



PASRR Level II Psychiatric Evaluation Training Webinar

N.J. Division of Mental Health and
Addiction Services
PASRR Office



Objectives of the Training

- Understand the basis for the Level II PASRR procedures
- Recognize recent changes in the PASRR process.
- Understand how to complete the revised PASRR Level II evaluation form.

Changes in the Level I Screen and Level II Psychiatric Evaluation



- The PASRR Level I Screening tool (LTC-26), and the Level II Psychiatric Evaluation forms were revised.
- In Level II revisions, the state identifies individuals needing NF level of care who have the desire and the capability to reside in an integrated community setting with appropriate supports.



Overview of PASRR

- Federal regulations (Section 1919(e)(7) of the Social Security Act and Chapter 42 of the Code of Federal Regulations, Sections 483.100 through 483.138) require PASRR reviews at the state level.
 - Level I identifies individuals suspected of having Mental Illness (MI), Intellectual Disability or Related Condition(ID/RC).
 - Level II requires a Psych evaluation of individuals with serious mental illness (SMI) and/or ID/RC and a determination by DMHAS as to whether these individuals will need NF or specialized services.

Level II PASRR Psychiatric Determination



- Although the NJ Level II process normally takes 1 - 3 business days (unless submitted documents are incomplete), Federal regulations allow 7-9 business days for approval once all information has been received
- The DMHAS PASRR Clinician reviews and determine whether the individual:
 - Requires *Specialized Services* (Inpatient Psychiatric Treatment), or
 - Has mental health care needs can be met in a NF, and,
 - Can potentially live in a supported community setting

Specialized Services

- Services or supports that **go beyond** those normally provided in a nursing facility and that **address the unique needs** related to the individual's mental illness, intellectual disability or a related condition.
- For PASRR purposes, specialized services essentially are defined as **inpatient psychiatric treatment**



Level II PASRR Determination

- The determination of whether or not the individual's mental health needs can be appropriately met in a Nursing Facility, must be communicated to the following:
 - referring/accepting agency
 - resident and his/her legal representative
 - treating physician
- If it is determined that the individual requires specialized services (e.g., care on the level of inpatient Psychiatric Treatment), DMHAS will contact the referring agency and review the individual's behavioral health needs.



PASRR Level II Categorical Determinations

- PASRR regulations permit states to omit certain individuals from a comprehensive Level II evaluation if they fall into certain categories:
 - Terminal Illness
 - Severe Physical Illness
 - Respite Care
 - Protective Services



PASRR - Categorical Determinations

- **Terminal Illness** – The individual is terminally ill and has a medical prognosis that life expectancy will be six (6) months or less and the individual is not a danger to self or to others.
- **Severe Physical Illness** – the individual has a medical condition of such severity that it would prohibit the individual from participating in specialized services.

Categorical Determinations



Severe physical illness cont.

- To be eligible, the individual must present with physical symptoms so severe that it would be impossible to benefit from or participate in a program of specialized treatment for his/her MI and/or MR/RC.
- Examples include: comatose state, ventilator dependence, advanced Amyotrophic Lateral Sclerosis (ALS) or Huntington's disease, debilitating COPD (e.g., heart failure; and/or 24-hour oxygen requirements), severe congestive heart failure (e.g., symptomatic at rest).



Categorical Determinations

- **Respite Care** – An adult may be admitted to a nursing facility from home or an Adult Family Care home (a non-institutional setting) for short-term respite care not to exceed thirty (30) days per state or federal annual funding cycle.
- **Protective Services** - An adult who is referred to Adult Protective Services may be admitted to a nursing facility from the community for a period not to exceed seven (7) days while nursing facility or alternative arrangements for longer care are made.
 - This process applies only to evening/weekend emergency NF placements that occur outside of normal State hours of operation.

PASRR Level II Psychiatric Evaluation Categorical Determinations



- To request a Psychiatric Categorical Determination: the Psychiatrist or Psychiatric APN complete the one page PASRR Categorical Determination Psychiatric Evaluation form and send with:
 - History and Physical
 - Recent Psychiatric Evaluations
 - Other documentation supporting the request

- The PASRR Coordinator or staff at DMHAS will send notifications once the process is complete (usually 1-3 days).



PASRR – Resident Review MI

- A Resident Review is required when an NF resident has:
 - newly diagnosed mental illness
 - significant change (decline or improvement) in a physical or behavioral condition, and/or
 - expresses a desire to return to the community
- The NF must notify DMHAS about the need for a resident review to determine if NF placement is still appropriate.
- NFs must use the MDS 3.0 Significant Change in Status Assessment to trigger care planning and need for a resident review.



