

Title 23: Division of Medicaid

Part 303: Reserved

Part 206: Mental Health Services

Chapter 3: Pre-Admission Screening and Resident Review (PASRR) Level II

Rule 3.1: Pre-Admission Screening and Resident Review (PASRR) Level II

- A. The Pre-Admission Screening and Resident Review (PASRR) Level I must be performed prior to admission to a Medicaid certified nursing facility (NF) to: [Refer to Miss. Admin. Code Part 207 for PASRR Level I]
 - 1. Assess the person's clinical eligibility and need for nursing facility (NF) services,
 - 2. Confirm whether or not the person has a mental illness (MI), an intellectual disability/developmental disability (ID/DD) and/or a related condition (RC), and/or
 - 3. Assess whether the person requires specialized rehabilitative services or supplemental services and supports.
- B. If the PASRR Level I confirms that a person has MI, ID/DD and/or a RC, or if specialized rehabilitative services or supplemental services and supports are required, then the person must complete a PASRR Level II.
- C. A PASRR Level II ensures the appropriate placement of persons with MI, ID/DD, and/or a RC and the provision of needed services to persons who have been diagnosed with MI, ID/DD, and/or a RC.
 - 1. RCs are defined as conditions that are not an intellectual disability, but which produce similar functional impairment and require similar treatment or services.
 - 2. RCs:
 - a) Must emerge before the age of twenty-two (22),
 - b) Are expected to continue indefinitely, and
 - c) Must result in substantial functional limitations in three (3) or more of the following major life activities:
 - 1) Self-care,
 - 2) The understanding and use of language,
 - 3) Learning,

- 4) Mobility,
- 5) Self-direction,
- 6) Capacity for independent living, and/or
- 7) Economic sufficiency.

3. RCs include, but are not limited to,

- a) Autism,
- b) Cerebral palsy,
- c) Down syndrome,
- d) Fetal alcohol syndrome,
- e) Muscular dystrophy,
- f) Multiple sclerosis,
- g) Seizure disorder, and
- h) Traumatic brain injury (TBI).

B. A PASRR Level II consists of two (2) types:

1. An initial PASRR Level II is defined as the first PASRR Level II completed on a person whose PASRR Level I indicated MI, ID/DD and/or a RC so that appropriateness of NF placement can be determined and the need for specialized services be identified and recommended.
2. A subsequent PASRR Level II is defined as any PASRR Level II completed after an initial PASRR Level II when there is a significant change in the physical, mental, or emotional condition of a NF resident.
 - a) The significant change is for persons with previously identified MI, ID/DD and/or RC whose needs have changed as well as for persons with newly discovered or suspected MI, ID/DD and/or RC.
 - b) The purpose of a subsequent PASRR Level II is to assess whether or not the resident is still appropriate for the NF level of care and/or if a change in the need or type of specialized services is required.

C. The Division of Medicaid defines:

1. Specialized rehabilitative services as a subcategory of NF services which are individualized services and supports which a NF provides for persons who need them and are included in the NF per diem.
2. Supplemental services and supports, referred to as specialized services, as any services and supports for persons with MI or ID/DD, other than specialized rehabilitative services, for a particular NF person and not included in the NF per diem.

Source: 42 C.F.R. § 483; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 06/01/19.

Rule 3.2: Appropriateness Review Committee (ARC)

- A. The Appropriateness Review Committee (ARC), administered by the Mississippi Department of Mental Health (DMH), is responsible for:
 1. Reviewing the PASRR Level II,
 2. Determining the appropriateness of nursing facility (NF) placement for persons with mental illness (MI), an intellectual disability/developmental disability (ID/DD) and/or a related condition (RC), and
 3. Assessing whether the person requires specialized rehabilitative services or supplemental services and supports.
- B. The ARC members must have a current Mississippi license and practice within the scope of their license:
 1. To review the PASRR Level II for MI:
 - a) A psychiatrist who serves as the designated State Mental Health Authority Representative, and
 - b) A registered nurse (RN).
 2. To review the PASRR Level II for ID/DD:
 - a) A psychiatrist who serves as the designated State Intellectual Disabilities Authority Representative, and
 - b) A registered nurse (RN), and
 - c) Healthcare professionals credentialed with a minimum of a Master's degree in a health related field, such as a licensed clinical social worker (LCSW) or licensed medical social worker (LMSW).

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 06/01/19.

