

Bock Associates

**221 West 2nd Street, Suite 607
Little Rock, AR 72201**

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501-374-2541 FAX

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bock-associates.com

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

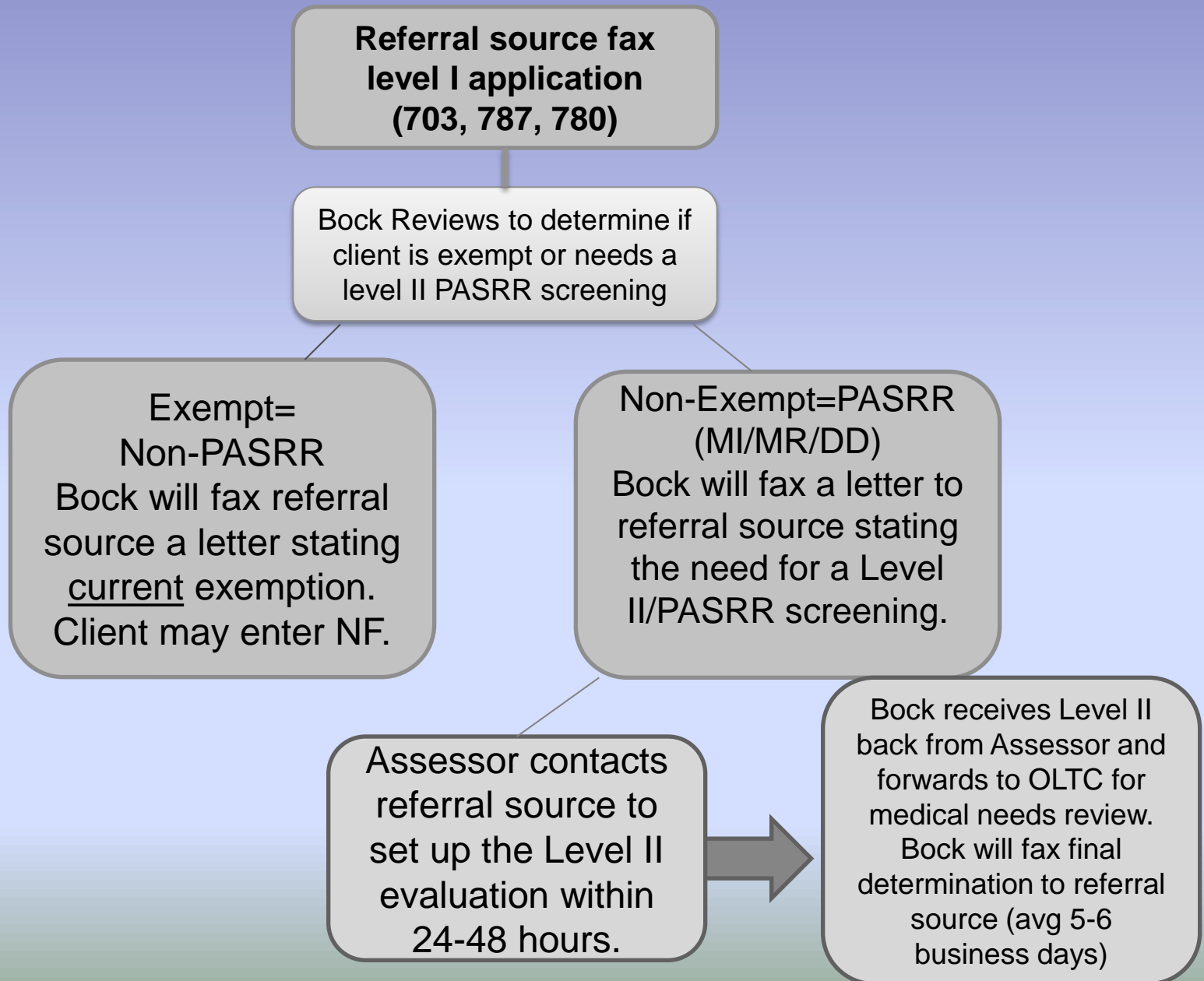
In addition to the above:

- ✓ 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**

Review of PASRR PROCESS



CLIENTS **APPROVED** AFTER LEVEL II/PASRR
SCREENING MAY ENTER NURSING FACILITY

Nursing Facilities:

Please contact Bock Associates with the date
of clients admission to receive your
completed Level II/PASRR packet.



*****Federal Mandate that all PASRR clients have their Level
II/PASRR packet on file at the admitting Nursing Facility.**

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

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.**

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.

