

August 2, 2011

DAL: DRS-NH 11-08

**RE: PASRR/Significant Change in
Status Requirements**

Dear Administrator:

The purpose of this letter is to remind you that residential health care facility (RHCF) residents who have been previously identified through the PASRR (Preadmission Screen Resident Review) process as having mental illness or mental retardation and have experienced a significant change in status require a new Level II PASRR evaluation. In addition, this letter introduces a new PASRR NYS Level II Adult Mental Health Evaluation Report. This letter supersedes DQS/DAL #05-07 (July 6, 2005).

Guidelines for identifying a significant change in status can be found in the Minimum Data Set (MDS) 3.0 User's Manual Section 2.6. The PASRR definition for a significant change in status is the same as the MDS 3.0 definition which states, "A significant change is a decline or improvement in a resident's status that:

- *Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; is not 'self-limiting' (for declines only);*
- *Impacts more than one area of the resident's health status; and*
- *Requires interdisciplinary review and/or revision of the health care plan."*

Referrals for a Level II evaluation must be made as soon as the significant change is evident. The facility should not wait until the MDS significant change in status assessment is complete. When a resident is transferred to an acute care facility, and the RHCF suspects the resident has experienced a significant change in status, the RHCF must collaborate with the acute care facility to ensure a timely PASRR referral is made.

Island Peer Review Organization (IPRO) has been awarded the NYS Department of Health (DOH) contract to conduct PASRR NYS Level II Mental Health evaluations. Level II referrals can be initiated by contacting IPRO at 1-800-633-9441 or (516)-326-2110. The Office for People with Developmental Disabilities (OPWDD, formerly OMRDD) is responsible for PASRR Level II mental retardation/developmental disability evaluations. Evaluations are conducted by the local Developmental Disabilities Service Office (DDSO). For contact information, see Attachment A.

Effective September 1, 2011, Level II Adult Mental Health evaluations will result in the issuance of a PASRR NYS Level II Adult Mental Health Evaluation Report (Attachment B). This report provides the PASRR evaluator's placement and mental health services recommendation. The receiving entity must review this information and incorporate it into the resident's overall plan of care, including discharge planning. Individuals who desire to reside in the community cannot be admitted to a RHCF if their needs can be met in the appropriate community setting. Medicaid funding is not available when required Level II PASRR evaluations have not been conducted or when the individual has been admitted to the RHCF despite a Level II placement recommendation determining the individual is not appropriate for RHCF placement. For those recommended for RHCF placement, the report may include a recommendation for mental health services of lesser intensity. The RHCF must be able to provide or arrange for these services if recommended. Individuals recommended for specialized services may not be admitted to the RHCF. Specialized services in NYS are defined in the Medicaid State Plan under Title XIX of the Social Security Act as follows:

For mental illness, specialized services means the services specified by the State which result in an individual plan of care that demands hospitalization. The care plan must include one or more of the following:

- ***Hospital level of assessment or diagnosis of recent behavioral change;***
- ***Intensive observation, protection, assistance or supervision from the professional staff of the hospital;***
- ***Introduction or change in medication or other somatic treatment that needs frequent round the clock monitoring by professional staff.***

The plan must be developed and supervised by an interdisciplinary team which includes a physician, qualified mental health professionals and, as appropriate, other professionals. The plan must be directed towards diagnosing and reducing the resident's behavioral symptoms that necessitated hospitalization, so as to improve his or her independent functioning to a level that permits reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time.

I PRO is responsible for ensuring the PASRR NYS Level II Adult Mental Health Evaluation Report is received by all required parties. The report must be interpreted and explained to the individual, and where applicable, the individual's legal representative. The referring entity is responsible for this interpretation and explanation. A referring facility representative must date and sign the report indicating that the interpretation and explanation has been provided.

The DOH will continue to review compliance to ensure Level II referrals and recommendations are implemented in a timely and appropriate manner consistent with federal requirements. Questions regarding significant change in status can be directed to the DOH Bureau of Nursing Home Quality Assurance at 518-408-1282. Questions regarding the new PASRR NYS Level II Adult Mental Health Evaluation Report can be directed to IPRO at 1-800-633-9441 or (516)-326-2110.

