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# Key Differences Between PASRR Level I Preliminary Screens and PASRR Level II Evaluations



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**POWER AND POSSIBILITY OF PASRR WEBINAR SERIES**



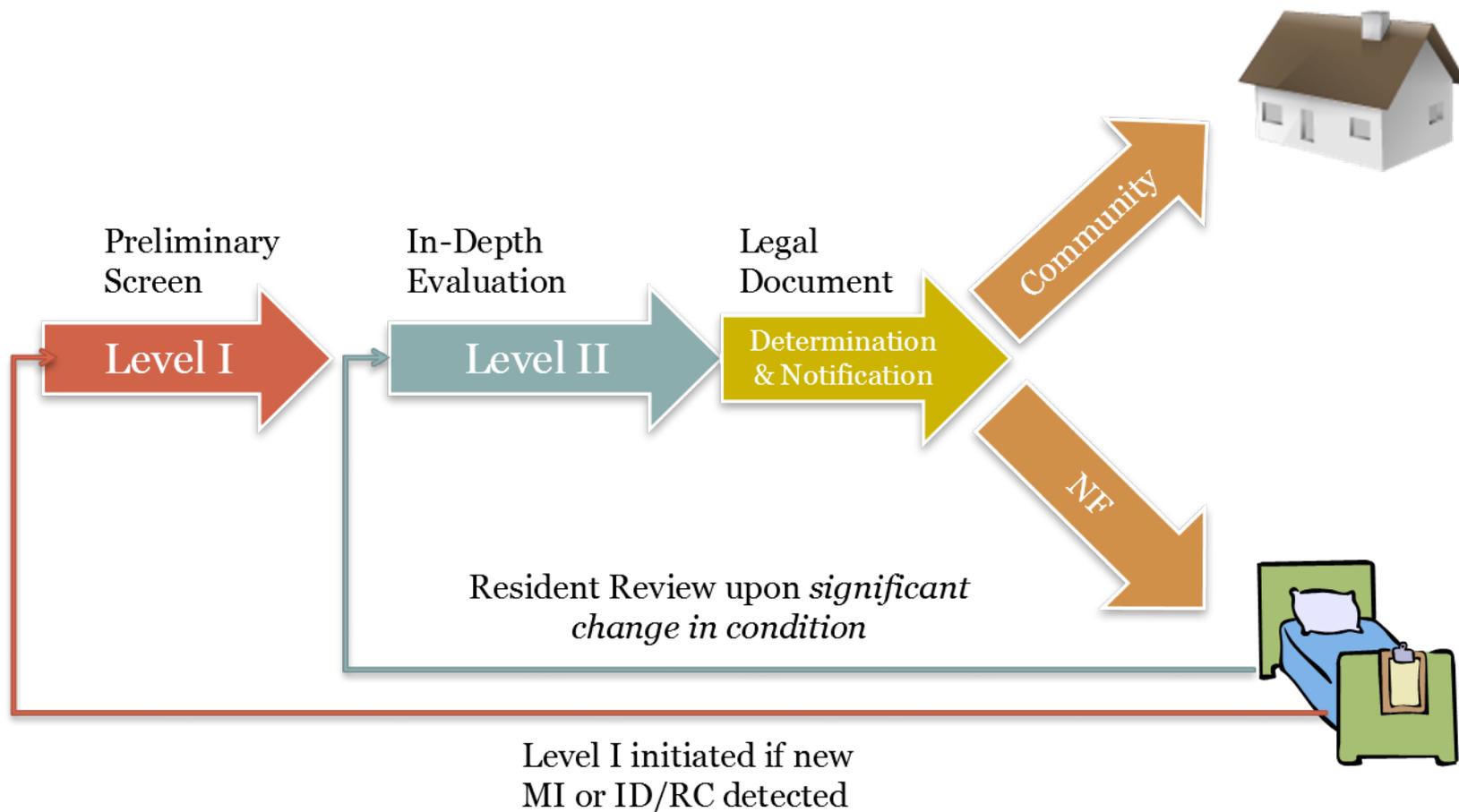
# The PASRR Process in Brief



# Three Purposes of PASRR

1. To ensure that individuals are evaluated for evidence of possible mental illness (MI), intellectual disability (ID), or related condition (RC).
2. To ensure that community is considered as a placement option.
3. To identify the services individuals need, wherever they are placed.

