



# **PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) Manual**

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## **SECTION 1: Introduction and Overview**

### **Introduction**

Preadmission Screening and Resident Review (PASRR) is a federally mandated program to help ensure that individuals are not inappropriately placed in nursing facilities for long term care. It requires all applicants to a Medicaid certified nursing facility (NF) , regardless of the payment source, be given a preliminary assessment to determine whether they have a serious mental illness (MI), an intellectual disability (ID), or a related condition prior to admission. PASRR is meant to ensure appropriate placement and services for MI and/or ID individuals in the least restrictive environment that can effectively meet their needs.

### **History**

The mandate was a U.S. Congress reaction to inappropriate institutionalization of persons with mental illness and/or intellectual disability (referred to as mental retardation in the mandate) and is included in The Omnibus Budget Reconciliation Act of 1987 (OBRA-87), also known as the Nursing Home Reform Act. The mandate requires a personalized assessment *and* personalized care recommendations for any person who may have mental health, intellectual disability or related conditions. The personalized assessment is used to identify individuals who may have mental health, developmental disabilities or related conditions, to create personalized care recommendations for those individuals, and to provide a means to follow-up to determine whether those needs are being met within the nursing facility.

(42 CFR 483.20(m) --Prohibits admission without PASRR determination that NF services are needed.) Please note that our use of the terms “mental illness” and “mental retardation” is a strict reflection of the language used in the current Code of Federal Regulations (CFR) regarding PASRR.

(Title XIX--1919(b)(3)(F) --A nursing home must not admit any new resident who is mentally ill or intellectually disabled unless the State mental health authority or intellectual disability authority has conducted a PASRR determination and was determined to need NF services.

### **Authorization**

Pre-admission Screening and Resident Reviews (PASRR's) are federally mandated screenings directed by the Medicaid Title XIX Program, Medicaid. Wyoming Medicaid or the Medicaid State Authority (MSA) is an office within the Division of Healthcare Financing (DHCF). The Department of Health, Behavioral Health Division has final authority for mental illness (MI) and intellectual disability (MR/ID). The agent can delegate any function for which it has authority. Currently, the WYhealth Program has been given delegation by the Division.

### **Accommodations**

If accommodations are needed due to culture, language or ethnic origin, please contact WYhealth at 1-888-245-1928.

**Individuals may not be admitted to a nursing facility until the PASRR Level I screening is completed and if necessary until the PASRR Level II evaluation is completed.**

## SECTION II: Getting Started and Definitions

### Getting Started

1. Training - It is highly recommended to complete the Web Portal Tutorial for PASRR at [http://wyequalitycare.acs-inc.com/WP\\_Tutorials.html](http://wyequalitycare.acs-inc.com/WP_Tutorials.html) prior to starting the process
2. Providers involved in the PASRR process will need access to the Secure Provider Web Portal. If you do not have access contact EDI services at 1-800-672-4959 Option 3 to completed the Electronic Data Interchange (EDI) application and obtain a user name and password.
3. A provider will also need access to request an LT101 which will be completed by the Public Health Nurse in your area. Contact the Benefit and Eligibility Specialist at [sherry.mitchell1@wyo.gov](mailto:sherry.mitchell1@wyo.gov) for access.
  - a. LT101s are only needed for Medicaid clients. If a client later becomes Medicaid eligible an LT101 will need to be completed.
  - b. LT101 assessments are under state oversight by the Benefit and Eligibility Specialist for Long Term Care at the Wyoming Department of Health, Division of Healthcare Financing
  - c. LT101 requests must be submitted electronically at <https://gateway.health.wyo.gov>
  - d. LT101's are conducted by specially trained public health nurses (PHN's) in each county
  - e. PHN's have 7 days from the date of referral to perform and enter the LT101 for eligibility calculations
  - f. LT101's for Medicaid clients must be requested **on or before the day of admission** to ensure Wyoming Medicaid reimbursement.
  - g. LT101's are valid for 90 days from the date of completion
  - h. If you have any questions on LT101's do not contact public health. Please contact the Benefit and Eligibility Specialist for Long Term Care at [sherry.mitchell1@wyo.gov](mailto:sherry.mitchell1@wyo.gov).

### Definitions

#### Serious Mental Illness

An individual is considered to have a serious mental illness if the following three (3) criteria are met:

1. **Diagnosis** - The individual has a major mental disorder, as defined in the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), which includes, but is not limited to: psychotic disorder, mood disorder paranoia, panic, or other severe anxiety disorder, post-traumatic stress disorder (PTSD), or other mental disorder that may lead to chronic disability; and
2. **Level of Impairment** - The disorder results in functional limitations in major life activities, such as interpersonal functioning, concentration, persistence and pace, and ability to adapt to change. These functional limitations must be evident within the last six months and must be appropriate for the person's developmental stage; and KY PASRR Manual — Revised 7/2018 14 | P a g e
3. **Recent Treatment/Duration of Illness** - The individual has experienced at least one of the following in the past two (2) years:
  - a) Required intensive psychiatric treatment (more intensive than outpatient care) in order to maintain or restore functioning such as psychiatric hospitalization, partial hospitalization/day treatment, residential treatment; or
  - b) 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.

**Intellectual Disability**

Intellectual Disability diagnosis requires intellectual impairment and deficits in adaptive functioning with onset prior to the age of 18.

The following three (3) criteria must be met:

1. Deficits in intellectual functioning such as reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, and learning from experiences confirmed by both clinical assessment and individualized standardized intelligence testing.
2. Deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life such as communication, social participation, and independent living across multiple environments, such as home, school, work, and community.
3. The onset of intellectual and adaptive deficits during the developmental period (before age 18).

**LT101**

The LT101 assessment provides a comprehensive method of determining eligibility based on functional needs for Medicaid long term care services. The LT101 is a functional assessment that assesses how much assistance the individual needs in performing Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living (IADL's) as well as the individual's social and cognitive functioning. The LT101 determines whether an individual meets the functional requirements for nursing facility level of care.

**Qualified Clinician/Professional**

Qualified clinicians are defined per Wyoming State Statute, Wyoming Medicaid Program Manual, Community Mental Health Manual, Chapter 2, Section 01. Qualified clinicians include:

- Provisional or Licensed Professional Counselor
- Provisional or Licensed Addiction Therapist
- Licensed Psychologist
- Provisional and Licensed Clinical Social Worker
- Provisional or Licensed Marriage and Family Therapist
- Licensed Physician
- Licenses Psychiatric Nurse (Masters)
- Licensed Advanced Practice Nurse (specialty area of psychiatric/mental health nursing)

## SECTION III: PASRR Level I Process

### PASRR Level I

The PASRR Level I is required for all individuals applying to a Medicaid certified nursing facility or swing bed. The PASRR Level I assesses for potential mental illness (MI) and/or intellectual disabilities (ID). All those who have a suspected or confirmed MI and/or ID must receive a more in-depth assessment, the individualized PASRR Level II Evaluation (Part V of this manual).

1. Log in at the Secure Provider Web Portal link located at <https://wyequalitycare.acsinc.com/wy/general/home.do>
2. Complete the PASRR Level I, filling in all areas and answering each question.
3. Diagnoses should be prioritized
4. If the PASRR Level I does not trigger a MI and/or ID diagnosis, submit the PASRR Level I and print for your records.
5. Request a LT101 through the following link <https://gateway.health.wyo.gov> this is for Medicaid eligible clients only.

#### **The client can now be admitted.**

6. If the PASRR Level I triggers MI, ID or related condition one of two things could occur:
  - a. An individualized PASRR Level II is required. **Refer to section V of this manual.**
  - b. The individual receives a categorical determination. **Refer to section IV of this manual.**

### Swing Bed Facilities

Even though a swing bed facility is not technically a “certified nursing facility (NF),” it still has to comply with all of the NF requirements. Those requirements include PASRRs and LT101.

Section 1913 of the Social Security Act defines swing beds and requires that swing-bed facilities comply with all requirements of section 1919(b) through 1919(d) with respect to the NF services offered.

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 pre-admission screening resident reviews for individuals with mental illness, intellectual disabilities/mental retardation and developmental disabilities. PASRR screenings must take place prior to admission to the swing bed.

## SECTION IV: PASRR Level II - Categorical Determinations

Categorical determinations permit states to omit the individualized Level II evaluation in certain circumstances that are time-limited or where need is clear. While categorical determinations do abbreviate the PASRR process, the function of the resulting determination is not different from an individualized determination and determination document must be submitted to WYhealth **prior to admission**. Categorical determinations are not "exemptions" from the PASRR process.

PASRR regulations permit the State Mental Health Authority (SMHA) to develop categories based on certain diagnoses, levels of severity of illness or need for a particular service such as a ventilator, that indicate that admission to a NF is normally needed. There also may be provisional admissions with time limits pending further assessment due to delirium, for emergency protective services not more than seven days, or for respite. (Longer stays would require a Level II review). These three provisional categories, at state option, may also carry a categorical determination that specialized services (SS) are not normally needed.

A categorical determination that specialized services (SS) are needed is not allowed. This is to ensure, in states that provide SS for NF residents, that NF residents with serious mental illness (SMI) and/or mental retardation/intellectual disability (MR/ID), receive individually planned SS. In states that do not provide SS to NF residents, this ensures that placement options will be addressed on an individualized basis.

Type of Categorical	Question on Level I
Categorical 4	1. A terminal illness; defined as a health condition that, due to its nature, can be expected to cause the person to die, verified in writing by a physician?
Categorical 5	2. Are comatose, ventilator-dependent, functioning at brain stem level, have diagnosis of COPD, severe Parkinson's, Amyotrophic Lateral Sclerosis, CHF, Huntington's Disease, CVA, quadriplegia, advanced MS, muscular dystrophy, end-stage renal disease, severe diabetic neuropathy or refractory anemia? 2a. If so, is the condition severe enough that he or she could not participate in an evaluation or treatment?
Categorical 6 (Exempted Hospital Discharge)	3. If this individual has possible or probable MI or MR/ID, does he or she have a medical condition, subsequent to discharge from an acute care hospital, for which convalescent care is likely to require LESS THAN 120 days of nursing facility services?
Categorical 7 (Provisional Admission)	4. Require provisional placement for respite care or due to delirium not to exceed 14 days?
Categorical 8 (Provisional Admission)	5. Require emergency placement for his/her safety not to exceed 7 days?



