (2).

(4) The health care professional who completes the Level I screening shall provide written notice of a Level II Evaluation referral to the person, the person's legal representative, and the prospective nursing facility.

(5) If the person does not meet the criteria in Subsection R414-503-4(1) or (2), the Department may not require a further PASRR Evaluation unless there is a significant change in condition.

R414-503-5. PASRR Level II Exemptions.

The Department may not require a Level II Evaluation for any of the following reasons:

(1) The person does not meet the criteria listed in Subsection R414-503-4 (1) or (2);

(2) The nursing facility admits the person as a provisional admission due to delirium, an accurate diagnosis cannot be made until the delirium clears, and the nursing facility placement does not exceed seven days. The nursing facility shall refer the person for a Level II Evaluation before midnight on the seventh day if the placement will extend beyond the seventh day.

(3) The nursing facility admits the person as a provisional admission due to an emergency situation requiring protective services, and the nursing facility placement does not exceed seven days. The nursing facility shall refer the person for a Level II Evaluation before midnight on the seventh day if the placement will extend beyond the seventh day.

(4) The person is admitted to a nursing facility directly from a hospital and requires nursing facility services for the condition treated in the hospital (not psychiatric treatment), and the attending physician certifies in writing before the admission that the person is likely to be discharged in less than 30 days. The nursing facility shall refer the person for a Level II Evaluation before midnight on the 30th day if the placement will extend beyond the 30th day.

(5) The contracted mental health PASRR evaluator may terminate the Level II Evaluation at any time if the evaluator determines that the person does not have a serious mental illness. The Level II Evaluator shall document that the person does not have a serious mental illness.

(6) The person has a previous Level II Evaluation and the nursing facility readmits the person to the same or a different nursing facility following hospitalization for medical care without a break in stay. This provision does not apply if the person is hospitalized for acute psychiatric treatment. Following readmission, the nursing facility shall review and update the PASRR Level I Screening to determine whether there is a significant change in condition that requires a Level II Re-evaluation.

(7) The person has a previous Level II Evaluation and the nursing facility transfers the person to another nursing facility with or without intervening hospitalization and without a break in stay. This provision does not apply if the person is hospitalized for psychiatric treatment. Following transfer, the nursing facility shall review and update the Level I Screening to determine whether there is a significant change in condition that requires a Level II Re-evaluation.

R414-503-6. PASRR Level II Categorical Determinations.

The Level II Evaluator may make one of the following categorical determinations:

(1) Convalescent Care - The person is eligible for convalescent care for an acute physical illness that requires hospitalization and does not meet the criteria for an exempt hospital discharge, (which, as specified in 42 CFR 483.106(b)(2) is not subject to preadmission screening). The convalescent care determination only applies if the person is at a hospital for a medical condition and is going to the Medicare/Medicaid-certified nursing facility for the same medical condition. The Convalescent Care Categorical Determination is valid for up to 120 days. The nursing facility shall refer the person for a Level II Evaluation before midnight on the 120th day if the placement will extend beyond the 120th day.

(2) Short-term Stay - The person is eligible for a short-term stay for an acute physical illness in which the person is seeking admission to the nursing facility directly from a community setting. The Short-term Stay Categorical Determination is valid for a maximum of 120 days. The nursing facility shall refer the person for a Level II Evaluation before the end of the number of days specified if the placement will extend beyond the number of days specified by the State Mental Health Authority or Intellectual Disabilities Authority.

(3) Terminal Illness - The person is eligible for a stay related to a terminal illness when a physician provides a written statement that the person has a terminal illness. If the individual is not receiving hospice services at the time of the Level II Evaluation, an individualized Level II Evaluation is required.

(4) Severe Physical Illness - The person is eligible for a Severe Physical Illness Categorical Determination when the person has a level of impairment so severe that the individual cannot be expected to benefit from specialized services. This level of impairment includes conditions such as:

(a) being in a coma;

(b) being ventilator dependent; or

(c) functioning at a brain stem level.

