COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR MEDICAID SERVICES

PASRR

Pre-Admission Screening and Resident Review Manual

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Part I: Introduction and Overview

1.1 Acronyms

ADL – Activities of Daily Living
CMHC – Community Mental Health Center
CM – Case Manager
CMS – Center for Medicare and Medicaid Services (Federal)
DBHDID – Department for Behavioral Health, Developmental and Intellectual Disabilities
DCBS – Department for Community Based Services
DMS – Department for Medicaid Services (State)
H&P – History and Physical
ICF/IID– Intermediate Care Facility for Individuals with Intellectual Disabilities
ID – Intellectual Disability
KLOCS- Kentucky Level of Care System
LOC – Level of Care
LOI – Lack of Information
LTC – Long-Term Care
NF – Nursing Facility
OATS – Office of Administrative and Technology Services
OIG – Office of Inspector General
PASRR – Pre-admission Screening and Residential Review
PCSP – Person Centered Service Plan (sometimes referred to as the Plan of Care)
PRO – Peer Review Organization (sub-contracted by Medicaid)
QIDP – Qualified Intellectual Disability Professional
QMHP – Qualified Mental Health Professional
R to R – Response to Referral
RC – Related Condition
MI – Serious Mental Illness
SS – Specialized Services

1.2 Introduction

Preadmission Screening and Resident Review (PASRR) is a federally mandated program that helps ensure that individuals with a serious mental illness, intellectual disability or related condition are not inappropriately placed or retained in nursing facilities for long-term care. PASRR legislations require that individuals be assessed when they apply to a nursing facility, and again on a systematic basis after admission. Though the enabling legislation was passed prior to the 1990 Americans with Disabilities Act (ADA), the regulations that govern PASRR were written post-ADA and reflect the intent of that law. The PASRR regulations also predate the person-centered, community-focused ruling of Olmstead v. L.C. (1999), in which the Supreme Court found that the requirements of Title II of the ADA apply to persons with mental disabilities, and that states must serve qualified individuals "in the most integrated setting appropriate" to their needs.

The Omnibus Reconciliation Act (OBRA) of 1987 and OBRA 1990 contain provisions with major implications for persons with a serious mental illness or an intellectual disability/related condition applying to or residing in a nursing facility. The provisions were designed to eliminate the practice of inappropriately placing persons with a mental illness, an intellectual disability, or a related condition in a nursing facility (NF) participating in the Kentucky Medicaid Program. As of April 1, 1990, all persons presently residing in nursing facilities, who

entered the facility prior to January 1, 1989, will have been screened for mental illness or intellectual disability/related condition (referred to as the initial resident review).
On October 19, 1996, Title XIX of the Social Security Act was amended to repeal the requirement for an annual resident review. The amendment requires nursing facilities to notify the state Mental Health Intellectual Disability authority, promptly as applicable, after a significant change in the physical or mental condition of a resident who has a serious mental illness or an intellectual disability/related condition. This change in condition must affect the resident's need either for continued nursing facility placement and/or for specialized services. A review and determination under Section 1919 (e)(7) of the Act must be completed promptly after a nursing facility notifies the state Community Mental Health Center that there has been a significant change in the resident's physical or mental condition.

1.3 Overview of the PASRR process

PASRR federal regulations: 42 CFR 483.100 to 483.480.
PASRR state regulations: 907 KAR 1:755.

PASRR is a federally mandated program that requires all applicants to a nursing facility (NF) participating in the Kentucky Medicaid Program, regardless of payment source, be given a preliminary assessment to determine whether they might have a serious mental illness (MI), an intellectual disability (ID), or a related condition (RC). PASRR is meant to ensure appropriate placement and services for persons with MI/ID/RC in the least restrictive environment that can effectively meet their needs. It has three goals:

1. To identify individuals with a serious mental illness (MI) and/or an intellectual disability/related condition (ID/RC);
2. To ensure those individuals are placed appropriately, whether in the community or in a nursing facility (NF); and
3. To ensure that they receive the services they require for their MI, ID, or RC (wherever they are placed).

The Level I screening is the process that determines which individuals will receive the more in-depth Level II evaluation, thus the initial screening serves as the gatekeeper for the state PASRR system. The Level II evaluates and validates, or invalidates, the diagnosis and PASRR applicability based on a more comprehensive evaluation and related documentation. The evaluation is also used to assess if a PASRR eligible individual requires nursing facility services, and to assess whether the applicant requires specialized services or services of lesser intensity.

1.4 Nursing Facility Level of Care (LOC)

In Kentucky, persons seeking admission to a nursing facility must meet the level of care requirements noted in 907 KAR 1:022. This regulation describes minimum care needs and level of care criteria for placement in a nursing facility.

An individual with a stable medical condition manifesting a significant combination of at least two or more of the following care needs shall be determined to meet low intensity patient status:

1. Assistance with personal care;
2. Assistance with transferring to or propelling a wheelchair;
3. Physical or environmental management for confusion and mild agitation;
4. Must have assistance and be present during the entire meal time;
5. Physical assistance with going to the bathroom or using a bedpan for elimination;
6. Existing colostomy care;
7. Indwelling catheter for dry care;

8. Changes in bed position;
9. Administration of stabilized dosages of medication;
10. Restorative and supportive nursing care to maintain the individual and prevent deterioration of the individual's condition;
11. Administration of injections during the time licensed personnel are available;
12. Routine administration of oxygen after a regimen of therapy has been established.

An individual shall not be considered to meet patient status criteria if care needs are limited to the following:

1. Verbal or gestural assistance with activities of daily living;
2. Independent use of mechanical devices, for example, assistance in mobility by means of a wheelchair, walker, crutch or cane;
3. Limited diet such as low salt, low residue, low-calorie, reducing, or other minor restrictive diet; or
4. Medications that can be self-administered or the individual requires minimal assistance such as set up of medication or simple cuing.

A patient status decision shall be based on medical diagnosis, care needs, services and health personnel required to meet these needs, and the feasibility of meeting the needs through alternative institutional or non-institutional services. Persons who require the level of care provided in a nursing facility have the right to receive those services in the nursing facility they choose. They also have the choice of seeking alternative placement for which they qualify. The Medicaid PRO will be the only entity to make the LOC determination prior to the PASRR Level II process.

1.5 Kentucky Level of Care System (KLOCS)

The purpose of KLOCS is to streamline Level of Care (LOC) processes across the entire spectrum of Long-Term Services and Supports (LTSS). Nursing Facilities, Hospice providers, and Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) will submit their LOCs via KLOCS. The PASRR workflow is also generated and processed through KLOCS. This will reduce the number of paper applications and enable more accountability and transparency across all stakeholders.

The PASRR Level II requests and LOCs submitted by the providers will be reviewed and approved by appropriate reviewers on the portal and then sent to the kynect integrated eligibility system for Medicaid benefit determination. This portal will give a platform to all entities involved in the LOC application, review and approval processes to interact electronically using Tasks and Notifications, thus reducing human errors and process delays. With this implementation, KLOCS will become the system of record for all Nursing Facility, ICF-IID, and Hospice LOCs.

The only entities not required to use KLOCS are out of state Nursing Facilities and private pay only individuals. For these exceptions, the paper process for PASRR must be utilized. For the paper process see section XI.

The processes for using, navigating, and completing tasks in the system are explained further in the KLOCS CMHC & BHDID Reference Guide.

Part II: Responsible Parties

2.1 Agencies

The Center for Medicare and Medicaid Services (CMS)

The Federal agency, which administers the Medicare and Medicaid programs, interprets how states comply with the federal regulations for PASRR (42 CFR 483.100-138). They also provide resources for training and technical assistance.

Department for Medicaid Services (DMS)

Medicaid, as the single designated state agency for the administration of the Title XIX program under the Social Security Act, must implement a PASRR program that meets the statutory requirements of 42 CFR 483.100 – 483.138. Failure by the state to operate a PASRR program in accordance with these requirements could lead to compliance actions against the state.

Medicaid's responsibilities include the issuance of policies, rules and regulations on program matters, and making payments for vendor services provided to eligible recipients under the state plan. As a condition of approval of the State Medicaid Plan, Kentucky is required to operate a PASRR program that meets the CMS regulatory requirements and is responsible for the following:

1. Ensuring that the state mental health, developmental and intellectual disability authorities, who are charged with making the required determinations, fulfill their statutory responsibilities;
2. Ensuring that the accounting, auditing, and enforcement of PASRR funding takes place. This includes withholding payment in cases of non-compliance and specifying an evaluation instrument that identifies applicants with mental health, intellectual disability and related conditions. DMS cannot reverse or revoke determinations made by DBHDID in the claims process, utilization review, or state survey;
3. Ensuring that the determinations are needs-based for consistent analysis of data;
4. Ensuring that nursing facilities do not admit or retain individuals with mental illness or intellectual disability/related conditions unless he or she has been screened and found to be appropriate for placement;
5. Ensuring that the resident assessments conducted by the nursing facility are coordinated with the state's PASRR evaluations, as required by the Social Security Act, Section 1919(b)(3)(E); and
6. Ensuring individuals who must be discharged under Section 1919(e) (7) (C) of that act are discharged.

Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)

DBHDID is contractually responsible for ensuring that the PASRR Level II evaluations are conducted, and determinations are made in accordance with the state and federal regulations and DMS instructions. DBHDID authorities retain ultimate control and responsibility for the performance of their statutory obligations.

Community Mental Health Centers (CMHC)

DBHDID subcontracts with the Regional Community Mental Health Center Boards (CMHC) to conduct the PASRR Level II evaluations for persons who have a potential serious mental illness, intellectual disability and/or related condition. CMHC's are responsible for completing the PASRR evaluation process within the specified time frames, providing technical assistance to the nursing facilities, and providing specialized services, when indicated, for individuals with an intellectual disability or related condition.

Peer Review Organization (PRO)

The designated Peer Review Organization (PRO) provides level of care determination for all individuals applying to, or residing in, a nursing facility (NF) participating in the Kentucky Medicaid Program. PRO staff review nursing facility resident's records for accuracy of PASRR related information and referrals.

Long-Term Care Facilities

The federal requirement for PASRR applies to all licensed long-term care nursing facilities that are participating in Medicaid programs, regardless of the individual's funding source. Anyone seeking placement in a nursing facility (NF) participating in the Kentucky Medicaid Program will have a Level I screen completed prior to admission. Anyone identified by the screening as having a possible serious mental illness, intellectual disability or related condition must also go through the Level II process, or meet all requirements for a provisional admission, before the individual can be admitted to the NF.

According to Section 1919 (e)(7)(D) of the OBRA Act, failure to comply with the PASRR requirements may jeopardize Medicaid eligibility, retroactive to the admission date of the applicant who was not appropriately screened, resulting in the recoupment of funds as well as putting the facility's participation in the Medicaid program in jeopardy.

The PASRR process is not required for individuals admitted to swing beds or moving into non-medical residential settings of a nursing facility, such as personal care or assisted living.

Office of Inspector General

The Office of Inspector General (OIG) is the regulatory agency that ensures that nursing facilities comply with the federal and state statutes and regulations. Although federal money is not used for the provision of specialized services in Kentucky, because PASSR is a federal program, the Office of Inspector General includes PASRR in their facility surveys and will review the records.

OIG looks for accuracy in identification of individuals who may need Level II evaluations. They also review the implementation of specialized services when identified, and the facility's response to the recommendations identified in the evaluation. The individual's record must contain all required documentation.

2.2 Other Parties

Nursing Facilities (NF)

Provide short and long-term care to individuals determined to meet nursing facility LOC. As it relates to PASRR, NF are also responsible for:

- Accurately completing and submitting the PASRR Level I screening for all individuals prior to admission;
- Providing (with the Level I screening) a complete history and physical that reflects the individual's current functioning, full review of systems, full physical exam, lists all current medications, and is signed by a physician, (DMS allows for APRN or PA to sign). The Center for Medicare and Medicaid Services (CMS) guidelines are available on the https://dbhdid.ky.gov/pasrr for reference.
- Providing the completed provisional admission forms (with the Level I screening) as applicable;
- Ensure final determinations for PASRR are complete prior to admission (except for provisional admissions);
- Appropriately reporting Significant Changes for PASRR/potential PASRR individuals; and
- Ensuring PASRR recommendations are part of the NF Care Plan and are followed.

The Individual, Family or Guardian

Individuals who are found to have a potential serious mental illness, intellectual disability, or related condition through the Level I screen must participate in the Level II process in order to be admitted to, or remain in, a nursing facility (NF) participating in the Kentucky Medicaid Program regardless of payment source. Any medical documentation or psychosocial history must be provided to the evaluator.

Per CFR 42 483.128, the PASRR Level II evaluations **must** involve the individual being evaluated, the individual's legal representative (if one has been designated under state law), and the individual's family (if available and the individual or the legal representative agrees to family participation).

As outlined in 907 KAR 1:755 Deemed Consent for PASRR. An individual applying for admission to, or requesting a continued stay in, a nursing facility participating in the Kentucky Medicaid Program shall be deemed to have given consent for the department to make the determination of appropriateness for the individual to enter or remain in the facility using the standards specified 42 U.S.C. 1396r.

Additionally, 907 KAR 1:022 states: Compliance with 907 KAR 1:755 shall be required in order for an individual to be admitted to an NF.