**Please note:** If you answered “yes” to 1, 2 and 2a, 3, 4 or 5 of the previous questions then the PASRR Level I triggered a Categorical Level II Determination. Fax to WYhealth the following:

- PASRR Level I
- History and Physical within the last 12 months
- Explanation of categorical that has been made and basis for the conclusion
- To the extent possible if NF services are needed include any mental health or specialized psychiatric rehabilitative services that are needed
- Medication administration record (MAR)
- LT101 <90 days old
- Progress notes representing seven (7) days of services and treatments
- Name and professional title of the person applying the categorical determination and the data on which the application was made

When submitting a Categorical Level II, you will not receive any documentation back from WYhealth. WYhealth will store the packet electronically and will not create a Determination Summary Report.

If you answered “yes” to 2 and “no” to 2a it will trigger an individualized Level II evaluation. Fax complete PASRR Level II packet to WYhealth and **wait for the determination**. WYhealth will send you a Determination Summary Report within four (4) business days.

It is the responsibility of the nursing facility to track the days allowed under the categorical PASRR. Before the expiration of the categorical period, but not earlier than 30 days after the date of admit, the facility must submit a new PASRR Level I and packet for completion of a PASRR Level II prior to the last date of the categorical allowed period, if the resident will remain in the facility beyond the expiration date of the categorical period end date. The PASRR Level II determination for the period beyond the categorical period must be completed and received by the facility before the end of the categorical allowance period.

If a client on the Home and Community Based Service (HCBS) waiver is moved to a NF for short-term respite, it is considered an admission for purposes of PASRR and all policies and procedures must be followed for both the PASRR Level I and also Level II if MI or ID is identified.

**Once you have submitted the packet to WYhealth with all the listed information above, the client may be admitted. You will not receive any additional notices.**

## SECTION V: Individualized PASRR Level II Process

PASRR Level II evaluations are in-depth reviews for nursing facility applicants and residents who are thought to have serious MI and/or MR/ID, to accurately assess whether an individual needs specialized services and/or nursing facility level of care. Diagnoses that trigger a PASRR Level II evaluation are listed at <https://wymedicaid.portal.conduent.com/Institutional.html> under MI/MR ICD-10 Diagnosis Code List.

Level II evaluation packets are required to include:

- PASRR Level I
- Name and professional title of the person who performed the evaluation(s) and the date on which each portion of the evaluation is administered
- Psychosocial evaluation (within the last 12 months from the date of the evaluation unless a change of condition has occurred), in which case a new psychosocial should occur at the time of change - which includes:
  - o The individual's past and present living arrangements describing successes and failures and medical and support systems and current family involvement in the evaluation and treatment; and
  - o Cultural, language and ethnic origin and applicable adaptations required; and
  - o Evaluation of intellectual functioning, memory functioning and orientation, description of current attitudes and overt behaviors, affect, suicidal or homicidal ideation, paranoia, and degree of reality testing (presence and content of delusions) and hallucinations must be available; and
  - o A functional assessment of the individual's ability to engage in activities of daily living (ADL's) and instrumental activities of daily living (IADL's) that addresses monitoring of health status, self-administering, and scheduling of medical treatment, self-monitoring of nutritional status, handling of money, dressing appropriately, and grooming. An accurate functional assessment is extremely important in determining an individual's appropriate placement)
  - o Positive traits or developmental strengths and weaknesses or developmental needs of the evaluated individual
- Current medical history and physical, within the last 12 months or a change of condition, including:
  - o Medical history,
  - o Review of all body systems,
  - o Specific evaluation of the individual's neurological system in the areas of motor functioning, sensory functioning, gait, deep tendon reflexes, cranial nerves, and abnormal reflexes)
- Psychiatric evaluation, if on file and less than two (2) years old
- LT101 less than 90 days old
- Current medications (medication administration record with name, dosage, administration frequency and route of administration)
- Progress notes representing the last seven (7) days of services and treatments
- If MR/ID, a comprehensive medication history
- If ID, IQ testing is completed, testing is not required if not already completed
- Informed Consent Form (If the resident is unable to sign consent, medical power of attorney (MPOA) must sign, or if resident is incompetent, legal representative must sign.
- Minimum Data Set (MDS) is strongly recommended for Significant Change reviews
- Identify special services required to meet the individual's needs
- If MI or ID and specialized services are not needed, identify specific lesser intensity services that are required to meet the individuals needs
- If MI or ID and specialized services are required, identify the specific ID or MI services required to meet the individual's needs

Fax the completed packet to WYhealth at 1-888-245-1928. The PASRR Level II packet will be reviewed by a qualified clinician at WYhealth to determine appropriateness for nursing facility placement.

The PASRR Level II evaluation will result in the determination of appropriate or inappropriate placement and? need for Specialized Services. "Placement" refers either to admission or continued residence in a nursing facility. The meaning of Specialized Services, within the context of PASRR Level II evaluations, refers to services specified by the State that:

1. Are developed and supervised by an interdisciplinary team, which includes a physician, qualified mental health professionals, and, as appropriate, other professionals.
2. Prescribe specified therapies and activities for the treatment of persons experiencing an acute episode of serious mental illness or intellectual disability, which necessitates supervision by trained mental health or intellectual disability personnel; and
3. Are directed toward diagnosing and reducing the resident's behavioral symptoms that necessitated institutionalization, improving his or her level of independent functioning, and achieving a functioning level (adaptive, functional, emotional, etc.) that permits reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time.

In summary, for Wyoming Medicaid, **specialized services are the level of services that would be provided in an institution or an inpatient psychiatric hospital.**

Types of determinations include the following:

1. The individual requires NF level of care but does not require specialized services. Placement is authorized. Mental health rehabilitation services may be recommended.
2. The individual does not require NF care and does not require specialized services. Placement is not authorized. Admission is denied. The nursing facility must arrange for orderly discharge and must prepare and orient the resident for discharge.
3. The individual does not require NF level of care but requires specialized services that cannot be provided in the NF. Placement is not authorized. Admission is denied. The nursing facility must arrange for orderly discharge and must prepare and orient the resident for discharge. The 30-month rule applies.
4. No evidence of a serious mental illness. Placement is authorized. No further screening is required.
5. No evidence of serious intellectual disability. Placement is authorized. No further screening is required.
6. The individual has a primary diagnosis of dementia or secondary diagnosis of dementia when the primary diagnosis is not a serious mental illness. Placement is authorized. No further screening is required.
7. The individual is categorically appropriate due to terminal illness or severe medical condition. Placement is authorized.
8. The evaluation was incomplete due to death or discharge.

These determinations carry the right of appeal as defined in 42 CFR Part 483.200 and Chapter XIX of the State Medicaid Rules:

After review by the qualified clinician, the resulting document, known as the **Determination Summary Report (DSR)**, is faxed within four (4) days of receipt of the completed packet to:

- The individual in care of (C/O) the referring (discharging) or retaining facility and his/her legal representative, if applicable
- The admitting or retaining NF
  - The admitting or retaining facility must place a copy of the DSR in the resident's chart for attending physician review
- The discharging hospital (if the individual is seeking NF admission from a hospital)

- A copy of the DSR is also sent to the Division of Healthcare Financing (DHCF) representative

A **Notice of Determination (NOD)** is also faxed within four (4) days of receipt of the completed packet to:

- The individual in C/O the referring or retaining facility and his/her legal representative, if applicable
- The Division of Healthcare Financing (DHCF) representative
- The Long Term Care Ombudsman

The fiscal agent will be notified by an emailed memo (allow an average of 7 - 9 days for processing before billing) for all Medicaid eligible clients.

Clients who are screened for PASRR II are often in urgent need of structured care. Completion of PASRR screenings, evaluations, determinations and related paperwork, are **TIME SENSITIVE**; please submit all the required documentation listed above on the first submission to avoid delays in determinations. **Determinations cannot be made retroactive.** After the complete screening packet is received, experienced, qualified clinicians establish an appropriate placement for the resident based on level of care needed.

**Once the completed PASRR Level II packet has been reviewed by the qualified clinician and determined appropriate for nursing facility placement, the individual can be admitted.**

### **Psychosocial Evaluations**

- The Community Mental Health Center (CMHC) or a qualifying professional will receive the referral for psychosocial evaluation and/or IQ testing if MR
- The expectation is that the psychosocial evaluation be completed and given to the referral source within three (3) working days of the referral
- The designated CMHC mental health professional or qualifying professional will conduct the evaluation. Wyoming qualified mental health clinicians are defined per Wyoming State Statute, Wyoming Medicaid Program Manual, Community Mental Health Manual, Chapter 2, Section 01. Qualified clinicians include:
  - Provisional or Licensed Professional Counselor
  - Provisional or Licensed Addiction Therapist
  - Licensed Psychologist
  - Provisional or Licensed Clinical Social Worker
  - Provisional or Licensed Marriage and Family Therapist
  - Licensed Physician
  - Licenses Psychiatric Nurse (Masters)
  - Licensed Advanced Practice Nurse ( specialty area of psychiatric/mental health nursing)
- The CMHC or qualifying professional will provide a copy of the evaluation to the referral source (expected within three (3) working days of the referral)
- Psychosocial evaluations are considered current if completed within the previous 365 days
- If the client is suspected to have mental retardation/intellectual disability, the CMHC or qualifying professional is expected to also:
  - Consider previous intellectual testing that validates mental retardation, complete intellectual or provide evidence to validate mental retardation
  - Evaluate and recommend whether or not the applicant or resident with mental retardation needs a continuous specialized services program/ active treatment or if appropriate for residency in a NF
  - Intellectual functioning measurement of individuals with MR or related condition must be submitted a licensed psychologist

**Any individual on the list of qualified professionals/clinicians can complete the psychosocial.**

## SECTION VI: Significant Change (Resident Review)

Per CFR §483.114, a Resident Review, is to be completed upon a change in condition. The State of Wyoming has further defined the Resident Review as a significant change in condition.

An updated Level I screening should be completed and submitted within 14 days of the resident's status change to ensure appropriate services. Significant change does not apply to residents with a primary diagnosis of dementia including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder.

