



# **PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR) MANUAL**

**MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**OFFICE OF SUBSTANCE ABUSE AND  
MENTAL HEALTH SERVICES,**

**OFFICE OF AGING AND DISABILITY SERVICES**

**and**

**OFFICE OF MAINECARE SERVICES**

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# PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR) MANUAL

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## I. Introduction

**a. Explanatory Statement.** The Preadmission Screening and Resident Review (PASRR) program seeks to ensure that individuals who are otherwise eligible for care in a nursing facility (NF) and who also have a mental illness, intellectual disability, or other related condition, receive the additional care necessary to meet their needs. Individuals whose needs for specialized services due to mental illness, intellectual disability, or other related conditions, which are too great for NFs to provide, will be referred to a more appropriate level of care and service. Through the PASRR evaluation, the Department or its agent determines whether:

- (1) The individual has a mental illness, intellectual disability or other related condition.
- (2) If so, whether the individual requires specialized services.
- (3) Whether the individual requires nursing facility level of care.

The general eligibility for NF level of care is not a subject of this manual. Individuals may not be admitted to NFs due to a diagnosis of mental illness, intellectual disability, or other related conditions alone; individuals must meet the general medical eligibility requirements for NF level of care, as determined by the Department's agent, currently Goold Health Systems.

Change in Condition PASRR reviews, after the initial screening, assessment and admission, will **not** result in changes in eligibility for NF level of care, unless the individual's needs are greater than an NF can provide. Changes noted through PASRR Change in Condition reviews after admission **may** result in changes in the level or intensity of specialized services, including referral to a more intensive level of care outside the NF.

**b. Authority.** Screening and evaluation through the PASRR program is required for participation in MaineCare. Persons who do not comply with the requirements of the PASRR program may be denied payment for services provided in an NF. Similarly, NFs that do not comply may have MaineCare billings disallowed. The required elements of a PASRR program are described in detail at 42 CFR Ch IV, Subpart C (§483.100 et seq.). The Electronic Code of Federal Regulations is available at <http://ecfr.gpoaccess.gov>.

This manual is published under the authority of the Maine Department of Health and Human Services (DHHS). DHHS acts as the State's Medicaid agency and authority for mental health and intellectual disabilities. This manual coincides with the requirements of the MaineCare Manual as described at 10-144 CMR Ch II, Section 67.05-1. This section of the MaineCare Manual may be accessed online at:

*<http://www.maine.gov/sos/cec/rules/10/ch101.htm>*

For further information or technical assistance for the PASRR program, please contact the Department's current agent, Goold Health System. Users of this manual are encouraged to contact their Provider Relations Specialist in the DHHS Office of MaineCare Services for questions related to MaineCare, or the Office of Licensing and Regulatory Services for questions related to licensing requirements. Addresses and phone numbers can be found in the Directory section of this manual.

## II. Definitions

Definitions include sources when applicable, in parentheses.

- a. **CFR:** Code of Federal Regulations.
- b. **Change in Condition:** a change in status, either physical or mental, which results in a decline or improvement in the mental health, intellectual disability status, or functional abilities of the resident, and is unexplained by the use of medication, a medication interaction, an acute illness or infection. The Change in Condition (CIC) review has replaced the requirement for an annual resident review.
- c. **CIC:** change in condition.
- d. **CMR:** Code of Maine Regulations.
- e. **Code of Federal Regulations:** the collection of rules and regulations of the Federal government. 42 CFR Ch IV, Subpart C governs the PASRR program.
- f. **Code of Maine Regulations:** the collection of rules and regulations of the State of Maine. These include the licensing rules for NFs (10-144 CMR 110 or <http://www.maine.gov/sos/cec/rules/10/ch101.htm>) and the MaineCare Manual (10-144 CMR 101).
- g. **Community NF:** a Medicaid-certified nursing facility.
- h. **Dementia:** a clinical syndrome characterized by a decline in mental function of long duration in an alert individual. Symptoms of dementia include memory loss and the loss or diminution of other cognitive abilities, such as learning ability, judgment, comprehension, attention, and orientation to time, place and to oneself (from “Regulations Governing the Licensing and Functioning of Skilled Nursing Facilities and Nursing Facilities”, 10-144 CMR 110, Ch. 23A2).
- i. **Department of Health and Human Services:** the MaineCare (Medicaid), mental health and intellectual disability authority for the State of Maine, the administrator of the Minimum Data Set (MDS) program and the licensing authority for NFs.
- j. **DHHS:** the Department of Health and Human Services.
- k. **DSM:** *American Psychiatric Diagnostic and Statistic Manual*, current edition. Required by 42 CFR § 483.102(b)(1)(i) to identify and describe major mental illness.
- l. **Level II Assessment:** the evaluation process that confirms the presence of a mental illness, intellectual disability, or other related condition, after which the assessor determines the need for specialized services, and makes recommendations for the provision of specialized services.
- m. **Level I Screen:** the preliminary screen conducted on all persons seeking admission to a Medicaid certified nursing facility (NF) or skilled nursing facility (SNF), to identify individuals with major mental illness, intellectual disability, or other related conditions.
- n. **MaineCare Manual:** the regulations governing the MaineCare (Medicaid) program in Maine, 10-144, CMR 101.
- o. **Minimum Data Set (MDS):** the State approved assessment instrument which is the current core set of screening, clinical and functional status elements forming the foundation for the comprehensive assessment of all residents in nursing

