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OF INTEREST TO

County Directors

Social Services Supervisors

Social Services Staff

Tribal Health Directors

Long Term Care Consultation
Contacts

Nursing Facility Providers

Hospital Discharge Planners

Certified Health Care Home and
Clinic Staff

Managed Care Organizations

Senior LinkAge Line® Staff

Area Agency on Aging Directors

Certified Community Behavioral
Health Clinics**ACTION/DUE DATE**Please read information and
prepare for implementation by
June 30, 2018**EXPIRATION DATE**

February 14, 2020

DHS Provides Policy and Practice Information on Level II Preadmission Screening and Resident Review for Mental Illness (PASRR)

TOPIC

Preadmission screening for mental illness prior to admission to a nursing facility.

PURPOSE

Communicate PASRR Level II policy and practice for people who have a mental illness regardless of payer source or nursing facility.

CONTACT

senior.linkage@state.mn.us for PASRR OBRA Level I policy and protocols
larraine.pierce@state.mn.us for PASRR Level II for MI policy and processes

SIGNED

CLAIRE WILSON

Assistant Commissioner for Community Supports

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of “People First” language.

I. Preadmission Screening and Resident Review: History and Intent

Preadmission Screening and Resident Review (PASRR) was signed into law as part of the Omnibus Budget Reconciliation Act of 1987. The enactment of the law was a result of a number of factors. Prior to the enactment of the Medicaid program, many people who had severe mental illnesses received services in state-run facilities that housed hundreds of people. In 1960, over 10,000 people who had a mental illness lived in Minnesota's state hospitals. In 1965, Lyndon B. Johnson, signed the bill that enacted Medicaid. Medicaid paid for nursing facility care but not for care provided in state hospitals serving people who had a mental illness. This change made nursing facilities (NFs) a financially attractive alternative to state hospitals. Nursing facilities had some other benefits that were attractive to people who had a mental illness and their families; the person could be closer to home and the NFs were less institutional than many of the very large state hospitals. By 1985, Minnesota's state hospital population for people with a mental illness dropped to approximately 2500 people. The trend was similar in most other states. Some of this drop in state hospital census was due to better medications, therapy techniques and increased community services. Some of this was due to the transfer of people with mental illnesses to nursing facilities and was encouraged by the states as a cost saving measure. The biggest drawback to this transition to nursing facilities was that nursing facilities were not intended to be a treatment setting for people who have a mental illness. In many situations, nursing facilities were primarily providing housing to people who did not have supports to help them live in the community.

PASRR was intended to assure that everyone who applies for nursing facility admission receives care in the most appropriate setting and receives the mental health services and treatment that they need.

II. Level I Screening and Level II IDD Screening

A. Level I screening

Any person applying to enter a Medicaid certified nursing facility in Minnesota receives a Level I screening for intellectual or developmental disabilities and for mental illness. The Senior Linkage Line performs this review. The referral source informs the Senior Linkage Line that the person is likely applying to a nursing facility. The referral source also provides information about the person and their situation. SLL reviews the information for symptoms and/or diagnoses of a developmental or intellectual disorder and mental illness. If symptoms that might indicate a mental illness or a diagnosis of a mental illness are indicated, SLL refers to the county where the person is present. [See Bulletin # 17-25 06](#) for further information about the Level I process for MI and DD.

B. Level II IDD Screening

For further information about the Level I and Level II process for IDD see [Bulletin #17-25-06](#).

III. Level II Mental Illness Preadmission Screening and Resident Review (Level II MI Screening)

This section will cover information about the following elements of Level II MI Screening:

- A. Who receives a Level II MI Screening
- B. Qualifications of Level II MI Screeners
- C. Level II MI Screening Process for people who are
 - a. Actively receiving or have received a county service
 - b. Have never received a county service and
 - c. In another state seeking nursing facility admission in Minnesota
- D. Resident Review Categories of admissions to nursing facilities
- E. Specialized Services and Medical Assistance Reimbursable Mental Health Services available in nursing facilities
- F. Forms and Data Reporting
- G. Billing and reimbursement for Level II MI Screening
- H. Appeals process
- I. Related bulletins and other resources

