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Terminology

- PASRR = Pre-admission Screening/Resident Review
- Level I = 703, 787, 780 forms
- Level II = Face to Face Evaluation by Bock Assessor
- MI = Mental Illness
- ID = Intellectual Disability
- DD = Developmental Disability

Who requires a PASRR prior to admission to a nursing facility?

Any new admission that is applying to a Medicaid Certified Nursing Facility that has a diagnosis of:

- ✓ **mental illness,**
- ✓ **Intellectual disability (mental retardation) and/or developmental disability,**
- ✓ or if the individual is considered to be **homicidal and/or suicidal** (a danger to self or others.)

The PASRR Level II Evaluation has three main aims:

1. To confirm whether the applicant has MI/ID and to determine if they are a danger to self/others;
2. To assess the applicant's need for nursing facility service; (do they meet NF medical criteria)
3. To assess whether the applicant requires specialized services or specialized rehabilitative services.

How does the PASRR process start?

- Complete the 703 form
- Complete the 787 form

In addition to the above:

- ✓ If Dementia is present, complete the 780 form

**FAX THE FORMS THAT APPLY
TO BOCK ASSOCIATES
FOR REVIEW**

- Fax these supporting documents with the Level I form if they are available:
 - ✓ **History & Physical**
 - ✓ **Psychological Evaluation**
 - ✓ **Medication Record (MAR)**
 - ✓ **Discharge Summary from previous hospitalizations**
 - ✓ **Power of Attorney/ Legal Guardianship Papers**

787 REVIEW

Mental Retardation/Developmental Disability

1. Does the individual have a diagnosis OR history of Mental Retardation OR a related condition? YES or NO

If yes, specify diagnosis/es

Mental Retardation

Cerebral Palsy

Autism

Epilepsy/Seizure

Other (Traumatic Brain Injury, Spina Bifida)

A. Did the Mental Retardation develop before the Individual reached age 18?

YES

NO

B. Did the Developmental Disability (TBI/Seizures) develop **before** the individual reached age **22**?

YES

NO

Hint: TBI &/or Epilepsy/ Seizure Disorder that occurred **AFTER** age **22** does **NOT** require a PASRR, but you must mark NO in question B.

4. Does the individual's behavior or recent history indicate s/he is a danger to self (suicidal or self-injurious) or others (combative)? YES or NO

If yes, please comment. (Provide details regarding suicidal/homicidal behaviors)

****Also if you answer YES to the above, we will request a "No Harm" Statement from the physician to certify client is no longer a danger prior to entering into the NF.**

Mental Illness

1. Does the individual have a diagnosis or history of mental illness? YES or NO

- Schizophrenia
- Schizoaffective
- Delusional (Paranoia)
- Somatoform
- Psychosis
- Major Depression
- Panic or Anxiety Disorder
- Bipolar Disorder
- Other (Post Traumatic Stress D/O, Obsessive Compulsive D/O)

Depression vs Major Depression

- Remember PASRR is for clients with “serious” or suspected “serious” mental illness
- Depression &/or Anxiety that has only been treated by PCP, considered “situational” and client is not considered danger to self or others does NOT require a PASRR
- Questions to help determine:
 - 1) Any Inpatient psyc treatment? Had to be hospitalized due to depression?
 - 2) Any outpatient interventions- tx at community mental health centers?
 - 3) hx of ECT
 - 4) Hx of suicide attempts

PASRR Federal Regulations

- 42 CFR Part 483, Subpart C - Preadmission Screening and Annual Review of Mentally Ill and Mentally Retarded Individuals
- The federal regulations regarding PASRR have never been changed since its origination in 1987
- PASRR is not based on specific diagnosis codes or medications prescribed but an overview of the clients presentation, behaviors, diagnosis and treatment history
- We look at the overall picture of the client when deciding who is PASRR vs NON-PASRR

2. Has the individual been prescribed any psychotropic medications on a regular basis in the absence of a confirmed mental disorder?

If yes, please list medications.

***This question prompts you to review the client's medication list. MEDS ALONE do not constitute a PASRR... PASRR is based on the client's diagnosis/behaviors.**

Does the client have any anti-depressants, anti-psychotics, anti-anxiety meds listed? How about an anti-convulsant in the absence of a seizure disorder?

