

PASRR

July 2023



DISCLAIMER

SoonerCare policy is subject to change. The information included in this presentation is current as of July 2023. The most current information can be found on the OHCA public website at www.oklahoma.gov/ohca.

PURPOSE

To assure that residents living in nursing facilities with mental illness, an intellectual disability or related condition are in the appropriate level of care and receiving the services to meet their needs.

PASRR PROCESS

- Does the client have or suspected to have a major mental illness, ID (Intellectually Disability) or related condition?
- Do they need NF level of care?
- Do they require specialized services?



SPECIALIZED SERVICES DEFINED ID/RC CLIENTS

Specialized services are those services that emphasize a collaborative effort between DDS and nursing facilities to provide an individual treatment plan designed to enhance an individual's independence, quality of life and/or decrease regression.

SPECIALIZED SERVICES MI CLIENTS

- Inpatient psychiatric stay
- Less than specialized services are services such as outpatient counseling



SPECIALIZED SERVICES ID (INTELLECTUALLY DISABLED) CLIENTS

- Adaptive equipment such as wheelchairs or lifts.
- Active treatment such as outings, workshops and physical activities.
- Therapies such as occupational, physical and vocational services



LEVEL I SCREENING

- The LTC-300R form must be submitted electronically by nursing facilities for all NF applicants.
- Please see full details of Level 1 Screening at OHCA policy 317:35-19-2
- It must be completed on all NF applicants regardless of pay source or level of care; skilled or long-term care.

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY
NURSING FACILITY LEVEL OF CARE ASSESSMENT

ADMISSION DATE						DISCHARGE						DECEASED Date							
A. IDENTIFYING INFORMATION												OHCA USE ONLY							
Client Name (Last, First, MI)				Social Security Number				Date of Birth		RACE		Hispanic Y N		Gender M F		Coverage		Level II Required: Yes No	
Facility Name				Address				City				State		Zip		Level II Completed Date			
FACILITY PROVIDER NUMBER				DHS Case Number				RID NUMBER				New Admit/Inter-facility Transfer/Name of Transferring Facility						Reviewer Initials/Date	
COUNTY		PRIOR LIVING ARRANGEMENT: ICF/MR Asst. Living Relative's Home Res. Care				Own Home Hospital NF (ICF)		Mental Hospital (MD) SNF Other Group Home		DHS USE ONLY <input type="checkbox"/> I agree <input type="checkbox"/> I disagree with NF assessment (See attached). Nurse Signature:									

B. CLIENT ASSESSMENT															
ADLs				Independent		Needs Help		Total Assistance		No Impairment		Impairment		Total Loss	
1 DRESSING/GROOMING												<input type="checkbox"/>			
2 BATHING															
3 EATING															
4 TRANSFERRING				<input type="checkbox"/>						No		Moderate		Excessive	
5 MOBILITY				<input type="checkbox"/>											
6 BOWEL/BLADDER FUNCTION				<input type="checkbox"/>											
IADLs				Independent		Needs Help		Total Assistance							
7 ANSWERS/CALLS ON TELEPHONE															
8 SHOPPING/ERRANDS															
9 ARRANGES TRANSPORTATION															
10 PREPARES MEALS															
11 LAUNDRY															
12 HOUSEKEEPING/CLEANLINESS															
13 MANAGES MONEY															
14 MANAGES MEDICATION															
15 DIET				NUTRITION		Regular Modified Therapeutic Formula Only									
16 COMMUNICATION				Understandable		Non-Verbal		Doesn't Communicate							
17 HEALTH OR SAFETY ISSUES				No Problem		Some Problems		Substantial Problems							
18 CONSUMER SUPPORT															
19 SOCIAL RESOURCES															
20 HEALTH ASSESSMENT				Low Risk		Mod. Risk		High Risk							
21 SPEECH															
22 HEARING															
23 VISION															
24 HEART DISEASE															
25 HYPERTENSION/STROKE															
26 EMPHYSEMA/COPD															
27 DIABETES															
28 ARTHRITIC CONDITIONS															
29 TERMINAL ILLNESS															
30 MEMORY/RECALL										No Problem		Some Problem		Substantial Problem	
31 IRRATIONAL BEHAVIOR															
32 CONFUSED															
33 IMPULSIVE															
34 HALLUCINATIVE															
35 DELUSIONAL															
36 TX COMPLIANCE															
37 AGITATED															
38 FEARFUL															
39 WITHDRAWN															
40 AGGRESSIVE															
41 REFUSES ACTIVITIES															
42 SUICIDAL															
43 HOMICIDAL															
44 SEIZURES															