(5) Dementia and Intellectual Disability - The State Intellectual Disability Authority or delegated agency (not Level I screeners) may make categorical determinations that individuals with dementia, which exists in combination with intellectual disability or a related condition, do not need specialized services.

(6) Dementia and Mental Illness -The health care professional may terminate the PASRR Level II Evaluation if the health care professional discovers that the person has dementia and a serious mental illness during the evaluation process, and there is evidence that dementia is the primary condition. E.g., the dementia has resulted in increased functional deficits and is the primary reason for requiring nursing facility services.

R414-503-7. Individualized Level II Determinations

The Level II Evaluator may make one of the following individualized determinations:

(1) The person does not need nursing facility services. This determination disqualifies the person from admission to a Medicare/Medicaid-certified nursing facility.

(2) The person does not need nursing facility services but does need specialized services as defined by the State Mental Health Authority or Intellectual Disability or Related Condition Authority. This determination disqualifies the person from admission to a Medicare/Medicaid-certified nursing facility.

(3) The person needs nursing facility services but not specialized services. This determination qualifies the person for admission to a Medicare/Medicaid-certified nursing facility.

(4) The person needs nursing facility services and requires specialized services. The Level II Evaluation will specify the specialized services that are needed. This determination qualifies the person for admission to a Medicare/Medicaid-certified nursing facility. The State Mental Health Authority or the Intellectual Disabilities or Related Conditions Authority shall provide a copy of the Level II Evaluation and findings to the person, the person's legal representative, the nursing facility, and the attending physician.

(5) Out-of-State Arrangement for Payment: The state in which the person is a resident (or would be a resident at the time the person becomes eligible for Medicaid) as defined in 42 CFR 435.403 shall pay for the Level II Evaluation in accordance with 42 CFR 431.52(b).

(6) The nursing facility, in consultation with the person and his legal representative, shall arrange for a safe and orderly discharge from the nursing facility, and shall assist with linking the person to supportive services and preparing the person for discharge if the person no longer meets the medical criteria for nursing facility services, or a Level II Evaluation disqualifies the person as no longer eligible for nursing facility placement.

R414-503-8. Penalties.

A nursing facility may not admit a patient until the health care professional completes the PASRR Level I Screening, and if necessary, the PASRR Level II Evaluation and Determination, finding that the patient is eligible for nursing facility services. The Department may not reimburse a nursing facility for any days in which the facility admits a patient before completion of the PASRR process.

KEY: Medicaid
Date of Enactment or Last Substantive Amendment: January 7, 2014
Notice of Continuation: July 1, 2014
Authorizing, and Implemented or Interpreted Law: 26-1-5; 26-18-3

For Your Notes:

Chapter

10

HOME CARE ABBREVIATIONS AND SYMBOLS

See Attached List

Home Care Abbreviations and Symbols

Ā ..... before
Aa ..... of each
AAA ..... abdominal aortic aneurysm
AAROM ..... active assisted range of motion
Abd ..... abdomen
ABD ..... abduction
ABG ..... arterial blood gas
a.c. ..... before meals
AC ..... anticubital
ACF ..... Acute Care Facility
ACL ..... Anterior Cruciate Ligament
AD ..... right ear
ADA ..... American Diabetic Association
Adapt. Eq. ..... Adaptive Equipment
ADD ..... adduction
ADL ..... activities of daily living
ad lib ..... as desired
adm ..... admission
adq ..... adequate
A/E ..... above elbow
A & E ..... assess and evaluate
A-fib ..... Atrial Fibrillation
AFO ..... Ankle-Foot Orthosis
AIDS ..... acquired immune deficiency syndrome
A/K ..... above knee
AKA ..... above knee amputation
Alb ..... albumin
ALF ..... Assisted Living Facility
Alk phos ..... alkaline phosphatase
ALPS ..... aphasia language performance scale
Alt ..... alternate/alternating
a.m. ..... morning
AM ..... Austin Moore Prosthesis
AMA ..... against medical advice
Amb ..... ambulation/ambulatory
AMI ..... acute myocardial infarction
Amp ..... ampule
AMR ..... alternating motion rates
Amt ..... amount
Ant ..... anterior
A/O ..... alert and oriented
AP/ap. ..... apical pulse
A-P ..... anterior-posterior
A&P ..... Auscultation and Percussion
Approx. ..... approximate

