Administrative Code

Title 23: Medicaid
Part 303
Pre-Admission Screening and Resident Review (PASRR)

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Title 23: Division of Medicaid

Part 303 Pre-Admission Screening and Resident Review (PASRR)

Part 303 Chapter 1: Pre-Admission Screening and Resident Review (PASRR)

Rule 1:1: Purpose

A. The purpose of the Pre-Admission Screening and Resident Review (PASRR) is to fulfill the necessary duties required by Medicaid 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).

B. 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.

C. 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.

D. Legal Authority is as stated in the Code of Federal Regulation (CFR) 42CFR483, States must operate a PASRR program. No Federal payment may be made for nursing facility (NF) services provided to individuals with mental illness (MI) and mental retardation (MR) not screened by a state PASRR program.

Source: Miss. Code Ann. § 43-13-121, 42CFR483, Code of Federal Regulations

Rule 1.2: Level I Pre-Admission (PAS) Screening

A. 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).

B. 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 level of care and Mental Illness/Mental Retardation (MI/MR) Evaluation. The PAS must include a medical history and physical examination (H&P) completed by a nurse practitioner/physician within six (6) months of the PAS date.

C. If an indication of MI/MR is found, the PAS must certify the need for a Level II evaluation.

D. Protected health information regarding the patient must be kept confidential, and cannot be released without written consent or written authorization, as appropriate, from the individual, or to provide treatment, payment or healthcare operations.

Source: Miss. Code Ann. § 43-13-121; Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 CFR Parts 160 & 164.

Rule 1.3: Advanced Group Categorical Determinations

A. Sometimes a PAS may identify an individual who has indications of MI and/or MR and who needs NF placement but who, for specific reasons, is unlikely to need or benefit from specialized services. These individuals may be recommended for nursing facility admission without being referred for a Level II Evaluation, provided that they are not dangerous to themselves or others, if their exempting conditions are documented, and the ARC, after reviewing this documentation, determines that a Level II Evaluation is not required.

B. If the screening physician believes that the applicant would benefit from specialized services despite the presence of conditions considered to be in the advanced category, he/she must refer the applicant for a Level II Evaluation.

C. Findings for Advanced Group Categorical Determinations must be documented in a brief written evaluative report by the screening physician, or nurse practitioner, and must, at a minimum:

    1. Identify the name and professional title of the person recommending the determination and the date of the recommendation,

    2. Identify the specific condition(s) which qualifies the individual for exemption from the Level II Evaluation,

    3. If applicable, describe the nature of any further assessment(s) which may be needed to determine the most appropriate setting and/or services for the individual,

    4. Identify, to the extent possible based on the available information, NF services that may be needed, including any mental health or specialized rehabilitative services, and

    5. Include evidence to support the evaluator's conclusions.

Source: Miss. Code Ann. § 43-13-121, 42CFR483.130 Code of Federal Regulations

Rule 1.4: Level II Evaluations

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

B. There are two (2) types of Level II Evaluations.

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

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

1) If, at the time of the PAS prior to NF admission, a LTC applicant is identified as meeting the requirements for LTC services and 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.

2) 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.

b) 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 the resident is still appropriate for the NF level of care, and if there have been any changes in his/her need for specialized services.

C. The Level II Evaluation process:

1. All Pre-Admission Screenings must be submitted to LTC within twenty-four (24) hours of completion of the screening. Medicaid 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.

   a) 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.

   b) 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, completing the PASRR packet and submitting it to the State PASRR Coordinator.

2. PASRR Level II Evaluations must be conducted by the CMHC/RC within five (5) business days of receiving the referral from the PASRR Coordinator.

3. The completed Level II PASRR Packet must be submitted, to the State PASR Coordinator as soon as possible but no later than two (2) business days after the evaluation is conducted.

4. When the completed PASRR packet has been received by the PASRR Coordinator, it is forwarded to the ARC for determination review.

    a) The ARC will render a determination within two (2) business days of receipt of the PASRR Packet or Subsequent Level II Evaluation.

    b) If the individual is determined to be appropriate for nursing facility services, the ARC will determine whether additional specialized and/or rehabilitative services are indicated for the individual.