If the Level I triggers the need for a Level II, the provider has 30 days from the date of the Level I to complete and fax the Level II packet to WYhealth at 1-888-245-1928, for a review to be completed.

### Significant change in Condition

A significant change in condition requires a resident review be completed if a mental illness, intellectual disability or related condition is present or is suspected to be present.

An individual is considered to have a significant change in condition due to a major decline or improvement to the individual's status that:

1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered "self-limiting";
2. Impacts more than one area of the resident's health status; and
3. Requires interdisciplinary review and/or revision of the care plan.

Mental status changes that result in a new diagnosis or that trigger a significant change to the total score on the Brief Interview for Mental Status (BIMS) or the Patient Health Questionnaire (PHQ9) on the Minimum Data Set (MDS) would result in a significant change of condition. Please see the following link for the full definition of "significant" <https://www.pasrrassist.org/resources/mds-30/what-considered-significant-change-condition>

Further, if the individual was previously identified by the PASRR to have a mental illness, intellectual disability or a related condition, the following conditions may be noted as a reason to complete a resident review (note this is not an exhaustive list):

- A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.
- A resident with behavioral, psychiatric, or mood-related symptoms that have not responded to ongoing treatment.
- A resident who experiences an improved medical condition—such that the resident's plan of care or placement recommendations may require modification.
- A resident whose significant change is physical, but with behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, that may influence adjustment to an altered pattern of daily living.
- A resident who indicates a preference to leave the facility. (This preference may be communicated verbally or through other forms of communication, including behavior.)
- A resident whose condition or treatment is or will be significantly different than described in the resident's most recent PASRR Level II evaluation and determination.

If the individual had not previously been found by PASRR to have a mental illness, intellectual disability or a related condition, the following conditions may be noted as a reason to complete a resident review (note this is not an exhaustive list):

- A resident who exhibits behavioral, psychiatric, or mood-related symptoms suggesting the presence of a diagnosis of mental illness as defined under [42 CFR §483.102](#) (where dementia is not the primary diagnosis).
- A resident whose intellectual disability as defined under [42 CFR §483.102](#), or whose related condition as defined under [42 CFR §435.1010](#), was not previously identified and evaluated through PASRR.
- A resident transferred, admitted, or readmitted to a NF following an inpatient psychiatric stay or equally intensive treatment.

## **SECTION VII: Inter-facility or Out of State Transfers**

### **Inter-facility Transfers**

When an individual is transferring from one facility to another it should be treated as a new admission and the PASRR Level I, LT101 and Level II process should be followed. A PASRR Level I and, if triggered, Level II must be completed prior to the client being transferred.

### **96Transferring to an Out of State Nursing Facility**

If services are available in Wyoming within a reasonable distance from the recipient's home, the recipient must not utilize an out-of-state provider.

If services are deemed appropriate for out-of-state nursing facility placement then:

An LT101 (functional assessment) and PASRR I and II, if necessary, are required on all residents in order to receive payment on all nursing home services furnished outside the service area. Services furnished by a provider located outside the service area are not Medicaid reimbursable unless:

- The service is furnished in response to an emergency; or
- The recipient is outside the service area and the recipient's health would be endangered if he/she were required to return to the service area; or
- The services required are not available in Wyoming; and
- LT101 and PASRR are completed prior to admission.

If the resident will be out-of-state and placed for long term care the resident should become a Medicaid resident of that state if possible. If obtaining another state's residency is not applicable then a supporting document of medical necessity (according to the state of the facility) must be on file. If a resident is in WY and being transferred out-of-state then the LT101 should be performed face-to-face in the resident's county prior to leaving the state

### **Transferring from a Facility Out of State or From Home to a Wyoming Nursing Facility**

#### **When transferring from an Out of State nursing facility to a Wyoming nursing facility:**

Other State facilities will need to provide the WY NF all PASRR Level I and II information. The WY nursing facility will need to complete the following steps:

- Complete the PASRR Level I through the web portal prior to admission.
- Request the LT101 through EMWS (can be done at any time) – contact the Benefit and Eligibility Specialist at [sherry.mitchell1@wyo.gov](mailto:sherry.mitchell1@wyo.gov) if there are any questions on this – will need to indicate this is a “telephone” LT101 request.
- If a PASRR Level II is triggered, submit the sending state's PASRR Level II documents with the required WY PASRR Level II documents to WYhealth within 30 days of admission. As long as WYhealth receives the other State's Level II documents with the WY packet, they can backdate the determination date to the admit date.

#### **If Transferring from Out of State from home to a WY facility the following steps will need to be completed:**

- Complete the PASRR Level I through the web portal prior to admission- the admitting WY NH can complete this.
- Request the LT101 through EMWS (can be done at any time) – contact the Benefit and Eligibility Specialist at [sherry.mitchell1@wyo.gov](mailto:sherry.mitchell1@wyo.gov) if there are any questions on this – will need to indicate this is a “telephone” LT101 request.
- If a PASRR Level II is triggered, submit the WY PASRR Level II documents to WYhealth within 30 days of admission. Unless a complete WY PASRR Level II packet is sent to WYhealth, the determination date cannot be backdated to the admit date.



## SECTION VIII: Roles and Responsibilities

### Referring Hospitals and Nursing Facilities

1. Complete PASRR Level I and Level II process
2. Those who must be involved in the PASRR evaluation must include:
  - a. The individual being evaluated;
  - b. The individual's legal representative, if one has been designated under State law; and
  - c. The individual's family if available and individual or legal representative agrees to family participation.
3. Refer those individuals who are in need of a current psychosocial evaluation to a local community mental health center or appropriate clinician. **Prompt referrals are necessary as time is of the essence.**
4. Refer those persons who are in need of a current LT101 evaluation to <http://gateway.health.wyo.gov/>
5. Ensure that a complete individual Level II packet is sent. Requirements are in Part V.
6. If there is a determination that NF placement is not appropriate, the NF is responsible for assisting in the coordination of care in consultation with the resident and resident's family or legal representative and caregivers to:
  - a. Arrange for safe orderly discharge of the resident
  - b. Prepare and orient the resident for such discharge

### Transferring Facility Responsibility (CFR 483.108 (4)(II))

In cases of transfer of a resident with MI or MR/ID from a NF to a hospital or to another NF, the transferring NF is responsible for completing a PASRR Level I and assisting with the Level II process. They are also responsible for ensuring that copies of the resident's most recent PASRR and resident assessment reports accompany the transferring resident.

### Responsibilities of Provider when Transferring out of Facility (CFR 483.118 & 483.138)

The NF must mail a 30-day notice of its intent to transfer or discharge a resident, the facility may not terminate or reduce service until:

- The expiration of the notice period
- A subpart E appeal, if one has been filed has been resolved

The providing facility is also responsible for:

- Offering the resident the choice of remaining in the facility or of receiving services in an alternative appropriate setting
- Inform the resident of the institutional and non-institutional alternatives covered under Medicaid plan
- Clarify the effect eligibility for Medicaid services under State plan if the resident chooses to leave the facility, including its effect on readmission to the facility
- Regardless of the resident's choice, provide for, or arrange for the provision of specialized services for the mental illness or intellectual disability

### Community Mental Health Centers (CMHCs) or Other Qualified Professionals

#### Psychosocial Evaluations

1. CMHC or qualified professional will receive the referral for psychosocial evaluation
2. The designated CMHC or qualified mental health professional will conduct the evaluation. (see Definitions for the qualified mental health professional).
3. The psychosocial evaluation be must be completed and a copy of the evaluations given to the referral source within three (3) working days of the referral

Psychosocial evaluations are considered current if completed within the previous 365 days. If the client is suspected to have an intellectual disability, the CMHC or qualified professional is expected to also:

- Consider previous intellectual testing that validates mental retardation or complete intellectual and/or appropriate testing to validate mental retardation if needed. IQ testing is not required. But if completed must be done by a psychologist or other appropriate clinician.
- Evaluate and recommend whether or not the applicant or resident with an intellectual disability needs a continuous specialized services program/ active treatment or if appropriate for residency in a NF

If a CMHC is not available to provide a psychosocial evaluation, any individual on the list of qualified clinicians can complete the psychosocial.

### **WYhealth**

A delegated authority at WYHealth, Inc. (WYHealth) receives the referral and determines if all required documents are in the referral packet. If all documents are in the packet then the referral is assigned to a licensed reviewer. If the referral packet is incomplete, a phone call will be made to the referral source then a *Notice of Missing Documentation Letter* is faxed or emailed to the referral source. If the missing documentation is not received within 2 business days then an *Administrative Closure Letter* is faxed or emailed to the referral source and mailed to the client and/or guardian. When WYhealth receives the entire packet including the missing documentation, the referral is then assigned to a licensed reviewer. The PASRR Level II reviews must be completed within four (4) days. The determination date will be the date WYhealth receives a complete PASRR Level II packet.

If needed PASRR Level II evaluations are reviewed in a multidisciplinary team conference. The multidisciplinary PASRR team includes a licensed mental health professional, registered nurse, and utilization review assistant. The WYhealth Program Director, Medical Director and Vice President of Long Term Care Services provide oversight and review of complex cases when needed.

After receipt of all necessary documentation, the WYhealth licensed clinician completes a *Determination Summary Report*. If acute inpatient psychiatric care, known as "Specialized Services" (SS), is needed, WYhealth will assign a case manager to monitor and coordinate care.

After review by the WYhealth clinician, the resulting document, known as the **Determination Summary Report (DSR)**, is faxed within four (4) days of receipt of the completed packet to:

- The individual in care of (C/O) the referring (discharging) or retaining facility and his/her legal representative, if applicable
- The admitting or retaining NF
- The admitting or retaining facility must place a copy of the DSR in the resident's chart for attending physician review
- The discharging hospital (if the individual is seeking NF admission from a hospital)
- A copy of the DSR is also sent to the Division of Healthcare Financing (DHCF) representative

After review by the qualified clinician, the **Notice of Determination (NOD)** is faxed within four (4) days of receipt of the completed packet to:

- The individual in C/O the referring or retaining facility and his/her legal representative, if applicable
- The Division of Healthcare Financing (DHCF) representative

- The Long Term Care Ombudsman
- The fiscal agent will be notified by emailed memo
- Allow an average of 7 – 9 days for processing before billing.

Sample communication documents are provided in the appendix to this manual.

