

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New: X</b>	<b>Date: 03/01/08</b>
	<b>Revised:</b>	<b>Date:</b>
	<b>Current:</b>	
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.01</b>	
	<b>Pages: 1</b>	
<b>Subject: Introduction</b>	<b>Cross Reference:</b>	

Medicaid, as authorized by Title XIX of the Social Security Act, is a federal and state program of medical assistance to qualified individuals. Each state designates a single state agency for the administration of Medicaid. State law has designated the Division of Medicaid, Office of the Governor, as the single state agency to administer the Medicaid program in Mississippi.

The purpose of the Pre-Admission Screening and Resident Review (PASRR) is to fulfill the necessary duties required of the Division of Medicaid (DOM) in conducting pre-admission screening and resident review of individuals with mental illness and/or mental retardation seeking admission to a Medicaid-certified nursing facility (NF). PASRR must determine, **prior to** the admission, if the individual has a mental illness and/or mental retardation and is also in need of the NF level of care through a pre-admission screening. If an individual with mental illness and/or mental retardation is determined to be appropriate for admission to a NF, a further determination, or Level II Evaluation, must be made of the need for specialized or rehabilitative services. Anytime there is a significant change in the condition of a NF resident, he/she must be re-evaluated to determine the continued appropriateness of his/her placement as well as possible changes in needs for specialized and/or rehabilitative services. The goal of PASRR is to insure the provision of appropriate and needed services to individuals who have been diagnosed with mental illness and/or mental retardation.

The Appropriateness Review Committee (ARC), administered by the Department of Mental Health (DMH), is responsible for determining the appropriateness of nursing facility placement for individuals with mental illness and/or mental retardation and for determining the need for specialized or rehabilitative services. The Division of Medicaid has contracted with Community Mental Health Centers (CMHC) and DMH Regional Centers (RC) to conduct Level II evaluations in partial fulfillment of the PASRR requirements. It is the responsibility of the contracting providers to insure that they have the necessary resources to fulfill those contractual obligations.

A PASRR provider's participation in the Mississippi Medicaid program is entirely voluntary. However, if a provider does choose to participate, the provider must accept the Medicaid payment as payment in full for those services covered by Medicaid. The provider cannot charge the beneficiary the difference between the usual and customary charge and Medicaid's payment. The provider cannot accept payment from the beneficiary, bill Medicaid, and then refund Medicaid's payment to the beneficiary. Services not covered under the Medicaid program can be billed directly to the Medicaid beneficiary.

The Mississippi Medicaid program purchases needed health care services for beneficiaries as determined under the provision of the Mississippi Medical Assistance Act. DOM is responsible for formulating program policy. DOM staff is directly responsible for the administration of the program. Medicaid policy as it relates to these factors is initiated by DOM. The DOM is responsible for determining whether a PASRR meets the Medicaid requirements for authorized reimbursement.

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New: X Revised: Current:</b>	<b>Date: 03/01/08 Date:</b>
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.02 Pages: 5</b>	
<b>Subject: Definitions</b>	<b>Cross Reference: <u>Obtaining a Level II Evaluation, 20.07; Pre-Admission Screening/Resident Review Summary &amp; Psychosocial Diagnostic Assessment, 20.09; Specialized Services, 20.11; PASSR Significant Change Reporting Form, 20.13; LTC-PAS Level II Requirements for Mental Illness (MI) or Mental Retardation, (MR) 64.17</u></b>	

**Advanced Group Categorical Determination** – A determination that can be made by the physician at the time of the Pre-Admission (Level I) Screening to exempt a NF applicant from a Level II evaluation. There must be an indication that NF services are needed for convalescent care or a severe/terminal physical illness and that the applicant is unlikely to benefit from specialized and/or rehabilitative services.

**Alzheimer’s Disease** – A disease of the brain that causes multiple cognitive deficits leading to dementia. Symptoms of Alzheimer’s disease include a gradual memory loss, decline in ability to perform routine tasks, disorientation in time and space, impairment of judgment, personality change, difficulty in learning, and loss of language and communication skills.

**ARC** – Appropriateness Review Committee – This committee, comprised of a nurse and physician, evaluates all submitted PASRR information for a specific individual to determine the need for a Level II Evaluation, NF level of care, and the need for specialized and/or rehabilitative services.

**BLTC** – Division of Medicaid’s Bureau of Long Term Care – the Bureau within Division of Medicaid that is responsible for Pre-Admission Screening.

**BMHP** – Division of Medicaid’s Bureau of Mental Health Programs – the Bureau within the Division of Medicaid that is responsible for setting PASRR policy for Level II Evaluations.

**CFR-** Code of Federal Regulations

**CMHC** - Community Mental Health Center – One of fifteen (15) comprehensive community mental health centers in the state. The CMHCs provide an array of community mental health services to individuals with mental illness including psychotherapeutic services, case management services, psychosocial rehabilitative services, psychiatric/medical services, alternative living arrangements, and crisis response services. Refer to Section 20.07, Obtaining a Level II Evaluation, for a complete listing of CMHCs in Mississippi.

**CMHT** - Certified Mental Health Therapist – An individual with a minimum of a Master’s degree in a related field who provides direct services to persons with mental illness/emotional disturbance or who supervises the provision of such services and who is certified by DMH as meeting its requirements for CMHT as defined in its policy “Rules, Regulations and Application Guidelines for the Mental Health Therapist Program.”

**CMRT** - Certified Mental Retardation Therapist – An individual with a minimum of a Master’s degree in a related field who provides direct services to persons with mental retardation/developmental disabilities or who supervises the provision of such services and is certified by DMH as meeting its requirements for CMRT as defined in its policy “Rules, Regulations, and Application Guidelines for the Mental Retardation Therapist Program.”

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**DMH** – Department of Mental Health – The state agency responsible for overseeing the provision of public mental health/mental retardation services.

**DSM** – Diagnostic and Statistical Manual of Mental Disorders – The commonly accepted diagnostic manual used to determine criteria for mental illness and mental retardation categories. For purposes of PASRR, the most current edition of this manual, published by the American Psychiatric Association, is to be used.

**Dementia** – A disorder characterized by the development of multiple cognitive deficits (including memory impairment) that are due to the direct physiological effects of a general medical condition, to the persisting effects of a substance, or to multiple etiologies (e.g., the combined effects of cerebrovascular disease and Alzheimer’s disease) as described in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

**Designated Representative** – The primary person designated as responsible for coordinating the effort to obtain long-term care services for an individual. The individual who will potentially access long-term care services must designate the responsible party, if not designated by legal authority. A designated representative must be able to be physically present and carry out the responsibility of coordinating the link between the Pre-Admission Screening and the Level II evaluations through actual long-term care placement.

**DOM** – Division of Medicaid – A division of the Office of the Governor, authorized by state law to administer the federal/state program of medical assistance (Medicaid) in Mississippi.

**H&P** – History and Physical – A comprehensive medical history and review of body systems documenting normal and/or abnormal findings.

**ICF**- Intermediate Care Facility- A healthcare facility that provides care and services to individuals who do not need skilled nursing care, but whose mental or physical condition requires more than custodial care and services in an institutional setting.

**ICF/MR**- Intermediate Care Facilities for the Mentally Retarded- An intermediate care facility for persons with mental retardation or related conditions which provides twenty-four hour supervision and training and is regulated through requirements established by Medicaid.

**Interdisciplinary Team** – A team of healthcare professionals from various pertinent disciplines who work together to plan and implement appropriate treatment for individuals in need of care. The team typically consists of a physician, credentialed mental health therapist and/or mental retardation professional, and others as appropriate.

**LCMHT** – Licensed Clinical Mental Health Therapist – An individual with a minimum of a Master’s degree in a related field who provides direct services to persons with mental illness/emotional disturbance or who supervises the provision of such services and is licensed by DMH as meeting its requirements for LCMHT as defined in its policy “Rules, Regulations and Application Guidelines for the Mental Health Therapist Program.”

**LCMRT** – Licensed Clinical Mental Retardation Therapist – An individual with a minimum of a Master’s degree in a related field who provides direct services to persons with mental retardation/developmental disabilities or who supervises the provision of such services and is licensed by DMH as meeting its requirements for LCMRT as defined in its policy “Rules, Regulations and Application Guidelines for the Mental Retardation Therapist Program.”

**LCSW** – Licensed Certified Social Worker- A person with a minimum of a Master’s degree who is licensed to practice social work independently under state law.

**LMSW** – Licensed Master Social Worker- A person with a minimum of a Master’s degree who holds a license to practice social work under state law.

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**LSW** – Licensed Social Worker – A person with a minimum of a Bachelor’s degree who holds a license to practice social work in the state of Mississippi.

**Level I** – The screening which is required of all individuals requesting admission to a Medicaid-certified NF. Level I is referred to as Pre-Admission Screening (PAS).

The purpose of the PAS is to: gather information that will help determine the appropriateness of NF placement; identify MI/MR indicators in the applicant’s current condition or history; screen for a primary diagnosis of Alzheimer’s disease or dementia; and determine if the criteria for Advanced Group Categorical Determination are met. Refer to Section 64.17 for a more complete explanation of these services.

**Level II** – The assessment by a CMHC/RC of an individual’s need for specialized MI/MR services in a NF.

The purpose of the Level II is to: 1) determine whether NF services are appropriate; and 2) insure that persons with MI/MR who need NF placement will receive any specialized services they need to maintain their optimal level of functioning.

