DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES POLICY #SP-5.1 - PASRR PROGRAM AND ATTACHMENTS A-H Page 1 of 25

POLICY:

As the state mental health and mental retardation authority, it is the policy of the MHDS Division to provide oversight and authority to the Level II PASRR program pertaining to screening determinations, specialized services and monitoring activities.

PURPOSE:

Pursuant to federal regulations addressed in 42 CFR 483 the state mental health (SMHA) and mental retardation authorities (SMRA) are responsible for oversight and administration of PASRR Level II functions. Described within this policy are common definitions, procedures and protocols which will guide all PASRR requirements and operations.

SCOPE: Division Wide

REFERENCE: 42 Code of Federal Regulations (CFR) 483.108 to 483.136

PROCEDURE:

I. Common PASRR Definitions:

- A. <u>PASRR-</u> Pre-Admission Screening and Resident Review. Before admission into a nursing facility a person must be screened to determine the presence of mental illness, mental retardation or a related condition. If such a condition exists, a further screening may be required to determine whether or not an individual may be placed in a nursing facility or another alternative setting.
- B. <u>Medicaid</u>- Division of Health Care Financing and Policy (DHCFP) Nevada Medicaid. The State Medicaid Authority (SMA) is responsible for the overall oversight and administration of the PASRR program.
- C. <u>Level I</u> Pursuant to 42 Code of Federal Regulations (CFR) 483.128 (a), the identification of individuals with a Mental Illness (MI) or Mental Retardation (MR). The PASRR program must identify all individuals who are suspected of having MI or MR as defined in 42 CFR 483.102.
- D. <u>Level II</u>- Pursuant to 42 CFR 483.128 (a), the function of evaluating and determining whether nursing facility (NF) services and specialized services are needed for individuals identified with MI or MR as defined in 42 CFR 483.102.
- E. <u>PASRR II-B</u> A PASRR II-B consumer is a person who has been screened as having mental illness, mental retardation or a related condition, and as a condition of being placed or allowing to remain

DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES POLICY #SP-5.1 - PASRR PROGRAM AND ATTACHMENTS A-H Page 2 of 25

in a nursing facility, requires PASRR Specialized Services. Additionally, if an individual in a nursing facility has a "significant status change" they are required to receive a PASRR screening.

F. MHDS - As defined by terminology used by the federal Centers for Medicare and Medicaid Services (CMS), the Nevada Division of Mental Health and Developmental Services (MHDS) is the state mental health authority (SMHA) and the state mental retardation (developmental services) authority (SMRA) in Nevada. MHDS is responsible for operation of state funded outpatient community mental health programs, psychiatric inpatient programs, mental health forensic services, developmental service programs and facilities, and Alcohol and Substance Abuse services and programs.

Within mental health are four agency service sites: Northern Nevada Adult Mental Health Services (NNAMHS), Southern Nevada Adult Mental Health Services (SNAMHS), Rural Services - Mental Health and Lake's Crossing Center. Within developmental services there are three agency service sites: Sierra Regional Center (SRC), Desert Regional Center (DRC) and Rural Services - Developmental Services. The final agency within MHDS is the Substance Abuse Prevention and Treatment Agency (SAPTA).

By Nevada state statute MHDS is responsible for planning, administration, policy setting, monitoring and budgeting development of all state funded mental health and developmental services programs.

G. Specialized Services

Pursuant to 42 CFR 483.120 (a), for mental illness, specialized services means the services are specified by the state (mental health authority) which, combined with services provided by the NF. results 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, qualified mental health professionals and, as appropriate, other professions; 2) prescribes specific therapies and activities for the treatment of persons experiencing an acute episode of serious mental illness, which necessitate supervision by trained mental health personnel: and 3) is directed toward diagnosing and reducing the resident's symptoms that necessitated institutionalization. improving his or her level that permits reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time.

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In Nevada, Mental Health Specialized Services are:

- 1. Psychotherapy (individual/group/family)
- 2. Psychotropic Medications
- 3. Psychiatrist Follow-Up Services
- 4. Psychiatric Evaluation
- 5. Psychological Testing
- 6. Transitioning services, to assist in moving to a less restrictive environment
- 7. Monitoring and Advocacy

8.	Other:	

Pursuant to 42 CFR 483.120 (2), for mental retardation, specialized services means the services specified by the state (developmental services authority) which, combined with other services provided by the NF or other service providers, results in a continuous active treatment program, which includes aggressive, consistent, implementation of a program of specialized and generic training, treatment, health services and related services.

In Nevada, Developmental Services (Mental Retardation and Related Conditions) include, but are not limited to:

- 1. Day Services;
- 2. Psychological Services;
- 3. School Referrals and Services;
- 4. Transitioning services, to assist in moving to a less restrictive environment;
- 5. Monitoring and Advocacy;
- 6. Other:

As the state's mental health and developmental services authority MHDS must work with nursing facilities to provide or arrange for the provision of specialized services to all nursing facility residents with MI, MR or related conditions whose needs are such that continuous supervision, treatment and training by qualified mental health or mental retardation personnel is necessary.

