

Instructions for Completing the PASRR Level I Screen

Purpose of PASRR:

The Preadmission Screening and Resident Review (PASRR) is a federal requirement to help ensure that individuals with mental illness and/ or intellectual or developmental disabilities (PASRR related conditions) are not inappropriately placed in nursing facilities. It seeks to answer two questions:

- (1) Does an individual with a PASRR related condition need nursing facility care? And, if so,
- (2) Does the individual need specialized services while in the nursing facility?

Individuals identified by the Level I Authority, Office of Aging and Adult Services (OAAS), as suspected of having a mental illness and/ or intellectual/developmental disability are referred for a Level II determination. Level II determinations are conducted by the Level II Authorities: Office of Behavioral Health (OBH) and/or the Office for Citizens with Developmental Disabilities (OCDD).

In General

The form is available for download from the Office of Aging and Adult Services website. It can be either: (1) completed as a fillable PDF and printed; or (2) printed and completed by hand. Whichever method is used, it must be submitted to OAAS through RightFax. The RightFax numbers are on the first page of the form.

If you are completing the form by hand, please print clearly. ***Illegible or incomplete applications will be rejected.***

Sections I: Referral Source Information

All items in Section I must be completed. Individuals with the credentials listed below may complete the Level I Screen (process and document) unless a hospital exemption or a categorical determination is requested. These individuals are considered to have the capacity to complete a clinical interview.

- Advanced Practice Registered Nurse (APRN)
- Licensed Addiction Counselor (LAC)
- Licensed Clinical Social Worker (LCSW)
- Licensed Masters Social Worker (LMSW)
- Licensed Professional Counselor (LPC)
- Licensed Psychologist (PhD)
- Medical Psychologist (PhD)
- Nurse Practitioner (NP)
- Physician (MD)

- Physician Assistant (PA)
- Registered Nurse (RN)
- Registered Social Worker (RSW)

When a hospital exemption or a categorical determination is requested, the signature of the attending physician is required.

Section II: Applicant information

- The applicant's full name, social security number and date of birth are required.
- Only the town and state of the applicant's residence is required.
- The street name and number are not required.
- Please complete the remaining fields (Medicaid number, anticipated payment source, and legal representative) if the information is available to you.
- Please only include information for legal representatives of the following types: health care power of attorney, curators, tutors or guardians. Do not include individuals informally authorized to act on the applicant's behalf.

Section III: Questions relating to mental illness (MI)

Please complete this Section as indicated. While questions may be pre-filled based on a record review, the preparer must confirm their accuracy through interviews with the applicant or individuals involved in their care. This section must be completed for all applicants even if a mental illness is not known or suspected.

Section IV: Questions relating to intellectual disability (ID), developmental disability (DD) and related conditions (RC)

Please complete this Section as indicated. While questions may be pre-filled based on a record review, the preparer must confirm their accuracy through interviews with the applicant or individuals involved in their care. This section must be completed for all applicants even if an intellectual or developmental disability or related condition is not known or suspected.

Research Questions:

These questions address substance use and homelessness. They are intended to help us understand more about the service needs of individuals, but do not by themselves indicate a need for a Level II evaluation. With respect to homelessness, do not include situations where an individual may have voluntarily moved in with a friend or relative for the purposes of receiving caregiving assistance or supervision.

Section V: Hospital exemptions and categorical determinations

This section should be completed for applicants for whom MI/ID/DD/ RC are known or suspected, but who might qualify for consideration for a hospital exemption or a categorical determination. This section may be omitted or marked “Not Applicable” at the top of the section if the applicant:

- Is not suspected or known to have MI/DD/ID/RC; or
- Does not meet criteria for a hospital exemption or a categorical determination.

Requests for a hospital exemption are appropriate for individuals who:

- Are being directly admitted to a nursing facility after receiving acute inpatient care in a hospital;
- Need treatment for the acute condition for which they were hospitalized; **AND**
- Will need no more than **30 days** of nursing facility care for the same condition for which they were admitted.

If it happens that the individual needs more than the 30 days of nursing facility care, the nursing facility is required to request an extension 10 calendar days before the expiration date of the 142. A Level II evaluation will be conducted at that time if the individual continues to need nursing home level of care. The extension request should be submitted to the NFA Unit on the Continued Stay Request Form. The Form is located on the OAAS website.

Individuals who meet criteria for categorical determinations may, at the discretion of the Level II Authority, be admitted to a nursing facility without a **full** Level II evaluation. The burden is on the referral source to provide sufficient information for the Level II Authority to determine if the individual meets the categorical criteria.

The categories are:

- Dementia. This category is for individuals for whom a mental illness is known or suspected and the dementia has progressed to such a degree that they cannot benefit from specialized services.
- Delirium
- Respite care
- Terminal illness
- Severe physical illness
- Convalescent care

Supporting documentation is specified for hospital exemption and progressed dementia. Level I screens without this documentation will be returned as incomplete. Supporting documentation for the other categorical determinations is not specified, but should be sufficient to allow the Level II authority to make a more expedient determination.

In accordance with federal requirements, the signature of the attending physician is required when seeking a hospital exemption or categorical determination. The

signature must be that of an MD. Signatures of physician assistants (PAs) or nurse practitioner's (NPs) are not sufficient.

Submitting the form:

Fax the completed form to the Office of Aging and Adult Services to 225-389-8198 or 225-389-8197. Referral sources WILL NOT RECEIVE a CONFIRMATION that the RightFax has been received.

Please remember that Louisiana law allows for two working days for a response. If you are concerned that you have not yet received a response, **please do not resubmit the form**. Instead, call the OAAS Nursing Facility Admissions desk (337-262-1664) to confirm receipt.

Resources for conducting clinical interviews:

- <http://www.sprc.org/sites/default/files/PrimerModule4.pdf>
<http://cebmh.warne.ox.ac.uk/csr/clinicalguide/docs/Assessment-of-suicide-risk--clinical-guide.pdf>
- <https://www.drugabuse.gov/sites/default/files/sensitive-topics-lecture.pdf>
- <http://www.confidenceconnected.com/blog/2014/11/19/asking-three-questions-can-identify-suicide-risk/>
- <https://www.qprinstitute.com/research-theory>