

Vermont's PASRR Level I Form Technical Guide

State of Vermont

Pre-Assessment Screening and Resident Review (PASRR): LEVEL 1 For Mental Illness, Intellectual Disability, or Related Condition

Federal regulations require that a preadmission screening must occur **before** any person who is known to have or possibly may have a serious mental illness and /or intellectual disability, or a related condition is admitted to a Medicaid participating nursing facility (NF), regardless of the source of payment for the NF services, and regardless of the individual's known diagnoses.

Individual's Last/First Name: _____ DOB: _____

Where is the individual currently located? _____

To which Nursing Facility is the individual seeking admission? _____

PART A – EXEMPTION

If the individual is found to meet the conditions of this exemption, the individual may be admitted to a nursing facility without further screening.

Hospital Discharge for Short-Stays (30 days or less)

Is this individual being admitted to a nursing facility directly following an acute hospitalization for treatment of a condition that he/she was hospitalized for? (The attending physician **must** certify before admission that the individual is likely to require less than 30 days in the nursing facility to qualify for this exemption.)

Yes

(Physician's, Physician's Assistant, or Nurse Practitioner's Signature Required)

If it is later decided the individual will exceed the 30 days stay, this form must be completed by the admitting nursing home in full and submitted.

Guidance

The PASRR process is in place to ensure people with specific disabilities receive care in the least restrictive setting possible, to ensure the NF setting is able to meet all their needs, and that the NF referral is due to the person's clearly identified nursing and support needs.

Nursing home where individual is seeking admission can be "To Be Determined", TBD or left blank if unknown.

To qualify for 30-day exemption, person must:

- *The person must be admitted directly from hospital stay.*
- *The NF admission must be due to same condition the hospital treatment was for.*
- *Be expected to stay in nursing home facility for less than 30 days.*
- *By signing, the treating medical staff (nurse practitioner or MD) certifies the NF stay is not expected to exceed 30 days.*

If all four criteria are met:

STOP

Do Not fill out Part B or Part C

If the person was expected to remain in the NF setting for under 30 days but ends up remaining longer: A new Level I form with Part B and Part C completed must be submitted to DMH.

Part B-Mental Illness

1. Does this individual have one of the following diagnoses? (A Major mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders)

- Schizophrenia
- Mood Disorder (Depression, Bipolar Disorder)
- Delusional Disorder (Paranoid Disorder)
- Personality Disorder
- Somatoform Disorder
- Psychotic Disorder (Schizoaffective Disorder; Atypical Psychosis; Schizophreniform Disorder; Brief Reactive Psychosis)
- Anxiety Disorder (Panic Disorder; Phobia; Obsessive-Compulsive Disorder; Post-Traumatic Stress Disorders; Severe Anxiety)
- Substance Use Disorder
- None
- Other Mental Disorder that may lead to Chronic Disability: _____

2. Has this individual had a disability or significant impairment in major life functions in the past 6 months due to a psychiatric disorder or substance use disorder? Check YES if any of the subcategories below are checked.

Yes No

___ **Interpersonal Functioning:** This individual has serious difficulty interacting appropriately and communicating effectively with other people, may have a history of evictions or altercation with others, fear of others, avoidance of interpersonal relationships and social isolation, and unstable employment.

___ **Completing Tasks:** This individual has serious difficulty sustaining focused attention, completing tasks, difficulties with concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance to complete tasks.

___ **Adapting to Change:** This individual has serious difficulty in adapting to typical changes in work, school, family, or social interactions, may have excessive irritability or agitation, exacerbated signs and symptoms associated with the illness checked above, withdrawal from situations, self-injurious behaviors, self-mutilation, suicidal behavior, physical violence or threats, appetite disturbance,

Part B must be completed for all individuals with an expected NF stay of longer than 30 days.

There are no exemptions to this requirement.

Part B- Mental Illness

1. *This information can be gathered from the individual being referred to NF, someone who knows him/her, or his/her medical records.*

2. *This information can be gathered from the individual being referred to NF, someone who knows him/her, or his/her medical records.*

delusions, hallucinations, serious loss of interest in hobbies or activities, and sustained tearfulness.

3. Has this individual had a hospitalization for a psychiatric condition or substance use disorder within the past few years? OR Has this individual required intensive psychiatric treatment (partial hospitalization/day treatment, crisis bed, in-home supportive services) to maintain his/her functioning in the community?
Yes No

Does this person have a current or recent mental health provider?
Please list name, program and contact information: _____

Diagnosis of Dementia

Is the individual's Primary Diagnosis dementia as described in the Diagnostic and Statistical Manual of Mental Disorders?
Yes No

If yes, documented evidence of the diagnosis (physician note, discharge summary, work-up, comprehensive mental status exam) must be attached.