facilities (from “Regulations Governing the Licensing and Functioning of Skilled Nursing Facilities and Nursing Facilities”, 10-144 CMR 110, Ch 12A).

- p. **Mental Health Authority:** the Department of Health and Human Services (DHHS), the agency of state government authorized to make determinations of need for admission to a nursing facility, for individuals who have been identified as having a major mental illness.
- q. **Mental Illness:** a primary or secondary diagnosis of a mental disorder as defined in the *American Psychiatric Association’s Diagnostic and Statistic Manual of Mental Disorders* (current edition), which does not include dementia (from “Regulations Governing the Licensing and Functioning of Skilled Nursing Facilities and Nursing Facilities”, 10-144 CMR 110, Ch 1). See section III for more details.
- r. **Intellectual Disability:** a significantly sub-average general intellectual functioning (IQ score of 70 or below) existing concurrently with deficits in adaptive behavior, and manifested during the developmental period (from “Regulations Governing the Licensing and Functioning of Skilled Nursing Facilities and Nursing Facilities,” 10-144 CMR 110, Ch 1; the American Association on Developmental Disability’s *Manual on Classification in Mental Retardation*[1983]). See Section IV for more details.
- s. **Intellectual Disability Authority:** the Department of Health and Human Services (DHHS), the agency of state government authorized to make determinations of need for admission to a nursing facility, for individuals who have been identified as having an intellectual disability.
- t. **Nursing Facility (NF):** a facility licensed by DHHS to provide nursing services.
- u. **Other Related Condition:** a severe, chronic disability that meets all of the following conditions:
  - 1. It is attributable to
    - a. cerebral palsy, or epilepsy; or
    - b. any other condition, other than mental illness, found to be closely related to a developmental disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with a developmental disability, and requires treatment or services similar to those required for these persons; and
  - 2. It is manifested before the person reaches age 22; and
  - 3. It is likely to continue indefinitely, and
  - 4. It results in substantial functional limitations (prior to age 22) in three or more of the following areas of major life activity:
    - a. self-care,
    - b. understanding and use of language,
    - c. learning,
    - d. mobility,
    - e. self-direction,
    - f. capacity for independent living.
- v. **PASRR:** Pre-admission Screening and Resident Review.

- w. **Pre-Admission Screening:** the procedure that screens each nursing facility applicant in order to ensure that individuals with mental illness, intellectual disabilities, or other related conditions require the level of care furnished by the facility. A part of the PASRR program.
- x. **Specialized Nursing Facility:** a nursing facility that has a specialized geropsychiatric nursing unit under contract with DHHS, to provide a higher level of care to residents whose severe mental health needs cannot be met by a regular nursing facility.
- y. **Specialized Services:** services that are provided in addition to the routine care provided by an NF that results in the continuous and aggressive implementation of an individualized plan of care for a mental illness, a continuous active treatment program for an intellectual disability or other related condition. These services are part of the State MaineCare (Medicaid) Plan.