H. Magellan Medicaid Administration - The Medicaid Quality Improvement Organization-Like (QIO-like) vendor contracted by DHCFP-Medicaid. Magellan Medicaid Administration provides an array of fiscal agent, health care management and provider services. Among its array of contractual obligations to DHCFP-Medicaid, Magellan Medicaid Administration is responsible for making nursing facility PASRR Levels I and II MI and MR (includes related conditions), and Specialized Service determinations for Level II- related services - this is permitted through a "Delegation of

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Authority" Agreement MHDS has with DHCFP-Medicaid and Magellan Medicaid Administration.

II. PASRR Program Requirements:

- A. Pursuant to its being permitted by 42 CFR 483.106 (d) (2) (e), as the State's mental health and developmental services authorities MHDS delegates the responsibilities to Magellan Medicaid Administration to perform PASRR level II evaluations and determinations, including, when it determines to be clinically necessary due to the consumer's MH, MR or related conditions, specialized service determinations. Magellan Medicaid Administration is responsible for:
 - 1. Submitting copies of PASRR Level II determinations and evaluations/summary of findings to MHDS within three (3) business day of completion;
 - 2. Informing nursing facility applicants or residents of individual PASRR determinations;
 - Maintaining a tracking system for all PASRR Level I and II determinations and submitting to MHDS a monthly report of PASRR II activities;
 - Participating with MHDS and DHCFP-Medicaid in providing necessary PASRR-related training to nursing facilities, hospitals and other relevant providers, and when necessary, MHDS staff: and
 - 5. Participating in the Medicaid appeals process.
- B. MHDS will cooperate in efforts to establish a relationship between nursing facilities, Magellan Medicaid Administration and Medicaid necessary to comply with federally mandated PASRR requirements, including training, joint planning, access to records and exchange of information concerning individuals with mental illness, developmental disabilities or related conditions.
- C. Upon receipt of PASRR Level II-B screening determinations from Magellan Medicaid Administration, MHDS PASRR regional coordinators will create a hard copy file for each consumer determined to need mental health or developmental specialized services (PASRR II-B), which contain as a minimum:

DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES POLICY #SP-5.1 - PASRR PROGRAM AND ATTACHMENTS A-H Page 5 of 25

- 1. PASRR II determination and evaluation;
- 2. NF notification and MHDS Specialized Services forms;
- Documentation that identifies each specific mental health service(s) and specialized service(s) that are to be provided, the anticipated duration of each, and who is to provide each of these services;
- 4. Completed Quarterly PASRR Review forms; and
- 5. MHDS Central Office Communication forms (Attachments A and B).

Additionally, all Level II PASRR data will be collected and stored in both MHDS' data base and by MHDS agency hard copy files.

All PASRR Level II hard copy and electronic files are to be maintained in a secure location under the direction of the MHDS PASRR administrative assistant in the MHDS Central Office.

- D. MHDS regional agency PASRR staff will assist nursing facilities with arranging, delivering and/or monitoring the provision of specialized services to all individuals who agree to receive and comply with such services, as required by the federal PASRR regulations. Each MHDS regional agency PASRR coordinator shall assume the following responsibilities for specialized services:
 - 1. Within 30 days of being notified by the MHDS Central Office's PASRR administrative support person that a new PASRR II-B consumer is being added to their caseload, MHDS regional PASRR coordinators will provide an initial review of the consumer. Then, following the initial review, MHDS regional PASRR agency coordinators will conduct a quarterly consumer review every 90 days thereafter. This initial and quarterly review, monitoring and documentation are to assure that the PASRR II-B consumers are receiving Specialized Services. Additionally, the MHDS' (Central Office) PASRR administrative assistant must be notified by MHDS' Regional PASRR agency coordinators if there is a change in status warranting the consumer no longer requires PASRR services, or the consumer is no longer at the nursing facility (death or discharge to another setting). This review, monitoring and documentation compliance will be done by way of formal quarterly visits/reviews using the "MHDS"

