

Preadmission Screening and Resident Review (PASRR) screens for known or suspected conditions of serious mental illness (SMI), intellectual disability (ID), and/or related conditions (RC, commonly referred to as developmental disabilities [DD]). All persons going into a Medicaid-certified nursing facility, regardless of diagnosis, location, or pay source, will require the completion of a Level I screen.

If the person is identified through the screening as having a known or suspected PASRR condition, they will participate in a Level II assessment. This assessment will evaluate for the least restrictive environment for the person to receive needed services and identify services that the nursing facility must incorporate into the person's plan of care, as appropriate.

The following determinations are potential outcomes related to PASRR Level I screens and Level II assessments. In addition to descriptions of the outcomes, we have also included guidance on how you would fill out section A1500 of the MDS regarding the question "Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition?"

## Level I Outcomes

| Outcome  | Explanation   | Screen Type                  | MDS A1500 |
|--|---|------------------------------|-----------|
| <b>Cancelled</b>   | Screen no longer required because person is not going to NF   | Preadmission, NF Applicant   | N/A       |
| <b>Expired Due to Lack of Documentation</b>  | Pending screen expired because supporting/required documentation not provided. Resubmit with documentation if need continues  | Resident Review, NF Resident | N/A       |
| <b>No Level II Required: No SMI/ID/RC</b>  | The diagnosis of ID/DD or MI is not substantiated   | Resident Review, NF Resident | No        |
| <b>No Level II Required: Situational Symptoms</b>                                    | There is a diagnosis of situational depression that is of short duration and in direct relation to an occurrence in an individual's life and does not appear that will lead to chronic disability | Resident Review, NF Resident | No        |
| <b>No Level II Required: Psychotropic Medications with No SMI</b>                    | There is the use of psychotropic medications in the absence of a major mental illness diagnosis   | Resident Review, NF Resident | No        |
| <b>Neurocognitive Disorder/MI Exclusion</b>  | A primary diagnosis of dementia, including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia without a primary diagnosis that is a serious mental illness         | Resident Review, NF Resident | No        |
| <b>Level I Positive: No Status Change</b>  | Has an identified PASRR condition but the documentation indicates the person's situation has not changed to the point where new services and supports would be identified                         | Resident Review, NF Resident | Yes       |
| <b>Refer for Level II-SMI<br/>Refer for Level II-IDD<br/>Refer for Level II-Dual</b> | Has a known or suspected PASRR condition and requires a Level II assessment   | Resident Review, Resident    | Yes       |

Level II Determinations

| Outcome   | Explanation  | MDS 1500 |
|---|--|----------|
| <b>Level II-Excluded from PASRR - No PASRR Condition</b>                        | No PARR condition was identified through the Level II process. If additional evidence of an MI/ID/RC is evident, resubmit the Level I as a status change request.  | No       |
| <b>Level II-Excluded from PASRR - Primary Neurocognitive Disorder</b>           | A MI was identified but the person's NCD is primary, and the person will no longer benefit from services and supports for treatment of their mental illness.   | No       |
| <b>Level II Approved: No SS: Time Limited Stay<br/>Level II Approved: No SS</b> | The person has a PASRR condition, is appropriate for NF and does not require specialized services.<br><br>If time-limited, identify the end date and resubmit with supporting documentation if the person will need to remain in the NF longer.  | Yes      |
| <b>Level II Approved: No SS: Dakota at Home Referral: Time-Limited Stay</b>     | The person has a PASRR condition, NF is appropriate but does have a time limit, and a Dakota at Home referral is being recommended, because the person IS interested in community options or minimally meets NF LOC. Specialized mental health services are not recommended, based on the person's mental health needs.<br><br>If time-limited, identify the end date and resubmit with supporting documentation if the person will need to remain in the NF longer. | Yes      |
| <b>Level II Approved: No SS: Dakota at Home Referral</b>                        | The person has a PASRR condition, NF is appropriate with no time limit, and a Dakota at Home referral is being recommended, because the person IS interested in community options or minimally meets NF LOC. Specialized mental health services are not recommended, based on the person's mental health needs.  | Yes      |
| <b>Level II Approved: SS: Time-Limited Stay<br/>Level II Approved: SS</b>       | The person has a PASRR condition, is appropriate for NF and requires specialized services.<br><br>If time-limited, identify the end date and resubmit with supporting documentation if the person will need to remain in the NF longer.  | Yes      |
| <b>Level II Approved: SS: Dakota at Home Referral: Time-Limited Stay</b>        | The person has a PASRR condition, NF is appropriate but does have a time limit, and a Dakota at Home referral is being recommended, because the person IS interested in community options or minimally meets NF LOC. Specialized mental health services are not recommended, based on the person's mental health needs.<br><br>If time-limited, identify the end date and resubmit with supporting documentation if the person will need to remain in the NF longer. | Yes      |
| <b>Level II Approved: SS: Dakota at Home Referral</b>                           | The person has a PASRR condition, NF is appropriate with no time limit, and a Dakota at Home referral is being recommended, because the person IS interested in community options or minimally meets NF LOC. Specialized mental health services ARE recommended, based on the person's mental health needs.  | Yes      |
| <b>Level II Denied: NF Appropriateness</b>                                      | The person has an identified mental illness but not a documented need for NF level of care.  | N/A      |
| <b>Level II Denied: Requires Inpatient Psychiatric Services</b>                 | The person requires inpatient psychiatric hospitalization before they can safely admit to a NF.  | N/A      |