PASRR Evaluator Coordinators

Each region is expected to designate a PASRR evaluator coordinator to be responsible for administering and coordinating the PASRR evaluation activities for the region. There may be separate coordinators for serious mental illness and intellectual disability/related condition evaluations. A PASRR evaluator coordinator's duties include, but are not limited to, the following:

1. Ensure that all staff who bill for PASRR services are trained and certified in PASRR policies and procedures;
2. Ensure that all evaluations meet federal and state guidelines for determinations, content, and timeliness;
3. Notify DBHDID of any changes in staffing or staffing credentials;
4. Distribute manual revisions and related information in a timely manner, upon receipt of information from the DBHDID and/or DMS;
5. Regularly review completed evaluations and records for compliance with policies and procedures, including timelines and content;
6. Be available for consultation to the CMHC staff;
7. Coordinate local training for PASRR staff, nursing facilities, and others as needed;
8. Ensure that required forms and information are submitted timely to KLOCS and DBHDID;
9. Ensure all documentation and billing information are submitted timely to DBHDID;
10. Complete all DBHDID trainings and maintain current knowledge of PASRR requirements and best practices;
11. Ensure that all staff complete onboarding requirements and trainings for KLOCS;
12. Ensure tasks, evaluations, and determinations are completed and/or uploaded into KLOCS in a timely manner and without delay;
13. Ensure PASRR Specialized Services Coordinators are notified immediately when an individual is approved for Specialized Services; and
14. Participate in a minimum of 3 out of 4 DBHDID quarterly PASRR meetings, DBHDID sponsored trainings, and peer group activities.

The CMHC should notify DBHDID within ten (10) days if there are changes to PASRR evaluator or specialized services coordinators, or their contact information.

PASRR Evaluators

Each region is expected to have certified PASRR evaluator(s) to be responsible for the Level II evaluations. An evaluator's duties include, but are not limited to, the following:

1. Conduct professional, individualized and comprehensive clinical evaluations in accordance with state and federal regulatory requirements;
2. Conduct face to face and phone interviews;
3. Gather comprehensive medical, psychosocial, and mental health information including medical records and supporting documents needed to make PASRR decisions;
4. Document the individual's disability status, history, unique needs, and optimal care strategies;
5. Assess all information to determine if PASRR criteria is validated, the need for nursing facility services, and the need for specialized services;
6. Complete onboarding requirements and trainings for KLOCS;
7. Ensure tasks, evaluations, and determinations are completed and/or uploaded into KLOCS in a timely manner and without delay; and
8. Complete all DBHDID trainings and maintain current knowledge of PASRR requirements and best practices.

PASRR Specialized Services (SS) Coordinators

Each region is expected to designate a PASRR SS coordinator to be responsible for administering and coordinating the PASRR SS activities for the region. This may be the same or separate from the evaluator coordinator for the region. A PASRR SS coordinator's duties include, but are not limited to, the following:

1. Ensure that all staff who bill for PASRR specialized services are trained in PASRR policies and procedures;
2. Ensure that individuals approved for Specialized Services receive those services timely;
3. Ensure that specialized services are provided in accordance with federal and state regulations;
4. Distribute manual revisions and related information in a timely manner, upon receipt of information from the DBHDID and/or DMS;
5. Regularly review services provided, documentation and records for compliance with policies and procedures, including timelines and content;
6. Supervise PASRR SS case managers and Direct Support Professionals, including those who are subcontracted employees;
7. Ensure that quarterly reports are accurate and submitted timely to DBHDID; and
8. Participate in DBHDID sponsored trainings and peer group activities.

PASRR Specialized Services (SS) Case Managers (CM)

Each region is expected to have a PASRR case manager(s) responsible for providing case management to individuals receiving SS. Case manager's duties include, but are not limited to, the following:

1. Review the Level II evaluation and recommendations;
2. Meet with the individual/guardian to explain SS and determine if services are desired;
3. Schedule a planning meeting to develop a Person-Centered Service Plan (PCSP);
4. Develop and complete the PCSP to include measurable outcomes and services to meet those outcomes;
5. Monitor and document services provided with a minimum of 1 monthly face to face contact with the individual receiving services;
6. Ensure that individuals approved for SS receive those services timely;
7. Facilitate discussions about the least restrictive environment for the individual as applicable;
8. Assist with transitioning into a lesser restrictive environment as applicable.

9. Ensure that communication occurs between CMHCs for individuals currently receiving SS that transfer to a Nursing Facility in a different region to ensure continuity of care.

NOTE: The CM shall not be the same individual providing the direct services except on a temporary basis to ensure continuation of services. If the CM provides the service, then the CM's supervisor or other qualified personnel must provide the CM monitoring during that period.

PASRR Direct Support Professionals (DSP)

Each region is expected to have PASRR direct support professionals (DSP) to be responsible for providing the specialized services to individuals who meet criteria. This can be done through both direct and subcontracted employees; however, the requirements are the same regardless of employment type. DSP duties include, but are not limited to, the following:

1. Attend the Person-Centered service Planning (PCSP) meetings;
2. Provide services according to the PCSP, including frequency and intensity specified;
3. Keep the CM informed on the individuals progress, or lack thereof towards outcomes;
4. Document each service provided in accordance with state PASRR contractual requirements – include the goal that was worked on, the activity that is completed to help meet this goal and the outcome, and how the individual responded.

Part III: Staff Qualifications

3.1 Evaluator Training Requirements

PASRR regulations prohibit persons or entities that perform evaluations from having a direct or indirect affiliation or relationship with a nursing facility. Thus, any CMHC staff that subcontracts with nursing facilities to provide consultation services may not conduct PASRR evaluations in those facilities.

All PASRR coordinators and evaluators who provide PASRR services must complete the required PASRR evaluator certification training and conduct evaluations only for the populations for which they are qualified, trained, and certified by DBHDID. PASRR evaluators must be certified prior to working independently in the PASRR program.

The following requirements must be completed towards certification:

a) The PASRR Coordinator shall submit the PASRR Evaluator application to PASRR@ky.gov for a potential evaluator to be approved to begin the certification process.
b) The PASRR Evaluator applicant must shadow a certified PASRR Evaluator completing a PASRR Level II evaluation.
c) The PASRR Evaluator applicant must complete the PASRR Evaluator training and pass the quiz with an 80% or better.
d) After the shadowing process is complete then the PASRR Evaluator will complete a PASRR evaluation with a certified PASRR Evaluator.
e) The PASRR Coordinator must review and sign off on the evaluation.
f) Then the evaluation will be submitted in KLOCS, and an email will be sent to PASRR@ky.gov with the following information: the name of the person pursuing certification and the KLOCS application number. If the evaluation is completed via the manual process due to exceptions outside of KLOCS then please email the DBHDID evaluation to PASRR@ky.gov including the name of the person pursuing certification.
g) After DBHDID reviews the evaluation and if a lack of information is sent back to evaluator, then the corrections need to be completed, and the evaluation resubmitted to DBHDID for re-review.

h) Once approved for certification (not only approved in KLOCS) by DBHDID then the PASRR Evaluator applicant will receive a PASRR Evaluator certificate via email. The PASRR Coordinator must file a copy of the PASRR Evaluator certificate in the employee's personnel file.
i) Once an applicant becomes certified, the PASRR Committee will assign the KLOCS training, and it must be completed and pass the quiz with an 80% or better before KLOCS access is granted.
j) Once an applicant completes the KLOCS training, a KLOCS invitation will be sent via email with instructions to complete registration to gain access to the system.
k) If the evaluation is not approved for the PASRR Evaluator applicant to be certified, then feedback will be provided to the applicant, and they will need to resubmit another evaluation towards certification.
l) Certification and KLOCS training must be completed within 6 months of completing and passing the evaluator training for new certifications. If not, the training must be repeated before an evaluation can be submitted for certification.

3.2 Qualifications for PASRR Evaluator Coordinator and Specialized Services Coordinator

- In order to become a PASRR Evaluator Coordinator, the employee must be or become a certified PASRR Evaluator. Please see criteria outlined in section 3.1.
- In order to become a PASRR Specialized Services Coordinator the employee must meet the criteria for a Specialized Services Case Manager. Please see criteria outlined in section 3.6.

3.3 Qualifications for Serious Mental Illness (MI) Evaluators

As a Medicaid program, PASRR evaluator requirements are determined by federal PASRR regulations and in accordance with the Medicaid State Plan. Kentucky's state plan designates the individuals who are qualified to provide Medicaid services through a CMHC as indicated below, either independently or under supervision. These qualifications apply to all Medicaid funded programs and is not specific to PASRR program; therefore, it is the agency's responsibility to ensure that the service being provided is within the scope of the provider's qualifying credentials. **Evaluator qualifications to perform MI evaluations are based on the Kentucky Medicaid State Plan agreement.**

A. Professionals qualified to independently perform PASRR Level II MI evaluations/determinations:

- Licensed Psychologist **(LP)**
- Licensed Psychological Practitioner **(LPP)**
- Licensed Clinical Social Worker **(LCSW)**
- Licensed Professional Clinical Counselor **(LPCC)**
- Licensed Marriage and Family Therapist **(LMFT)**
- Psychiatrist
- Physician
- Licensed Professional Art Therapist **(LPAT)**
- Licensed Behavior Analyst **(LBA)**
- An RN licensed in the Commonwealth of Kentucky with one of the following combinations of education and experience:
    - **i.** Master of Science in Nursing with a specialty in psychiatric or mental health nursing. No experience required.
    - **ii.** Bachelor of Science in Nursing and 1 year of experience in a mental health setting.
    - **iii.** A graduate of a three-year educational program with 2 years of experience in a mental health setting.
    - **iv.** A graduate of a two-year educational program (Associate degree) with 3 years of experience in a mental health setting.

- Licensed Alcohol and Drug Counselor **(LADC)**
- Licensed Alcohol and Drug Counselor Associates* **(LADCA)**
  * Requires Supervision

B. The following professionals may perform the Level II MI evaluations/determinations with appropriate supervision:

A mental health associate with a minimum of a bachelor's degree in psychology, sociology, social work, or human services field under supervision of a professional qualified to independently perform evaluations as outlined in section A. above. (Must be signed off by someone with the credentials in section A. above).

C. The following professionals may perform the Level II MI evaluations/determinations with the appropriate licensing supervision:

- A licensed psychological associate;
- A licensed professional counselor associate;
- A certified social worker, Master Level;
- A marriage and family therapy associate;
- A physician assistant working under the supervision of a physician;
- Peer Support Specialist working under the supervision of a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LPA, a LCSW, a LMFT, a LPCC, a CSW, a MFTA, a LPCA, a LADC, a LADCA, CADC, a Professional Equivalent, a psychiatric nurse, a LPAT, or a LPATA;
- A certified alcohol and drug counselor (CADC) working under the supervision of a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LPA working under the supervision of a LP, a LCSW, a LMFT, a LPCC, a CSW, a MFTA, a LPCA, a LPAT, or a LPATA with three (3) years of inpatient or outpatient clinical experience in psychiatric social work and currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community mental health center;
- A community support associate who is working under the supervision of a physician, a psychiatrist, an APRN, a PA, a LP, a LPP, a LPA, a LCSW, a LMFT, a LPCC, a CSW, a MFTA, a LPCA, a LADC, a LADCA, a CADC, a Professional Equivalent, a psychiatric nurse, a LPAT, a LPATA, or a LBA.

3.4 Qualifications for Intellectual Disability/Related Condition (ID/RC) Evaluators

Evaluator qualifications to perform ID/RC evaluations are in accordance with 42 C.F.R. 483.430.

Professionals qualified to independently perform PASRR Level II ID/RC evaluations/determinations shall have at least one year of experience working with persons with ID or other developmental disabilities; and be one of the following:

- A Doctor of Medicine or osteopathy;
- A registered nurse; or
- An individual who holds at least a bachelor's degree from an accredited college or university in a human service field (including but not limited to: sociology, special education, rehabilitation counseling, and psychology).

3.5 Qualifications for Dual Evaluator

Professionals qualified to independently perform PASRR Dual evaluations/determinations shall meet the minimum requirements noted in both MI and ID/RC in section 3.3 and 3.4.

3.6 Qualifications for PASRR Specialized Services Case Manager

The SS case managers must meet QIDP qualifications defined as one of the following:

- Bachelor's degree in social work/human services or related field **OR**
- Bachelor's degree in any field not closely related **AND** one (1) year of human services related experience; **OR**
- An associate degree in a behavioral science, social science, or a closely related field **AND** two (2) years human services related experience; **OR**
- Three (3) years of human services related experience. Relevant fields of study may include:
    - Social Work
    - Psychology
    - Rehabilitation
    - Nursing
    - Counseling
    - Education
    - Gerontology
    - Human Services
    - Sociology
- **Relevant experience may include:**
    - Experience as a case manager or in a related human services field.
    - Certified Nursing Assistant experience
    - Certified Medical Assistant experience
    - Certified Home Health Aide experience
    - Personal Care Assistant experience
    - Paid professional experience with aging and/or disabled populations or programs as a Case Manager, a Rehabilitation Specialist or Health Specialist, and/or Social Services Coordinator.
    - Assessment and care planning experience with clients
    - Experience in working directly with persons with intellectual, developmental, or other types of disabilities or mental illness.
    - Work providing assistance to individuals and groups with issue such as economically disadvantaged, employment, abuse and neglect, substance abuse, aging, disabilities, prevention, health, cultural.
    - A licensed clinical social worker, licensed family and marriage therapist, licensed professional clinical counselor, a certified psychologist, licensed psychological associate, licensed psychological practitioner, or certified psychologist with autonomous functioning who has at least two (2) years of experience working with individuals with an intellectual or developmental disability; **OR**
    - Is a registered nurse.

NOTE: The CM shall not be the same individual providing the direct services except on a temporary basis to ensure continuation of services. If the CM provides the service, then the CM's supervisor must provide the CM monitoring during that period.