C. SERVICES PROVIDED																	
VENTILATOR/RESPIRATOR		FREQ		VITAL SIGNS EVAL.		FREQ		STERILE DRESSING		FREQ		OSTOMY CARE		FREQ		INJECTIONS	
DECUBITUS/LESION CARE				REHAB. PT/OT				INTAKE & OUTPUT				TRACH. CARE				ISOLATION	
MEDICATION REGULATION				SPEECH THERAPY				BEHAVIOR OBSERV.				TUBE FEEDING				IV FLUIDS	
RETRAIN BOWEL/BLADDER				ACTIVE TREATMENT				CATHETER CARE				SUCTIONING				OXYGEN	
NO SERVICES NEEDED																	
Primary Diagnosis:				Code:				Secondary Diagnosis:				Code:					
D. COMMENTS																	

LEVEL I PASRR SCREEN THIS SECTION IS BEING COMPLETED BY:

NF Authorized Official _____ Hospital Authorized Official _____ DHS Official _____

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, CONTACT LOCEU FOR CONSULTATION:

Does the individual have any:

- Yes No Evidence of serious mental illness including possible disturbances in orientation or mood (dementia or other organic mental disorders are not considered a serious mental illness)?
- Yes No Diagnosis of a serious mental illness (such as a schizophrenic, paranoid, manic, mood or other severe anxiety or depressive disorder, somatoform disorder, personality disorder, or other psychotic disorder, or another mental disorder that may lead to a chronic disability)?
- Yes No Recent history of mental illness or been prescribed a psychotropic medication for a possibly undiagnosed mental illness in the absence of a justifiable neurological disorder (within the last two years)?
- Yes No Diagnosis of mental retardation or a related condition?
- Yes No History of mental retardation or a related condition?
- Yes No Evidence of possible mental retardation or related condition (cognitive or behavior functions)?

THE CLIENT IS IS NOT A DANGER TO SELF OR OTHERS.

Exempted Hospital Discharge: (See instructions for definition) Yes No

Short term stay category Delirium Emergency Respite (Refer to instructions for further information.) Not Applicable

Consultation Date LOCEU/OHCA staff name Consultation and any Level II evaluation results

I certify that, to the best of my knowledge, the foregoing information is true, accurate and complete. I understand that this information may be relied upon in the payment of claims from Federal and State Funds, and that any willful falsification, or concealment of a material fact, may be prosecuted under Federal and State Law.

Name and Title _____ Signature _____ Date _____ Telephone No. _____

LEVEL 1 SCREENING

- To be eligible for NF services the individual must require the following:
 - require a treatment plan involving the planning and administration of services which require skills of licensed technical or professional personnel that are provided directly or under the supervision of such personnel and are prescribed by the physician;
 - have a physical impairment or combination of physical and mental impairments
 - require professional nursing supervision (medication, hygiene and dietary assistance)
 - lack the ability to care for self or communicate needs to others
 - require medical care and treatment in a nursing facility to minimize physical health regression and deterioration. A physician's order and results from a standardized assessment which evaluates type and degree of disability and need for treatment must support the individual's need for NF level of care. Only standardized assessments approved by the OHCA and administered in accordance with Medicaid approved procedures shall be used to make the NF level of care determination.

FORMS

- LTC-300R also known as the Level I screening form must be received by OHCA within 10 days of admission.
- The form must be completed electronically via the OHCA secure provider portal (faxed or emailed LTC-300R will not be accepted unless arrangements have been made with OHCA due to technical difficulties).
- For questions regarding submitting the LTC-300R please refer to the “PASRR Level 1 (LTC-300R) Training PowerPoint located at <https://oklahoma.gov/ohca/providers/provider-training.html>

LEVEL II EVALUATION

- Evaluation completed by either the MI or ID (Intellectually Disabled) Authority.
- A level II could be a Pre-Admission or Resident Review.

