



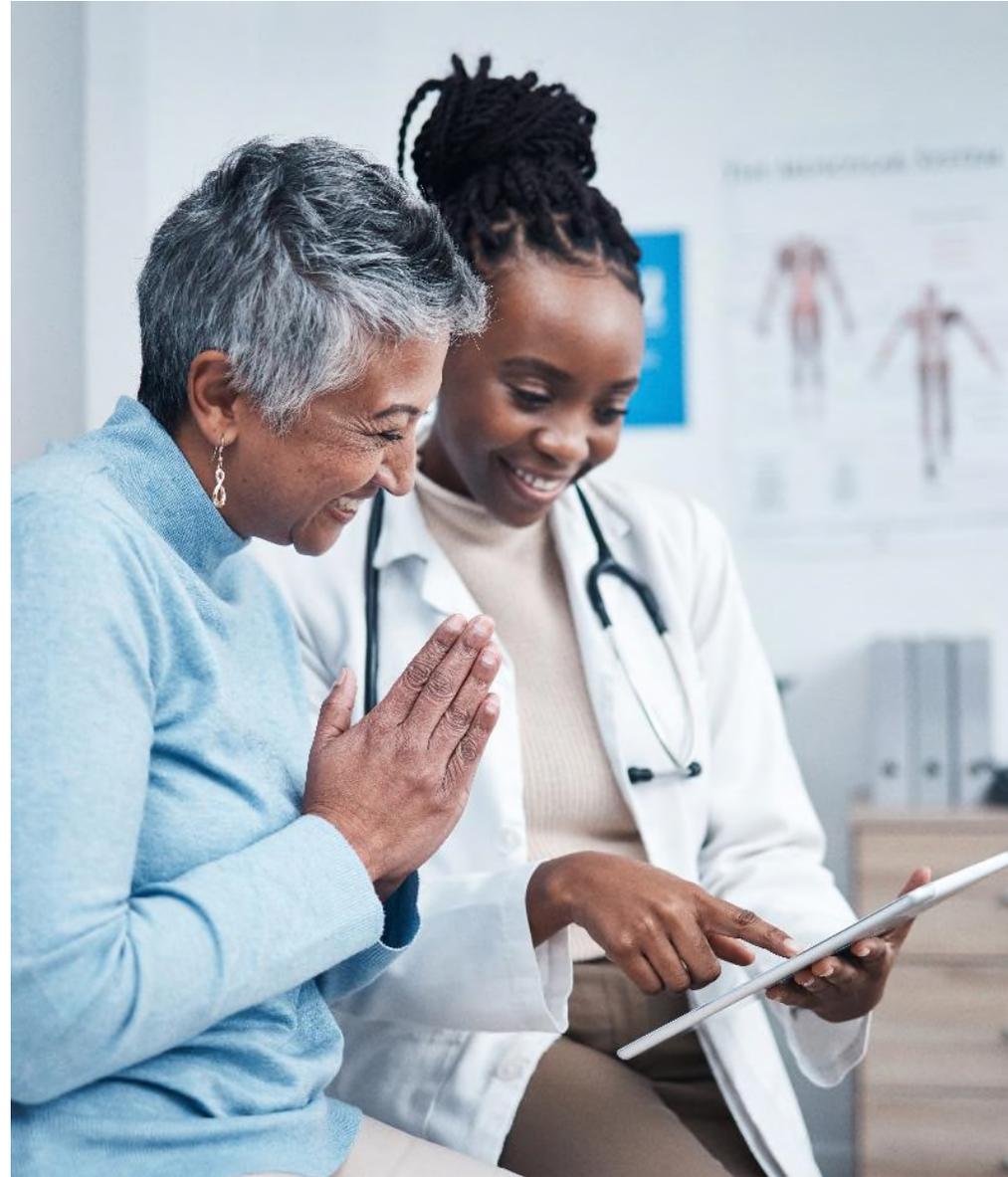
Florida Preadmission Screening & Resident Review

Annual Provider Training Hosted by Florida Hospital
Association, Florida Health Care Association, and
LeadingAge Florida

December 2023

Agenda

- Introductions
- PASRR Overview
- Review of Federal and State Requirements
- PASRR Level I
- PASRR Level II
- Resident Review
- Notifications and Recommendations
- Questions and Answers



Florida PASRR Training: PASRR Overview

Purpose of PASRR

- Pre-Admission Screening and Resident Review (PASRR) is a federal requirement mandated by the Social Security Act, Title 42, Subpart C, Sections 483.100 through 483.138, Code of Federal Regulations.
- The PASRR process is also specified in Rule 59G-1.040, F.A.C.
- PASRR is intended to ensure that Medicaid-certified NF applicants and residents with possible serious mental illness (SMI), intellectual disabilities (ID), or related conditions (RC), are identified and evaluated for the need for nursing facility level of services and other specialized services.

Goal of PASRR

- Provide services to individuals with SMI/ID/RC while receiving nursing facility care
- Support community setting options for vulnerable populations



Code of Federal Regulations: PASRR 42 CFR 483 Subpart C – Serious Mental Illness

Serious Mental Illness (SMI): An individual is considered to have a serious mental illness if the individual meets the requirements in 42 CFR 483.102(b)(2) based on 3 things:

1. Diagnosis,
2. Level of impairment (serious limitations), **and**
3. Duration of illness (recent treatment).



SMI – Diagnosis

1. **Diagnosis:** A **major** mental disorder under the Diagnostic and Statistical Manual of Mental Disorders (3rd Ed., Revised 1987), incorporated by reference, such as 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 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.
 - An individual is considered to have dementia if he or she has a primary diagnosis of dementia or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder.



SMI – Level of Impairment

2. Level of Impairment: Functional limitations in major life activities within the past three to six months that would be appropriate for the individual's developmental stage. Individual typically has **at least one** of the following on a continuing or intermittent basis:

- a. **Serious** difficulty interacting appropriately and communicating effectively with other persons, a possible history of altercations, evictions, firing, fear of strangers, or avoidance of interpersonal relationships and social isolation;
- b. **Serious** difficulty in sustaining focused attention for long enough to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifest 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; *or*
- c. **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;



SMI – Duration of Illness/Recent Treatment

3. Recent Treatment: A treatment history indicating the individual has experienced **at least one** of the following:

- a. Psychiatric treatment more intensive than outpatient care more than once in the past two years (for example, partial hospitalization or inpatient hospitalization); or
- b. Within the last two 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.



Code of Federal Regulations: PASRR42 CFR 483 Subpart C – Intellectual Disability

Intellectual Disability: Characterized by significant limitations in both **intellectual functioning** and in **adaptive behavior**, which covers many everyday social and practical skills. This disability originates **before the age of 18**.

1. **Intellectual functioning** (also called intelligence) – refers to general mental capacity, such as learning, reasoning, problem solving, and so on. One way to measure intellectual functioning is an IQ test. Generally, an IQ test score of around 70 or as high as 75 indicates a limitation in intellectual functioning.
2. **Adaptive Behavior** - collection of conceptual, social, and practical skills that are learned and performed by people in their everyday lives.
 - a. Conceptual skills—language and literacy; money, time, and number concepts; and self-direction.
 - b. Social skills—interpersonal skills, social responsibility, self-esteem, gullibility, (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
 - c. Practical skills—activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.
3. **Age of Onset** - evidence of the disability during the developmental period, which in the US is operationalized as before the age of 18.