Rule 3.3: Advanced Group Determinations by Category

- A. Advanced group determinations by category permits the nursing facility (NF) to omit the PASRR Level II in certain circumstances that are time-limited or where the need for the NF is clear or the need for specialized services is unlikely provided that the person is not a danger to themselves or others, if their exempting conditions are documented, and the Appropriateness Review Committee (ARC), after reviewing this documentation, determines that a PASRR Level II is not required.
- B. Examples of categories include, but are not limited to:
 - 1. Terminal illness,
 - 2. Severe physical illnesses including, but not limited to:
 - a) Coma, or
 - b) Ventilator dependent,
 - 3. Provisional admission pending further assessment in cases of delirium where a diagnosis cannot be made until the delirium clears,
 - 4. Emergency protective services with a stay lasting no longer than seven (7) days, or
 - 5. Very brief and finite stays of up to a fixed number of days to provide respite to in-home caregivers to whom the person with MI or ID/DD is expected to return following the brief NF stay.
- C. If the evaluator believes that the person would benefit from specialized services despite the presence of conditions considered to be in an exempted category, the evaluator must refer the person for a PASRR Level II.
- D. Findings for an advanced group determination must be documented in the PASRR Level I and must, at a minimum:
 - 1. Identify the name and professional title of the person recommending the determination and the date of the recommendation,
 - 2. Identify the specific condition(s) which qualifies the person for exemption from the PASRR Level II,
 - 3. If applicable, describe the nature of any further assessment(s) needed to determine the

most appropriate setting and/or specialized services for the person,

4. Identify, to the extent possible, based on the available information, NF services that may be needed, including any mental health, specialized services and/or specialized rehabilitative services, and
5. Include evidence to support the evaluator's conclusions.

Source: 42 C.F.R. § 483.130; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 06/01/19.

Rule 3.4: Pre-Admission Screening and Resident Review (PASRR) Level II Process

- A. The Division of Medicaid requires any person admitted to a Medicaid certified nursing facility (NF) have a completed Pre-Admission Screening and Resident Review (PASRR) Level II prior to admission to the NF if the PASRR Level I indicated that the person had a mental illness (MI), intellectual disability/developmental disability (ID/DD), and/or a related condition (RC) unless that person has an approved documented advanced group determination.
- B. The hospital transferring or nursing facility (NF) admitting the person must electronically complete and submit the PASRR Level I located in the Envision web portal prior to the NF admission. The completed PASRR must be faxed to the Division of Medicaid if the provider is not a Mississippi Medicaid Provider.
- C. The Division of Medicaid's PASRR Contractor is responsible for:
 1. Reviewing all PASRR Level I which indicate MI, ID/DD and/or a RC,
 2. For MI, determining if a face-to-face assessment or an on-the-record review is the most appropriate in completing the PASRR Level II and making a recommendation for NF placement and any specialized services required to the MI Appropriateness Review Committee (ARC) within five (5) business days,
 3. For ID/DD, notifying the Department of Mental Health's (DMH's) ARC within five (5) business days of receiving a referral of any PASRR Level I which indicates an ID/DD and/or a RC.
 4. Determining if a PASRR Level II is required for a change of condition.
- D. DMH's ARC is responsible for:
 1. Reviewing any PASRR Level I which indicates ID/DD and/or a RC,
 2. Determining if a face-to-face assessment or an on-the-record review is the most appropriate in completing the PASRR Level II, and

3. Forwarding the final recommendations to the State PASRR Coordinator at the Mississippi State Hospital within two (2) business days of receipt.
- E. The MI ARC is responsible for:
 1. Reviewing the PASRR Level II recommendations from the Division of Medicaid's PASRR Contractor,
 2. Making any changes to the recommendations received, and
 3. Forwarding the final recommendations to the State PASRR Coordinator at the Mississippi State Hospital within two (2) business days of receipt.
- F. The State PASRR Coordinator is responsible for submitting the recommendations to the designated State Intellectual Disabilities Authority Representative for the final decision on NF placement and required specialized services who must make the final determination within seven (7) to nine (9) business days from the date of the original PASRR Level I submittal triggering a PASRR Level II.
- G. The NF must complete and submit a PASRR Level II State Request Form to the Division of Medicaid's PASRR Contractor when a significant change in the person's physical, mental, and/or emotional condition becomes apparent.

Source: 42 C.F.R. § 483; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 06/01/19.