# The PASRR Process: A Basic Sketch



# PASRR Process

- **Level I preliminary screen + determination**
- **Level II evaluation + determination**
- **Level II includes determination of placement (nursing home, community) and Specialized Services**
- **Once a resident, after change in condition, new Level II (Resident Review) to evaluate placement and services**

# PASRR as a Detection System

**PASRR**

	<i>MI/ID/RC Absent</i>	<i>MI/ID/RC Present</i>
<i>MI/ID/RC Absent</i>	True Negatives ✓	False Positives ✓
<i>MI/ID/RC Present</i>	False Negatives ✗	True Positives ✓

**Person**

# PASRR as Detection System, continued

- **Desired: True Positives**
- **Desired: True Negatives**
- **Minimize: False Positives (costly)**
- **Aim for: No False Negatives (people missed), especially at Level I (because they won't get the in-depth evaluation they need)**

# Level I



# What the Code of Federal Regulations (CFR) Says about Level I

**Purpose:** The CFR at 42 [CFR 483.128\(a\)](#) provides guidance on the purpose of the Level I process:

- a) *Level I: Identification of individuals with MI or ID.* The State's PASARR program must identify all individuals who are suspected of having MI or ID as defined in [§483.102](#). This identification function is termed Level I.

## Who can complete a Level I screen?

- Federal regulations governing PASRR do not specify restrictions on who can conduct Level I screens.
- Each State's Medicaid Agency (SMA) designates who may perform Level I screens, and is ultimately responsible for providing oversight for this process. The SMA may allow Level I screens to be performed by:
  - the state mental health authority
  - the state intellectual disability authority
  - contracting entities, or other entities involved in the PASRR process (such as hospital discharge planners, community health planners, NF staff or other qualified professionals).

See PTAC FAQ [“Who can complete a Level I screen?”](#)

## What the CFR Says about Level I

**Notification:** The state must provide at least, in the case of first time identification of a suspected PASRR condition, provide:

- written notice to the individual or resident and his or her legal representative that the individual or resident is suspected of having MI or ID and is being referred to the State mental health or intellectual disability authority for Level II screening.

## Key measures of an effective Level I Screen

- ***Sensitivity***: Does it meet the CFR requirement that individuals who *are suspected* of having a PASRR disability are identified?
- ***Specificity***: Does it screen out individuals with no sign of PASRR disability?
- ***Usability***: Is it usable by screeners without clinical experience?
- ***Accuracy***: Does it get the definitions (e.g., age ranges) right?
- ***Informativeness***: Does it capture information that informs the Level II?

## Level I – Value Beyond Identification

**Exempted Hospital Discharge (EHD):** While not required, states may choose to perform a Level I screen for individuals being admitted to a NF under the EHD as a way to track individuals who require a Level II if the stay exceeds 30 days. [§483.106\(2\)\(ii\)](#)

**Group determinations by category:** Advance group determinations by category developed by the State mental health or intellectual disability 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. [§483.130\(c\)](#)

# Level II



## Level II and Categorical Determinations

### §483.128(j)(k) PASARR evaluation criteria - categorical determinations

- Findings must be issued in the form of an abbreviated written evaluative report which—
  - Identifies the name and professional title of the person applying the categorical determination and the data on which the application was made;
  - 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;
  - 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
  - Includes the bases for the report's conclusions.
- Findings of the evaluation must be interpreted and explained to the individual and, where applicable, to a legal representative