3.7 Requirements for all PASRR Specialized Services Staff

Comply with the most current version of the Department for Medicaid Services Supports for Community Living Regulation 907 KAR 12:010, "Supports for community living for an individual with an intellectual or other developmental disability" as pertains to the following, to be applied to all service areas providing supports to individuals with intellectual and/or developmental disabilities (I/DD):

a) incident reporting requirements;
b) staff training requirements;
c) TB risk assessment, negative tuberculosis testing, or, for staff or volunteers with a positive TB test, valid documentation ensuring no active disease symptoms are present;
d) criminal record, drug test, and registry checks for each potential employee and volunteer performing a supervisory or direct care service;
e) employment or placement of an individual based on criminal record and registry checks;
f) annual criminal record checks, and
g) annual drug tests

Part IV: Referrals and Timeframes

4.1 Level I Screening

The Level I screening must be completed in KLOCS by the NF for all applicants to the nursing facility (NF) participating in the Kentucky Medicaid Program, regardless of payer source, before a resident can be admitted into the nursing facility. NF staff should be thorough when determining answers to the questions on the Level I to ensure that individuals are being properly screened for a potential serious mental illness, intellectual disability, or related condition. The NF staff completing the Level I screening should access information from the individual's current history and physical, psychosocial report, other supporting documentation, and/or family members, etc. All the information gathered will assist in identifying the most appropriate placement, supports, and discharge planning options.

The purpose of the Level I screening is to determine if the individual should be referred to the Community Mental Health Center (CMHC) for a PASRR Level II evaluation. The NF responses in KLOCS will determine the referral designation. When a CMHC receives a task in KLOCS, they will begin the Level II evaluation process.

KLOCS will send all Level I screenings to the PRO for a LOC determination.

Note: The hard copy version of the Level I Screening is the MAP 409 and is available (along with the instructions) on the DMS website for those limited exceptions for individuals who are not in KLOCS.

4.2 Significant Change

The NF is required to initiate a significant change in KLOCS, within fourteen (14) calendar days of a change, for:

1. Individuals who previously did not meet PASRR criteria but now meet due to a new PASRR diagnosis or validation; OR
2. Individuals who were previously identified as meeting PASRR criteria, have a change in their mental or physical condition in a manner that affects his/her need for specialized services, nursing facility level of care, or recommended services of lesser intensity.
3. When a PASRR, or potential PASRR, individual has a change that does not meet the requirements to refer to the CMHC for a Level II, the NF notes and explains the change in section 4 on the significant change screen in KLOCS.

The type of change is noted in KLOCS by the NF, and depending on the answers provided, KLOCS will send a review task to the local Community Mental Health Center (CMHC). The CMHC, upon receipt of the task will begin the Level II evaluation process. If the answers provided indicate a PASRR individual whose condition has

improved, KLOCS will send a LOC review task to PRO and if PRO determines LOC MET, then the task will go to the CMHC for review. Therefore, if LOC is determined NOT MET, no Level II evaluation will occur. If the answers provided do not indicate a need for a Level II Evaluation, KLOCS records the information and does not send a task.

Note: The hard copy version of the Significant Change form is the MAP 4095 and is available (along with the instructions) on the DMS website for those limited exceptions for individuals who are not in KLOCS.

4.3 Out of Region

KLOCS will send a LOC task to the CMHC where the NF is located. If the individual is physically located in a region other than where the NF requesting the PASRR is located, it is the responsibility of the CMHC where the individual is currently located to complete the Level II evaluation.

The CMHC, upon receiving the initial task from KLOCS, will contact the CMHC where the individual is located to request that the PASRR Level II evaluation be completed in that region. The CMHC completing the evaluation will quick search the individual in KLOCS to obtain needed information. Once the Level II evaluation is complete, it must be sent back to the CMHC where the NF is located, and that CMHC must complete the task in KLOCS. Any exceptions should be worked out between the CMHCs.

4.4 Out of State

New admissions from out-of-state are subject to the same PASRR requirements as in-state admissions. The state where the individual resides at the time of referral should complete the Level II evaluation unless a reciprocal agreement between the two states has been made and documented. The state in which the individual is a resident (or would be at the time he/she becomes eligible for Medicaid) must pay for the PASRR evaluation.

For individuals coming from another state to a NF in KY:

- The KY NF must complete the Level I screening in KLOCS and KLOCS will initiate PASRR in the same manner as an individual who already resides in KY.
- When the CMHC receives a task for an individual located out-of-state, they should reach out to the PASRR contact in the residing state – they will conduct a Level II evaluation and send the results to KY.
- The CMHC will take the other state's PASRR evaluation and use it to complete Kentucky's Level II evaluation.
- If all needed information is not sent, an interview by phone with the individual/guardian may be needed.
- The CMHC may also need to request some additional records.
- Timeframes must still be met.
- The CMHC shall follow the same procedures as required for all PASRR individuals.
- Different states may have different criteria and/or evaluation forms. Final determinations for placement and services will be made by the CMHC based on Kentucky's criteria.

For individuals going from KY to a NF in another state:

- A Level I hard copy (MAP 409) must be completed. This can be completed by phone with the out of state NF (this is an exception made only for out of state referrals).
- The CMHC should then follow the manual PASRR processes as usual.

- Once a determination is complete, the CMHC sends ALL records and evaluation/outcomes to the other state PASRR contact.
- There are times that other states do not accept Kentucky's outcomes and request changes or additional information. Reach out to DBHDID if you have any issues and they will be addressed on a case-by-case basis.
- If the Level I does not trigger for a Level II evaluation in KY, then the PASRR Coordinator will send the "Inappropriate OOS Referral Letter" along with the completed Level I Screening form documenting that they don't meet criteria for a Level II evaluation in KY to the PASRR contact in the other state.

4.5 Timeframes

Regardless of the date of admission, type of admission, or type of referral, once the CMHC receives a task from KLOCS, the PASRR process including the KLOCS issued notifications must be completed within nine (9) business days from the date of referral. If the CMHC goes beyond the nine days, they must document an explanation for the delay on the Level II evaluation.

Ensure determinations for MI evaluations are made, and the determination completed in KLOCS, no later than the ninth (9th) business day from the when the task was assigned to the CMHC.

Ensure evaluations for individuals with an ID/RC or dual diagnosis are completed in KLOCS within seven (7) business days to ensure a final determination in KLOCS by DBHDID is completed within nine (9) business days of the referral.

The CMHC shall maintain an adequate number of trained evaluators to ensure timeframes are met.

NOTE: Business days are Monday through Friday with the exception of holidays as determined by the individual CMHC's holiday schedule. Please ensure to document the holiday's observed on the Level II.

Part V: Admissions

5.1 Re-Admission

A re-admission is the designation of an individual who has had a Level II evaluation and:

- Was in the nursing facility but went to the hospital (on a bed hold), and is returning to the facility from that hospital admission; or
- Is transferring from one nursing facility to another without a break in their nursing facility care status. An additional evaluation is not needed unless there has been a significant change that would affect their level of care or utilization of specialized services.

Individuals who have discharged from a NF and subsequently enters (or seeks to enter) that same or any other NF, are considered a new admission.

5.2 New Admission

A new admission is an evaluation at a site other than the nursing facility. If an individual in a nursing facility is discharged (regardless of how brief a time they were away), then prior to their return to the nursing facility, the PASRR process for them will start from the beginning. They would be considered a new admission and would get a new Level l screening and a new Level II evaluation if they meet criteria.

A person is considered a new admission for PASRR when the person meets the criteria for a Level II referral and is:

- Requesting admission to a nursing facility for the first time or does not qualify for a re-admission; or
- Currently residing in the community; or
- Residing in a lower level of care (family care or community placement); or
- Residing in a lower level of care within the same facility (personal care).

New admission individuals must have the Level II evaluation and determination completed prior to nursing facility admission. New admission Level II evaluations and determinations must be completed and entered into KLOCS within nine (9) business days of the task assignment to the CMHC.

5.3 Provisional Admission: Exempt Hospital Discharge (MAP 4092)

An exempt hospital discharge can be used for an individual with a diagnosis of a serious mental illness, intellectual disability, or related condition who meets the following criteria for NF level of care:

1. Is admitted to any nursing facility directly from a hospital after receiving acute in-patient care at the hospital; and
2. Requires nursing facility care for the condition for which he/she received care in the hospital; and
3. Whose attending physician has certified (before admission to the facility) that the individual is likely to require less than thirty (30) days of nursing facility care.

The MAP 4092 is a physician certification of need for nursing facility services for individuals who meet the criteria outlined above. It is used to explain why/how an individual was admitted without the Level II Evaluation. The nursing facility is responsible for obtaining the MAP 4092 and uploading it into KLOCS at the time the Level I screening is submitted.

If an individual who enters the nursing facility as an exempt hospital discharge is later found to require more than thirty (30) days of nursing facility care, the nursing facility must refer the individual for a PASRR Level II evaluation as soon as it is known, but no later than 30 days from the date of admission. The referral is made by initiating a Level II Evaluation request in KLOCS. The KLOCS system will send a task to the CMHC. If a Level II Evaluation request has not been submitted by the 30th day from the date of admission, KLOCS will show the individual as systematically discharged.

Once the referral is made, the CMHC must initiate a PASRR Level II evaluation. The PASRR process including the written determination must be completed within nine (9) business days. Upon review of the referring information, the CMHC should ensure the appropriate use of the provisional admission for exempt hospital discharge and provide technical assistance to the nursing facilities as needed.

5.4 Provisional Admission: Delirium (MAP 4093)

A diagnosis of delirium as defined in the DSM is a rapid disturbance in attention, awareness, and cognition, which could fluctuate throughout the day, and may be the consequences of another condition. A provisional admission allows for a fourteen (14) day admission pending further assessment when an accurate diagnosis cannot be made until the delirium clears. The nursing facility completes the MAP 4093 for individuals, who meet the criteria outlined above, to explain why/how an individual was admitted without the Level II evaluation. The NF is responsible for uploading the completed MAP 4093 along with supporting documentation from the physician validating the Delirium diagnosis into KLOCS at the time the Level I screening is submitted. Once LOC is determined met by PRO, a task will be sent to the CMHC to confirm that the individual meets criteria to enter the NF under a Delirium provisional admission. The CMHC has 3 business days to complete this task.

If a PASRR individual is not discharged within 14 days from this provisional admission, the nursing facility must refer for a PASRR Level II evaluation. The referral is made by initiating a Level II Evaluation request in KLOCS. The KLOCS system will send a task to the CMHC. Once the task is received, the CMHC must initiate a PASRR Level II evaluation. The PASRR process including the written determination must be completed within nine (9) business days.

The nursing facility will not be eligible for reimbursement after the 14th day of admission until a PASRR determination is made. If a Level II Evaluation request has not been submitted by the 14th day from the date of admission, KLOCS will show the individual as systematically discharged.

5.5 Provisional Admission: Respite (MAP 4093)

Respite is allowed to in-home caregivers to whom the person with a serious mental illness or an intellectual disability/related condition is expected to return following a stay of no more than fourteen (14) days. The nursing facility completes the MAP 4093 for individuals, who meet the criteria outlined above, to explain why/how an individual was admitted without the Level II evaluation. The NF is responsible for documenting in section 5 of the Level I Screening, the reason for the respite admission and uploading the completed MAP 4093 into KLOCS at the time the Level I screening is submitted. Once LOC is determined met by PRO, a task will be sent to the CMHC to confirm that the individual meets criteria to enter the NF under a Respite provisional admission. The CMHC has 3 business days to complete this task.

If a PASRR individual is not discharged within 14 days from this provisional admission, the nursing facility must refer for a PASRR Level II evaluation. The referral is made by initiating a Level II Evaluation request in KLOCS. The KLOCS system will send a task to the CMHC. Once the task is received, the CMHC must initiate a PASRR Level II evaluation. The PASRR process including the written determination must be completed within nine (9) business days.

The nursing facility will not be eligible for reimbursement after the 14th day of admission until a PASRR determination is made. If a Level II Evaluation request has not been submitted by the 14th day from the date of admission, KLOCS will show the individual as systematically discharged.

Part VI: Diagnosis and Validation Criteria

6.1 Serious Mental Illness (MI)

According to 42 CFR 483.102(b), a disorder qualifies as a serious mental illness (MI) for PASRR purposes if it satisfies three major criteria:

1. **Diagnosis**
   The individual has a major mental disorder, as defined in 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

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) more than once 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.

The Code of Federal Regulations (CFR) provision cited the DSM-III-R because it contained the most current compilation of mental disorders at the time the regulations were published. The DSM-5 now contains the most current compilation of mental disorders, meaning that the PASRR regulations mention disorders that DSM-5 now excludes (such as "organic brain disorder"). Because the regulations have not been updated, the DSM III-R is used as a reference point, therefore diagnoses can be "translated" between the DSM III-R and DSM-5, so that PASRR continues to apply to individuals with the same characteristics, even if the diagnostic categories (i.e., the names) changed.

6.2 Intellectual Disability (ID)

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. Onset of intellectual and adaptive deficits during the developmental period (before age 18).

Without a psychological that addresses ALL requirements for the diagnosis to meet ID criteria, further information is needed. It is important that the evaluator do their due diligence. Some things to look for are:

- School records
- Psychological, psychosocial, or any medical records.
- Comprehensive developmental history from someone with 1st hand knowledge.
- Assessment and documentation that rule out other factors or conditions.
- Records from previous supports or services.
- Records from the Social Security Administration related to disability determinations.

6.3 Related Condition (RC)

Related condition is a severe, chronic disability closely related to intellectual disability that results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disability that requires similar supports. The condition must have manifested prior to the age of 22.

