



Preadmission Screening & Resident Review (PASRR)  
for  
Mental Illness  
Intellectual Disability & Related Condition

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**Training Goals**

- OBRA 87- A Historical Overview
- Discuss Federal PASRR Requirements
- Explain Medicaid Nursing Home Requirements
- Explain the Function of the State's Level I Screening Tool
- Expound on PASRR Program Needs & Items that Require Physician Documentation
- How to Facilitate the Hospital Discharge and Nursing Home Admission Process

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**OBRA PASRR**



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## HISTORICAL REFERENCES



- Deinstitutionalization in the 1950's through the 1990s
- Approximately half a million persons w/ MI were discharged from state run psychiatric hospitals
- Limited community mental health resources
- Nursing Homes became a placement option
- Persons with MI in some NHs increased by more than 100%
- Nationwide reports of inadequate care, abuse & neglect
- Abuse of chemical and physical restraints

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## OBRA PASRR

The Preadmission Screening and Resident Review Program was mandated under the 1987 Nursing Home Reform Act. PASRR is a **Federal and a State Requirement.**



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## PASRR Regulations and Nursing Home Requirements

- **APPROPRIATE PLACEMENT**
- The identification of possible Mental Illness, Intellectual Disability and Related Condition for **ALL** persons seeking admission into a Medicaid Certified Nursing Home
- Pre-Admission Screening must be performed **PRIOR TO ADMISSION** regardless of payee source
- Nursing facilities must **continuously monitor** for PASRR Significant Changes
- Medical Level of Care Criteria
- Level II Evaluation and Mental Health Recommendations
- Total Care Needs

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**State of Alabama Department of Mental Health** LTC-14  
**Level I Screening for Mental Illness (MI) Intellectual Disability (ID) & Related Condition (RC)**  
 Use for Medicaid Certified Nursing Home (Only)

Name: Joe Citizen \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of current residence at time of Level I submission Street address City, State, Zip County \_\_\_\_\_

Check Type of Residence:  NF  Hospital  Home  Assisted Living Facility  Group Home  
 Other \_\_\_\_\_

Legal Guardian, if Applicable: \_\_\_\_\_ Address: \_\_\_\_\_

Note: Under OBRA '87, any individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$ 5,000 with respect to each assessment.

Referral Source and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

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1. Does the individual have a suspected diagnosis or history of an **Intellectual Disability** or a Related Condition?  
 Yes  No

1a. Specify:  
 ID:  Intellectual Disability  
 Did the ID develop before age 18?  
 Unknown  Yes  No  N/A

RC:  Autism  
 Did the Autism develop before age 22?  
 Unknown  Yes  No  N/A

Cerebral Palsy  
 Did the Cerebral Palsy develop before age 22?  
 Unknown  Yes  No  N/A

Epilepsy/Seizure Disorder  
 Did the Epilepsy/Seizure Disorder develop before age 22?  
 Unknown  Yes  No  N/A

Other Related Condition:  
 Did the Other RC develop before age 22?  
 Unknown  Yes  No  N/A

2. Does the individual have a current, suspected or history of a Major Mental Illness as defined by the Diagnostic & Statistical Manual of Mental Disorders (DSM) current edition? Choose "No"  
 (a) Are the person's symptoms situational/transient/adjustment disorder?  
 (e.g. depression related recent loss of home, depression related to divorce, anxiety related recent medical diagnosis & upcoming surgical procedure these conditions must be documented in the medical records by a physician)  Yes  No

**OR**

(b) Are the person's symptoms directly related to a medical condition.  
 (e.g. depression caused by hyperthyroidism, depression caused by stroke or Parkinson's or anxiety due to COPD, these conditions must be documented in the medical records by a physician)  Yes  No

2a. If yes, check the appropriate disorder below:  
 Schizophrenia  Schizoaffective Disorder  Psychotic Disorder NOS  
 Major Depression  Depressive Disorder NOS  Bipolar Disorder  
 Bipolar Disorder  Generalized Anxiety Disorder  Panic Disorder  
 PTSD  OCD  Somatoform Disorder  Conversion Disorder  
 Personality Disorder  Unspecified Mental Disorder  
 Other Mental Disorder in the DSM (no above option) Mild Depression, Depression, Paranoid Explosive DO

(Reminder: If the diagnoses are adjustment disorders/situational OR directly related to a medical condition, you must ensure that this information is documented in the person's medical records by the physician.)