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- PASRR II-B Quarterly Nursing Facility Review Form (Attachment C)."
- Whenever possible, assist in developing the plan for specialized services- this is most often accomplished by being a member of the PASRR II-B consumer's nursing facility multi-disciplinary team, responsible for developing and monitoring the consumer's plan of care The consumer's MHDS regional agency PASRR coordinator will notify individuals identified as needing specialized services or alternate placement options and help to facilitate such services or placement.
- 3. For PASRR II-B consumers placed in out-of-state nursing facilities, MHDS PASRR Regional Coordinators, in lieu of performing onsite nursing facility quarterly visits, will utilize the Out-of-State Documentation Request for Nevada PASRR II-B Residents Quarterly Review (Attachment E) form.
- E. MHDS' PASRR II-B consumers, regardless of location of the state, who are placed or reside in an out-of-state (OOS) nursing facility, will be assigned to the caseload of Rural Clinics (RC) (mental health PASRR II-B consumers) or Rural Regional Center (RRC) (mental retardation/developmental services PASRR II-B consumers). RC and RRC will only be responsible for reviewing and monitoring the initial and ongoing (quarterly) reviews of OOS PASRR II-B consumers. If no other resources are available and the Specialized Services the OOS PASRR II-B consumer requires must be provided and/or financed by MHDS. The MHDS agency in the geographic area of Nevada the consumer was placed from to the OOS nursing facility is responsible for this action.
- F. If a consumer requires specialized services, but is not eligible for NF placement, MHDS PASRR agencies will participate fully with Medicaid staff and/or the nursing facility to arrange for appropriate services, including alternative placement elsewhere.
- G. MHDS will complete and submit the "MHDS PASRR II-B Quarterly Report" to DHCFP-Medicaid.
- H. MHDS will participate with Medicaid and Magellan Medicaid Administration in an Appeals process for individuals adversely affected by PASRR Level II Determinations.
- I. To comply with 42 CFR 483.106 (d) (2) (e) (i) which requires the State mental health and mental retardation authority to retain

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ultimate control and responsibility of PASRR Level II obligations, MHDS' Statewide PASRR Program Manager will conduct a biannual MHDS PASRR Program Compliance Review to a) verify the

appropriateness of Magellan Medicaid Administration PASRR Level II screening determinations and evaluations/summary of findings, b) verify that the consumer is receiving appropriate and clinically necessary specialized services as recommended by the PASRR Level II determination and 3) ascertain and verify the work responsibilities of the MHDS Regional Coordinators are being appropriately performed.

Haved Cok

ADMINISTRATOR

Attachment A: NURSING FACILITY (NF) PASRR II-B NOTIFICATION

FORM (to be completed by Nursing Facilities)

Attachment B: PASRR LEVEL II-B Communication Form (to be completed

by the MHDS Regional PASRR Coordinators)

Attachment C: MHDS PASRR II-B Quarterly Nursing Facility Review Form

(to be completed by MHDS Regional PASRR Coordinators

Attachment D: Nursing Facility PASRR II-B Specialized Services Resident

Review Progress Note

Attachment E: Out-of-State Documentation Request for Nevada PASRR II-

B Resident Quarterly Review

Attachment F: PASRR Specialized Services Flow

Attachment G: Sample Resident Care Plan: PASRR II-B Specialized

Services (for persons with mental illness)

Attachment H: Sample Resident Care Plan: PASRR II-B Specialized

Services (for persons with developmental/intellectual

disabilities)

EFFECTIVE DATE: 4/19/02

REVISED/REVIEWED DATE: 1/1/03, 7/22/03, 1/1/05, 2/9/07, 1/1/10, 1/1/11

SUPERSEDES: Policy #4.057 PASRR PROGRAM APPROVED BY MHDS ADMINISTRATOR: 12/30/10 APPROVED BY MHDS COMMISSION: 4/19/02

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NEVADA DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES (MHDS)

PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)

PASRR LEVEL II FORMS



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MHDS PASRR Level II Forms and Related Information

History and Background of the PASRR Program

A brief explanation of and introduction to the federal PASRR program.

Nevada PASRR Level II Program

A brief explanation of and introduction to the Nevada PASRR Level II Program.

PASRR Screening Determination Results Table

Explains the various PASRR Level I and II designations and what they mean.

Attachment A – Nursing Facility PASRR II-B Notification Form

Form utilized by nursing facilities to report to MHDS when they admit a person with a PASRR II-B designation.

Attachment B – PASRR Level II Communication Form

Form utilized by MHDS' six regional PASRR Coordinators when communicating back to the MHDS Statewide PASRR Coordinator, for reporting changes in their PASRR caseloads, for example, when their PASRR consumers are deceased, discharged to another placement, are no longer PASRR II-B, etc.

Attachment C – MHDS PASRR II-B Quarterly NF Review Form

Form utilized by MHDS' six regional PASRR Coordinators when conducting and completing their quarterly PASRR consumer reviews in nursing facilities.

Attachment D – NF PASRR II-B Specialized Services Resident Quarterly Progress Note (Social Services)

Form utilized by nursing facilities for quarterly documenting their PASRR II-B residents care, provision of specialized services, care plan and progress notes.

DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES POLICY #SP-5.1 - PASRR PROGRAM AND ATTACHMENTS A-H Page 10 of 25

Attachment E – Out-of-State Documentation Request for Nevada PASRR II-B Resident Quarterly Reviews

Form used by MHDS' Regional PASRR Coordinators for facilitating quarterly reviews of their PASRR Level II-B consumers residing in out-of-state nursing facilities.