The following four (4) criteria must be met:

1. The disability is attributable to:
   a) Cerebral Palsy or epilepsy; or
   b) Any other condition, other than mental illness, found to be closely related to intellectual disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disability and requires treatment or services similar to those required for these persons.
2. Has manifested before the person reaches age 22;
3. Is likely to continue indefinitely; and
4. Results in substantial functional limitations in three (3) or more of the following areas of major life activities:
   a) Self-care;
   b) Understanding and the use of language;
   c) Learning;
   d) Mobility;
   e) Self-direction; or
   f) Capacity for independent living.

A physical disability alone will not meet criteria.

Without a psychological that addresses ALL requirements for the diagnosis to meet RC criteria, further information is needed. It is important that the evaluator do their due diligence.

Some things to look for are:

- School records
- Psychological, psychosocial, or any medical records.
- Comprehensive developmental history from someone with 1st hand knowledge.
- Assessment and documentation that rule out other factors or conditions.
- Records from previous supports or services.

6.4 Dual Diagnosis

For purposes of PASRR, a person is considered dually diagnosed if they meet the criteria for a serious mental illness and for an intellectual disability or related condition.

6.5 Arranging for Additional Exams

A determination must be made based on the information available at the time of the Level II evaluation and within the appropriate timeframes. If more information is located later, an updated Level II evaluation can be submitted through the significant change process. There will also be times when it is appropriate to request additional evaluations in an attempt to validate a diagnosis. Due to time constraints, this would likely be after the PASRR determination.
If the evaluator can't get the supporting documentation to make a determination and they feel an individual meets criterion for ID/RC and would benefit from SS; then the CMHC should arrange for a complete psychological assessment (to include onset, IQ, and an adaptive behavior assessment).

CMHC's may use state general funds to cover psychological assessments (when no other resources are available to validate a diagnosis) for the PASRR assessment. This testing is billed to SGF under service code 020 Psychological Testing.

6.6 Submission Requirements

All PASRR diagnosis must be added to the KLOCS Diagnosis screen.

All MI, ID, and/or RC documentation must be uploaded into KLOCS prior to the CMHC finalizing their determination (whether approval or response to referral) in KLOCS. This documentation must be uploaded in a separate file than the Level II Evaluation and named according to the contents. Example file names: IEP, Psychological, hospital records… Avoid uploading documents that are not relevant to the determination.

Part VII: Level II Process

7.1 Overview

Based on the Level I screening completed in KLOCS by the NF, persons who appear to have a serious mental illness and/or intellectual disability/related condition, shall be referred for a Level II comprehensive evaluation. This referral will be made by a CMHC task in KLOCS. The purpose of the Level II evaluation is to:

1. Validate the presence of MI/ID/RC;
2. Assess if applicant requires nursing facility services; and
3. Assess whether the applicant requires specialized services and/or services of lesser intensity.

Once a task is received by the CMHC, they will initiate the Level II Evaluation. For MI tasks, the final determination must be submitted in KLOCS no later than 9 business days from the date of the initial task. For ID/RC/Dual tasks, the final determination must be submitted in KLOCS no later than 7 business days from the date of the initial task. This allows the DBHDID PASRR Committee 2 business days to complete the final determination and remain with-in the overall 9 business day timeframe requirement. It is essential to stay on top of tasks as they come in to ensure timeframe requirements are met. The CMHC should ensure that there is someone available to check tasks at least twice daily.

An individual applying for admission to, or requesting a continued stay in, a nursing facility (NF) participating in the Kentucky Medicaid Program shall be deemed to have given consent for the department to evaluate and determine the above listed criteria. HIPAA regulations stipulate that any information collected through the process of identification of a complete Person-Centered Service Plan for a patient does not need permission for re-disclosure of additional records collected during this process.

DBHDID has a comprehensive Level II evaluation used for MI, ID/RC, and dual diagnosis evaluations. Using the information from interviews, documentation and records, the evaluator completes each applicable section with as much detail as possible.

Per CFR 42 483.128, the PASRR Level II evaluations must involve:

1. The individual being evaluated;
2. The individual's legal representative, if one has been designated under state law; and
3. The individual's family if available and the individual or the legal representative agrees to family participation.

If any of the above-required individuals are unable to contribute to the interview, the reason must be documented on the Level II evaluation. Include details of all attempts to contact. A final determination cannot be made without the participation of the required individuals outlined above. Please contact PASRR@ky.gov for any questions that arise regarding this topic.

7.2 Information to be Collected

Specific data that is required to make any determination (including response to referral):

- A current comprehensive history and physical examination (to include a complete History of Present Illness (HPI)/medical history supporting the reason for NF admission, review of at least 10 body systems, and full physical exam (9 areas examined) including a neurological system evaluation).
    - Required by federal regulation to be signed by a physician or if signed by an APRN or PA, a physician must review and concur. DMS requires that the NF ensure that the physician has reviewed and concurred.
- Current medications and a comprehensive drug history.
- Attempts to obtain all known information.
    - It is important that evaluators interview the individual and family and gather as much information as they can about the individual.
    - Gathering documentation from the NF and family is important, but evaluators should also make every effort to obtain documentation from all sources when not available from the NF or family.
    - All attempts should be documented on the Level II evaluation.

Specific data that should be gathered and used as applicable for evaluations include:

- A current and valid diagnosis, including supporting documentation to validate the diagnosis and age of onset.
- Any additional evaluations conducted by appropriate specialists.
- A comprehensive psychiatric evaluation.
- Documentation of psychiatric treatment and/or hospitalization.
- A psychosocial evaluation (incorporated into the Level II).
- A functional assessment of activities of daily living.
- A specific description of the individual's adaptive functioning deficits and types of support needs (type of supports needed, frequency and intensity of supports).
- School records including the individual education program (IEP) documentation, IQ scores, and assessment of adaptive functioning.
- Psychological evaluation with diagnosis based on IQ testing and adaptive behavior assessment (when the evaluation itself cannot be located, then treatment records which provide review of psychological evaluations and key information from the assessment such as when the testing was done, who it was conducted by, tests and scores obtained, diagnosis given).
- The results of a psychological assessment submitted during the course of guardianship proceedings.
- Onset of ID/RC may be supported through a comprehensive developmental history (records or information from parent/guardian, other close relative who can provide first person account of individuals developmental history) that contains specific information about the onset of any medical conditions or injuries that resulted in intellectual impairment, and information about the nature of those impairments (delays or regression in key developmental milestones such as speech, gross and fine motor skills, learning, etc.).
- Records from prior community supports.
- Historical medical or treatment records that provide information on evaluations, diagnosis, and/or functional impairments.
- For ID/RC, assessment and documentation that rules out other factors or conditions that may have contributed to diminish cognitive and adaptive functioning such as severe mental illness, chronic substance abuse, or medical conditions. This can be accomplished by documentation in which the trained professional indicates that these conditions are not present, or if documentation of ID/RC

exists prior to the onset of the other conditions or can demonstrate that the impairments are more consistent with ID/RC than other factors.

- Any other information that is necessary to determine if it is appropriate for the individual with MI, ID/RC to be placed in a nursing facility.

7.3 The Level II Evaluation

The Level II evaluation is a comprehensive review of an individual's life including medical and psychosocial history, adaptive functioning deficits, treatment history, and identifying areas of strengths, needs, and choice. The evaluation is divided into eight (8) sections. All referred individuals must have a Level II completed. It is essential that each section be filled out in detail. Please ensure to pay attention to the information provided in the parenthesis for each question in order to provide the needed information to assist with the validation process.

Section One – Referral Information
Captures information on the individual, type and reason for the evaluation, facility contacts, and dates of the referral and admission. If the evaluator is unable to interview the individual, guardian, or other family, it must be explained here.

Section Two – Diagnosis and Testing
Collects data on all available diagnosis for Mental Health, Intellectual Disabilities, Related Conditions, and medical diagnoses. This section is also used to list and describe previous testing for mental health, IQ, adaptive functioning, or other applicable tests. Information should include documentation of known testing, documenting if testing was never done, and documentation of efforts to obtain testing.

Section Three – Medication History
Captures current and historic medications, allergies, medication administration needs, and substance use.

Section Four – Mental Health Status/Psychiatric Assessment
Comprehensive evaluation for mental illness, mental status assessment, previous treatment, and detailed mental health support needs.

Section Five – Activities of Daily Living
An all-inclusive assessment of activities of daily living including physical, sensory, and communication strengths/weaknesses, and therapy support needs. For ID/RC/Dual evaluations please include their ability/ understanding of completing the skill prior to their current level of functioning.

Section Six – Psychosocial Evaluation
Comprehensive evaluation that captures information on reason for placement, social development, cognitive functioning, treatment, developmental history, education, and work history.

Section Seven – Review of Findings
Based on the evaluation and documentation, the evaluator will make determinations of placement and services. The review of findings includes:

- Discussion of community options. This is based on the applicant's needs/eligibility.
- Nursing facility and behavioral health service needs.
- Specialized service needs (important to/for the person):
    - If a specific service is not required to be provided through the NF per diem, then specialized services are recommended. Identify the specific ID/RC or mental health services required to

meet the individual's needs. Include the basis for this conclusion. (In order to recommend specialized services, a "no" must be documented in this section).

- If a specific service is available in the NF, then specialized services are not recommended. (If the service is provided by the NF then a "yes" must be documented in this section).
- Identify any services of lesser intensity needed include the basis for this conclusion (Services of lesser intensity are recommended by the PASRR evaluator and not determined by the professionals at the NF).

Section Eight – Determinations

This section is where final determinations for an individual's care needs are indicated. The determination for PASRR eligibility, the need for nursing facility services and Specialized Services. The individual's needs are interrelated and must be based upon a comprehensive analysis of all data concerning the individual. Findings of each evaluation must correspond to the person's current functional status as documented in the evaluation and records.

The determination that an individual does meet PASRR criteria must further detail whether the individual does or does not require nursing facility services, and if so whether they require Specialized Services.

The determination that an individual does not meet PASRR criteria should be based on a comprehensive review of all available supporting documentation. It is important that evaluators interview the family and gather as much information as they can about the individual. The evaluators should also make every effort to gather applicable documentation from all sources when not available from the family. All attempts to gather information/documentation shall be documented on the Level II evaluation.

The certified evaluator must sign the Level II evaluation. A certified evaluator who is a QMHP must sign all MI/dual determinations. If the evaluator for MI/dual determinations is not a QMHP, a counter signature by a certified evaluator who is a QMHP is required.

Client Signature and Interpretation – Federal regulations mandate that the findings of the PASRR evaluation be **interpreted to the applicant**, and where applicable, to a legal representative, this includes both approvals and response to referrals. This is documented by signature on the evaluation form. For persons with an intellectual disability/related condition, the findings cannot be made known until the Division of Developmental and Intellectual Disability (DDID) PASRR review committee makes the final determination. Once the signature is obtained, the signature page with the individual's name noted at the top, shall be immediately uploaded into KLOCS.

7.4 Submitting to KLOCS

After completing the PASRR Level II, the CMHC must upload and appropriately label:

- The Level II evaluation;
- The completed individual/guardian signature page;
- Documentation used to make the determination;
- The PASRR 5 Recommendation for services; and
- Other PASRR or MAP forms as applicable.

The CMHC reviews and completes all screens in KLOCS and marks the PASRR determination as met, marks requires nursing facility services or the nursing facility is not least restrictive and also marks the appropriate selection as "requires SS" or "does not require SS". The evaluation results must be entered into KLOCS by the

evaluator who completed the Level II. If a QMHP co-signature is required, then the QMHP must upload the documents in KLOCS and submit the final determination.

In the case that a referral comes in as a MI only, but the evaluator determines that they should also be evaluated for ID/RC, there is the option on the determination screen to select ID/RC. Making this selection will re-route the final determination task to DBHDID for review and final determination.

If the assigned evaluator is only certified to complete MI evaluations, then there are two options:

1. The evaluator can pass the evaluation off to an evaluator that is certified to complete Dual evaluations; or
2. The evaluator can complete the entire evaluation but then have an ID/RC or Dual certified evaluator review and agree with the determination of the primary evaluator regarding the ID/RC portion of the evaluation. This option will require the signature of both evaluators.

If the CMHC is unable to make a PASRR determination because they need the appropriate H&P from the provider, they will mark the application as 'Pended – LOI' and a task is generated for the provider to provide the H&P to the CMHC through KLOCS. This task allows 1 business day for the Nursing Facility to complete, however the overall 9 business day timeframe for determinations must still be met.

For Individuals with a MI, the CMHC is responsible for the final PASRR Determination. Once the CMHC submits their determination in KLOCS, all appropriate notifications will be sent by KLOCS.

For Individuals with a diagnosis of ID/RC/Dual Diagnosis, after the CMHC has completed the PASRR Level II evaluation, uploaded the Level II evaluation and documentation, and submitted their determinations by the 7th day; a task is generated for DBHDID to make a PASRR Determination in KLOCS. If DBHDID is unable to make a PASRR determination because they need additional information or corrections to the Level II evaluation, they will mark the application as 'Pended – LOI' and a task is generated for the CMHC to provide the updates/information to DBHDID through KLOCS. These tasks allow 1 business day for completion, however the overall 9 business day timeframe for determinations must still be met.

For individuals who are determined to not meet PASRR criteria, due to either records indicating they do not meet or a lack of enough evidence to make a determination, a response to referral is completed. After finalizing and uploading the Level II Evaluation and documentation, a response to referral outcome must be documented and submitted in KLOCS. Then, KLOCS will send out all appropriate notifications.

Note: The hard copy version of the Response to Referral is the PASRR 4 and is available on the PASRR website for those limited exceptions for individuals who are not in KLOCS.

Part VIII: Specialized Services

8.1 Overview

Specialized services shall be provided in accordance with 42 CFR 483.120, 42 CFR 483.134, 42 CFR 483.136 and 42 CFR 483.440, and in the state regulation 907 KAR 1:755.