A Level II must be conducted in the following instances as determined necessary by the ARC: 1) **prior to** NF admission, if recommended by the Pre-Admission Screening; 2) at any time that a NF resident first begins to exhibit signs/symptoms of MI; and 3) anytime there is a significant change in the condition of a NF resident with MI/MR needs who previously had a Level II Evaluation. All Level II evaluations must be submitted to the ARC, which determines if NF services are appropriate and which, if any, specialized services are required.

**Level of Care** – The amount of care required to meet an individual’s overall medical, social, and rehabilitative needs.

**Long Term Care** – The term “long term care” comprises a broad range of supportive services needed by persons of all ages with physical or mental impairments who have lost or never acquired the ability to function independently. Long-term services include nursing care, personal care, habilitation and rehabilitation, adult day services, care management, social services, transportation and assistive technology.

**Mental Health Rehabilitative Services for MI and MR** – These are rehabilitative services, which the NF is required to provide to promote the optimal functioning of its residents with MI/MR needs. They are “front line” mental health services (such as providing a structured environment, implementing behavior modification programs, administering and monitoring psychotropic medications), which must be implemented by all levels of NF staff who come into contact with the resident. They are generally of a lesser intensity than the more specialized services (e.g. psychotherapy) which the CMHC/RC is required to provide.

Refer to Section 20.11, Specialized Services, for a more complete explanation of these services. Mental Health Rehabilitative Services for MI/MR is a sub-category of Specialized Rehabilitative Services.

**MI** – Mental Illness – defined as a mental disorder that may lead to a chronic disability and is diagnosable under the DSM. The disorder must have resulted in functional limitations in major life activities within the past 3 to 6 months.

**MR** – Mental Retardation – defined by the most current edition of the DSM as significantly sub-average general intellectual functioning accompanied by significant limitations in adaptive functioning in at least two of the following skill areas, with onset prior to age 18: communication; self-care; home living; social/interpersonal skills; use of community resources; self-direction; functional academic skills; work; leisure; health; and safety.

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**NF** – Nursing Facility – An institution (or a distinct part of an institution) which primarily provides skilled nursing care and related services for residents who require medical, nursing care, and/or rehabilitation services which can only be made available through institutional facilities and whose purpose is not primarily the care and treatment of mental diseases.

**Nurse Practitioner** – A person with a minimum of a Master's degree who is licensed to practice collaboratively with a physician as a nurse practitioner under state law.

**Physician** – A medical doctor (M.D.) or doctor of osteopathy (D.O.) licensed under state law to practice medicine.

**PASRR** – Pre-Admission Screening and Resident Review

**PASRR Packet** – The packet of information, consisting of a Pre-Admission Screening (Level I Form and H&P) and a Level II MI and/or MR Evaluation (see section 20.09, Components of the Level II Evaluation), which must be submitted to the ARC upon completion of the Level II Evaluation(s).

**PDD/AAA** – Planning & Development Districts/Area Agencies on Aging- Local non-profit agencies, which provide services to the elderly.

**PMHNP** – Psychiatric Mental Health Nurse Practitioner – A person with a minimum of a Master's degree in nursing, with a specialty in mental health, who is licensed to practice collaboratively with a physician as a nurse practitioner under state law.

**PRE-ADMISSION SCREENING (PAS)** – The screening which is required of all individuals requesting admission to a Medicaid-certified NF.

The purpose of the PAS is to: gather information that will help determine the appropriateness of NF placement; identify MI/MR indicators in the applicant's current condition or history; screen for a primary diagnosis of Alzheimer's disease or dementia; and determine if the criteria for Advanced Group Categorical Determination are met.

Refer to Section 64.17 for a more complete explanation of this service.

**Psychiatrist** – A physician who is board-certified/board eligible in psychiatry.

**Psychologist** – An individual with a minimum of a doctorate degree licensed to practice psychology.

**RC** – Regional Center – One of five comprehensive regional mental retardation centers in the state, which provides an array of community and long-term residential services to individuals with mental retardation and related developmental disabilities.

Refer to Section 20.07, Obtaining a Level II Evaluation, for a complete listing of these centers.

**RN** – Registered Nurse – A person who is licensed under state law to practice nursing.

**Re-admission** – This term identifies the return to the NF of a resident who was transferred to a hospital or other facility for the purpose of receiving specialized or more intensive care. Anytime a resident with MI/MR needs is re-admitted to an NF, the ARC must be notified of the significant change and a determination made regarding the need for a subsequent Level II.

**Recommended Services** – These are services beyond those routinely provided by a NF which are recommended by the ARC as being necessary for an applicant/resident with MI/MR to achieve/maintain his/her optimal level of functioning in the NF environment. The CMHC/RC first makes recommendations regarding the need for these services in the PASRR report submitted to the ARC. The ARC then makes official recommendations regarding which services are required for each individual's welfare. The ARC may recommend that services be provided from either/both of the following two categories: Mental Health

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Rehabilitative Services for MI and/or MR (to be provided by the NF), and/or Specialized Services for MI and/or MR (to be provided by the CMHC/RC).

**Significant Change** – A change in the resident’s physical/mental/emotional condition that requires an adjustment in the resident’s current treatment regimen.

Refer to Section 20.13, Significant Change, for examples of significant changes that would warrant a report.

**Specialized Rehabilitative Services** – These are rehabilitative services which the NF is required to provide to meet the daily physical, social, functional or mental health needs of its residents. Some examples of these services are physical therapy, speech/language therapy, occupational therapy, and mental health rehabilitative services.

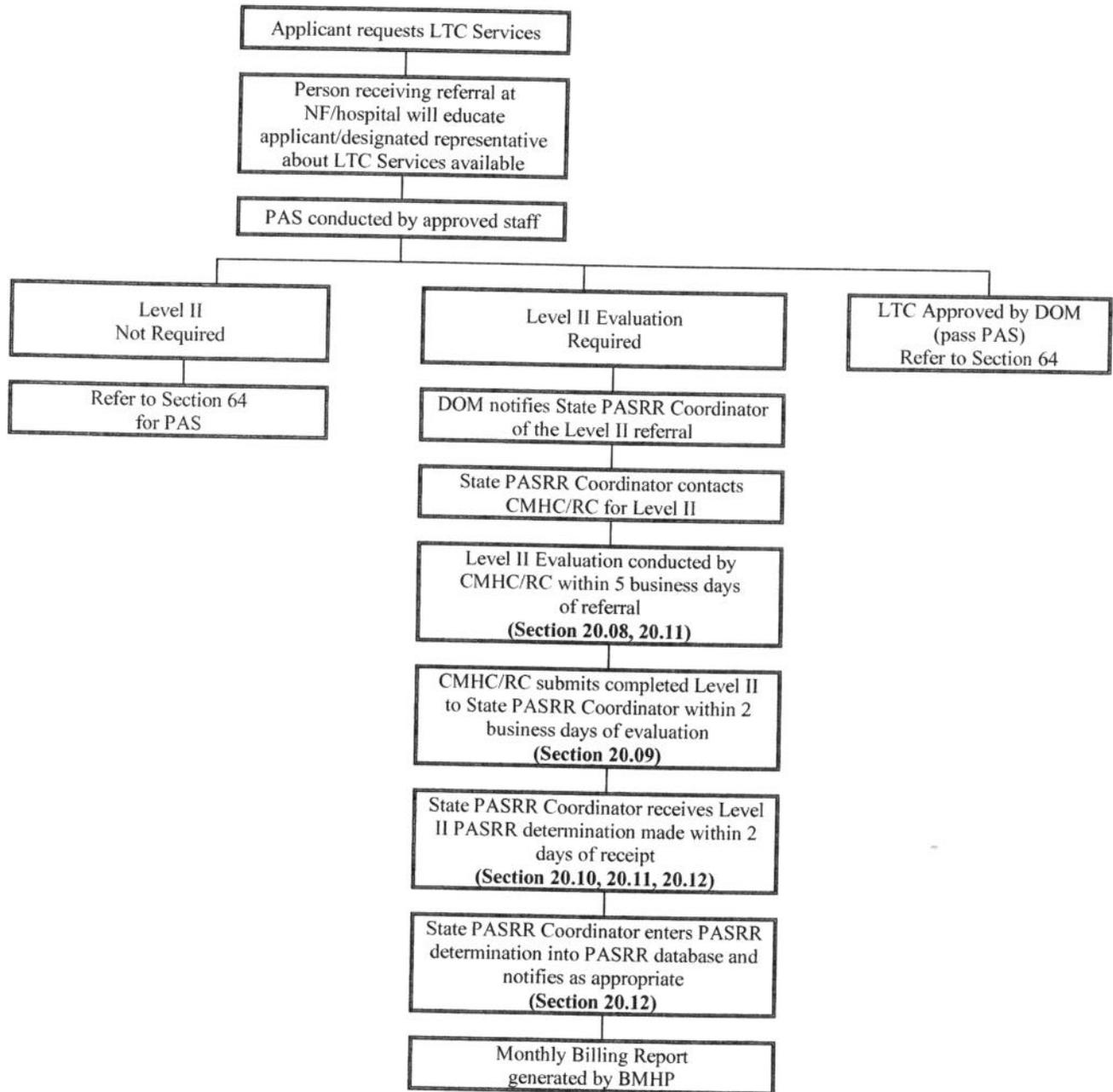
Refer to Section 20.11, Specialized Services, for a more complete explanation of these services.

