

# 2022 NM PASRR Level I Identification Screen training

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# House keeping

- Mute speaker
  - Type your name in the chat box
- Please print a copy of the Level I screen
- Implementation Date: February 1, 2022

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# What is PASRR?

## Pre-Admission Screening and Resident Review

Federally mandated program. Under the federal Omnibus Reconciliation Act (Public Law 100-203) and 42 CFR 483.100-38 requires that each resident, regardless of payment source, applying for admission to or residing in, a Medicaid certified Nursing Facility be screened for mental illness, intellectual disability or related conditions which affect intellectual functioning.

*Federal law prohibits payment for Nursing Facility services until the PASRR screening has been completed.*

# What is PASRR? Pre-Admission Screening and Resident Review

ALL nursing facility applicants must have a PASRR Level I screen completed PRIOR to admission to a Medicaid-certified long-term care Nursing Facility, regardless of payer source



# Level I Identification Screen and Level II In-depth Evaluation

- Level I (referral)
  - A preliminary screening to identify individuals who may have MI, ID, and/or RC
- Level II
  - An in-depth evaluation to determine if individuals who “trigger” at Level I, do in fact have MI, ID and/or RC *for the purposes of PASRR.*

# Level I Identification Screen

- Who completes a PASRR Level I Screen?
  - Hospital discharge planners
  - Nursing facility admissions coordinators when the individual is admitting from home
  - RNs
  - Social services staff
  - Hospice staff
  - Doctor's office staff
- NOTE: The nursing facility is responsible for ensuring a Level I screen is completed for each applicant prior to admission.



# NEW MEXICO PASRR LEVEL I IDENTIFICATION SCREEN

## Few changes to the format

4 page document

Section C: Mental Illness: One additional question, however, this does not affect if the individual met criteria (triggered) for MI.

Section F: Admitting Nursing Facility Information (new addition)

Waivers:

Section G: Convalescent Care Waiver (verification of electronic signature is required)

Section H: Dementia Waiver (also known as Neurocognitive Disorder) additional information

Section I: Severity of Illness Waiver (verification of electronic signature is required)

Section J: Respite Waiver (verification of electronic signature is required)



# NEW MEXICO PASRR LEVEL I IDENTIFICATION SCREEN

A New Mexico PASRR Level I Identification screen is required for every Medicaid certified nursing facility applicant regardless of payment source.

**Please print legibly. Incomplete referrals will not be processed.**

The information in this document constitutes a Level I referral. This document must be part of each individual's nursing facility record. The document must be updated only if the individual's Mental illness (MI), Intellectual Disability (ID), and/or Related Condition (RC) status changes (Resident Review Significant Change Review).

# NEW MEXICO PASRR LEVEL I IDENTIFICATION SCREEN

## Section A

### Type of Review

#### Pre-Admission Screening

To be completed by hospital discharge planners, hospital case managers, Hospice agencies, doctor's office, nursing facility staff when individual is admitting from home

#### Resident Review/Significant Change Review

To be completed by nursing facility only as the individual is already at the facility.

#### Adult Protective Services

To be completed ONLY if Adult Protective Services is placing individual in a nursing facility.



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## Section B

### Individual's Information

Name: Last, First, Middle

DOB

Social Security Number (complete information, otherwise incomplete document)

Current Location of individual

Next of Kin, Medical Surrogate, POA

Telephone

Pertinent Medical Diagnosis

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## Section C

### Identification of Mental Illness (MI) Evaluation Criteria

Diagnosis or suspected Mental Illness?