PASRR – Resident Review MI

- The intent of the Resident Review is to assist with the management of individuals with new or re-emerging behavioral disturbances, to prevent transfers to screening and inpatient psych units.
- Evaluations for resident reviews must be conducted by non treating psychiatrist / Psych APN as with other Level II evaluations.



PASRR – Resident Review/MI

- Resident Reviews generally take 1-3 days to complete once the required documents are received by DMHAS.
- The PASRR Coordinator or staff will contact the Nursing Facility and assist with referral to S-COPE, in-patient psychiatric hospital, behavior SNFs or other NF that can manage individual with behavioral disturbances



PASRR – Resident Review/ MI

Fax the following information for a Resident Review to the DMHAS at 609-341-2307:

1. Resident Review Referral Form
2. Current PASRR Psychiatric Evaluation completed by an independent Psychiatrist or Psychiatric APN (dated within one week).
3. Current MDS

Resources

- DMHAS has contracted with an agency called S-COPE to assist NFs in managing residents with behavioral disturbances or mental illness. S-COPE can be contacted at: **855-718-2699** **scopenj.org**
- Behavioral Specialty Care Nursing Facilities (SCNFs) are available for individuals who cannot be managed in a conventional NF, and other conventional NFs are available that have “behavioral” units.

Maintaining PASRR Documentation in Residents' Records



- Copies of the PASRR Level I Screening Tool and PASRR Level II Evaluation and Determination (if applicable) are to be kept in clients' active nursing facility medical record.
- State Survey teams have started to monitor clients' medical records for compliance with the PASRR Federal Mandate.



WHO CAN COMPLETE THE LEVEL II PSYCH EVALUATION?

- Psychiatrist or Psychiatric Advanced Practice Nurse (APN). Physicians other than psychiatrists may complete the Level II evaluation in **certain** situations (e.g. referral from home).
- Per Federal regulations, the evaluator shall not be practitioner who is responsible for the care or treatment of the client being evaluated, nor shall he/she have a direct or indirect relationship with a nursing facility
- The treating physician/APNs are considered to have an indirect conflict if they are making referral to the NF.

What about PASRR for at home and for out of State residents?



- Individuals **living at home prior to NF admission** still need to have a PASRR evaluation, which may be completed by a physician/APN who is treating the individual.
- The sending State completes the Level I screen and Level II, if applicable, using the forms and procedures required by their state.
- DMHAS recommends that out of state referrals utilize level I and Level II forms on its website to ensure compliance with NJ state regulations

Instructions for completing the Level II PASRR Psychiatric Evaluation



- All questions must be answered (no blanks) and responses must be legible; forms may be returned if these requirements are not met.
- If an answer to a question is not known or the question is not applicable, then NK or NA may be used. However, such use is not appropriate when some answer is needed (e.g, do not write "NA" to describe suicidal ideation).
- Avoid use of abbreviations or acronyms.

Instructions for completing the Level II PASRR Psychiatric Evaluation



- The first section of the Level II evaluation can be completed by social workers, physicians, PAs and nursing staff.
- The other sections of the form provide essential components of the psychiatric evaluation and shall not be completed by anyone other than the psychiatrist or psychiatric APN who signs certifying whether Specialized Services are needed.
- <http://www.state.nj.us/humanservices/dmhas/forms/#6>

Contact information required for notification of determination decisions



Client Name (Last Name, First Name):	Complete address (where client is currently residing):	Phone # Fax #	Email Address
Legal Representative (Last Name, First Name & whether Guardian or POA):	Complete Address:	Phone # Fax #	Email Address
Name of Attending Physician:	Complete Address	Phone # Fax #	Email Address
Name of Admitting/Retaining facility:	Complete Address	Phone # Fax #	Email Address



Describe how the evaluation was conducted and who provided collateral information

- **SECTION 2 PSYCHIATRIC EVALUATION** (Must be completed by psychiatrists/psychiatric APN conducting Evaluation)
- **SOURCES OF INFORMATION FOR EVALUATION** (Check all that apply):
 INTERVIEW RECORD REVIEW STAFF
- **DESCRIBE COLLATERAL SOURCES** (Family, Guardian, Treatment Provider) _____
- **DOES THE INDIVIDUAL SPEAK ENGLISH? --NO --YES** IF CLIENT SPEAKS OTHER THAN ENGLISH, DESCRIBE HOW EVAL. WAS CONDUCTED:

Providing information about psychosocial history



- DESCRIBE CLIENT'S PRESENTING PROBLEMS AND REASON FOR ANY RECENT HOSPITALIZATIONS
- SUMMARIZE RELEVANT PAST PSYCHIATRIC HISTORY
- DESCRIBE ANY RELEVANT PSYCHIATRIC/ SUBSTANCE USE HISTORY
- PSYCHOSOCIAL/ HISTORY
- EMPLOYMENT AND VOCATIONAL HISTORY
- CLIENT'S POSITIVE TRAITS AND STRENGTHS

DOCUMENT THE NEED FOR SPECIALIZED MEDICAL, NURSING AND/OR REHAB SERVICES:



- BOWEL AND BLADDER CARE
- TRACH CARE
- TUBE FEEDING
- COLOSTOMY/ILEOSTOMY
- SEIZURE PREC.
- MODIFIED DIET
- DIABETIC MONITORING
- BLOOD TRANSFUSION
- OXYGEN
- PROSTHETICS CARE
- DECUBITI/WOUND CARE
- IV MEDS/FLUIDS
- INHALATION THERAPY
- INTAKE/OUTPUT
- CATH. CARE

- REHAB THERAPY (PT, OT)
- SPEECH/LANGUAGE THERAPY
- PHARMACIST CONSULT.
- LAB TEST MONITORING

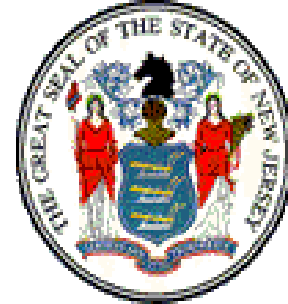
DESCRIBE CLIENT'S GAIT AND
NEED FOR WHEELCHAIR/WALKER
OR GERICHAIR: _____

INDICATE IF PRESENT:

- ABNORMAL MOVEMENTS
- DYSPHAGIA VISION LOSS
- HEARING DEFICIT
- SPEECH PROBLEMS

OTHER CORRECTIVE AND
ADAPTIVE EQUIPMENT OR
INTERVENTIONS THAT WILL BE
PROVIDED: _____

Requires recommendations about client's potential for community placement



SECTION 4 SUMMARY OF PLACEMENT AND TREATMENT RECOMMENDATIONS

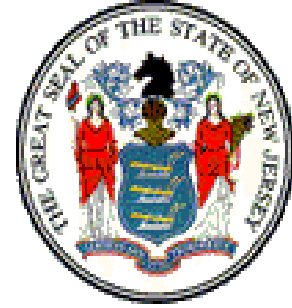
MOST APPROPRIATE/ LEAST RESTRICTIVE SETTING TO MANAGE THE INDIVIDUAL'S CURRENT MEDICAL AND BEHAVIORAL HEALTH CARE NEEDS:

- NURSING FACILITY HOME OR INDEPENDENT LIVING
 COMMUNITY SETTING (e.g., ASSISTED LIVING, SUPPORTED HOUSING, SUPERVISED GROUP HOME, RESIDENTIAL HEALTH CARE FACILITY) SPECIFY: OTHER: _____

SUMMARIZE THE RATIONALE FOR THE ABOVE RECOMMENDATION: _____

ATTEMPTS MADE TO FIND AN ALTERNATIVE COMMUNITY SETTING (OTHER THAN A NURSING FACILITY) TO MEET THE NEEDS OF THE CLIENT, GIVEN HIS/HER MEDICAL AND BEHAVIORAL HEALTH NEEDS, LEVEL OF FUNCTIONING, AND NEEDS FOR SUPPORT NO YES, NO YES IF YES, DESCRIBE/EXPLAIN BELOW:

IF A CLIENT CURRENTLY REQUIRING A NURSING FACILITY HAS THE POTENTIAL FOR COMMUNITY INTEGRATION IN THE FUTURE, DESCRIBE WHETHER A RE-EVALUATION FOR RELEASE TO AN ALTERNATIVE COMMUNITY SETTING (OTHER THAN A NURSING FACILITY) SHOULD BE CONDUCTED IN 60-90 DAYS: _____



Requires recommendation about treatment and support services needed for NF placement

IF THE INDIVIDUAL REQUIRES NURSING FACILITY PLACEMENT AT THIS TIME, WHAT BEHAVIORAL TREATMENT OR SUPPORT SERVICES ARE NEEDED WHEN THE CLIENT IS TREATED IN OR DISCHARGED FROM THE NURSING FACILITY?

- Psychotropic Medication Monitoring
- Behavioral management program facility
- Structured socialization activities
- Supportive counseling
- Attendance in Self Help Center or recovery outside NF
- Individual therapy
- Family Counseling
- Group Therapy
- Day treatment program in nursing
- Crisis Intervention Plan
- Stress or anger management
- Other



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