### III. Mental Illness

- a. **Specific Conditions.** An individual is considered to have a serious mental illness if s/he meets the following requirements of diagnosis, level of impairment and duration of illness:
  - i. **Diagnosis.** The individual has a major mental disorder diagnosable under the DSM-3-R. This mental disorder is:
    - a schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability; but
    - not a primary diagnosis of dementia, including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder.
  - ii. **Level of impairment.** Within the past 3 to 6 months the disorder has resulted in functional limitations in major life activities that would be appropriate for the person's developmental stage. An individual typically has at least one of the following characteristics on a continuing or intermittent basis:
    - **Interpersonal functioning:** the person has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation; and/or
    - **Concentration, persistence, and pace:** the person has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks; and/or
    - **Adaptation to change:** the person has serious difficulty in adapting to typical changes in circumstances associated with work, school,

family, or social interaction; manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation; or requires intervention by the mental health or judicial system.

- iii. **Recent treatment.** The treatment history indicates that the person has experienced at least one of the following:
  - Psychiatric treatment more intensive than outpatient care more than once in the past 2 years (e.g., partial hospitalization or inpatient hospitalization); or
  - Within the last 2 years and due to the mental disorder, 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.
- b. **Dementia.** An individual is considered to have dementia if there is a primary diagnosis of dementia, as described in the DSM, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder as defined in Section III.a.i. above. (Agitated dementia with a suspicion of mental illness should be noted on the Level 1 Screen and sent to Good Health System, the Department's current agent, for review).
- c. **Specialized Services.** Specialized services are those that are provided in addition to the routine care provided by an NF, and that result in the continuous and aggressive implementation of an individualized plan of care for mental illness. DHHS considers specialized services to be appropriate in an NF when they:
  - i. are developed and overseen by an interdisciplinary team that includes a physician and mental health professionals, and, as appropriate, other professionals; and
  - ii. prescribe specific therapies and activities supervised by trained mental health personnel; and
  - iii. are directed towards diagnosing and reducing the person's behavioral symptoms, improving the level of independent functioning, and achieving a functioning level that permits reduction in the intensity of mental health services at the earliest possible time.

The prescribed therapies and activities in the individualized care plan may include, but are not limited to the services of a psychiatrist, nurse practitioner, psychologist or other qualified mental health professional, psychological testing or evaluation, occupational therapy testing or evaluation, psychotherapy, medication education, crisis planning and intervention services, day hospitalization or acute care hospitalization and case management necessary to coordinate the services described in the plan.

- d. **Services of Lesser Intensity than Specialized Services.** The NF must provide mental health services that are of a lesser intensity than specialized services to all residents who need the lesser services.



- e. **Specialized Community NFs (geropsychiatric NF level of care).** DHHS supplements the services of three NFs in the state, to provide more intensive specialized services than would be provided at a community NF. Contact APS Healthcare to discuss this option.

#### IV. Intellectual Disability/Other Related Conditions

- a. **Specific Conditions.** An individual is considered to have an intellectual disability if there exists:
  - i. a level of retardation (mild, moderate, severe, or profound, and IQ score of 70 or below) described in the American Association on Developmental disability's *Manual on Classification in Mental Retardation*(1983), **or** "other related conditions" as defined as:
  - ii. a severe, chronic disability that meets all of the following conditions:
    - 1. It is attributable to
      - cerebral palsy or epilepsy; or
      - any other condition, other than mental illness, found to be closely related to developmental disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with developmental disability, and requires treatment or services similar to those required for these persons; and
    - 2. It is manifested before the person reaches age 22; and
    - 3. It is likely to continue indefinitely; and
    - 4. It results in substantial functional limitations (prior to age 22) in three or more of the following areas of major life activity:
      - self-care,
      - understanding and use of language,
      - learning,
      - mobility,
      - self-direction,
      - capacity for independent living.
- b. **Specialized Services.** Specialized services are those which, when combined with services provided by the NF or other service providers, result in a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services, that is directed toward:
  - i. The acquisition of the behaviors necessary for the individual to function with as much self-determination and independence as possible; and
  - ii. The prevention or deceleration of regression or loss of current optimal functioning.

