

STATE OF HAWAII

Department of Human Services

Med-QUEST Division

PREADMISSION SCREENING ANNUAL RESIDENT REVIEW (PAS/RR) LEVEL I SCREEN	PATIENT'S NAME: (Last Name, First, M.I.)	DATE OF BIRTH: (mm/dd/yy)
	SOCIAL SECURITY NUMBER:	MEDICAID I.D. NUMBER:
	REFERRAL SOURCE: (Physician's Name; Nursing Facility; Hospital; Etc.)	

- PART A: SERIOUS MENTAL ILLNESS (SMI):** YES NO
1. Does the individual, currently meet the criteria for **SMI**? Must have a current diagnosis of a Major Mental Disorder, which is: () ()
- a. A **SCHIZOPHRENIC** disorder, **MOOD** disorder, **DELUSIONAL (PARANOID)** disorder, **PANIC OR OTHER SEVERE ANXIETY** disorder, **SOMATOFORM** disorder, **PERSONALITY** disorder, or **PSYCHOTIC** disorder not elsewhere classified that may lead to a chronic disability; **BUT**
- b. **NOT** a primary or secondary diagnosis of **DEMENTIA**, including **ALZHEIMER'S DISEASE OR A RELATED DISORDER**.
2. Has psychoactive drug(s) been prescribed on a regular basis for the individual within the last two (2) years for **SMI**? () ()

- PART B: MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES (MR/DD):** YES NO
1. The individual has a diagnosis of **MR** or has a history indicating the presence of **MR prior** to age 18. () ()
2. The individual has a diagnosis of **DD** or has a history indicating the presence of **DD prior** to age 22. () ()

DETERMINATION:

1. If any of the answers in Parts A or B are **YES**, **COMPLETE PART C (page 2)** of this form.
2. If all of the answers in Parts A or B are **NO**, **SIGN** and **DATE** BELOW:

LEVEL I SCREEN IS NEGATIVE FOR SMI OR MR/DD THE PATIENT MAY BE ADMITTED TO THE NF:	DATE AND TIME COMPLETED:
_____ MD	_____
SIGNATURE OF PHYSICIAN	mm/dd/yy
_____	_____
PRINT NAME OF PHYSICIAN	time

PART C:

YES

NO

- 1. Is this individual being discharged from an acute care hospital and admitted to the NF for recovery from an illness or surgery **not to exceed 120 days** and is not considered a danger to self and/or others? () ()
- 2. Is this individual **certified** by his physician to be terminally ill (**prognosis of a life expectancy of 6 months or less**) and is not considered a danger to self and/or others? () ()
- 3. Is this individual comatose, ventilator dependent, functioning at the brain stem level or diagnosed a shaving a **severe physical illness**, such as, COPD, Parkinson's Disease, Huntington's Chorea, or amyotrophic lateral sclerosis; which result in a level of impairment so severe that the person cannot be expected to benefit from specialized services? () ()
- 4. Does this individual require **provisional admission not to exceed 7 days** for further assessment for emergency situations requiring protective services? () ()
- 4. Does this individual require admission for a **brief stay of 30 days for respite care**? The individual is expected to return to the same caregivers following this brief NF stay. () ()

CHECK ONLY ONE:

[] If any answer to Part C is Yes, **NO REFERRAL for LEVEL II** evaluation and determination is necessary at this time. **NOTE TIME CONSTRAINTS!**

[] If all answers to Part C are No, **REFERRAL for LEVEL II** evaluation and determination **MUST BE MADE.**

SIGN and DATE this form.

	DATE & TIME COMPLETED:
_____ SIGNATURE OF PHYSICIAN	_____ mm/dd/yy
_____ PRINT NAME OF PHYSICIAN	_____ time



1.0 PAS/RR OVERVIEW

The Omnibus Budget Reconciliation Act (OBRA) 1987 (P.L. 100-203) established requirements for Preadmission Screening and Annual Resident Review (PAS/RR), These requirements are:

- Nursing facilities must not admit, on or after January 1, 1989 any new individual who has mental retardation (MR) or a related developmental disability disorder (DD), or a serious mental illness (SMI) unless the state mental health authority or mental retardation authority has determined, prior to admission, that the individual requires the level of services provided by a ND and if so, whether the individual requires specialized services:
- The PAS/RR determinations must follow established criteria developed by the Secretary; and
- All individuals with a diagnosis of SMI or MR/DD, regardless of whether they were initially screened under PAS/RR must be reviewed at least annually or more frequently if there is a change in the individual's condition.