Once the **Determination Summary Report (DSR)** has been sent to the individual or his/her legal representative, it is the responsibility of the provider to interpret and explain the findings.

#### **Placement Support:**

WYhealth staff will provide placement support by phone:

- If the client is not appropriate for nursing facility placement, staff will begin Care Coordination within 1 business day to assist in finding an appropriate place for the client.
- If the client is not appropriate for nursing facility placement and the client requires SS, the staff will contact the referring facility within 1 business day to assist with SS placement.

#### **Data Tracking:**

The WYhealth data system will collect and store all information and documents that are submitted. This information will include the patient's mental health diagnosis and monitoring of SS recommended for patients deemed to meet the criteria for a serious mental illness. This Structured Query Language (SQL)--based system tracks referrals; records outcomes including psychiatric diagnoses, the appropriateness of nursing facility placement, the need for SS; and plans of care while ensuring security and confidentiality. All data is in compliance with applicable federal and state laws (including HIPAA Privacy Rules, 45 C.F.R. Parts 160 and 164.) The monitoring of SS involves confirming the institutionalization of the client. WYhealth monitors and reports the status of SS recommendations on an annual basis.

#### **Reports:**

WYhealth provides data on the number of referrals for new admissions to nursing facilities, PASRR II screens, results of screening determinations, the number of residents requiring a Resident Review (RR) due to a significant change in their functioning, and referrals for which clinical record reviews and/or Level II evaluations are not completed due to situations such as the death of the patient, discharges/transfers from nursing facilities, those never admitted to nursing facilities, and those admitted for hospitalizations.

#### **Quality Assurance:**

WYhealth maintains policies and procedures to assure excellence in the work process and end product. The quality assurance process involves evaluating completed referrals using specific protocols and guidelines to determine that the findings of the evaluation correspond to the person's current functional status as documented in medical and social records, and if applicable, the quality of work related to the PASRR Level II evaluations. This program provides for consistent and accurate review practices for determining the appropriateness for a nursing facility placement, the need for SS, and the development of individualized plans of care when SS is deemed necessary. Inter-rater reliability statistics are utilized to monitor the consistency and validity of the determinations. Results of the quality analyses are utilized to determine training needs and other quality improvement activities.

#### **State Mental Health Authority (SMHA) Responsibilities:**

SMHA has delegated its function and responsibility as the mental health authority for the state of Wyoming to WYhealth (WYhealth) for approval of the MI and ID determination review for Level II PASRR's.

#### **State Mental Retardation Authority (SMRA) Responsibilities:**

SMRA has delegated its function and responsibility as the mental health authority for the state of Wyoming to WYhealth (WYhealth) for approval of the MI and MR/ID determination review for Level II PASRR's.

**Office of Healthcare Licensing and Survey, PASRR**

CMS and States will be monitoring PASRR activities partly through data entered into MDS 3.0 and onsite visits. The MDS 3.0 assessments will require providers to record PASRR data regarding an individual's PASRR Level I screening and/or Level II resident review. PASRR requirements for MDS 3.0 can be found in Chapter 2 of the CMS Resident Assessment Instrument (RAI) Manual, Section S.

**PASRR, MDS, and Significant Change**

If a significant change in status (SCSA) occurs for an individual known or suspected to have mental illness, intellectual disability, or condition related to "mental retardation" (as defined by 42CFR 483.102), a referral to WYhealth for possible Level II PASRR evaluation must occur as required by Section 1919(e)(7)(B)(iii) of the Social Security Act. Resources for determining a SCSA as it relates to PASRR can be found in the MDS 3.0 RAI Manual Chapter 2. Inclusion of the Minimum Data Set (MDS) in the PASRR packet submitted to WYhealth is strongly recommended for Significant Change reviews. The MDS has valuable information about the condition and functioning of the client that is useful for the reviewer in making a determination.

MDS PASRR questions are a reminder to staff and a trigger to surveyors for PASRR tag.

Failure to document pre-screening evaluations, PASRR Level I, and if indicated all Level II requirements, (prior to admission or upon change in condition), subjects nursing facilities or swing beds to liability for:

- Survey deficiency (F285)
- Recouping federal financial participation monies (FFP) for all days prior to completion.

Deficiencies in the areas of care planning and/or Quality of Life may occur if a provider does not follow recommendations or directives provided in a Level II determination letter.

The Office of Healthcare Licensing reviews PASRR compliance during their survey/certification of nursing homes and swing bed facilities.

## **SECTION IX: Appeal Process**

### **Purpose**

The purpose of this chapter is to ensure that individuals who were the subject of WY PASRR Level II evaluations have the right to appeal determinations in a fair and timely manner, consistent with state and federal law. WYhealth has established a process policy (in accordance with the Division of Healthcare Financing [DHCF], Wyoming Department of Health Appeal Hearing policy) by which any applicant or their legal representative who is dissatisfied with the outcome of a Level II PASRR can appeal the decision. A copy of this procedure is available to referral sources, the applicant or legal representative upon request.

### **Initiating the Appeal and Fair Hearing Process**

The patient is provided instructions for initiating the appeals process, per the Wyoming Medicaid Rules (Rules for Medicaid Administrative Hearings), in the *Notice of Determination* letter received via mail. The appeal must be requested in writing within 30 calendar days following the date of receipt of the determination letter. As explained in the letter, the request for an appeal should be faxed to 1-888-245-1928 or mailed to:

WYhealth  
Attn: PASRR Coordinator  
P.O. Box 49  
Cheyenne, WY 82003  
(888) 545-1710, ext. 299-3640

Requests for a hearing are referred to the WYhealth PASRR Coordinator and are date-stamped upon receipt. From the date the appeal is received by WYhealth, the DHCF has 20 days to review and respond to the appellant. A hearing must occur within 90 days of the PASRR Level II determination.

### **Reconsideration Review**

When a hearing request is received, the WYhealth PASRR Coordinator conducts a reconsideration review in which the documentation available at the time of the initial determination is reviewed for accuracy. If any errors are noted, immediate action is taken to rectify the inaccuracy. The patient or their representative is immediately notified. If the appellant is satisfied with the correction, they may choose to withdraw their request in writing to the address above.

### **Informal Conference**

If no error is detected or in the event, the appellant elects not to withdraw their request following an error correction, the WYhealth PASRR Coordinator schedules a teleconference with the appellant or their representative. The patient or representative is advised the teleconference is optional and does not replace or delay the hearing process. If during the conference a satisfactory decision is made that satisfies the appellant, the request for a hearing may be withdrawn in writing to the address above.

### **Formal Hearing**

All requests for a hearing are forwarded by the WYhealth PASRR Coordinator to the Wyoming Department of Health. The Department may deny a request for hearing if the action complained of is not an adverse action or if the request does not meet the requirements of Chapter 4 Rules and Regulations for Medicaid Administrative Hearing under Section 8.

WYhealth staff provides expert, telephone testimony in the event the case proceeds to a hearing. All actions to reduce or cancel benefits or services will be reviewed to determine whether or not the appeal was filed within the required 30-day time frame, thereby allowing any current benefits or services to continue until a decision can be rendered by the Hearing Officer.

The potential decisions at any stage of the Appeal and Fair Hearing process include:

- Upheld: The determining authority concurs with the adverse determination or previous appeal decision.
- Partially Overturned: The determining authority modifies the adverse determination or previous appeal decision.
- Overturned: The determining authority does not concur with the adverse determination or previous appeal decision.

The final decision is made by the DHCF following the Medicaid Rules (Rules for Medicaid Administrative Hearing) and no further administrative appeals are allowed.

## **SECTION X: Diversion/Transition**

When a client has been assessed through the PASRR process and deemed inappropriate for placement to a nursing facility, multiple options exist for the transition and assistance of care. Following is a list of a few of Wyoming's resources that work toward this goal.

### **Project OUT**

Project OUT is a short-term Medicaid and state-funded intervention and assistance program that helps clients overcome the barriers to living independently in the community. The program provides targeted case management and a limited financial resource to assist with some of the costs of transferring out of a nursing home. Costs might include moving or storage expenses, rental or utility deposits, household items, furniture, personal alert systems, grab bars or other assistive devices, as well as limited transportation services following the transition. Project OUT links the client to community services and long-term care programs that may provide the on-going support needed for clients to live independently.

To be eligible for Project OUT services, a consumer must be a Wyoming resident, at least 18 years of age, and Medicaid determined, state dollars will fund the assistance.

Each Project OUT client collaborates with a Project OUT transition specialist, his or her healthcare provider and/or discharge planner to create a transition or diversion plan which includes those services and supports that are necessary to facilitate independent living.

Project OUT will continue to strive to increase awareness of the program within every Wyoming community. As more healthcare providers, discharge planners, and families become aware of the services available through

Project OUT is a short-term, transition program that provides supportive services to individuals to transition them out of a nursing facility back into the community. There is no medical coverage under this program. Contact the Program Manager at 307-777-7366 for more information.

### **PACE**

The Program of All-inclusive Care for the Elderly (PACE) model is centered on the belief that it is better for the well-being of seniors with chronic care needs and their families to be served in the community whenever possible.

PACE serves individuals who are age 55 or older, certified by their state to need nursing home care, are able to live safely in the community at the time of enrollment, and live in a PACE service area. Although all PACE participants must be certified to need nursing home care to enroll in PACE, only about seven percent of PACE participants nationally reside in a nursing home. If a PACE enrollee does need nursing home care, the PACE program pays for it and continues to coordinate the enrollee's care.

### ***PACE Program Services***

Delivering all needed medical and supportive services, the program is able to provide the entire continuum of care and services to seniors with chronic care needs while maintaining their independence in their homes for as long as possible. Care and services include:

- Adult daycare that offers nursing; physical, occupational and recreational therapies; meals; nutritional counseling; social work and personal care
- Medical care provided by a PACE physician familiar with the history, needs, and preferences of each participant
- Home health care and personal care
- All necessary prescription drugs
- Social services
- Medical specialists such as audiology, dentistry, optometry, podiatry, and speech therapy

- Respite care
- Hospital and nursing home care when necessary

PACE is an ongoing program designed to provide supportive, in-home services to individuals 55 years of age or older. PACE is currently only available in Laramie County, WY. Contact the Program Manager at 307-777-7366 for more information.

