1. **What do we do if our referring hospitals are not ready to complete the PASRR's?**
   Can our External Case Managers complete the forms? Can a SNF external case manager complete a PASSR review in the hospital if she/he's a nurse/ CSW? Can an RN Nurse liaison fill out the level 1 form?
   **Answer:**
   It is the expectation of DHSS that the hospital d/c planner is responsible for the completion of a PASRR Level I for all discharges to a Medicaid certified NF.

2. **If a patient is admitted to the hospital with a primary diagnosis of a fractured hip AND has a secondary diagnosis of dementia, do we check "No" for question 1a?**
   **Answer:**
   You answer “no” in this scenario.

3. **As of today, the effective date, most of the hospitals in NJ are not aware of this and/or prepared to complete the PASRR. What is the impact if we admit a patient without a PASRR if the hospital is telling us they will not complete the PASRR?**
   **Answer:**
   For the immediate future there is no impact in terms of deficiencies or citations/penalties. In a situation like the one described, the SNF should complete the Level I. However, PASRR Level I for hospital patients is the primary responsibility of the hospital discharge planner.

4. **If a patient is in an acute rehab hospital due to a TBI and is 20 years old - and needs a SNF but has commercial insurance and a Medicaid application pending - they will need a DDD screen before going? In addition to a TBI PAS? But due to the diagnosis of a new TBI and under 22 - they will then need a level 2.**
   **Answer:**
   The Level I Screen would be positive for DDD; therefore, a referral would be made for a Level II Evaluation. If the patient is Medicaid eligible (Medicaid application is pending), then yes an OCCO PAS would be needed for TBI SCNF (Special Care Nursing Facility) placement.

5. **Does the NH complete the Level I for existing short and long term patients?**
   Do the residents that currently have a Pas need a Level I screen? Please discuss the expectations of the nursing facility to have a LTC-26 completed for admissions prior to 10/01/10, deadline of completion, audits, etc?
   **Answer:**
   Nursing homes are required to have a Level I for all existing residents no later than March 31, 2011. This requirement can be fulfilled by completing the LTC-26 and placing it on the resident’s record OR by placing the Health Services Delivery Plan (HSDP) or the DHSS PAS Approval letter on the resident’s active record.
6. What type of certification is needed from a physician for "30 days or less", i.e. a physician order or just documentation in patient's progress notes?
   **Answer:**
   The physician needs to sign the Exempted Hospital Discharge section of the LTC-26.

7. Is the respite care exempted from PASRR level 1? Case of respite with MR but no active treatment and no DDD services, is this exempted?
   **Answer:**
   A level I must be completed, even for respite stays. If Level I is positive, the NF can request the Level II Authority (DMHS and/or DDD) apply a Categorical Determination for respite suspending the needs for a Level II Evaluation and Determination.

8. How can we get the level II form?
   **Answer:**
   The Level II resident review form is available on the Division of Mental Health Services web site at http://www.state.nj.us/humanservices/dmhs/home/forms.html.

9. Have the Acute Rehab hospitals been made aware of the screening tool?
   **Answer:**
   Yes.

10. How do we handle a NF to NF transfer today?
    **Answer:**
    The nursing home that is sending the resident must send the completed Level I screen with the resident to the new nursing home or if the resident had a PAS completed prior to October 1, 2010, the HSDP or approval letter will fulfill the requirement for a Level I Screen.

11. Who completes the LTC-26 on a Medicaid respite patient who plans to stay for approximately 10 days in a Medicaid building?
    **Answer:**
    The form must be completed prior to admission for the respite stay, and can be completed by the nursing home or by another community organization that is serving the patient.

12. Who is paying for DD and DMHS to conduct level II's when the patient is non-Medicaid? For a Resident Review, who pays for the psychiatrist or APN for non-Medicaid residents?
    **Answer:**
    This is determined on an individual basis with the patient’s insurer.

13. If the hospital admission is for mental status change is a level 1 needed?
    **Answer:**
    Yes, if the discharge to the NF is a new admission.
14. When sending from an acute care hospital to an acute rehabilitation hospital is level 1 necessary?
   Answer: No

15. Can a Nurse Practitioner or a Physician Assistant substitute for the Physician in Level II Hospital Exempt section?
   Answer: No

16. Does the LTC-26 change the need for an ARC [ARC-PAS] screening?
   Answer:
   If the Level I Screen is negative, and the individual meets the ARC-PAS at-risk criteria for nursing facility placement, then the hospital discharge planner can initiate a referral to OCCO for ARC-PAS review. If the Level I Screen is positive and the individual is currently Medicaid or will become Medicaid eligible within 180 days, then OCCO must conduct an onsite hospital PAS.