A. Who Receives a Level II Mental Illness Screening

Anyone who applies for admission to a nursing facility in Minnesota is screened for mental illness or development disabilities by the Senior Linkage Line. The Senior Linkage Line (SLL) identifies a person applying for NF admission who needs a Level II Mental Illness screening. They make this identification for anyone who has a *diagnosis* of a mental illness or *symptoms* that may result from a mental illness. Symptoms include but are not limited to unusual (delusional) ideas, suicidal ideation or suicidal attempts, dysregulated emotions, high levels of anxiety or prolonged sadness and lack of motivation. All individuals who are screened as possibly having a mental illness are referred to the county for a Level II screening regardless of payment source. People who are private pay or on commercial insurance are included. Anyone who is receiving Medicaid services of Adult Rehabilitative Mental Illness Services, Assertive Community Treatment Services, Targeted Mental Health Case Management or County or Medicaid-funded Community Mental Health Support Services is considered to have a mental illness and should be referred to SLL for a Level I screening. SLL forwards the person's information to the county that the person is present in at the time of the referral to SLL. This triggers a Level II MI screening.

An SLL identification does NOT determine whether a person has a mental illness. The Level II screener makes this determination. If sufficient information is not available for the Level II screener to make that determination, the screener will make a referral to a mental health professional for a diagnostic assessment. For the purposes of the Level II Mental Illness Screening, SLL is NOT the referral source.

B. Qualification for a Level II MI Screener

Level II Screening may be completed by a county employed or contracted person with credentials that meet the mental health act definition of a

- (1) Mental Health Professional ([Minnesota Statutes, section 245.462, subdivision 18](#)) or

(2) Mental Health Case Manager ([Minnesota Statutes, section 245.462, subdivision 4](#))

Diagnostic assessments may be performed only by a Mental Health Professional who is contracted by the county and is not a direct county employee.

C. Level II MI Screening Process

The Center for Medicaid and Medicare Services (CMS) is the federal agency that oversees Medicaid and Medicare Policies. CMS is emphasizing face-to-face interviews as part of the Level II process. The intent of the face-to-face interview is to better inform the nursing facility approval and service planning for people being admitted to NFs. DHS assumes that individuals who receive county services have been interviewed about need for services and do not need to repeat that interview. If the person has not been interviewed regarding need for services, treat the person as a new county client and do a face to face interview. Level II screeners will need to interview the person (and supporters) who have not received a county service to ensure accurate information about their mental health needs. Screeners may provisionally admit people who are coming to an in-state nursing facility from another state. Following the receipt of information from SLL, the following processes for each type of admission is described below.

1. Steps for a Person who is receiving or has received County Services:

Step One. Review available county information including current or most recent service plan. Review mental health services that are being received and the most recent diagnostic assessment (DA). Determine need for updating of the DA. A standard diagnostic assessment is valid for one year. After a year, a professional must complete an update or another standard assessment. Please see [MHCP manual for further information](#) about diagnostic assessments.

Step Two. Review Level I document and other information provided by the referral source.

Step Three. Use all of the available information to determine

- 1) The appropriateness of NF setting and
- 2) The mental health services that the person may need upon admission.

If the information reviewed in Step One and Step Two is not sufficient to make a determination regarding NF admission and mental health service recommendations, talk with the person, their family and/or other care providers to better understand the situation. If the diagnostic assessment is outdated refer to a mental health professional for a new assessment or an update as appropriate.

Step Five. Make changes or arrange for changes to be made in the person's county service plan as needed.

Step Six. The person is admitted to the nursing facility or other setting. The Level II MI PASRR must be completed before the NF admits the person. Medicaid is not a billable funding stream for NF residents until the Level I and, if needed, the Level II are completed

2. Steps for a Person who has not received County Services:

Step One. Review the Level I Screening information and other information provided by the referral source.

Step Two. Set up a face-to-face interview with the person or if the person is not capable of meeting due to medical condition, with the person's legal representative or alternate decision maker.

- 1) Determine where the person would like to receive services.
- 2) Learn what health services, including mental health services, if any, the person is receiving.
- 3) Gather information from other supporters in the person's life as appropriate.
- 4) Set up a diagnostic assessment if none exists or if the current one is outdated.

Step Three. Use the information gathered and reviewed in Steps One and Two to determine

- 1) the appropriateness of NF setting and
- 2) The mental health services that the person may need.