Code of Federal Regulations: PASRR 42 CFR 483 Subpart C – Related Condition (RC)

Related Condition: individuals who have a severe, chronic disability that meets the following **(4)** conditions:

1. Is attributable to one of the following:
 - a. Cerebral palsy or epilepsy.
 - b. Any other condition, (other than mental illness), found to be closely related to ID because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons diagnosed with ID, and requires treatment or services similar to those required for these persons.
2. Is manifested before the person reaches the age of **22** years.
3. Is likely to continue **indefinitely**.
4. Results in substantial functional limitations in **3 or more** of the following areas of major life activity:
 - a. Self-care
 - b. Understanding and use of language
 - c. Learning
 - d. Mobility
 - e. Self-direction
 - f. Capacity for independent living

**Must meet all 4 criteria
to have a PASRR
Related Condition**



Resident Review Requirements

- PASRR is mandated in the Code of Federal Regulations, Title 42, Volume 3 and Section 483.100 through 483.138 and were completed in 1992. These included annual resident review requirements.
- The Balanced Budget Act of 1996 Section 1919(e)(7)(B)(iii) to the Social Security Act eliminated the requirement for annual resident review and replaced it with review upon significant change in physical or mental condition.
- PASRR is required for a new admission and significant change in condition. Readmissions and interfacility transfers also no longer require annual resident review as this process is no longer in place and has been replaced with significant change in condition.



Significant Change in Resident's Condition

Section 1919(e)(7)(B)(iii) of the Social Security Act

Review Required Upon Change In Resident's Condition:

A review and determination must be conducted promptly after a nursing facility has notified the State mental health authority or State intellectual disability or developmental disability authority, as applicable, under subsection (b)(3)(E) **with respect to** a mentally ill or intellectually disabled resident, that there has been a significant change in the resident's physical or mental condition.

Person has SMI, ID, or RC and has a change in condition requiring intervention for the SMI/ID/RC



Significant Change for Resident Reviews

PASRR Rule, 59G-1.040, F.A.C.

- Resident Review evaluation and determination is required upon a significant change in physical or mental status.
- A decline or improvement in an NF resident's physical or mental status that is anticipated to require intervention.
 - Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions
 - Impacts more than one area of the resident's health status
- A significant change may require referral for a Preadmission Screening and Resident Review (PASRR) evaluation if a mental illness, intellectual disability (ID), or related condition is present or is suspected to be present



CMS' RAI Manual - Guidance on Significant Change

In instances where the individual **was previously identified by PASRR to have mental illness, intellectual disability, or a related condition**, the following conditions may be noted as the reason for referral (note, this is not an exhaustive list):

- A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.
- A resident with behavioral, psychiatric, or mood-related symptoms that have not responded to ongoing treatment.
- A resident who experiences an improved medical condition—such that the resident's plan of care or placement recommendations may require modification.
- A resident whose significant change is physical, but with behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, that may influence adjustment to an altered pattern of daily living.
- A resident who indicates a preference to leave the facility. (This preference may be communicated verbally or through other forms of communication, including behavior.)
- A resident whose condition or treatment is or will be significantly different than described in the resident's most recent PASRR Level II evaluation and determination



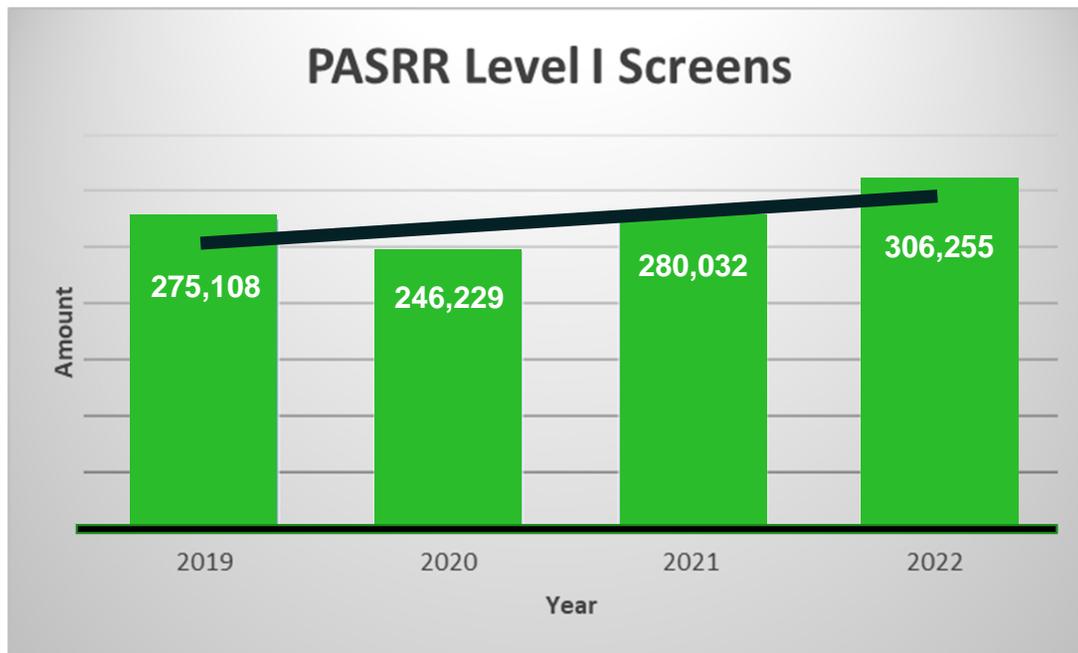
CMS' RAI Manual - Guidance on Significant Change

In instances where the individual **had not previously been found by PASRR to have a mental illness, intellectual disability/developmental disability, or a related condition**, the following conditions may be noted as the reason for referral (note that this is not an exhaustive list):

- A resident who exhibits behavioral, psychiatric, or mood-related symptoms suggesting the presence of a diagnosis of mental illness as defined under 42 CFR §483.102 (where dementia is not the primary diagnosis).
- A resident whose intellectual disability as defined under 42 CFR §483.102, or whose related condition as defined under 42 CFR §435.1010, was not previously identified and evaluated through PASRR.
- A resident transferred, admitted, or readmitted to a NF following an inpatient psychiatric stay or equally intensive treatment.