Rule 3.5: Qualification Requirements for Pre-Admission Screening and Resident Review (PASRR) Level II Evaluators

The Pre-Admission Screening and Resident Review (PASRR) Level II for:

- A. Mental illness (MI) must be completed by:
 1. A qualified mental health professional, as designated by the Department of Mental Health (DMH),
 2. A person duly licensed and/or certified as a Certified Mental Health Therapist (CMHT), Licensed Certified Mental Health Therapist (LCMHT), Licensed Certified Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Master Social Worker (LMSW), Licensed Professional Counselor (LPC), psychologist or registered nurse (RN) who must conduct the psychosocial assessment portion of the PASRR Level II, and
 3. A psychiatrist, psychologist or psychiatric mental health nurse practitioners (PMHNP) who must complete the psychiatric history and evaluation.

- B. ID/DD must be completed by an interdisciplinary team of Diagnostic and Evaluation (D&E) professionals who possess the following credentials, at a minimum:
1. A Certified Intellectual and Developmental Disability Therapist (CIDDT), Licensed Clinical Intellectual and Developmental Disability Therapist LCIDDT), LSW, psychologist, RN or other DMH approved personnel who must complete the social history and adaptive behavior assessment.
 2. A psychologist who approves and signs the psychological assessment completed by DMH approved personnel and
 3. A physician, nurse practitioner, or an RN who must complete the medical summary.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 06/01/19.

Rule 3.6: Specialized Rehabilitative Services and Specialized Services

- A. Specialized rehabilitative services are defined as rehabilitative services which a nursing facility (NF) is required to provide to meet the daily physical, social, functional or mental health needs of its persons and include, but are not limited to:
1. Physical therapy,
 2. Speech/language therapy,
 3. Occupational therapy, and
 4. Mental Health Rehabilitative Services for mental illness (MI) and/or intellectual disability/development disability (ID/DD).
- B. The NF must provide the specialized rehabilitative services necessary for the well-being of its persons even if the specialized rehabilitative services are not specifically mentioned in the Medicaid State Plan and cannot charge the person a fee for the specialized rehabilitative services because they are covered NF services.
- C. A NF is not obligated to provide specialized rehabilitative services if no current person requires the services but if a resident develops the need for a specialized rehabilitative service after admission, the NF must either provide the specialized rehabilitative service or obtain the service from an outside resource.
- D. Mental health rehabilitative services for MI, ID/DD and/or a related condition (RC) are specialized rehabilitative services which the NF is required to provide to meet the daily mental health needs of its persons. These services include, but are not limited to:

1. Consistent implementation, during the person's daily routine and across settings, of systematic plans which are designed to change inappropriate behaviors,
 2. Administering and monitoring the effectiveness and side effects of medications which are prescribed to change inappropriate behavior or to alter manifestations of psychiatric illness,
 3. Provision of a structured environment for those persons who are determined to need structure such as structured socialization activities to diminish tendencies toward isolation and withdrawal,
 4. Development, maintenance, and consistent implementation across settings of those programs designed to teach persons the daily living skills they need to be more independent and self-determining. Program focus may include but not be limited to grooming, personal hygiene, mobility, nutrition, health, medication management, mental health education, money management, and maintenance of the living environment,
5. Development of appropriate personal support networks, or
 6. Formal behavior modification programs.
- E. If mental health rehabilitative services for MI, ID/DD and/or RC services are needed by a person, they must be provided by the NF regardless of whether the need was identified through the PASRR process, and regardless of whether the person requires other specialized services through another Medicaid provider.
- F. Specialized Services for persons with MI are the services specified by the ARC that include treatment other than routine nursing care, supportive therapies, and supportive counseling by NF staff. This includes services that, combined with services provided by the NF, result in the continuous and aggressive implementation of an individualized plan of care that will aid the person in attaining the highest practicable level of physical, mental and psychosocial well-being, and:
1. Is developed and monitored by an interdisciplinary team, which includes a physician, qualified mental health professionals and, as appropriate, other professionals;
 2. Prescribes specific therapies and activities for the treatment of person experiencing an acute episode of serious MI, which necessitates supervision by trained mental health personnel; and
 3. Is directed toward the diagnosis and reduction of the person's behavioral symptoms that necessitate institutionalization and that aid the person to improve his/her level of independent functioning, and achieve a functioning level that permits reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time.
- G. Specialized services for persons with MI provided by Community Mental Health Centers

(CMHCs) or Private Mental Health Centers (PMHCs) include, but are not limited to:

1. Medication Evaluation and Monitoring defined as an intentional face-to-face interaction between a physician or a nurse practitioner and a person for the purpose of assessing the need for psychotropic medication, prescribing medications and regular periodic monitoring of the medications prescribed for therapeutic effect and medical safety,
 2. Individual Therapy defined as one-on-one psychotherapy that takes place between a mental health therapist and a person,
 3. Family Therapy defined as psychotherapy that takes place between a mental health therapist and a person's family members, with or without the presence of the person. Family therapy may also include others with whom the resident has a family-like relationship. However, meetings with NF staff that do not include the person is not considered family therapy,
 4. Group Therapy defined as psychotherapy that takes place between a mental health therapist and at least two (2), but no more than twelve (12) residents at the same time. Possibilities include, but are not limited to, groups that focus on coping with or overcoming depression, adaptation to changing life circumstances and self-esteem enhancement, and
 5. Psychosocial Rehabilitation defined as a program of structured activities, designed to support and enhance the ability of NF persons to function at the highest possible level of independence. The structured activities target the specific needs and concerns of the NF persons and aim to improve reality orientation, social adaptation, physical coordination, daily living skills, time and resource management, task completion and other areas of competence that promote independence in daily life. Structured activities are designed to aid in alleviating such psychiatric symptoms as confusion, anxiety, disorientation, distraction, preoccupation, isolation, withdrawal and feelings of low self-worth.
- H. Specialized services for persons with MI, ID/DD and/or RCs include, but are not limited to, specialized services that constitute a continuous active treatment program, that includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services directed toward:
1. The acquisition of the behaviors necessary for the person to function with as much self-determination and independence as possible.
 2. The prevention or deceleration of regression or loss of current optimal functional status. Specialized services are not services provided to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program.
 3. Short-term provision of any one (1) or a combination of the following services for the person during the temporary acute and/or sub-acute need:

- a) Inpatient psychiatric services,
- b) Medication evaluation and monitoring by a psychiatrist or similarly credentialed professional, such as a Psychiatric Nurse Practitioner, to evaluate patient response to psychotropic medications and to modify medication orders,
- c) Individual, family, and/or group therapy services, and
- d) Psychosocial rehabilitation services, and
- e) Senior psychosocial rehabilitation.

I. Specialized services provided by community service providers certified by DMH include, but are not limited to:

- 1. Training targeted toward amelioration of identified basic skill deficits and/or maladaptive behavior,
- 2. Priority training needed to achieve greater levels of independence and self-determination, and
- 3. Aggressive implementation of a systematic program of formal and informal techniques and competent interactions continuously targeted toward achieving a measurable level of skill competency specified in written objective, based on a comprehensive interdisciplinary evaluation, and conducted in all client settings and by all personnel involved with the person.

J. The Division of Medicaid considers specialized services as any disability related supports and services provided to a NF person with a PASRR condition that aids the person to attain the highest practicable level of physical, mental, and psychosocial well-being that includes, but is not limited to:

- 1. A short-term intensive intervention for a maximum of six (6) months promoting the successful adaptation to the NF and/or to improve the resident's quality of life during the NF stay.
- 2. A short-term intensive intervention, that promotes a successful NF discharge and community reintegration, for persons with a capacity for community reintegration, within the ensuing three (3) to six (6) month period. These services are provided to promote the mission of Olmstead and other similar reintegration and diversion initiatives promoting successful community reintegration through targeted, time-limited, and goal directed services for persons with ID/DD who have the capacity for such transition.
- 3. Services include short-term services for a maximum of six (6) months depending on the identified needs of the person with the provision of one (1) or a combination of the following services that include, but are not limited to:

- a) Independent living skills development,
- b) Community living/integration skills development,
- c) Re-socialization skills development, and
- d) Behavior support and intervention services.

Source: 42 C.F.R. §§ 483.45, 483.440; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revise eff. 06/01/19.

