NV MMIS PASRR Training
What is PASRR?
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Pre Admission Screening and Resident Review (PASRR):

— Federally mandated program (OBRA 87) (42 CFR 483 Subpart C)

— Ensures all individuals applying for admission to Medicaid certified nursing facilities are screened for evidence of Mental Illness (MI), Intellectual Disabilities (ID), and/or Related Conditions (RC) regardless of payment source

— Ensures an individual is placed appropriately in the least restrictive setting possible

— Ensures an individual also receives specialized services if needed for the management of MI, ID and/or RC
What is DXC Technology’s role with PASRR?
What is DXC Technology’s role with PASRR?

- DXC Technology is the current Quality Improvement Organization (QIO-like vendor) contracted with the Division of Health Care Financing and Policy (DHCFP). DXC Technology is referred to as Nevada Medicaid.

- The DHCFP contracts with the QIO-like vendor to conduct Level I Identification screenings and PASRR Level II determinations.
What is the PASRR Screening Tool?
What is the PASRR Screening Tool?

- Web and rules based
- Provides consistent screening and uniformity along the continuum of care
- Provides one integrated screening process
- 24/7 access available to registered users
How the PASRR Screening Tool Works:

- User submits a PASRR Level I request via a secure web solution via the Nevada Provider Web Portal.
- Real-time or near real-time determination is rendered via the auto adjudication process.
- Tool generates appropriate determination letters.
- When needed, screen is sent for manual review by Nevada Medicaid (DXC Technology) staff.
Accessing the PASRR System
Accessing the PASRR System:

You must be a registered user of the Provider Web Portal.

1. Go to [www.medicaid.nv.gov](http://www.medicaid.nv.gov).
2. Click on the “EVS” tab.
   - a. Click on the “Provider Login (EVS)” tab.
   - b. Enter your User ID.
   - c. Click ‘Log In’ button.
Accessing the PASRR System:

3. From the user’s home page, select ‘PASRR’ from the ‘Provider Services’ section.
Logging in to the PASRR System
Logging in to the PASRR System:

1. Enter your Provider Web Portal User ID and password.

2. Click the ‘Log in’ button.
Welcome Tab
Welcome Tab:

The ‘Welcome’ tab is displayed after you sign in to the PASRR system. This page provides:

- Help Desk Contact Information
- General Helpful Links

There are also sub-tabs that allow for:

- Profile management (My Profile)
- Logging an issue
My Profile
The ‘My Profile’ screen allows the user to edit and maintain the following information:

- User Information
- Credentials
- Organization Associations and Roles

Please refer to Web Announcement 903 (March 30, 2015) at www.medicaid.nv.gov for information about instructions regarding how to request a role within an organization.
Always start with performing an applicant lookup as there may be an existing PASRR on file.

User has to enter a minimum of three identifiers to perform an applicant search:
- Last Name
- First Name
- SSN
- DOB
- Medicaid ID
Applicant Lookup: No Applicants Found

Verify correct demographic information is available before performing applicant search:

- If incorrect information is used, or no PASRR is on file, the search will yield a result of 'There are no results matching your search criteria'.
1. Click on the ‘Applicant Lookup’ tab.
2. Enter identifiers into the search criteria and click the ‘Search’ button.
3. When the applicant is identified, click on the applicant’s last name.
After selecting the recipient’s last name, if a PASRR exists, it will be displayed under ‘Screening History’ and/or ‘PASRR History’.
Screening History
The ‘Screening ID’ may be selected under the ‘Screening History’ tab to view the PASRR notification.

Click on the arrow to the right of ‘Latest Notifications’ to view the most current screen (PDF file).
Screening Tab:

- The ‘Screening’ tab allows users with the screening role to manage and submit PASRR screens.