17. Positive screen, MD certifies 30 days or less, patient transferred to NF and on day 25 patient readmitted at the hospital, does level one need to be completed again by the Hospital and can MD complete the exempted hospital discharge possible 30 day less again?
   Answer:
   In this scenario, the hospital would need to refer for a Level II Evaluation prior to readmission to the NF.

18. How did you determine a CSW can complete the Level I? Many do not have the psychiatric and diagnosis background training that seems vital to accurately completed. Many have either just BSW's or were grandfathered in and have never even seen a DSM book?
   Answer:
   The LTC-26 is a screening tool and is to be completed based on information available to the screener at that time. It is not an assessment or diagnostic tool.

19. Is a resident review necessary for a long term care resident who has change in behavior related to progression of dementia, i.e. psychosis or depression?
   Answer:
   Only if the resident had a psychiatric or DD diagnosis. The MDS 3.0 Significant Change in Status Assessment would first be initiated and interventions implemented before considering a referral for a Resident Review for an individual with MI and/or DD diagnosis (es).

20. Patient with insurance and Medicare, do they still require a level 1 screen tool?
   Answer: Yes
21. Where does the original PAS fit in?
   Answer:
   The PAS is still required for level of care determination for Medicaid and Medicaid-eligible patients.

22. If in a NF, and we need a Level 2 PAS, are we still completing a PA-33 to have the nurse come out to complete a PAS?
   Answer:
   Only if the resident is on Medicaid or will become Medicaid eligible in 180 days (6 months).

23. Can a caveat be added to the Level I screening saying we certify this information “to the best of our knowledge…”
   Answer:
   The Level I Screening Tool is just that, a screening tool. DHSS expects that screeners complete the form to the best of their ability.

24. How can the SW assist resident in LTC for placement in a psychiatric facility with a diagnosis of psychiatric behavior. Do we have to go through resident review?
   Answer:
   The first step is completion of an MDS 3.0 Significant Change in Status Assessment. If subsequent care plan interventions fail, then refer to the Division of Mental Health Services for Resident Review.

25. Who qualifies as an “independent” psychiatrist for level 2? Cannot be attending physician or consulting psychiatrist? Our medical director is a geriatric psychiatrist?
   Answer:
   The independent psychiatrist must not have an ongoing or contractual relationship with the nursing home. Federal PASRR regulations stipulate that the Level II evaluator must not have a direct or indirect relationship with the nursing home. DMHS requires that an independent psychiatrist or psychiatric APN from the referring agency complete the PASRR Psychiatric Evaluation. A M.D. or a D.O. who is not a psychiatrist may perform the psychiatric examination if no psychiatrist or APN certified in mental health is available to perform the examination. The completed PASRR Psychiatric Evaluation form should be faxed to 609-777-0662.

26. If a patient comes from the hospital with a level I PASRR, must we do another Level I when transferring to a Medicaid facility long term care?
   Answer:
   No. Copy of the Level I needs to be sent to the new NF.

27. Many of our sending hospitals said they have not been made aware of the requirement to complete Level I’s…is this accurate and if so, is it being remedied?
   Answer:
   The training sessions via webinar plus additional in-person education is remedying this situation.
28. If the resident is positive for PASRR level I and II, who will help us coordinate transfer to a different facility?
   Answer:
   The Division of Mental Health Services or the Division of Developmental Disabilities will assist.

29. Who fills out the psychiatric assessment, and how do I get one. My hospital doesn't have a full-time psychiatric nurse practitioner or a full-time psychiatrist?
   Answer:
   DMHS requires that an independent psychiatrist or psychiatric APN from the referring agency complete the PASRR Psychiatric Evaluation. A M.D. or a D.O. who is not a psychiatrist may perform the psychiatric examination if no psychiatrist or APN certified in mental health is available to perform the examination. The completed PASRR Psychiatric Evaluation form should be faxed to 609-777-0662. The PASRR Psychiatric Evaluation can be found on the NJ DMHS website at: http://www.state.nj.us/humanservices/dmhs/home/forms.html

30. Are PASRRs needed for SCNFs?
   Answer:
   Yes. SCNFs are Medicaid certified NFs.

31. What is required from a patient admitted from out of state? If a patient is coming from out of state do we need that states LTC-26 or their similar form to be forwarded before they are accepted to the facility? What if they are private pay?
   Answer:
   The transferring state’s Level I tool – and Level II documents, if applicable – must accompany the resident at the time of admission, regardless of payment source.

32. For community admissions to a nursing home, what is the time frame to complete the PASRR?
   Answer:
   It must be completed prior to admission.

33. If a patient is in the hospital and the hospital/Doctor certifies a <30 day stay, no PASRR?
   Answer:
   All patients must have a Level I PASRR completed; only Level II is subject to the exemption for a stay that is less than 30 days.