**Specialized Services for MI/MR** – These are services which must be provided by the CMHC or RC, if recommended by the ARC, to meet the specialized needs of residents with MI and/or MR. These are generally services which require a higher level of expertise in the areas of MI and MR (e.g. medication evaluation for MI/MR conditions, psychotherapy) than can be provided by the NF.

Refer to Section 20.11, Specialized Services, for a more complete explanation of these services.

**State PASRR Coordinator** – The individual who is responsible for coordinating the administrative function of the PASRR process for the state. The State PASRR Coordinator: 1) provides the necessary support/information for implementation of the PASRR; 2) refers applicants/residents requiring a Level II Evaluation to a CMHC or RC; 3) evaluates information submitted to the PASRR office for accuracy and completeness; 4) facilitates determination reviews by the ARC; 5) informs appropriate parties of the ARC determination; and 6) assists individuals/families and nursing facilities in obtaining information on the PASRR process or status of an ARC determination.

The following flowchart summarizes the PASRR process. This flowchart corresponds with the sections presented in this manual, and it references all the sections associated with each step in this process. Also, there is a copy of the forms utilized for PASRR located at the end of its related sections.



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<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.04</b>	
	<b>Pages: 2</b>	
<b>Subject: Level I Screening</b>	<b>Cross Reference: Advanced Group Categorical Determinations, 20.05</b>	

Any person who applies for admission to a Medicaid-certified nursing facility is required to participate in a Level I Screening, referred to as the Pre-Admission Screening (PAS). The primary purpose of the PAS is (1) to gather information that will help determine whether or not the applicant is appropriate for the NF level of care and (2) to identify any indications of Mental Illness/Mental Retardation (MI/MR) in the applicant's current condition or history.

If an indication of MI/MR is found, the PAS must certify the need for a Level II Evaluation for MI/MR. The results of the PAS will be reviewed by the ARC and the individual referred for a Level II Evaluation, if indicated. Some applicants who have an indication of MI/MR, however, will be exempt from the Level II Evaluation, usually because a short NF stay is anticipated, or because they suffer from a severe physical and/or mental condition which would limit their ability to benefit from specialized services. The exemption criteria are outlined in this section under Requirements of the Pre-Admission Screening, 1.e.ii.

The PAS must be submitted by either the nursing facility to which the individual is being considered for admission or the hospital from which the individual is being discharged. A nurse practitioner/physician must certify on the PAS the need for NF placement and MI/MR Evaluation.

### Requirements of the Pre-Admission Screening

The PAS must include:

1. The Pre-Admission Screening instrument completed by appropriate staff and certified by a physician. This can be downloaded from the DOM website or the web portal. This requires the following information:
  - a. identifying information about the applicant;
  - b. information about the applicant's current condition and level of daily functioning ;
  - c. certification by the physician that the applicant is appropriate for the NF level of care;
  - d. information that indicates whether or not the applicant may have MI or MR;
  - e. documentation that either:
    - i. The applicant should be referred for a Level II Evaluation because:
      - 1) there is an indication of MI/MR with no other considerations;
      - 2) there is an indication of MI/MR and
        - a. the applicant has a diagnosis of Alzheimer's disease, dementia or similar disorder that is secondary to other conditions for which s/he requires NF care,
        - b. the individual *could* be exempt for reasons outlined in requirement #3 but the physician feels s/he may be able to benefit from specialized services; **OR**
    - ii. There is an approved reason why a Level II Evaluation may be unnecessary. Reasons why the Level II would not be required are:
      - 1) the applicant has a **primary** diagnosis of Alzheimer's disease, dementia, or similar disorder to such a degree that s/he would be unable to benefit from specialized services;
      - 2) there is no indication of MI/MR; or
      - 3) even though the applicant has an indication of MI/MR, specialized services need not be considered because (the following reasons, listed a-d, comprise the Advanced Group Categorical Determinations explained more fully in Section 20.05):

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- a. applicant needs respite care for 10 days or less;
  - b. applicant needs short-term (less than 30 days) convalescent care and is being admitted directly from a hospital. (If longer stay is required, a Level II must be completed within 40 days of admission);
  - c. applicant needs provisional admission (not to exceed 7 days) in an emergency situation requiring protective services. (If a longer stay is required, a Level II must be initiated within 7 days of admission);
  - d. applicant has a physical condition (e.g. coma, ventilator dependency, brain stem level functioning) or diagnosis (e.g. advanced stages of chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, Amyotrophic Lateral Sclerosis, or congestive heart failure) so severe that the individual could not be expected to benefit from specialized services.

If the individual receiving the PAS is believed to have indications of MI/MR but is found to be exempt from the Level II Evaluation for the above (a-d) reasons, these findings must be documented on the PAS.

2. A medical history and physical examination (H&P) completed by a physician within 6 months of the PAS date. The H&P must include, at a minimum:
  - a. A medical history which addresses the following areas:
    - present illness, treatment & medication
    - drug/medication history
    - previous illness
    - previous operations
    - previous accidents
    - family medical history
    - gynecological history, if applicable.
  - b. A physical evaluation which includes:
    - review of body systems
    - evaluation of the neurological system to include:
      1. motor functioning
      2. sensory functioning
      3. cranial nerves
      4. reflexes
      5. gait
    - diagnostic impressions
    - recommendations for health caregivers.

Within 24 hours of completion of the PAS, the H&P must be submitted to the ARC.

Protected health information regarding the patient must be kept confidential, and should not be released without written consent or written authorization, as appropriate, from the individual, or to provide treatment, payment or healthcare operations as permitted in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 CFR Parts 160 & 164.



Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: Current:	Date: 03/01/08 Date:
Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)	Section: 20.06 Pages: 3 Cross Reference: Obtaining a Level II Evaluation, 20.07; Credential Requirements for Level II Evaluators, 20.08; Pre-Admission Screening/Resident Review Summary & Psychosocial Diagnostic Assessment, 20.09; Submission of the Completed Level II to ARC, 20.10; Specialized Services, 20.11; PASRR Determination Form, 20.12; PASSR Significant Change Reporting Form, 20.13	
Subject: Level II Evaluation		

A Level II Evaluation is the assessment of an individual who has an indication of MI/MR as to the appropriateness for NF services and the need for specialized services for MI/MR services.

### Types of Level II Evaluations

The first Level II Evaluation of an individual is termed "Initial" and any other Level II Evaluation an individual receives is termed "Subsequent."

An Initial Level II Evaluation may be recommended and is conducted **prior to** NF admission, except for extremely rare situations.

### Prior to NF admission

If, at the time of the PAS (prior to NF admission), a LTC applicant is identified as: 1) meeting the requirements for LTC services; and 2) having an indication of MI and/or MR, then he/she must be certified by the physician for referral to an Initial Level II Evaluation so that appropriateness of NF services and any needs for special services can be identified, and the appropriate services be recommended. The physician certifying the PAS recommends the Level II Evaluation based on questions contained in the PAS. The State PASRR Coordinator will then contact the appropriate CMHC/RC responsible for conducting the Level II Evaluation for those individuals determined to require a Level II evaluation. Both the PAS and an initial Level II Evaluation must be completed **PRIOR TO ADMISSION**.

### After NF admission

There are two circumstances in which Level II Evaluations can be completed **after** NF admission.

- The individual has a PAS completed **PRIOR TO ADMISSION** for provisional, respite or short-term convalescent care. Even though the PAS **MUST** be completed prior to admission, the Level II may be conducted after NF admission if the NF determines the stay will exceed the timelines for each category. As soon as it has been identified the individual will stay in the NF, the State PASRR Coordinator must be notified so a determination may be made as to the need for a Level II evaluation and the referral made for those requiring a Level II evaluation.
- When a NF resident, with no previous indication of MI/MR (and therefore was not referred for a Level II evaluation prior to or at the time of admission), begins to exhibit signs/symptoms of MI/MR, he/she must be referred for an Initial Level II evaluation as soon as MI/MR problems become evident or when documentation is received indicating MI/MR. In this case, the NF should submit a Change Report with information and documentation explaining the signs/symptoms of the resident to the

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PASRR Office. The State PASRR Coordinator, with assistance from the ARC, will make a determination of the need for a Level II evaluation and contact the appropriate CMHC/RC for those requiring a Level II evaluation.

Refer to Section 20.07, Obtaining a Level II Evaluation, for more detailed information about the initiation of this process.

### **Subsequent Level II Evaluation**

A Subsequent Level II Evaluation must be considered anytime there is a significant change in the physical/mental/emotional condition of a NF resident with previously identified MI/MR needs. The purpose of the subsequent evaluation is to assess whether or not: a) the resident is still appropriate for the NF level of care; and b) there have been any changes in his/her need for specialized services.

Refer to Section 20.13, Significant Change, for a more complete explanation of the criteria for reporting significant changes. The State PASRR Coordinator reviews all Significant Change Reports, with the assistance of the ARC, and initiates subsequent Level II evaluations when these are required.

### **Overview of the Level II Evaluation Process**

The Level II Evaluation process includes the Referral, Evaluation, and Submission of Findings.

#### **Referral**

All Pre-Admission Screening Forms must be submitted to LTC within 24 hours of completion of the screening. DOM will refer all applicants for whom a Level II evaluation was recommended to the State PASRR Coordinator. The State PASRR Coordinator will refer the individual to the appropriate CMHC/RC.

When a significant change in the resident's physical/mental/emotional condition becomes apparent, the NF must notify the State PASRR Coordinator of the significant change by submission of the Significant Change Report. The State PASRR Coordinator, with assistance from the ARC, will determine if a Level II evaluation is required and contact the appropriate CMHC/RC, if necessary.

