



CHARLIE CRIST
GOVERNOR

ANDREW C. AGWUNOBI, M.D.
SECRETARY

March 23, 2007

Dear Medicaid Provider:

This letter is to inform you of recent changes to Florida's Pre-Admission Screening and Resident Review (PASRR) process. Section 1919(e)(7) of the Social Security Act and Chapter 42 of the Code of Federal Regulations, Sections 483.100 through 483.138 specify the requirements for mental illness and mental retardation pre-admission screening of all individuals before they enter a nursing home, regardless of payment source. Federal regulations require that PASRR screenings take place prior to admission in order for a state to receive federal financial participation for Medicaid reimbursement of nursing home care.

Enclosed are the revised forms recently approved for use in Florida by the Centers for Medicare and Medicaid Services: Level I PASRR Screen and Level II PASRR Evaluation and Determination. To ensure pre-admission screening is conducted prior to nursing home admission, it will be necessary for hospitals to initiate completion of the PASRR screening as part of their discharge planning process. PASRR screening for nursing home admissions from other community settings will continue to be coordinated by nursing home staff.

Comprehensive Assessment and Review for Long-Term Care Services (CARES) staff from the Department of Elder Affairs (DOEA) will contact you in the near future about upcoming training sessions on the revised PASRR process and forms. CARES will be coordinating these training sessions with the appropriate agencies that participate in the PASRR process. If you have any questions, the enclosed chart provides local contact information for these agencies.

We appreciate your continued support of the Florida Medicaid Program.

Sincerely,

Thomas W. Arnold
Deputy Secretary for Medicaid

TWA/sr
Enclosures

FLORIDA'S PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR) PROCESS

CONTACT INFORMATION

LEVEL I SCREENING	
<p>ADULTS Age: 21 years & older</p>	<p>For information on Level I screening process for individuals age 21 and older, please contact your local Comprehensive Assessment and Review for Long-Term Care Services (CARES) staff from the Department of Elder Affairs (DOEA).</p> <p>A list of local CARES staff and their contact information can be found at: http://elderaffairs.state.fl.us/english/cares.html.</p>
<p>CHILDREN Age: 20 years & under</p>	<p>For information on the Level I screening process for individuals under the age of 21, please contact your regional Children's Multidisciplinary Assessment Team (CMAT) staff for assistance.</p> <p>A listing of regional CMAT staff and their contact information can be found at http://www.cms-kids.com/CMSNcmat.htm.</p>
LEVEL II EVALUATION	
<p>MENTAL ILLNESS Ages: all</p>	<p>Questions concerning individuals with mental illness should be directed to the Department of Children and Families (DCF) Substance Abuse and Mental Health Program (SAMH).</p> <p>A listing of local SAMH staff and their contact information can be found at: http://www.dcf.state.fl.us/mentalhealth/contacts.shtml.</p>
<p>CHILDREN Age: birth to 36 months</p>	<p>Questions concerning children birth to age three should be directed to Early Steps, Children's Medical Services (CMS).</p> <p>A listing of local Early Steps staff and their contact information can be found at http://www.cms-kids.com/ContactUs/EIPdir.pdf.</p>
<p>DEVELOPMENTAL DISABILITIES Age: 3 years and older</p>	<p>Questions concerning individuals with developmental disabilities age three years and older should be directed to the Agency for Persons with Disabilities (APD).</p> <p>A listing of local APD staff and their contact information can be found at: http://apd.myflorida.com/about/contact.htm.</p>
<p>Medicaid Area Offices</p>	<p>Local Medicaid Area Offices and their contact information can be found at: http://ahca.myflorida.com/Medicaid/Areas/index.shtml.</p>

Level I PASRR Screen

This screen is to be completed prior to admission to a nursing facility (NF). Failure to complete this form accurately may result in disallowance of Medicaid payment.

Name: _____ DOB: _____

Address: _____

Is this the applicant's first admission to any NF? ____ Yes ____ No

Date of admission: _____

Admitting diagnosis: Primary: _____

Secondary: _____

Others: _____

SECTION I: DANGER

Is the individual a danger to self and/or others? _____ Yes ____ No

If **Yes**, this individual **cannot** be admitted or retained in a NF pursuant to federal regulations. Appropriate treatment and placement must be sought. Upon stabilization, the case can be reviewed. Documentation must be secured from the attending physician or psychiatrist that indicates the individual is no longer a danger to self and/or others.

If **No**, proceed to Section II.

SECTION II: CATEGORICAL DETERMINATION OF DEMENTIA/RELATED DISORDER

Does the individual have a primary diagnosis of dementia (including Alzheimer's Disease or a related condition) or a non-primary diagnosis of dementia with a primary diagnosis that is not a major mental illness? _____ Yes ____ No

If **Yes**, this individual can be admitted or retained in a NF pursuant to federal regulations. A Level II Evaluation is not needed. Level I screener can sign and date Level I Screen.

If **No**, proceed to next question.

Does the individual have a dementia that exists in combination with MR or a related condition? _____ Yes ____ No

If **Yes**, this individual can be admitted or retained in a NF pursuant to federal regulations. A Level II Evaluation is not needed. Level I screener can sign and date Level I Screen.

If **No**, proceed to Section III.

SECTION III: MI/MR

*Look for indicators of MI/MR on the Patient Transfer and Continuity of Care Form (3008), DOEA Assessment Instrument (701B), CMAT Assessment and any other medical information provided.