Home and Community-Based Services: (HCBS)

The Home and Community Based Service waiver program:

### **Community Choices Waiver**

Services under this waiver include the following:

- Assisted Living Facility (ALF) Option: Assisted living (adult residential) services are provided in a home-like environment in a state-licensed community care setting. Assisted living facilities receive a daily rate at one of three levels of reimbursement which are based on a client's LT101.
  - Services that can be provided in conjunction with residence in an ALF:
    - Personal Care
    - Homemaking
    - Medication oversight (to the extent permitted under state law)
- In-Home Option: Services provided in the home.
  - Services that can be provided:
    - Case Management: Assistance to identify an individual's needs, to locate, coordinate, and monitor social and medical services to meet the needs of the client.
    - Personal Care: A certified nurse aide assigned to care for the client in the home, providing help with activities of daily living such as bathing, dressing, meal preparation, and grocery shopping.
    - Respite Care: Care that is provided for a short period of time to relieve a regular caregiver. If the care is provided in the home it is provided by a certified nurse aide.
    - Home Delivered Meals: One or two meals delivered to a client's home or to a daycare facility on a scheduled basis.
    - Personal Emergency Response System: An electronic alarm system that a client wears which summons help in an emergency.
    - Non-Medical Transportation: Transportation service provided to non-medical activities that cannot be arranged by any other means.
    - Adult Day Care: A structured program in a licensed setting that provides a variety of health, social, and related support services for part of the day, but less than 24-hour care.
    - Skilled Nursing: Services that are within the scope of Wyoming's Nurse Practice Act that will prevent institutionalization and are not covered by home health.
- Participant Directed In-Home Care Option: This option allows qualified waiver participants to obtain, hire, supervise and fire their own personal care attendants. With this option the client serves as the employer of their own personal care attendant. Additional services under this option are:
  - Self-Help Assistant: Under this option, this service replaces Personal Care.
  - Fiscal Management: Fiscal management services provide payroll and tax reporting activities for the Self-Help Assistant.

Further information on this program can be found at:

<http://www.health.wyo.gov/healthcarefin/medicaid/homecareservices.html>



**Programs and Providers for Clients with Mental Illness**

Clients who have been diagnosed with a mental illness and deemed inappropriate for nursing facility placement can still receive services through any of the aforementioned programs. In addition or simultaneous to those services, Wyoming Medicaid covers rehabilitative services for mental health and substance abuse disorders via community mental health and substance abuse treatment centers, psychiatrists, psychologists, psychiatric APRNs, and provisional or licensed mental health professionals.

## SECTION XI: References

Wyoming Medicaid Website

<https://wymedicaid.portal.conduent.com/>

Wyoming Medicaid Web Portal Registration

<https://wymedicaid.portal.conduent.com/wy/general/home.do>

DHCF, Behavioral Health Division

<https://health.wyo.gov/behavioralhealth/>

DHCF, Developmental Disabilities Division

<https://health.wyo.gov/healthcarefin/dd/>

DHCF, Division of Healthcare Financing, Medicaid

<https://health.wyo.gov/healthcarefin/medicaid/>

DHCF, Medicaid Rules

<http://soswy.state.wy.us/Rules/default.aspx> Chapter 19 PASRR Rules

<http://soswy.state.wy.us/Rules/default.aspx> Chapter 22 LT101 Rules

e-CFR

<https://www.ecfr.gov/cgi-bin/ECFR?page=browse>

DHCF, PASRR State Plan Amendment Attachment 4.39 and 4.39A

<https://health.wyo.gov/healthcarefin/medicaid/spa/>

Diagnosis Codes Requiring a Level II

<https://wymedicaid.portal.conduent.com/Institutional.html>

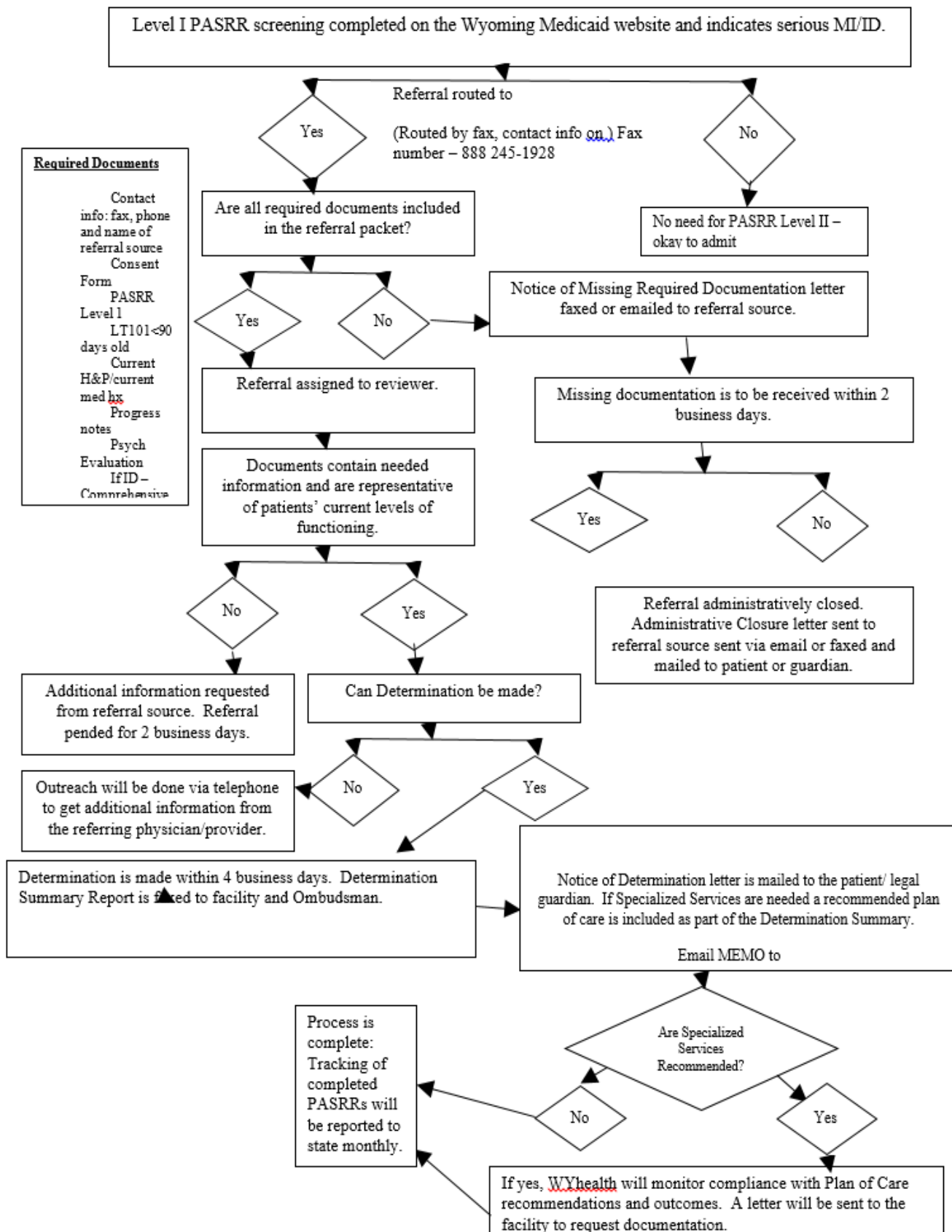
## **SECTION XII: Appendix**

All forms should be downloaded from the following website to make sure the most updated form is being used.

[https://www.WYhealth.net/tpa-ap-web/?page=Provider\\_WYHMS%20publicProviderBehavioralHealthForms](https://www.WYhealth.net/tpa-ap-web/?page=Provider_WYHMS%20publicProviderBehavioralHealthForms)

## Helpful Hints

- DO NOT ADMIT - Individuals prior to the PASRR Level I, LT101 and PASRR Level II being completed
- Medicaid payment will not be made until the PASRR process is complete
- Make sure to submit your PASRR Level I prior to printing
- Make sure all forms are signed when needed including the provider's title
- Complete a resident review no later than 14 days after a "significant change"
- Transferring from one facility to another is the same as a new admit and requires the same processes
- Submit the checklist after your fax cover page with the required documents in your packet
- Do not fax incomplete packets
- Fax packets to 1-888-245-1928 Attn: PASRR Coordinator





**PASRR Fax Coversheet**  
**PASRR REQUEST**

TO: WYhealth PASRR Care Advocate Reviewer	FROM: <input type="text"/>
	FACILITY: <input type="text"/>
	FAX: <input type="text"/>
	PHONE: <input type="text"/>
Fax: 1-888-245-1928	TOTAL NUMBER OF PAGES: <input type="text"/>
PHONE: 1-888-545-1710	DATE: <input type="text"/>
RE: PASRR Level II Request	CC: <input type="text"/>
<input type="checkbox"/> Urgent – Request from NF – Patient at NF	
<input type="checkbox"/> Urgent Request from Referring Facility – Ready for transfer	
<input type="checkbox"/> Routine Request from Referring Facility	
<input type="checkbox"/> Categorical Determination Review	
<input type="checkbox"/> PASRR Review for Expiring Categorical Determination Period	
<input type="checkbox"/> Change in Condition Review	
<input type="checkbox"/> Other <input type="text"/>	
Comments: <input type="text"/>	



**Pre-Admission Screening and Resident Review Level II  
(PASRR for MI and or MR/ID Level II)  
Evaluation Referral Packet Checklists**