Appt ..... appointment
AROM ..... active range of motion
Artic ..... articulation
ASA ..... aspirin/acetylsalicylic acid
ASAP ..... as soon as possible
ASCVD ..... Arteriosclerotic Cardiovascular Disease
ASHD ..... arteriosclerotic heart disease
ASIS ..... Anterior Superior Iliac Spine
asst/A ..... assistance
ATNR ..... Asymmetrical Tonic Neck Reflex
Ausc ..... auscultation
AV node ..... atrioventricular node
avg: ..... average
ax ..... axillary

Ba. ..... barium
BAPS ..... Biomechanical Ankle Platform System
B/bil ..... bilateral
B/B or B & B ..... bowel and bladder
BBB ..... Bundle Branch Block
BDAE ..... Boston Diagnostic Aphasia Exam
BE ..... barium enema
BG. ..... Blood Glucose
bid. ..... twice a day
Bili ..... Bilirubin
B/K ..... below knee
BKA ..... below knee amputation
Bid. ..... blood
BLE ..... bilateral lower extremities
BM ..... bowel movement
BOB ..... body on body
BOH ..... body on head
BOS ..... base of support
BP or B/P ..... blood pressure
BPH ..... benign prostatic hypertrophy
BR ..... bed rest
BRP ..... bathroom privileges
BS ..... blood sugar
BSC ..... bedside commode
BUE ..... both upper extremities
BUN ..... blood urea nitrogen
Bx ..... biopsy

c̄ ..... with
C ..... centigrade

Elix ..... elixir

EMS..... electrical muscle stimulation
EPS..... .extra-pyramidal symptoms
Eq/equiv .....equivalent
ER..... Emergency Room
Esp..... especially
ESRD..... End State Renal Disease
E-stim .....electrical stimulation
ET.....Enterostomal Therapist
Et ..... and
Etc .....et cetera
Etiol..... etiology
ETOH .....ethanol/alcohol
eval. .....evaluation
Ex, ex..... .exercise
Exac.....exacerbation
Exam ..... examination
Ext .....extension
ext rot ..... external rotation
exp..... expired

F.....fair
F..... Fahrenheit
FBS.....fasting blood sugar
FeS04..... ferrous sulfate
Fe.....iron
Fern/Pop ..... femoral-popliteal
FF .....force fluids
fid or fl.....fluid
flex/f.....flexion
freq .....frequent
FSBG.....fingerstick blood glucose
FSBS. ..... fingerstick blood sugar
FTT..... failure to thrive
F/U..... follow-up
FUO..... fever of unknown origin
FWB .....full weightbearing
FWW ..... front wheeled walker
fx/Fx. .....fracture
4ww ..... four wheeled walker
5FU..... 5-Fluorouracil

G..... .good
GB ..... gallbladder
GI.....gastrointestinal
Glue ..... glucose
Glut.....gluteus
Gm..... gram

Gr..... grain
Gt..... .gait
GSW.....gunshot wound

gt. trng..... .gait training
gtt..... drops
G/T..... gastrostomy tube
GTT ..... glucose tolerance test
GU ..... genitourinary
GYN ..... gynecology

h or hr .....hour
HA .....headache
HB.....homebound
Hct .....hematocrit
HCVD.....Hypertensive Cardiovascular Disease
Hemi .....half
HEP..... home exercise program
HEENT..... head, eyes, ears, nose and throat
Hgb .....hemoglobin
Hgt .....height
H&H .....hemoglobin and hematocrit
HHA ..... Home Health Agency
HHS .....home health service
HIV .....human immunovirus
HKAFO ..... Hip-Knee-Ankle-Foot Orthosis
HO ..... Heterotrophic Osification
HOB..... head of bed
HOH ..... hard of hearing
Hosp..... hospital
H&P .....history and physical
HR.....heart rate
hs..... .night/hours of sleep
ht .....height
HTN ..... .hypertension
HV ..... home visit
Hx .....history
H_2O .....water
H_2O_2.....hydrogen peroxide