- From this tab, users have access to screens that they have entered or screens that have been entered by others within their organization.
Submit New Screen
Submit New Screen:

1. Click on the ‘Screening’ tab.

2. Click on the ‘Submit New Screen’ tab.
Submit New Screen: Verify Contact Information, Enter Applicant Information and Select Screening Type

1. Verify your contact information.

2. Enter applicant information:
   - Last Name
   - First Name
   - SSN
   - DOB
   - If Medicaid Eligible:
     A. Click the box next to ‘Check box if recipient is Medicaid eligible’.
     B. Enter 11-digit Medicaid ID.

3. Select ‘Screening Type’:
   - Select ‘PASRR (PAS)’ if initial PASRR request.
   - Select ‘Resident Review (RR)’ if PASRR exists, but there has been a change in condition (r/t MI, ID/RC or Dementia).

4. After steps 1-3 are completed user will click the ‘Continue’ button.
Error Alert for Existing Applicant
Error Alert for Existing Applicant:

The error alert for an existing applicant displays at the top of the screen.
1. Enter Applicant Information:
   A. Enter recipient’s permanent mailing address.
   B. Select current location.
   C. Select gender.
   D. Select marital status.

2. If Medicaid ID was not entered in Step 2 of the ‘Submit New Screen’ process, and recipient is currently eligible:
   A. Enter 11-digit Medicaid ID.
   B. Select Medicaid status.
   C. Select county of residence.
1. Select Yes or No if applicant’s primary language is English.
   a. If Yes, proceed to the next question.
   b. If No, select Primary Language Spoken and select whether an interpreter is needed (Yes or No).

2. Who is legally responsible for the applicant?
   a. If self, proceed to the next question.
   b. If Legally Responsible Party:
      - Complete the Responsible Party Information.
      - Required if there are indicators of MI, ID/RC.
1. Other Contact Person:
   a. Complete if there are indicators of MI/ID/RC.

2. Attending/Primary Physician:
   a. Complete if there are indicators of MI/ID/RC.

Note I: User may select either ‘2’ or ‘Next’ to proceed to next page.

Note II: User may click ‘Save’ button to save information that has been entered.
1. Has History of Or Currently Has a Substance Abuse Problem.
   a. If No, proceed to next question.
   b. If Yes, enter date of last use.

2. Is there a Severe Physical Illness?
   a. If No, proceed to next question.
   b. If Yes, select applicable diagnosis from list.
1. Is there a Terminal Illness (Where Physician Has Certified Life Expectancy of 6 Months or Less)?
   
   a. If No, proceed to next question.
   
   b. If Yes, Has Doctor Certified a Terminal Prognosis (select Yes or No)?
      
      i. If Yes, enter name of physician.
      
      ii. Enter date of physician certification.
1. Is there a Cognitive Impairment Diagnosis?
   a. If No, proceed to next question.
   b. If Yes, select appropriate diagnosis from list and indicate whether Dementia is the Primary Diagnosis (Select Yes or No).
PASRR Page 2: Current Psychiatric Medications

**Note:** Complete this section only if psychiatric medications are being administered.

1. Type medication in ‘Medication Name’ box.
2. Select ‘Type of Medication
   - OTC
   - Formulary
   a. To enter additional medications, indicate how many to add and click ‘Add Medications’ button.
      **Note:** Additional fields for entry will be added by the system.
3. Once section is completed, select either ‘3’ or ‘Next’ to proceed to the next page.
1. Is there a Mental Health (MH) Diagnosis?
   a. If No, proceed to next question.
   b. If Yes, select appropriate diagnosis from list.
      i. If applicant has depression (not major) and is stable on medications, select ‘Other’ from diagnosis list.
      ii. In ‘If Other MH Diagnosis, Specify’ box, type something similar to ‘Has depressive d/o stable on meds’.