## Categoricals & Exemption

For a person to be eligible for these determinations to the submitted Level I screen, they must have a known or suspected PASRR condition (serious mental illness, intellectual disability, or related condition). Although this is considered Level II activity, a full Level II assessment will not occur at the time of one of these determinations. Instead, an abbreviated Level II will be completed, and you will receive this form with the notification of the outcome. Note that some are time-limited and a new Level I will need to be submitted if the person will need to remain in the NF beyond the time-limited stay. Additionally, the person must be considered psychiatrically stable and not present a risk to themselves or others.

In addition to descriptions of the categorical outcomes, we have also included guidance on how you would fill out section A1500 of the MDS regarding the question “Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition?”

| Outcome                                    | Explanation  | MDS 1500 |
|--|--|----------|
| <b>Terminal Illness Categorical</b>        | Terminal illness diagnosis, determined by a physician or hospice involvement, that includes a life expectancy of 6 months or less<br><br>Requires documentation supporting end-of-life stage: <ul style="list-style-type: none"> <li>• Hospice involvement <b>or</b></li> <li>• Physician note</li> </ul>  | Yes      |
| <b>Severe Physical Illness Categorical</b> | Severe physical illness which has resulted in a coma or ventilator dependence (ex: functioning at a brain stem level, or a diagnosis such as end-stage COPD, Parkinson’s disease, Huntington’s, amyotrophic lateral sclerosis (ALS), which results in a level of impairment so severe that a person cannot be expected to benefit from active treatment.<br><br>Requires valid and reliable documentation (H&P, physician progress note) of severe physical illness<br><br>SD HAS a nursing facility that can provide ventilator dependence.<br>Question to consider: Does it look like they cannot benefit from services? | Yes      |
| <b>75 or Older Categorical</b>             | The age of the individual is 75 or older.  | Yes      |
| <b>Convalescent Categorical</b>            | The physician has identified the need for NF or SB stay following hospitalization which will be less than 100 days.<br><br>Requires physician order  | Yes      |
| <b>Respite Categorical</b>                 | Physician order for a respite stay of 30 days or less.<br><br>Requires physician order. Can be in a medical progress note.   | Yes      |
| <b>Exempted Hospital Discharge</b>         | Discharging to a nursing facility or swing bed from a hospital after receiving acute inpatient hospital care and requires nursing facility services for the condition for which he/she received care in the hospital and as the physician, they certify no later than the date of discharge, that the individual requires less   | Yes      |

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|--|---|--|
|  | <p>than 30 days of nursing facility or swing bed services.</p> <p>Requires EHD form</p> <p>SD PASRR manual updates indicate that we will receive these, but the submitter does not need to wait for notification of approval from us to discharge their individual.</p> |  |
|--|---|--|

| SD PASRR ID Waivers = ID                          |                    |
|---|--------------------|
| Onset Required Before or Suspected Before Age 22* |                    |
| <b>CHOICES Waiver</b>                             | Family Support 360 |

| SD PASRR: Required Documentation  |   |
|---|---|
| <i>Preadmission Screening</i>   | <i>Resident Review</i>  |
| <b>Level I Screening Form</b>   | Copy of original Level I screen and new screen  |
| <b>Demographic Face Sheet</b>   | Demographic Face Sheet  |
| <b>History and Physical or physician note within the past 30 days</b>                       | History and Physical or physician note within the past 30 days                            |
| <b>Current medication list</b>  | Current medication list   |
| <b>*Orders required for certain categorical decisions. Check your Level I Outcome sheet</b> | Copy of order for new diagnosis, medication, or for other identified status change reason |