I or Indep ..... Independent
IADL..... Instrumental Activities of Daily Living
ICC ..... Interdisciplinary Case Conference
ICF .....Intermediate Care Facility
ICU .....Intensive Care Unit
I&D.....incision and drainage
ID..... .intradermal
IDDM ..... insulin dependent diabetes

mm ..... minimum
min .....minute
ml .....milliliter
MLD ..... Manual Lymph Drainage
mm ..... .millimeter
MMT..... manual muscle test

mob .....mobility
mod. ..... .moderate
mo. ..... month
MOW ..... Meals on Wheels
MRSA .....Methicillin-Resistant staph aureus
M.S. ..... Multiple Sclerosis
MSS. ..... Medical Social Service
MSW ..... Medical Social Worker
MVA .....motor vehicle accident

Na. ..... sodium
N/A. .....not applicable
NaCl ..... sodium chloride
NAS ..... no added salt
NB ..... newborn
NC. ..... nasal cannula
N/C ..... no change
neg. .....negative
neuro. ..... neurological
NG. ..... nasogastric tube
NG tube ..... nasogastric feeding tube
NIDDM ..... non-insulin dependent diabetes mellitus
NKA .....no know allergies
nsg ..... nursing
NH ..... nursing home
NHP .....nursing home placement
NKDA ..... no known drug allergies
NOB. .....neck on body
noc. .....night/nocturnal
NOS. ..... .not otherwise specified
NPO. .....nothing by mouth
NPRM .....Normal Postural Reflex Mechanism
NS. .....normal saline
NSR. ..... .Normal Sinus Rhythm
N/V. .....nausea & vomiting
N/V/D. .....nausea/vomiting/diarrhea
NWB. ..... non weight bearing

O_2 ..... oxygen
OA; O/A ..... osteoarthritis
OB ..... obstetrics
OB-GYN ..... obstetrics and gynecology
OBS ..... .organic brain syndrome
occ. ..... occasional
OD ..... right eye
O/E. .....observe and evaluate
oint or ung. ..... ointment
O/M ..... .oral motor
OME ..... Oral Motor Exercise
OOB ..... out of bed

OP ..... out patie
opth. ..... ophthalmolo
O&P. ..... ova and parasi
OR. ..... operating roo
ORIF .....open reduction and internal fixati
ortho. .....orthopedic(
OS. ..... .left e
OT. ..... occupational thera
OTC ..... .over the count
OTR. ..... Registered Occupational Therap
OTT. .....oral transit tin
OU. .....both ey
oz/ OZ ..... oun

P ....pul
P .....po
p ..... pl
p ..... past/aft
PAC. ..... .premature atrial contracti
Para. ..... parapleg
PAT.....paroxysmal atrial tachycard
path. ..... .patholo
pc. ..... after mea
PCA .....Applicant/Residentcontrolled analges
PCL. .....posterior cruciate ligame
PCTA ..... percutaneous transluminal angioplas
PCxR. ..... .portable chest x-r
PE. ..... physical exam/pulmonary embol
Peds. ..... pediatri
PCN. .....penicill
P.E.G. ..... percutaneous enterogastrostomy tu
per ..... .
PERL. .....pupils equal and reactive to lig
P/F. ..... Plantar Flexi
pH. ..... .acidi
Phos. ..... .phosphor
PID. .....pelvic inflammatory disea
PIP .....Poximal Interphalange

S&S or S/S ..... signs and symptor
S/O; s/o ..... .supplemental ord
S/P. ..... status pc
S0B .....shortness of brea
SLMB ..... .Specified Low-income M'Care Beneficia
SLP .....speech language pathology/patholog
SLR. ..... .straight leg raisi
sm ..... .sm
SMR ..... simultaneous motion rat