Specialized services are not Medicaid waiver services. An individual cannot receive waiver services while a resident in a facility. The service providers must meet the department requirements to provide the services.

The services and supports that are being provided as specialized services cannot be diversional in nature. When it is determined that the individual's objectives have been attained or are unable to be attained, the plan should be modified or discontinued.

Specialized services must meet current CMHC contract requirements.

8.2 Serious Mental Illness

Based on the individual's needs and the services provided at the nursing facility, the evaluator will recommend mental health services for the individual. It is vital for each evaluator to specifically identify which services the nursing facility needs to provide or obtain in order to meet the individual's mental health needs.

The evaluator will complete the recommended services form (PASRR 5) and will submit it (correctly labeled) in the KLOCS system at the time of the determination. The evaluator should explain the recommendations and provide information on resources to the facility staff that make up the individual's services and treatment team. Evaluators should follow up with nursing facility staff to ensure the individual's recommendations are included in the individual's NF Care Plan.

If the individual's needs cannot be met through services of lesser intensity in a nursing facility, the evaluator may consider referring the individual for specialized services by recommending inpatient psychiatric care.

8.3 Intellectual Disability/Related Condition

For individuals with intellectual disabilities or related conditions (ID/RC), specialized services means the continuous, aggressive and consistent implementation of a program of specialized and generic training, treatment, and health and related services, which are comparable to those provided in an intermediate care facility for individuals with intellectual disabilities (ICF/IID), or in a community-based waiver program that provides services to persons with intellectual or other developmental disabilities.

Specialized services exceed the services ordinarily provided by the NF under its per diem rate. These services are provided in the NF or off-site and are directed toward:

1. The acquisition of the skills necessary for the individual 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; and
3. The coordination and interaction, at all times and in all settings, of all staff and the individual served, in the implementation of the specified individualized program plan objectives for the individual.

The need and intensity of specialized services are based on determining an individual's inability to:

- Take care of most personal care needs;
- Understand simple commands;
- Communicate basic needs and wants;
- Be employed at a productive wage level without systematic long-term supervision or support;
- Learn new skills without aggressive and consistent training;
- Apply skills learned in a training situation to other environments or settings without aggressive and consistent training;
- Demonstrate behavior appropriate to the time, situation, or place without direct supervision;
- Make decisions requiring informed consent, without extreme difficulty.

In addition to the above criteria, demonstrated severe maladaptive behavior(s) that place the person's or others' health and safety in jeopardy would necessitate the availability of trained ID/RC personnel to teach the person functional skills. Specialized services shall not be provided to individuals who are generally independent and are able to function with either minimal supervision or in the absence of a continuous active treatment program.

Types of specialized services that can be provided include, but are not limited to:

- Habilitative Services (skills training to increase independence in community life)
- Behavior Support (functional behavior assessment and development of a positive behavior support plan)
- Day Services (participation in a program to acquire skills, build positive social relationships and/or interactions, interpersonal competence, and foster a greater independence and personal choice)
- Miscellaneous Services (any other identified service that that will assist the individual in gaining skills towards achieving a more independent life in the community)

8.4 Services of Lesser Intensity

Nursing facilities are required by OBRA 1990 to provide mental health and intellectual disability/related condition services, which are of a lesser intensity than specialized services, to all residents who need such services. The evaluator may make recommendations for services of lesser intensity that the nursing facility will be required to provide.

These services are within the scope of services provided or arranged by the nursing facility as included in their per diem rate and are less intensive than specialized services. These services are intended to help residents who have a serious mental illness, intellectual disability, and/or related condition to improve, maintain, or prevent regression of optimal functional status and achieve highest possible level of well-being.

Examples of services of lesser intensity include, but are not limited to:

- For speech therapy – the use of a communication device, PECS system or sign language.
- For occupational therapy – learn or help to maintain daily living skills or fine motor skills so the individual remains as independent as possible.
- For physical therapy – learn or help to maintain large motor skills so they don't become a risk for falls.

The PASRR evaluator is expected, as a part of the evaluation, to specifically identify the services required to meet the individual's needs. The evaluator will complete the recommended services form (PASRR 5) and will submit it (correctly labeled) in the KLOCS system at the time of the determination. The evaluator shall explain these service recommendations to the appropriate nursing facility staff. Evaluators should follow up with nursing facility staff to ensure the recommendations are included in the individual's NF Care Plan.

8.5 Responsibility for Providing Specialized Services

The Regional Community Mental Health Centers are responsible for arranging for or providing specialized services. The contractual agreements between DBHDID and the Regional Community Mental Health Centers specifies this as a requirement under services/deliverables: "Provide PASRR specialized services to individuals as determined by the PASRR Level II evaluation through a person-centered plan".

The PASRR evaluator coordinator must ensure that a copy of the Level II evaluation and approval letter is provided to the specialized services coordinator or staff, and the nursing facility immediately. To comply with federal PASRR requirements, the individual's Person-Centered Service Plan must be completed and

implemented within 30 business days of admission to the nursing facility. The individual's plan must include case management (CM) and at least one other service. The plan is considered to be implemented when the individual has received at least one service (other than CM) as indicated on the plan.

For Mental Illness, specialized services means the implementation of an individualized Person-Centered Service Plan that:

1. Is developed in conjunction with and supervised by a physician;
2. Is provided by an interdisciplinary team of qualified mental health professionals;
3. Prescribes specific therapies and activities for the treatment of a person who is experiencing an acute episode of serious mental illness that necessitates continuous supervision by trained mental health personnel; and
4. Requires the level of intensity provided in a psychiatric inpatient hospital.

For ID/RC, specialized services are provided through a person-centered plan in accordance with 907 KAR 1:755, 42 CFR 483.120, and CFR 483.440. Specialized services should be initiated by the assignment of a Case Manager who will work with nursing facility staff to build a cohesive Person-Centered Service Plan that would include the recommended specialized services and PASRR staff responsibilities.

The services provided should match the Person-Centered Service Plan. (If changes are needed, contact the individual's Case Manager to discuss.) There should be a note for each service event provided. This note should include ALL of the following:

1. the goal that is worked on,
2. the activity that is completed to help meet this goal and the outcome,
3. how the individual responded,
4. the date of the service,
5. the beginning and end time of the service,
6. the person providing the service and their title.

Documentation requirements are for all types of Specialized Service provided including direct service in the NF, services in the community, and day program.

8.6 Person Centered Service Plan

The Person-Centered Service Plan should reflect the needs, wants, and desires of the individual, and include measurable goals and objectives. They should include the individual's health issues, family, friendships, community inclusion, and human service needs. They should be directed at the acquisition of new skills and/or the prevention of regression or loss of current optimal functional status. The individual must actively engage in the specialized service and should have some cognitive awareness of the service. Case managers must be able to convey in a discernable way, a measurable response/outcome to the service, this should be documented in their monthly notes.

The plan shall be developed prior to any services starting. The plan shall be reviewed and updated at a minimum of one time per year, and prior to their current plan expiring. The individual that the plan is written for shall attend and participate in their meeting. If circumstances require that they do not attend, an explanation shall be provided. The plan shall include all services that the individual is receiving, the frequency and intensity, and the agency that is providing the service.

For MI individuals that require inpatient psychiatric treatment, implementation of the PCSP will be completed by the inpatient facility to which the individual is admitted, and specialized services will be terminated when the individual is discharged from the inpatient psychiatric facility.

8.7 Specialized Services in the Individual's Nursing Facility Care Plan

In the nursing facility, specialized services are one of many parts of the overall care plan that addresses all areas of an individual's health and support needs.

When an individual receives specialized services, the case manager and the specialized services staff are part of the individual's treatment and support team. The following are guidelines for establishing and maintaining an effective and professional working relationship with the nursing facility staff:

- When PASRR specialized services are indicated, ensure that the services, plans for implementation, and responsible staff are incorporated into the individual's nursing facility care plan.
- Establish a contact person for each facility.
- Maintain written records of each visit, including documentation of the staff contact. This may be done with a staff note or a specially designed form for such contacts.
- Notes from specialized service providers must be maintained in the NF records of individuals who receive specialized services.
- The recommendations for services of lesser intensity are part of the PASRR evaluation and must be maintained in the individual's records along with the evaluation.
- Attend care-planning meetings for each person receiving specialized services. During these, continue to educate staff regarding integration of the specialized services treatment plan into the nursing facility care plan. Point out progress toward goals, even slow/small progress.
- Identify and involve nursing facility staff members who work with the individual.
- Get input from the social workers, nursing staff, or any other caregivers who have a relationship with the individual.
- Provide opportunities for nursing facility staff to share their perspectives and make staff contacts at each visit.

8.8 Refusal or Discontinuation of Specialized Services

An individual can refuse, at any time, all or part of the specialized services identified for them. The PASRR 7 form is completed when a PASRR individual/guardian indicates that they do not desire to receive all or part of their recommended Specialized Services. On the form, the CM will describe when and why PASRR specialized services are refused. The CM should thoroughly explain specialized services, how they are utilized, and how the individual can benefit from them to the PASRR individual/guardian. This option should not be discussed unless the PASRR individual/guardian verbalizes that they wish to decline SS. Once the PASRR 7 is signed by the individual or their legal representative, please ensure that it is uploaded into the individual's record in KLOCS.

When an individual no longer requires specialized services, is unable to participate, be actively involved, or derive the intended benefit, the CMHC must ensure the required processes are followed to discontinue specialized services in accordance with 907 KAR 1:755, 42 CFR 483.120 and 483.440 and related instructions on the DBHDID website. When discontinuation of SS is potentially needed, but a significant change has not been completed by the NF, the following steps should be followed:

1. The PASRR case manager should be notified of the concern and then they should call a team meeting.
2. This team meeting should include the individual's case manager, PASRR specialized services provider, the PASRR coordinator, the guardian if applicable, and a knowledgeable staff person from the nursing facility.
3. The team meeting should discuss the reason for the concern, the person's interest in SS, if the service provider is a good match, if the goals need to be revised, etc. It may be determined at this meeting that a plan revision is needed, rather than discontinuation of service.

4. If the team determines that services should be continued with modifications to the Person-Centered Service Plan, then those modifications should be made to the plan and the meeting summary note should document who, how and when those changes will be made. An updated Person-Centered Service Plan should be provided to the nursing facility and the specialized services provider and placed in the individual's record. The case manager should then monitor to ensure that the changes are made and if the individual has benefitted from the changes. If not, then start the process over.
5. If the team determines that specialized services are no longer indicated, then a summary of the meeting discussion should be completed by the case manager providing information on options explored/ discussed and why this conclusion was made. The meeting summary note should then be forwarded to the DDID PASRR Coordinator to be reviewed by the DDID PASRR committee.
6. DDID PASRR Coordinator will provide the CMHC written notice of the determination.
7. If the determination by the committee is that specialized services should continue, then the committee will provide recommendations in the determination notice. The case manager will then notify the individual and their team members within 10 business days of the decision and proceed with a team meeting to implement the recommendations by the committee.
8. If the determination by the committee is that specialized services should cease, the case manager will notify the individual and their team members within 10 business days of the decision and proceed with closure.
9. All information shall be documented and maintained in the record.

8.9 Incident Reports

Critical incidents are serious in nature and pose immediate risk to health, safety, or welfare of the participant or others.

Non-critical incidents are minor in nature and do not create a serious consequence or risk for participants.

Critical and non-critical incident reports must be submitted in Redcap within the required timeframes per 907 KAR 12:010 https://apps.legislature.ky.gov/law/kar/titles/907/012/010/. Follow up reports are required for all critical incident reports within 10 calendar days after the incident occurs.

Each CMHC has been provided links to submit incident reports in redcap. The link to the follow-up report is e-mailed to the reporter at the time the CIR is submitted. When an incident is submitted it is the responsibility of the reporter to ensure that a PDF copy of the report is downloaded and saved for the CMHCs records. If the CMHC utilizes subcontractors to provide specialized services, the contract should specify the requirements for incident reporting in RedCap (including timely submission, timely follow up and ensuring the CMHC is provided a copy of the reports).

For individuals with Specialized Services, incident reports are not required unless PASRR staff are present at the time of the incident. The only exception is when someone passes away. A critical incident report must be completed for a death.

Part IX: Community Options

9.1 Overview

A PASRR individual may meet nursing facility level of care and require specialized services but not require frequent direct care or continuous oversight by a nurse. An alternative setting in the community may be less restrictive and recommended, but the decision is with the individual and guardian. The individual has the option of being admitted to, or remaining in, the nursing facility and receiving specialized services, or choosing

an alternative community placement. In consultation with the individual's family or legal representative, placement options and supports should be discussed. Full disclosure of all options is required.

9.2 Home and Community Based Waiver (HCB)

This waiver provides services and support to the aged and disabled population to help them to remain in or return to their homes. These services include: Case Management, Minor Home Adaptation, Adult Day Health Care, Homemaker, Personal Care, Attendant Care, and Respite Care.

9.3 Michelle P. Waiver (MPW)

This waiver is a home and community-based waiver program developed as an alternative to institutional care for people with intellectual or developmental disabilities. The waiver allows individuals to remain in or return to their homes with services and supports. These services include: Case Management, Day Training, Supported Employment, Community Living Supports, Behavior Supports, Respite, Homemaker Service, Personal Care, Attendant Care, Environmental/Minor Home Adaptation, and Adult Day Health Care.