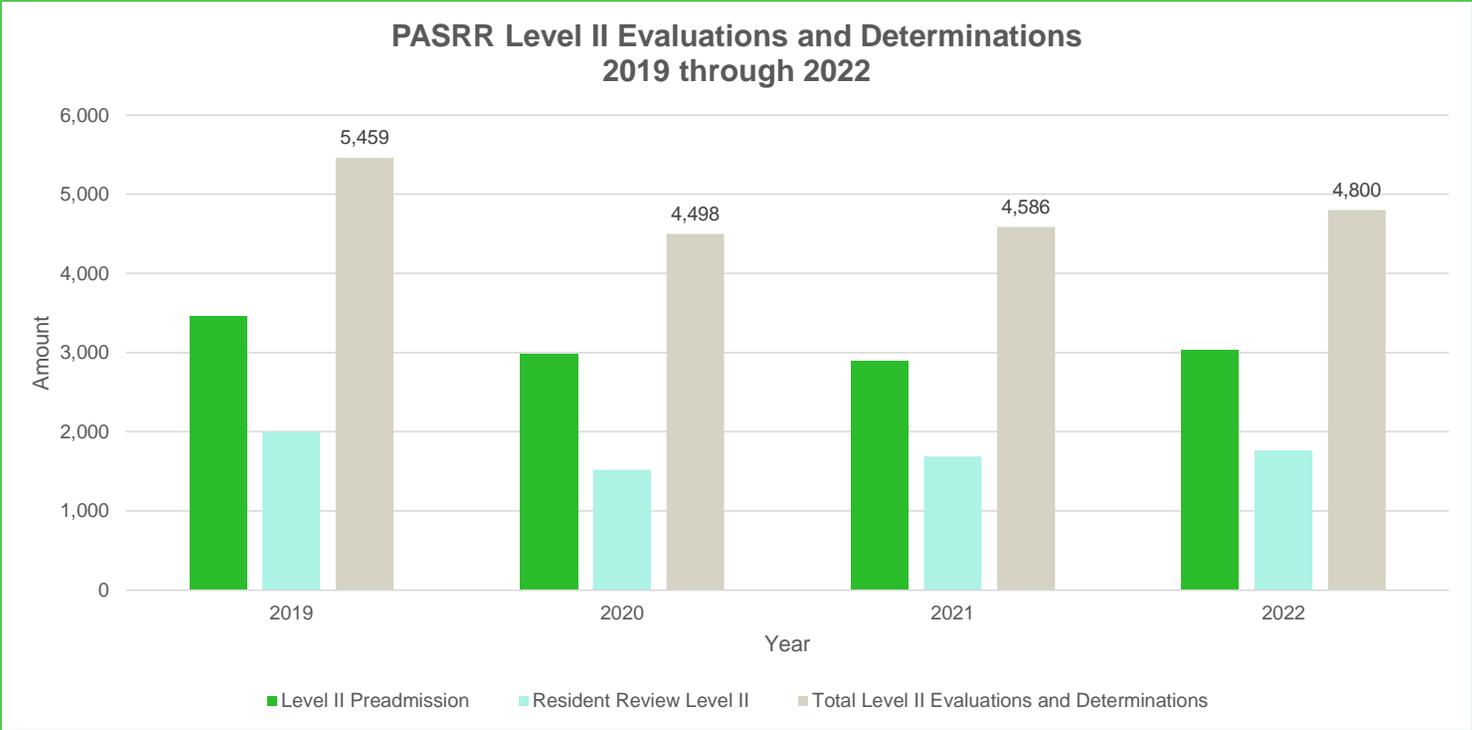
PASRR LI Outcomes



- Since the process became fully automated January 1, 2019, Florida's delegated Level I screeners completed more LI screens in 2022 than prior years; 2022 volumes are a 9% over 2021.
- As of today, December 5th, Florida has completed nearly 1.5m Level I screens in the provider portal; 305,067 screens in 2023 so far.
- We estimate nearly 331,000 Level I screens will be completed in 2023; a 7% increase over 2022 and a 19% increase over prior years combined.



PASRR LII Outcomes



- As of December 5th, Florida has completed over 26k Level II evaluations and determinations since program launch; 6,930 Level IIs in 2023 so far.
- We estimate over 7,500 Level IIs will be completed in 2023; a 40% increase over 2022 and a 56% increase over prior years combined.



PASRR Level I – Page 1



**State of Florida Agency for Health Care Administration
Preadmission Screening and Resident Review (PASRR)**

**LEVEL I SCREEN
For Serious Mental Illness (SMI) and/or Intellectual Disability or Related Conditions (ID)
For Medicaid Certified Nursing Facility (NF) Only**

Fred Flinstone		XXX-XX-XXXX	3/4/2020
Name of Individual Being Evaluated (print)		Social Security Number*	Date of Birth
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	0	()-
		Age	Individual's or Residency Phone Number
EASTER SEALS FLORIDA INC		2010 MIZELL AVENUE, WINTER PARK	FL, 327920000
Present Location of Individual Being Evaluated		Street Address, City	State, Zip
<input type="checkbox"/> NF	<input type="checkbox"/> Hospital	<input type="checkbox"/> Home	<input type="checkbox"/> Assisted Living Facility
<input type="checkbox"/> Group Home	<input type="checkbox"/> Other		
Legal Representative's Name (if applicable)		Street Address, City	State, Zip
Representative's Phone Number			
XXXXXXXXXX			
Medicaid Identification Number if Applicable		Other Health Insurance Name and Number if Applicable	

XXXXXXXXXX	
Medicaid Identification Number if Applicable	Other Health Insurance Name and Number if Applicable
<input type="checkbox"/> Private Pay	
Requesting Admission to: (May document up to three facilities)	
Nursing Facility Name	
abc	
123	
zyx	
<p><small>*WHY ARE WE ASKING FOR YOUR SOCIAL SECURITY NUMBER (SSN)? Federal law permits the State to use your SSN for screening and referral to programs or services that may be appropriate for you. 42 CFR § 435.910. We use the number to create a unique record for every individual that we serve, and the SSN ensures that every person we serve is identified correctly so that services are provided appropriately. Any information the State collects will remain confidential and protected under penalty of law. We will not use it or give it out for any other reason unless you have signed a separate consent form that releases us to do so or if required by law.</small></p>	
<p><small>AHCA MedServ Form 004 Part A, March 2017 (Incorporated by reference in Rule 59G-1.040, F.A.C.)</small></p>	
<small>Page 1 of 5</small>	



PASRR Level I – Page 2

Fred Flinstone (Case ID 200760003) 3/4/2020

Section I: PASRR Screen Decision-Making

A. MI or suspected MI (check all that apply):

- Anxiety Disorder
- Bipolar Disorder
- Depressive Disorder
- Dissociative Disorder
- Panic Disorder
- Personality Disorder
- Psychotic Disorder
- Schizoaffective Disorder
- Schizophrenia
- Somatic Symptom Disorder
- Substance Abuse
- Other (specify): Extra

B. ID or suspected ID (check all that apply):

- Current diagnosis of an ID, mild, moderate, severe or profound
- IQ of 70 or less, if available
- Onset prior to 18 years of age. Age of onset: 1
- Impaired adaptive behavior

Related Condition:

- Onset prior to 22 years of age. Age of onset: 2
- Autism
- Cerebral Palsy
- Down Syndrome
- Epilepsy
- Muscular Dystrophy
- Prader Willi
- Spina Bifida
- Traumatic Brain Injury
- Other (specify): _____

Functional Criteria:

Likely to continue indefinitely

Results in substantial functional limitations in three or more major life activities (**check all that apply**):

- Capacity for independent living
- Learning
- Mobility
- Self care
- Self direction
- Understanding and use of language

Services:

- Currently receiving services for MI
- Previously received services for MI
- Referred for MI services
- Currently receiving services for ID
- Previously received services for ID
- Referred for ID services

Additional Information: Extra Information

Finding is based on (check all that apply):

- Documented History
- Behavioral Observations
- Individual, Legal Representative or Family Report
- Medications
- Other (specify): _____

AHCA MedServ Form 004 Part A, March 2017 (incorporated by reference in Rule 59G-1.040, F.A.C.) Page 2 of 5



PASRR Level I – Page 3

Fred Flinstone (Case ID 200760003)

3/4/2020

Section II: Other Indications for PASRR Screen Decision-Making

1. Is there an indication the individual has or may have had a disorder resulting in functional limitations in major life activities that would otherwise be appropriate for the individual's developmental stage? Yes No

2. Does the individual typically have or may have had 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, fear of strangers, avoidance of interpersonal relationships, social isolation, or has been dismissed from employment. Yes No

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. Yes No

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. Yes No

3. Is there an indication that the individual has received recent treatment for a mental illness with an indication that the individual has experienced at least one of the following?