## V. Level I Screens

### a. Who Must Be Screened

- i. **Persons Seeking Admission to an NF in Maine.** ALL individuals who apply for admission to an NF in Maine and who meet the standards for medical need must be screened prior to admission. Screening is required regardless of the source of payment. It is required whether or not mental illness, intellectual disability or other related condition is known or suspected.
  - ii. **Individuals who reside outside Maine and are being admitted to an NF in Maine.** All individuals must be screened (Level I). Level I Screens for people who are residing in NFs in another state must be completed by the out-of-state NF. It is the individual's state of residency, which is paying for the person's care at the time of admission, that is responsible for reviewing and processing the PASRR Level I Screen.
- b. **Exceptions.** Individuals who meet the following conditions are exempt from Level I pre-admission screening:
- i. **Individuals who are being re-admitted to the same NF.** There is no time limit from the time of discharge from the NF to the re-admission. This exception applies to individuals who were discharged to a hospital, for treatment of a medical issue, from the same NF or SNF as the re-admission. The NF is responsible for maintaining a copy of the original Level I Screen. However, an individual with a confirmed or suspected diagnosis, or significant change in mental status or functional limitations, who has been re-admitted from a hospital, may require a **Change in Condition** review.
  - ii. **Individuals who are transferring from one NF to another,** without an intervening hospitalization, within Maine. The transferring NF is required to ensure that the Level I Screen and Level II Assessment, if applicable, have been completed in the past and that copies of each are provided to the receiving NF. Individuals with a confirmed diagnosis, or significant change in mental status or functional limitations, may require a **Change in Condition** review.
  - iii. **Individuals who had been at an NF, were discharged to a hospital, and are being admitted to a different NF,** within Maine. The admitting NF is required to ensure that the Level I screen had been completed previously and may make a referral for a **Change in Condition** review, if the individual has a confirmed diagnosis or significant change in mental status or functional limitations.
  - iv. **Individuals who are being discharged from the hospital and admitted to a hospital 'swing bed' for a short-term skilled stay.** As hospital 'swing beds' are not nursing home beds in which a person could become a permanent resident, SNF 'swing bed' admissions are exempt from a Level I screening. However, if the person is being discharged from a hospital 'swing bed' to an outside, community NF for either SNF or NF level of care, a

Level I Screen is required, since there is now the possibility of the person becoming a permanent resident at the community NF.

- v. Federal Regulations allow for an exemption for individuals being discharged from a hospital, for treatment of the same condition as the hospitalization, and when a discharging hospital physician has documented that the NF stay will be 30 calendar days or less, however, **DHHS Maine requires the completion of a Level I Screen on all people being admitted to an NF, even if the expected length of stay is 30 calendar days or less, as a way of following these individuals in case they remain at the facility for permanent placement (at which time a Level II Assessment may be required). If the length of stay exceeds 30 calendar days, the NF must contact Goold Health System to request either an extension or a Level II Assessment.**

c. **Process. The following process is used to complete the Level I Screen.\***

- i. **Persons authorized to screen.** The Level I Screen may be completed by hospital discharge planners, licensed social workers, registered professional nurses, psychologists, physicians and professional NF staff.
- ii. **Submission.** The Level I Screen is to be completed and if indicated, submitted to Goold Health System, at the time the request for medical eligibility screening is submitted to Goold Health Systems.
- iii. **Responsibility.** Completion and retention of Level I Screens is the responsibility of the NF to which the individual is seeking admission. Hospital staff may complete the Level I Screen and forward it to the admitting NF (after submission to Goold Health System, if applicable). Discharging NFs must provide admitting NFs with a copy of the Level I screen and any determination letter if applicable, prior to admission.
- iv. **Determinations.** The Level I screening process makes only two determinations:
  - there is no known or suspected mental illness, intellectual disability or other related condition, or
  - there is a known or suspected mental illness, intellectual disability or other related condition.
- v. **Referral to Goold Health System.** The discharging hospital or NF to which application for admission has been made, is responsible for forwarding Level I Screens **that indicate a known or suspected mental illness, intellectual disability, or other related condition**, to Goold Health System for review. Level I Screens that indicate a known or suspected **mental illness, intellectual disability or other related condition** should be FAXED to Goold Health System, attention: PASRR Coordinator.
- vi. **Written Notice of Level I finding.** If the Level I Screen identifies the individual as having, or is suspected of having, a severe mental illness, an intellectual disability, or an other related condition, then Goold Health System will provide written notice, to the individual or resident and/or

his/her legal representative, that the individual is suspected of having a mental illness, an intellectual disability, or an other related condition and is being referred for a Level II Assessment (if an alternative determination has not already been made).