9.4 Supports for Community Living (SCL)

This waiver is a home and community-based waiver providing an alternative to institutional care for individuals with intellectual and developmental disabilities. SCL allows individuals to remain in or return to the community in the least restrictive setting. Services include: Supervised Residential Care (excluding room and board), Respite, Shared Living, Adult Day Health Care, Case Management, Community Access, Community Transition Services, Day Training, Environmental Accessibility Adaptation Services, Goods and Services, Person-Centered Coaching, Personal Assistance Services, Positive Behavior Supports, Specialized Medical Equipment and Supplies, Supported Employment, Transportation Services, and Vehicle Adaptation Services

9.5 Acquired Brain Injury (ABI) or Acquired Brain Injury Long Term Care (ABI LTC)

ABI - This waiver program provides intensive services and support to adults with acquired brain injuries working to re-enter community life. Services are provided exclusively in community settings. These services include: case management, personal care, companion services, respite care, environmental modifications, behavior programming, counseling and training, structured day program, specialized medical equipment and supplies, prevocational services, supported employment, and community residential services (excluding room and board).

ABI LTC - This waiver program provides an alternative to institutional care for individuals who have reached a plateau in their rehabilitation and require maintenance services to live safely in the community and avoid institutionalization. These services include: Case Management, Community Living Supports, Respite Care, Adult Day Health Care, Adult Day Training, Environmental Modifications, Behavior Programming, Counseling, Group Counseling, Specialized Medical Equipment and Supplies, Supported Employment, Nursing Supports, Family Training, and Supervised Residential Care (excluding room and board).

9.6 Model II Waiver (MIIW)

This waiver is a community-based, in-home service for an individual who is dependent on a ventilator 12 hours or greater per day, meets High Intensity nursing care services 24 hours per day and would otherwise require nursing facility level of care in a hospital-based nursing facility. An individual enrolled in MIIW may receive up to 16 hours of Private Duty Nursing (PDN) services per day from a registered nurse, licensed practical nurse or respiratory therapist as determined by assessment, individual ventilator dependency needs and provider staffing.

9.7 Community Health for Improved Lives and Development Waiver (CHILD)

This waiver provides home and community-based stabilization and support for children and youth with high intensity behavioral health or developmental needs. Individuals enrolled in CHILD waiver may receive clinical therapeutic services, community living supports, environmental and minor home modifications, respite, and supervised residential care.

9.8 Assertive Community Treatment (ACT)

Assertive Community Treatment is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious mental illness such as schizophrenia. A team of professionals whose backgrounds and training include social work, rehabilitation, counseling, nursing and psychiatry provide assertive community treatment services. Among the services ACT teams provide are case management, initial and ongoing assessments, psychiatric services, employment and housing assistance, family support and education, substance abuse services, and other services and supports that are critical to an individual's ability to live successfully in the community. ACT services are available 24 hours a day, 365 days a year. Clients served by ACT are individuals with serious mental illness, with severe functional impairments, who have avoided or not responded well to traditional outpatient mental health care and psychiatric rehabilitation services. Persons served by ACT often have co-existing problems such as homelessness, substance abuse problems, or involvement with the judicial system.

9.9 Community Residential Support (CRS):

The department embraces the Permanent Supportive Housing approach of the Substance Abuse and Mental Health Services Administration (SAMHSA), defined as voluntary, flexible supports to help people with serious mental illness to choose, get, and keep housing that is decent, safe, affordable, and integrated into the community. With flexible supports, people with serious mental illness can live in housing of their choice, just like any other member of the community. These programs typically use a case management model but may utilize Assertive Community Treatment for service provision. Programs may also have on-site staff in permanent housing settings owned and managed by local CMHCs. All tenants have access to an array of services that help them keep their housing and live with maximum independence in community integrated housing with the goal of increasing community tenure.

9.10 Peer Support Specialist:

The Peer Specialist Service is a structured and scheduled therapeutic activity with an individual client or group, provided by a trained, self-identified consumer of mental health services. A Peer Specialist guides clients toward the identification and achievement of specific goals defined by the client and specified in the Treatment Plan.

9.11 IPS SE Individual Placement and Support Supported Employment:

Supported Employment programs offer vocational options to persons who have been unable to secure jobs as a result of physical or psychiatric conditions. The Supported Employment program staff will develop jobs individualized to the consumer's needs and desires and work availability in the region.

After placing a consumer in a job, the program will continue to support the consumer on the job according to his or her needs and desires. Consumers work as little as 2 hours or as much as 32 hours per week, with a range in monetary return from volunteer work to above minimum wage with benefits packages.

9.12 Targeted Case Management (TCM):

Targeted case management is defined as services that are furnished to assist adults with serious mental illness in gaining access to needed medical, social, educational or other services. Targeted case management services are now available to several populations in Kentucky, including adults with serious mental illness, and adults with serious mental illness who have a co-occurring chronic and complex physical health disorder.

9.13 iHOPE:

iHOPE is a specialized, team-based program that provides early intervention services for youth and young adults who are at risk of or have symptoms of psychosis. This program services young people aged 15–30. Early intervention and support can increase the possibility of their continuing with school, work, and full meaningful lives in the community.

9.14 1915(i) RISE Initiative

Helps individuals RISE above their challenges through services that promote recovery, independence, and community engagement. It provides supervised residential care, in-home independent living supports, housing and tenancy supports, supported employment, supported education, transportation, medication managements, planned respite for caregivers, assistive technology and case management.

Part X: Determinations

The Center for Medicare and Medicaid Services (CMS) regulations mandate that the findings of the PASRR evaluation be interpreted to the individual/guardian. For ID/RC or Dual evaluations, the findings must be explained AFTER a final determination has been made by the PASRR committee.

10.1 Response to Referral

When a PASRR Level II evaluation outcome indicates the individual did not meet PASRR criteria, the evaluator completes a response to referral in KLOCS and notes the reason. The response to referral notifies the referring facility that the individual does not meet PASRR criteria. This may occur when the evaluator determines that the person meets an exception, such as a primary diagnosis of Alzheimer's disease or dementia; or the individual does not meet/cannot validate criteria for an MI, ID, or RC diagnosis. A response to referral shall also be completed for significant change referrals when the Level II evaluation determines the change does not affect the individual's LOC or need for specialized services.

10.2 MI Determinations

Based on the review of records, interviews and comprehensive Level II evaluation, the CMHC PASRR evaluator will make the determinations of appropriate placement and recommended services when an individual with a serious mental illness is seeking nursing facility placement.

Once the final determination is entered into KLOCS by the CMHC, KLOCS will send out all appropriate notifications to the appropriate parties in accordance with the findings. In the instance of an adverse determination, the CMHC evaluator will send the appropriate notifications, including appeal rights, by certified mail.

10.3 ID/RC Determinations

Without exception, any applicant for admission to a nursing facility who has an intellectual disability/related condition that is determined to not require NF services (per 42 CFR 483 Subpart C), regardless of whether specialized services are also needed, are inappropriate for nursing facility placement and must not be admitted.

Based on the review of records, interviews, and comprehensive Level II evaluation, the CMHC PASRR evaluator will make their determination of appropriate placement and recommended services. For all ID/RC individuals that the evaluator has determined meet PASRR criteria, KLOCS will assign a task to DBHDID. The PASRR committee reviews all screens, documentation, and Level II information submitted and makes a determination. When DBHDID submits their determination in KLOCS, KLOCS will send the required notifications to the appropriate parties in accordance with the findings. The CMHC will receive their notification about this through KLOCS. In the instance of an adverse determination, the CMHC PASRR evaluator will send the appropriate notifications, including appeal rights, by certified mail.

10.4 Subsequent Review Determinations

The determination process due to a subsequent review will follow the same steps outlined above in the applicable category. However, for ID/RC, if the CMHC and DBHDID determines that nursing facility is not least restrictive for the resident, the CMHC works with the facility to arrange for a safe and orderly discharge of the resident and prepares and orients the resident for discharge except as indicated in the 30-month option outlined below. The CMHC can further assist the individual with obtaining the services that can facilitate a transition to life in the community. The PASRR specialized services case manager shall maintain documentation of the efforts to complete the transition.

An individual may continue to meet nursing facility level of care and require specialized services but not require frequent direct care or continuous oversight by a nurse. An alternative setting in the community may be less restrictive and recommended, but the decision is with the individual and guardian. The individual has the option of remaining in the nursing facility and receiving specialized services or choosing an alternative community placement. In consultation with the individual and their family or legal representative, placement options and supports should be discussed. Full disclosure of all options is required.

10.5 Thirty (30) Month Option

Individuals who have been in a nursing facility for thirty (30) months or longer and require and utilize specialized services will have the option of remaining in the facility or seek community placement when it is determined that nursing facility is not least restrictive.

To determine length of stay, the evaluator should calculate back to the date the individual first required nursing facility services. Temporary absences to the hospital, therapeutic leave, or home visits will be included in determining a continuous stay. When an individual who qualified for the 30-month option chooses to remain in the facility, they may continue that placement unless it is later determined they also no longer require specialized services. When the individual that qualifies for the 30-month option would like to transition to the community, the specialized services team shall hold a team meeting and begin the process to transition the individual to the community. The PASRR specialized services case manager shall maintain thorough documentation on the status of the transition process.

Note: Any NF resident who meets the thirty (30) month option must have a placement option form (PASRR 6) completed. The placement option form should be uploaded into KLOCS. A copy should also be maintained in the CMHC PASRR record.

10.6 Appeals Process

Federal law requires that there be an appeals procedure for those nursing facility applicants or residents who receive an adverse determination based on the PASRR evaluation. An individual who is determined not to meet PASRR criteria or require specialized services may appeal the denial in accordance with 907 KAR 1:563.

The evaluator who made the adverse determination (as well as any countersigning evaluators) may be required to participate in the appeals hearing proceedings both via phone and in person. They will also need to communicate with, and provide information to, the CHFS legal counsel assigned to the case.

DMS is responsible for maintaining a fair hearing process to accommodate the appeals procedure. The state's administrative hearing system provides one level of appeals with the following requirements:

1. KLOCS must notify the applicant/resident and his/her legal representative as applicable within two (2) working days of the determination. The adverse determination letter must be sent by certified mail.
2. An applicant/resident or representative may request a hearing by filing a written request with the DMS within thirty (30) days of the date of the letter. If the request for a hearing is postmarked or received within ten (10) days of the date of the letter, a resident may continue to stay in a nursing facility (if previously admitted) until the final cabinet level hearing. An individual may be represented at the hearing by oneself, a friend or relative, spokesperson or other authorized representative, including legal counsel as specified in 907 KAR 1:563.
3. The applicant/resident or representative will be notified of the date, time, and place of the scheduled hearing, which will be conducted within thirty (30) days of the date of the request for a hearing. This notification will also include further instructions as to representation and other rights.

Requests for the appeal hearing shall be submitted directly to:
Department for Medicaid Services
ATTN: Administrative Hearing Request
275 E Main Street, 6E-D
Frankfort, KY 40621
DMS.Hearings@ky.gov
Phone: 502-564-9394
Fax: 502-564-0223

Part XI: PASRR Process outside of KLOCS

11.1 The Level I (MAP409)

- The NF will fax/e-mail the Level I to the PASRR Coordinator at the respective CMHC.
    - Please ensure that facilities know how to get a PASRR referral (Level I or Significant Change) to the PASRR Coordinator at the CMHC in the event that the individual meets the criteria for a paper referral.
- The PASRR Coordinator will verify that the Level I triggered for a Level II evaluation. If it did not trigger, they will document and notify the NF or out of state contact. If it did trigger, they will assign to an evaluator certified for that type of evaluation.

- If the NF is using a hospital exemption or provisional admission, the PASRR Coordinator should ensure that form is included with the Level I and is filled out completely.
- If a provisional admission (respite or delirium) is being sought for admission, the CMHC must review the documentation provided related to the admission type and determine if the use of the provisional is appropriate. If it is appropriate, they will notify the NF via written correspondence of the approval and ability to admit the individual. If the provisional admission request is determined not appropriate, they will notify the NF via written correspondence and assign the referral to an appropriate evaluator.
    - Documentation for respite is completed on the Level I where they marked the box for respite.
    - Documentation for delirium is medical records from the physician documenting the diagnosis of delirium.
- Also included with the Level I from the NF should be a recent H&P that meets all federal requirements.

- The 9 business-day timeframe also applies to paper referrals. The time begins from the date the Level I is completed and signed.
- For MI referrals, the evaluator completes the evaluation and makes the determination. If the evaluator is not a QMHP, then a QMHP must sign off on the evaluation.
- For ID/RC/Dual evaluations the evaluator will complete the evaluation within 7 business days and then fax to the DDID PASRR fax line (502-564-2284) or e-mail to PASRR@ky.gov for the PASRR Committee to review and make the final determination. For dual referrals, a QMHP must sign off on the evaluation. The committee will either notify the evaluator that they should complete a response to referral or will provide a determination letter.
- Once the determination is complete, the evaluator will then review the Level II with the individual and/or their legal representative and have the interpretation of findings signed. The CMHC is responsible for sending all determination letters and appeal rights if there is an adverse determination on the CMHC's letterhead. There are sample letters provided in section 15 of this manual.
    - For ID/RC/Dual evaluations, if the evaluator is confident that the individual does not meet PASRR criteria and a response to referral should be completed, it is not required for the PASRR Committee to review. It should be faxed into the PASRR fax line for filing purposes only and this should be reflected on the cover page. For Dual referrals, if the evaluator determines that the individual meets for MI but not ID/RC the PASRR Committee still must review and provide a determination letter.
    - The determination letters completed by the CMHC and a copy of the Level II should be provided to the NF, the individual/guardian, the admitting physician and the referring hospital if applicable.
- All MAP forms, PASRR forms, supporting documentation, H&P, and determination letters shall be maintained in a file at the CMHC for a minimum of 6 years, longer if your CMHC policy requires.