A. Psychiatric treatment more intensive than outpatient care. (e.g., partial hospitalization or inpatient hospitalization). Yes No

B. Due to the mental illness, the individual has 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. Yes No

A Level II PASRR evaluation must be completed prior to admission if any box in Section I.A. or I.B. is checked and there is a 'yes' checked in Section II.1, II.2, or II.3, unless the individual meets the definition of a provisional admission or a hospital discharge exemption.

4. Has the individual exhibited actions or behaviors that may make them a danger to themselves or others? Yes No

5. Does the individual have a primary diagnosis of:

Dementia? Yes No

Related Neurocognitive Disorder (including Alzheimer's disease)? Yes No

6. Does the individual have a secondary diagnosis of dementia, related neurocognitive disorder (including Alzheimer's disease) and the primary diagnosis is an Serious Mental Illness or Intellectual Disability? Yes No



PASRR Level I – Page 4

Fred Flinstone (Case ID 200760003) 3/4/2020

Section II: Other Indications for PASRR Screen Decision-Making, Continued:

7. Does the individual have validating documentation to support the dementia or related neurocognitive disorder (including Alzheimer's disease)?

No

Yes (Check all that apply. Send accompanying documentation with completed Level I PASRR screen):

- Dementia work-up
- Comprehensive mental status exam
- Medical/functional history prior to onset
- Other – Specify: _____

A Level II PASRR evaluation must be completed if the individual has a primary or secondary diagnosis of dementia or related neurocognitive disorder, and a suspicion or diagnosis of an Serious Mental Illness, Intellectual Disability, or both. A Level II PASRR may only be terminated by the Level II PASRR evaluator in accordance with 42 CFR §483.128(m)(2)(i) or 42 CFR §483.128(m)(2)(ii).

Section III: PASRR Screen Provisional Admission or Hospital Discharge Exemption

Not a Provisional Admission Provisional Admission Hospital Discharge Exemption

If a provisional admission or hospital discharge exemption is indicated, the individual may enter an NF without a Level II PASRR evaluation/determination if the Level I screen indicates a suspicion of Serious Mental Illness, Intellectual Disability or both, and the box in Section II.4 is checked 'no'. A Level II evaluation must be completed, if required, by submitting the documentation for the Level II evaluation to KEPRO for adults or individuals under the age of 21 years within the time frames indicated in this section.

- The individual being admitted has delirium. The Level II evaluation must be completed within 7 days after the delirium clears.
- The individual is being admitted on an emergency basis requiring protective services. The Level II evaluation must be completed within 7 days of admission, on or before (date): _____
- The individual is being admitted for caregiver's respite. The Level II evaluation must be completed in advance of the expiration of 14 days if the stay is expected to exceed the 14-day time limit, on or before (date): _____
- The individual is being admitted under the 30-day hospital discharge exemption. If the individual's stay is anticipated to exceed 30 days, the NF must notify the Level I screener on the 25th day of stay and the Level II evaluation must be completed no later than the 40th day of admission, on or before (date): _____

An attending physician's signature is required for those individuals admitted under a 30-day hospital discharge exemption if the full screening was completed by someone other than a physician licensed in the state of Florida.

ATTENDING PHYSICIAN'S SIGNATURE

DATE

AHCA MedServ Form 004 Part A, March 2017 (Incorporated by reference in Rule 59G-1.040, F.A.C.) Page 4 of 5



PASRR Level I – Page 5

Fred Flinstone (Case ID 200760003)

3/4/2020

Section IV: PASRR Screen Completion	
<p>Individual may be admitted to an Nursing Facility (check one of the following):</p> <p><input type="checkbox"/> No diagnosis or suspicion of Serious Mental Illness or Intellectual Disability indicated. Level II PASRR evaluation not required.</p> <p><input type="checkbox"/> Provisional Admission</p> <p><input type="checkbox"/> Hospital Discharge Exemption</p>	<p>Individual may not be admitted to an Nursing Facility. Use this form and required documentation to request a Level II PASRR evaluation because there is a diagnosis of or suspicion of (check one of the following):</p> <p><input type="checkbox"/> Serious Mental Illness</p> <p><input type="checkbox"/> Intellectual Disability</p> <p><input checked="" type="checkbox"/> Serious Mental Illness and Intellectual Disability</p>

****Incomplete forms will not be accepted****

By signing this form below, I attest that I have completed the above Level I PASRR screen for the individual to the best of my knowledge.

Ellen Olsen	Electronically Signed	
_____ Screener's Name (Electronically Entered)	Signature	
LCSW	3/16/2020	
_____ Credentials	Date	Phone
KEPRO	214-587-8963	
_____ Place of Employment	Fax	

<p>Completed Level I screen distributed to (check all that apply):</p> <p><input type="checkbox"/> Nursing Facility Date: _____</p> <p><input type="checkbox"/> Discharging Hospital (if applicable): Date: _____</p> <p>Name: _____ Date: _____</p> <p>Consent for Level II Evaluation and Determination In order to assess my needs, by signing above, I consent to an evaluation of my medical, psychological and social history. I understand and agree that evaluators may need to talk to my doctor, my family, and close friends to talk about my situation.</p>	<p>If the individual requires a Level II PASRR evaluation, submit the completed Level I PASRR screen, documented informed consent, completed AHCA 5000-3008 form, and other relevant medical documentation including case notes, medication administration records, and any available psychiatric evaluation, or supporting documentation to KEPRO for facilitation to the state authority for Serious Mental Illness or Intellectual Disability. If an individual is unwilling, unable, or has no legal representative or health care agent to sign the consent for Level II PASRR evaluation, information regarding the reason for the inability to obtain the signature must be documented here:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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AHCA MedServ Form 004 Part A, March 2017 (Incorporated by reference in Rule 59G-1.040, F.A.C.)

Page 5 of 5

**Only the following credentials are allowed per PASRR Rule 59G-1.040 (3)(b)2.:
MSW, LCSW, LMHC, Psychologist, PA, RN, or MD**



PASRR Level I – Page 6

Required Documentation for PASRR Level II:

- Level I (we have in system)
- Consent for Level II (printed and signed from RR or LI form)
- MDS (RRs only)
- Relevant treatment notes

Need a PASRR Level II?

You **must submit a request** for a PASRR Level II in our system.

Next Steps for hospitals and nursing homes:

Step 1: Create a new case.

Step 2: Choose PASRR Level II in the **Request Details** Section. Indicate if this for **SMI, ID/RC**, or both (**Dual**).