34. Who completes the Level I in the nursing home by March 31?
   Answer:
   The NF staff must complete it unless there is a Health Service Delivery Plan (HSDP) or PAS Approval Letter (LTC 13) in the resident’s record prior to October 1, 2010.
35. If the Patient is being discharged from an Acute Care facility to a Sub acute Rehab, do we need to do a LTC-26?
   Answer: Yes

36. Will audits be completed to see if Level I was completed, by whom and how often?
   Answer: The survey teams will be monitoring completion of the Level I as part of their annual survey.

37. Essex County stopped giving the facility the HSDP at least 2 years ago so we don't have them. Will they know to send them to facilities and will that rule change again and go back to the nurse giving facility a copy of the HSDP?
   Answer: At this time the Office of Community Choice Options is not able to provide a copy of the HSDP since it is only available to the Community Choice Counselor in electronic format at time of PAS.

38. If the Patient is being discharged from the Acute Care Hospital to Acute Rehab facility that has a Sub acute Unit, do we have to do a LTC-26?
   Answer: Yes, if it is a Medicaid-certified sub acute unit.

39. In Essex County it takes sometimes 6 months for a PAS to be done. What will happen to those people determined to need a Level 2 after 30 days if they then go home on day 40?
   Answer: These PAS requests will be given priority.

40. Resident now in acute rehab and answered yes for significant impairment in functioning (new cva). No history of pysch dx or dementia. Does this mean acute rehab needs PASRR Level II before discharge to sub acute?
   Answer: No. Level II is only for major Mental Illness. The Level I was revised to filter out impairments due to CVA, TIA's and other neurological conditions. You will now respond to this question in the context of known or suspected serious mental illness.

41. How long does the Level I last?
   Answer: The Level I is good as long as the resident is not discharged to the community from the nursing home. The Level I covers the resident even when they go to/from the acute care hospital during their nursing home stay. The only exception will be if a NF resident remains in a psychiatric hospital or DDD developmental center for longer than 1 year, then the Level I screen and Level II evaluation would need to be redone before re-entering the NF.
42. What is the name of the form called in Pennsylvania?

Answer:
PA-PASRR-ID

43. Please clarify if a CSW can complete the level I?

Answer:
Yes, a CSW or RN are the minimum credentials for completion of the Level I.

44. If a resident who does not have a Level II or who does not have a MI diagnosis has a significant change, do you still need to complete a Resident Review? If so, who do you send it to? We are thinking in terms of a resident with dementia who deteriorates physically and triggers a significant change?

Answer:
No. A Resident Review isn't needed because there is no evidence of co-occurring MI/MR/DD.

45. Where is the DSM-IV accessible? Where can it be obtained?

Answer:
Only provide the DSM-IV code if it is available.

46. If LTC-26 is not available during survey, will Medicaid payment be affected? Will there be any sanctions or payment take back?

Answer:
DHSS will not initiate enforcement until directed by CMS. DHSS is educating and training NF providers on what they need to do to come into compliance with federal PASRR regulations. Every resident of a Medicaid certified NF MUST have a Level I, and Level II if appropriate by April 1, 2011.

47. Positive screen, MD certifies 30 days or less, patient transferred to NF and on day 25 patient readmitted to the hospital. Does Level I need to be completed again by the hospital and can MD complete the exempted hospital discharge for stay of less than 30 days again?

Answer:
The Level I Screen and the Level II Evaluation will need to be completed at the hospital. The Exempted Hospital Discharge Exemption no longer applies since the previous NF admission utilized the exemption.

48. This is happening right now, we submitted an ARC PAS for a resident who is Medicaid eligible. The Medicaid office is saying that they need Level 1 done. We thought that if the patient is Medicaid eligible, no Level 1 was needed.

Answer:
No, a completed Level I must accompany the ARC PAS paperwork. However, if the Level I is positive, the ARC-PAS process cannot be utilized. You will need to make a referral to OCCO for an onsite hospital PAS. If the Level I is negative and the hospital patient meets the ARC-PAS at-risk criteria, please initiate an ARC-PAS referral to OCCO for ARC-PAS review.
49. If we can leave answers blank on the screening (i.e., when the information is not at our disposal) how is it an accurate screening?

Answer:
You may omit a response to question 1.a., the DSM-IV Code, but only if the code is not available. For questions 1.b. Dementia Diagnostics and the question 3 subset questions (3 checkboxes for Interpersonal functioning, Concentration, Adaptation), you need only check those items that apply.

50. If answer in question 1a is no, but patient has dementia so the answer to question 3 is yes, does this mean that I have to make a referral for a Level II?

Answer:
First, if there is a dementia diagnosis but no co-occurring major mental illness, then you would respond “No” to question 3. You will always respond to question 3 from the perspective of known or suspected serious mental illness.

Second, question 3 might be answered “Yes” if there is a suspected or known diagnosis of major mental illness which affects interpersonal functioning, concentration, adaptation, etc. Even though the response to question 1.a. is “No” yet there is an existing dementia diagnosis, it still triggers a positive screen because you are capturing major mental illness in any of the three questions number 2 through 4 in the mental illness section of the LTC-26 form.