\*Form. Level I Screen:

[http://www.qualitycareforme.com/documents/APS-PASRR\\_Level\\_I\\_Screen\\_Form.pdf](http://www.qualitycareforme.com/documents/APS-PASRR_Level_I_Screen_Form.pdf)

## VI. Level II Assessments

- a. **Who Must Be Assessed.** Except those individuals whose conditions meet the requirements for advance group determinations, all persons who apply for admission to an NF in Maine, who have, or are suspected to have, a diagnosis of mental illness, intellectual disability, or other related condition, must be assessed prior to admission. Assessment is required regardless of the method of payment.
- b. **Advance Group Determinations.** The following describes conditions which exempt or defer Level II Assessments. Admission to an NF is permitted when the applicable conditions are met.
  - i. **Admission for Convalescent Care.** The following conditions apply: (although Federal Regulations allow for an exemption for the following, Maine DHHS requires the completion of a Level I Screen on all people being admitted to an NF, even if the expected length of stay is 30 calendar days or less, as a way of following these individuals in case they remain at the facility for permanent placement (at which time a Level II Assessment may be required)).
    - person must have been hospitalized for treatment; and
    - the discharge does not qualify as an exempted hospital discharge (see V.b.v. above); and
    - the expected length of stay is not expected to exceed 30 calendar days. The discharging hospital physician must document in writing that the NF stay is expected to be 30 days or less.

*If the length of stay exceeds 30 calendar days, the NF must contact Goold Health System to request an extension.*
  - ii. **Respite Care.** The following conditions apply:
    - the person is expected to return to the in-home caregivers following the respite stay; and
    - no more than 30 calendar days of respite care may be used in any 12 month period; and
    - the stay may not exceed 15 calendar days.

*If the length of stay exceeds the 30 day annual limit or 15 calendar days, the NF must contact Goold Health System to request the Level II Assessment to be completed within 10 calendar days of the 30<sup>th</sup> day of the annual limit or the 15<sup>th</sup> day of admission, whichever is applicable.*
  - iii. **Terminal Illness.** The following conditions apply:

- the person has a medical prognosis that life expectancy is 6 months or less if the illness runs its normal course; and
  - physician has documented the prognosis in writing. If the length of stay exceeds six months, the NF must notify Goold Health System. A Level II Assessment may not be required.
- iv. **Severe Physical Illness.** The following conditions apply:
- the person must have a severe physical illness such as coma, ventilator dependence, functioning at a brain stem level, or diagnoses which result in a level of impairment so severe that the individual could not be expected to benefit from specialized services; and
  - a physician has documented the diagnosis and condition in writing.
- v. **Delirium.** The following conditions apply:
- an accurate diagnosis cannot be made until the delirium clears; and
  - a physician documents the diagnosis and condition in writing. If the delirium persists beyond the 30<sup>th</sup> calendar day of admission, the NF must notify Goold Health System
- c. **Co-Occurring Disorders.** Individuals who have or are suspected of having both a mental illness and/or an intellectual disability and/or an other related condition, will be provided a Level II Assessment that is integrated and coordinated for both disorders.
- d. **Diagnostic Cross Walks.** Federal regulations require the use of the DSM-3-R for the identification of mental illnesses and the American Association on Mental Retardation's 1983 definition. Please refer to the Diagnostic Criteria for mental illness, from the DSM-3-R.
- e. **Process**
- i. **Notification.** Goold Health System will notify the hospital or NF that a Level II Assessment is indicated (based upon Level I Screen results) for individuals suspected of having mental illness, intellectual disability, or other related condition. Medical records will be requested from the hospital, NF and/or other sources as appropriate, in order to conduct a record review to evaluate the individual's conditions and needs. Goold Health System will ensure the completion of the Level II Assessment. This normally takes nine business days after receipt by Goold Health System of all necessary documentation to complete Level II Assessment.
  - ii. **Level II Assessment.** Goold Health System will complete the assessment, confirm the diagnosis or lack of diagnosis of mental illness, intellectual disability, or other related condition, and the basis for all conclusions, and submit an evaluation assessment to DHHS. The assessment, if there is a confirmed diagnosis, must
    - recommend community NF care and identify the services of a lesser intensity that are required to meet the person's needs; or
    - recommend community NF care and identify the specialized services required to meet the person's needs; or

- recommend NF care in a specialized community NF with more intensive specialized services than would be provided at a community NF; or
  - recommend acute care.
- iii. **Determination.** Copies of the determination letter stating the outcome and recommendations must be provided to the individual and a legal representative (if one exists), the NF, the attending physician, and the hospital (if admission is being sought from a hospital). A copy of the written, full assessment is provided to the above listed parties for mental illness, intellectual disability and/or other related condition.

