



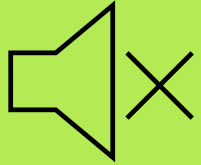
# Preadmission Screening and Resident Reviews (PASRR)

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FHCA and Nursing Facility Annual Training

May 1, 2025

# Housekeeping



**Please make sure**  
your microphones are  
off/muted



Presentation will be  
**60 minutes**



**Q&A / Case examples**  
additional time at the end of  
the presentation



Anonymous and voluntary  
post-presentation survey

PASRR resources, including slides from today, can be found on our Florida PASRR website, located under Resources and Training Materials:

<https://floridapasrr.acentra.com/>

Password = FLPASRR2021

# Training Agenda



- Introductions
- PASRR Overview
- Federal & State Requirements
- PASRR Criteria
- PASRR Level I
- Categorical & Provisional Admissions
- Significant Change in Condition
- PASRR Level II
- PASRR Determinations & Specialized Services
- Questions and Answers / Case examples

# Training Objectives

**1**

**Develop an understanding of PASRR and criteria**

**2**

**Identify the structure and purpose of PASRR**

**3**

**Discuss the requirements for PASRR Level I**

**4**

**Discuss the requirements for PASRR Level II and Resident Review**

**5**

**Identify the types of PASRR outcomes**

**6**

**Discuss the requirements for meeting PASRR compliance**

# Oversight and Accountability for Institutional Care

## 1950s:

- **560,000** in public psych hospitals
- America begins deinstitutionalization

## 1980s:

- 1987 PASRR is developing in the Code of Federal Regulations (CFR)
- 1988 **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)** benefits funded under Social Security Administration (SSA)

## 2000s:

- 2005 FL ICF Rule 59G-4.170
- **2007 FL PASRR\***

## 2020s:

- 2023 FL APD **Group Home Medical Review (GHMR)**

1950

1970

1990

2000

2010

2020

## 1960 – 1970s

- Enactment of **Medicaid and Medicare**

## 1990s

- PASRR is finalized in CFR
- 2.2m without psychiatric treatment
- 1999 - *Olmstead v. L.C.*

## 2010s

- 2017 FL PASRR Rule **59G-1.040**
- 2018 **FL APD Utilization Review/Continued Stay Review (UR/CSR)**
- 2019 **FL PASRR Level I**



# PASRR Federal Regulations

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- Developed in 1987, PASRR is mandated by the Social Security Act, Title 42, Subpart C, Sections 483.100 through 483.138, Code of Federal Regulations.
- Finalized in 1992, prior to the Supreme Court's 1999 Olmstead decision, PASRR supports community integration and informed choice.
- Updated in 1996 with Balanced Budget Act, removes "annual" resident review and replaces with **significant change in condition**.
- PASRR is updated in 2016 42 CFR Part 483 - Requirements for Long Term Care Facilities to include requirements for documentation of recommendation.

NF's  
Hospitals  
Acentra

## PASRR Level I Screen

Identifies those who may have SMI or ID/RC. If "positive" for a PASRR protected condition, a Level I Clinical review is completed, and a Level II may be required prior to admission under most circumstances.

Statewide  
Evaluators

## PASRR Level II Evaluation

Confirms if an individual has SMI/ID/RC and assesses the need for nursing facility level of care and services and/or additional specialized services.

Clinical  
Reviewers

## PASRR Level II Determination

Provides a summary of all findings including the results from the evaluation. The determination report includes recommendations which are to be included in nursing care plans.

# PASRR Requirements

The PASRR process is also specified in Rule **59G-1.040, F.A.C.**

PASRR is required prior to any new admission into a Medicaid-certified nursing facility. PASRR Regulations prohibit nursing facilities from admitting any individuals with serious mental illness (SMI), intellectual disability (ID), or a related condition (RC) unless a determination has been made that nursing facility services are needed.

PASRR is intended to ensure that SMI/ID/RC applicants are identified and evaluated for the need for nursing facility level of services and other specialized services. When SMI/ID/RC confirmed, goal is to further assess the need for nursing facility level of services and/or additional 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

**42 CFR Part 483 - Requirements for Long Term Care Facilities:**

The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at § 483.10(c)(2) and § 483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

*The comprehensive person-centered care planning language was updated in 2016, 483.21(a)(1)(ii)(F) and 483.21(b)(1)(iii) to include:*

- Include the minimum healthcare information necessary to properly care for a resident including, but not limited to: **PASRR recommendation, if applicable.**
- Any **specialized services** or **specialized rehabilitative services** the nursing facility will provide **as a result of PASRR recommendations.**
- If a facility disagrees with the findings of the PASRR, it must indicate its rationale in the resident's medical record.