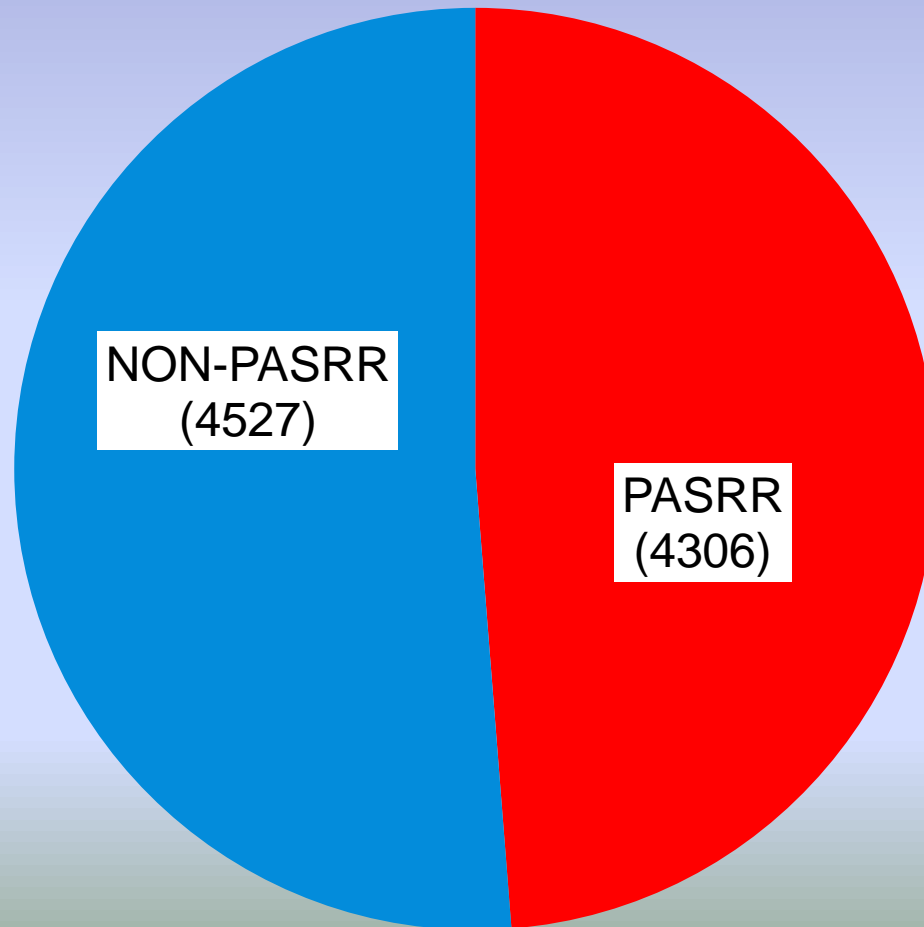
** The last two questions of the 780 form are very important indicators of the need for PASRR so don't overlook them.

- 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 2015-2016, THERE WERE 8833 TOTAL #
OF LEVEL Is SUBMITTED TO BOCK
ASSOCIATES FOR DETERMINATIONS
of Level II/PAS completed = 969**



PASRR vs NON-PASRR

1) Mary was diagnosed with cancer three months ago. Her PCP has started her on an anti-depressant to help her cope with her new medical dx. Major Depression, single episode has been added to her problem list.

NON-
PASRR

2) Mary has a hx of depression. 10 years ago she received ECT and was hospitalized on an inpatient psyc unit. She has continued to receive outpatient tx through the local community health center.

PASRR

3) Mary recently lost her spouse of 30 years. She is having to sell her home and transition to long term care. She is having some anxiety related to the major life change. She is taking ativan as needed to help alleviate her anxiety. Her PCP prescribed it and she has never had any inpt/outpt mental health tx.

NON-
PASRR

PASRR vs NON-PASRR

4) Mary has a dx of anxiety. She has gone to an outpatient psychiatrist for the past 8 years for medication management and individual counseling.

PASRR

5) John served in Vietnam and was given the dx of PTSD when he came home from the war. He receives treatment through the VA mental health clinic as needed and every 6 months for medication management.

PASRR

6) John was 24 y/o when he was in an automobile accident and suffered a TBI.

NON-
PASRR

7) John began having seizures when he was 12 years old.

PASRR

8) Mary was dx with Dementia 3 years ago. Due to some behavioral disturbance- restlessness, aggression, agitation- she was started her on Seroquel. Prior to her Dementia, she no hx of any mental health treatment.

NON-
PASRR



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)

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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.....

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

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

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

Change of Condition/Resident Review

❖ If a PASRR resident is transferred from a NF to an inpatient psychiatric hospital/unit, Bock Associates **MUST** be notified by sending in a new 703, 787, 780 form for a change of condition **OR** a resident review.

❖ Once the review has been completed, Bock Associates will fax a notice to the hospital with the outcome. NFs make sure you have a new approval letter **PRIOR** to accepting PASRR clients back from Psyc Units.

Ultimately it is the responsibility of the NF to ensure the COC/RR is complete prior to readmitting the resident.



Bock Associates
partners in human service management

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

URGENT - Please Expedite

DATE: _____

TO: _____ FAX: _____

FROM: Bliss Beeman, RN, State Project Director FAX: 501-374-2541
Steve Tam, RN, Clinical Associate

RE: _____ SS# (last 4 digits)

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If you do not receive all of this transmission please call us at (501)374-2541 or (800)874-0275.

Special Instructions:

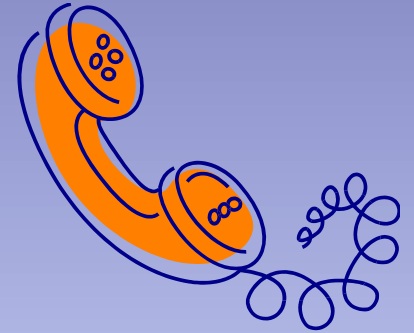
The above named client will require a Change of Condition/Resident Review **PRIOR** to returning to the nursing home per the request of the Office of Long Term Care.

In order to expedite the review please fax the following documents for this client:

- Facesheet including admission dates and current diagnoses list.
- One week of Nurse's notes and Physician progress notes leading up to admission to psychiatric unit.
- Admission history and Physical and/or Psychiatric evaluation.
- Social History.
- Will the client be returning to your NF upon discharge of psychiatric unit?

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NFs you will receive this request as soon as a Resident Review has been ordered. We **MUST** have this info sent to us **ASAP** to complete the RR and for the client to be able to rtn to your NF.



ATTENTION NURSING FACILITIES

PLEASE DO NOT FORGET TO
CALL BOCK ASSOCIATES
WITH:

✓ **CLIENTS ADMISSION
DATES**

✓ **CLIENTS DISCHARGE
DATES**

✓ **CLIENTS TRANSFER
DATES**