If Yes, probe further into WHY the client has been prescribed these medications.

3. Is there any presenting evidence of disturbance in the orientation, affect, mood, or behavior that suggests mental illness?

4. Has the individual received treatment within the last two years by any of the following caregivers? YES OR NO

Mental Hospital

Hospital Psychiatric Unit

****If yes, ask more questions related to WHY client was hospitalized. Has client had outpatient psychiatric treatment? How recent and for how long?**

5. List the name and address of any individual or agency providing diagnosis or treatment for Mental Illness.

****Use this space to provide ANY details related to the MI diagnosis.**

- ✓ Date of Onset
- ✓ Treatment Providers (Inpatient vs. Outpatient)
- ✓ Family Knowledge
- ✓ Psychiatrist vs. Primary Care Physician

6. Does the individual's behavior or recent history indicate that s/he is a danger to self or others?

If yes, please comment.

7. Is there a diagnosis of Dementia, Organic Brain Syndrome (OBS), Alzheimer's or any related organic disorders? YES or NO

IF YES, COMPLETE DMS-780 FORM.

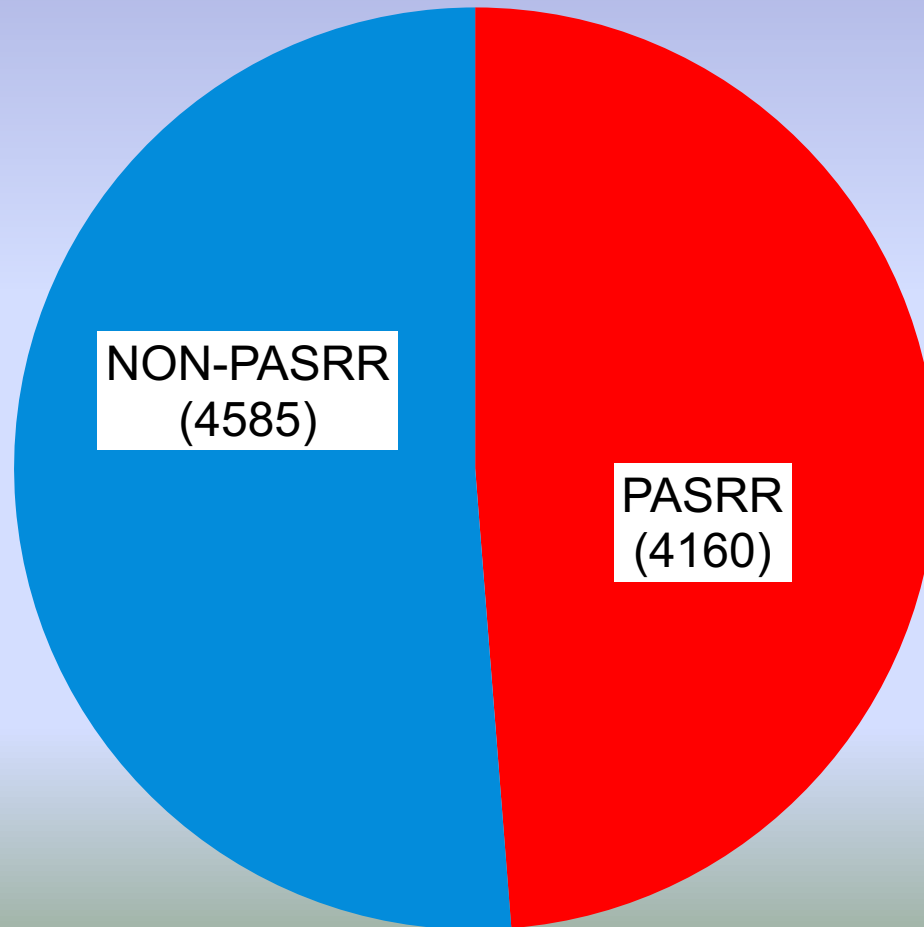
** The last two questions of the 780 form are very important indicators of the need for PASRR so don't overlook them.

- Is the mental illness the primary diagnosis? Yes or No
- Did the mental illness exist **prior** to the onset of Dementia? Yes or No

Does a diagnosis of Dementia or Major Neurocognitive Disorder require a PASRR screening?