Within the last two years? (check box)

Additional question: Provide dates of in-patient psychiatric hospitalization or drug treatment intervention

**When both questions are answered yes, this referral must be sent to PASRR prior to nursing facility admission**

**Additional question: is this individual currently receiving mental health services. Provide information**



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## Section D

### Identification of Intellectual Disabilities Evaluation criteria

Diagnosis or evidence of Intellectual Disability

Receiving services for Intellectual disability

Prior to the age of 18

**If either question is answered yes, this referral must be sent to PASRR prior to nursing facility admission**

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## Section E

### Identification of Related Condition Evaluation criteria

History, diagnosis or evidence of

Prior to the age of 22

Any severe, chronic disability

**If this question is answered yes, this referral must be sent to PASRR prior to nursing facility admission**



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## Section F

### Admitting Nursing Facility Information

Name of Facility

Nursing facility email address

Telephone number

Expected date of Admission

Type of nursing facility care for this individual needs:

SNF (30 days or less) or Long-term care

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## Section F

SNF placement:

Convalescent waiver (30 days)

Dementia/Neurocognitive Disorder waiver

Severity of Illness waiver

Respite waiver



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## Section F

Long Term Care

Level II is required prior to admission

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## Waivers (issued directly to the nursing facility)

Convalescent Waiver (30-day limit) 101 letter

Dementia/Neurocognitive Disorder Waiver (permanent waiver) 102 letter

Severity of Illness Waiver (permanent waiver) 103 letter

Respite waiver (14 days) 107 letter



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## Convalescent Care Waiver

Individual must meet PASRR criteria for Mental Illness, Intellectual Disability, and/or Related condition

30-day waiver (nursing facility may determine the individual to need additional time at the facility and request a Level II as the individual will remain long term in the facility. In NM an individual needing more than 30 days nursing facility care is considered long term.

Doctor will complete the convalescent care order. If providing an electronic signature, must provide verification of signature).

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## Section H

### Dementia/Neurocognitive Disorder Waiver (permanent waiver)

Dementia is not a Mental illness

**Individual must meet PASRR criteria for Mental Illness, Intellectual Disability, and/or Related condition. Otherwise, PASRR will not issue a Dementia/Neurocognitive Disorder Waiver.**

Doctor's orders are required. Electronic signature must be verified.

If a Dementia/Neurocognitive Disorder waiver has been issued in the past, provide information.



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## Section I

### Severity of Illness Waiver (permanent waiver)

**Individual must meet PASRR criteria for Mental Illness, Intellectual Disability, and/or Related condition. Otherwise, PASRR will not issue a Severity of Illness Waiver.**

**Doctor's orders are required. Electronic signature must be verified.**

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## Section J

### Respite Waiver (14 days)

**Individual must meet PASRR criteria for Mental Illness, Intellectual Disability, and/or Related condition. Otherwise, PASRR will not issue a Respite Waiver**

Doctor's orders are required. Electronic signature must be verified.



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## Section K

### Required Documentation

Level I screen

Current H and P

List of Medications

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## Section K

### Documentation if available

Psychiatric Evaluation

ID/RC history/documentation

Neuropsychological Evaluation

Documentation of Dementia

Mental Status Exam



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## Section L

Name and Title of Individual completing PASRR Level I screen

Name/Title

Signature

Hospital, Nursing Facility, Agency

Telephone/extension

Email address

Date form completed

Date form faxed to PASRR

Electronic Signature (must be verified)

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505-841-5537



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Or  
email to

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Call

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# Questions



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**Thank You!**



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## Part Two

### Level II Evaluation

Resident Review/Significant Change Review

Role of Nursing Facility Admissions and Social Services

Level II Recommendation Staffings

# Level II In-depth Evaluation

## Purpose of Level II Evaluation

Identify all applicants with MI, ID, and/or RC

Evaluations regarding MI, ID, and/or RC made only the PASRR team

Determine if applicant requires Specialized Services (SS)



## Level II In-depth Evaluation

Provide Nursing Facility Specialized Service recommendations to be incorporated into comprehensive person-centered care plans

Identify most appropriate placement for MI, ID, and RC individuals; to include psychiatric, continued nursing facility, or community living placement

## Level II In-depth Evaluation

Level II Evaluations occur as a result of a convalescent care waiver expiring and the individual transitions to long term care

Level II Evaluations occur when the individual is admitting from home or is going to long term care. Occur **prior to admission** to the nursing facility

ID/RC evaluations are completed by the PASRR team of Psychologist, RN and Social Worker. If the individual does not meet criteria, he/she may remain at the nursing facility as long as they met level of care.