For those individuals determined by the ARC to require both a Level II evaluation for MI and a Level II evaluation for MR, the RC will have responsibility for compiling all information (complete PASRR Packet) and submitting it to the State PASRR Coordinator.

#### **Evaluation**

- The Level II Evaluation must be conducted by the CMHC/RC within 5 business days of receiving the referral from the PASRR Coordinator.
- CMHC/RC evaluators must meet requirements as set forth in Section 20.08, Credential Requirements of Level II Evaluators.
- Level II Evaluations must contain specific components as set forth in Section 20.09, Components of the Level II Evaluation.

#### **Submission of Findings**

- Initial Level II Evaluations must be submitted, along with other documents that comprise a PASRR Packet, to the State PASRR Coordinator as soon as possible but not later than 2 business days after

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the evaluation is conducted. Refer to Section 20.10, Submission of the Completed Level II to the ARC.

- Subsequent Level II Evaluations must be submitted to the State PASRR Coordinator as soon as possible, but no later than 2 business days after the evaluation is conducted.

### **Outcome of the Level II Process**

The ARC will render a determination within 2 business days of receipt of the PASRR Packet or Subsequent Level II Evaluation. Refer to Section 20.12, ARC Determination, for more detailed information.

The time for the PASRR process to be completed is 7 to 9 business days.

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<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.07 Pages: 3 Cross Reference: Level II Evaluation 20.06</b>	
<b>Subject: Obtaining a Level II Evaluation</b>		

## Obtaining a Level II Evaluation

The process for obtaining a Level II evaluation begins with the submission of the PAS to the DOM LTC program. That information is then forwarded to the PASRR Office. The State PASRR Coordinator will contact the appropriate CMHC/RC with the referral for a Level II evaluation. For those individuals who have an indication of both MI and MR, both the CMHC and the RC will be contacted with the referral. The order in which the Level II evaluation for MI and the Level II for MR evaluations are completed does not matter. Refer to Section 20.06, Level II Evaluation, for more detailed information on CMHC/RC responsibility.

### A. Level II Evaluation for Mental Illness

Level II evaluations of individuals suspected of having MI are conducted by the Community Mental Health Centers (CMHCs). The CMHCs are listed by counties served.

<b>CMHC Provider</b>	<b>Counties Served</b>	<b>Address</b>
<b>Region 1</b>	Coahoma, Quitman, Tallahatchie, and Tunica Counties	<u>Region One Mental Health Center</u> 1742 Cheryl Street/P. O. Box 1046 Clarksdale, MS 38614 Phone: (662) 627-7267/Fax: (662) 627-5240
<b>Region 2</b>	Calhoun, DeSoto, Lafayette, Marshall, Panola, Tate, and Yalobusha Counties	<u>Communicare</u> 152 Highway 7 South Oxford, MS 38655 Phone: (662) 234-7521/Fax: (662) 236-3071
<b>Region 3</b>	Benton, Chickasaw, Itawamba, Lee, Monroe, Pontotoc, and Union Counties	<u>Region III Mental Health Center</u> 2434 South Eason Boulevard Tupelo, MS 38801 Phone: (662) 844-1717/Fax: (662) 680-6416
<b>Region 4</b>	Alcorn, Prentiss, Tippah, and Tishomingo Counties	<u>Timber Hills Mental Health Services</u> 303 N. Madison Street P. O. Box 839 Corinth, MS 38835-0839 Phone: (662) 286-9883/Fax: (662) 284-9836
<b>Region 5</b>	Bolivar, Issaquena, Sharkey, and Washington Counties	<u>Delta Community Mental Health Services</u> 1654 East Union Street/P. O. Box 5365 Greenville, MS 38704-5365 Phone: (662) 335-5274/Fax: (662) 378-3976

<b>CMHC Provider</b>	<b>Counties Served</b>	<b>Address</b>
<b>Region 6</b>	Attala, Carroll, Grenada, Holmes, Humphreys, Leflore, Montgomery, and Sunflower Counties	<u>Life Help</u> Old Browning Road/P. O. Box 1505 Greenwood, MS 38935-1505 Phone: (662) 453-6211/Fax: (662) 455-5243
<b>Region 7</b>	Choctaw, Clay, Lowndes, Noxubee, Oktibbeha, Webster, and Winston Counties	<u>Community Counseling Services</u> 302 North Jackson Street/P. O. Box 1188 Starkville, MS 39760-1188 Phone: (662) 323-9261/Fax: (662) 323-9380
<b>Region 8</b>	Copiah, Madison, Rankin, and Simpson Counties	<u>Region 8 Mental Health Services</u> 613 Marquette Road/P. O. Box 88 Brandon, MS 39043 Phone: (601) 825-8800/Fax: (601) 824-0349
<b>Region 9</b>	Hinds County	<u>Jackson Mental Health Center</u> 969 Lakeland Drive/Jackson Memorial Hospital St. Dominic Hospital Jackson, MS 39216 Phone (601) 200-6103/Fax: (601) 364-5879
<b>Region 10</b>	Clarke, Jasper, Kemper, Lauderdale, Leake, Neshoba, Newton, Scott, and Smith Counties	<u>Weems Community Mental Health Center</u> 1415 College Road/P. O. Box 4378 Meridian, MS 39304 Phone: (601) 483-4821/Fax: (601) 485-8727
<b>Region 11</b>	Adams, Amite, Claiborne, Franklin, Jefferson, Lawrence, Lincoln, Pike, Walthall, and Wilkinson Counties	<u>Southwest MS Mental Health Complex</u> 1701 White Street/P. O. Box 768 McComb, MS 39649-0768 Phone: (601) 684-2173/Fax: (601) 249-4234
<b>Region 12</b>	Covington, Forrest, Greene, Jefferson Davis, Jones, Lamar, Marion, Perry, and Wayne Counties	<u>Pine Belt Mental Healthcare Resources</u> 103 South 19th Avenue/P. O. Box 1030 Hattiesburg, MS 39403 Phone: (601) 544-4641/Fax: (601) 582-1607
<b>Region 13</b>	Hancock, Harrison, Pearl River, and Stone Counties	<u>Gulf Coast Mental Health Center</u> 1600 Broad Avenue Gulfport, MS 39501-3603 Phone: (228) 863-1132/Fax: (228) 865-1700
<b>Region 14</b>	George and Jackson Counties	<u>Singing River Services</u> 3407 Shamrock Court Gautier, MS 39553 Phone: (228) 497-0690/Fax: (228) 497-4666

<b>Region 15</b>	Warren and Yazoo Counties	<u>Warren-Yazoo Mental Health Services</u> 3444 Wisconsin Avenue/P. O. Box 820691 Vicksburg, MS 39182 Phone: (601) 638-0031/Fax: (601) 634-0234
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**B. Level II Evaluation for Mental Retardation**

Level II evaluations of individuals suspected of having MR are conducted by the Regional Centers (RCs). The RCs are listed by counties services.

<b>RC Provider</b>	<b>Counties Served</b>	<b>Address</b>
Boswell	Adams, Amite, Claiborne, Copiah, Franklin, Jefferson, Lawrence, Lincoln, Simpson, Warren, and Wilkinson Counties	<u>Boswell Regional Center</u> P.O. Box 128 Magee, Mississippi 39111 Phone: (601)867-5000/Fax: (601)849-2586
Hudspeth	Attala, Bolivar, Carroll, Choctaw, Clay, Hinds, Holmes, Humphreys, Issaquena, Leake, Leflore, Madison, Montgomery, Oktibbeha, Rankin, Scott, Sharkey, Sunflower, Washington, Webster, and Yazoo Counties	<u>Hudspeth Regional Center</u> P.O. Box 127-B Whitfield, Mississippi 39193 Phone: (601)664-6000/Fax: (601)354-6945
Ellisville	Clarke, Covington, Forrest, Greene, Jasper, Jefferson Davis, Jones, Kemper, Lamar, Lauderdale, Lowndes, Marion, Neshoba, Newton, Noxubee, Perry, Pike, Smith, Walthall, Wayne, and Winston Counties	<u>Ellisville State School</u> 1101 Hwy. 11 South Ellisville, Mississippi 39437 Phone: (601)477-9384/ Fax: (601)477-5700
NMRC	Alcorn, Benton, Calhoun, Chickasaw, Coahoma, DeSoto, Grenada, Itawamba, Lafayette, Lee, Marshall, Monroe, Panola, Pontotoc, Prentiss, Quitman, Tallahatchie, Tate, Tippah, Tishomingo, Tunica, Union, and Yalobusha Counties	<u>North Mississippi Regional Center</u> 967 Regional Center Drive Oxford, Mississippi 38655 Phone: (662)234-1476/Fax: (662)234-1699
SMRC	George, Hancock, Harrison, Jackson, Pearl River, and Stone Counties	<u>South Mississippi Regional Center</u> 1170 West Railroad Street Long Beach, Mississippi 39560 Phone: (228)868-2923/ Fax: (228)865-9364

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New: X</b>	<b>Date: 03/01/08</b>
	<b>Revised:</b>	<b>Date:</b>
	<b>Current:</b>	
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.08</b>	
	<b>Pages: 1</b>	
<b>Subject: Credential Requirements for Level II Evaluators</b>	<b>Cross Reference:</b>	

### **Credential Requirements for Level II MI Evaluators**

The Level II Evaluation for MI must be completed by individuals who possess the following credentials, at a minimum:

1. Evaluators must be employed by a CMHC.
2. The psychosocial assessment portion of the Level II must be conducted by an individual who meets the following requirements:
  - a. Is duly licensed/certified as a: CMHT, LCMHT, LCSW, LMSW, LSW, psychologist, or RN; and
  - b. Has completed the DMH training for Pre-Evaluation Screening.
3. The psychiatric history and evaluation must be completed by:
  - a. A psychiatrist;
  - b. A psychologist; or
  - c. A PMHNP.