FAILURE TO MEET THE ABOVE REQUIREMENTS IS SUBJECT TO NON-PAYMENT OR RECOVERY OF PAYMENT FOR SERVICES UNTIL COMPLIANCE IS ACHIEVED.

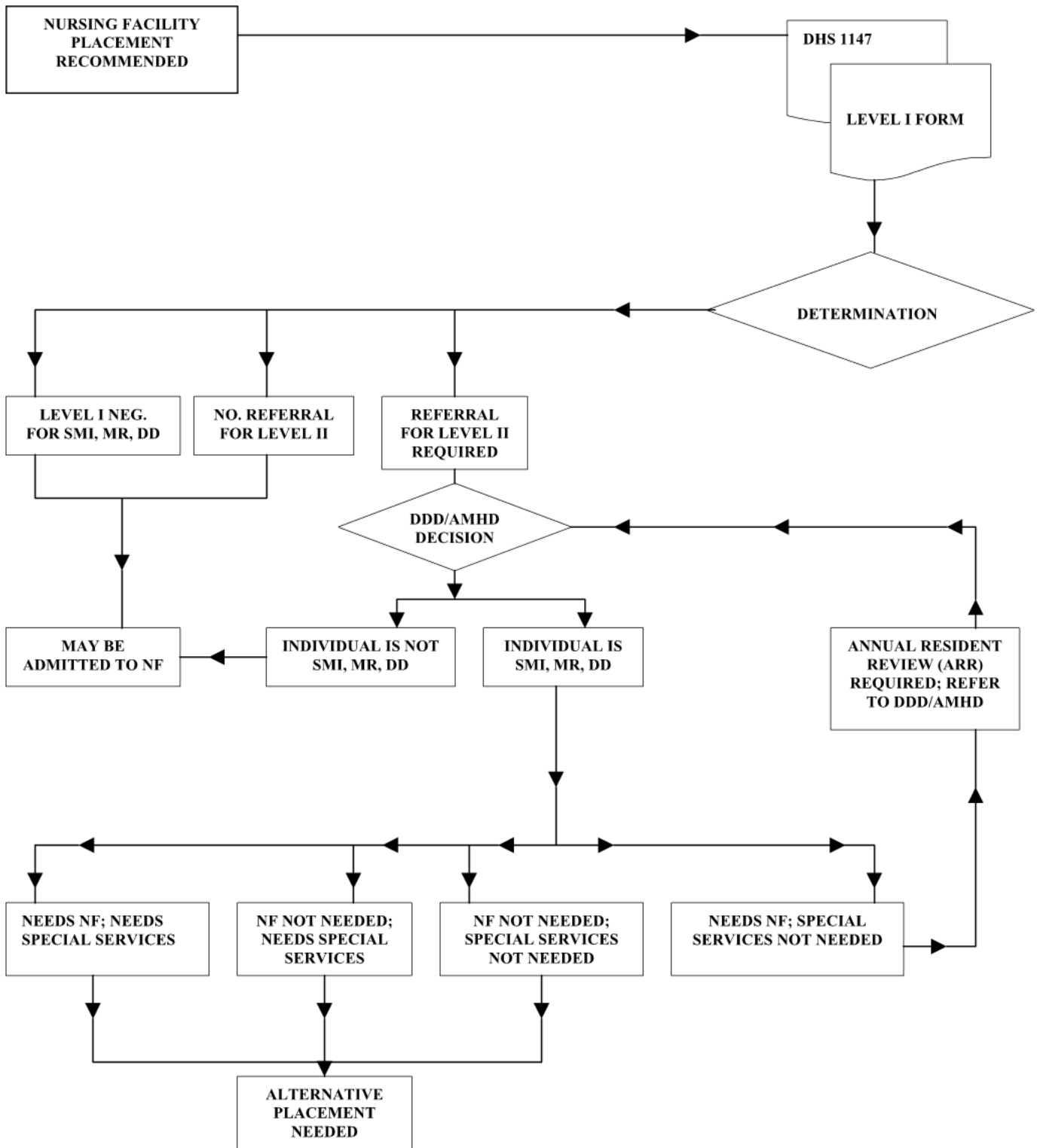
PAS/RR is a requirement for NF Medicaid participation and, therefore, a NF is subject to withdrawal or recovery of Medicaid payment or decertification action for failure to perform PAS/RR for all individuals.

PAS/RR involves three distinct processes:

1. Level I requires the identification of individuals subject to PAS/RR;
2. Level II requires the performance of evaluations and determinations by the Adult Mental Health Division (AMHD) or the Developmental Disabilities Division (DDD); and
3. Annual Resident Review requires all NF resident individuals with a diagnosis of mental illness, mental retardation or a DD related disorder to be referred to the authorities for a determination.