# PASRR – Proposed Rule

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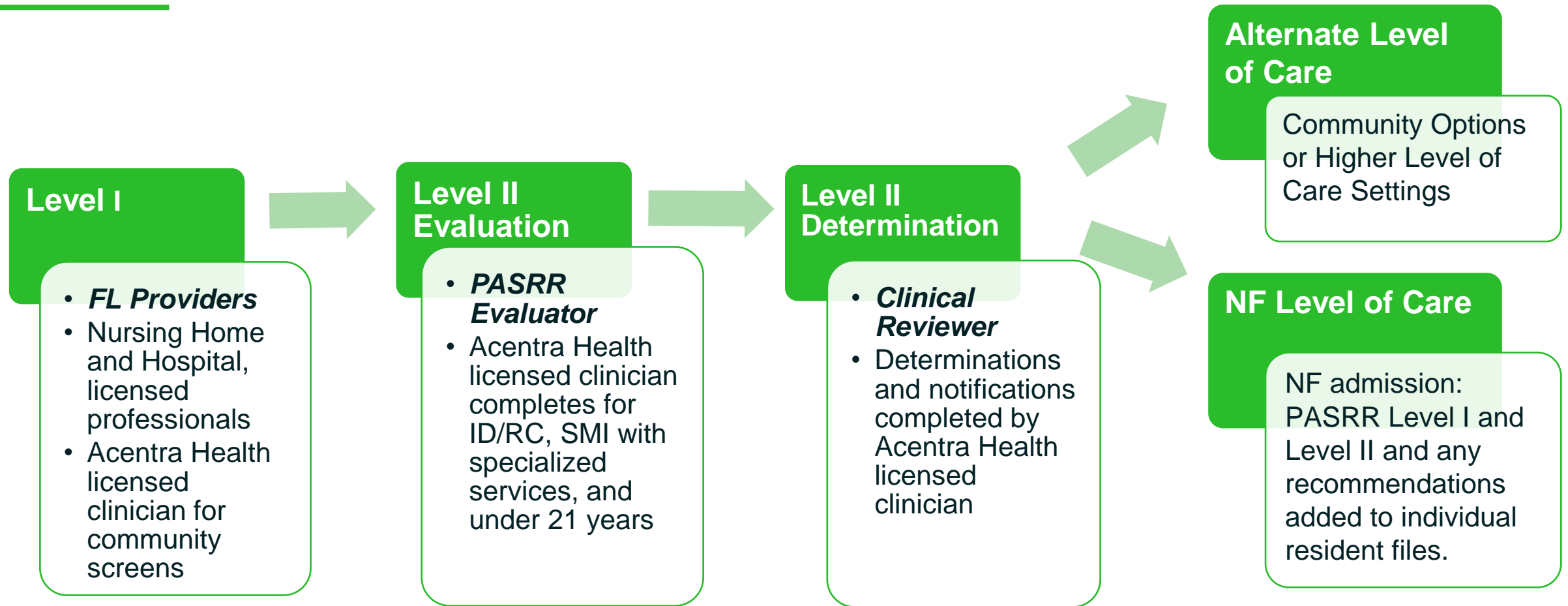
## PASRR Notice of Proposed Rulemaking (NPRM)

- Released just prior to the pandemic, CMS' PASRR NPRM proposes changes to 42 CFR 483.20.
- CMS continues to provide same messaging during regional calls, no answer on when or if proposed changes will be finalized.

## Primary Proposed Changes Include:

- Definitions of mental illness and intellectual disability
- Preadmission Screening requirements
- Resident Review requirements
- Specialized services and FFP
- Distinction between PASRR evaluations and NF level of care
- The identification and evaluation (Level I and Level II) process
- Annual reporting

# High-Level Overview of Florida's PASRR Process



# PASRR Criteria

SMI, ID, & RC



# SMI Definition

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**Code of Federal Regulations: *PASRR 42 CFR 483 Subpart C***

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).**

Must meet all **3** criteria to have PASRR SMI

# SMI Definition - 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 Definition – Level of Impairment

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**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 Definition – Duration of Illness

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- 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: PASRR

## 42 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**.

- **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.
- **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.
- **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:
  - Cerebral palsy or epilepsy.
  - 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:
  - Self-care
  - Understanding and use of language
  - Learning
  - Mobility
  - Self-direction
  - Capacity for independent living

Must meet all 4  
criteria to have a  
PASRR Related  
Condition



# PASRR Requirements & Process

**PREADMISSION & RESIDENT REVIEW**



# When Should PASRR Process be Performed?

## 1. Preadmission

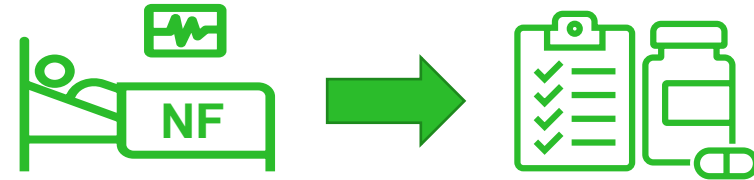
PASRR is required for any **new admission**



- Prior to any **new admission**, which means the person is admitting for the first time or the admission does not qualify as a readmission. PASRR is valid for 30 days after completion and prior to admission. If person has not admitted within 30 days, PASRR starts over.