Attachment F – PASRR Specialized Services Flow Sheet

For the nursing facility staff responsible for PASRR operations and requirements, this flow sheet explains the ideal care flow for PASRR II-B Residents, from the Magellan Medicaid Administration PASRR Level II-B determination and evaluation, to the care plan addressing specialized services, to the way specialized services should be addressed in the nursing facility's PASRR progress not documentation.

Attachment G – Sample Resident Care Plan PASRR II-B Specialized Services (For Persons with Mental Illness)

The sheet provides an example of an ideal nursing facility care plan, that addresses the provision of PASRR II-B specialized services for persons with mental illness.

Attachment H - Sample Resident Care Plan PASRR II-B Specialized Services (For Persons with Developmental and Intellectual Disabilities)

The sheet provides an example of an ideal nursing facility care plan, that addresses the provision of PASRR II-B specialized services for persons with developmental/intellectual disabilities.

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HISTORY AND BACKGROUND OF THE FEDERAL PASRR PROGRAM

The United States Congress created the Pre-Admission Screening and Resident Review (PASRR) program under the Omnibus Budget Reconciliation Act (OBRA) of 1987, primarily out of concern that, as a result of the deinstitutionalization movement, many people with Serious Mental Illness (SMI) or Mental Retardation were being inappropriately placed in nursing facilities (NF), where they would not receive the care or specialized services they needed.

Section 42 of the Code of Federal Regulations (42 CFR) specifically requires the State Medicaid agency to include a PASRR program in their State plan and to develop a written agreement with the State Mental Health Authority (SMHA) and State Mental Retardation Authority (SMRA), both of which in Nevada are under the Division of Mental Health and Developmental Services (MHDS), detailing the operation of the PASRR program. Additionally, federal regulations in 42 CFR articulate the required elements of written agreements between the State Medicaid agency and State Mental Health and Mental Retardation authorities to include, but not be limited to:

- conducting joint planning and training;
- recording, reporting and exchanging medical and social information about individuals subject to PASRR;
- ensuring that PASRR reviews are performed in a timely manner;
- ensuring that if the SMHA delegates its determination responsibility, this delegated entity or contractor complies with regulations;
- designating the independent person, entity or contractor that performs
 Level II PASRR evaluations for individuals with mental illness; and
- ensuring that all requirements of PASRR are met.

In Nevada, MHDS teams with the State Medicaid and Magellan Medicaid Administration (formerly First Health Services Corporation), the Nevada PASRR Quality Improvement Organization (QIO-like vendor), to assure the proper administration and monitoring, in collaboration with federal regulations and requirements, of the Nevada PASRR program.

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NEVADA PASRR LEVEL II PROGRAM

The process of screening and determining whether nursing facilities services and specialized mental health and developmental services care are needed by nursing facility residents are key components of the PASRR program, a program which is a required component of each state's Medicaid plan. State Medicaid agencies bear the ultimate responsibility for PASRR program operations, although SMHAs and SMRAs have specific responsibilities under federal regulations.

In Nevada, there are two types of PASRR screenings: 1) PASRR Level I and 2) PASRR Level II. Pursuant to federal regulations at 42 CFR 483.106 all persons, regardless of insurance status or income, prior to being admitted to a nursing facility, are required to receive a level I screening to determine whether or not they have mental illness (MI), mental retardation (MR) or a related condition (RC).

Persons who have received PASRR level IA screening determinations, or have evidence of mental illness, mental retardation or a related condition, must be referred for and receive, PASRR Level II screenings, whose outcome determination dictates whether they may be admitted to a nursing facility and whether specialized services are required as a condition for those admissions.

PASRR SCREENING DETERMINATION RESULTS TABLE

PASRR LEVEL I IDENTIFICATION SCREENING DETERMINATIONS

SCREENING RESULT	DETERMINATION	WHAT IT MEANS			
Positive	IA	DO NOT ADMIT			
		Indicators of serious MI, MR			
		or RC are present Wait for			
		PASRR II evaluation results			
Negative	IB	OK TO ADMIT			
		Diagnosis of Dementia with no			
		indicators of serious MI – no			
		further evaluation needed			
Negative	IC	OK TO ADMIT			
		No indicators of serious MI,			
		MR or RC, or Dementia			

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PASRR II INDIVIDUAL EVALUATION DETERMINATIONS

DETERMINATION	WHAT IT MEANS	
IIA	DO NOT ADMIT	
	Not appropriate for Nursing Facility	
	placement	
IIB	OK TO ADMIT	
	Appropriate for Nursing Facility Services and	
	Needs Specialized Services	
IIC	OK TO ADMIT	
	Appropriate for Nursing Facility Services and	
	Does Not need specialized Services, but may	
	benefit from Mental Health Services of lesser	
	intensity	