   Note: Choosing major depression will trigger PASRR to come to manual review status and may trigger request for records.
## Mental Retardation (MR) Diagnosis

<table>
<thead>
<tr>
<th>Is there an MR Diagnosis?</th>
<th>If MR Diagnosis is Present/Suspected, Indicate the Severity Level</th>
<th>Age at Onset (years)</th>
<th>Are MR Services Being Provided?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

1. Is there an ID Diagnosis or Suspicion of ID?
   a. If No, proceed to next question.
   b. If Yes, indicate Severity Level, Age at Onset, and if ID (MR) Services are being provided (Yes or No).

   **Note:** If there is an ID diagnosis, PASRR will come to manual review status and it will trigger a request for records.
### PASRR Page 3: Conditions Related to ID (MR) Diagnoses

<table>
<thead>
<tr>
<th>Conditions Related to Mental Retardation (RC) Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a RC Diagnosis?</td>
</tr>
<tr>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

**Select All RC Diagnoses**

- Autism
- Blindness
- Cerebral Palsy
- Closed Head Injury
- Deafness
- Epilepsy/Seizure Disorder
- Other

<table>
<thead>
<tr>
<th>If Other RC Diagnoses, Specify</th>
<th>Did the Condition Manifest Prior to Age 22?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

1. **Is there an RC Diagnosis?**
   a. If No, proceed to next question.
   b. If Yes, select appropriate diagnosis from list and indicate whether condition manifested prior to age 22 (Yes or No).

**Related Condition Defined:**

- A condition found to be closely related to ID because it results in impairment of intellectual functioning or adaptive behavior similar to that of a person with ID and requires services similar to those required by ID individuals.
- Manifested prior to age 22.
- Must be expected to continue indefinitely.
- Results in substantial functional limitations in 3 or more major life activities: Self-Care, Understanding/Use of Language, Learning, Mobility, Self-Direction or Capacity for Independent Living.
Note: Please do not complete if behaviors are related to a medical condition.

1. Select Applicable Task Limitations/Adaptation Problems.
   – Must have occurred within past 6 months.

<table>
<thead>
<tr>
<th>Mental Health Behavioral Profile</th>
<th>Other Concentration Task Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concentration/Task Limitations within the past 6 months:</td>
<td>Other Concentration Task Limitations</td>
</tr>
<tr>
<td>☐ Serious difficulty completing age related tasks</td>
<td>☐ Requires concentration/attention</td>
</tr>
<tr>
<td>☐ Serious loss of interest in things</td>
<td>☐ Requires concentration/attention</td>
</tr>
<tr>
<td>☐ Serious difficulty maintaining concentration/attention</td>
<td>☐ Requires concentration/attention</td>
</tr>
<tr>
<td>☐ Numerous errors in completing tasks which she/he should be physically capable</td>
<td>☐ Requires concentration/attention</td>
</tr>
<tr>
<td>☐ Requires assistance with tasks for which she/he should be physically capable of accomplishing</td>
<td>☐ Requires concentration/attention</td>
</tr>
<tr>
<td>☐ Other</td>
<td>☐ Requires concentration/attention</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adaptation Problems/Changes within the past 6 months</th>
<th>Other adapting to changes other</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Requires mental health intervention due to increased symptoms</td>
<td>☐ Requires concentration/attention</td>
</tr>
<tr>
<td>☐ Requires judicial intervention due to symptoms</td>
<td>☐ Requires concentration/attention</td>
</tr>
<tr>
<td>☐ Symptoms have increased as a result of adaptation difficulties</td>
<td>☐ Requires concentration/attention</td>
</tr>
<tr>
<td>☐ Serious agitation or withdrawal due to adaptation difficulties</td>
<td>☐ Requires concentration/attention</td>
</tr>
<tr>
<td>☐ Other</td>
<td>☐ Requires concentration/attention</td>
</tr>
</tbody>
</table>
1. Select the appropriate treatment (received within past 2 years):
   − Inpatient Psychiatric Hospitalization
   − Partial Hospitalization/Day Treatment
   − Outpatient Treatment
   − None

2. Enter the date the treatment was received.

Note I: All inpatient psychiatric hospitalizations within past 2 years must be indicated – not just current admission.

