

PASRR Questions and Answers

<b>General Questions:</b>	<b>Answer:</b>
1. What will be the start date of the new form?	01/18/2016
2. Will old 1178 form be accepted after 1/15/2016?	Yes, for about six months. We will be alerting the referring agencies to change out the old forms. The new forms can be found at <a href="http://www.myhawaiieqro.com">www.myhawaiieqro.com</a> under the PASRR tab.
3. Are e-signatures accepted for 1178?	Not currently.
4. Why are Physician Assistants (PA) not allowed to sign the Level I form?	Physician Assistants cannot screen/sign the Level I form.  Physicians, APRNs, and Acute Care Hospital RN discharge planners are the only professional State entities permissible to conduct Hawaii's Level I PASRR screens.
5. What is the penalty for facilities in noncompliance with PASRR if they have no Medicaid revenue?	If this is a Medicaid certified nursing facility, but not receiving Medicaid revenue:  To reiterate, this mandatory Federal Preadmission Screen is required for all Medicaid certified nursing facility regardless of payer sources. Medicaid requirement must be completed for all Medicaid certified nursing facilities. Preadmission Screening is required on all applicants applying to reside in the Medicaid certified facility regardless of "no Medicaid revenue". If this facility is found to have a significant pattern of noncompliance with Preadmission Screening requirements, Medicaid decertification must be considered.  If this is NOT a Medicaid certified nursing facility: Preadmission screening requirement does not apply.
<b>Level I Questions:</b>	<b>Answer:</b>
1. What if an individual has only a diagnosis of a <u>substance abuse related disorder</u> and no other indication of SMI? Do we choose yes to part A #1a?	Choose No if that person does not have an applicable PASRR DSM III R Diagnosis AND there is absolutely no consideration that this person may have an applicable DSM III R PASRR diagnosis.  Choose Yes ONLY if the person has an applicable PASRR DSM III R Diagnosis (see DSM III R document below) AND if that person's mental condition is current, severe, and may lead to or is

	<p>chronically disabling.</p> <p><b>PASRR APPLICABLE DSM-III-R DIAGNOSES</b></p>
2. If checking #1 in part A of the 1178, would this count as "documentation" or would you need additional documentation to support this claim?	Additional documentation is always required that supports the screener's claim/definition. Written documentation should always be housed in the applicant's medical record.
3. Part A2: Does an H and P with a diagnosis of dementia on it count as documentation?	Yes, if the H & P currently reflect the person's condition upon application to a Medicaid certified nursing facility.
4. Part A, if #1 is marked no SMI, then question #2 pertains to an SMI patient. Should #2 be no or not even answered as it's not applicable as it pertains to an SMI Individual?	All questions have to be answered.  In this case A, #2 will be a NO.
5. Part A3: What if psychoactive medications are prescribed on a regular basis for the last 2 years for non-SMI diagnoses i.e. appetite stimulant, sleep, etc.? Should the form say no, no, yes (and level 2?)	If the person does not have Dementia and does not have a current, severe, and/or disabling mental condition and has no possible "stand alone" serious mental illness as applicable to the DSM III R document, and there is absolutely no consideration that this person may have an applicable DSM III R PASRR diagnosis. then:  No, for SMI diagnosis No, for SMI stand alone And No for A3
6. Part A3: Similarly, what if psychoactive medications are prescribed on a regular basis for the last 2 years <u>for dementia-related behavior</u> ? Should the form say no, no, yes (and level 2?)	To Clarify: This person's behaviors has been validated in writing that the primary and/or secondary mental illnesses/diagnosis are "OF" Dementia, therefore there is absolutely no "stand alone" mental illness.  <b>This person is exempt from SMI PASRR.</b>  <b>The documentation supports the screener's claim that the mental illnesses are primary and/or secondary diagnoses OF Dementia/Alzheimer's.</b>  <b>Supportive written documentation should always be housed in the applicant's medical record.</b>  The form should say: No, No, and No

	No Level 2 required.
7. What if psychoactive drugs are prescribed for a patient for general depression or anxiety <u>not classified as a serious mental illness?</u> Do we still mark A3 positive since the form now says with or without a current SMI diagnosis?	<p>According to this question (as a correction); the person <u>has</u> serious mental illness (see applicable DSM III R document - Depression &amp; Anxiety).</p> <p>If the person's SMI is current, severe, and is leading to a chronic disability, then the selection is a Yes/Positive.</p> <p>Now, if the person's SMI is not current, not severe, or not leading to a chronic disability, the selection is a No/negative.</p> <p>Again, ensure that the documentation supports the screener's claim/definition. Written documentation should be in the applicant's medical record.</p> <p><b>PASRR APPLICABLE DSM-III-R DIAGNOSES</b></p>
8. Part C2: What if the person was "terminally ill" but did not pass at the 6 month mark? We have some residents who live on hospice for years.	Need to have a level II (evaluation and/or determination) completed by the first day of the end of the sixth month.
9. Part C2: What if the person who is "terminally ill" graduates from hospice? What is the grace period to do the level 2?	There is no grace period. The Level II (evaluation and/or determination) is required by the end of the six month exemption or when the person is discharged from hospice services, whichever is earlier.
10. What do we do if the patient comes to the facility and post-admission after discussion with resident and family, it is found that PASRR Level 1 is not correct?	Complete a Level II evaluation and/or determination if warranted.
<b>Level II Questions:</b>	<b>Answer:</b>
1. What is the time frame for level 2 completion for patients who get a new dx of SMI in the nursing facility? 21 days?	There is no time frame. If a person has not stabilized within 21 days a completed Level II evaluation and/or determination is required on the 22nd day.
2. Who can perform the Level II for patients with ID/DD?	A physician <u>and</u> a psychologist or psychiatrist.
3. What do we do if the patient refuses to sign the consent for Level 2 assessments (i.e. especially in the case that the patient has disorder such as	Ask for assistance from the attending physician or person's care team to obtain consent.

delusional disorder and do not think they have a problem)?	
4. If the psychiatric evaluation finds that the patient is not SMI, does “end evaluation” mean we still submit the papers to AMHD? Or do we just file it in the chart?	<p>If the Adult Mental Health form #4 (as completed by a psychologist or psychiatrist) accurately states that the person does not meet SMI PASRR criteria, ok to file the documents*. Do not send documents to Adult Mental Health.</p> <p>*Please ensure (review documents/forms in its entirety) that the psychologist or psychiatrist has filled out this form correctly and that all supporting documentation validates the information on the Level I and level II before filing.</p>
5. How recent does an H and P have to be completed in order to be valid for the level II evaluation if using it in place of the state form?	Ensure that the information on the H and P accurately reflects this person's current condition.
6. Form 4 psychiatric evaluation part I and II, is it true that a psychiatrist or psychologist can fill out the form? Can a PCP fill out this form as well?	<p>Yes, psychiatric evaluations are to be filled out only by a psychiatrist or a psychologist.</p> <p>If the psychiatrist or a psychologist is a PCP then the psychiatrist or psychologist can fill out the forms.</p> <p>If the PCP is a physician (medical), he/she cannot fill in these forms.</p>
7. What is the expected turnaround time for a determination once PASRR II prescreening information is submitted to the applicable state agency?	The applicable state agency has an annual average of 9 calendar working days to make a determination, however; If all necessary documents are submitted and are legible, the mental health authority/state agency generally can make a determination in one working day.