51. On the PASRR question 8 refers to an assessment...please clarify

Answer:
There is no reference to assessment in question 8 on the PASRR Level I Screening Tool.

52. Can you please confirm what is proof that the PASRR Part 1 has already been done for existing NF facility residents (e.g. HDSP, Medicaid PAS, LTC-13 from Office of Community Choice)?

Answer:
The OCCO PAS as evidenced by either the HSDP or the LTC-13 (LTC Approval Letter) will fulfill the requirements for Level I Screening for those cases PAS’d prior to October 1 2010. All NF admissions on/after October 1, 2010, and current NF residents who did not undergo OCCO PAS who have not had a Level I Screen, will require completion of the LTC-26 Level I Form.

53. Will the MDO [DHSS/OCCO] be cooperative with sending us copies of HSDP’s if we discover we don’t have any on file?

Answer:
The NF can either use the HSDP or Medicaid approval letter to verify that the Level I was completed by DHSS staff for those residents admitted to the NF prior to October 1 2010. DHSS/OCCO does not have the ability to provide HSDPs to NF providers.
54. Is the LTC-13 the same as the HSDP?
   Answer: As stated previously, either the HSDP or the LTC-13 LTC Approval letter will satisfy the requirement for a Level I Screen for those residents admitted to the NF prior to October 1, 2010.

55. CVA can and did in this case cause deterioration in concentration therefore level 1 is positive?
   Answer: The Level I Screening Form was revised to filter out impairments due to CVA, TIA's and other neurological conditions. You will now respond to this question in the context of known or suspected serious mental illness.

56. When were the hospitals trained?
   Answer: All facilities were trained together via webinar in early October 2010 and will have access to live onsite regional trainings in November 2010.

57. A patient from a hospital with Medicare Part B benefits only going to a nursing home for rehab services only will require a Level 1 screen. Correct?
   Answer: A Level I Screen is required for all new admission to a NF, whether for short-term rehab or for long-term placement.

58. Hospital social workers will be doing the Level 1 screening?
   Answer: It is up to the individual hospital to determine whether a CSW or RN will be assigned the responsibility. Nurses and clinical social workers are permitted to complete the Level I.

59. When does the Level 1 Screen require a doctor's signature?
   Answer: A doctor’s signature/certification is only required if the patient meets the criteria for exempted discharge.

60. What is time frame for level 2 to be completed by DMHS or DDD after referral and completion of Level 1?
   Answer: The usual timeframe for completion of the PASRR Level II for mental illness is 1-3 days provided all evaluation documentation has been completed in full and submitted timely to the Division of Mental Health Services.
61. Do our own residents who were readmitted to the hospital need a PASRR Level I before they can return to our facility?
   Answer:
   No. NFs are responsible for ensuring that residents in their facilities have either evidence of OCCO PAS or Level I Screens completed by NF medical professional staff for admissions that occurred prior to October 1 2010, and Level I Screens completed for all new admissions occurring on/after October 1 2010.

62. We currently have a resident who meets the criteria for mental health; however, we are having difficulty with obtaining physician support. He has a MDD with chronic substance abuse and ETOH. Do you have any additional resources for us?
   Answer:
   Please contact the Division of Mental Health Services for guidance and support.

63. If a patient was at a nursing home, returns back to the hospital and does not want to return to the original nursing home, does the new NH have to get a new Level 1 PASRR?
   Answer:
   The new nursing home must obtain the Level I from the original nursing home.

64. If a patient is discharged from a nursing home to an acute psychiatric hospital for severe behaviors and because the admitting diagnosis will likely be a psychiatric diagnosis, will the psychiatric hospital be required to complete the LTC-26 before the resident returns to the nursing home?
   Answer:
   The LTC-26 Level I Screen and Level II Evaluation would only be needed if the individual remains in the psychiatric hospital for longer than 1 year.

65. Does PASRR go with a patient from facility to facility or what if patient is coming from out of state?
   Answer:
   The PASRR documentation must be sent from nursing home to nursing home, whether in state or out of state.

66. What if the patient is unable to answer questions (level 1 question 3) regarding impairment in functioning, there is no family, and physician does not know patient?
   Answer:
   The facility should complete the screen to the best of its ability using documentation, observation and information available. If there are concerns or questions about responding to these questions accurately, please contact the Division of Mental Health Services.

67. Do residents coming from assisted livings need PASRR Level I completed?
   Answer:
   Yes, since the assisted living facility is a community setting, the nursing home must make arrangements for the Level I PASRR to be completed before the resident can be admitted to the nursing home.
68. We are required by regulation to contract with all physician services therefore all psychiatrists will be contracted and therefore will be affiliated with us. I would think that a contracted psychiatrist would be permitted to complete the psychiatric screening.