SNF ..... skilled nursing facility
SNV..... .Skilled Nursing Visit
so1 ..... solution
soc. ..... start of care
SP- gj-..... specific gravity
Sp..... speech
SPO_2 ..... .O_2 saturation
SPC.....single point care
spec..... .specimen
SPT..... Stand Pivot Transfer
SROM .....self range of motion
SS .....Social Security
SSDI.....Social Security Disability Insurance
SSE..... soap suds enema
SSI.....Supplemental Security Income
Sss .....sic sinus syndrome
ST ..... Speech Therapy
Staph .....Staphylococcus
Stat.....now/at once
STD ..... .sexually transmitted disease
stim..... stimulation
STM..... Short Term Memory
STNR..... .Symmetrical Tonic Neck Reflex
Strep. .....Streptococcus
subclv. ..... subclavian
Subcut.....subcutaneous
subj. ..... .subjective
sup. .....supine
supp .....suppository
Supr; Supv.....supervisor
Surg. ..... .surgery
SV.....supervisory visit
sw. .....Social Worker
sx; Sx; Sym. .....symptoms

T -i..... thoracic
T&A. ..... .tonsillectomy and adenoidectomy
T .....temperature
tab..... tablet
TAH.....total abdominal hysterectomy
TB.....tuberculosis
tbsp;TBS.....tablespoon
TDWB. .....touch down weight bearing
tech. .....technique
Tel ..... tactile
TENS..... transcutaneous electric nerve stimulation
Theo. Level ..... Theophylline level
Ther Ex.....therapeutic exercises
THKAFO..... Trunk-Hip-Knee-Ankle-Foot Orthosis
THR..... .total hip replacement
TIA. .....transient ischemic attack

tid. .....three times a day
tine. .....tincture
TKR. .....total knee replacement
Tl.....thermal
TMJ..... .temperomandibular joint
TNTC.....too numerous to count
TO.....telephone order
tol.....tolerate
top .....topically
TPN..... .total parenteral nutrition
TPR.....temperature, pulse, respirations
tr..... .trace
trans... .....transfer
TSH.....Thyroid stimulating hormone
tsp. .....teaspoon
TTWB..... .toe touch weight bearing
TUR.. ..... .transurethral resection
TURB ..... .transurethral resection of the bladder
TURP..... transurethral resection of the prostate
Tx..... treatment

UA ..... urinalysis
UE..... .upper extremity
ung/oint.....ointment
unilat. .....unilateral
univ prec. ..... universal precautions
URI. ..... upper respiratory infection
US .....ultrasound
UTI ..... urinary tract infection

V.A.D .....venous access device
VA ..... .Veterans Administration
vag. ..... vaginal
vas.....vascular

(A)..... axillary (temperature)

(R)..... .rectal (temperature)