PASRR II CATEGORICAL DETERMINATIONS

DETERMINATION	WHAT IT MEANS	
Exempted Hospital Discharge (EHD)	OK TO ADMIT	
Must submit a completed Level I Identification	Provisional time-limited admission related to	
Screening form by the 25 th day of admission.	convalescent care.	
IIE	OK TO ADMIT	
Must submit a completed level I Identification	Provisional time-limited admission related to	
Screening form 10 days prior to IIE limitation	convalescent care, delirium, protective	
date.	services, respite	
IIF	OK TO ADMIT	
	Terminal illness with life expectancy less than 6	
	months – unable to benefit from specialized	
	services	
IIG	OK TO ADMIT	
	Severe physical illness; limited to specific	
	diagnoses – unable to benefit from specialized	
	services	

PASRR LEVEL II INDIVIDUAL EVALUATIONS HALTED DETERMINATIONS

Level I positive for indicators	IA halted and converted to IB	OK TO ADMIT
of serious MI, MR or RC		Dementia or organic brain
		syndrome primary to MI –
		unable to benefit from
		specialized services – no
		further evaluation needed
Level I positive for indicators	IA halted and converted to IC	Does not meet the federal
of serious MI, MR or RC		definition of serious mental
		illness, MR or RC per
		42CFR483.102

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If you need assistance or have questions please contact your regional MHDS PASRR Coordinator.

Additional Contacts:

Nevada MHDS Statewide PASRR Coordinator: (775) 684-5970 Nevada Medicaid Statewide PASRR Coordinator: (775) 684-3754

As additional PASRR Technical Assistance and Support, please find the following documents:

Attachment A: Nursing Facility (NF) PASRR II-B Notification Form

(To be completed by nursing facility)

Attachment B: MHDS PASRR Level II-B Notification Form (**To be**

completed by MHDS Agencies)

Attachment C: PASRR II-B Quarterly Nursing Facility Review Form

(To be completed by the MHDS Regional PASRR

Coordinators)

Attachment D: Nursing Facility PASRR II-B Specialized Services Resident

Quarterly Progress Note (To be completed by Nursing

Facilities)

Attachment E: Out-of-State Documentation Request for Nevada PASRR II-B

Resident Quarterly Review

Attachment F: PASRR Specialized Service Flow Sheet

Attachment G: Sample Resident Care Plan for PASRR II-B Specialized

Services (for persons with mental illness)

Attachment H: Sample Resident Care Plan for PASRR II-B Specialized

Services (for persons with developmental/intellectual

Disabilities)

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Attachment A

NURSING FACILITY (NF) PASRR II-B NOTIFICATION FORM (To be completed by Nursing Facilities)

RESIDENT NAME:				
NF NAME:				
NF DATE OF ADMISSION:				
PASRR LEVEL II DETERMINATION:				
DETERMINATION DATE:				
NAME/TITLE OF NF STAFF PERSON COMPLETING FORM	:			_
CURRENT STATUS (please ch	eck those th	nat apply and fill	in dates)	
Resident Admitted to N	JF Resid	ent Admission Date	e:	
Consumer Discharged f	from NF	Resident Discha	rge Date:	
If known, where	discharged to	o:		
Consumer Death	Date	of Death		
Other				
Additional Comments:				

Please return this form to:
Attention: MHDS PASRR Administrative Assistant
Division of Mental Health and Developmental Services (MHDS)
4126 Technology Way, Suite 201
Carson City, NV 89706
Fax: (775) 684-5964

After receiving and entering the case in the ACCESS database, the MHDS PASRR Administrative Support staff person will send a copy of this form as notification to the appropriate MHDS Regional PASRR Coordinator, verifying specialized services monitoring and advocacy are required, and add the resident to the next PASRR Monthly Report, so that the MHDS PASRR Regional Coordinator may commence the initial monthly visit, then quarterly visits thereafter.

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Attachment B

PASRR LEVEL II-B COMMUNICATION FORM (To be completed by MHDS Regional PASRR Coordinators)

RESIDENT NAME:	
NF NAME:	
NF DATE OF ADMISSION:	
PASRR LEVEL II DETERMINATION:	
DETERMINATION DATE:	
MHDS Regional PASRR Coordinator:	
CURRENT STATUS (please check those that	t apply)
Consumer Discharge (from NF)	Date of Discharge:
If known, where discharged to:	
Consumer Death Date of Death:	
Trying to Locate	
No longer in Service Area/Region	
Specialized Services <u>no</u> longer required	Date Discontinued:
Additional Comments:	

Please return this form to:
Attention: MHDS PASRR Administrative Assistant
Division of Mental Health and Developmental Services (MHDS)
4126 Technology Way, 2nd Floor
Carson City, NV 89706
Fax: (775) 684-5964

E-mail: <u>dkeirstead@mhds.nv.gov</u>

This Attachment B is to be completed whenever the MHDS PASRR Regional Coordinator becomes aware that the nursing facility has admitted, discharged, or reported the death of, a Nursing Facility, PASRR II-B Resident. This form needs to be communicated to the MHDS Central Office PASRR Administrative Support Staff Specialist.