**Answer:**

Federal regulations do not permit the Level II evaluating psychiatrist to have a direct or indirect relationship with the SNF.

69. Does level 1 and level 2 have to be completed on commercially insured patients? 3rd party payers will not pay for lower level of care services at an acute care facility while these forms are processed. How do you respond to hospitals?

**Answer:**

Level I PASRR screen must be completed on every patient who is being discharged to a Medicaid certified nursing home. Level II is only completed if the patient screens positive on Level I.

70. How do we assess patients admitted for a change in mental status and are evaluated to rule out delirium secondary to an infection, such as UTI? If the Level I screen is done early in the admission, #3 would trigger for MI i.e., "Concentration, persistence

**Answer:**

It is best to postpone the Level I Screen until the delirium clears and/or a diagnosis is confirmed regarding the etiology of the mental status change.

71. What about elective orthopedic surgeries going to snf for sub acute rehab under managed care / Medicare?

**Answer:**

They require a Level I PASRR screening.

72. Is there a grace period to start this process?

**Answer:**

Not for new admissions. All new admissions on/after October 1 2010 require Level I screening prior to NF admission.

73. Can a neurologist substitute for a psychiatrist for PASRR LEVEL II?

**Answer:**

No, an independent psychiatrist or psychiatric APN must complete the Level II PASRR psychiatric evaluation.

74. If a resident is returning to a NF and will be hospice and will have a positive Level 1 screen do we have to send in a Level 2 and wait to wait to hear that he is exempt because of terminal illness/

**Answer:**

Yes.
75. Regarding the psychiatric evaluation, we cannot pay a doctor unless the facility has a contract with the doctor. I guess my contract will have to be specifically for the LTC psych screen purpose ONLY?

Answer:
If a contract is needed, it would be developed for a psychiatric evaluation by a psychiatrist or a psychiatric APN. DMHS requires that an independent psychiatrist or psychiatric APN from the referring agency complete the PASRR Psychiatric Evaluation. A M.D. or a D.O. who is not a psychiatrist may perform the psychiatric examination if no psychiatrist or APN certified in mental health is available to perform the examination. The completed PASRR Psychiatric Evaluation form should be faxed to 609-777-0662. The PASRR Psychiatric Evaluation can be found on the NJ DMHS website at: http://www.state.nj.us/humanservices/dmhs/home/forms.html

76. When answering question 2 on level 1 PASRR, If someone has a history of Depression but is not actively depressed, do we still answer yes?

Answer:
You would only respond YES to question 2 if there is a history of major depression. It does not matter whether actively depressed or not actively depressed (currently stable) since the Level I must screen for all suspected or known major mental illnesses.

77. Can the OCCO nurse do PASRR LEVEL 1 as well as PAS?

Answer:
When a currently Medicaid or potentially Medicaid eligible individual (Medicaid eligible within 180 days of NF admission), a community dweller, is referred to OCCO for PAS, then the OCCO Community Choice Counselor will complete the Level I Screen if not already completed beforehand.

78. Do patients who are under age 65 and admitted with a PAS/HSDP to a nursing home with no Medicare benefit need a PASRR Level I?

Answer:
Yes

79. Do you need a PASRR Level I for a transfer from out of state facility be it hospital or a nursing home/ rehab?

Answer:
Yes

80. Can a RN Case Manager fill out the Level 1 PASRR and have the hospital Social Worker sign it?

Answer:
No. The Medical Professional actually completing the form must sign the LTC-26.
81. Are LTC-26 and LTC-L6 also available in the Molina Medicaid Solutions website?
   Answer:
   Not yet. Please visit the DHSS website at http://web.doh.state.nj.us/apps2/forms/ to obtain a copy of the LTC-26 and LTC-L6 forms.

82. What if patient is returning to their long-term care facility and screens positive?
   Answer:
   If the Level I Screen was completed during the current hospitalization, then the hospital must obtain an independent psychiatric evaluation and refer the patient to DMHS and/or DDD for a Level II PASRR determination before the patient can return to the nursing home.

83. What about patients who come into the hospital with "altered mental status" as an admitting diagnosis? Must a DSM IV code be included?
   Answer:
   If you are unable to locate the DSM-IV code then you may leave that particular response blank.

84. Regarding the Primary diagnosis, when residents are admitted and have Medicare & Medicaid, the admitting diagnosis must be primary for Medicare. This is confusing.
   Answer:
   You respond to question 1 based on the primary diagnosis for either the hospital or NF admitting diagnosis.

85. I have a patient who was suicidal secondary to brain injury on previous admission. Patient is now managed on medication. I don't have the DSM IV diagnosis. Is this absolutely necessary?
   Answer:
   No. If you are unable to locate the DSM-IV code then you may leave that particular response blank.