### **Credential Requirements for Level II MR Evaluators**

The Level II Evaluation for MR is completed by an interdisciplinary team of diagnostic and evaluation professionals who possess the following credentials, at a minimum:

1. The social history and adaptive behavior assessment must be completed by:
  - a. a CMRT;
  - b. a LCMRT;
  - c. a LSW;
  - d. a psychologist;
  - e. an RN; or
  - f. other DMH approved personnel.
2. The psychological assessment must be completed by DMH-approved personnel and signed by a psychologist.
3. The medical summary must be completed by:
  - a. an RN;
  - b. a Nurse Practitioner; or
  - c. a Physician.

# PRE-ADMISSION SCREENING/RESIDENT REVIEW SUMMARY

## Level II for MI

**1. A** Instructions: Please type or print in legible manner to ensure accurate review.

Date Referral Received: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

SSN: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_ Medicare ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Level II Evaluation: Initial \_\_\_\_\_ Subsequent \_\_\_\_\_ NF Resident? Yes \_\_\_ No \_\_\_

Designated Rep (name and address): \_\_\_\_\_

**1. B**

**Admitting Diagnosis:**

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Significant Medical Problems:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1. C**

**Level II Provider:** Name: \_\_\_\_\_ Medicaid Provider ID: \_\_\_\_\_

	Evaluator Name	Credential	Assessment Date	Time Spent
<b>Level II</b>				
Psychosocial				
Psychiatric History				
Report Completion				
Travel				

Screening terminated? Yes \_\_\_ No \_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does this individual pose any danger to self or others? YES NO

If yes, explain \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The following strengths and needs were identified from this evaluation process:

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**1. D**

<u>Strengths</u>	<u>Needs</u>
(i.e. Compliance with medication regimen, insight into psychiatric condition, family support, alert, oriented, etc.)	(i.e. Non-compliant with medications, lack of insight/motivation, inadequate family support, chronic course of illness, unable to perform ADLs, etc.)

**Evaluator's Recommendations**

**1. E**

**Nursing Facility Recommendations:**

- Appropriate for NF Placement
- Not Appropriate for NF Placement

**Treatment Recommendations:**

**Specialized Services:** (To be provided by CMHC)

- Medication Monitoring
- Individual Therapy
- Family Therapy
- Group Therapy
- Elderly Psychosocial Rehabilitation
- Nursing Assessment
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Mental Health Rehabilitation Services:** (To be provided by NF):

- Crisis Intervention
- Behavior Management
- Environmental Structuring
- Sensori-motor Program
- Mobility Training
- Sensory Stimulation
- Adaptive Equipment Evaluation
- Behavior Management
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Structured Therapeutic Activities
  - Communication
  - Eating skills
  - Toileting skills
  - Re-socialization skills
  - Independent living skills
  - Community living skills
  - Pre-vocational skills
  - Education services
  - Other \_\_\_\_\_
  - Other \_\_\_\_\_

## PSYCHOSOCIAL DIAGNOSTIC ASSESSMENT Level II for Mental Illness

**2.A** Instructions: Please type or print in legible manner to ensure accurate review.

- |   |   |   |
|---|---|---|
| 1. Marital Status:<br><input type="checkbox"/> Never Married<br><input type="checkbox"/> Married<br><input type="checkbox"/> Divorced<br><input type="checkbox"/> Cohabiting<br><input type="checkbox"/> Single<br><input type="checkbox"/> Unknown | 2. Educational Level:<br><input type="checkbox"/> No Attendance<br><input type="checkbox"/> High School<br><input type="checkbox"/> Elementary<br><input type="checkbox"/> Middle School<br><input type="checkbox"/> College<br><input type="checkbox"/> Post | 3. Race/Ethnicity:<br><input type="checkbox"/> American Indian/Alaska Native<br><input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> African American<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Caucasian |
|---|---|---|

Primary reason(s) for individual seeking nursing facility care (Check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Illness/Disease         | <input type="checkbox"/> Mental problems                 |
| <input type="checkbox"/> Cannot manage household | <input type="checkbox"/> Decline in ADLs                 |
| <input type="checkbox"/> No Primary Caregiver    | <input type="checkbox"/> Financial problems              |
| <input type="checkbox"/> Isolation               | <input type="checkbox"/> Behaviors requiring supervision |
| <input type="checkbox"/> Other (specify): _____  |  |

**2.B** Current Living Arrangements, including social support systems, recent medical or psychosocial stressors (give brief history):

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**2.C** Indicate previous treatment and/or diagnosis for mental illness (including substance abuse or alcoholism), mental retardation, and/or developmental disability at any public or private hospital or community program?

<u>Hospital or Community Program</u>	<u>Approximate Dates</u>	<u>Reason</u>	<u>Diagnoses</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**2.D BEHAVIORAL REVIEW**

Check and describe all that apply.

- Pleasant/Cooperative Describe \_\_\_\_\_
- Threatening Describe \_\_\_\_\_
- Violent Describe \_\_\_\_\_
- Suspicion/Paranoia Describe \_\_\_\_\_
- Agitated Describe \_\_\_\_\_
- Withdrawn Describe \_\_\_\_\_
- Sexually Inappropriate Describe \_\_\_\_\_
- Aggressive Describe \_\_\_\_\_
- Crying Describe \_\_\_\_\_
- Talkative Describe \_\_\_\_\_
- Manipulative Describe \_\_\_\_\_
- Demanding Describe \_\_\_\_\_
- Self-Abusive Describe \_\_\_\_\_

**2.E INTERPERSONAL FUNCTIONING REVIEW**

Check and describe all that apply.

- Interacts well with others Describe \_\_\_\_\_
- Initiates activities Describe \_\_\_\_\_
- At ease in group settings Describe \_\_\_\_\_
- Personal conflict with  
family or friends Describe \_\_\_\_\_
- Accepts invitation to  
interact with others Describe \_\_\_\_\_
- Adjust easily to change Describe \_\_\_\_\_
- Refuses leisure activities Describe \_\_\_\_\_
- Refuses ADLs Describe \_\_\_\_\_
- Refuses medications Describe \_\_\_\_\_

**2.F SENSORY/COMMUNICATION REVIEW**

Check and describe all that apply.

- Hearing Impairment Describe \_\_\_\_\_
- Vision Impairment Describe \_\_\_\_\_
- Mute Describe \_\_\_\_\_
- Memory Impairment Describe \_\_\_\_\_
- Understands directions Describe \_\_\_\_\_
- Indicates Yes or No to  
simple questions Describe \_\_\_\_\_
- Asks simple questions Describe \_\_\_\_\_
- Understands questions  
asked Describe \_\_\_\_\_

**2.G EMOTIONAL REVIEW**

Check and describe all that apply.

- Normal Mood Describe \_\_\_\_\_
- Depressed Describe \_\_\_\_\_
- Irritable Describe \_\_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

5

- Elevated Mood Describe \_\_\_\_\_
- Euphoric Describe \_\_\_\_\_
- Sad Describe \_\_\_\_\_
- Labile Mood Describe \_\_\_\_\_

### 2. H SENSORI-MOTOR FUNCTIONING REVIEW

Check and describe all that apply.

- Normal function Describe \_\_\_\_\_
- Unable to sit in chair Describe \_\_\_\_\_
- Involuntary movements Describe \_\_\_\_\_
- Restricted use of hands Describe \_\_\_\_\_
- Restricted use of legs Describe \_\_\_\_\_
- Unsteady gait Describe \_\_\_\_\_
- Uses walker Describe \_\_\_\_\_
- Confined to wheelchair Describe \_\_\_\_\_
- Confined to bed Describe \_\_\_\_\_
- At risk for falls Describe \_\_\_\_\_
- History of falls Describe \_\_\_\_\_

### 2. I EATING BEHAVIOR REVIEW

Check and describe all that apply.

- Eats a reasonable diet Describe \_\_\_\_\_
- Refuses food Describe \_\_\_\_\_
- Noncompliant with diet Describe \_\_\_\_\_
- Eats inedible food Describe \_\_\_\_\_
- Forgets to eat Describe \_\_\_\_\_
- Difficulty chewing/swallowing Describe \_\_\_\_\_

### 2. J COMMUNITY LIVING SKILLS REVIEW

Check level of assistance.

#### ADL Skill

	<u>Self-Performance</u>	<u>Assistance</u>	<u>Total Support</u>
Eating	_____	_____	_____
Toileting Use	_____	_____	_____
Personal Hygiene	_____	_____	_____
Dressing/Grooming	_____	_____	_____
Selecting Appropriate Clothing	_____	_____	_____
Using Telephone	_____	_____	_____
Shopping for simple meal	_____	_____	_____
Cooking a simple meal	_____	_____	_____
Doing laundry	_____	_____	_____
Crossing streets	_____	_____	_____
Asking for help in emergencies	_____	_____	_____
Managing own money	_____	_____	_____
Monitoring own health status	_____	_____	_____
Arranging needed medical care	_____	_____	_____

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ 6

Additional comments, if needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List names of source(s) and date interviewed for this assessment:

<u>Name</u>	<u>Relationship</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Report date: \_\_\_\_\_

Print name: \_\_\_\_\_

Signed by: \_\_\_\_\_

(Signature & Credential)

### 3.A PSYCHIATRIC HISTORY AND EVALUATION

Instructions: Please type or print in legible manner to ensure accurate review.