MI evaluations are completed by UNM TEASC (Transdisciplinary Evaluation and Support Clinic), UNM School of Medicine, Department of Family and Community Medicine. If the individual does not meet criteria, he/she must discharge from the nursing facility in a timely manner.



# Intellectual Disability (ID) and Related Condition (RC) Evaluations

PASRR team will determine if individual meets the criteria to be PASRR-identified as ID or RC

Nursing facility is notified if the individual may be admitted and receives a determination letter

Evaluations by the Psychologist, RN and Social Worker will be mailed to the nursing facility

Any recommendations, including Specialized Services, must be completed and documented

If the individual does not meet criteria, he/she may remain at the nursing facility as long as they met level of care.

# Mental Illness Evaluation

UNM contractor sends evaluation and recommendations to Behavioral Health Services Division (BHSD)

Nursing facility receives determination letter from BHSD approving or denying admission

Nursing facility receives copy of the MI Level II evaluation and recommendations

All recommendations must be completed and documented

If the individual does not meet criteria, he/she must discharge from the nursing facility in a timely manner.



## Determination Letters and Recommendations

A copy of the determination letter and evaluation must become a part of the individual's facility record

The determination letter and evaluation must be forwarded to any facility to which the individual is transferred.

# Determination Letters and Recommendations

The nursing facility is responsible for providing the necessary care and services to obtain or maintain the individual's highest level of functioning and well-being.

To assist in this, a copy of the evaluator's recommendations are provided in the reports and must be incorporated into the plan of care.

**PASRR must be notified upon transfer,  
discharge, or death**



## Resident Review/Significant Change Review

Individuals has already been identified as MI, ID or RC on the Level II Evaluation

### Significant change of condition

Decline in resident's status that will not normally resolve itself without intervention or requires interdisciplinary review and/or revision of the care plan

### Improvement in resident's status

MI, ID, or RC needs have changed

May require Specialized Services or revised plan of care

## Resident Review/Significant Change Review

PASRR will determine if a Significant Change Review is warranted based on the PASRR Level I Identification Screen and ascertain if a Level II Evaluation is needed.

Specialized services or assistance with a transition could be recommended



# Provisional Admissions

## Protective Services

Placement can be made in emergency situations pending further assessment. Within 7 days of admission, a PASRR Level II Evaluation will be completed

Nursing Facility will receive determination letter

# Compliance with PASRR requirements

Health Facility Licensing and Certification (HFL&C) ensure compliance with PASRR during their surveys

Was PASRR Level I Identification Screen completed prior to admission?

If a PASRR Level II evaluation was necessary, was it completed?

If PASRR Level II evaluation includes recommendations, were they completed and documented?

If not in compliance, HFL&C may render the nursing facility as noncompliant.



# Admission Errors



Deal with errors now or later

24-hour rule

# Reminders

Level I screens which do not meet criteria on Section C (MI), Section D (ID) or Section E (RC) do not need to be sent to PASRR

PASRR staff are available to assist you

Please call PASRR to confirm we have received your Level I screen



# Reminders

Nursing facilities are responsible for letting PASRR know when a PASRR resident discharges, transfers or passes away

Nursing facilities are responsible for letting PASRR know when a person will remain at the nursing facility as a result of a convalescent care waiver

# NM PASRR Contact Information

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# Role between Admissions and Social Services

## Admission

- Confirms admission with PASRR
- Receives the waiver from PASRR

## Social Services

- Provides service to individual
- Informs PASRR when the individual need Level II Evaluation
- Informs PASRR of discharge, transfer or death

# Role between Admissions and Social Services

How does it work at your facility?



## Level II Recommendation Staffings

Review of every PASRR individual in a nursing facility

Admissions and discharge dates

Brief social history

Review of Recommendations

Determine if a Resident Review or different waiver is needed

# Questions





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Thank You!