86. Would it not be helpful to have on the form those people who are exempted? Such as respite.
   Answer:
   The latest version of the LTC-26 that is footnoted OCT 10 (R3) contains checkboxes for categorical determinations including respite.

87. What if we don't have information on patient's past mental health history even though they obviously have mental health issues, how do you want this answered?
   Answer:
   If there is evidence of suspected major mental illness, then you would respond YES to question 2.
88. What form is being used to provide written explanation of the reason someone is in NH for more than 30 days?

Answer:
The nursing facility must notify DMHS and/or DDD by providing a written narrative that explains the reason for continued residence and the anticipated length of services.

89. What about residents from Woodbridge Developmental Center and area group homes who may need to go to subacute rehabilitation for 3 week course of IV antibiotics?

Answer:
Level I screening is still required, however, the hospital physician may elect to certify the Level I positive screen using the Exempted Hospital Discharge since the SNF length of stay will be less than 30 days.

90. To clarify: all old PAS and ARC PAS paperwork is now obsolete?

Answer:
No. PAS and ARC PAS are for making nursing home level of care determinations under Medicaid regulations. PASRR is the process for determining mental health or developmental disability status.

91. On Question #4: If the answer is unknown, what should be answered?

Answer:
The Level I medical professional should attempt to obtain an accurate history to the best of his/her ability by interviewing the NF applicant or reaching out to family or responsible party if the applicant is incapacitated.

92. Can psychiatrist or psych. APN charge resident or facility for completion of PASRR? If so, does Medicaid pay for this?

Answer:
Yes, a psychiatrist or psychiatric APN can bill for a psychiatric consultation. Payment would be determined on an individual basis with the patient’s insurer. Medicaid does provide payment for a psychiatric consultation.

93. If a patient is coming in directly from home does the PASRR screening need to be completed before the patient is admitted or upon arrival to the facility?

Answer:
The Level I PASRR must be completed before the resident is admitted to the nursing facility.
94. Does a significant change in the MDS 3.0 require the SNF to contact the DMHS or is this just a recommendation?
   **Answer:**
   A significant change in a resident's behavioral or mental health status requires the SNF to complete a resident review and psychiatric evaluation if the individual is not responding to the interventions initiated via the MDS 3.0 significant change in status assessment. The NF would send the psychiatric evaluation and the most recent MDS 3.0 assessment to DMHS for a Level II PASRR.

95. What happens if the hospital sends a surprise readmission without notifying us and the PASRR screening was not done?
   **Answer:**
   The NF must always verify that the Level I screening was done prior to NF admission. Under these circumstances, the NF will have to complete the Level I Screen as soon as possible.

96. What about someone with change in mental status due to a urinary tract infection?
   **Answer:**
   This would not trigger a resident review or referral for PASRR Level II.

97. If hospitals are not completing the screen can the nursing home complete the form, if a RN or Social worker co signs the form?
   **Answer:**
   Hospital discharge planners are responsible for completing all of the Level I Screens in the hospital setting for new admissions to the NF occurring on/after October 1 2010.

98. If we are taking a patient from a hospital transitional care unit, does the TCU social worker need to do a level 1?
   **Answer:**
   Yes, the TCU social worker or nurse will have to complete the Level I PASRR screen.

99. Do the nursing homes need to send the screenings to the hospital with the patients?
   **Answer:**
   No, but the nursing home should indicate on the transfer document that a Level I has already been completed for the patient.

100. The out of state transfer requirement, does that need to be done prior to transfer to LTACH?
   **Answer:**
   No
101. If a patient is positive for Level II and the Department agrees and the patient’s needs cannot be met in the community, where will these needs be met? (Psych beds are scarce and geri psych is almost non-existent.)

**Answer:**

The purpose of the Level II PASRR evaluation and determination is to determine if the mental health needs of the individual can be met in a Nursing Facility or if the individual requires Specialized Services (Inpatient Psychiatric Treatment).

102. If we receive a referral from a hospital at 4 or 4:30 on a Friday and the patient is discharged without the Level I screen, can we still accept the patient? If yes, who will then do the Level I?

**Answer:**

It is the responsibility of the hospital discharge planner to complete the Level I Screen for all new NF admissions occurring on/after October 1 2010. Under these circumstances, rather than return the patient to the hospital, the NF will need to complete the Level I Screen immediately following NF admission. The NF is ultimately responsible for ensuring that a copy of the Level I Screen accompanies all new NF admissions occurring on/after October 1 2010 and the NF should inform the hospital and/or hospital discharge planner that the Level I screening was overlooked.

103. Does the original signed copy need to be in the nursing facilities medical record or is a copy adequate?

**Answer:**

A copy is adequate. The revised LTC-26 - footnoted OCT 10 (R3) – no longer states that an original is required.

104. If level I is positive in the hospital and referral made to DMHS for Level 2, does Level 2 need to be completed at sending Hospital or just referral?