11.2 Significant Change (MAP 4095)

This form is used to initiate a Level II for:

- Individuals who previously did not meet PASRR criteria but now do due to a new diagnosis or validations; OR
- To indicate when an individual who was previously identified as meeting PASRR criteria, has a change in their mental or physical condition in a manner that affects his/her need for specialized services, nursing facility services, or recommended services of lesser intensity, OR
- For the NF to document a change in an individual's condition that does not require a new Level II evaluation.

This form is also used for the NF to notify the CMHC when a PASRR individual is transferring, discharging, or is deceased for those individuals admitted to the *NF via the manual process (not in KLOCS).*

- For discharge or death, this allows the CMHC to close out the PASRR.
- For transfer, if the individual is receiving specialized services, the CMHC shall send copies of the entire PASRR chart and MAP 4095 to the receiving CMHC. The nursing facility shall send all PASRR and MAP forms to the receiving nursing facility. PASRR follows the individual and a new Level II is not required.

11.3 Response to Referral (PASRR 4)

When the CMHC determines that the individual does not meet PASRR criteria a Response to Referral form (PASRR 4) is sent to the Nursing Facility along with a copy of the Level II evaluation and the determination letter.

Part XII: Records

12.1 Record Keeping for Response to Referrals

For individual who have had a referral for a PASRR evaluation, KLOCS shall maintain all required documents and supporting information. It is the evaluator's responsibility to ensure that each record contains the following as applicable:

- The Level I;
- Significant change request;
- The hospital exempt (MAP 4092) or provisional admission form (MAP 4093);
- The Level II evaluation;
- History and physical;
- Psychological evaluations and/or supporting documents such as school records, assessments, etc.;
- Documentation to support the decision including notes;
- All completed MAP and PASRR forms and verifications;
- Response to referral; and
- All determinations and notifications sent.

For individuals who require a hard copy process due to the limited exceptions noted in section 1.5, the file/folder/record shall include all required documents and supporting information and be available to DBHDID when requested. The CMS requirements for retention is 6 years (check your center's policy). Each record should contain the hard copy version of all the requirements noted above.

12.2 Record Keeping for Full Evaluations

For individuals who have had a full PASRR evaluation, KLOCS shall maintain all required documents and supporting information. It is the evaluator's responsibility to ensure that each record contains the following as applicable:

- The Level I;
- Significant change request;
- The hospital exempt (MAP 4092) or provisional admission form (MAP 4093);
- The Level II evaluation;
- History and physical;
- Psychological evaluations and/or supporting documents such as school records, assessments, etc.;
- Documentation to support the decision including notes;

- All completed MAP and PASRR forms and verifications; and
- All determinations and notifications sent.

For individuals who require a hard copy process due to the limited exceptions noted in section 1.5, the file/folder/record of individuals who have had a PASRR evaluation should include all required documents and supporting information and be available to DBHDID when requested. The CMS requirements for retention is 6 years (check your center's policy). Each record should contain the hard copy version of all the requirements noted above.

12.3 Record Keeping for Individuals Approved for Specialized Services

The file/folder/record of individuals who have had a PASRR evaluation should include all required documents and supporting information and be available to DBHDID when requested. The CMS requirements for retention is 6 years (check your center's policy) from the date of transfer/discharge/death. Each record shall contain the following:

- The Level II Evaluation;
- Supporting documentation to validate the PASRR diagnosis;
- DDID letter of determination;
- Initial and annual Person-Centered Service Plan;
- Initial and annual psychosocial assessment;
- At a minimum monthly case management notes that document progress toward goals;
- Specialized service notes from each encounter; and
- PASRR 7 if applicable.

Part XIII: Forms

13.1 PASRR Forms

PASRR Level II - Comprehensive Evaluation
The PASRR Level II evaluation is designed to capture pertinent, in-depth information and needs assessments for individuals with a serious mental illness, an intellectual disability and/or related condition. Using person centered processes, the evaluators determines if the individual meets PASRR criteria, requires nursing facility services, and if the individual is in need of specialized services and/or services of lesser intensity. In addition, evaluators make recommendations to address things that are important to and important for the individual.

Response to Referral Form (PASRR 4)
A response to referral is completed for individuals who are determined to not meet PASRR criteria. This may occur when the evaluator determines that the person meets an exception, such as a primary diagnosis Alzheimer's disease or dementia, or if the individual does not meet/cannot validate criteria for an MI, ID, or RC diagnosis. It is also completed for significant change referrals for a Level II evaluation when the change does not affect the need for specialized services. After finalizing and uploading the Level II Evaluation and documentation, a response to referral outcome must be documented and submitted in KLOCS. Then, KLOCS will send out all appropriate notifications.

The hard copy response to referral PASRR 4 form is used in the event that the paper process must be followed.

Recommended Services (PASRR 5)
This form is to be completed for all persons who are approved for PASRR and recommended for specialized services or services of lesser intensity. This form should be uploaded into KLOCS once the final determination

is made or submitted to the nursing facility with the comprehensive evaluation if the paper process is utilized. It notifies the nursing facility staff that the evaluation contains recommendations.

Placement Option Form (PASRR 6)
This form is used for individuals who have been in the nursing facility for 30 months receiving specialized services but no longer meet nursing facility level of care. They have the choice of remaining in the facility or seeking other placements options.

Refusal of Services (PASRR 7)
This form is to be used when a client has a recommendation for specialized services, but the client or guardian refuses the service.

Explanation of Billing (PASRR 8)
This form is utilized to detail the times and activities required in units/cost to complete each evaluation and response to referral. This form must be completed for all billed units and submitted to DBHDID when any final disposition occurs. Submit to DBHDID via Redcap no later than the 10th day of the following month.

PASRR Miscellaneous Expenses Form
This form is utilized to detail all other approved expenses related to PASRR activities. This is not a required form unless other expenditures are documented on the Form 145. Submit to DBHDID via Redcap no later than the date the 145 is submitted each quarter.

13.2 Medicaid Forms (Completed by Nursing Facilities)

MAP 409 – Pre-Admission Screening and Resident Review (PASRR) LEVEL I
The Level I screening must be completed in KLOCS by the NF for all applicants to the nursing facility (NF) participating in the Kentucky Medicaid Program, regardless of payer source, before a resident can be admitted into the nursing facility. Please reference section 1.5 for exceptions outside of KLOCS.

The purpose of the Level I screening is to determine if the individual should be referred to the Community Mental Health Center (CMHC) for a PASRR Level II evaluation. The NF responses in KLOCS will determine the referral designation. When a CMHC receives a task in KLOCS, they will begin the Level II evaluation process.

KLOCS will send all NF applications to the PRO for a LOC determination prior to the CMHC receiving the task for those applications requiring a Level II evaluation.

Note: The hard copy version of the Level I Screening is the MAP 409 and is available (along with the instructions) on the DMS website for those limited exceptions for individuals who are not in KLOCS.

MAP 4092 – Exempted Hospital Discharge Physician Certification of Need for NF Service
For persons who are admitted to any nursing facility directly from a hospital after receiving acute in-patient care at the hospital and requires nursing facility care for the condition for which he/she received care in the hospital; and whose attending physician has certified before admission to the facility that the individual is likely to require less than thirty (30) calendar days of nursing facility care. This form is used to document this 30-day exemption from the PASRR process.

MAP 4093 – Provisional Admission to a Nursing Facility
Used when persons are admitted for a time-limited, provisional admissions for delirium or respite for a period of up to 14 days. This form is used to document this 14-day exemption from the PASRR process. When

submitting this form for a delirium provisional admission, the NF must also attach documentation from the physician of the delirium diagnosis.

MAP 4094 – Notification of Intent to Refer for Level II PASRR
Notifies the person and/or family/guardian when the individual is being referred for a Level II evaluation for a first-time identification of mental illness or intellectual disability/related condition.

MAP 4095 – PASRR Significant Change/Discharge Data
The NF is required to initiates a significant change in KLOCS, within fourteen (14) calendar days of a change, for:

1. Individuals who previously did not meet PASRR criteria but now meet due to a new PASRR diagnosis or validations; OR
2. Individuals who were previously identified as meeting PASRR criteria, have a change in their mental or physical condition in a manner that affects his/her need for specialized services, nursing facility services, or recommended services of lesser intensity; or
3. When a PASRR, or potential PASRR, individual has a change that does not meet the requirements to refer to the CMHC for a Level II, the NF notes and explains the change in section 5 on the significant change screen in KLOCS.

The type of change is noted in KLOCS by the NF, and KLOCS sends a LOC task to the local Community Mental Health Center for all referrals of a new diagnosis and current PASRR individuals with a decline. For current PASRR individuals that have a condition that has improved, the task will first be sent to PRO for a LOC review and if the individual continues to meet LOC, the task will be sent to the CMHC. The CMHC, upon receipt of the task will begin the Level II evaluation process.

Note: The hard copy version of the Significant Change form is the MAP 4095 and is available (along with the instructions) on the DMS and PASRR website for those limited exceptions for individuals who are not in KLOCS.

Part XIV: Financial

14.1 Financial Overview

PASRR expenditures include not only face-to-face contact, but time spent in activities such as travel, record keeping, and collateral contacts. PASRR reimbursement is inclusive of all PASRR costs, however reimbursement for the cost of additional medical/specialty examinations will be provided as appropriate. All associated costs will be accumulated in a separate cost center when preparing the annual cost report.

CMHC PASRR staff are responsible for submitting to DBHDID accurate, complete and timely client, event and human resources data according to the DBHDID performance indicator implementation guide. Specific to the PASRR population, the CMHC will maintain accurate and complete data in all fields related to PASRR in accordance with the service codes and service definitions in the event data set at: https://dbhdid.ky.gov/cmhc/dataguide

Plan & Budget (P&B) and Department Periodic Reporting (DPR) forms shall be submitted in accordance with P&B and DPR reporting schedules.

14.2 PASRR 8 Requirements

The PASRR 8 form is the method in which the CMHC bills for their time completing PASRR Level II evaluations.

The PASRR 8 is completed in the RedCap system. All CMHC's are provided a link to complete the PASRR 8 form along with an individualized link to run a report on all PASRR 8s submitted. Instructions on how to complete the PASRR 8 form are located at the top of the form itself. The data submitted on the PASRR 8 form is the data used to complete the quarterly Form 145. PASRR 8s are required to be submitted by the 10th of the month following the completion of the Level II evaluation. For example, the final determination date of the Level II is completed on August 16 and the PASRR 8 is due by September 10. After submitting the PASRR 8, the evaluator/staff person will have the option to enter their e-mail address to receive a copy of their PASRR 8 submission via e-mail in PDF format. It is highly recommended that this is completed as this is the only way for the CMHC to retain a copy for their records. In addition, once the form is submitted a code unique to that report will be available to the reporter to retain. If there is an error in the PASRR 8 submission, then the CMHC PASRR Coordinator can utilize this code to make corrections. If the code is not retained or lost, the coordinator will need to submit a corrected form. Then an e-mail must be sent to the PASRR@ky.gov e-mail address to notify the PASRR Committee that the original PASRR 8 submitted was incorrect and needs to be deleted from the system.

14.3 PASRR Miscellaneous Expenses Requirements

PASRR Miscellaneous Expenses are expenses incurred by the CMHC related to the administration of the PASRR program that are not related to the completion of a specific PASRR evaluation. These expenses could include:

- Attendance at trainings provided by or approved by DDID for current certified evaluators (including the quarterly PASRR webinars)
- Duties performed by PASRR Coordinator
- Pre-certification PASRR training activities
- Payment for Social Security records

These expenses will be documented on the PASRR Miscellaneous Expenses form in RedCap. Specific instructions are provided on the document itself. These expenses will be reviewed every quarter at the time of the Form 145 submission. If expenses are not approved the CMHC will be notified at that time. All CMHC's are provided a link to complete the PASRR Miscellaneous Expense form along with an individualized link to run a report on all PASRR Miscellaneous expensed submitted.

14.4 Department Periodic Report Form 145

Request for reimbursement shall be submitted quarterly to the DBHDID Division of Administration and Financial Management using Form 145. Billable costs include as applicable:

- Administrative cost such as review of initial referral and assignment to evaluator, requests for records, record keeping, and composing and sending final determination letters to the involved parties (when hard copy is required).
- Travel time to and from location of the individual/guardian for interviewing.
- Time spent on collateral contacts, follow-ups, and correspondence (written and verbal).
- Time spent reviewing records and documenting.
- Time spent consulting and following up with DBHDID and/or Medicaid.
- Time spent for QMHP and/or coordinator second line review.
- Time spent completing and finalizing evaluation and outcome.
- Expenses documented on the PASRR miscellaneous expenses form in Redcap.
- To ensure all reimbursement for PASRR activities please complete the 145 using the instructions attached to the form.

PASRR Level II Evaluation Code 004, Unit of service: 15 minutes
A comprehensive Level II evaluation shall be conducted by a certified evaluator for individuals with a mental illness, intellectual disability, or related condition who are seeking admission to or a continued stay in a nursing facility (NF) participating in the Kentucky Medicaid Program; or who requires a subsequent review because of a significant change in condition. The evaluation shall determine: (a) whether the person meets PASRR criteria; (b) whether the person needs nursing facility services and (c) if so, whether the person needs specialized services for mental illness or intellectual disabilities. Services shall be provided in accordance with applicable Kentucky Statute and Regulations.

PASRR –Discontinued Level II Code 005, Unit of service: 15 minutes
A comprehensive Level II evaluation conducted by a certified evaluator for the individual with a mental illness, intellectual disability, or related condition who is seeking admission to or continued stay in a Medicaid-certified nursing facility, or who requires a subsequent review because of a significant change in condition. Discontinued Level II code shall be used when a Level II evaluation that could not be completed due to one of the following circumstances: the individual passed away, discharged from the nursing facility, the nursing facility withdraws the application, or any other situation that would prevent the completion of the full evaluation and determination. Services shall be provided in accordance with applicable Federal and Kentucky Statutes and Regulations and the PASRR Manual.