If this information is not sufficient to make a determination, talk with the person, their family and/or other care providers to better understand their situation. If the diagnostic assessment is outdated refer to a mental health professional for a new assessment or an update, as appropriate.

Step Four. The person is admitted to the nursing facility or moves to another setting. The Level II screener recommends mental health services as appropriate. **The Level II MI PASRR must be completed before the NF admits the person.** Medicaid is not a billable funding stream for NF residents until the Level I and, if needed the Level II are completed

For any person who is referred for a Level II screen: The Level II screener has the authority to approve the NF stay requested, refer the person to a different NF or deny an NF stay if a different setting is more appropriate to meet their needs. The approval or denial is subject to appeal.

The Level II screener also makes recommendations regarding mental health services that the person might benefit from. The person can accept or refuse the services.

3. Steps for a Person who is out of state and requesting admission to a NF in Minnesota:

If a person from another state is requesting a nursing facility admission in Minnesota, the Level II screener may admit the person to the NF under a *provisional admission*. (According to the [PASRR Technical Assistance Center](#).) Upon the out-of-state person's admission to the in-state NF, the Level II screener has up to seven business days to complete a face-to-face Level II MI screen and recommend appropriate mental health services. If services other than a nursing facility are more appropriate for the individual, the screener should suggest this service or setting to the admitted person and the nursing facility staff.

4. Level II MI admission category:

People are admitted to NFs for many different reasons. The Level II MI form is an attempt to capture that information. Please use the various categories in the Level II MI form to further inform the process. The following are the categories and when to use them. The State of Minnesota tracks reasons for admission to inform future service development.

- a. **Individuals who have no mental illness.** Occasionally individuals who do not have a mental illness are referred for a Level II MI Assessment. If the person is found not to have a mental illness, the Level II screener can approve the person's admission to the nursing facility.
- b. **Short-term rehabilitation (30 days).** Many times people who have a mental illness also have physical health issues that require short term rehabilitation. Hip and knee replacements, post hospital rehabilitation from pneumonia or need for occupational and physical therapy to address deconditioning are among the legitimate reasons for a short nursing home stay. These stays are limited to 30 days. The Level II assessor assures:
 - i. The person is being discharged from a hospital for the ailment that they are receiving nursing home care for
 - ii. The person's doctor has approved the nursing home placement
 - iii. The stay will be no longer than 30 days. .
 - iv. The level II assessor recommends the same or similar mental health services to any the person has been receiving in the community.
 - v. If the person has not been receiving mental health services in the community the Level II assessor should recommend services that would be appropriate. The person has the right to refuse these services.
 - vi. If the person is admitted to an NF for short-term rehabilitation and a longer stay is needed the NF must request an extension of the rehabilitative placement. Extensions can be given for up to thirty days without performing a new Level II assessment **if** the NF stay continues to be due to the ailment that they were treated for in the hospital prior to admission
- c. **Terminal illness:** Many nursing facilities provide long term care or hospice care for people who have a terminal illness. These individuals can be admitted to the NF. Supportive counseling may be recommended to the person and their family. Review when major changes to mental health symptoms occur. .
- d. **Severe physical illness:** This category includes people who are so severely ill that they cannot benefit from mental health services. Examples of severe illnesses include coma, Severe COPD, Parkinson's disease, Amyotrophic Lateral Sclerosis (Lou Gehrig's disease) and severe congestive heart failure. Review upon a major change in mental health symptoms.
- e. **Delirium** –For the purposes of Level II MI, delirium refers to a psychosis that interferes with accurate diagnosis and that is expected to be temporary. Review at clearing of delirium.
- f. **Emergency admission:** Emergency admissions are allowed under circumstances that require protective services. Psychiatric emergencies are excluded from this definition of emergency. Impending hospital discharge is not considered an emergency for the purposes of this category. An emergency admission lasts less than seven days. If the person needs to stay longer than 7 days, a new Level II must be done before the end of the emergency admission.
- g. **Respite care:** NF beds can be used for brief stays of a pre-determined number of days if the provider chooses. These respite stays must be included in the person's community plan. The intent of the stay is to provide respite to the person or to the person's in-home care givers. Individualized plans for respite must address the person's physical and mental health needs for the planned length of stay. These stays must be limited to 30 days or less.
- h. **Provisional admission:** Provisional admissions are allowed in circumstances where "the person would be placed or continue to reside in an unsafe or vulnerable situation in the

community if not immediately admitted.” An example of a situation that might fall in that category is when a person’s full time care giver is unexpectedly unable to continue providing care to the person through injury, death or other situation. To speed discharge from a hospital is not an appropriate use of a provisional admission. The Level II MI Assessor has seven working days to complete the Level II MI form following a provisional admission.