Step 3: Upload required documents (recommended) or fax to 866-677-4776. Required documents include:

1. Informed consent/consent for a Level II
 - Page 5 of the Level I PASRR, or
 - Page 4 of the Residential Review
2. AHCA-5000-3008 Form (Transfer Form)
3. Other current and relevant medical documentation including:
 - History and Physical
 - Relevant case notes or records of treatment
 - Medication administration records
 - Psychiatric or psychological evaluation, **if available**
 - Minimum Data Set A-Z (MDS) (Nursing Homes Only)

Step 4: Submit.

Please contact KEPRO FL PASRR with any questions at **866-880-4080 option 1**.

Thank you!



PASRR Level I – Page 7

When does Kepro also complete a face-to-face evaluation during a PASRR Level II?

- Individual is under 21
- Individual has or might have ID/RC
- Individual likely requires Specialized Services

Preadmission Screening and Resident Review (PASRR) Notice of the Need for Further Evaluation

March 16, 2020

Fred Flinstone
2010 MIZELL AVENUE
WINTER PARK, FL, 327920000

RE: Preadmission Screening and Resident Review Level II Needed

Dear Mr. Flinstone,

A screening was done for Fred Flinstone. This screening is required by law. KEPRO works with the Agency for Health Care Administration to do it. It assesses you for mental health or disability issues. This helps us find out if you need special care. This care might include a nursing home.

Results from your screening.

There are two screening levels. You have done level I. The results are below.

Signs of serious mental illness and intellectual disability or a related condition were found. Level II screening is needed. Results of the Level II screening will be sent to you when done.

Your Level I screener will request this Level II screening. We will notify you with the result.

To learn more.

- You can **call** us. (866) 880-4080
- You can **fax** us. (866)677-4776
- You can **email** us. FLPASRRMIQuestions@kepro.com
- You can **visit** our website. floridapasrr.kepro.com

In good health,

Ellen Olsen



Resident Review Screening – Page 1



**State of Florida Agency for Health Care Administration
Preadmission Screening and Resident Review (PASRR)**

**RESIDENT REVIEW (RR) – EVALUATION REQUEST
For a Significant Change for Serious Mental Illness (SMI)
and/or Intellectual Disability or Related Conditions (ID)
For Medicaid Certified Nursing Facility (NF) Only**

Fred Flinstone

Name _____ Social Security Number* _____

Male Female Age 00 DOB MM/DD/YYYY

Legal Guardian Name, Address, City, State Zip (if applicable) _____ Phone Number _____

Pay Source: Private Pay Medicare Private Insur

Medicaid Number _____

***WHY ARE WE ASKING FOR YOUR SOCIAL SECURITY NUMBER (SSN)?** Federal law permits the State to use your SSN for screening and referral to programs or services that may be appropriate for you (42 CFR § 435.910). We use the number to create a unique record for every individual that we serve, and the SSN ensures that every person we serve is identified correctly so that services are provided appropriately. Any information the State collects will remain confidential and protected under penalty of law. We will not use it or give it out for any other reason unless you have signed a separate consent form that releases us to do so or if required by law.

Section I: Current Location

NF Name, Address, City, State, Zip _____ Phone Number _____

_____	_____	_____	_____
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
NF License Number	NF Admission Date	Date of Level I PASRR	Date of most current Level II PASRR or RR

Previous Level II PASRR Determination:	SMI	ID	SMI and ID	N/A
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Resident Review Screening – Page 2

Significant Change Examples

- Already has a confirmed SMI and has a major decline in status due to the SMI and might require a BA
- Already has a confirmed ID/RC and is experiencing a significant change in condition that is affecting prior functioning
- New MI diagnosis that is major and if a Level I screening was completed, it would trigger for a Level II.

Fred Flintstone (Case ID 123456789)		MM/DD/YYYY
Section II: Significant Change		
Date of Onset: <u>MM/DD/YYYY</u>		
Decline in Resident's Status (check all that apply):		Improvement in Resident's Status (check all that apply):
Increase in behavioral, psychiatric, or mood-related symptoms <input checked="" type="checkbox"/>		Decrease in behavioral, psychiatric, or mood-related symptoms <input type="checkbox"/>
Behavioral, psychiatric, or mood-related symptoms that have not responded adequately to ongoing treatment <input type="checkbox"/>		Behavioral, psychiatric, or mood-related symptoms that have responded adequately to ongoing treatment <input type="checkbox"/>
Sudden increase or decrease in weight <input type="checkbox"/>		Improvement in medical condition requiring interdisciplinary review and/or modifications in the plan of care <input type="checkbox"/>
Current weight: _____ Date: _____		Improvement in more than one area of resident's health status. Areas affected: _____ <input type="checkbox"/>
Prior weight: _____ Date: _____		Has required implementation and/or modification in care plan. Specifically: _____ <input type="checkbox"/>
Reason for change: _____		No longer requires specialized services <input type="checkbox"/>
Change in behavior, psychiatric, or mood suggestive of a suspicion of SMI (where dementia is not the primary diagnosis) <input type="checkbox"/>		
Will not resolve itself without intervention by staff or the implementation of standard disease-related clinical interventions and/or modification of care plan <input type="checkbox"/>		
In more than one area of resident's health status (Check all that apply):		
Behavior change not due to a medical condition <input type="checkbox"/>		
Adaption to change <input type="checkbox"/>		
Medical condition exacerbating current SMI/ID symptomatology <input type="checkbox"/>		
Other conditions or additional information (Please use the space below to explain, if necessary) <input type="checkbox"/>		



Resident Review Screening – Page 3-5

Fred Flinstone (Case ID 123456789)		MM/DD/YYYY
Section III: Attestation of Requestor		
Ellen Olsen		
Screener's Name (Electronically Entered)	Signature	
LCSW		
Credentials		
MM/DD/YY	123456789	123456789
Date	Phone #	Fax #
Citrus health and rehab		
Place of Employment		
Section IV: Completion of Evaluation Request		
Documentation included (Check all that apply):		
Completed Resident Review – Evaluation Request, AHCA MedServ Form 004 Part A1, March 2017	<input type="checkbox"/>	
Level I PASRR screen, AHCA MedServ Form 004 Part A, March 2017	<input type="checkbox"/>	
Level II PASRR evaluation and determination or most recent Resident Review, as applicable	<input type="checkbox"/>	
Most recent Minimum Data Set	<input type="checkbox"/>	
Case Notes	<input checked="" type="checkbox"/>	
Record of treatment	<input type="checkbox"/>	
Medication Administration Record	<input checked="" type="checkbox"/>	
Psychiatric or psychological evaluation, if available	<input checked="" type="checkbox"/>	
Other: _____	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	

Fred Flinstone (Case ID 123456789)		MM/DD/YYYY
Notice of referral for Resident Review evaluation distributed to (including how to obtain the evaluation):		
<input type="checkbox"/>	Individual	
<input type="checkbox"/>	Representative	
Consent for Resident Review		
In order to assess my needs, by signing above, I consent to an evaluation of my medical, psychological and social history.		
I understand and agree that evaluators may need to talk to my doctor, my family, and close friends to talk about my situation.		