- **Dementia as a stand alone diagnosis does NOT require a PASRR *unless***
 - the client is considered to be homicidal &/or suicidal (a danger to self or others) *OR*
 - the client has a *pre-existing* diagnosis of a serious mental illness, intellectual disability, &/or developmental delay.

**IN 2016-2017, THERE WERE 8745 TOTAL #
OF LEVEL Is SUBMITTED TO BOCK
ASSOCIATES FOR DETERMINATIONS
of Level II/PAS completed = 972**





Bock Associates
partners in human service management

221 West 2nd Street
Little Rock, AR 72201
(800) 874-0275
Fax: (501) 374-2541

DATE: _____

ATTN: _____

FACILITY: _____

APPLICANT: _____ SS# (last 4 digits)

You recently submitted a Level I application (703, 787, 780) on the above client. Bock Associates has reviewed this application and has determined this client is a **NON-PASRR** client. No further action will be taken with this application and it will be forwarded to the Office of Long Term Care as **NON-PASRR**.

ATTENTION NURSING FACILITIES

Please attach a copy of this letter to the the Level I Packet (703, 787, 780) that you send to the Office of Long Term Care after admission.

Financial eligibility must be obtained through the County DHS Office.

Note: The information in this transmission is legally privileged and confidential, and intended solely for the use of the individual named. If the reader of this transmission is not the intended recipient, the reader is hereby notified that any use, dissemination, distribution or copying of the attached material is prohibited. If you have received this transmission in error, please contact the sender immediately.

We do not keep records for **NON-PASRR** clients. If they are non-pasrr, we forward to OLTC and shred the applications.

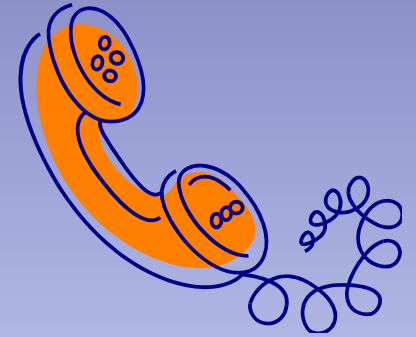
If you are receiving this fax often, you are sending in too many unnecessary apps to be processed. Please take time to review the criteria again!!

One last time.....

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- ✓ **Intellectual disability and/or developmental disability,**
- ✓ or if the individual is considered to be **homicidal and/or suicidal** (a danger to self or others.)



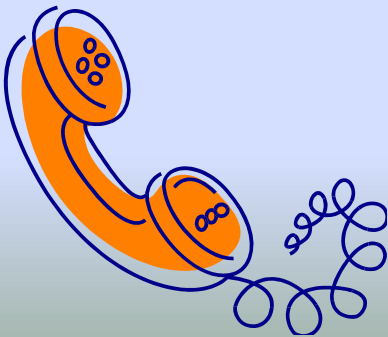
ATTENTION NURSING FACILITIES

PLEASE DO NOT FORGET TO
CALL BOCK ASSOCIATES
WITH:

✓ **CLIENTS ADMISSION
DATES**

✓ **CLIENTS DISCHARGE
DATES**

✓ **CLIENTS TRANSFER
DATES**



Medical Eligibility

The individual is unable to perform at least 1 of the 3 activities of daily living (ADL's) without **extensive assistance** from or total dependence upon another person.

1. Transferring/Locomotion
2. Eating
3. Toileting

Extensive assistance means that the individual would not be able to perform or complete the activity of daily living without another person to aid in performing the complete task, by providing weight-bearing assistance.





The individual is unable to perform at least 2 of the 3 activities of daily living (ADL's) without **limited assistance from another person.**

1. Transferring/Locomotion
2. Eating
3. Toileting

Limited assistance means that the individual would not be able to perform or complete the activity of daily living 3 or more times per week without another person to aid in performing the complete task, by guiding or maneuvering the limbs of the individual or by other non-weight bearing assistance.



The individual has a primary or secondary diagnosis of **Alzheimer's** disease or related **dementia** and is cognitively impaired so as to require substantial supervision from another individual because he or she engages in inappropriate behaviors which pose serious health or safety hazards to himself or others;



The individual has a diagnosed medical condition which requires monitoring or assessment at least once a day by a licensed medical professional and the condition if untreated, would be life-threatening.