## VII. Change in Condition

- a. **Application.** This section provides functional guidance to NF staff and assessors regarding changes in condition for mental illness, intellectual disability or other related conditions. This is intended to augment, not supplant, definitions of change in condition referenced in the licensing rules for NFs (10-144 CMR 110) or the MDS manual.
- b. **Functional Definition.** Change in status, either physical or mental, which results in a decline or improvement in the mental health or cognitive and functional (for individuals with intellectual disability and/or other related condition) status of the resident, and is unexplained by the use of medication, a medication interaction, an acute illness or infection. For all, this requires ruling out such things as physical or environmental causes and medication interaction/reaction.
- i. **Special considerations for individuals with mental illness.** The following are specific circumstances and situations that must be considered a change in condition for people with mental illness:
- suicidal gestures or ideation;
  - homicidal gestures or ideation;
  - rapid onset or otherwise unexplained changes in destructive or violent behavior;
  - symptoms of depression, including withdrawal in the absence of impending death;
  - unexplained changes in eating, sleeping, or usual activities;
  - unexplained changes in agitation, including
    - increase or reduction without apparent cause, or
    - agitation not easily addressed or relieved;
  - unexplained changes in anxiety levels (intensity or duration);
  - psychosis or psychotic symptoms;
  - first event of disorder with cyclical pattern (e.g., seasonal affective disorder);

- improvement following intervention if there is an indication that specialized services are no longer needed;
  - new diagnosis of an illness or the exacerbated condition of an existing disorder frequently associated with depression and/or anxiety (e.g., Parkinson's).
- ii. **Special considerations for individuals with intellectual disabilities and/or other related conditions.** The following are specific circumstances and situations that must be considered a change in condition for individuals with intellectual disabilities and/or other related conditions:
- changes in behavior from the individual's baseline. The baseline behavior should be well documented in an initial assessment, care plan or behavioral intervention plan;
  - changes in agitation, including increase or reduction without apparent cause and/or agitation not easily addressed or relieved;
  - changes in self-injurious behavior from baseline;
  - repeated or sustained outbursts without apparent cause, that is different from usual or baseline behavior;
  - changes in sensorium or neurocognitive status, from baseline;
  - reduced cooperation with, or increased resistance to, habilitation plans or personal care, from baseline;
  - a change in cognitive abilities and/or social adaptive functioning as determined by a psychological assessment that documents either a significant gain or loss in cognitive abilities and/or social adaptive functioning;
  - subtle changes, whether a decline or an improvement, over longer periods of time;
  - improvement following intervention;
  - mental status changes not previously present.
- iii. **Co-Occurring Disorders.** Individuals with known co-occurring disorders (mental illness, intellectual disabilities and/or other related conditions) must be assessed using BOTH lists of special considerations.
- c. **Process.** The process for requesting a Change in Condition review is similar to the request for a Level II Assessment.
- i. **Integration with MDS.** The change in condition MUST trigger a reassessment in the Minimum Data Set system. This must be done within 14 calendar days of identification of the change in condition.
  - ii. **Deadline to request a change in condition assessment.** NFs must notify Goold Health System within 7 calendar days following the MDS reassessment, but under no circumstances later than 21 days following the identification of the change in condition.
  - iii. **Notification.** Goold Health System will review the Level I Screen for the Change in Condition and determine if a Level II Assessment is required or not. This should take no more than nine business days from the day all

necessary documentation is received by Goold Health System to complete the Level II Assessment.