Response to Referral Code 006, Unit of service: 15 minutes
When a comprehensive Level II evaluation conducted by a certified evaluator for the individual whose Level I indicated the need for a Level II evaluation but was determined to not meet PASRR criteria, a response to referral shall be completed by the evaluator. The response to referral notifies the referring facility that the individual does not meet criteria to complete the Level II evaluation. This may occur when the evaluator determines that the person meets an exception, such as a primary diagnosis of Alzheimer's disease or dementia, or the individual does not meet criteria for a MI, ID, or RC diagnosis. Response to referral shall also be completed for significant change referrals for Level II evaluation when the change does not affect or need for specialized services.

14.5 Department Periodic Report Form 140

Accurate reporting shall be submitted quarterly to the BBHDID Division of Administration and Financial Management using Form 140.

PASRR Specialized Services (ID/RC) Code 090, Unit of Service: 15 minutes
The continuous and consistent implementation of training and related services which are comparable to services received in an ICF/IID or in a community-based waiver program where 24-hour supervision is available and are directed toward skills acquisition, maintenance of functional status, and the implementation of specified goals and objectives as determined through a person-centered planning process. Services shall be provided in accordance with applicable Kentucky Statute and Regulations.

Case Management (ID/RC) Code 162, Unit of Service: 1 Month
Case management services for individuals receiving PASRR SS would mirror the expectation for the ID Case Management. Case Management includes a minimum of monthly, on site, face to face contact, and may include the initiation, coordination, implementation, and monitoring of the assessment, reassessment, evaluation, intake, and eligibility processes; assisting a person in the identification, coordination, and arrangement of the person centered team; facilitating person centered team meetings that assist a person to develop, update, and monitor the Person Centered Service Plan (PCSP) which shall be designed to meet the needs of the participant; and promote choice, community experiences, employment, and personal

satisfaction. Person-Centered Planning involves assisting the recipient individual in creating an individualized plan for services, paid and unpaid, needed for maximum independence and integration into the community. The plan is directed by the recipient and shall include other people of the recipient's choosing. Case management shall monitor all services through on site visits, review of records, and conversations with staff, recipient or family. Services shall be provided in accordance with applicable Kentucky Statute and Regulations.

PASRR Specialized Goods Purchased (ID/RC) Code 094, Unit of Service: One (1) Purchase
Tangible items purchased for maintenance of functional status or for the implementation of specific goals or objectives, determined through the person-centered planning process. Specialized goods shall be provided in accordance with applicable Kentucky Statute and Regulations.

Psychological Testing Code 020, Unit of Service: 15 Minutes
Psychological testing is used for diagnostic purposes to determine eligibility for available programs. CMHC's may use state general funds to cover psychological assessments to validate an intellectual disability or related condition for PASRR only when no other resources are available. Testing shall be provided by a licensed psychologist, licensed psychological practitioner, licensed psychological associate, certified psychologist with autonomous functioning, or certified school psychologist within their scope of practice.

Part XV: Examples of Letters and Correspondence

15.1 Overview

The correspondence provided here are examples of what the CMHC will send to the appropriate persons/entities designated by the manual in those rare instances that the paper process must be followed. These instances include individuals entering a Medicaid certified NF with a different payor source, out of state referrals and for out of state referrals that do not trigger for a Level II evaluation on Kentucky's Level I. Adverse determinations include appeal rights and are sent by certified mail. The documentation of certified mail will be maintained in the client's record at the CMHC. Adverse determinations are defined as "does not meet PASRR criteria" and does not require specialized services. Federal regulation requires notification to be sent to the individual and/or their legal representative, the nursing facility, and the attending physician.

- All correspondence, including the example letters, if used, must be on the CMHC letterhead.
- Customize the letters to convey only information concerning the individual in question.
- Do not circle, underline, or fill in the blank to individualize the letter.
- The letters should be written with clear, understandable language that leaves no question of the letter's intent, available appeal processes, and contacts.
- Adverse determinations must include appeal rights. Send adverse determinations by certified mail. File the receipt in the resident/applicant's PASRR record in the PASRR office.
- If an adverse determination letter is going to an individual currently in a Medicaid waiver who does not have a guardian, the case manager should also receive a copy of the letter.

15.2 Example Letter for Individual/Family/Guardian

DATE

INDIVIDUAL'S NAME
STREET ADDRESS
CITY, STATE, ZIP CODE

RE: INDIVIDUAL EVALUATED

Dear INDIVIDUAL:

Federal and state regulations (42 CFR 483.100 and 907 KAR 1:755) require a Preadmission Screening and Resident Review (PASRR) evaluation of each nursing facility applicant who has been identified as potentially meeting the criteria for a serious mental illness, an intellectual disability, or a related condition. The purpose of this evaluation is to determine if PASRR criteria is met; and if so, then to determine the need for nursing facility and specialized services.

Evaluations are completed by the Community Mental Health Centers through a contract with the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) who administers the PASRR program for the Department for Medicaid Services.

Please see enclosed a copy of your PASRR evaluation along with an "Interpretation of Findings" form, which requires your signature as verification that the evaluation and findings have been explained to you. Please note that your signature of the "Interpretation of Findings" form does not imply agreement with these findings.

Findings & Recommendations

Based on the information reviewed describing medical diagnoses, care needs, functional abilities, and the services and health personnel required to meet those needs, it has been determined that <u>INDIVIDUAL:</u>

☐ Does meet or continues to meet PASRR criteria

☐ Does not meet PASRR criteria

AND

☐ Requires Specialized Services for a Serious Mental Illness, an Intellectual Disability or a Related Condition

☐ Does not require Specialized Services

☐ Not Applicable

AND

☐ Requires Nursing Facility Services

☐ Nursing Facility Services are not least restrictive

☐ Not Applicable

OR

☐ **After 30 months of placement in the Nursing Facility, no longer requires Nursing Facility services and is no longer able to benefit from Specialized Services for an Intellectual Disability or Related Condition as described in 907 KAR 1:755**

If the PASRR determination was "does not meet" or the specialized services determination was "does not require", then you have the right to an appeal. PASRR is a Medicaid program, and appeals procedures are governed by Medicaid appeals regulations. All appeals must be requested in writing and be postmarked within thirty (30) days of the date of this letter and may be requested by you, your legal guardian, or other authorized representative.

Your request for a hearing must be made by sending a written statement clearly indicating a desire for a hearing and the specific reason for the request. Please preface your request for appeal by noting that denial or adverse determination was based upon PASRR findings or determination. You, a friend or relative, spokesperson or other authorized representative (including legal counsel) may represent you at the hearing.

Send the request to:

Department for Medicaid Services
ATTN: Administrative Hearing Request
275 E Main Street, 6E-D
Frankfort, KY 40621
DMS.Hearings@ky.gov
Phone: 502-564-9394
Fax: 502-564-0223

If the PASRR determination was "does not meet or no longer meets" or the Specialized Services determination was "does not require", then you have the right to an appeal. PASRR is a Medicaid program, and appeals procedures are governed by Medicaid appeals regulations. All appeals must be requested in writing and be postmarked within thirty (30) days of the date of this letter and may be requested by you, your legal guardian, or other authorized representative.

Your request for a hearing must be made by sending a written statement clearly indicating a desire for a hearing and the specific reason for the request. Please preface your request for appeal by noting that denial or adverse determination was based upon PASRR findings or determination. You, a friend or relative, spokesperson or other authorized representative (including legal counsel) may represent you at the hearing.

Please contact me at ( ) ___ - ____ if you have any questions regarding the evaluation, findings, or process.

Sincerely,

EVALUATOR NAME
PASRR Evaluator
CMHC NAME

cc: Nursing Facility

15.3 Example Letter for Nursing Facility

DATE

MEDICAL/NURSING SERVICE/SOCIAL SERVICE DIRECTOR NAME
NURSING FACILITY NAME
NF ADDRESS
CITY, STATE, ZIP CODE

Re: CLIENT NAME

Federal and state regulations (42 CFR 483.100 and 907 KAR 1:755) require a Preadmission Screening Resident Review (PASRR) evaluation of each nursing facility applicant who has been identified (per preadmission screening) as meeting the criteria for a PASRR Level II evaluation. This evaluation is used to determine the presence of a serious mental illness, an intellectual disability or a related condition. The evaluation also determines an individual's need for Nursing Facility services and identifies the need for specialized services, or services of lesser intensity.

The Department for Behavioral Health, Developmental and Intellectual Disabilities, who administers the PASRR program for the Department of Medicaid Services, has contracted with the Community Mental Health Centers to use qualified professionals in the fields of Mental Health and Intellectual Disabilities to conduct the evaluations.

Based on the information reviewed describing medical diagnoses, care needs, functional abilities, and the services and health personnel required to meet those needs, it has been determined that <u>INDIVIDUAL:</u>

☐ Does meet or continues to meet PASRR criteria

☐ Does not meet PASRR criteria

AND

☐ Requires Specialized Services for a Serious Mental Illness, an Intellectual Disability or a Related Condition

☐ Does not require Specialized Services

☐ Not Applicable

AND

☐ Requires Nursing Facility Services

☐ Nursing Facility Services are not least restrictive

☐ Not Applicable

OR

☐ **After 30 months of placement in the Nursing Facility, no longer requires Nursing Facility services and is no longer able to benefit from Specialized Services for an Intellectual Disability or Related Condition as described in 907 KAR 1:755**

Sincerely,
EVALUATOR NAME
PASRR Evaluator
CMHC NAME

15.4 Example Letter for Hospital/Attending Physician

DATE

DOCTOR'S NAME
DISCHARGING HOSPITAL
STREET ADDRESS
CITY, STATE, ZIP CODE

RE: INDIVIDUAL

Dear Doctor NAME:

Federal and state regulations (42 CFR 483.100 and 907 KAR 1:755) require a Preadmission Screening Resident Review (PASRR) evaluation of each nursing facility applicant who has been identified (per preadmission screening) as meeting the criteria for a PASRR Level II evaluation. This evaluation is used to determine the presence of a serious mental illness, an intellectual disability or a related condition. The evaluation determines an individual's need for Nursing Facility services and identifies the need for specialized services, or services of lesser intensity.

The Department for Behavioral Health, Developmental and Intellectual Disabilities, who administers the PASRR program for the Department of Medicaid Services, has contracted with the Community Mental Health Centers to use qualified professionals in the fields of Mental Health and Intellectual Disabilities to conduct the evaluations.

Based on the information reviewed describing medical diagnoses, care needs, functional abilities, and the services and health personnel required to meet those needs, it has been determined that <u>INDIVIDUAL:</u>

☐ Does meet or continues to meet PASRR criteria

☐ Does not meet PASRR criteria

AND

☐ Requires Specialized Services for a Serious Mental Illness, an Intellectual Disability or a Related Condition

☐ Does not require Specialized Services

☐ Not Applicable

AND

☐ Requires Nursing Facility Services

☐ Nursing Facility Services are not least restrictive

☐ Not Applicable

OR

☐ **After 30 months of placement in the Nursing Facility, no longer requires Nursing Facility services and is no longer able to benefit from Specialized Services for an Intellectual Disability or Related Condition as described in 907 KAR 1:755**

Please contact me at (__) ___ - ____ if you have any questions regarding the evaluation, findings, or process.

Sincerely,

EVALUATOR NAME
PASRR Evaluator
CMHC NAME

cc: Nursing Facility

15.5 Example Letter for Inappropriate Out of State Referral

DATE

STATE PASRR CONTACT
Street Address
CITY, STATE, ZIP CODE

RE: INDIVIDUAL

To whom it may concern,

INDIVIDUAL does not meet criteria for a Level II evaluation based on Kentucky's Level I screening. Therefore, a Level II evaluation will not be completed. In accordance with prior technical assistance provided by PTAC, however, if a Level II is indicated per STATE'S Level I, then once the applicant arrives to STATE, then please proceed with STATE's processes.

If assistance is needed from entities from Kentucky, then please contact CMHC PASRR CONTACT at EMAIL ADDRESS/ PHONE NUMBER.

Thanks in advance,

EVALUATOR NAME
PASRR Evaluator
CMHC Name

15.6 Example letter for Provisional Review

DATE

MEDICAL/NURSING SERVICE/SOCIAL SERVICE DIRECTOR NAME
NURSING FACILITY NAME
NF ADDRESS
CITY, STATE, ZIP CODE

Re: CLIENT NAME

Federal and state regulations (42 CFR 483.100 and 907 KAR 1:755) require a Preadmission Screening Resident Review (PASRR) evaluation of each nursing facility applicant who has been identified (per preadmission screening) as meeting the criteria for a PASRR Level II evaluation. This evaluation is used to determine the presence of a serious mental illness, an intellectual disability or a related condition. The evaluation also determines an individual's need for Nursing Facility services and identifies the need for specialized services, or services of lesser intensity.

Within these regulations a nursing facility may delay the completion of the Level II evaluation for individuals that meet the criteria for an exemption or provisional admission. The Community Mental Health Center (CMHC) has been designated as the reviewer to approve the provisional admission applications (respite or delirium).

Based on the information provided to support the application for provisional admission, it has been determined that INDIVIDUAL:

☐ Does meet criteria for a respite admission; OR
☐ Does NOT meet criteria for a respite admission.

☐ Does meet criteria for a delirium admission; OR
☐ Does NOT meet criteria for a delirium admission.

If the determination is "does not meet", please notify CMHC staff if they should proceed with a preadmission Level II evaluation.

Sincerely,

EVALUATOR NAME
PASRR Evaluator
CMHC NAME

cc: INDIVIDUAL/AND OR GUARDIAN