PAS/RR PROCESS



PAS/RR OVERVIEW

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PAS/RR is a requirement for NF Medicaid participation and, therefore, a NF is subject to withdrawal or recovery of Medicaid payment or decertification action for failure to perform PAS/RR for all individuals.

PAS/RR involves three distinct processes:

4. Level I requires the identification of individuals subject to PASARR;
5. Level II requires the performance of evaluations and determinations by the Adult Mental Health Division (AMHD) or the Developmental Disabilities Division (DDD); and
6. Annual Resident Review requires all NF resident individuals with a diagnosis of mental illness, mental retardation or a DD related disorder to be referred to the authorities for a determination.



2.0 DEFINITIONS

DEMENTIA

The individual has a current diagnosis of dementia (including Alzheimer's Disease or a related disorder as defined in the current DSM-III-R. The following other criteria to be applied include:

1. Diagnostic criteria such as global impairments of cognitive functioning, personality changes and disturbances in behavior and affect, and in social and occupational functioning are met; and
2. Collaborative evidence from the history, physical examination, or laboratory tests to support the diagnosis exists. In the absence of such evidence an organic factor can be presumed if the disturbance can not be accounted for by a functional mental disorder.

EXEMPTED HOSPITAL DISCHARGE

An individual admitted to any NF directly from a hospital, requires NF services for the condition for which he or she received care in the hospital and whose attending physician certifies before admission to the NF that less than a thirty (30) day stay is required.

INTERFACILITY TRANSFER

An interfacility transfer occurs when an individual is transferred from one NF to another NF with or without an intervening hospital stay.

MDS/RAI

Refers to the Minimum Data Set/Resident Assessment Instrument.

MENTAL RETARDATION

Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period:

General intellectual functioning is defined as the results obtained by assessment with one or more of the individually administered general intelligence tests developed for the purpose of assessing intellectual functioning;

Significantly subaverage intellectual functioning is defined as approximately IQ 70 or below;

Adaptive behavior is defined as the effectiveness or degree with which individuals meet the standards of personal independence and social responsibility expected for age and cultural group; and

Developmental period as defined as the period of time between birth and the 18th birthday.



NEW ADMISSION

An individual admitted to any NF for the first time and does not qualify as a readmission.

PERSONS WITH RELATED CONDITIONS (DEVELOPMENTAL DISABILITIES)

Persons with related conditions have a severe, chronic disability attributable to a mental or physical impairment or a combination of mental and physical impairments and which:

1. Is manifested before the person reaches age 22 years;
2. Is likely to continue indefinitely;
3. Results in substantial functional limitations in three (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
 - economic self sufficiency
4. Reflects the person's need for a combination and sequence of special interdisciplinary or generic care treatment or other services which are individually planned and coordinated.

PSYCHOACTIVE DRUGS

Refers to drugs that affect the mind and behavior and include the following classes:

- anti-psychotic;
- anti-depressant; and
- anti-anxiety drugs.



NOTE: The use of a psychoactive drug on a regular basis in the absence of a neurological disorder is an indication that Level II screening is necessary. However, evidence of psychoactive drug use alone need not be taken as an indication that further review is needed when there is a medical diagnosis and justification for its use that is not in connection with a mental disorder. For example, the use of Valium as an adjunct in seizure disorders.

READMISSION

An individual readmitted to a NF from a hospital to which he or she was transferred for care.

SERIOUS MENTAL ILLNESS

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

1. **Diagnosis** – The individual has a major mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders (DSM) 3rd Edition, revised in 1987 (See Appendix A). This mental disorder is:
 - a. A schizophrenic, mood, paranoid, panic and other severe anxiety disorder, somatoform disorder, personality disorder, other psychotic disorder or another mental disorder that may lead to a chronic disability; but
 - b. Not a primary diagnosis of dementia, including Alzheimer’s disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder.
2. **Level of impairment** – The disorder results in functional limitations in major life activities within the past 3 to 6 months. Examples of major life activities of daily living include:
 - Eating, bathing, dressing;
 - Instrumental activities of daily living (maintaining a household, using money, using public transportation;
 - Functioning in social, family and vocational/educational contexts; and
 - Coping skills and stress tolerance.

Adults who would have met functional impairment criteria during the reference year without treatment or other support services are considered to have serious mental illness.