5. The PASRR process must be completed within seven (7) to nine (9) business days.

Source: Miss. Code Ann. § 43-13-121, 42CFR 483.122(b) Code of Federal Regulations

Rule 1.5: Credential Requirements for Level II Evaluators

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

    1. A qualified mental health professional, as designated by the State,

    2. The psychosocial assessment portion of the Level II must be conducted by an individual who is duly licensed/certified as a CMHT, LCMHT, LCSW, LMFT, LMSW, LPC, LSW, psychologist, or RN, and

    3. The psychiatric history and evaluation must be completed by a psychiatrist, psychologist or PMHNP.

B. The Level II Evaluation for MR must be 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 CMRT, LCMRT, LSW, psychologist, RN or other DMH approved personnel,

    2. The psychological assessment must be completed by DMH approved personnel and signed by a psychologist, and

    3. The medical summary must be completed by a physician, nurse practitioner, or an RN.

Source: Miss. Code Ann. § 43-13-121

Rule 1.6: Credentials for the ARC

A. Level II Evaluations for MI must be reviewed by the ARC, consisting of an RN and a psychiatrist, serving as the designated State Mental Health Authority Representative.

B. Level II Evaluations for MR must be reviewed by the ARC, consisting of an RN and a psychologist, LCMRT, or CMRT, serving as the designated State Mental Retardation Authority Representative.

Source: Miss. Code Ann. § 43-13-121

Rule 1.7: Specialized Services

A. The CMHC/RC is required to assess each applicant's need for mental health rehabilitative services and/or specialized services for MI/MR in the Level II Evaluation. 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.

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

C. 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.

D. 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:

   1. Physical therapy,

   2. Speech/language therapy,

   3. Occupational therapy, and

   4. Mental Health Rehabilitative Services for MI and/or MR. Refer to Part 303, Chapter 1 Rule 1.7 G.

E. 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.

F. 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 provide the service or obtain the service from an outside resource.

G. Mental Health Rehabilitative Services for MI and MR 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:

   1. Consistent implementation, during the resident's daily routine and across settings, of systematic plans which are designed to change inappropriate behaviors,

   2. 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,

   3. Provision of a structured environment for those individuals who are determined to need such structure such as structured socialization activities to diminish tendencies toward isolation and withdrawal,

   4. 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,

   5. Development of appropriate personal support networks, or

   6. Formal behavior modification programs.

H. If Mental Health Rehabilitative Services for MI and MR 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.

I. Specialized Services for MI are 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:

   1. Is developed and supervised by an interdisciplinary team, which includes a physician and any other professional appropriate to the individual's situation,

   2. Prescribes specific therapies and activities for the treatment of the individual, and

   3. 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.

J. Specialized services provided by CMHCs include:

1. Medication Evaluation and Monitoring defined by Medicaid as an 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,

2. Individual Therapy defined as Medicaid as one-on-one psychotherapy that takes place between a mental health therapist and a resident,

3. Family Therapy defined by Medicaid as 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,

4. Group Therapy defined by Medicaid as 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 and self-esteem enhancement, and

5. Psychosocial Rehabilitation for the Elderly defined by Medicaid as a program of structured activities designed to support and enhances 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.

K. Specialized services for MR is defined by Medicaid as 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.

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

1. Training targeted toward amelioration of identified basic skill deficits and/or maladaptive behavior,

2. Priority training needed to achieve greater levels of independence and self-determination, and

3. 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 objective, based on a comprehensive interdisciplinary evaluation, and conducted in all client settings and by all personnel involved with the individual.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 483.45, 42 CFR 483.440,

Rule 1.8: Confidentiality Safeguards

A. 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.

   1. 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.

   2. The PAS and Level II Evaluation must involve the individual being evaluated, the individual/legal and/or designated representative, and the individual's family, if they are available. The individual/legal and/or designated representative must agrees to family participation.

B. 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.

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

D. 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 must 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.

E. All ARC Determinations for PASRR made by the ARC must 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.

Source: Miss. Code Ann. § 43-13-121

Rule 1.9: Appeal Process

A. 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.

   1. 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.

   2. 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.

   3. 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.

   4. 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.

   5. 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.

   6. 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.

   7. PASRR determinations made by the Department of Mental Health cannot be countermanded by 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.

   8. 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.

B. 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.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 483.108 (a), (b).

Rule 1.10: Reimbursement for PASRR Evaluations

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

B. 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.

C. Requirements for reimbursement are:

    1. The Level II Evaluation must be completed and submitted to the State PASRR Coordinator within two (2) business days of completing the evaluation,

    2. Only completed Level II Evaluations are eligible for reimbursement, and

    3. All assessments which are part of the Level II Evaluation must be signed by the person who completed that assessment.

D. Medicaid does not reimburse for:

    1. Incomplete Level II Evaluations. 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,

    2. Therapeutic services provided by CMHCs in a NF to individuals who do not have an ARC determination recommending the service,

    3. Level II Evaluations for individuals who have a primary diagnosis of Alzheimer's disease or other dementia, or

    4. Beneficiary time that is provided for various services cannot be conducted and/or billed by two different evaluators simultaneously.

Source: Miss. Code Ann. § 43-13-121