1. Chief Complaint (Resident's own words) \_\_\_\_\_  
\_\_\_\_\_
2. Present Illness \_\_\_\_\_  
\_\_\_\_\_
3. Brief past psychiatric and neurological history \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. General appearance and behavior \_\_\_\_\_  
\_\_\_\_\_
5. Stream of thought and speech \_\_\_\_\_  
\_\_\_\_\_
6. Affect (Emotions) mood \_\_\_\_\_  
\_\_\_\_\_
7. Thought content (fantasies, phobias, delusions, hallucinations) \_\_\_\_\_  
\_\_\_\_\_
8. Suicidal and/or homicidal thoughts: \_\_\_\_\_  
\_\_\_\_\_
9. Sensorium
  - a. Orientation \_\_\_\_\_
  - b. Memory \_\_\_\_\_
  - c. Intelligence and Education \_\_\_\_\_
  - d. Judgement (Abstract Reasoning) \_\_\_\_\_
10. Insight \_\_\_\_\_  
\_\_\_\_\_
11. Strengths/Weaknesses \_\_\_\_\_  
\_\_\_\_\_
12. Other pertinent information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ 8

13. Current medications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Diagnostic Impressions  
Axis I: \_\_\_\_\_  
Axis II: \_\_\_\_\_  
Axis III: \_\_\_\_\_  
Axis IV: \_\_\_\_\_  
Axis V: \_\_\_\_\_

15. Recommendations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Psychiatrist, Psychologist or PMHNP  
Printed Name \_\_\_\_\_

\_\_\_\_\_  
Date

# PRE-ADMISSION SCREENING/RESIDENT REVIEW SUMMARY

## Level II for MR

Instructions: Please type or print in legible manner to ensure accurate review.

Date Referral Received: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

SSN: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_ Medicare ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Level II Evaluation: Initial \_\_\_\_\_ Subsequent \_\_\_\_\_ NF Resident? Yes \_\_\_ No \_\_\_

Designated Rep (name and address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Admitting Diagnosis:

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Significant Medical Problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Level I Provider: Name: \_\_\_\_\_

Level II Provider: Name: \_\_\_\_\_ Medicaid Provider ID: \_\_\_\_\_

	Evaluator Name	Credential	Assessment Date
Social History			
Adaptive Behavior Assessment			
Medical/Nursing Summary			
Psychological Evaluation			
Interdisciplinary (ID) Summary			
Recommendations			

Screening terminated? Yes \_\_\_ No \_\_\_ Reason: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does this individual pose any danger to self or others? YES NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

The following strengths and needs were identified from this evaluation process:

<u>Strengths</u>	<u>Needs</u>

### Recommendations

**Nursing Facility Recommendations:**

- Appropriate for NF Placement
- Not Appropriate for NF Placement

**Treatment Recommendations:**

**Specialized Services:** (To be provided by RC)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Mental Health Rehabilitation Services:** (To be provided by NF):

- |  |  |
|--|--|
| <input type="checkbox"/> Crisis Intervention       | <input type="checkbox"/> Sensory Stimulation           |
| <input type="checkbox"/> Behavior Management       | <input type="checkbox"/> Adaptive Equipment Evaluation |
| <input type="checkbox"/> Environmental Structuring | <input type="checkbox"/> Behavior Management           |
| <input type="checkbox"/> Sensori-motor Program     | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Mobility Training         | <input type="checkbox"/> Other _____                   |
- 
- |  |  |
|--|--|
| <input type="checkbox"/> Structured Therapeutic Activities | <input type="checkbox"/> Community living skills |
| <input type="checkbox"/> Communication                     | <input type="checkbox"/> Pre-vocational skills   |
| <input type="checkbox"/> Eating skills                     | <input type="checkbox"/> Education services      |
| <input type="checkbox"/> Toileting skills                  | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Re-socialization skills           | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Independent living skills         |  |

RC Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

**ATTACH H&P AND COMPLETED MR EVALUATION REPORT**

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New: X</b>	<b>Date: 03/01/08</b>
	<b>Revised:</b>	<b>Date:</b>
	<b>Current:</b>	
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.10</b>	
	<b>Pages: 1</b>	
<b>Subject: Submission of the Completed Level II Evaluation to ARC</b>	<b>Cross Reference: <u>Pre-Admission Screening/Resident Review Summary &amp; Psychosocial Diagnostic Assessment, 20.09</u></b>	

Upon completion of the Level II evaluation, the CMHC/RC should also verify the completeness of the PASRR Packet according to the requirements listed in Section 20.09 prior to submission to the PASRR Coordinator. ARC determinations will not be rendered for incomplete PASRR packets.

The **completed** PASRR Packet must be submitted by the CMHC/RC to the PASRR Coordinator no later than 2 days after the completion of the Level II evaluation. The information that must be included in the PASRR Packet is detailed in Section 20.09.

The PASRR Coordinator will review the PASRR Packet for completeness, timeliness, and compliance to requirements for Level II evaluations. If additional information is needed from the CMCH/RC prior to the ARC determination review, the PASRR Coordinator will notify the appropriate facility or program of the specific information needed.

When the completed PASRR Packet has been received by the PASRR Coordinator, it is forwarded to the ARC for determination review. If the individual is determined to be appropriate for NF services, the ARC will then determine whether additional specialized and/or rehabilitative services are indicated for the individual.

#### **Credentials of the ARC:**

Level II Evaluations for MI will be reviewed by the ARC, which will consist of:

- an RN; and
- a Psychiatrist, serving as the designated State Mental Health Authority Representative.

Level II for MR will be reviewed by the ARC, consisting of:

- an RN; and
- a psychologist, LCMRT, or CMRT, serving as the designated State Mental Retardation Authority Representative.

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New: X</b>	<b>Date: 03/01/08</b>
	<b>Revised:</b>	<b>Date:</b>
	<b>Current:</b>	
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.11</b>	
	<b>Pages: 3</b>	
<b>Subject: Specialized Services</b>	<b>Cross Reference: Mental Health/Community Mental Health (CMH), 15.00</b>	

The CMHC/RC is required in the Level II Evaluation to assess each applicant's need for mental health rehabilitative services and/or specialized services for MI/MR. If the need for specialized services exists, the CMHC/RC will recommend the specific services needed in the PASRR Level II Screening Summary. The ARC will determine: 1) whether or not an applicant needs NF services; and 2) which, if any, specialized services are required.

If the ARC determines mental health rehabilitative services are required, the NF is responsible for providing them.

If the ARC determines that specialized services for MI and/or MR (services requiring a higher level of MI/MR expertise) are needed, the CMHC (for MI) or RC (for MR) is responsible for providing them.

### **Specialized Rehabilitative Services**

Specialized rehabilitative services are rehabilitative services which the NF is required to provide to meet the daily physical, social, functional or mental health needs of its residents.

Examples of specialized rehabilitative services include, but are not limited to, (42 CFR 483.45):

- Physical Therapy
- Speech/language therapy
- Occupational therapy
- Mental Health Rehabilitative Services for MI and/or MR (defined below).

The NF must provide the services necessary for the well-being of its residents, even when the services are not specifically mentioned in the Medicaid State Plan. The Medicaid beneficiary cannot be charged a fee for specialized rehabilitative services because they are covered facility services.

A facility is not obligated to provide specialized rehabilitative services when there is no current resident who requires the services. If a resident develops the need for a service after admission, the facility must either: 1) provide the service; or 2) obtain the service from an outside resource.

### **Mental Health Rehabilitative Services**

Mental Health Rehabilitative Services for MI and MR – (42 CFR) – These are rehabilitative services which the NF is required to provide to meet the daily mental health needs of its residents. These services may include, but are not limited to:

- Consistent implementation, during the resident's daily routine and across settings, of systematic plans which are designed to change inappropriate behaviors;
- Administering and monitoring the effectiveness and side effects of medications which have been prescribed to change inappropriate behavior or to alter manifestations of psychiatric illness;
- Provision of a structured environment for those individuals who are determined to need such structure (e.g., structured socialization activities to diminish tendencies toward isolation and withdrawal);
- Development, maintenance, and consistent implementation across settings of those programs designed to teach individuals the daily living skills they need to be more independent and self-determining. Program focus may include but not be limited to grooming, personal hygiene, mobility, nutrition, health, medication management, mental health education, money

- 
- 
- management, and maintenance of the living environment;
  - Development of appropriate personal support networks; and
  - Formal behavior modification programs.

If these services are needed by a resident, they must be provided by the NF, regardless of whether the need was identified through the PASRR process, and regardless of whether the resident requires other specialized services through the CMHC/RC.

### **Specialized Services for Mental Illness (MI)**

Specialized Services for MI means the services specified by the CMHC which, when combined with services provided by the NF, result in the continuous and aggressive implementation of an individualized plan of care that:

- Is developed and supervised by an interdisciplinary team, which includes a physician and any other professional appropriate to the individual's situation;
- Prescribes specific therapies and activities for the treatment of the individual;
- Is directed toward diagnosis and reduction of the resident's mental/emotional disturbance, improvement of his/her level of independent functioning, and achievement of a functional level that permits reduction on the intensity of mental health services to below the level of specialized services at the earliest possible time.