LEVEL 1 PASRR SCREEN

Level 1 PASRR Screen (from OHCA LTC-300R)

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED **YES**, CONTACT LEVEL OF CARE EVALUATION UNIT FOR CONSULTATION:

1. Yes No Does the individual have any evidence of serious mental illness including possible disturbances in orientation or mood (dementia or other organic mental disorders are not considered a serious mental illness)?

2. Yes No Does the individual have any diagnosis of a serious mental illness (such as a schizophrenic, paranoid, panic, mood or other severe anxiety or depressive disorder, somatoform disorder, personality disorder, or other psychotic disorder, or another mental disorder that may lead to a chronic disability)?

3. Yes No Does the individual have any recent history of mental illness or been prescribed a psychotropic medication for a possibly undiagnosed mental illness in the absence of a justifiable neurological disorder (within the last two years)?

4. Yes No Does the individual have any diagnosis of mental retardation or a related condition?

5. Yes No Does the individual have any history of mental retardation or a related condition?

6. Yes No Does the individual have any evidence of possible mental retardation or related condition (cognitive or behavior functions)?

THE CLIENT IS IS NOT A DANGER TO SELF OR OTHERS.

Exempted Hospital Discharge: (See instructions for definition) Yes No

Short term stay category: Delirium or Emergency or Respite
(Refer to instructions for further information.) or Not Applicable

WHO FILLS OUT FORMS?


- NF Administrator or their designee which may include:
- a licensed nurse, social service director or social worker, admissions or MDS
- It is the responsibility of the NF to ensure a Level II is completed on a member that meets the previous criteria.

PRIOR TO ADMISSION

A “yes” answer to any of the six questions in Section E of the LTC-300R form regarding MI or ID (Intellectually Disabled) or a Related Condition requires a “Screening for Level II PASRR” to be faxed to a LOCEU Analyst at 405-708-7181.



Screening for PASRR Level II

Screening for PASRR Level II, fax 405-708-7181			
Provider Name:		Provider ID w/ Service Loc:	
Person Ordering PASRR:		Phone Number:	
		Email Address:	
Member Name:		Member ID:	
Social Security #		Member's DOB:	
Legal Guardian:		Legal Guardian Name:	
Race:	Ethnicity:	Gender:	
Payor Source	Marital Status		
If the individual is discharging from a hospital please provide the name, address, phone number of contact person, and member room number at the hospital.			

SCREENING FOR PASRR LEVEL II

- This form is typable and should not be handwritten.
- Please complete every field on the form.
- The Member ID is the members Medicaid(Sooner Care) number if applicable.
- The Provider ID/Service LOC- provider number given once a facility or provider becomes contracted with OHCA.

AFTER SUBMISSION OF SCREENING FOR LEVEL II PASRR

- After submission of a “Screening for Level II PASRR”, a OHCA LOC analyst will ask the NF/provider to submit medical records to OUCON either via fax at 405-271-2626 or email at CON-PASRR@OUHSC.EDU with the subject line “PASRR medical records.”
- Please note that Level II evaluations completed by OUCON will be completed via videoconferencing as outlined in the global message sent out on 5/9/2023, please see <https://oklahoma.gov/ohca/providers/updates/global-messages/global-messages.html>
- Please do not send medical records to OUCON prior to completion of the Screening for Level II PASRR completed by OHCA LOC analyst

INSTRUCTIONS FOR COMPLETING “LEVEL II PASRR” FORMS

1. GO TO THE OHCA WEBSITE: OKHCA.ORG
2. CLICK ON “PROVIDERS”
3. CLICK ON “BEHAVIORAL HEALTH”
4. CLICK ON “TEMPLATES/FORMS
5. SCROLL TO “SCREENING FOR LEVEL II PASRR”
6. FILL OUT FORM
7. FAX TO 405-708-7181

NOTE:

SCREENINGS WILL BE WORKED IN THE ORDER IN WHICH RECEIVED.

A LOC ANALYST WILL CONTACT YOU ONCE THE SCREENING IS RECEIVED.