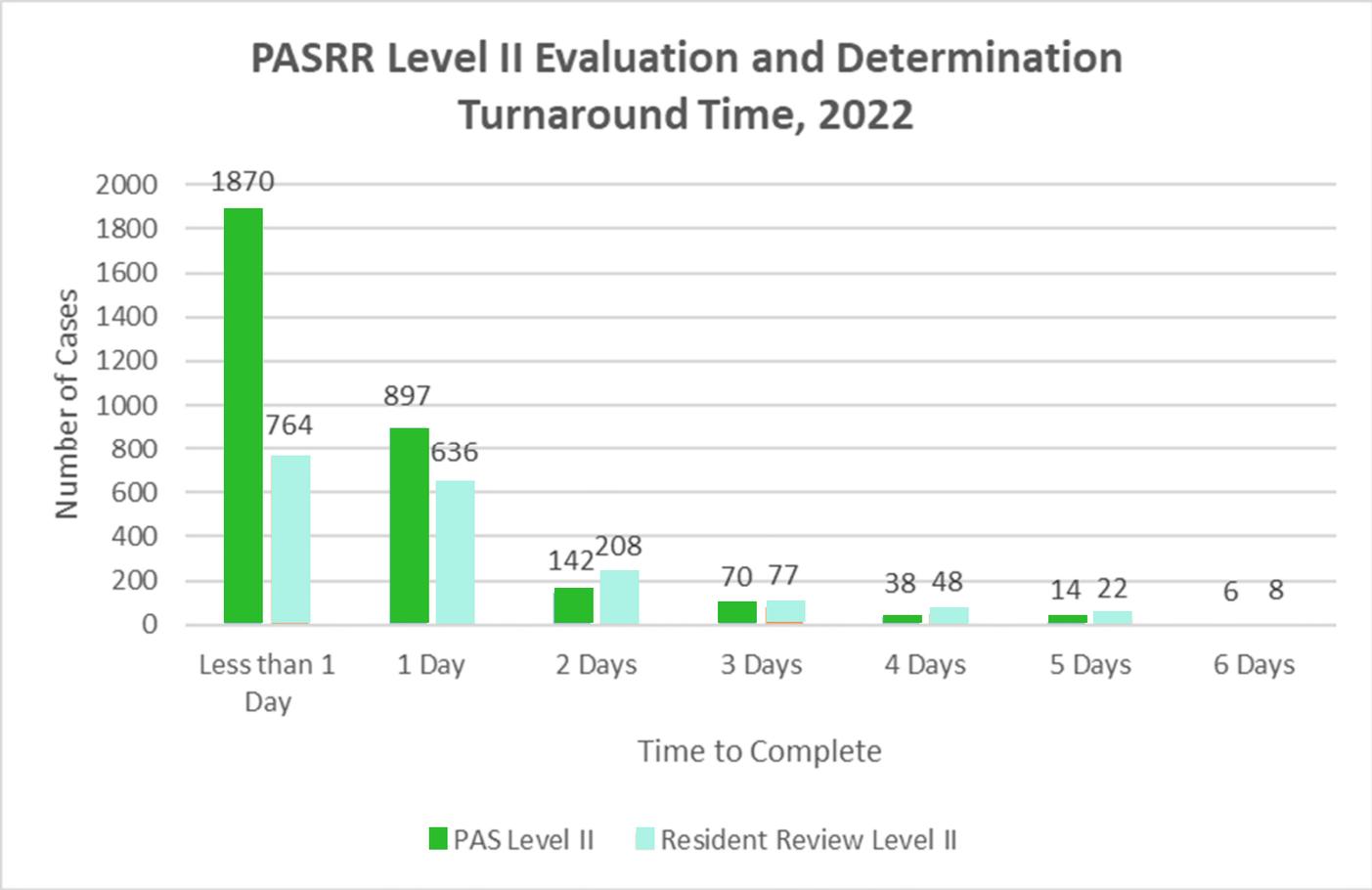
Signature	Date	
If an individual is unwilling, or unable, or has no legal representative or health care agent to sign the consent for Level II PASRR evaluation, information regarding the reason for the inability to obtain the signature must be documented here:		

Fred Flinstone (Case ID 123456789)		MM/DD/YYYY
Notice of referral for Resident Review evaluation distributed to (including how to obtain the evaluation):		
<input type="checkbox"/>	Individual	
<input type="checkbox"/>	Representative	
Consent for Resident Review		
In order to assess my needs, by signing above, I consent to an evaluation of my medical, psychological and social history.		
I understand and agree that evaluators may need to talk to my doctor, my family, and close friends to talk about my situation.		

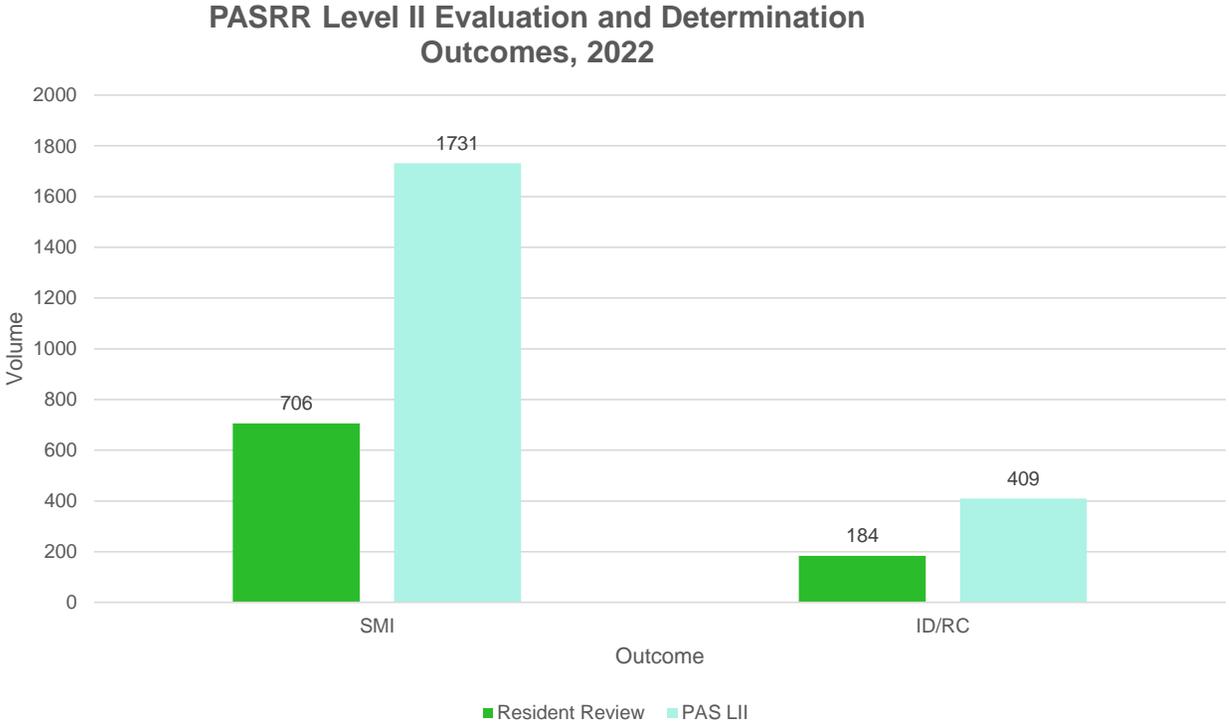
Signature	Date	
If an individual is unwilling, or unable, or has no legal representative or health care agent to sign the consent for Level II PASRR evaluation, information regarding the reason for the inability to obtain the signature must be documented here:		



PASRR LII Outcomes



PASRR LII Outcomes



PASRR Level II – Summary of Findings or Determination Summary Report, Page 1



Florida Preadmission Screening and Resident Review (PASRR) Level II Determination Summary Report

Date of Level II Determination: DD/MM/YYYY

Consumer Information

Name of Patient

Date of Birth: DD/MM/YYYY

Case ID: 123456789

Current Facility/Location: Somewhere Florida Hospital

Summary of Medical and Social History:

The patient is a _____-year old _____ speaking, _____ currently residing at _____ since DD/MM/YYYY reportedly due to _____. This person is seeking admission to a Nursing Facility. The patient has a reported medical history of _____ and mental health history of _____ and _____. Onset dates were _____. Included in the patient's current listed medications were _____ per the submitted documentation.