## 2. Resident Review

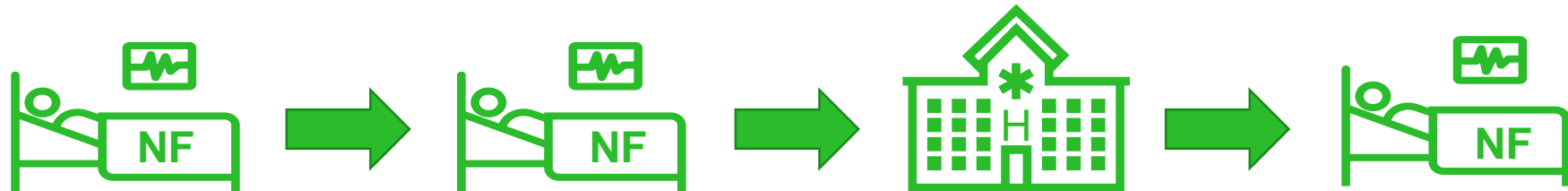
PASRR is required upon **significant change in condition.**



# When Should PASRR Process be Performed?

PASRR is **NOT** required for **interfacility transfers** or **readmissions** (unless there has been a significant change in condition)

- **Readmission** means the person is readmitting to the same or new nursing facility directly from a hospital stay.
- **Interfacility transfer** means the person is transferred from one NF to another, with or without an intervening hospital stay.



# Level I



# PASRR Requirements

## Elements of PASRR:

### ➤ Level I

- **A Level I PASRR** screen identifies whether an individual referred for admission into an NF has or is suspected of having an SMI and/or ID/RC.
- **A Resident Review PASRR** screen is used to initiate a Level II evaluation. Anytime the screen is completed, the system assumes that the individual experienced a significant change in condition or requires a Level II at the end of a time-limited approval.

# PASRR Level I

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**The objective of the Level I screening is to:**

1. Accurately and appropriately **identify** if the individual has a suspicion of, or a diagnosis of, SMI/ID/RC and if a provisional admission is required.
2. Atrezzo Algorithm is programmed to determine next steps. If the Level I is “positive” for SMI/ID/RC, a clinician reviews to determine the need for further evaluation.

# Provisional Admissions

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## Full Level II Evaluation Not Required for Provisional Admissions – have Specified Time Limits:

- **Respite (14 days):** PASRR must be completed if the resident is expected to stay longer than the 20 days.
- **Delirium (7 days after the delirium clears):** PASRR must be completed if the resident is in the nursing facility for more than 7 days after the delirium clears.
- **Protective Services (7 days):** PASRR must be completed if the resident is expected to stay longer than the 7 days.
- **Hospital Exemption (30 days):** PASRR must be completed if the resident is expected to stay longer than the 30 days.





**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

☐ Private Pay

Requesting Admission to:  
(May document up to three facilities)

Nursing Facility Name
abc
123
zyx

\*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.

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

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.

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.**

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

AHCA MedServ Form 004 Part A, March 2017 (Incorporated by reference in Rule 59G-1.040, F.A.C.) Page 3 of 5

**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).**

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 SMI, ID, 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).

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



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

**Section IV: PASRR Screen Completion**

<p><b>Individual may be admitted to an Nursing Facility (check one of the following):</b></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><b>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):</b></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>
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**\*\*\*\*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  
 Screener's Name (Electronically Entered)

LCSW  
 Credentials

KEPRO  
 Place of Employment

3/16/2020  
 Date

214-587-8963  
 Fax

Electronically Signed  
 Signature

**Completed Level I screen distributed to (check all that apply):**

☐ Nursing Facility  
 Date: \_\_\_\_\_

☐ Discharging Hospital (if applicable):  
 Date: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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.