- iv. **Level II Assessment.** Goold Health System will complete the review and submit an evaluation assessment as described below. Specific subsections of Title 42 Subpart C Section 483 of the Code of Federal Regulations are included. The PASRR program is described in detail in 42 CFR Chapter IV, Subpart C (483.100 – 483.138) available at <http://ecfr.gpoaccess.gov>.
- v. **Minimum Data That Must be Collected and Reviewed as Part of the Level II Assessment:**
  - i. **Data Required to Determine the Need for NF Services (PASRR – 42 CFR 483.132):**
    - 1. Evaluation of physical status (for example, diagnoses, date of onset, medical history and prognosis);
    - 2. Evaluation of mental status (for example, diagnoses, date of onset, medical history, likelihood that the individual may be a danger to himself/herself or others); and
    - 3. Functional assessment (activities of daily living).
  - ii. **Data Required for Individuals Suspected of Having a Mental Illness to Determine the Need for Specialized Services (PASRR – 42 CFR 483.134):**
    - 1. A comprehensive history and physical examination of the person (to include if not previously addressed): complete medical history; review of all body systems; specific evaluation of the person’s neurological system in the areas of motor functioning, sensory functioning, (gait, deep tendon reflexes, cranial nerves, and abnormal reflexes); and in case of abnormal findings, which are the basis for an NF placement, additional evaluations conducted by appropriate specialists;
    - 2. A comprehensive drug history including current or immediate past use of medications that could mask symptoms or mimic mental illness;
    - 3. A psychosocial evaluation of the person, including current living arrangements and medical and support systems;
    - 4. A comprehensive psychiatric evaluation including a complete psychiatric history, evaluation of intellectual functioning, memory functioning and orientation, description of current attitudes and overt behaviors, affect, suicidal or homicidal ideation, paranoia, and degree of reality testing (presence and content of delusions) and hallucinations; and a functional assessment of the individual’s ability to engage in activities of daily living and the level of support that would be needed to assist the individual to perform these activities while living in the community. The functional assessment must address the following areas: self-monitoring of health status, self-administering and scheduling of medical treatment, including



medication compliance, or both, self-monitoring of nutritional status, handling money, dressing appropriately, and grooming.

**iii. Data Required for Individuals Suspected of Having an Intellectual Disability or Other Related Condition to Determine the Need for Specialized Services (PASRR – CFR 483.136):**

A comprehensive history and physical examination results to include:

1. Medical problems and the level of impact these problems have on the individual's independent functioning;
2. All current medications used by the individual and the current response of the individual to any prescribed medications in the following drug groups: hypnotics, antipsychotics (neuroleptics), mood stabilizers and anti-depressants, anti-anxiety-sedative agents, and anti-Parkinson agents;
3. Self-monitoring of health status;
4. Self-administering and scheduling of medical treatments;
5. Self-monitoring of nutritional status;
6. Self-help development such as toileting, dressing, grooming, and eating;
7. Sensorimotor development, such as ambulation, positioning, transfer skills, gross motor dexterity, visual motor perception, fine motor dexterity, eye-hand coordination, and extent to which prosthetic, orthotic, corrective or mechanical supportive devices can improve the individual's functional capacity;
8. Speech and language (communication) development, such as expressive language (verbal and nonverbal), receptive language (verbal and nonverbal), extent to which non-oral communication systems can improve the individual's functional capacity, auditory functioning, and extent to which amplification devices (for example, hearing aid) or a program of amplification can improve the individual's functional capacity;
9. Social development, such as interpersonal skills, recreation-leisure skills, and relationships with others;
10. Academic/educational development, including functional learning skills;
11. Independent living development such as meal preparation, budgeting, and personal finances, survival skills, mobility skills (orientation to the neighborhood, town, city), laundry, housekeeping, shopping, bedmaking, care of clothing, and orientation skills (for individuals with visual impairments);
12. Vocational development, including present vocational skills;
13. Affective development such as interests, and skills involved with expressing emotions, making judgments, and making independent decisions; and

14. The presence of identifiable maladaptive or inappropriate behaviors of the individual based on systematic observation (including, but not limited to, the frequency and intensity of identified maladaptive or inappropriate behaviors).