PROVISIONAL ADMISSIONS DEFINED

- Special circumstances by which an individual may be temporarily waived from having a Level II Evaluation prior to admission to a Soonercare (Medicaid) certified nursing facility
- If a resident has Soonercare, payment for nursing facility services will not be made after the provisional admission ending date

PROVISIONAL ADMISSIONS

- All provisional admissions require prior approval from LOCEU Analyst if MI, ID (Intellectually Disabled) or RC is present or suspected
- Emergency-APS initiated
- Respite-Must have medical needs; usually 15 days at a time with an allowance for up to 30 days/calendar year
- Delirium-Call when it clears

APS EMERGENCY REQUEST LETTER

- WHO-client name, SS#, DHS case #
- WHAT-request 7day emergency
- WHEN- state inclusive dates
- WHERE- intended NF
- WHY-reason for the emergency
- No harm statement

DELIRIUM DEFINED

Any person with mental illness, an intellectual disability or related condition that is not a danger to self or others may be admitted if the individual is experiencing a condition that precludes screening such as effects of anesthesia, medication, unfamiliar environment, severity of illness or electrolyte imbalance.



EXEMPTED HOSPITAL DISCHARGE

- Individual must be admitted to the NF directly from a medical hospital stay and;
- Individual must require NF services for the condition for which he/she was receiving in the hospital and;
- The attending physician must certify in writing that the individual is likely to require less than 30 days of NF services.

RESIDENT REVIEW

- Resident Reviews are completed annually on members in a NF that are NAY not NCI.
- If a RR is denied the NF is responsible for making arrangements for inpatient psychiatric treatment or finding community placement if the member no longer meets NF criteria.

TRANSFERS

The Level I Screening form must be completed for transfer clients just as it is for new admissions. This includes transfers from “sister facilities.”



WATCH FOR MI RED FLAGS

- Any diagnosis of mental illness
- Client coming from a inpatient psychiatric facility
- Client coming from a residential care facility
- Client is on psychotropic medication



MI RED FLAGS CONTINUED

- Coming from a state hospital
- Family report
- Coming from another nursing facility and no diagnosis information provided
- When in doubt, fill out “Screening for Level II PASRR” and fax to 405-708-7181



LEVEL II PASRR

**INTELLECTUAL
DISABILITY/RELATED
CONDITION (ID/RC)**

ID/RC

- If Level 1 information indicates history or diagnosis of intellectual disability or related condition, then a Level 2 must be done by the Oklahoma Human Services, Developmental Disabilities Division.
- An individual is considered to have an ID diagnosis if he/she has the-
 - A level of retardation (mild, moderate, severe, or profound) described in the American Association on Intellectual Disability's manual or classification in Intellectual Disability (1983).
 - The American Association on Intellectual Disabilities states an individual IQ Score must be 70 with a +/- of 5 standard deviations.

ID/RC

- An individual is considered to have a Related condition if he/she has a severe chronic disability (developmental disability) with the following-
 - it's attributable to a mental or physical impairment or combination of mental and physical impairment.
 - is manifested before the person is 22 years of age
 - is likely to continue indefinitely
 - Results in substantial functional limitations in 3 or more major life activity areas

INTELLECTUAL DISABILITY

- To be classified as ID the client must have the following
 - Have an IQ of less than 70 that manifest prior to the age of 18.
 - And must exhibit limitations in 2 or more of the applicable adaptive skills areas as follows:
 - Communication
 - Self-care
 - Home living
 - Social Skills
 - Use of community resources
 - Self-direction
 - Health and safety
 - Functional academics
 - Leisure
 - Work

THINGS TO LOOK FOR WITH ID

- ID (Intellectually Disabled) prior to age 18
- Special education classes
- Never went to school; kept at home
- Never worked, married or had kids
- Diagnosis of ID (Intellectually Disabled)
- Age of client
- Psychological testing
- Previous resident of an ICF/IID

RELATED CONDITION

- Types of related include but are not limited to cerebral palsy, epilepsy, paraplegia, quadriplegia, traumatic brain injuries (TBI), spinal bifida, autism, muscular dystrophy, etc.
- Any other condition except for mental illness that is found to be closely related to intellectual disability resulting in impairment of general intellectual functioning or adaptive behavior.
- Any of these diagnoses must exist prior to the age of 22.
- Related conditions are expected to continue indefinitely.
- Pay close attention to these things detailed in the records received or historical provided by members, caretakers, or legal representatives.