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**Psychotropic Medications & Dementia**

3. Has the individual been prescribed any anti-depressant, anti-psychotic, and/or anti-anxiety medications?  Yes  No

4. Is there a diagnosis of Dementia/Alzheimer's/Major Neurocognitive Disorder?  
 Yes  No (Note: If yes is checked, Dementia must be documented in the medical records by a physician.)

4a. If yes, complete the MSE. (If unable to test due to Dementia, enter "0" as a valid MSE score; if unable to test due to any other condition, check unable to test, and leave MSE score blank)  
 Provide MSE Score: \_\_\_\_\_ Check if unable to test:

4b. If #4 is yes, check level of consciousness:  Alert  Drowsy  Stupor  
 Coma  N/A

4c. If #2 & #4 are yes, which diagnosis is primary?  Dementia  Mental Illness  
 (The primary diagnosis must be documented in the medical records by a physician.)

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5. Does the individual's current behavior or recent history within 1 year indicate that they are a danger to self or others? (Suicidal, self-injurious or combative)  Yes  No

5a. If yes, explain:

6. Submission of this Level I is due to one of the following:

New Nursing Facility Admission

(For current NH residents, select one of the below Significant Changes):

Mental Health Diagnosis Change (i.e. New MH diagnosis)

Mental Illness Decline

Behavioral Changes

Medical Decline (ONLY if it impacts the MI/ID/RC)

Short Term to Long Term Stay (only for MI/ID/RC Categorical Convalescent Care Residents)

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7. Select Long Term Care or the applicable Short Term Care Option:

Long Term Care

Short Term Care with the intent to return to the community after:

Convalescent Care Applicable for patients with or without MI/ID/RC diagnoses

For MI/ID/RC patients (1) you must have PT and/or OT orders as prescribed by a physician for 5x a week for 120 days or less (2) is not a danger to self or others and (3) must be currently in the hospital w/ a direct admission into the NH.

Respite for no more than 7 days & is not a danger to self or others (Respite is not reimbursed by Medicaid under the NH Program)

NH admission for an emergency situation requiring protective services by DHR, person can not be a danger to self or others, if admission will exceed 7 days, the OBRA office must be contacted immediately to prevent non-compliance (Not applicable if currently in a hospital or other protective environment)

Other Short Term Stay (If applicable, persons with MI/ID/RC must have the Level II completed prior to admission)

IV Therapy  Wound Care  Diabetes Care  Home (in community)

Convalescent Care

Other (please specify)

list "continued OT/PT" for persons currently in NH

8. Is this individual terminally ill (documentation of life expectancy of six months or less) can not be a danger to self or others OR Chronic Illness, comatose, ventilator dependent, functioning at brain stem level or diagnosed as having Cerebella Degeneration, Advanced ALS, or Huntington's Disease as certified by an MD?  Yes  No

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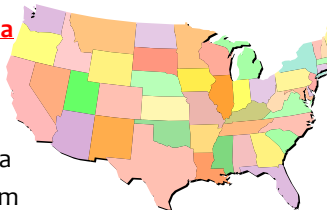
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### Out of State Referrals require:

- A completed **Alabama Level I Screening Form**



- A completed Alabama Level I Screening Form submitted to the OBRA PASRR Office for review **prior to admission**

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## Common Questions

1. Who can complete the Level I Screening Form?
2. How long does the process take?
3. Can persons with mental illnesses enter a MCF?
4. Is this PASRR process a recommendation or a Federal requirement?
5. My loved one will be a private pay resident, must they still comply with Federal PASRR requirements?
6. What happens if a nursing home allows admission without the completion of a pre-admission screening/Level I Form?
7. Why is the PASRR process needed/why is it important?

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Daily PASRR Technical Assistance  
(1-800-548-2188)

OBRA PASRR Website:  
[www.mh.alabama.gov/pasrr](http://www.mh.alabama.gov/pasrr)

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If you have any additional questions

Please contact our office at **(1-800)548-2188**.

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## Tips To Facilitate the Level II Evaluation Process

Medicaid LOC Criteria **Be Specific** (Why & What type of Care is Needed)

- Can not take care of themselves (Why)
- Needs help w/ ADLs (Which ones?)
- Needs help taking their medicine (Why)
- Hypertension (What is treatment/support is needed?)
- Diabetes (What treatment/support is needed?)
- Need help going to the restroom (Why and how?)
- Psychosis (What is it related to medical or psychiatric condition?)

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