Part A - Mental Illness

Does the individual have a diagnosis of a major mental illness as defined in the DSM-IV R, limited to schizophrenia, mood disorder, severe anxiety disorder, or a mental illness that may lead to a chronic disability?

*Questions on the back of this page will assist in making a determination as to whether the individual has a diagnosis or possible diagnosis of mental illness.

_____ Yes ____ No

Part B - Mental Retardation

Does the individual have a diagnosis of mental retardation as defined in the AAMR Manual on Classification in Mental Retardation or other related conditions such as cerebral palsy, epilepsy, or any other conditions, including autistic disorders, that are closely related to mental retardation because it results in impairment of general intellectual functioning or adaptive behavior (42 CFR 435.1009) which manifested prior to the age of 22?

_____ Yes ____ No

If both answers are **No**, Level I Screener can sign and date Level I Screen.

If any answer in Section III, Part A or Part B is **Yes**, proceed to Part C.

Name: _____ DOB: _____

Part C - Individualized Evaluations

A Level II Evaluation is required for individuals with MI or MR who meet one of the following advanced group determinations of the need for NF services. The Level II Evaluation and Determination must be received prior to NF admission.

1. Does the individual require convalescent care from an acute physical illness that required hospitalization and does not meet all the criteria for an exempt hospital discharge? _____ Yes _____ No
2. Does the individual have a terminal illness as defined for hospice purposes (**life expectancy six months or less**)? _____ Yes _____ No
3. Does the individual have a severe physical illness such as coma, ventilator dependence, functioning at a brain stem level, or diagnoses such as Chronic Obstructive Pulmonary Disease, Parkinson's Disease, Huntington's Disease, Amyotrophic Lateral Sclerosis and Congestive Heart Failure, which result in a level of impairment so severe that the individual could not be expected to benefit from Specialized Services? _____ Yes _____ No

Proceed to Section IV.

SECTION IV: EXEMPTED HOSPITAL DISCHARGE

Is the individual being admitted from a hospital after receiving acute inpatient care and requires NF services for the condition for which he or she received care in the hospital and whose attending physician has certified before admission that the individual is likely to require less than 30 days NF services? _____ Yes _____ No

If **Yes**, this individual can be admitted to a NF pursuant to federal regulations. A Level II Evaluation is not needed. Level I screener can sign and date Level I Screen. **If the individual is later found to require more than 30 days of NF care, a resident review must be conducted within 40 calendar days of admission.**

If **No**, proceed to Section V.

SECTION V: ADVANCE GROUP DETERMINATIONS

A provisional admission to a nursing facility can be made under the following time limited categories.

1. Pending further assessment of delirium where an accurate diagnosis cannot be made until the delirium clears, **not to exceed seven days.** _____ Yes _____ No
2. Pending further assessment in emergency situations requiring protective services, with placement in a nursing facility, **not to exceed seven days.** _____ Yes _____ No
3. Brief respite care for in-home caregivers, with placement in a nursing facility twice a year **not to exceed 14 days.** _____ Yes _____ No

If any answer is **Yes**, this individual can be admitted to a NF pursuant to federal regulations. Level I screener can sign and date Level I Screen. If the individual is later determined to need a longer stay, identified through a resident review, a Level II Evaluation and Determination must be conducted before continuation of the stay may be permitted and payment made for days of NF care beyond the State's time limit.

If all answers in Section V are **No**, a **Level II Evaluation is needed.** The **Level II Evaluation and Determination** must be received **prior to NF admission.**

SECTION VI: Level I Screener

Signature: _____ Date Completed: _____

Title: _____

Agency: _____

Date of Mental Health Evaluation, if applicable: _____

Date referred for Level II, if applicable: _____

Level II Agency: _____

**Guide for Determining a Diagnosis or Possible Diagnosis of a Serious Mental Illness,
Mental Retardation, or a Related Condition**

Does the Level I Screen indicate Alzheimer's Disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder as defined in the DSM-IVR? ___Yes ___No

Does the Level I Screen indicate the individual has a diagnosis or indication of (check those that apply):

- | | |
|--|--|
| Severe Anxiety/Panic Disorder___ | Bipolar Disorder___ |
| Schizoaffective Disorder___ | Major Depression___ |
| Psychotic Disorder___ | Somatoform Disorder___ |
| Dysthymia___ | Cyclothymia___ |
| Schizophrenia___ | Personality Disorder (specify)_____ |
| Prader-Willi Syndrome___ | Spina Bifida___ |
| Autism___ | Cerebral Palsy___ |
| Epilepsy___ | Mental Retardation with an IQ lower than 70___ |
| Childhood and Adolescent Disorder (specify)_____ | |
| Other_____ | |

Does the Level I Screen indicate that this disorder results in functional limitations in major life activities within the past 3 to 6 months that would be appropriate for the individual's developmental stage? ___Yes ___No

Does the individual typically have at least one of the following characteristics on a continuing or intermittent basis?

- A. Interpersonal functioning: The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation.
___Yes ___No

- B. Concentration, persistence, and pace: The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.
___Yes ___No

- C. Adaptation to change: The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.
___Yes ___No

Does the Level I Screen indicate the individual has received recent treatment for a mental illness? Does the treatment history indicate that the individual has experienced at least one of the following?

- A. Psychiatric treatment more intensive than outpatient care more than once in the past two years (e.g., partial hospitalization or inpatient hospitalization).
___Yes ___No

- B. Within the last two years, due to the mental illness, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.
___Yes ___No

