

Form 0460INS – Instructions for Form 0460, Pre-Admission Screening/Resident Review (PASRR) Level I

Form 0460 must be completed for all individuals admitted to a Medicaid-certified Nursing Facility.

To obtain forms SDS 0460INS, 0460, 0461 or 0461A. All forms may be ordered by telephone (503) 373-1342, fax (503) 373-0829 or email Forms.Distribution@das.state.or.us Single copies of forms are available on the DHS website: <http://www.oregon.gov/DHS/> choose “forms” on the left side of the page.

Pre-Admission Screening/Resident Review (PASRR) Level I is a federal requirement {Social Security Act, Section 1919(e)(7)} to evaluate all individuals who are potential Nursing Facility (NF) admissions regardless of payment source, for Mental Retardation/Developmental Disabilities (MR/DD) or serious Mental Illness (MI). PASRR uses specific definitions for Level I identification of MR/DD and serious MI, see **Sections A** and **B** (on pages 2 – 4 of these instructions). The purpose of PASRR Level I is identification of individuals having MR/DD or serious MI indicators. Individuals identified with MR/DD or serious MI indicators may be required to have further evaluation prior to NF admission. This further evaluation and determination is called “PASRR Level II”. PASRR Level II evaluation will confirm the identification of MR/DD/MI, determine if NF services are required or if specialized services are required. Individuals with MR/DD/MI indicators may be admitted to a NF without PASRR Level II evaluation **only** if the conditions of a “Categorical Determination” are met. Oregon’s Categorical Determinations are based on provision in the federal rule that allows states to create categories that describe certain diagnoses, severity of illness or the need for a particular service that clearly indicate that admission to a NF is normally needed (42CFR483.130). **Table 1** (on page 2 of these instructions) lists Categorical Determinations from Oregon’s Administrative Rule and **Section C** (on pages 4 – 5 of these instructions) provides instructions.

Table 1 Categorical Determinations OAR 411-070-0043(2)(a)-(c)

Exempted Hospital Discharge:

The individual is admitted to the nursing facility directly from a hospital after receiving acute inpatient care at the hospital; **or**

The individual is admitted to the nursing facility directly from a hospital after receiving care as an observation-status patient; **and**

The individual requires nursing facility services for the condition for which he or she received care in the hospital; **and**

The individual's attending physician has certified before admission to the facility that the individual is likely to require nursing facility services for 30 days or less.

End of Life Care for Terminal Illness; and

The individual is admitted to the nursing facility to receive end of life care and the individual has a prognosis of six months or less.

Emergency Situations with nursing facility admission not to exceed seven days unless authorized by Area Agency on Aging (AAA) or Seniors and People with Disabilities (SPD) staff; **and**

The individual requires nursing facility level of service; **and**

The emergency is due to unscheduled absence or illness of the regular caregiver; **or**

Nursing facility admission is the result of protective services action.

Section A

Identification of Mental Retardation or Developmental Disabilities (MR/DD)

If you answer **YES** to **ANY** of the following questions, the individual is considered to have indicators of Mental Retardation or Developmental Disabilities (42CFR483.102(3)(i)(ii)).

1. Does the person have a diagnosis of Mental Retardation or Developmental Disabilities? Yes No
2. Has this person ever been considered to have Mental Retardation or Developmental Disabilities in the past? Yes No
3. Is there any presenting evidence (cognitive or behavioral) that may indicate

the presence of Mental Retardation or Developmental Disabilities?

Yes No

Results for Mental Retardation or Developmental Disability (MR/DD)

Identification:

1. For Section A, questions 1-3, were **any** of the answers “Yes”?
 - Yes.** This individual is considered to have Mental Retardation or Developmental Disabilities indicators as defined Federal PASRR Rules.
 - Please document findings using Form 0460, Section I.
 - Please continue with Section B of these instructions.
 - No.** If the individual has none of the characteristics described in Section A, questions 1-3, the individual is not considered to have Mental Retardation or Developmental Disabilities indicators as defined by PASRR Rules.
 - Please continue with Section B of these instructions.

Section B

Identification of Serious Mental Illness(MI): The individual must meet **ALL** of the following criteria for diagnosis, level of impairment and duration of illness in order to meet the PASRR definition of serious Mental Illness (42CFR483.102)(b)(1)(i)-(iii).

1. Does the individual have a mental health diagnosis that may lead to chronic disability? These include schizophrenia; mood, paranoid, panic or other severe anxiety disorder, somatoform disorder, personality disorder, other psychotic disorder. A primary diagnosis of dementia or related organic condition is **not** considered a mental illness for PASRR identification.