Sincerely,

 for
Mark Kissinger
Deputy Commissioner
Office of Long Term Care

Attachments:

- Attachment A: PASRR Coordinator Listing
- Attachment B: Preadmission Screen Resident Review (PASRR) NYS Level II Adult Mental Health Evaluation Report

cc: C. Williams
J. Pappalardi
V. Deetz

Attachment A

New York State Office for People with Developmental Disabilities

DDSO Nursing Facility Pre-Admission Screen and Resident Review (PASRR) Coordinators

NOTE: IF YOU ARE UNABLE TO CONTACT THE LOCAL PASRR COORDINATOR, CONTACT THE STATEWIDE PASRR COORDINATOR LISTED BELOW

<p align="center"><u>Bernard Fineson DDSO</u> Queens</p> <p>Annette Black-Eddy Bernard Fineson Dev. Center PO Box 280507, Building #80 Queens Village NY 11428-0507 (718) 217-6475 Fax# (718) 217-5022</p>	<p align="center"><u>Finger Lakes DDSO</u> Chemung, Livingston, Monroe, Ontario, Schuyler, Steuben, Seneca, Wayne, Wyoming and Yates</p> <p>Wanda Hawthorne (Back-up: Kathleen Dillon) 620 Westfall Road, Suite 108 Rochester NY 14620 (585) 241-5761 Fax: (585) 241-5767</p>	<p align="center"><u>Staten Island DDSO</u> Richmond</p> <p>Olayinka Adesina 930 Willowbrook Road B-12G Staten Island NY 10314 (718) 983-5279 Fax: (718) 983-5302</p>
<p align="center"><u>Brooklyn DDSO</u> Kings</p> <p>Ellen Marshall, R.N. 888 Fountain Avenue Building 1, Wing 121 Brooklyn NY 11208 (718) 642-8644 Fax: (718) 642-8683</p>	<p align="center"><u>Hudson Valley DDSO</u> Orange, Rockland, Sullivan and Westchester</p> <p>Richard Gordon 457 Broadway, Suite 15 Monticello NY 12701 (845) 791-7620 Fax: (845) 791-7624</p>	<p align="center"><u>Sunmount DDSO</u> Clinton, Essex, Franklin, Hamilton, Jefferson and St. Lawrence</p> <p>Karen Hockey, R.N. 511 Main Street, Suite 20 Potsdam NY 13676 (315) 265-3047 Fax: (315) 265-5776</p>
<p align="center"><u>Broome DDSO</u> Broome, Chenango, Delaware, Otsego, Tioga, and Tompkins</p> <p>Constance Alford Training & Leadership Development Broome Developmental Center 249 Glenwood Road Binghamton NY 13905 (607) 770-0402, ext. 419 Fax: (607) 770-0392</p>	<p align="center"><u>Long Island DDSO</u> Nassau, Suffolk</p> <p>Patricia Weber 45 Mall Drive Commack NY 11725 (631) 493-1819 Fax: (631) 543-7216</p>	<p align="center"><u>Taconic DDSO</u> Columbia, Dutchess, Greene, Putnam and Ulster</p> <p>Bea Boyd, CMHN 26 Center Circle Wassaic NY 12592 (845) 877-6821, ext. 3324 Fax: (845) 877-3548</p>
<p align="center"><u>Capital District DDSO</u> Albany, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington</p> <p>Kevin Utz-Meagher (Back-up: Gerard Ferrara) 3 Care Lane Saratoga Springs NY 12866 (518) 581-3069 Fax: (518) 583-1308</p>	<p align="center"><u>Metro NY DDSO</u> Bronx and New York <u>Bronx/Manhattan Office</u></p> <p>Venecia Woods, M.S.W. (Back-up: Ana Garcia) 2400 Halsey Street Bronx NY 10461 (718) 430-0804 Ana's #(718) 430-0474 Fax: (718) 430-0399</p>	<p align="center"><u>Western NY DDSO</u> Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara and Orleans</p> <p>Denise Kleinsmith (Back-up: Marcy Jablonski) Bldg. 16. Western NY DDSO 1200 East & West Road West Seneca NY 14224 (716) 517-3593 Fax: (716) 517-3706</p>
<p align="center"><u>Central NY DDSO</u> Cayuga, Cortland, Herkimer, Lewis, Madison, Oneida, Onondaga and Oswego</p> <p>Debra Nowicki PO Box 550 Rome NY 13440 (315) 336-2300 ext. 306 Fax: (315) 336-0695</p>	<p>STATEWIDE PASRR COORDINATOR: Martha Schunk Behavioral & Clinical Solutions 44 Holland Avenue Albany NY 12229 (518) 473-5436 Fax: (518) 473-0054</p>	

(M. Schunk 3/31/11) THE MOST UP-TO-DATE COPY OF THIS LIST CAN BE FOUND ON THE OPWDD WEBSITE AT:
http://www.opwdd.ny.gov/aging/images/hp_aging_coordinator_listing.pdf

**PREAMISSION SCREEN RESIDENT REVIEW (PASRR)
NYS LEVEL II ADULT MENTAL HEALTH EVALUATION REPORT**

The evaluator must send a copy of this Evaluation Report to the individual and his/her legal representative, the New York State Office of Mental Health, the admitting or retaining Residential Health Care Facility (RHCF), the individual's attending physician and the discharging hospital if the individual is seeking RHCF admission from a hospital. The state may convey its determination verbally to the RHCF and the individual, and confirm the determination in writing.