**Answer:**

Level 2 PASRR process must be completed while the patient is still at the hospital.

105. Can you clarify "primary diagnosis" as related to dementia?

**Answer:**

The hospital or NF medical professional must first ascertain the primary diagnosis for an individual. If dementia is documented as the primary diagnosis, then you are able to respond YES to question 1.

106. If the PAS is done on a sub-acute patient and the patient goes into the hospital, upon readmission does the patient need a Level I screen since they are still going just for rehab?

**Answer:**

If the PAS was done by OCCO, the Level I screen will be part of the process completed by OCCO. It is not necessary for the hospital to complete another Level I screen if OCCO completed a PAS prior to October 1 2010. For private pay admissions to the NF that occurred prior to October 1 2010, NF staff is responsible for completing Level I Screens.
whether or not these individuals cycle back and forth from the NF to hospital to NF readmission. Effective October 1, 2010, all new NF admissions from the hospital are subject to a Level I Screen completed by the hospital discharge medical professionals.

107. Is the LCT26 going to be part of your out of state PAS packet?
Answer:
If a NJ resident is leaving NJ to enter another state’s NF, then the LTC-26 must accompany the individual to the out-of-state NF. When residents of other states wish to enter a NJ NF, then the sending state is responsible for Level I Screening and, if applicable, Level II Evaluation and Determination.

108. For someone residing in a nursing home for a while and determined to need mental health services will DMHS assist in discharging the resident to a community or other setting?
Answer:
If the Resident Review process calls for Specialized Services, then the Division of Mental Health Services is responsible for coordinating the resident’s transfer to a Specialized Services facility.

109. Please clarify: Do Nursing home residents who have multiple hospitalizations for medical conditions need to have a Level 1 screen on every hospitalization?
Answer:
No. The only time a Level I Screen would need to be redone for a returning NF resident (NF readmission) would be if he/she spent over a year in a mental health hospital or developmental center.

110. Do patients in Observation status need to have a Level I completed?
Answer:
Yes, if the resident does not already have a completed Level I at the nursing home, the nursing home must arrange with the hospital emergency department to have the Level I done even though the patient was not admitted to an inpatient bed.

111. Does this new process negate the "behavior PAS" needed for a Medicaid resident to go to a "behavioral" unit for stabilization?
Answer:
No, the PAS for the special care nursing facility behavioral unit must still be completed.

112. I have a resident who is to transfer out of state. The receiving out-of-state facility wants a Level 1 done. Is the PAS approval letter acceptable as evidence of a level 1 screen? Do you have this in writing somewhere so I can send to the other state?
Answer:
No, the NJ PAS alone will not satisfy other states’ requirements for Level I Screening. The NJ NF would be responsible for completing the LTC-26 form prior to the resident’s transfer to the out-of-state NF.
113. If a resident currently in a nursing home triggers for a PASRR level 2 and they are deemed inappropriate for the setting what happens then?

Answer: It becomes the responsibility of the Level II Authority (DMHS and/or DDD) to find alternative placement.

114. If a patient was screened positive on Level 1 because they were admitted with psychiatric diagnosis and now the doctor states they need sub acute rehab for less than 30 days. Can I admit them without a level 2?

Answer: Yes, as long as the doctor certifies by signing the LTC-26 in the Exempted Hospital Discharge section of the form.

115. For an admission coming in from the community, wouldn't the Medicaid PAS nurse do the HSDP when screening them for the PAS?

Answer: The OCCO or Medicaid PAS nurse would only do the Level I when the person in the community if the person was Medicaid or Medicaid eligible. If the person was being admitted as a private pay resident, then the nursing home would have to arrange for the Level I screen to be completed.

116. Can we check yes on the MDS form that they have a level 1 PASRR if they have a previous track 1 or track 2 pas?

Answer: The MDS 3.0 does not ask if a Level I PASRR was done. A1500 asks if a PASRR Level II was done. The only way to respond to this question is to know the result of the Level I screen. In the situation described, you would answer yes to the MDS question only if the Level I screen was positive and the Level II was done.

117. If a level I was done and the patient is discharged back to the community and is readmitted to the NF from the community again, is that level I still good?

Answer: No

118. How will an ARC PAS show that a Level I was completed?

Answer: DHSS is revising the ARC PAS to have a check box for completion of the PASRR Level I. However, only negative Level I Screens are to be referred for ARC-PAS review by OCCO. Hospital patients screening positive – who meet Medicaid or potentially Medicaid eligible at-risk criteria – must be referred to OCCO for an onsite hospital PAS.

119. Do we have to do a Level 1 for a pending PAS?

Answer: Level I must be completed for all admissions to a Medicaid certified NF regardless of payment source.
120. Could you please clarify what was said about a patient coming to the hospital to the emergency room who is a resident in a nursing home?