A prior PASRR Level II review was completed for this patient on _____. At that time, _____ was determined to have a serious mental illness, as well as an intellectual disability/related condition, and a Nursing Facility was found to be appropriate. The patient's diagnoses/history included _____.

According to the Medical Certification for Long Term Care Services and Patient Transfer Form completed by the MD on DD/MM/YYYY, the patient's vision was _____; hearing status was _____. This patient had _____ risk alerts, according to the form. This patient was _____, _____, and _____ to follow instructions. The patient's primary diagnosis was _____ with _____ rehabilitation potential.

The Level I PASRR screening completed on DD/MM/YYYY by _____ indicated the patient was exhibiting _____ with interpersonal functioning, concentration and adaptation to change. This patient _____ psychiatric treatment more intensive than outpatient and a significant disruption to the normal living situation. This patient _____ considered a danger to self or others. The patient was noted to have _____.

A Psychiatric Evaluation, which included a Physical Examination, dated DD/MM/YYYY was reviewed. The note indicated that the patient had a history of _____ and arrived under Baker Act. The patient reportedly stated "_____" The patient reportedly exhibited _____. It was also reported _____. The patient was last admitted to the hospital DD/MM/YYYY due to _____. The patient also had a reported history of _____.

Psychiatric Progress Notes were reviewed. A note dated DD/MM/YYYY indicated the patient had _____ and was _____. On DD/MM/YYYY the patient _____. A note dated DD/MM/YYYY indicated the patient was _____. On DD/MM/YYYY the patient _____. On DD/MM/YYYY the patient was noted to have _____. On DD/MM/YYYY the patient was noted to endorse _____. On DD/MM/YYYY the patient reported the _____. Suicidal and homicidal ideation was _____.

Outcome/Disposition:

Meets the state definition of Serious Mental Illness? Yes

Meets the state definition of Intellectual Disability or Related Condition? Yes

Nursing Facility Appropriate? Yes

Are Specialized Services Recommended? Yes



PASRR Level II – Summary of Findings or Determination Summary Report, Page 2-3



Service Recommendations:

An evaluation was conducted with the patient and the Case Manager via Microsoft Teams on DD/MM/YYYY. The patient's speech was _____. The patient reported _____. The submitted documentation indicated the patient is currently _____. The patient is part of the FACT Team who _____. The Case Manager indicated the patient was _____. The patient is _____ with activities of daily living including ambulation, bathing, dressing, toileting, grooming and eating. The patient _____ regular diet and reported _____. It appears the patient would likely _____ assistance with managing finances, monitoring health/nutritional status and self-administering/scheduling medical treatment. In regards to the patient's psychiatric history, _____.

Once the patient is deemed psychiatrically stable, and given the information provided for the review, nursing facility placement is determined to be appropriate due to the patient's medical needs and the need for medication management. Supportive services cannot be effectively provided in a less restrictive environment at this time and are recommended to continue at the nursing facility. Every effort should be made to transition _____ to a less restrictive environment, such as an Assisted Living Facility or group home that can meet _____ mental health needs, if agreed upon by the treating physician.

According to the outcome of the evaluation and review of records, _____ is considered to have an Intellectual Disability/Related Condition as defined for PASRR in 42 CFR 483.102(b)(3) and F.A.C. 59G-1.040(2)(b). Specifically, this individual does have a diagnosis of Intellectual Disability that appears to have manifested before the age of 18 years, and includes significant limitations in both intellectual functioning and adaptive behavior.

Based on a clinical review of the submitted documentation and information, _____ is considered to have a Serious Mental Illness as defined for PASRR in 42 CFR 483.102(b)(1) and F.A.C. 59G-1.040(2)(m) based on each of the categories of diagnosis, level of impairment and recent treatment. Specifically, this individual does have a major mental disorder with associated significant symptoms.

Specialized Services for Serious Mental Illness and Intellectual Disability are recommended in the form of _____. It is recommended that this individual also receive the Specialized Rehabilitative Services, or services of a lesser intensity than Specialized Services, of _____. The receiving nursing facility will need to contact KEPRO by dialing 866-880-4080, extension _____, in order to arrange for psychiatric services.

PLAN OF CARE

1. IDENTIFIED PATIENT NEEDS:

- The patient was noted to have a history of _____
- The patient's psychiatric diagnoses/history includes _____

2. RECOMMENDED SPECIALIZED SERVICES:

- Psychiatric Medication Management (T1015 Psychiatric Medication Management)
- Individual Therapy (H2019 Individual/Family Therapy) with a Licensed Clinician
- Case Management

3. ANTICIPATED OUTCOME GOALS:

- _____, and thus reduce the need for acute hospitalization

4. FREQUENCY AND DURATION OF TREATMENT:

- _____
- _____
- _____

5. Specialized Rehabilitative Services

- _____
- _____
- _____

Also, care staff should monitor for symptoms of _____, as well as _____, and report any concerns to the treatment team. It appears these services cannot be effectively provided in a less restrictive environment at this time, but it is recommended that every effort be made to transition the patient to a less restrictive setting, such as an assisted living facility or group home, once _____ has completed _____ rehabilitative services, should this be indicated by the treating physician.

A notice of the administrative fair hearing process and rights has been sent to the individual/legal representative. If there are any questions regarding the addition of these services to the patient's Comprehensive Person-Centered Nursing Care Plan, please contact _____ at 866-880-4080 ext. _____.