### **Specialized Services Provided by Community Mental Health Center (CMHC)**

Specialized services provided by CMHCs include:

- Medication Evaluation & Monitoring- The intentional face-to-face interaction between a physician or a nurse practitioner and a resident for the purpose of assessing the need for psychotropic medication, prescribing medications and regular periodic monitoring of the medications prescribed for therapeutic effect and medical safety.
- Individual Therapy- One-on-one psychotherapy that takes place between a mental health therapist and a resident.
- Family Therapy- Psychotherapy that takes place between a **mental** health therapist and **an** individual's family members, with or without the presence of the individual. Family therapy may also include others with whom the resident has a family-like relationship. Meetings with NF staff that do not include the resident may not be considered family therapy.
- Group Therapy- Psychotherapy that take place between a mental health therapist and at least two (2), but no more that twelve (12) residents at the same time. Possibilities include, but are not limited to, groups that focus on coping with or overcoming depression, adaptation to changing life circumstances, self esteem enhancement, etc.
- Psychosocial Rehabilitation for the Elderly- A program of structured activities designed to support and enhance the ability of NF residents to function at the highest possible level of independence. The activities target the specific needs and concerns of the elderly while aiming to improve individuals' reality orientation, social adaptation, physical coordination, daily living skills, time and resource management, task completion and other areas of competence that promote independence in daily life. Activities are designed to alleviate such psychiatric symptoms as confusion, anxiety, disorientation, distraction, preoccupation, isolation, withdrawal and feelings of low self-worth.

Specific requirements for these services provided by CMHCs are outlined in section 15.0 of the Provider Policy Manual.

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### **Specialized Services for Mental Retardation (MR)**

**Specialized** services for MR means the services specified by the RC which, combined with services provided by the NF or other service providers, result in treatment which meets the requirements for Condition of Participation of Active Treatment Services for the ICF/MR (42 CFR 483.440).

### **Specialized Services Provided by Regional Centers (RC)**

Specialized services provided by RCs can include, but are not limited to:

- Training targeted toward amelioration of identified basic skill deficits and/or maladaptive behavior;
- Priority training needed to achieve greater levels of independence and self-determination; and
- Aggressive implementation of a systematic program of formal and informal techniques and competent interactions continuously targeted toward achieving a measurable level of skill competency specified in written objectives (based on a comprehensive interdisciplinary evaluation) and conducted in all client settings and by all personnel involved with the individual.

# DEPARTMENT OF MENTAL HEALTH

State of Mississippi  
PASRR Office

P. O. Box 157-A  
B-22  
Whitfield, Mississippi 39193



(601) 351-8267  
FAX: (601) 351-8268

## PASRR DETERMINATION

TO: Individual and/or Designated  
Representative \_\_\_\_\_  
\_\_\_\_\_  
NF \_\_\_\_\_  
Physician \_\_\_\_\_  
D/C hospital \_\_\_\_\_  
MRO \_\_\_\_\_

FROM: Appropriateness Review Committee  
MS Department of Mental Health

SUBJECT: PASRR Level II Determination

- Individual \_\_\_\_\_
- Approved
  - Approved with Recommendations
    - Specialized services (provided by CMHC/RC)
    - Mental Health Rehabilitative Services (provided by NF)
  - Individual is denied admission for the reasons below:  
\_\_\_\_\_

### TREATMENT RECOMMENDATIONS:

#### Specialized Services by CMHC

- Medication Monitoring
- Individual Therapy
- Family Therapy
- Group Therapy
- Elderly Psychosocial Rehabilitation
- Nursing Assessment
- Other \_\_\_\_\_

#### Specialized Services by RC

Specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Mental Health Rehabilitative Services by NF

- |  |  |
|--|--|
| <input type="checkbox"/> Crisis Intervention               | <input type="checkbox"/> Sensory Stimulation           |
| <input type="checkbox"/> Behavior Management               | <input type="checkbox"/> Adaptive Equipment Evaluation |
| <input type="checkbox"/> Environmental Structuring         | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Sensory-motor Program             | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Mobility Training                 |  |
| <input type="checkbox"/> Structured Therapeutic Activities |  |
| <input type="checkbox"/> Communication                     | <input type="checkbox"/> Community living skills       |
| <input type="checkbox"/> Eating skills                     | <input type="checkbox"/> Pre-vocational skills         |
| <input type="checkbox"/> Toileting skills                  | <input type="checkbox"/> Educational services          |
| <input type="checkbox"/> Re-socialization skills           | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Independent living skills         | <input type="checkbox"/> Other _____                   |

\_\_\_\_\_  
State Mental Health/Mental Retardation Authority

\_\_\_\_\_  
Date

If you do not agree with this determination, the applicant/designated representative has the right to an appeal. The applicant/designated representative must submit the request for an appeal in writing within thirty (30) days of the date of this letter to the address listed at the top of this form.

# DEPARTMENT OF MENTAL HEALTH

State of Mississippi  
PASRR Office



P. O. Box 157-A  
B-22  
Whitfield, Mississippi 39193

(601) 351-8267  
FAX (601) 351-8268

## PASRR SIGNIFICANT CHANGE REPORTING FORM EXCHANGE OF INFORMATION BETWEEN NURSING FACILITY AND STATE PASRR COORDINATOR

Name of Facility: \_\_\_\_\_

Provider No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Individual=s Name: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Check significant change and attach the Medication Administration Record (MAR), Physician Order, Physician Progress Notes, and current diagnosis leading to the significant change. Attach the Psychiatric Evaluation, Nurses Notes, Discharge Summary, and if available, documentation of:

- 1. Addition of routine medication in the following drug classes; Anti-psychotic, Anti-depressant, Sedative Hypnotic, Lithium or Anti-epileptic drugs used as a mood stabilizer or Anti-cholinergic.
- 2. Appearance or exacerbation of psychotic symptoms (e.g., hallucinations, delusions, catatonia).
- 3. Development or worsening of major depression.
- 4. Serious violence or threats of violence.
- 5. Attempted or threatened suicide.
- 6. Hospitalization related to mental condition.
- 7. Institution of restraint for behavioral control.
- 8. Transfer to a more restrictive environment for behavioral control.
- 9. Rapid deterioration in mental status or behavior unrelated to medical condition.
- 10. \_\_\_\_\_

**Submit to: PASRR Office; P.O. Box 157-B; B-22; Whitfield, MS 39193**

### NOTICE OF ACTION TAKEN FOR STATE PASRR COORDINATOR USE ONLY

- YES (Level II Required) \_\_MI\_\_MR
- NO (No Level II Required)

CMHC/RC \_\_\_\_\_  
Notification Date \_\_\_\_\_

\_\_\_\_\_  
PASRR Coordinator

\_\_\_\_\_  
Date

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New: X</b>	<b>Date: 03/01/08</b>
	<b>Revised:</b>	<b>Date:</b>
	<b>Current:</b>	
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.14</b>	
	<b>Pages: 1</b>	
<b>Subject: Confidentiality/ Safeguards</b>	<b>Cross Reference:</b>	

As part of the PAS process, the individual and legal and/or designated representative must be notified in writing that the individual is suspected of having MI and/or MR and is being referred for a Level II evaluation. This is accomplished by including the individual's signature on the Level I evaluation and providing a copy of the PAS to the individual, and his or her legal and/or designated representative. The PAS and Level II Evaluation must involve the individual being evaluated; the individual's legal and/or designated representative; and the individual's family (if they are available and the individual and legal and/or designated representative agrees to family participation).

The PAS, the Level II Evaluations, and all notices must be adapted to the cultural background, language, ethnic origin and means of communication used by the individual being evaluated. PAS and Level II Evaluation findings must be interpreted and explained to the individual and legal and/or designated representative.

Interdisciplinary coordination must occur and be documented when more than one evaluator performs any portion of the Level II Evaluation.

The gathering of information necessary for determining whether it is appropriate for the individual with MI and/or MR to be placed in an NF or in another appropriate setting should occur throughout all applicable portions of the PASRR evaluation. All information must be considered and recommendations must be based upon a comprehensive analysis of all data concerning the individual. If there is available data that is considered valid and accurate and reflects the current functional status of the individual, evaluators may use data obtained prior to initiation of the PASRR process. In order to supplement and verify the existing data is current and accurate, it may be necessary for the CMHC/RC to gather additional information to assess proper placement and treatment. Information may be obtained/released only with properly executed consents.

All ARC Determinations for PASRR made by the ARC will be maintained by the PASRR Office in accordance with State Law. All PASRR Determinations must be recorded in the resident's record at the NF to which they are admitted and maintained in accordance with State Law.

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New: X</b>	<b>Date: 03/01/08</b>
	<b>Revised:</b>	<b>Date:</b>
	<b>Current:</b>	
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.15</b>	
	<b>Pages: 1</b>	
<b>Subject: Appeal Process</b>	<b>Cross Reference:</b>	

If an individual or his/her legal or designated representative does not agree with the ARC Determination made by the DMH, he/she has a right to appeal the decision.