M..... .murmur

R ..... .right

L.....left

24º..... 24 hours

=..... .equal

Local PASRR & ID-RC Agencies

County Covered	Agency	Phone
Beaver	Joe Coombs, Ind Contractor	435-668-9916
Box Elder	Bear River Mental Health	435-734-9449
Cache	Bear River Mental Health	435-752-0750
Carbon	Four Corners Community BH	435-637-7200
Daggett	North Eastern Counseling	435-828-2949
Davis	Center for Family Evaluations & Treatment	801-265-3895
Davis	Davis Behavioral Health	801-336-1788
Davis	Valley Behavioral Health	801-293-7422
Duschene	North Eastern Counseling	435-828-2949
Emery	Four Corners Community BH	435-637-7200
Garfield	Joe Coombs, Ind Contractor	435-668-9916
Grand	Four Corners Community BH	435-637-7200
Iron	Joe Coombs, Ind Contractor	435-668-9916
Juab	Wasatch Mental Health	801-367-7513
Kane	Joe Coombs, Ind Contractor	435-668-9916
Millard	Wasatch Mental Health	801-367-7513
Morgan	Weber Human Services	801-625-3741
Piute	Wasatch Mental Health	801-367-7513
Rich	Bear River Mental Health	435-752-0750
Salt Lake	Advance Behavioral Care	801-478-2780
Salt Lake	Center for Family Evaluations & Treatment	801-265-3895
Salt Lake	Valley Behavioral Health	801-293-7422
San Juan	Niki Olsen	435-979-6228
Sanpete	Wasatch Mental Health	801-367-7513
Sevier	Wasatch Mental Health	801-367-7513
Summit	Center for Family Evaluations & Treatment	801-265-3895
Summit	Valley Behavioral Health	801-293-7422
Tooele	Center for Family Evaluations & Treatment	801-265-3895
Tooele	Valley Behavioral Health	801-293-7422
Uintah	North Eastern Counseling	435-828-2949
Utah	Wasatch Mental Health	801-367-7513
Wasatch	Wasatch Mental Health	801-367-7513
Washington	Joe Coombs, Ind Contractor	435-668-9916
Wayne	Wasatch Mental Health	801-367-7513
Weber	Weber Human Services	801-625-3741
ID-RC	Advanced Behavior Care	801-478-2780
Avalon Valley Rehab	Advanced Behavior Care	801-478-2780

Local Mental Health Authorities

County	City	Agency	Contact	Phone
Beaver	Beaver	Southwest Behavioral HS	Michael Dalton	435-438-1450
Box Elder	Brigham City	Bear River Mental Health	Jeff Scott	435-734-3347
Cache	Logan	Bear River Mental Health	Craig Buttars	435-755-1850
Carbon	Price	Four Corners Community BH	Jake Mellor	435-636-3271
Daggett	Manila	Northeastern Counseling Center	Karen Perry	435-784-3218
Davis	Farmington	Davis Behavioral Health	Bret Millburn	801-451-3200
Duchesne	Duchesne	Northeastern Counseling Center	Greg Todd	435-738-1132
Emery	Castle Dale	Four Corners Community BH	Keityh Brady	435-239-7931
Garfield	Panguitch	Southwest Behavioral HC	David Tebbs	435-676-1100
Grand	Moab	Four Corners Community BH	Elizabeth Tubbs	435-259-1346
Iron	Cedar City	Southwest Behavioral HC	Dale Brinkedrhoff	435-586-3925
Juab	Mona	Central Utah Counseling Center	Rick Carlton	435-623-3407
Kane	Kanab	Southwest Behavioral HC	Jim Matson	435-644-4902
Millard	Fillmore	Central Utah Counseling Center	Alan Roper	435-864-1409
Morgan	Morgan	Morgan School District Office	Daryl Ballantyne	801-845-4011
Piute	Marysvale	Central Utah Counseling Center	Darin Bushman	435-326-4255
Rich	Woodruff	Bear River Mental Health	Bill Cox	435-757-8248
Salt Lake	Salt Lake City	SLCo Behavioral Health	Tim Walen	801-468-3351
San Juan	Blanding	San Juan Counseling Center	Tammy Squires	435-678-2411
Sanpete	Ephraim	Central Utah Counseling Center	Claudia Jarrett	435-851-1540
Sevier	Richfield	Central Utah Counseling Center	Gordon Topham	435-527-4339
Summit	Park City	Valley Behavioral Health	Dodi Larsen	435-575-1216
Tooele	Tooele	Valley Behavioral Health	Rebecca Brown	435-843-3520
Tooele	Tooele	Valley Behavioral Health	Randy Dow	435-843-3520
Uintah	Vernal	Northeastern Counseling Center	Bill Stringer	435-781-5383
Utah	Provo	Wasatch Mental Health	Larry Ellerton	801-851-8133
Wasatch	Heber	Wasatch County Family Clinic	Richard Hatch	435-654-3003
Washington	St. George	Southwest Behavioral HC	Victor Iverson	435-634-5700
Wayne	Bicknell	Central Utah Counseling Center	Dennis Blackburn	435-836-2888
Weber	Ogden	Weber Human Services	James Ebert	801-399-8590