Note II: Use ‘Add Mental Health Treatments’ to add additional fields for entry if needed.
1. Select the appropriate Mental Illness interventions (received within past 2 years):
   - Supportive Living
   - Housing Intervention
   - Other
   - None
   - Unknown

2. Enter Intervention Treatment Date.

**Note I:** For L2K: Select ‘Other’ and then enter comment in box ‘If other MI Intervention, specify.’

**Note II:** May select ‘Add Additional Intervention’ to add additional fields for entry.
Orientation questions must be answered Yes or No.
### Mood and Behavior / Interpersonal Functioning

**Note:** Do not complete if behaviors are related to medical condition.
- Both sections must be completed if there are indicators of MI or if applicable.
- Must have occurred within the past 6 months.

<table>
<thead>
<tr>
<th>Mood and Behavior 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wandering</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Self Deprecation</td>
</tr>
<tr>
<td>Repetitive</td>
</tr>
<tr>
<td>Verbalizations</td>
</tr>
<tr>
<td>Unpleasant Mood in Morning</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpersonal Functioning 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comitative</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Evictions Due To Socially Inappropriate Behavior</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Suicide Attempts/Ideation</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Hallucinations</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Anxious</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
PASRR Page 3: Categoricals

1. If request is for short term SNF stay, indicate the duration:
   - 45 days
   - 30 days
   - 7 days

   **Note:** Only mark Yes if applicable and the individual has indicators of MI/ID/RC.
1. Select from the list under ‘Makes Self Understood’:
   - Understood
   - Usually Understood
   - Sometimes Understood
   - Rarely Understood

2. Select appropriate choice from ‘Understand/Use of Language’.
PASRR Page 4: Functional Limitations

Note: Complete only if the limitations are due to MI, ID/RC.

1. Does the applicant have functional limitations?
   a. If No, proceed to next question.
   b. If Yes, select all that apply.
1. Select appropriate box under ‘Screener Certification’.
2. Check both certification boxes.
3. After all sections are completed on this page user may select the ‘Save’ ‘Validate’ ‘Submit’ or ‘Delete’ button.

<table>
<thead>
<tr>
<th>Screener Certification 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who supplied the information entered on this form?</td>
</tr>
<tr>
<td>□ Applicant</td>
</tr>
<tr>
<td>□ Family Member</td>
</tr>
<tr>
<td>□ Friend</td>
</tr>
<tr>
<td>□ Medical Record</td>
</tr>
<tr>
<td>□ Doctor</td>
</tr>
<tr>
<td>□ Nurse</td>
</tr>
<tr>
<td>□ Case Manager</td>
</tr>
<tr>
<td>□ Social Worker</td>
</tr>
<tr>
<td>□ Other</td>
</tr>
</tbody>
</table>

☐ By checking this box I certify that the individual being screened or their appropriate family member or guardian has been informed that Nursing Facility placement is being considered.

I understand falsification as: an individual who certifies a material and false statement in this screening will be subject to investigation for Medicaid fraud and will be referred to the appropriate state agency for investigation.

☐ By checking this box I certify that I have completed the above screening of the applicant to the best of my knowledge.

I understand falsification as: an individual who certifies a material and false statement in this screening will be subject to investigation for Medicaid fraud and will be referred to the appropriate state agency for investigation.
Validate / Delete Functions
- The ‘Validate’ button displays errors on the form that need to be corrected before the system will allow the form to be submitted.
- The ‘Delete’ button may be selected by the user prior to screen submission.
- The ‘Submit’ button may be selected by the user in order to submit PASRR screen.
Screen Submitted: Completed

Screening has been submitted and your Screening ID for reference is

<table>
<thead>
<tr>
<th>Screening ID</th>
<th>Current status of your Screening</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PASRR #</td>
<td>Completed</td>
<td>An email should have arrived in your inbox explaining Screening Disposition. You may view the screening notification by clicking on Notifications tab.</td>
</tr>
</tbody>
</table>

While you wait, did you know...