- The individual/legal or designated representative must request an appeal in writing directed to the State PASRR Coordinator within thirty (30) days of receipt of the written notification of the ARC Determination. Documentation submitted must indicate the reason for the request for re-determination.
- The Bureau Director of the Department of Mental Health/Mental Retardation shall review the ARC Determination and any supplemental information submitted and notify the individual/legal or designated representative of the results of the re-determination within thirty (30) days of receipt of the request for an appeal.
- If the individual/legal or designated representative does not agree with the Bureau Director's decision, they have the right of appeal to the Executive Director of the Department of Mental Health. The individual/legal or designated representative must notify the State PASRR Coordinator in writing within thirty (30) days of receipt of written notification of the Bureau Director's decision.
- The Executive Director of the Department of Mental Health shall review the ARC Determination and any supplemental information submitted and notify the individual/legal or designated representative of the results of the re-determination within thirty (30) days of receipt of the request for an appeal.
- If the individual/legal or designated representative does not agree with the Executive Director's decision, they have the right of appeal to the State Board of Mental Health. The individual/legal or designated representative must notify the State PASRR Coordinator in writing within thirty (30) days of receipt of written notification of the Executive Director's decision.
- The State Board of Mental Health shall review the individual's complete PASRR record and notify the individual/legal or designated representative of the results of this review within forty-five (45) days of receipt of the request.
- PASRR determinations made by the Department of Mental Health can not be countermanded by the Division of Medicaid, either in the claims process or through other utilization control/review processes or by the State Department of Health through the survey and certification process.
- PASRR determinations made by the ARC as the State Mental Health Authority and Mental Retardation Authority can only be overturned if the appeal process is followed as specified in this section.

In making the determination, the Department of Mental Health's PASRR process must not use criteria relating to the need for nursing facility care or specialized services that are inconsistent with this regulation and any supplementary criteria adopted by the Division of Medicaid under its approved State Plan. 483.108 (a), (b).

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New: x</b> <b>Revised:</b> <b>Current:</b>	<b>Date: 03/01/08</b> <b>Date:</b>
<b>Section: Mental Health/Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.16</b> <b>Pages: 1</b> <b>Cross Reference:</b>	
<b>Subject: Contact Information</b>		

CONTACT	REGARDING	ADDRESS, PHONE & FAX
State PASRR Coordinator	PASRR Level II Evaluations Significant Change Reports	PASRR Office P.O. Box 157 Building 22 Whitfield, MS 39193  Phone: (601) 351-8267 Fax: (601) 351-8268
Long Term Care (LTC)	Pre-Admission Screenings	Division of Medicaid Long Term Care 550 High Street W. Sillers Building, Suite 1000 Jackson, MS 39201-1399  Phone: (601) 359-4283 Fax: (601) 359-1383 Web Portal address: <a href="https://msmedicaid.acs-inc.com">https://msmedicaid.acs-inc.com</a>
Mental Health Programs (MHP)	Medicaid Policy regarding PASRR	Division of Medicaid Mental Health Programs 550 High Street W. Sillers Building, Suite 1000 Jackson, MS 39201-1399  Phone: (601) 359-9545 Fax: (601) 576-4163

<b>Division of Medicaid</b>	<b>New: X</b>	<b>Date: 03/01/08</b>
<b>State of Mississippi</b>	<b>Revised:</b>	<b>Date:</b>
<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.17</b>	
	<b>Pages: 1</b>	
<b>Subject: Reserved for Future Use</b>	<b>Cross Reference:</b>	

Section 20.17 is RESERVED FOR FUTURE USE.

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New: X Revised: Current:</b>	<b>Date: 03/01/08 Date:</b>
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.18 Pages: 1 Cross Reference:</b>	
<b>Subject: Reserved for Future Use</b>		

Section 20.18 is RESERVED FOR FUTURE USE.

<b>Division of Medicaid</b>	<b>New: X</b>	<b>Date: 03/01/08</b>
<b>State of Mississippi</b>	<b>Revised:</b>	<b>Date:</b>
<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.19</b>	
	<b>Pages: 1</b>	
<b>Subject: Reserved for Future Use</b>	<b>Cross Reference:</b>	

Section 20.19 is RESERVED FOR FUTURE USE.

<b>Division of Medicaid</b>	<b>New: X</b>	<b>Date: 03/01/08</b>
<b>State of Mississippi</b>	<b>Revised:</b>	<b>Date:</b>
<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.20</b>	
	<b>Pages: 1</b>	
<b>Subject: Reserved for Future Use</b>	<b>Cross Reference:</b>	

Section 20.20 is RESERVED FOR FUTURE USE.

<b>Division of Medicaid</b>	<b>New: X</b>	<b>Date: 03/01/08</b>
<b>State of Mississippi</b>	<b>Revised:</b>	<b>Date:</b>
<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.21</b>	
	<b>Pages: 1</b>	
<b>Subject: Reserved for Future Use</b>	<b>Cross Reference:</b>	

Section 20.21 is RESERVED FOR FUTURE USE.

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New: X Revised: Current:</b>	<b>Date: 03/01/08 Date:</b>
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.22 Pages: 1 Cross Reference:</b>	
<b>Subject: Reserved for Future Use</b>		

Section 20.22 is RESERVED FOR FUTURE USE.

Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: Current:	Date: 03/01/08 Date:
Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)	Section: 20.23 Pages: 1 Cross Reference:	
Subject: Reserved for Future Use		

Section 20.23 is RESERVED FOR FUTURE USE.

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New: X Revised: Current:</b>	<b>Date: 03/01/08 Date:</b>
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.24 Pages: 1 Cross Reference:</b>	
<b>Subject: Reserved for Future Use</b>		

Section 20.24 is RESERVED FOR FUTURE USE.

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New: X</b>	<b>Date: 03/01/08</b>
	<b>Revised:</b>	<b>Date:</b>
	<b>Current:</b>	
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.25</b>	
	<b>Pages: 1</b>	
<b>Subject: Reserved for Future Use</b>	<b>Cross Reference:</b>	

Section 20.25 is RESERVED FOR FUTURE USE.

<b>Division of Medicaid</b>	<b>New: X</b>	<b>Date: 03/01/08</b>
<b>State of Mississippi</b>	<b>Revised:</b>	<b>Date:</b>
<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.26</b>	
	<b>Pages: 1</b>	
<b>Subject: Reserved for Future Use</b>	<b>Cross Reference:</b>	

Section 20.26 is RESERVED FOR FUTURE USE.

<b>Division of Medicaid</b>	<b>New: X</b>	<b>Date: 03/01/08</b>
<b>State of Mississippi</b>	<b>Revised:</b>	<b>Date:</b>
<b>Provider Policy Manual</b>	<b>Current:</b>	
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.27</b>	
	<b>Pages: 1</b>	
<b>Subject: Reserved for Future Use</b>	<b>Cross Reference:</b>	

Section 20.27 is RESERVED FOR FUTURE USE.

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New: X Revised: Current:</b>	<b>Date: 03/01/08 Date:</b>
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.28 Pages: 1 Cross Reference:</b>	
<b>Subject: Reserved for Future Use</b>		

Section 20.28 is RESERVED FOR FUTURE USE.

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New: X Revised: Current:</b>	<b>Date: 03/01/08 Date:</b>
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.29 Pages: 1 Cross Reference:</b>	
<b>Subject: Reserved for Future Use</b>		

Section 20.29 is RESERVED FOR FUTURE USE.

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New: X Revised: Current:</b>	<b>Date: 03/01/08 Date:</b>
<b>Section: Mental Health/ Pre-Admission Screening and Resident Review (PASRR)</b>	<b>Section: 20.30 Pages: 1 Cross Reference: Pre-Admission Screening/Resident Review Summary &amp; Psychosocial Diagnostic Assessment 20.09 Submission of the Completed Level II to ARC 20.10</b>	
<b>Subject: Reimbursement for PASRR Evaluations</b>		

In order for the provider to be eligible for reimbursement for conducting Level II evaluations, the CMHC/RC must submit a completed Pre-Admission Screening/Resident Review Summary to the PASRR Office for ARC determination. When the ARC has made a determination, DOM will be notified and the billing will be processed.

Reimbursements will be processed according to a report generated at the end of each month for all the Level II Evaluations completed within that month.

<b>Service</b>	<b>Unit Measure</b>
Mental Illness (MI) (as listed in Section 20.09) Psychosocial Assessment Psychiatric History and Evaluation	per service  per service
Level II – Mental Retardation (MR) (as listed in Section 20.09) Psychosocial Assessment	per hour
Support Services - Report Completion/Travel	per 15 minute unit

A unit is the actual time spent face-to-face with the NF applicant or the time involved with report completion and/or travel. For Psychosocial Assessment/Psychiatric History, it is the total beneficiary time spent, not staff time. Two staff members may not spend a total of one beneficiary hour and bill for two hours of staff time.

**Requirements for Reimbursement:**

- The Level II evaluation must be completed and submitted to the State PASRR Coordinator within 2 business days of completing the evaluation as indicated in Section 20.09, Components of the Level II Evaluation and Section 20.10, Submission of the Completed Level II to the ARC.
- Only completed Level II evaluations are eligible for reimbursement.
- All assessments which are part of the Level II Evaluation must be signed by the person who completed that assessment.

**Exclusions:**

- Incomplete Level II evaluations will not be reimbursed. The provider who conducts the Level II is responsible for obtaining and submitting all required components to the PASRR Office in order for any portion to be eligible for reimbursement.
- Therapeutic services provided by CMHCs in a NF to individuals who do not have an ARC Determination recommending the service are not eligible for Medicaid reimbursement.
- Level II Evaluations for individuals who have a primary diagnosis of Alzheimer’s Disease or other dementia are not eligible for reimbursement.
- Beneficiary time that is provided for various services cannot be conducted and/or billed by two different evaluators simultaneously.