- i. **Individuals who have a mental illness and need nursing home care and mental health services:** Some individuals who have a mental illness are so severely impacted by their symptoms that they need 24 hour care. Usually these individuals also have some physical health issues that are impacted by the person’s inability to care for themselves because of mental illness. Nursing facilities are allowed to admit these individuals with the plan that upon mental and physical health stabilization, the person will move on to a more integrated community setting.
- j. **Individuals who have a mental illness that can be better served in another community setting.** Most people who have a mental illness and mild to moderate physical health issues live in their larger communities with supports. The Level II Assessor should use information from the person, care givers, family and other history to determine if and when another settings and supports are more appropriate for the person. **The Level II Assessor has the authority to deny nursing facility placement if another NF or another setting can better meet the person’s needs.**

D. Level II MI resident review:

People who have been screened for Mental Illness will sometimes need to be rescreened during their nursing facility stay.

1. **Annual Resident Review:** Prior to 1996 all states were required to have conduct annual resident review of anyone residing in a nursing facility who was screened as needing a Level II MI review or was found to have significant symptoms of a mental illness. **The 1996 Nursing Home Facility Resident Review Act, P.L. 104-315 eliminated the requirement for annual review of an individual’s status.**
2. **Change in health status.** The Nursing Home Resident Review Act requires a Level II Resident Review whenever the staff of a nursing facility notes a change in health status, including mental and cognitive health.
3. **Purpose of review.** A resident review is required upon a change in the persons’ health status. The review is intended to determine changes in need for services. This includes
 - a. Referral to a higher/more intensive level of mental health services including but not limited to inpatient hospitalization or commitment to a psychiatric hospital.
 - b. Referral for different mental health services than the person is currently receiving.
 - c. Reduction or change of mental health and other services due to improvement in functioning
 - d. Alternative living arrangements due to improvement in functioning
4. **Examples of status change that will trigger a resident review:**
 - a. Increase in behavioral, psychiatric or mood-related symptoms
 - b. Behavioral, psychiatric or mood related symptoms that have not responded to treatment

- c. Improved medical condition that requires modification of the person's plan of care or living situation
 - d. Significant changes in physical condition that impacts the person's behavioral, psychiatric or mood-related symptoms and may lead to an altered pattern of daily living
 - e. A preference to leave the facility
 - f. The person's condition or treatment is or will be significantly different than described in the residents most recent PASRR Level II MI.
 - g. A change in the category of admission noted in number 4 above (Level II MI admission category). For instance, a person is admitted for short-term rehabilitation but, after setbacks, their condition requires a stay longer than 60 days.
 - h. Significant decline in functioning of a person previously reviewed for PASRR Level II MI.
 - i. A decrease or clearing of dementia or delirium which may allow the person to benefit from mental health services.
5. Reasons people who have not previously been identified as needing a Level II should be referred for Level II Resident Review. For example:
- a. The person has not been referred for a Level II following a Level I screen but exhibits behavioral, psychiatric or mood related symptoms suggesting a diagnosis of mental illness upon admission to the NF or during their stay.
 - b. The person is transferred, admitted or readmitted to a NF following an inpatient psychiatric stay or equally intensive mental health treatment. Equally intensive treatment would mean crisis response services, treatment in an intensive residential treatment (IRT) program or intensive therapeutic foster care.
 - c. Addition of or significant increase in antipsychotic or psychotropic medications

E. Specialized Services and Medicaid Reimbursable Mental Health Services that can be provided in Nursing Facilities

For the purposes of Level II Mental Health Screening, any service that focuses on mitigating or supporting the person in dealing with the impact of symptoms of mental illness is considered a specialized service. The following services are billable to Medicaid when performed in a nursing facility by qualified staff:

- [Psychotherapy](#)
- [Family Psychotherapy](#)
- [Psychological Testing](#)
- [Transition to Community Living Services, provided by a certified ARMHS provider](#)
- [Assertive Community Treatment](#)
- [Adult Mental Health Targeted Case Management \(AMH-TCM\)](#)
- [Dialectical Behavior Therapy](#)
- [Crisis Response Services](#)

For further information about each service, please see the Mental Health Services section of the [Minnesota Health Care Provider Manual](#).