<b>Required Documents for Pre-admission Screenings:</b>	
<input type="checkbox"/>	PASRR Level I (from ACS provider portal)
<input type="checkbox"/>	Psychosocial Evaluation (from CMHC)
<input type="checkbox"/>	Psychiatric Evaluation (only if on file)
<input type="checkbox"/>	Current History & Physical
<input type="checkbox"/>	Current Medication List (MAR)
<input type="checkbox"/>	Progress Notes
<input type="checkbox"/>	LT101 Functional Assessment, <90 days old (from PHN)
<input type="checkbox"/>	Informed Consent Form
<input type="checkbox"/>	If MR/ID, adaptive functioning, achievement, and intellectual testing with validated instruments
<b>Required Documents for Resident Review (Significant Change) Screenings:</b>	
<input type="checkbox"/>	PASRR Level I (from ACS provider portal)
<input type="checkbox"/>	Previous Level II referral packet, if applicable
<input type="checkbox"/>	Psychosocial Evaluation (from CMHC)
<input type="checkbox"/>	Psychiatric Evaluation (only if on file)
<input type="checkbox"/>	Current History & Physical
<input type="checkbox"/>	Current Medication List (MAR)
<input type="checkbox"/>	Progress Notes
<input type="checkbox"/>	LT101 Functional Assessment, <60 days old (from PHN)
<input type="checkbox"/>	Informed Consent Form
<input type="checkbox"/>	Minimum Data Set (MDS)
<input type="checkbox"/>	If MR/ID, adaptive functioning, achievement, and intellectual testing with validated instruments
<input type="checkbox"/>	Minimum Data Set (MDS) is strongly recommended for Significant Change reviews
<b>Optional Documents for Both Types of Screenings:</b>	
<input type="checkbox"/>	Psychiatric Evaluation
<b>Required Documents for Categorical Determinations:</b>	
<input type="checkbox"/>	PASRR Level I (from ACS provider portal)
<input type="checkbox"/>	Current History & Physical
<input type="checkbox"/>	Current Medication List (MAR)
<input type="checkbox"/>	Progress Notes
<input type="checkbox"/>	LT101 Functional Assessment, <60 days old (from PHN)
<input type="checkbox"/>	Informed Consent Form

**Please submit this form after your fax cover page with the required documents in your packet.**

**Please do not fax incomplete packets.**

**Fax complete packet to 1-888-245-1928 Attention: PASRR Coordinator**

---

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### Required Documents for PASRR Screening for Residents Needing NF Placement Beyond the End of Categorical Exemption Period

Check Below all Documents Included:	Required Documents for Pre-admission Screenings
<input type="checkbox"/>	PASRR Level I (from Secure Provider Web Portal)
<input type="checkbox"/>	LT101 Functional Assessment, < 90 days old (from PHN)
<input type="checkbox"/>	Current medications (medication administration record with drug, dosage, frequency and route of administration)
<input type="checkbox"/>	Current history and physical within last 12 months including:
<input type="checkbox"/>	Medical history
<input type="checkbox"/>	Medication history
<input type="checkbox"/>	Treatment/Hospitalization history
<input type="checkbox"/>	Review of all body systems
<input type="checkbox"/>	Neurological exam
<input type="checkbox"/>	Differential diagnosis
<input type="checkbox"/>	Psychosocial Evaluation (from CMHC) – completed by a WY qualified mental health professional) within last 12 months including:
<input type="checkbox"/>	Past and current living arrangements
<input type="checkbox"/>	Educational and work history
<input type="checkbox"/>	Family & social history
<input type="checkbox"/>	Psychiatric history
<input type="checkbox"/>	Substance use/abuse history
<input type="checkbox"/>	Mental Status Evaluation
<input type="checkbox"/>	Estimated level of cognitive functioning
<input type="checkbox"/>	Medical support needs
<input type="checkbox"/>	Medication management
<input type="checkbox"/>	Summary of strengths
<input type="checkbox"/>	Cultural, language and ethnic origin and applicable adaptations required
<input type="checkbox"/>	ICD 10 Diagnoses
<input type="checkbox"/>	Functional assessment of the individual's ability to engage in ADL's
<input type="checkbox"/>	Outcome/Disposition
<input type="checkbox"/>	Psychiatric evaluation, if on file and less than two (2) years old
<input type="checkbox"/>	Progress notes representing last seven (7) days of services and treatments
<input type="checkbox"/>	If MR/ID, psychological evaluation within last 12 months to include:
<input type="checkbox"/>	Comprehensive medication history
<input type="checkbox"/>	Adaptive functioning, achievement, and intellectual testing with validated instruments
<input type="checkbox"/>	Informed Consent Form

**Please submit this form after your fax cover page with the required documents in your packet.**

**Please do not fax incomplete packets.**

**Fax complete packet to 1-888-245-1928 Attention: PASRR UR Assistant**

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## Required Documents for Resident Review (Significant Change) Screenings:

Check Below all Documents Included:	Required Documents for Resident Review (Significant Change) Screenings
<input type="checkbox"/>	PASRR Level I (from Secure Provider Web Portal)
<input type="checkbox"/>	LT101 Functional Assessment, < 90 days old (from PHN)
<input type="checkbox"/>	Previous Level II referral packet, if applicable
<input type="checkbox"/>	Current medications (medication administration record with drug, dosage, frequency and route of administration)
<input type="checkbox"/>	Current history and physical at change of conditions, including:
<input type="checkbox"/>	Medical history
<input type="checkbox"/>	Medication history
<input type="checkbox"/>	Treatment/Hospitalization history
<input type="checkbox"/>	Review of all body systems
<input type="checkbox"/>	Neurological exam
<input type="checkbox"/>	Differential diagnosis
<input type="checkbox"/>	Psychosocial Evaluation (from CMHC – completed by a WY qualified mental health professional) at change of condition including:
<input type="checkbox"/>	Past and current living arrangements
<input type="checkbox"/>	Educational and work history
<input type="checkbox"/>	Family & social history
<input type="checkbox"/>	Psychiatric history
<input type="checkbox"/>	Substance use/abuse history
<input type="checkbox"/>	Mental Status Evaluation
<input type="checkbox"/>	Estimated level of cognitive functioning
<input type="checkbox"/>	Medical support needs
<input type="checkbox"/>	Medication management
<input type="checkbox"/>	Summary of strengths
<input type="checkbox"/>	Cultural, language and ethnic origin and applicable adaptations required
<input type="checkbox"/>	ICD 10 Diagnoses
<input type="checkbox"/>	Functional assessment of the individual's ability to engage in ADL's
<input type="checkbox"/>	Outcome/Disposition
<input type="checkbox"/>	Psychiatric evaluation, if on file and less than two (2) years old
<input type="checkbox"/>	Progress notes representing last seven (7) days of services and treatments
<input type="checkbox"/>	If MR/ID, psychological evaluation (within last 12 months) to include:
<input type="checkbox"/>	Comprehensive medication history
<input type="checkbox"/>	Adaptive functioning, achievement, and intellectual testing with validated instruments
<input type="checkbox"/>	Informed Consent Form
<input type="checkbox"/>	Minimum Data Set (MDS) is strongly recommended for Significant Change

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**WYOMING DEPARTMENT OF HEALTH  
DIVISION OF HEALTHCARE FINANCING  
WYOMING MEDICAID  
PASRR LEVEL II INFORMED CONSENT FORM**

NAME:	
SOCIAL SECURITY #:	

The Level II PASRR determination notices are adapted to the race, ethnicity, language, and means of communication used by the individual being evaluated.

Please fill in the following:

RACE:	
ETHNICITY:	
PRIMARY LANGUAGE:	
PREFERRED METHOD OF COMMUNICATION (Written, oral, sign, etc.):	

An assessment is required for all persons applying for or receiving assistance for long term care. In order to evaluate my needs, I am giving my consent to the following:

- I agree to an assessment to identify my need for long term care, and to determine if my needs can be met in the community instead of a nursing facility.
- I authorize Wyoming Department of Health (WDH) and WYhealth by Optum program staff to access my medical records. I understand and agree that WDH and WYhealth by Optum may need to talk to my doctor and other health professionals. I also understand that they may need to interview family members, close friends and social services professionals about my situation.
- I authorize a qualified clinician (as defined per Wyoming State Statute, Wyoming Medicaid Program Manual, Community Mental Health Manual, Chapter 2, Section 01) to conduct a Psychosocial Evaluation and allow said clinician to access my medical records. I understand and agree that the clinician may need to talk to my doctor and other health professionals. I also understand that they may need to interview family members, close friends and social services professionals about my situation.

Individual or Representative Signature	Date:
(Indicate Relationship if signed by Representative):	
Please enter Contact Information below (address, phone, fax, email):	

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## Letter for Required Documents

Date: mm/dd/yyyy  
Name of Current Facility:  
Facility Contact Name:  
Fax Number: ###-###-####

### RE: REQUEST FOR REQUIRED DOCUMENTS\*

The purpose of this letter is to request copies of medical records as allowed by the Health Insurance Portability and Accountability Act (HIPAA) and the Department of Health and Human Services regulations. WYhealth, Inc. (WYhealth) was awarded a contract with the Division of Healthcare Financing to serve as the PASRR Level II Review vendor for Wyoming. We have received a request to complete a PASRR Level II Evaluation on:

Patient Name:  
Date of Birth: mm/dd/yyyy  
Consumer Social Security Number: ###-##-####

In order to conduct the PASRR Level II Review, we are requesting that you fax copies of the following required documents:

•  
Please fax the above documents to **1-888-245-1928**. If you are unable to obtain the required document(s) listed above, please send what you have obtained and call us at the number below to discuss any outstanding documents. This information should be faxed as quickly as possible, but no later than close of business on mm/dd/yyyy (2 days from when the letter was sent).

If you have any questions about this request, contact the PASRR Coordinator toll-free at 1-888-545-1710.

\*This letter has been faxed to the patient's current facility, if applicable, and a copy is on file with WYhealth for the Division of Healthcare Financing.

## Letter for Necessary Clinical Documents

Date: mm/dd/yyyy  
Name of Current Facility:  
Facility Contact Name:  
Fax Number: ###-###-####

### RE: REQUEST FOR NECESSARY CLINICAL DOCUMENTATION\*

The purpose of this letter is to request copies of medical records as allowed by the Health Insurance Portability and Accountability Act (HIPAA) and the Department of Health and Human Services regulations. WYhealth, Inc. was awarded a contract with the Division of Healthcare Financing to serve as the PASRR Level II Review vendor for Wyoming. We have received a request to complete a PASRR Level II Evaluation on:

Patient Name:  
Date of Birth: mm/dd/yyyy  
Consumer Social Security Number: ###-##-####

In order to conduct the PASRR Level II Review, we are requesting that you fax copies of the following required information:

•  
Please fax the above documents to **1-888-245-1928**. If you are unable to obtain the required document(s) listed above, please send what you have obtained and call us at the number below to discuss any outstanding documents. This information should be faxed as quickly as possible, but no later than close of business on mm/dd/yyyy (2 days from when the letter was sent).