Depending on the information available in your screening form, your screening could be:
- Completed - an email notification sent with this Disposition. Look in Notifications tab for screening notifications.
- Referred to Level II for PASRR screenings.
- Referred to Manual Review - needs a Nurse’s attention.
- Referred to the provider - need additional documentation.

These statuses are shown in the screenings list towards your screening.

The display above shows the screen completion confirmation.
If a screen goes to manual review:
- The user may access the screen by selecting ‘Screening List’ located under the ‘Screening’ tab.
- Select appropriate Screening ID number that is underlined on the left hand side of the screen.
- In the ‘Additional Information Required’ box, respond to the Nevada Medicaid clinical reviewer note and select ‘Submit’ in order to submit screen back to manual review status.
PASRR Turnaround Time
PASRR Turnaround Time:

Level I:
- The Level I determination date is based on the date of receipt of completed request, which includes requested records.
- Acute Facility – 1 business day
- Non Acute Facility – 3 business days

Level II:
- The Level II referral date is based on the date of receipt of completed request and required/requested records.
- The Date of Referral for Level II evaluation is considered a “0” day.
- The turnaround time is 7 business days from date of referral to complete the Level II.
Notifications Tab
Notifications Tab:

– The PASRR System generates notification letters based on the outcome of the screening.
– The user has the option to print the notification letter and provide a copy of the letter to the applicant and/or responsible person at the time of the screening.
PASRR Level I Determinations
PASRR Level I Determinations:

IC:
- Okay to admit to NF
- No MI, ID, RC or Dementia

IB:
- Okay to admit to NF
- Dementia Alzheimer OBS

IA:
- Do not admit to NF until Level II has been completed.
PASRR Level II Determinations
PASRR Level II Determinations:

IA:
- Do not admit to NF until Level II has been completed.

IIA:
- Do not admit to NF.
- Contact Department of Public Behavioral Health (DPBH), Aging and Disability Services Division (ADSD), and/or Medicaid Staff to assist in arranging for alternative placement.

IIB:
- Okay to admit to NF if facility is able to provide or arrange for the Specialized Services being recommended.
- NF must notify DPBH if PASRR IIB for MI.
- NF must notify ADSD if PASRR IIB for ID/RC.
Categorical Determinations
Categorical Determinations:

IIE – 45:
- Expires 45 days from date of determination.

IIE – 30:
- Expires 30 days from date of determination.

IIE-7:
- Expires 7 days from date of determination.

IIG:
- Severe Physical Illness - The individual has a severe physical illness/condition which results in a level of impairment so severe that the individual could not be expected to benefit from specialized services.

IIF:
- The individual is terminally ill and has a physician's certification of a life expectancy of 6 months or less.
Categorical Determinations:

Date of Request: 10/22/2015
Determination Date: 10/23/2015

Determination:
IIE - Time Limited-Expires 45 days from the date of this determination.

This is a time-limited determination. Client may be admitted into a nursing facility. This determination expires within 45 days of the date of this determination. If it appears this recipient will remain in your facility past the 45 days, you must contact HPES to request and receive a new PASRR Level I Identification Screening prior to the expiration date.

Note I: The PASRR start and end dates may be viewed under the ‘PASRR History’ field when performing an applicant search.

Note II: If it appears the recipient will remain in the NF past the end date of the PASRR, a new PASRR Level I should be requested at least 10 business days prior to the end of the time limit.
Contacts / Resources:

Nevada Medicaid NV MMIS PASRR/LOC:
1-800-525-2395

State of Nevada Division of Health Care Financing and Policy Long Term Support Services – Facilities Unit:
775-684-3619

Medicaid Services Manual Chapter:
MSM Chapter 500 Nursing Facilities can be accessed via the ‘Quick Links’ tab @ www.medicaid.nv.gov<<Medicaid Services Manual
Thank you