Individual's Name: _____

Medicaid Number: _____ **PASRR Case Number** _____

Current Location: _____

Telephone Number: _____

Name of Evaluator (Please Print): _____

Evaluator Signature: _____

Professional Title of Evaluator: _____

Date of Evaluation: _____

_____ It has been determined that this individual does not require a PASRR Level II Evaluation at this time.

Summary Findings: _____

This evaluation report is based on a comprehensive history of the individual; a physical examination, functional assessment, psychosocial evaluation and psychiatric evaluation of the individual; the individual's H/C PRI and SCREEN; social service and discharge planning documentation for the individual; interviews and other information as needed.

Summary of the Medical History: _____

Summary of the Social History, including positive traits, or developmental strengths and weaknesses, or developmental needs of the evaluated individual:

**RECOMMENDATION FOR COMMUNITY SETTING, NURSING FACILITY LEVEL
OF CARE, OR NURSING FACILITY SERVICES**

After assessing the individual's total needs, mark the recommended placement option below with an X.

1. _____ The individual's total needs are such that his or her needs can be met in the appropriate community setting.

2. _____ The individual's total needs are such that they can be met through placement in a home and community-based waiver program, and such a program is available to the individual. A waiver program provides support and services to assist individuals with disabilities and seniors toward successful inclusion in the community, when otherwise inpatient care would be required.

3. _____ The individual's total needs are such that placement in a home and community-based waiver program was considered, but determined not to be appropriate or feasible at this time. Inpatient care is appropriate and desired, and the nursing facility is an appropriate setting for meeting the individual's needs.

If placement option #3 is marked with an "X", explain the rationale for that recommendation, and describe the specific services required below:

RECOMMENDATION FOR MENTAL HEALTH SERVICES OF LESSER INTENSITY

If placement option #3 is marked with an "X", and mental health services of lesser intensity (SLI) are recommended, mark the level below:

_____ Level 1

- Psychiatric and medication evaluation by a psychiatrist or MD, with psychiatric consultation within 1 week after admission
- Development of a written, person-centered, psychiatric plan of care.
- Ongoing psychiatric consultation and medication management by a psychiatrist or licensed prescriber every 2 weeks to monitor side effects of medication and to attain the highest efficacy with the lowest toxicity.
- Weekly recovery oriented clinical counseling focused on goal achievement by overcoming barriers due to the individual's mental illness.
- Therapeutic group interventions at least twice weekly that will assist in addressing the emotional, cognitive and behavioral symptoms of a mental health disorder.

____ Level 2

- Psychiatric and medication evaluation by a psychiatrist or MD, with psychiatric consultation within 1 week after admission
- Development of a written, person-centered, psychiatric plan of care.
- Ongoing psychiatric consultation and medication management by a psychiatrist or licensed prescriber every 4 weeks to monitor side effects of medication and to attain the highest efficacy with the lowest toxicity.
- Bi-monthly recovery oriented clinical counseling focused on goal achievement by overcoming barriers due to the individual's mental illness.
- Therapeutic group interventions at least weekly that will assist in addressing the emotional, cognitive and behavioral symptoms of a mental health disorder.

____ Level 3

- Psychiatric and medication evaluation by a psychiatrist or MD, with psychiatric consultation within 1 week after admission
- Development of a written, person-centered, psychiatric plan of care.
- Ongoing psychiatric consultation and medication management by a psychiatrist or licensed prescriber every 8 weeks to monitor side effects of medication and to attain the highest efficacy with the lowest toxicity.
- Bi-monthly recovery oriented clinical counseling focused on goal achievement by overcoming barriers due to the individual's mental illness.
- Therapeutic group interventions at least bi-monthly that will assist in addressing the emotional, cognitive and behavioral symptoms of a mental health disorder.

RECOMMENDATION FOR SPECIALIZED SERVICES

____ Inpatient care is appropriate and desired but the nursing facility is not the appropriate setting for meeting the individual's needs. Another setting, such as an Institution For Mental Diseases (IMD), providing services to individuals aged 65 and older, or a psychiatric hospital, is an appropriate institutional setting for meeting those needs. Specialized Services (Active Treatment) are recommended and described below. For mental illness, specialized services means the services specified by the State Mental Health Authority which result in an individualized plan of care that demands hospitalization.

You have the right to appeal this determination. If you wish to appeal this determination, you may contact The New York State Office of Temporary and Disability Assistance, Attention: Louise Finkle, Office of Administrative Hearings, 1 Commerce Plaza, 12th Floor, Albany, New York 12210. If you have any questions, you may call the Office of Administrative Hearings at (518) 473-4969.

The referring entity interpreted and explained this PASRR Level II Evaluation Report to the individual, and where applicable, the individual's legal representative on:

Date: _____

Signature of the Referring Entity Representative: _____

A copy of this Evaluation Report was sent to:

The individual: _____ Date: _____

Legal representative: _____ Date: _____

NYSOMH: _____ Date: _____

RHCF: _____ Date: _____

Attending physician: _____ Date: _____

Discharging hospital: _____ Date: _____