**d. Evaluation Criteria (PASRR – CFR 483.128):**

- i. **Use of Pre-existing Data.** Evaluators may use relevant evaluative data, obtained prior to initiation of pre-admission screening, if the data are considered valid and accurate and reflect the current functional status of the individual. However, in the case of individualized evaluations, to supplement and verify the currency and accuracy of existing data, there may be a need to gather additional information necessary to assess proper placement and treatment.
- ii. **Findings.** Findings of the evaluation must correspond to the person’s current functional status as documented in medical and social history records.
- iii. **Evaluation Report: Individualized Determinations.** Findings must be issued in the form of a written evaluative report which:
  1. Identifies the name and professional title of person(s) who performed the evaluation(s) and the date on which each portion of the evaluation was administered;
  2. Provides a summary of the medical and social history, including the positive traits or developmental strengths and weaknesses or developmental needs of the evaluated individual;
  3. If NF services are recommended, identifies the specific services which are required to meet the evaluated individual’s needs;
  4. If specialized services are not recommended, identifies any specific intellectual disability or mental health services which are of a lesser intensity than specialized services that are required to meet the evaluated individual’s needs;
  5. If specialized services are recommended, identifies the specific intellectual disability or mental health services required to meet the evaluated individual’s needs; and
  6. Includes the bases for the report’s conclusions.

**e. Notice of Determination and Contents (PASRR – CFR 483.130):**

- i. **Notice:** The following entities must, in writing, be provided with the determination:
  1. The evaluated individual and his or her legal representative;
  2. The admitting or retaining NF;
  3. The individual or resident’s attending physician; and
  4. The discharging hospital, unless the individual is exempt from pre-admission screening
- ii. **Contents:** Each notice of determination must include:
  1. Whether a NF level of services is needed;
  2. Whether specialized services are needed;

3. The placement options that are available to the individual consistent with these determinations; and
4. The rights of the individual to appeal the determination.

## **VIII. Directory**

### **Goold Health Systems – PASRR**

45 Commerce Drive, Suite 5, P.O. Box 1090, Augusta, ME 04332  
Telephone: 1-800-609-7893  
Fax: 1-844-884-5577

### **Office of Aging and Disability Services – Intellectual Disability Services**

Central Office: 207-287-9200 or 1-800-262-2232

*If calling one of the following local offices, please ask to speak to the Developmental Services Regional Supervisor.*

#### **Region I**

##### **Cumberland County**

Telephone: 207-822-0270 or 1-800-269-5208  
Address: DHHS-OADS – 161 Marginal Way, Portland, ME 04101

##### **York County**

Telephone: 207-490-5400 or 1-800-482-0790  
Address: DHHS-OADS – 890 Main, Street, Suite 208, Sanford, ME 04073

#### **Region II**

##### **Kennebec and Somerset Counties**

Telephone: 207-287-2205 or 1-800-232-0944  
Address: DHHS-OADS – 41 Anthony Ave., 11 State House Station, Augusta, ME 04333

##### **Androscoggin, Oxford, and Franklin Counties**

Telephone: 207-744-1200 or 1-800-866-1803  
Address: DHHS-OADS – 200 Main Street, Lewiston, ME 04240

##### **Waldo, Lincoln, Knox, and Sagadahoc Counties**

Telephone: 207-596-4302 or 1-800-704-8999  
Address: DHHS-OADS – 91 Camden Street, Suite 103, Rockland, ME 04841

#### **Region III**

##### **Hancock, Washington, Piscataquis, and Penobscot Counties**

Telephone: 207-941-4360 or 1-800-963-9491  
Address: DHHS-OADS – 176 Hogan Road, Bangor, ME 04401

#### **Region IV**

**Aroostook County**

Telephone: 207-493-4107 or 1-800-432-7366

Address: DHHS-OADS – 30 Skyway Drive, Unit 100, Caribou, ME 04736

**Office of Aging and Disability Services – Other Related Conditions**

**Central Office:** 207-287-9200 or 1-800-262-2232

**Statewide:** 207-287-7188

**Office of Substance Abuse and Mental Health Services – Mental Illness**

**Central Office:** 207-287-4243/4250 or 1-800-232-0944

**Statewide:** 207-287-6702

*If calling one of the following regional offices, please ask to speak to the Field Services Manager.*

**Region I**

**York and Cumberland Counties**

Telephone: 207-822-0270 or 1-800-269-5208

Address: DHHS-OSAMHS – 161 Marginal Way, Portland, ME 04101

**Region II**

**Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset, and Waldo Counties**

Telephone: 207-287-9170 or 1-800-675-1828

Address: DHHS-OSAMHS – 41 Anthony Avenue, Augusta, ME 04330

**Region III**

**Piscataquis, Penobscot, Washington, Hancock, and Aroostook Counties**

Telephone: 207-941-4360 or 1-800-963-9491

Address: DHHS-OSAMHS – 176 Hogan Road, Bangor, ME 04401

*TTY Users, please call Maine relay 711*