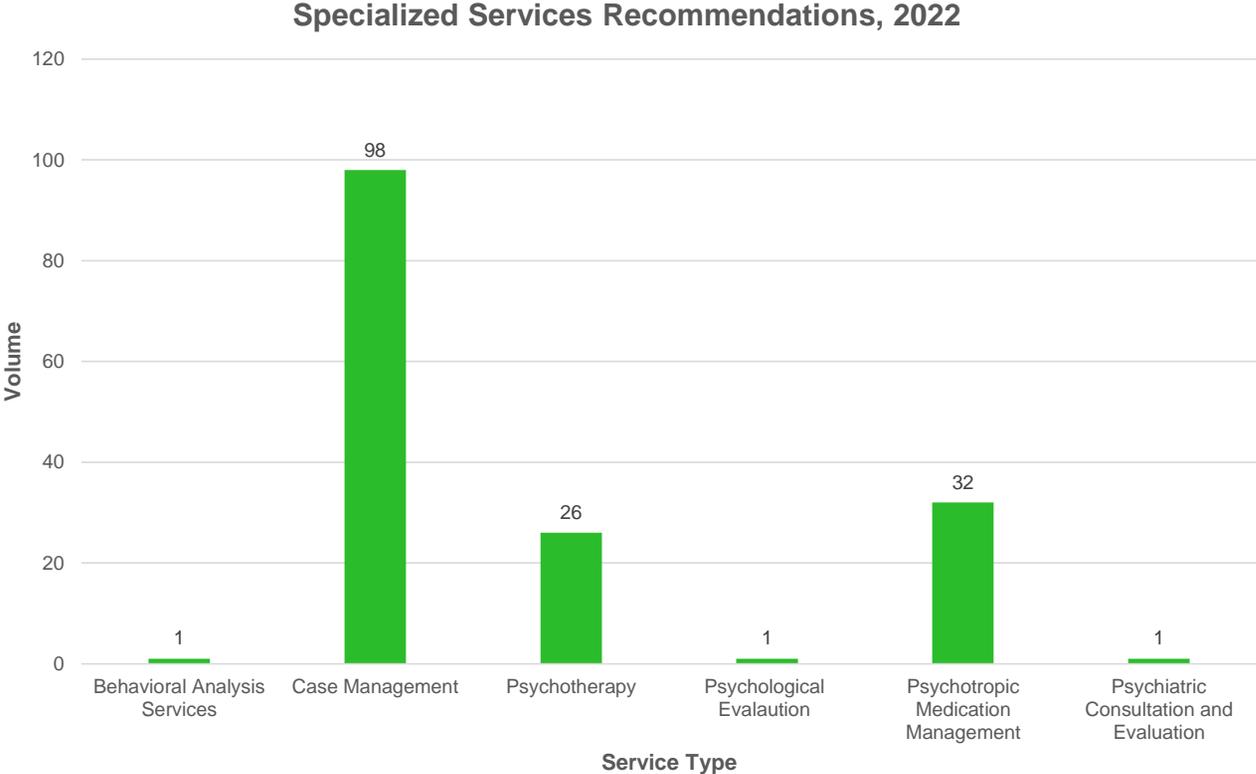
Reviewer's Signature

Ellen Olsen LCSW

Reviewer: Ellen Olsen, LCSW

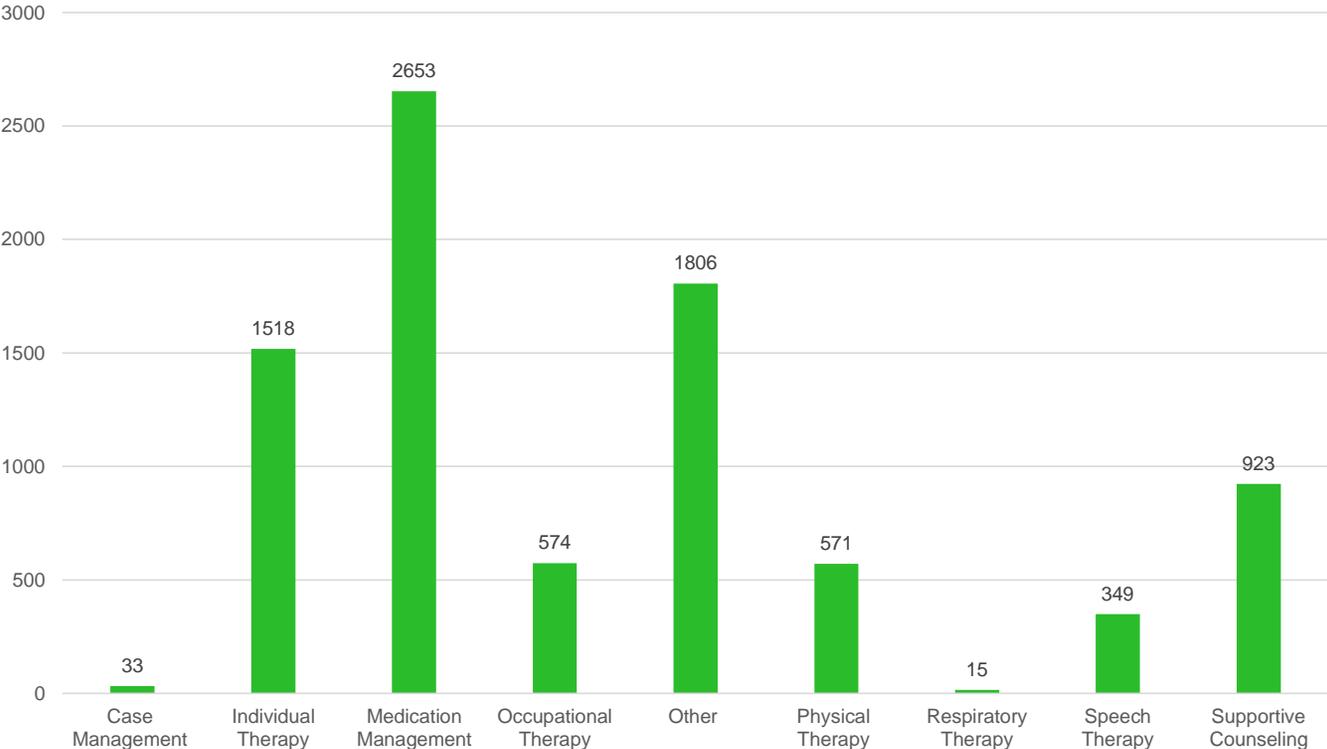


PASRR LII Outcomes



PASRR LII Outcomes

Specialized Rehabilitative Services Recommendations, 2022



Level I, Resident Review, & Level II Requests

What to Know?

- Within the **Provider Portal**, a separate case is required for each review. The same basic case structure and process is used for each type of review. **Here are some tips for how the different types of Reviews are processed:**

	LEVEL 1	RESIDENT REVIEW	LEVEL II
Completed By	<ul style="list-style-type: none"> • If Consumer is in Hospital or Nursing Facility: Provider Staff • If Consumer is in Community: Kepro 	Nursing Facility Staff	<ul style="list-style-type: none"> • Requested by Provider Staff • Review Completed by Kepro
Request Type	PASRR Level I	PASRR Level I Resident Review	PASRR Level II
Questionnaire	PASRR Level I Questionnaire completed when submitting the case.	PASRR Level I Resident Review Questionnaire completed when submitting the case.	Kepro will complete PASRR Level II Questionnaire when completing the review.
Required Documents	None	Informed Consent, 3008, H&P, MAR, Nursing Notes, Psych, MDS	Informed Consent, 3008, H&P, MAR, Nursing Notes, Psych, MDS
Outcome Determination	Completed by the system based on Questionnaire results and state's algorithm	Completed by the system based on Questionnaire results and sent directly to Kepro for review (same process as Level II review)	Completed by Kepro reviewer during Level II review only after all required documents are received
Next Steps	<ul style="list-style-type: none"> • Positive Determination: Submit a Level II Case Request if the individual is discharging into a Nursing Facility • Negative Determination: A Level II Review is not required if the Consumer chooses to be admitted to Nursing Facility. 	A Level II Review will be required. Not required to submit a new case, however required documents must be faxed, emailed securely, or uploaded per above.	<ul style="list-style-type: none"> • Recommendation determined by Kepro based on Level II review. • May result in admission to Nursing Facility or arrangement of other specialized services.



ADDITIONAL RESOURCES & SUPPORT

Contact Info

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