

# 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](http://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**

Specialized services are personalized, individual oriented, and person centered and may include but are not limited to:

- 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	
<b>A. IDENTIFYING INFORMATION</b>							<b>OHCA USE ONLY</b>		
Client Name (Last, First, MI)		Social Security Number	Date of Birth	RACE	Hisp 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	<b>DHS USE ONLY</b> <input type="checkbox"/> I agree <input type="checkbox"/> I disagree with NF assessment (See attached).		Nurse Signature:		

<b>B. CLIENT ASSESSMENT</b>										
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"/>							
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										
NUTRITION			Regular	Modified	Therapeutic	Formula Only				
15 DIET										
COMMUNICATION			Understandable	Non-Verbal	Doesn't Communicate					
16				<input type="checkbox"/>	<input type="checkbox"/>					
HEALTH OR SAFETY ISSUES			No Problem	Some Problems	Substantial Problems					
17										
18 CONSUMER SUPPORT										
19 SOCIAL RESOURCES										
HEALTH ASSESSMENT			Low Risk	Mod. Risk	High Risk					
20										
21 SPEECH										
22 HEARING										
23 VISION										
24 HEART DISEASE										
25 HYPERTENSION/STROKE										
26 EMPHYSEMA/COPD										
27 DIABETES										
28 ARTHRITIC CONDITIONS										
29 TERMINAL ILLNESS										
MENTAL STATUS			No Problem	Some Problem	Substantial Problem					
30 MEMORY/RECALL										
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										

<b>C. SERVICES PROVIDED</b>							
Ventilator/Respirator	FREQ	Vital Signs Eval.	FREQ	Sterile Dressing	FREQ	Ostomy Care	FREQ
Decubitus/Lesion Care		Rehab. PT/OT		Intake & Output		Trach. Care	
Medication Regulation		Speech Therapy		Behavior Observ.		Tube Feeding	
Retrain Bowel/Bladder		Active Treatment		Catheter Care		Suctioning	
No Services Needed							
Primary Diagnosis:	Code:			Secondary Diagnosis:	Code:		
<b>D. COMMENTS</b>							

**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 must be 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		
<b>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.</b>			



# 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](mailto: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 “SCREENING FOR PASRR LEVEL II” 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 PASRR must be done by the Oklahoma Human Services, Developmental Disabilities Division.
- An individual is considered to have an ID diagnosis if he/she has-
  - A level of intellectual disability (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.

# RELATED CONDITIONS

- 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 prior to 22

# MAJOR LIFE AREA ACTIVITIES

- Self-care
- Receptive and expressive language
- Learning
- Mobility
- Self-direction
- Capacity for independent living
- Economic self-sufficiency



# RELATED CONDITIONS CONTINUED

- Types of related conditions 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.
- Pay close attention to these things detailed in the records received or historical information provided by family members, caretakers, or legal representatives.

# 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

- Diagnosis of ID prior to age 18
- Special education classes
- Never went to school; kept at home
- Never worked, married or had kids
- Psychological evaluation indicating ID
- Previous resident of an ICF/IID

**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.

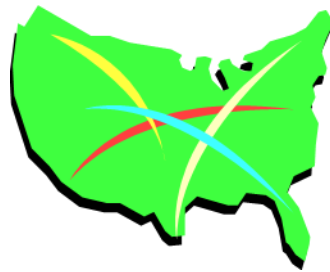
# SIGNIFICANT CHANGE

- 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!

# 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](mailto: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](mailto:elizabeth.teet@okdhs.org)

# REFERENCES

- Omnibus Budget Reconciliation Act of 197
- 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](http://oklahoma.gov/ohca)  
[mysoonercare.org](http://mysoonercare.org)

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