3. **Recent treatment** – Treatment history indicates that the individual has experienced at least one of the following:



- a. Psychiatric treatment more intensive than outpatient care more than once in the past two (2) years (e.g., partial hospitalization or inpatient hospitalization); or
- b. Within the past two (2) years, due to the mental disorder, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home or in an individual treatment environment, or which resulted in intervention by housing or law enforcement officials.

SPECIALIZED SERVICES FOR MENTAL RETARDATION

Services specified by the State combined with services provided by the NF which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that is directed toward:

1. The acquisition of the behaviors necessary for the individual to function with as much self-determination and independence as possible; and
2. The prevention or deceleration of regression or loss of current optimal functional status.

Specialized services do not include services to maintain generally independent individuals who are able to function with little supervision or in the absence of a continuous program.

SPECIALIZED SERVICES FOR SMI

1. For individuals with SMI it is the continuous and aggressive implementation of an individualized plan of care that:
 - a. Is developed under and supervised by a physician in conjunction with an interdisciplinary team of qualified mental health professionals;
 - b. Prescribes specific therapies and activities for the treatment of individuals experiencing an acute episode of severe mental illness, which necessitates twenty-four (24) hour supervision by trained mental health personnel in an institution; and
 - c. Is directed toward diagnosing and reducing the individual's psychotic symptoms that necessitated institutionalization, improving his/her level of independent functioning and achieving a functioning level that permits reduction in the intensity of mental health services below the level of specialized services at the earliest possible time.
2. For individuals with MR/DD it is a continuous treatment program which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that is directed toward:
 - a. The acquisition of the behaviors necessary for the individual to function with as much self-determination and independence as possible;



- b. The prevention or deceleration of regression or loss of current optimal functional status; and
- c. Does not include services to maintain generally independent individuals who are able to function with little supervision or in the absence of a continuous specialized services program.



3.0 LEVEL I – PAS/RR

The Level I process is a set of activities designed to determine individuals who are subject to PAS/RR. The process involves the identification of persons suspected of having SMI (serious mental illness) or MR/DD (mental retardation/developmental disability) which would require further screening.

REQUIREMENT

All individuals (regardless of payment source and known diagnoses) who apply as a new admission to a Medicaid certified NF after January 1, 1989 shall have a “Preadmission Screening Annual Resident Review (PAS/RR) Level I Screen for SMI or MR/DD” form completed.

EXCEPTIONS

1. Acute care patients who are admitted to a NF directly from the hospital for continuing care for their acute care condition and the attending physician certifies prior to admission that they will require less than thirty (30) days of care in the NF;
2. Individuals readmitted to NF from a hospital to which he or she was transferred for care; and
3. Individuals transferred from one NF to another NF with or without an intervening hospital stay. **The transferring facility is responsible for ensuring that PASARR and a copy of the most recent RAI reports accompany the transferring resident.**

PROCESS AND PROCEDURES

PROCESS	PROCEDURES	RESPONSIBLE AGENCY
3.1 Apply for NF Admission.	When the attending physician determines that the individual requires admission to a NF, DHS Form 1147 is required for individuals with Medicaid as primary payor. See Appendix C, “Criteria for Approval of NF Services.”	Attending physician
3.2 Screen individuals to identify who is subject to PAS/RR.	The form, <u>Preadmission Screening Annual Resident Review (PAS/RR) Level I Screen</u> , must be completed for all NF applications for admission. However, a Level I form need not be completed for the three-(3) exceptions noted above. Instructions on completion of the form may be found in Appendix B. Review the Level I screening form to assure completeness, accuracy, and consistency with available reports and assessments and the established definitions and criteria are met. Incomplete or inaccurate Level I documents should be returned to the originator for completion, correction or clarification.	Attending MD, social services or discharge planner or facility designee



PROCESS	PROCEDURES	RESPONSIBLE AGENCY
3.3 Admit to NF.	<p>A check mark on Level I form that indicates the Level I screening was negative for MI/MR means the individual may be admitted to a NF.</p> <p>A check mark on the Level I form that indicates a Level II screening is not needed at this time also means the individual may be admitted to a NF. The exceptions from referral for Level II are listed in the section Level II PAS/RR.</p> <p>When the individual is admitted to a NF (new admissions only), a copy of the Level I document must be submitted with the census report.</p> <p>The original Level I document must be retained in the individual record.</p>	<p>Admitting NF</p> <p>Admitting NF</p> <p>Admitting NF</p> <p>Admitting NF</p>
3.4 PAS/RR Level II needed	<p>A check mark on the Level I form that indicates Level II screening is required shall be referred to the appropriate authority.</p> <p>For persons with a dual diagnosis (MR and SMI) referrals to both authorities must be made concurrently.</p> <p>Provide written notice to the individual and his legal representative that the individual is suspected of having SMI/MR/DD and is being referred to AMHD or DDD or both.</p>	<p>Requesting agency, social services or discharge planner in acute hospital</p> <p>Same as above</p>



3.0 LEVEL II – PAS/RR

PURPOSE

The Level II process involves two (2) distinct activities. The first process involves the performance of necessary evaluation(s) and the second process requires a determination of need for NF placement and specialized services.