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Attachment C

MHDS PASRR II-B QUARTERLY NURSING FACILITY REVIEW FORM

(To be completed by MHDS Regional PASRR Coordinators)

1.	PASRR II-B Determination Date: Date of MHDS PASRR Regional Coordinator's Re	
•••	Administration):	ver it betermination (by magerial medicald
	Mental Illness (MI)	Mental Retardation and Related Conditions (MR/RC)
111.	Psychotherapy (individual/group/Family) Psychiatrist Follow-Up Services Monitoring and Advocacy Psychotropic Medications Psychiatric Evaluation Psychological Testing Transitioning services, to assist in moving to a less restrictive environment Other: Specialized Services Actually Being Provide	Psychological Services School Referrals and Services Monitoring and Advocacy Day Services Transition Services, to assist in moving to a less restrictive environment Other:
	Mental Illness (MI)	Mental Retardation and Related Conditions (MR/RC)
		Psychological Services School Referrals and Services Monitoring and Advocacy Day Services Transition Services, to assist in moving to a less restrictive environment Other:
Resider	nt Name:	Review Date:

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Development? Yes	No
Development? Yes Yes Monitoring? Yes	No
Please explain: (e.g., care plan team, IEP, etc.))
Documents the Resident is Receiving Ne to specifically address each and every PA	rogress Notes (both) appropriately Addresses eeded PASRR Specialized Services? (Please be s ISRR II-B specialized service (i.e., verify if it is be cossible, if the resident is benefiting from special
	nator recommend for the Resident any additiona ot have been previously recommended by Mage
No Vas	
No Yes If Yes, please document recommended or diffe	erent specialized service:
If Yes, please document recommended or diffe	erent specialized service: Mental Retardation and Related Conditions (M
If Yes, please document recommended or diffe	Mental Retardation and Related Conditions (M
If Yes, please document recommended or diffe Mental Illness (MI) Psychotherapy (individual/group/	Mental Retardation and Related Conditions (M
If Yes, please document recommended or diffe Mental Illness (MI) Psychotherapy (individual/group/ Family)	Mental Retardation and Related Conditions (M Psychological Services School Referrals and Services
If Yes, please document recommended or diffe Mental Illness (MI) Psychotherapy (individual/group/	Mental Retardation and Related Conditions (M
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If Yes, please document recommended or differmental Illness (MI) Psychotherapy (individual/group/Family) Psychiatrist Follow-Up Services Monitoring and Advocacy	Mental Retardation and Related Conditions (Magnetic Psychological Services School Referrals and Services Monitoring and Advocacy Day Services
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If Yes, please document recommended or differmation of the Mental Illness (MI) — Psychotherapy (individual/group/Family) — Psychiatrist Follow-Up Services — Monitoring and Advocacy — Psychotropic Medications — Psychiatric Evaluation — Psychological Testing — Transitioning services, to assist in	Mental Retardation and Related Conditions (M Psychological Services School Referrals and Services Monitoring and Advocacy Day Services Transition Services, to assist in moving to a less restrictive environment
If Yes, please document recommended or differmation of the Mental Illness (MI) —— Psychotherapy (individual/group/Family) —— Psychiatrist Follow-Up Services —— Monitoring and Advocacy —— Psychotropic Medications —— Psychological Testing —— Transitioning services, to assist in moving to a less restrictive environment	Mental Retardation and Related Conditions (M Psychological Services School Referrals and Services Monitoring and Advocacy Day Services Transition Services, to assist in moving to a less restrictive environment
If Yes, please document recommended or differmation Mental Illness (MI) Psychotherapy (individual/group/Family) Psychiatrist Follow-Up Services Monitoring and Advocacy Psychotropic Medications Psychiatric Evaluation Psychological Testing Transitioning services, to assist in	Mental Retardation and Related Conditions (M Psychological Services School Referrals and Services Monitoring and Advocacy Day Services Transition Services, to assist in moving to a less restrictive environment
If Yes, please document recommended or differmation of the Mental Illness (MI) —— Psychotherapy (individual/group/Family) —— Psychiatrist Follow-Up Services —— Monitoring and Advocacy —— Psychotropic Medications —— Psychiatric Evaluation —— Psychological Testing —— Transitioning services, to assist in moving to a less restrictive environment —— Other:	Mental Retardation and Related Conditions (M Psychological Services School Referrals and Services Monitoring and Advocacy Day Services Transition Services, to assist in moving to a less restrictive environment Other:
If Yes, please document recommended or differmation of the Mental Illness (MI) —— Psychotherapy (individual/group/Family) —— Psychiatrist Follow-Up Services —— Monitoring and Advocacy —— Psychotropic Medications —— Psychological Testing —— Transitioning services, to assist in moving to a less restrictive environment	Mental Retardation and Related Conditions (M Psychological Services School Referrals and Services Monitoring and Advocacy Day Services Transition Services, to assist in moving to a less restrictive environment Other:
If Yes, please document recommended or differmation of the Mental Illness (MI) — Psychotherapy (individual/group/Family) — Psychiatrist Follow-Up Services — Monitoring and Advocacy — Psychotropic Medications — Psychotropic Medications — Psychological Testing — Transitioning services, to assist in moving to a less restrictive environment — Other: — Comments: — Do NOT PURGE - One copy of this review form must be including, if the PASRR II-B Resident is discharged and resident in the passing in th	Mental Retardation and Related Conditions (M Psychological Services School Referrals and Services Monitoring and Advocacy Day Services Transition Services, to assist in moving to a less restrictive environment Other:
If Yes, please document recommended or differmation of the second of the	Mental Retardation and Related Conditions (Missing Psychological Services School Referrals and Services Monitoring and Advocacy Day Services Transition Services, to assist in moving to a less restrictive environment Other: **Rept in the consumer's active medical record/chart at all times, padmitted, and be carried over to the new medical record/chart. MHDS PASRR II Reviewer.