## Who can complete the Level II evaluation?

- **Evaluations for individuals with intellectual disability or related condition:** According to [42 CFR 483.106\(e\)\(1\)](#) and [42 CFR §483.106\(e\)\(2\)](#) evaluations for individuals with intellectual disabilities (ID) and/or related conditions (RC) are the responsibility of the state intellectual disability authority (SIDA). Thus, the state intellectual disability authority may complete ID/RC Level II evaluations.
- [42 CFR 483.106 \(e\)\(1\)](#) allows the SIDA to delegate, by subcontract, the evaluation to another entity, but the SIDA must retain ultimate responsibility for the performance of this duty.
- Additionally, [42 CFR 483.106\(e\)\(1\)\(iii\)](#) explicitly prohibits the SIDA from delegating evaluations to a NF or an entity that has a direct or indirect affiliation or relationship with a NF. *NFs and their staff may not perform Level II evaluations on behalf of the SIDA.*

## Who can complete the Level II evaluation?, cont.

- **Evaluations for individuals with mental illness:** According to [42 CFR §483.106\(d\)\(1\) and \(e\)\(3\)](#) of the CFR the state mental health authority (SMHA) *does not have responsibility for the Level II evaluations* for individuals with mental illness, only the Level II determinations.
- The SMHA cannot perform the evaluations, and cannot contract with another entity to perform them.
- The *State Medicaid Agency must designate an entity to perform MI evaluations*. The entity must not be the SMHA, and must not be a NF or an entity that has a direct or indirect affiliation or relationship with a NF. *NFs cannot perform Level II evaluations on behalf of the State.*
- The State Medicaid agency has discretion in determining the qualifications of the person who performs the evaluation, *so long as that person is a mental health professional.*

## The purpose of the Level II evaluation

### Appropriate Placement

**§483.126:** Placement of an individual with MI or ID 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.*

**§483.132(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.

## Level II – Two requirements

- (a) *Determination of need for NF services.* For each NF applicant with MI or ID, the State mental health or intellectual disability 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 MI or ID is determined to require a NF level of care, the State mental health or intellectual disability authority (as appropriate) must also determine, in accordance with §483.130, whether the individual requires specialized services for the mental illness or intellectual disability, as defined in [§483.120](#).

## Determining NF Level of Care - Pre-admission and Resident Review

**§483.130(6)**: Any NF resident with MI or ID 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 §483.15(b)

## Level II – the Essential Data for NF LOC

[§483.132\(c\)](#) At a minimum, the data relied on to make a determination must include:

- (1) Evaluation of physical status (for example, diagnoses, date of onset, medical history, and prognosis);
- (2) Evaluation of mental status (for example, 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](#), [Specialized Services] the State mental health or intellectual disability authority must determine whether an NF level of services is needed.

## Level II – Determining the Need for MH Specialized Services

§483.134: Minimum data collected must include, *if not previously addressed*—

- (1) A comprehensive *history and physical examination* of the person.\*
  - (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.

\*§483.134(c)(1,2) If the history and physical examination are not performed by a physician, then a physician must review and concur with the conclusions.

## Level II – Determining the Need for MH Specialized Services, cont.

- (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.

## Level II – Determining the Need for MH Specialized Services, cont.

- (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.*

## Level II – Determining the Need for ID Specialized Services

**§483.136**: 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 [*see CFR for full listing of groups*]

## Level II – Determining the Need for ID Specialized Services, cont.

- (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;

## Level II – Determining the Need for ID Specialized Services, cont.

- (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 (for example, 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;

## Level II – Determining the Need for ID Specialized Services, cont.

- (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).

## The Level II – Beyond PASRR

The new Conditions of Participation for Long Term Care Facilities include an emphasis at [§483.21](#) on the importance of the Level II evaluation in helping NFs develop a person-centered plan of care. Specific requirements include:

- Incorporating PASRR recommendations where applicable
- Documenting rationale for any disagreement on PASRR recommendations
- Referral for Level II resident review upon significant change in condition

## Level I and Level II Differences – but Common Goals

- **Level I**
  - **Narrow CFR requirements**
  - **Identification of any person "suspected" to have a PASRR condition**
- **Level II**
  - **Extensive CFR requirements**
  - **Individualized evaluation that considers the appropriate setting and unique treatment needs of the person**
- **Common Goal: The right services in the right location – person-centered treatment!**

# QUESTIONS



THANK YOU!

PASRR Technical Assistance Center

[www.pasrrassist.org](http://www.pasrrassist.org)