Rule 3.7: Confidentiality Safeguards

- A. The Division of Medicaid's Pre-Admission Screening and Resident Review (PASRR) Level II Contractor is responsible for notifying the person and the person's legal and/or designated representative in writing that the person is suspected of having a mental illness (MI), an intellectual disability/developmental disability (ID/DD) and/or a related condition (RC), and that a PASRR Level II is required.
- B. The Division of Medicaid's PASRR Level II Contractor must involve the person being evaluated and include the person's legal and/or designated representative, along with the person's family, if possible.
 - 1. The person and the person's legal and/or designated representative must agree to family participation.
 - 2. If the legal and/or designated representative is not able to attend the PASRR Level II, he or she may give consent for the PASRR Level II to proceed without his or her presence.
- C. The Division of Medicaid's PASRR Level II Contractor must ensure all notices are adapted to the cultural background, language, ethnic origin and means of communication used by the person being evaluated and must interpret and explain the results of the PASRR Level II to the person and legal and/or designated representative.
- D. Interdisciplinary coordination must occur and be documented when more than one (1) evaluator performs any portion of the PASRR Level II Evaluation.
- E. The gathering of information necessary for determining whether it is appropriate for the person with MI, ID/DD and/or a RC to be placed in a NF or in another appropriate setting must occur throughout all applicable portions of the PASRR Level II process.
 - 1. All information must be considered and recommendations must be based upon a comprehensive analysis of all data concerning the person.
 - 2. Evaluators are allowed to use available data, obtained prior to initiation of the PASRR process, as long as the available data is considered valid, accurate, and appears to reflect

the current functional status of the person.

3. To supplement and verify that the existing data is current and accurate, it may be necessary for the Division of Medicaid's PASRR Level II Contractor or the Department of Mental Health's (DMH's) Regional Center IDD Program to gather additional information to assess proper placement and treatment.
 4. Information is only allowed to be obtained and/or released with properly executed consents.
- F. In accordance with State Law, all Appropriateness Review Committee (ARC) PASRR Level II determinations must be maintained by the PASRR State Coordinator's Office.
1. All PASRR Level II determinations, and any relevant information, must be placed and remain in the person's active medical chart at the NF they are admitted to and maintained in accordance with State Law.
 2. The recommendations in the PASRR Level II Summary of Findings Report must be addressed in the NF plan of care.
 3. The PASRR Level II determinations, and any relevant information, must be sent to any new NF if the person transfers to another NF.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 06/01/19.

Rule 3.8: Reconsideration and Appeal

- A. If a person or his/her legal or designated representative does not agree with the Appropriateness Review Committee (ARC) Determination, he/she has a right to appeal the decision.
- B. The person must first request a reconsideration of the ARC Determination within ten (10) days of the date of the ARC determination notice and must be made directly to the Division of Medicaid's PASRR Level II Contractor for a mental illness (MI) determination or the Department of Mental Health's (DMH's) Regional Center Intellectual/Development Disability (IDD) Program for an ID/DD or a related condition (RC) determination.
- C. If a person or his/her legal or designated representative does not agree with the outcome of the reconsideration, he/she has a right to request a fair hearing from the Division of Medicaid. [Refer to Miss. Admin. Code Part 300]

Source: 42 C.F.R. 431 Subpart E; 42 C.F.R. §§ 431.10, 483.108, 483.204; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 06/01/19.

Rule 3.9: Reimbursement for PASRR Level II Evaluations

- A. The Division of Medicaid reimburses the Pre-Admission Screening and Resident Review (PASRR) Level II Contractor for services rendered when the Contractor:
 - 1. Completes and sends a PASRR Level II Billing Summary for MI monthly to the State PASRR Coordinator for review, and
 - 2. Submits an invoice via Paymode to be electronically processed for reimbursement.
- B. The Division of Medicaid reimburses the Department of Mental Health (DMH) Regional Center Intellectual/Developmental Disability (IDD) Program when DMH:
 - 1. Submits the PASRR Level II Roster for ID to the State PASRR Coordinator for review, and
 - 2. Depending upon the person's Medicaid eligibility status, reimbursement will be processed accordingly by the Division of Medicaid.
- C. The Division of Medicaid only reimburses for PASRR Level IIs which are:
 - 1. Complete, and
 - 2. Signed by the appropriate personnel who completed the assessments that are part of the PASRR Level II.
- D. The Division of Medicaid does not reimburse for:
 - 1. Incomplete PASRR Level IIs,
 - 2. Therapeutic services provided by community mental health centers (CMHCs) or private community health centers (PMHCs) in a nursing facility (NF) to persons who do not have an Appropriateness Review Committee (ARC) determination recommending the service,
 - 3. PASRR Level II for persons who have a primary diagnosis of Alzheimer's disease or other dementia which prevents them from benefitting from specialized services or those deemed to be in an advanced determination category, or
 - 4. Multiple services provided for a person conducted and/or billed simultaneously.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 06/01/19.