If you have any questions about this request, contact the PASRR Coordinator, toll-free at 1-888-545-1710.

\*This letter has been faxed to the patient's current facility, if applicable, and a copy is on file with WYhealth for the Division of Healthcare Financing

## Letter of Administrative Closure

Date  
Name of Current Facility:  
Facility Contact Name:  
Fax Number:

RE: ADMINISTRATIVE CLOSURE DUE TO INCOMPLETE DOCUMENTATION

The purpose of this letter is to inform you that the PASRR Level II evaluation you requested for:

Client Name:  
Date of Birth:  
Client Social Security Number:

It could not be completed due to incomplete documentation. **\*\*As of 03/31/2019, the History and Physical submitted for a Resident Review/Change of Condition was over 12 months old: therefore, this is considered an incomplete PASRR Level II packet. If a PASRR Level II evaluation is still needed, please re-FAX a complete referral packet to 1-888- 245-1928.\*\***

This information should be faxed as quickly as possible to ensure compliance with federal regulations and reimbursement for services. If you have any questions, please contact (name, credentialing), Care Advocate Reviewer, toll-free at (phone) or by email at (email)

Sincerely,  
WYhealth PASRR Team

## Letter of Determination

Patient:  
c/o Facility:  
Address:  
City, State, Zip:

RE: WYOMING PASRR LEVEL II REVIEW

Dear Patient:

This letter is to inform you that the PASRR Review for you was completed on [Click here to enter a date..](#) Our Level II review has determined:

☐ **Nursing Facility Placement is appropriate, placement is authorized;** Specialized Services are not required. Mental Health rehabilitation services may be recommended.

☐ **Nursing Facility Placement is Not appropriate, placement is not authorized.** Specialized Services are not required. The nursing facility must arrange for orderly discharge and must prepare and orient the resident for discharge. Placement options consistent with this determination include Community Choices Waiver services, Project Out, and PACE. Other programs include the Wyoming Home Services and the Older American Acts program. This list of services/programs is not all-inclusive. The 30-month rule applies if the client has previously been in the nursing home.

☐ **Nursing Facility Level of Care is Not appropriate, placement is not authorized. This individual requires Specialized Services (which WY defines as psychiatric care) that cannot be provided in the NF.** The nursing facility must arrange for orderly discharge and must prepare and orient the resident for discharge. The 30-day rule applies.

☐ This individual has no evidence of a serious mental illness or serious intellectual disability; **Nursing Facility Placement is appropriate, placement is authorized. No further review or referral is required.**

☐ This individual has a primary diagnosis of dementia or secondary diagnosis of dementia when the primary diagnosis is not a serious mental illness; **Nursing Facility Placement is appropriate, placement is authorized. No further review or referral is required.**

☐ This individual is categorically appropriate due to terminal illness or severe medical condition; **Nursing Facility Placement is appropriate, placement is authorized.**

☐ The evaluation was **incomplete** due to death or discharge.

A copy of the results and any recommendations from this review have been sent to the Medicaid Office at the Wyoming Department of Health, current facility if applicable, attending physician, consumer or legal representative, and the Wyoming Ombudsman for Long Term Care. If you disagree with this determination, you have the right to appeal this decision by contacting us in writing at WYhealth at P.O. Box 30538, Salt Lake City, UT 84130-0538 or fax toll-free to 1-888-245-1928, within 30 days from the date of this decision. For questions regarding this letter please call (name, credentials) Care Advocate Reviewer at (phone).

## PASRR PSYCHOSOCIAL EVALUATION

### PASRR PSYCHOSOCIAL EVALUATION

\* Qualified clinicians are defined per Wyoming State Statute, Wyoming Medicaid Program Manual, Community Mental Health Manual, Chapter 2, [Section 01](#).  
Qualified clinicians include: Licensed Professional Counselor; Licensed Addiction Therapist; Licensed Psychologist; Licensed Clinical Social Worker; Licensed Marriage and Family Therapist; Licensed Physician; Licensed Psychiatric Nurse (Masters); Licensed Advanced Practice Nurse (specialty area of psychiatric/mental health nursing)

Note: Provisionally Licensed mental health professionals may now conduct the assessments.

DATE:			
CLIENT NAME:			
SOCIAL SECURITY:			
DATE OF BIRTH:			
MEDICAID #:			(IF NO MEDICAID #, LEAVE BLANK)
REFERRING NURSING FACILITY OR AGENCY:			
PHONE:			

#### PSYCHOSOCIAL HISTORY AND MEDICAL NEEDS

PAST AND CURRENT LIVING ARRANGEMENTS (Lived alone, required community supports, assisted living facility, etc.):

EDUCATIONAL AND WORK HISTORY (Grades completed, special educational needs, work history):

<p>Estimated level of cognitive functioning:</p> <p> <input type="checkbox"/>Extremely Low     <input type="checkbox"/>Borderline     <input type="checkbox"/>Low Average     <input type="checkbox"/>Average     <input type="checkbox"/>Above Average     <input type="checkbox"/>Superior </p>
<p>FAMILY AND SOCIAL HISTORY (Marital status, significant life events, legal history, hobbies, history of mental illness in family):</p>
<p>MEDICAL SUPPORT NEEDS (Durable medical equipment needed, in-home nursing services, hearing aids, glasses):</p>
<p>DAILY LIVING SUPPORTS AVAILABLE AND NEEDED (Family assistance, live-in aid, in-home nursing needed but not available):</p>
<p>CULTURAL, LANGUAGE, AND ETHNIC ORIGIN (and applicable adaptations required):</p>
<p>ACTIVITIES OF DAILY LIVING/ IADL (RESIDENT'S ABILITY TO ACCESS COMMUNITY RESOURCES, COMMUNICATE, AND TO MANAGE PERSONAL FINANCES) (Ability to schedule a medical appointment, manage finances, communicate with others, available of transportation to community resources, shopping, laundry, housekeeping, etc):</p>

#### PSYCHIATRIC/SUBSTANCE USE HISTORY

COMPLETE PSYCHIATRIC HISTORY (Include all psychiatric hospitalizations and outpatient treatments): COPIES OF DISCHARGE SUMMARIES FOR THE PAST TWO (2) YEARS ARE REQUIRED **IF AVAILABLE**:

PSYCHIATRIC DIAGNOSES WITH DATE OF ONSET (List all current psychiatric disorders and date of diagnosis **IF Available**:

#### SUBSTANCE USE/ABUSE HISTORY

(Inpatient and outpatient treatment with diagnoses and date of onset **IF Available**. Include substance name, method and frequency of use, duration of use and/or abstinence, and patient's insight regarding use):



## MENTAL STATUS EVALUATION

**ORIENTATION:** Ask for the date (day, month, year, and day of the week) and current location. Record response as well as whether or not client is correct or incorrect:

**REGISTRATION:** Name three objects (enter below) and have person repeat them back. Give one point for each correct answer on the first trial:

1.	2.	3.
----	----	----

Then repeat them (up to 6x) until all three are learned. [Number of trials:     ]

**ATTENTION AND CALCULATION:** Ask the client to begin with 100 and count backwards by 7. Stop after five subtractions. Check correct answers:

☐ 93☐ 86☐ 79☐ 72☐ 65

Alternatively spell "world" backwards if client unable or unwilling to do math:

☐ D☐ L☐ R☐ O☐ W

**RECALL:** Ask for the names of the three objects learned above. Check each correct answer:

☐ 1.☐ 2.☐ 3.

**DESCRIPTION OF CURRENT ATTITUDES AND OVERT BEHAVIORS** (Describe behaviors that may be suggestive of a serious psychiatric illness. See optional Behavioral Observation Checklist for possible descriptions):

**MOOD AND AFFECT** (If patient has s/s of depression you may use optional Geriatric Depression Scale):

SUICIDAL/HOMICIDAL IDEATION (Past and current, passive versus active ideations, last attempt, plan and means available to hurt self):

DEGREE OF REALITY TESTING (Presence and content of hallucinations and/or delusions, fixed or loose, command, etc.):

SUMMARY OF CLIENT'S STRENGTHS, WEAKNESSES AND NEEDS:

#### EVALUATOR'S DIAGNOSTIC IMPRESSIONS

**Must include DSM-V Code:**

PLEASE COMPLETE THE FOLLOWING:

If the client **DOES NOT** have a primary diagnosis of dementia, but **DOES** have a primary or secondary diagnosis or a serious mental disorder<sup>1</sup>, the client:

- ☐ is      ☐ is not experiencing an acute episode of this serious mental disorder.  
☐ does      ☐ does not require specialized services (the level of services provided in an institution for mental diseases or an inpatient psychiatric hospital).  
☐ is      ☐ is not dangerous to self or others.

1. **Major Mental Illness:** The definition for MI under these regulations is a psychiatric disorder of thought and/or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life (Schizophrenia, Depression, Major Affective Disorders, Schizoaffective Disorders, Atypical Psychosis, including any other DSM-V Psychotic Disorder. **Excludes:** Dementia, Alzheimer's Disease, Alcoholism, Substance Abuse,)

If specialized services for mental health (the level of services provided in psychiatric inpatient setting) are needed, identify all of these services to meet client's needs, regardless of availability of those services:

If specialized services for mental health are **NOT** needed, but client needs (or is receiving) other **mental health** services, please list these below:

COMMENTS:

Date of Evaluation:

Name of Mental Health Center:

Evaluator's signature: \_\_\_\_\_

PRINT NAME AND DEGREE: \_\_\_\_\_

Appearance:	<input type="checkbox"/> Normal grooming/hygiene <input type="checkbox"/> Underweight	<input type="checkbox"/> Bizarre <input type="checkbox"/> Disheveled <input type="checkbox"/> Other (describe):	<input type="checkbox"/> Obese
Attitude:	<input type="checkbox"/> Calm <input type="checkbox"/> Hostile	<input type="checkbox"/> Cooperative <input type="checkbox"/> Withdrawn	<input type="checkbox"/> Guarded <input type="checkbox"/> Attentive <input type="checkbox"/> Suspicious <input type="checkbox"/> Other (describe):
Facial Expression:	<input type="checkbox"/> Sad <input type="checkbox"/> Happy	<input type="checkbox"/> Vacant	<input type="checkbox"/> Other (describe):
Eye Contact:	<input type="checkbox"/> Good <input type="checkbox"/> Other (describe):	<input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Intermittent
Motor Activity:	<input type="checkbox"/> Unremarkable <input type="checkbox"/> Retardation	<input type="checkbox"/> Restless <input type="checkbox"/> Hyperactive	<input type="checkbox"/> Uncoordinated <input type="checkbox"/> Tics <input type="checkbox"/> Purposeless movement <input type="checkbox"/> Other (describe):
Gait:	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Shuffles <input type="checkbox"/> Stiff	<input type="checkbox"/> Leans <input type="checkbox"/> Brisk <input type="checkbox"/> Other:
Speech:	<input type="checkbox"/> Normal <input type="checkbox"/> Dysphasic	<input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Impaired Fluency <input type="checkbox"/> Neologisms	<input type="checkbox"/> Loud <input type="checkbox"/> Aphasic <input type="checkbox"/> Mute <input type="checkbox"/> Pressured <input type="checkbox"/> Other (describe):
Mood:	<input type="checkbox"/> Euthymic <input type="checkbox"/> Other (describe):	<input type="checkbox"/> Anxious <input type="checkbox"/> Irritable	<input type="checkbox"/> Depressed <input type="checkbox"/> Elevated <input type="checkbox"/> Angry
Affect:	<input type="checkbox"/> Full Range <input type="checkbox"/> Appropriate	<input type="checkbox"/> Labile <input type="checkbox"/> Flat <input type="checkbox"/> Inappropriate	<input type="checkbox"/> Blunted <input type="checkbox"/> Constricted <input type="checkbox"/> Other (describe):
Perception:	<input type="checkbox"/> Hallucinations <input type="checkbox"/> Derealization	<input type="checkbox"/> Delusions <input type="checkbox"/> Illusions <input type="checkbox"/> Depersonalization <input type="checkbox"/> None of the Above	<input type="checkbox"/> Other (describe):
Thought Processes:	<input type="checkbox"/> Goal-directed <input type="checkbox"/> Loose <input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Logical <input type="checkbox"/> Disorganized <input type="checkbox"/> Circumstantial <input type="checkbox"/> Tangential <input type="checkbox"/> Illogical <input type="checkbox"/> Impoverished	<input type="checkbox"/> Incoherent <input type="checkbox"/> Blocked <input type="checkbox"/> Other (describe):

Thought Content:	<input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal <input type="checkbox"/> Delusional <input type="checkbox"/> Obsessions <input type="checkbox"/> Compulsions <input type="checkbox"/> Phobias <input type="checkbox"/> Suspiciousness <input type="checkbox"/> Paranoia <input type="checkbox"/> Ideas of Reference <input type="checkbox"/> Somatic Preoccupation <input type="checkbox"/> Other (describe):
Attention/Concentration:	<input type="checkbox"/> Unimpaired <input type="checkbox"/> Mildly Impaired <input type="checkbox"/> Moderately Impaired <input type="checkbox"/> Severely Impaired
Orientation:	<input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation
Abstract Reasoning:	<input type="checkbox"/> Normal <input type="checkbox"/> Concrete <input type="checkbox"/> Poor <input type="checkbox"/> Other:
Memory:	<input type="checkbox"/> Intact <input type="checkbox"/> Impaired Recent <input type="checkbox"/> Impaired Remote <input type="checkbox"/> Impaired Immediate <input type="checkbox"/> Confabulation
Insight:	<input type="checkbox"/> Adequate <input type="checkbox"/> Poor/Minimal <input type="checkbox"/> None/Denial <input type="checkbox"/> Other (describe):
Judgment:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Other (describe):
Appetite:	<input type="checkbox"/> Normal <input type="checkbox"/> Decreased <input type="checkbox"/> Increased <input type="checkbox"/> Other:
Sleep:	<input type="checkbox"/> No complaints <input type="checkbox"/> Interrupted <input type="checkbox"/> Early A.M. Waking <input type="checkbox"/> Insomnia <input type="checkbox"/> Medication Dependent <input type="checkbox"/> Hypersomnia <input type="checkbox"/> Other

GERIATRIC DEPRESSION SCALE (GDS)			
Number	Question	Response:	
1.	Are you basically satisfied with your life?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you dropped many of your activities and interests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Do you feel that your life is empty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Do you often get bored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Are you in good spirits most of the time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Are you afraid that something bad is going to happen to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Do you feel happy most of the time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Do you often feel helpless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Do you prefer to stay at home, rather than going out and doing new things?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Do you feel you have more problems with memory than most?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Do you think it is wonderful to be alive now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Do you feel pretty worthless the way you are now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Do you feel full of energy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Do you feel that your situation is hopeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Do you think that most people are better off than you are?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Total</b>	<b>Score 1 point for each bolded answer:</b>	<b>/15</b>	

## **Global Assessment of Functioning (GAF)**

The **Global Assessment of Functioning (GAF)** is a numeric scale (0 through 100) used by mental health clinicians and doctors to rate the social, occupational and psychological functioning of adults. The scale is presented and described in the [DSM-IV-TR](#) on page 32. Children and adolescents under the age of 18 are evaluated on the [Children's Global Assessment Scale](#), or C-GAS.

**91-100** Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many qualities. No symptoms.

**81-90** Absent or minimal symptoms, good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns.

**71-80** If symptoms are present they are transient and expectable reactions to psychosocial stresses; no more than slight impairment in social, occupational, or school functioning.

**61-70** Some mild symptoms OR some difficulty in social, occupational, or school functioning, but generally functioning pretty well, has some meaningful interpersonal relationships.

**51-60** Moderate symptoms OR any moderate difficulty in social, occupational, or school functioning.

**41-50** Serious symptoms OR any serious impairment in social, occupational, or school functioning.

**31-40** Some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood.

**21-30** Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communications or judgment OR inability to function in all areas.

**11-20** Some danger of hurting self or others OR occasionally fails to maintain minimal personal hygiene OR gross impairment in communication.

**1-10** Persistent danger of severely hurting self or others OR persistent inability to maintain minimum personal hygiene OR serious suicidal act with clear expectation of death.

**0** Not enough information available to provide GAF

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Serving Wyoming EqualityCare Providers Exit Help

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Home > Submissions > PASRR Level 1 Ask EqualityCare Inquiry WY DUMMY NUMBER

### PASRR Level 1

#### PREADMISSION SCREENING FOR NURSING FACILITY ADMISSION

Please make sure your printer is on and working before using this online PASRR Level I form. If you have problems printing your PASRR Level I form after you submitted it, please call ACS Provider Relations at 1-800-251-1268.

Is this PASRR a Resident Review?	<b>No</b>				
Patient Last Name:	<b>Sample</b>	Patient First Name:	<b>ACS</b>	Patient Middle Initial:	
Date of Birth:	<b>07/12/1966</b>	Gender:	<b>F</b>	SSN#:	<b>123-45-6789</b>
EqualityCare ID:	<b>0000062140</b>	County of Residence:	<b>Laramie</b>	Payment Source at Admission:	
Admitting Facility Name:	<b>Test Provider</b>	Admission Facility City:	<b>Cheyenne</b>	Admission Facility State:	<b>WY</b>
Admitting Facility 10-Digit NPI or 9-Digit EqualityCare Provider ID:			<b>900001100</b>		
Date of this Review:	<b>08/10/2012</b>	Date of Admission:		Admitted From:	<b>Home</b>
Admitted From Name:		Prior Level II on file:	<b>Diagnosis Changed</b>	Determination Date:	

List the current diagnoses from the applicant's medical records **including ICD/DSM coding**:

**Psychiatric Diagnosis:**

1.	2.
----	----

**Diagnosis of Organic Brain Disease or OBS, Dementia or Alzheimer's disease:**

1. <b>294.10 DEMENTIA</b>	2.
---------------------------	----

**Diagnosis of Mental Retardation/Developmental Disability:**

1.	2.
----	----

**Current Medical Diagnoses:**

1. <b>331.0 ALZHEIMER'S DISEASE</b>	2. <b>496 CHR AIRWAY OBSTRUCT NEC</b>
3. <b>250.52 DIABETES W OPTHALMIC MA</b>	4.
5.	6.
7.	8.

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SCREENING CRITERIA FOR MENTAL ILLNESS/MENTAL RETARDATION:

Click on Instructions link at the top of the form for a list of diagnosis codes for serious mental illness, mental retardation and developmental disabilities.

**Mental Illness Screening (answer all questions):**

1. Does this person have a psychiatric diagnosis? **No**
2. Does this person have any history of mental illness requiring treatment more intensive than outpatient services in the past two years? **No**
3. Is there any presenting evidence of mental illness including possible disturbance in orientation, affect or mood that is not attributable to dementia or other medical diagnosis listed above? **No**

**Mental Retardation Screening (answer all questions):**

1. Does this person have a diagnosis of mental retardation or developmental disability? **No**
2. Does this person have any history of mental retardation or developmental disability? **No**
3. Are there cognition or behavior deficits indicating mental retardation or developmental disability? **No**
4. Was this person referred by an agency that serves persons with mental retardation and developmental disability, and has this person been eligible for that agency's services? **No**

**PASRR LEVEL 1 SCREENING SUMMARY:**

If you answered "Yes" to any of the Screening Criteria for Mental Illness or Mental Retardation and the individual does not meet the criteria for a categorical determination, you **must** refer this individual for Level II evaluation.

0	No evidence of mental illness or mental retardation.	No additional information required.
---	--	-------------------------------------

Edit Continue

## PREADMISSION SCREENING FOR NURSING FACILITY ADMISSION

[Click for Instructions](#)

Note: asterisks (\*) denote required fields.

Reviewer First Name: **Kelly**

Reviewer Last Name: **Miller**

### Electronic Signature Statements of Understanding:

1. I am the person represented by the name displayed above.
2. I have agreed to submit the PASRR Level 1 screening by electronic means.
3. I have read the definitions and conditions incorporated into this Level 1 screening instrument; and I certify the information entered is true and correct to the best of my knowledge and is adequately documented in the applicant/resident case record.
4. I understand that an electronic signature has the same legal effect and enforceability as a written signature.

\* ☐ By checking this box, I am electronically signing this PASRR Level 1 screening.

Date of Submission: **11/27/2012**

Back

Continue

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