Yes No

AND

2. Consider the following areas: 1) Interpersonal functioning, 2) Ability to concentrate and complete tasks and 3) Ability to adapt to change. Has the mental health diagnosis resulted in significant impaired functioning in these major life activities within the past 3-6 months that would be appropriate for the person’s developmental stage?

Yes No

AND

3. Has the individual received at least one of the following treatment modalities?
 - a. More than one episode of psychiatric hospitalization in the last two years;
 - or**
 - b. Due to the mental health diagnosis, the person has sustained a significant disruption to their living situation within the last two years that

has required either: a) supportive services to maintain functioning at home, or b) placement in a residential treatment setting, or c) an intervention by housing or law enforcement officials.

Results for Serious Mental Illness (MI) Identification:

1. For Section B, questions 1-3, were **all** answers “Yes”?
 - Yes.** This individual is considered to have serious Mental Illness indicators as defined by Federal PASRR Rules.
 - Please document findings using Form 0460, Section I.
 - Please continue with Section C of these instructions
 - No.** The individual is not considered to have serious Mental Illness indicators as defined by Federal PASRR Rules.
 - Please continue with Section C of these instructions.

Section C

Nursing Facility (NF) Service Decisions:

Note: It is the responsibility of the nursing facility to assure that an adequate assessment has been conducted to assure that the nursing facility can meet the individual’s care needs as required by OAR 411-086-0040(l)(a).

Please check one box for items 1-7 below that describes the individual’s disposition.

- 1. The individual has no MR/DD/MI indicators. Please document on Form 0460, Sections II-III and proceed with NF admission process. Long-term care assessment and service information is required for individuals who are not Medicaid/Medicaid-eligible, within 30 days of NF admission (ORS 410.505-410.545). See form SDS 0461 for further information/ instructions. See page 1 of these instructions for options to obtain forms.
- 2. The individual has MR/DD indicators and meets the conditions of a Categorical Determination in Table 1. Please document on Form 0460, Sections II-III and proceed with NF admission process. Seniors and People with Disabilities (SPD) notification is required for all MR/DD NF admits, **please call 503-947-4229** and give the following information about the individual:
 - First and Last name
 - Date of Birth
 - Brief explanation of MR/DD indicator(s)
 - The categorical determination that applies to this individual
 - Name and location (city) of NF
 - Expected date of NF admission
 - If known, name and phone number of DD case manager
 - Your name/phone number

(Continued on next page)

3. The individual has MR/DD indicators and does **not** meet the conditions of a Categorical Determination in Table 1. Please document findings on Form 0460, Sections II-III and **do not proceed with NF admission.**

All individuals with MR/DD indicators who do not meet the criteria of Categorical Determinations must have PASSR Level II evaluation and determination prior to NF admit. (OAR 411-070-0043(3)(a)(E). **Contact Seniors and People with Disabilities, 503-947-4229 and request PASRR Level II evaluation.** Be prepared to provide information about the individual as described in 2) above.

4. The individual has **both** MR/DD and serious MI indicators and meets the conditions of a Categorical Determination in Table 1. Please document findings on Form 0460, Sections II-III and proceed with NF admission process. **Seniors and People with Disabilities notification is required for all MR/DD NF admits, please call 503-947-4229** and be prepared to provide information about the individual as described in 2), above.

5. The individual has **both** MR/DD and serious MI indicators and does **not** meet the conditions of a Categorical Determination in Table 1. Please document findings on Form 0460, Sections II-III and do **not** proceed with NF admission Please see instructions for #3 above.

6. The individual has serious MI indicators and meets the conditions of a Categorical Determination in Table 1. Please document findings on Form 0460, Sections II-III and proceed with NF admission process. If the individual is not Medicaid/Medicaid-eligible, see requirements for long-term care assessment and service information (described in 1 above).

7. The individual has serious MI indicators and does **not** meet the conditions of a Categorical Determination in Table 1, do **not** proceed with NF admission.

All individuals with serious MI indicators who do not meet the conditions of a Categorical Determination require contact with AMHD to request PASRR Level II evaluation and determination prior to NF admit (OAR 411-070-0043(3)(a)(D)). Please call 503-945-9715, Addictions and Mental Health Division (AMHD) to request PASRR Level II Evaluation and Determination and give the following information about the individual.

- First and Last name
- Date of Birth
- Brief explanation of serious MI indicator(s)
- Reason NF service is requested
- You name/phone number

If you have questions regarding Pre-Admission Screening/Resident Review, Private Admission Assessment (PAA) or Pre-Admission Screening (PAS) please call 503-945-5923.