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	No
Yes o	or No, please explain:
I. MHC	OS Regional Coordinator's Review Summary:
1.	Is the resident still appropriate at a PASRR Level II-B?
	Yes No
	If no, instruct the Nursing Facility to request a new PASRR Level I screening from Magellan Medicaid Administration. The nursing facility must indicate that a new screening is necessary and that a new PASRR screening determination may be appropriate, and must forward supportive clinical documentation showing "significant status change."
2.	Does the Resident still require the Specialized Services as indicated in section II (on page 1 of 2)?
	Yes No
	If no, the PASRR Regional Coordinator should recommend additional or different specialized services in VI above, or no specialized services at all.
3.	Narrative Statement (e.g., what MHDS or the nursing facility may be working on or trying to arrange for the individual, whether specialized services, discharge from the nursing facility, on waiting list for community-based services, etc.):
Regiona	MHDS Regional PASRR Coordinator (Signed) Date
includ	OT PURGE - One copy of this review form must be kept in the consumer's active medical record/chart at all times, ing, if the PASRR II-B Resident is discharged and readmitted, and be carried over to the new medical record/chart. ther copy (original) will be kept/maintained by the MHDS PASRR II Reviewer.

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Attachment D

NURSING FACILITY PASRR II-B SPECIALIZED SERVICES RESIDENT QUARTERLY PROGRESS NOTE (Social Services)

This Nursing Facility PASRR II-B Specialized Services Resident Quarterly Progress Note is to be completed in con junction with the resident's quarterly care plan update and/or general social services quarterly progress notes, and kept in the social services (or where other PASRR information is kept) portion of the resident's chart/medical record. Please be sure this document is carried over to resident's new chart if readmission occurs). In part, federal regulations at 42 CFR 483.120 and 483.126 require persons' screened and identified as needing specialized services (PASRR II-B) by the mental health authority or its agent as a condition to be admitted to a nursing facility, to receive specialized services identified in the PASRR II-B screening determination - receipt and provision of these specialized services by nursing facilities must clearly be documented.

Resident:	PASRR II-B Determination Date:		
Nursing Facility:			
PASRR Specialized Services recommended on PASRR Level II-B Determination (by Magellan Medicaid Administration):			
Mental Illness (MI)	Mental Retardation and Related Conditions (MR/RC		
 Psychotherapy (individual/group/Family) Psychiatrist Follow-Up Services Monitoring and Advocacy Psychotropic Medications Psychological Testing 	 Psychological Services School Referrals and Services Monitoring and Advocacy Day Services Transition Services, to assist in moving to a less restrictive environment Other: 		
Transitioning services, to assist in moving to a less restrictive environmother: DASPR Specialized Services Actually	nent		
moving to a less restrictive environr	nent		

the new medical record/chart.

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IV. Plan of Care addresses and documents Resident is receiving PASRR II-B Specialized Services (e.g., at least one goal relates to and addresses the Resident's II-B Specialized Services).