If yes, the individual is exempt from further PASRR Mental Health evaluation, even if they have been diagnosed and treated for a mental illness.

If **ALL** the responses to question 1-3 in Part B are Yes, a Level II **Mental Health** PASRR evaluation is required.

Please notify the MH PASRR Coordinator, 280 State Drive, NOB 2 North, Waterbury, VT 05671-2010, or Fax (802) 241-0100, or call (802) 241-0090.

3. *This information can be gathered from the individual being referred to NF, someone who knows him/her, or his/her medical records.*

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This Exemption is for Mental Health Conditions ONLY.

*If person has a primary diagnosis of Dementia, s/he does not require a DMH Level II Assessment **as long as documentation for diagnosis is included with Level I PASRR form.***

*A Developmental/ Intellectual Disability or a Related Condition Level II Assessment **will still be required** if person meets criteria in Part C.*

PASRR Coordinators have 10 business days to complete Level II assessment. The person may not be admitted to NF until a Level II determination has been made.

Part C – Intellectual Disability or Related Condition

1. Does this individual have a diagnosis of intellectual/developmental disability? Yes No

Age when diagnosis was established _____ Unknown

2. Does this individual have a “related condition” (e.g. cerebral palsy, epilepsy, brain injury-resulting in significant impairment in intellectual functioning and adaptive behavior)? Yes No

Age of onset _____ Unknown

3. Does the individual have a history of intellectual/developmental disability or related condition? Yes No

**Part C must be completed for all individuals with an expected NF stay of longer than 30 days.
There are no exemptions to this requirement.**

Intellectual or Developmental Disability criteria:

- A.) Person has an IQ below 70 or diagnosed with Autism Spectrum Disorder.
- B.) Has significant deficits in adaptive behavior.
- C.) Both A and B present prior to age 18.

Related Condition Criteria:

- A.) Any condition, other than mental illness, found to have an impairment of general intellectual functioning or adaptive behavior deficits similar to an intellectual disability.
- B.) Any condition which requires treatment or services similar to those required for people with intellectual disabilities.
- C.) Condition was present prior to age 22.
- D.) Substantial functional limitations present in 3 or more of the following areas (prior to age 22)
 - Self-Care
 - Self-Direction
 - Capacity for Independent Living
 - Understanding and Use of Language
 - Mobility
 - Learning

Examples of Related Conditions are, but not limited to, Cerebral Palsy, TBI, Deafness, and epilepsy.

Questions 1-3: Answer yes if person has documented diagnosis of Intellectual Disability, Autism Spectrum Disorder, or a Related Condition.

Remember to include the ages of onset, if known

4. Is there presenting evidence (cognitive or behavioral) that indicated this individual may have an intellectual/developmental disability or related condition? Yes No

If yes, explain:

5. Was this individual referred by or receiving services from an agency that serves individuals with intellectual/developmental disabilities and/or related conditions? Yes No

If yes, name of agency:

NOTE: If response to ANY question in Part C is YES, a Level II DEVELOPMENTAL DISABILITIES PASRR is required. Notify the DDS PASRR coordinator, 280 State Drive, HC 2 South, Waterbury VT 05671-2030 or FAX (802) 241-0410, or call (802) 289-0015.

Completed copies of this form have been distributed to:

- Hospital of record
- Nursing facility
- Individual/legal guardian(s).

Name & Title of Person Completing Form: _____
(Please Print)

Signature of Person Completing Form: _____

Hospital/Facility Address: _____

Phone #: _____ Email: _____ Date: _____

Please mail or fax all original signed LEVEL I PASRR forms to: Department of Mental Health, Attn: MH PASRR Coordinator, 280 State Drive, NOB 2 North, Waterbury, VT 05671-2010 or Fax (802) 241-0100

4. Answer yes if there is a suspicion of the person meeting criteria for Intellectual Disability, Autism Spectrum Disorder, or a Relation Condition; explanation of suspicion is needed but documentation of condition from medical record is not.

5. This information can be gathered from the individual being referred to NF, someone who knows him/her, or his/her medical records.

PASRR Coordinators have 10 business days to complete Level II assessment. Person is unable to be admitted to NF until a Level II determination has been made.

- The person completing and signing form is responsible to distribute completed copies to hospital record, NF, and person being referred to NF or his/her legal guardian. Signature on form is a confirmation these steps are complete.
- NF should not admit a referral with an incomplete or incorrect Level I form.
- NF should not admit any referral who requires a Level II assessment and has not been given a Level II Determinization from the State of Vermont.
- Name, title, and signature of person completing form, and date is required as it is a legal document.
- DMH will review Level I forms and will return any forms completed incorrectly to sender.

If you have a PASRR related question, please contact DMH for questions related to Mental Health conditions and DDS for questions related to ID or RC conditions.