REQUIREMENTS

All individuals (regardless of payment source) suspected as having MR/DD on the Level I screening form shall be referred to the Department of Health/Developmental Disabilities Division (DOH/DDD) for diagnostic evaluation and determination of need for NF services and Specialized services.

All individuals (regardless of payment source) suspected as having SMI shall be referred to the Department of Health/Adult Mental Health Division (DOH/AMHD) for the determination of need for NF services and Specialized services.

EXCEPTIONS

The following SMI or MR/DD individual, who is not a danger to self or others and requires NF level of services; but, does not require specialized services need not be referred for LEVEL II evaluation and determination:

1. An individual who requires **convalescent care** from an acute physical illness that required hospitalization and does not meet all the criteria for an exempt hospital discharge may be admitted to a NF for a period not to exceed one-hundred and twenty (120) days as part of a medically prescribed period of recovery from an acute physical illness;
2. An individual who is certified by a physician to be **terminally ill** with a medical prognosis for life expectancy of six (6) months or less;
3. An individual who has a severe physical illness such as **coma, ventilator dependence**, functioning at a brain stem level, or diagnoses such as **chronic obstructive pulmonary disease, Parkinson's Disease, Huntington's Disease, amyotrophic lateral sclerosis and congestive heart failure** which result in a level of impairment so severe that the individual could not be expected to benefit from specialized services;
4. **Provisional admissions** pending further assessment in cases of delirium where an accurate diagnosis cannot be made until the delirium clears;
5. **Provisional admissions not to exceed seven (7) days** for further assessment for emergency situations requiring protective services; and
6. Individuals admitted for very brief stays up to thirty (30) days to provide **respite** to caregivers to whom the individual is expected to return following the NF stay.



PROCESS AND PROCEDURES

PROCESS	PROCEDURES	RESPONSIBLE AGENCY
4.1 Refer for Level II	<p>Refer individuals that meet the definitions and criteria of MR/DD to:</p> <p>Case Management and Information Services Branch Developmental Disabilities Division Department of Health 3627 Kilauea Avenue, Room 104 Honolulu, Hawaii 96816 Sharon Tanaka Phone: (808) 733-9175</p> <p>Refer individuals that meet the definitions and criteria for SMI to:</p> <p>Adult Mental Health Division Department of Health 1250 Punchbowl Street, Room 256 Honolulu, Hawaii 96813 Dr. Howard Gudeman Phone: (808) 586-4677</p>	<p>Referring agency, hospital, attending physician</p> <p>Same as above</p>
4.1 Continue.	<p>Utilize the process and procedures established by AMHD and/or DDD to make the referral.</p> <p>To assure Medicaid reimbursement for psychiatric evaluations for PAS/RR, instruct the psychiatrist performing the evaluation to use the CPT code 90801 with the modifier code X9 when submitting a medicaid claim.</p> <p>When all efforts to arrange for a psychiatric evaluation have been exhausted, call:</p> <p>Compliance Section Medical Standards Branch Med-QUEST Division Department of Human Services Phone: (808) 692-8117</p>	<p>Same as above</p> <p>Same as above</p> <p>Same as above</p>



PROCESS	PROCEDURES	RESPONSIBLE AGENCY
4.2 Determination.	DOH/AMHD and DOH /DDD must make the following written determinations (using forms described in the policy and procedures of DDD and AMHD): <ul style="list-style-type: none"> - the individual is or is not SMI/MR/DD; - the individual requires or does not require specialized services; and <p>NF placement is or is not appropriate. See Appendix C “Criteria for Approval of NF services.”</p>	AMHD/DDD
4.2 Continue.	The written notice shall be sent to the following individuals: <ul style="list-style-type: none"> - the evaluated individual and his or her legal representative; - the admitting NF or retaining NF; - the attending physician; and - the discharging hospital. <p>The notice shall include:</p> <ul style="list-style-type: none"> - whether NF level of services is needed; - whether specialized services are needed; - the placement options that are available consistent with the determination ; and - the right of the individual to appeal the determination. <p>PASARR determinations made by DOH/AMHD and DOH/DDD cannot be counter-manded.</p>	<p>Same as above</p> <p>Same as above</p>