Care Plan Goal or

Intervention by

Please specify below:

Resident Problem or

	Need	Objecti	ve	Nursing Facility Staff
V.	Is the Resident appropriate based on availability of servi		arge within th	ne next 90 days,
	Yes No			
	Why or Why Not.			
	Why or Why Not:			
VI.	Final/Overall quarterly is Specialized Services: (be II-B specialized service, ve dates if possible, if the etc.)	sure to specifica erifying if it is be resident is ben	lly address of ing delivered efiting from	each and every PASRR d, how often, including
I confi	ijunction with Magellan Medica irm that, as a condition of the g facility, the resident is recei nt's specialized services are add	Resident to be pe	rmitted to be specialized se	placed or remain in this prvices, and, as such, the
Nursir	ng Facility Representative Si	gnature 1	itle	Date

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Attachment E

MHDS Agency Letterhead/logo/contact information here

Date:

To: {Name of Nursing Facility PASRR Contact Person}

{Name of Out-of-State Nursing Facility}

From: {Name, Title and Location of Nevada Regional PASRR Coordinator

RE: {Name of Nevada PASRR II-B Nursing Facility Resident}

Out-of-State Documentation Request for Nevada PASRR II-B Resident Quarterly Review

As you may be aware, the above Nevada nursing facility resident has received a Nevada PASRR II-B screening determination, and is permitted to be admitted to, or remain in, your nursing facility, but only if he/she is receiving PASRR Level II-B Specialized Services.

Federal regulations at 42 Code of Federal Regulations (CFR) 483.116 and 483.120 require the state mental health and developmental services authority, which in Nevada is the Division of Mental Health and Developmental Services (MHDS), to make determinations of the appropriate placement, and verify residents are receiving PASRR specialized services, as determined by Magellan Medicaid Administration, the Nevada PASRR Program contractor.

As we are unable to conduct on-site reviews for our PASRR resident who is receiving care in your nursing facility, MHDS respectfully requests the following information for purposes of assisting us to conduct our quarterly reviews. Please submit the following information no later than {list date}:

- ✓ Last 90 days of MD orders
- ✓ Last 90 days of medication sheets and behavior monitoring sheets
- ✓ Last Social Services Quarterly Progress Note
- ✓ Nevada Nursing Facility PASRR II-B Specialized Services Resident Progress Note (Social Services) - Attachment D
- ✓ Most recent Resident Plan of Care
- ✓ Most recent MDS (approximately 10-pages).
- ✓ Any other information you deem relevant

Thank you very much for your cooperation and collaboration with providing this requested information in a timely manner. Out-of-state nursing facilities that do not provide this requested information timely are in violation of federal requirements pertaining to the PASRR Level II program. Additionally, non-compliance with this request could affect Nevada Medicaid payment to your nursing facility.

Should you have any questions regarding this request please do not hesitate to contact me. I can be reached at {the MHDS Regional PASRR Coordinator's phone number}. MHDS Administrative PASRR Program questions may be directed to the Nevada MHDS Statewide PASRR Coordinator, Dave Caloiaro, MSW, at (775) 684-5970.

Thank you so much for your cooperation.

Sincerely,

MHDS Regional PASRR Coordinator

Attachment F

PASRR SPECIALIZED SERVICES FLOW



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Attachment G

SAMPLE RESIDENT CARE PLAN FOR PASRR II-B SPECIALIZED SERVICES (Persons with Mental Illness)

SERVICES (1 Classia With Mental Timess)				
Problem/Need	Goal/Objective	Approach/Intervention	Discipline	
Resident has depression and psychosis, and has been identified in the PASRR II-B Screening Determination and Evaluation as requiring PASRR Specialized Services	in his/her PASRR II-B screening	The following provision of specialized services will be delivered, and by whom: 1) Psychotropic Medications: The resident will receive his physician prescribed medication of Seroquel (list dosage, frequency, etc.) and Zyprexa (list dosage, frequency, etc.). 2) Psychiatric Follow-up: The resident will receive at least quarterly follow-up from a psychiatrist or physician with monitoring his medications or the resident will receive weekly psychotherapy (whatever the case is) 3) Monitoring and Advocacy — The resident will receive quarterly monitoring and advocacy visits and reviews (Attachment C) from his/her MHDS State PASRR Regional Coordinator	Social Services	

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Attachment H

SAMPLE RESIDENT CARE PLAN FOR PASRR II-B SPECIALIZED SERVICES (Persons with Developmental/Intellectual Disabilities)

Problem/Need	Goal/Objective	Approach/Intervention	Discipline
Resident has depression and psychosis, and has been identified in the PASRR II-B Screening Determination and Evaluation as requiring PASRR Specialized Services	PASRR-B specialized services as identified in his/her PASRR II-B screening	The following provision of specialized services will be delivered, and by whom: 1) School Services: The resident will receive special education services by county school district, which will provide the resident's transportation (or the special education program will be brought to the resident at the NF). 2) Day Services (for job development/training) – the resident will receive job training at, which will provide (or the NF will) transportation. 3) Monitoring and Advocacy – The resident will receive quarterly monitoring and advocacy visits and reviews (Attachment C) from his/her MHDS State PASRR Regional Coordinator	Social Services