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**

# Level II



# PASRR Requirements

## Elements of PASRR:

### ➤ Level II

- The Level II PASRR is an individualized, in-depth evaluation of the individual, including confirming or ruling out if a person meets the criteria for SMI and/or IDRC. It is the first step with determining the need for NF level of services. If an NF is the most integrated setting appropriate to meet the individual's long-term care needs, the Level II PASRR must also evaluate what services, if any, are needed for the individual. These include Specialized Services and Specialized Rehabilitative Services.

#### **A face-to-face Level II evaluation is completed when:**

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



# PASRR Level II

The objective of the Level II Evaluation is to CONFIRM or RULE OUT the presence of SMI and/or ID/RC and provide needed service recommendations

## IF SMI/ID/RC RULED OUT

- Level II Evaluation may be terminated.
- Determination on NF Level of Service and specialized services no longer required.

## IF SMI/ID/RC CONFIRMED

- Determine the individual's need for nursing facility (NF) level of services (setting received?)
- Determine the individual's need for specialized services (SS)
- Determine the individual's need for less-specialized services



# Terminated Level II Determinations

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## Full Level II Evaluation Not Required as SMI/ID/RC are Ruled Out during Level II Review:

- **No indication of SMI/ID/RC:** Individual clearly does not meet for a PASRR Condition. Need for further review is ruled out, no letter sent per FL process (contract). *Providers have access to Atrezzo for the determination.*
- **Dementia with SMI:** Primary or Advanced with SMI. Need for further review is ruled out, no letter sent per FL process (contract). *Providers have access to Atrezzo for the determination.*

★ **Dementia with ID/RC:** Level II evaluation and determination **IS** required.

# Documentation Requirements – Part of Level II

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**LEVEL I OR RESIDENT REVIEW  
FORM IN ATREZZO WITH  
SIGNED CONSENT PROVIDED**



**PSYCHIATRIC CONSULT  
AND/OR EVALUATION (IF  
AVAILABLE)**



**HISTORY AND  
PHYSICAL (H&P)**



**MENTAL HEALTH ASSESSMENT  
(IF AVAILABLE)**



**CURRENT MEDICATION LIST**



**CURRENT NURSING/MEDICAL  
PROGRESS NOTES**



**MEDICAL ELIGIBILITY  
ASSESSMENT - 3008 (MEDICAID  
ONLY)**



**MINIMUM DATA SET (MDS) FOR  
RESIDENT REVIEWS**

# Requirements for Level II - Resident Review



PASRR (formerly PASARR) Code of Federal Regulations, Title 42, Volume 3 and Section 483.100 through 483.138 were completed in 1992 and 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.



***Recap:*** 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.

# Resident Review for Significant Change

## 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 significant change in condition requiring intervention for the **SMI/ID/RC**

# 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' Examples of Significant Change for Residents with SMI/IDD/RC:

- Significant behaviors or symptoms related to SMI, IDD, RC
- Likely requires change to PASRR recommendations and services
- "Yes" answer in Section Q on the MDS
- Significant improvement and can now participate in evaluation process.

# 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.

## CMS' Examples of Significant Change for Residents without confirmed SMI/IDD/RC:

- Significant behaviors or symptoms related to new diagnosis or possible SMI
- IDD/RC possible but no prior evaluation completed
- Inpatient admission or need for intensive support services

### Summary of Medical and Social History:

Federal law (Section 483.100 through 483.138) and state rule (59G-1.040) require that all persons seeking admission into a Medicaid certified nursing home receive a Preadmission Screening and Resident Review (PASRR) Level I screen. This initial screening seeks to identify possible serious mental illness (SMI) and/or intellectual disability or related condition (ID/RC). If SMI and/or ID/RC are indicated, a Level II evaluation and determination is required prior to admission. PASRR is also required if a person residing in a Medicaid certified nursing home experiences a significant change in condition related to SMI or ID/RC. PASRR Level II evaluations are person-centered and assess nursing facility level of service needs and additional care needs to ensure individuals receive needed services in the least restrictive setting possible. This Annual Performance Report includes Level I and Level II outcomes and examines opportunities for performance improvement.

### Outcome/Disposition:

Meets the state definition of Serious Mental Illness? Yes

Nursing Facility Appropriate? Yes

Are Specialized Services Recommended? No

### Service Recommendations:

Acentra Health serves as Florida's contractor for PASRR Level I and Level II services. Acentra Health provides a PASRR system, Atrezzo, which includes a PASRR Provider Portal, that collects and stores all PASRR data. Atrezzo provides reports for tracking compliance, trending outcomes, and analyzing performance. Statewide delegated hospital and nursing home providers utilized Atrezzo to complete PASRR Level I screens and request PASRR Level II evaluations and determinations.

### 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



# Questions and Answers – We are Always Available!

***We love to hear your Questions!***  
***Do you have questions related to specific cases?***



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