If the individual requiring mental health services is not a recipient of Medicaid, check with their insurance for coverage. The individual has the right to accept or refuse services unless [committed to the Commissioner of The Department of Human Services](#).

F. Forms and Data Reporting

DHS is developing an on-line tool for Level II MI assessments. This tool will allow the Level II MI assessors to email the final report through secure email and skip the step of mailing the report to the state. The tool automatically categorizes the kind of stay approved for the person seeking NF. It will store demographic and approval information in a state data base.

The Level II MI (LIIMI) tool is in the testing phase. It will be available to counties and tribes that wish to make use of it in the spring of 2018. There will also be a training on using the tool in May 2018. More information will be sent to county social services directors closer to the training date.

DHS will no longer accept paper PASRR Level II reports on January 1, 2019. If a paper form is received, it will be returned with instructions to use the on-line MIIMI.

G. Level II Mental Illness PASRR Billing

Minnesota has established the reimbursement process for the Level II Assessment. Effective September 1, 2012, counties are required to use the following process to receive reimbursement for the Level II Assessment:

1. Bill using the 837P transaction requirements
2. Use the county's National Provider Identifier (NPI) as the pay to provider
3. Enter the NPI of the treating provider as the provider rendering the service. If the assessor does not have an NPI of their own, they may use the county NPI as both the pay to and rendering provider. Mental Health Professionals must use their individual's NPI, if completing any diagnostic assessment or diagnostic assessment update.
4. Use the recipient's PMI (Personal Master Index) number
5. Enter the appropriate diagnosis code
6. Submit the cost of the Level II Assessment. Please use the usual and customary rate for the service.
7. Use procedure code T2011
8. Enter 1 for the unit of service
9. A recipient is not required to be on Minnesota Health Care Program to be eligible for the Level II Assessment reimbursement. If the recipient is not on a Minnesota Health Care Program, the county must generate a Person Master Index (PMI) and bill the state for the Level II assessment. A PMI is a unique identification number that MAXIS assigns to each person.

H. Appeals Process

The Level I screening determination or finding is not subject to appeal. However, Level II determinations may be appealed. As part of a Level II appeal, Level I screening findings are subject to review and consideration. Any person who is a potential NF resident or already a resident of a NF and who is adversely affected by a Preadmission Screening or Resident Review determination may initiate an appeal by contacting the [Appeals Division, Department of Human Services](#) at (651) 431-3600 or (800)

657-3610. Appeal processes apply only to the person who is seeking admission or their legal representative.

I. Related Bulletins and Other Resources

- [Bulletin #17-25-06](#)
- Omnibus Budget Reconciliation Act of 1987 (OBRA, '87); Code of Federal Regulations: PASRR [42 CFR Part 483.100](#)
- Resident Review upon Change of Status [Social Security Act section 1919\(e\) \(7\)\(B\)\(iii\)](#)
- PASRR Technical Assistance Center ([PASRR](#))
- The Minnesota Adult Mental Health Act and Community Support and Day Treatment Services; [Minnesota Statutes, sections 245.461 through 245.4863](#)
- Minnesota Mental Health Case Management, [Minnesota Statutes, section 256B.04, subdivision 15\(c\)](#)
- Mental Health Case Management, [Minnesota Rules parts 9520.0900 to 9520.0926](#)
- Long-Term Care Consultation Services Rule, [Minnesota Statutes, section 256B.0911](#)
- **Rule Providing the State Authority to Seek Monetary Recovery for Fraud, Theft, Abuse or Error, [Minnesota Rules, part 9505.2215](#)**
- Community Based Treatment under Civil Commitment, [Minnesota Statutes, section 253B.097](#)

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-3777 (voice) or toll free at (800) 627-3529, or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.