**SIGNIFICANT
CHANGE**

SIGNIFICANT CHANGE DEFINED

- Any change in a client's physical or mental condition that may require a review of the client's level of care and services required to meet their needs.
- A significant change should also trigger a new Resident Review (Level II).
 - If a client has a significant change in symptoms that required a psychiatric inpatient stay, then a new Level II should be completed.

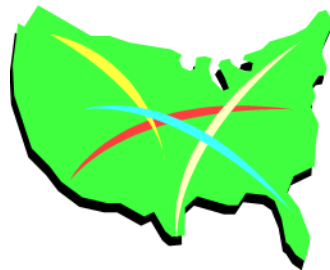
SIGNIFICANT CHANGE

- Will trigger an update to the Minimum Data Set (MDS)
- MI- New diagnosis of mental illness – Contact OHCA
- ID (Intellectually Disabled)-No longer able to participate in active treatment – Contact OKDHS (see contact at the end of the Power Point)
- Improvement or decline in medical condition

OUT OF STATE

OUT OF STATE APPLICANTS

- Obtain copy of other states' PASRR
- Ask for a PASRR to be done in current state
- Get client within Oklahoma borders
- Consult LOCEU Analyst before admission



PASRR TIME PROCESS

PASRR EVALUATIONS

- Average of 7 TO 9 working days
- Verbal call
- Notice
- Requests for fair hearing
- Resident Review

ADDITIONAL INFORMATION

- APS
- Court Orders
- Doctor recommendations
- Holidays, weekends or after hours



MINIMUM DATA SET (MDS)

The MDS is a detailed resident assessment and care screening that is required to be submitted to the Oklahoma State Health Department for all nursing facility admissions.

MINIMUM DATA SET (MDS)

The nursing facility is responsible for making sure that if any information regarding MI, ID (Intellectually Disabled) or related conditions is identified when completing the MDS; a consultation with OHCA LOCEU Analyst is done.

RECOUPMENTS

- Inappropriate admissions- no consultation
- No LTC-300R form submitted to LOCEU by NF
- No Level II screening done prior to admission
- Client does not fall under a provisional admission
- Client had a Level II screening, but the results are not “current”

**Remember when in doubt reach out!

RESOURCES

CONTACT INFO

- LOCEU OHCA PHONE NUMBERS-

- Steve Wynn (405) 522-7133 Fax (405) 530-3414
- Karen Navarro (405)522-7674 Fax (405) 530-3259
- Nathan Pease (405) 522-7148 Fax (405) 522-3247

CONTACT INFO

- Eastern Oklahoma
 - Kathy Yates, MS, QIDP
OBRA Specialist
Program Field
Representative
Tulsa, OK 74135
405/421-3042 cell phone
- Western Oklahoma

CONTACT INFO



Eastern Oklahoma

- Kathy Yates, MS, QIDP
 - OBRA Specialist
 - Program Field Representative
 - Tulsa, OK 74135
 - 405-421-3042 cell phone
 - Kathy.Yates@okdhs.org

Western Oklahoma

- Dr. Elizabeth Teet, DM, MPA, ABDA, QIDP
 - OBRA Specialist
 - Program Field Representative
 - Oklahoma City, OK 73111
 - 405-421-4627 cell phone
 - elizabeth.teet@okdhs.org

REFERENCES

- Omnibus Budget Reconciliation Act of 1977
- 42 CFR 483.100
- 42 CFR 483.102
- OAC 340:100
- OHCA Policy 317:30-5-123 & 317:35-19-8
- Public Law 100-203
- OKDHS OAC 340:100-15
- <https://oklahoma.gov/ohca/policies-and-rules/xpolicy/medical-assistance-for-adults-and-children-eligibility/nursing-facility-services.html>



OKLAHOMA
Health Care Authority

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

oklahoma.gov/ohca
mysoonercare.org

Agency: 405-522-7300
Helpline: 800-987-7767