**Answer:**

It is not necessary for emergency room staff to complete a Level I screen if OCCO completed a NF PAS prior to October 1, 2010. For private pay admissions to the NF that occurred prior to October 1, 2010, NF staff is responsible for completing Level I Screens whether or not these individuals cycle back and forth from the NF to hospital to NF readmission. Effective October 1, 2010, all new NF admissions from the hospital are subject to a Level I Screen completed by the hospital discharge medical professionals.

121. If a Resident has a PAS Track II do we have to do a Level I if they have been here beyond the given allotted time?

**Answer:**

No.

122. Is the thirty day sub acute limit inclusive or does the thirty day calendar restart if a sub acute resident is sent back to the hospital and readmitted?

**Answer:**

In this scenario, the thirty day does not restart. The hospital would need to refer for a Level II Evaluation prior to readmission to the NF.

123. If a patient is in the emergency room and is going to a snf for respite and is found to need a Level II PASRR do we now have to admit them in order to complete it, even though there are no medical criteria for admission? What happens if this is a managed care case with no criteria for admission?

**Answer:**

If the Level I Screen is positive, the emergency room cannot transfer the respite patient to the NF until the Level II authorities (Division of Mental Health Services and/or Division of Developmental Disabilities) review the respite referral.

124. Please clarify who is an independent psychiatrist. May a psychiatrist who is privileged in a NF but not paid by the facility considered independent and be able to complete the level 2 PASRR?

**Answer:**

Federal PASRR regulations stipulate that the Level II evaluator must not have a direct or indirect relationship with the nursing home. DMHS requires that an independent psychiatrist or psychiatric APN from the referring agency complete the PASRR Psychiatric Evaluation. A M.D. or a D.O. who is not a psychiatrist may perform the psychiatric examination if no psychiatrist or APN certified in mental health is available to perform the examination. The completed PASRR Psychiatric Evaluation form should be faxed to 609-777-0662.
125. If a level I was done and the person goes back to the community only to be readmitted to the nursing home from the community is the level I still good if it is within 1 year?
   **Answer:**
   No, whenever there is a return to the community and the resident subsequently has to go back to the nursing home, a new Level I must be completed before the resident returns to the nursing home.

126. What if patient is returning to their long-term care facility and tests positive on Level I screen at the hospital?
   **Answer:**
   The hospital must obtain the independent psychiatric evaluation and send all the documents to either DMHS or DDD, as appropriate, for a Level II determination to be completed. The patient cannot return to the nursing home until the Level II process is done.

127. Can we fax the form to the NF for discharges that occur on the weekend?
   **Answer:**
   Yes

128. Can you complete in advance of discharge from hospital or on the day of discharge?
   **Answer:**
   Level I should be completed close to the time of discharge, but this is up to the hospital to determine.

129. If the patient is in an acute rehabilitation hospital and has a previous history of schizophrenia, but is on medications and clinically stable and determined would not lead to chronic disability physician signs the 30 day section cause patient needs further physical therapy is it Y or N?
   **Answer:**
   The response would be YES to question 2 even though schizophrenia is stable. If the person is transferring to the SNF and the anticipated length of stay is less than 30 days, then the physician may elect to certify the transfer as an Exempted Hospital Discharge.

130. If we are unable to ascertain specific information when completing the Level 1 screen which comes to light after patient's discharge from the hospital, is there any penalty, and to whom?
   **Answer:**
   No, the Level I is a screen to be completed to the best of your ability with the information that is available.

131. What if a patient was readmitted to the hospital from a Sub-acute rehab, they were utilizing Medicare time and now need a traditional PAS, who does the level I since they are returning to the NF where they were prior to the hospital admit?
   **Answer:**
   The hospital should complete the Level I Screen prior to discharge to sub acute nursing facility unless there is a current Level I already in existence for the resident.
132. If a resident who is in a nursing home, has a track I PAS and is pending Medicaid eligibility, has a diagnosis of dementia, begins to exhibit behavior that is uncontrollable, then what needs to be done by the nursing home?

**Answer:**

The MDS 3.0 Significant Change in Status Assessment is initiated to develop and implement interventions to address the emerging behaviors.

133. Is documentation required if patient meets a categorical determination?

**Answer:**

Depending on the Categorical Determination, additional documentation may be required by the Level II Authorities, the Division of Mental Health Services and/or the Division of Developmental Disabilities.

134. How long does the process take post the Level One process?

**Answer:**

For the Division of Mental Health Services, once a Level I and the psychiatric evaluation are faxed, the process usually takes one to three days. For the Division of Developmental Disabilities

135. If the Level 1 must be completed prior to being admitted to the NF, are you now requiring us to visit these people’s homes before they enter the NF?

**Answer:**

No, there is no requirement to visit the home. The nursing home can make whatever arrangement is needed to get the Level I completed for residents who are being admitted from the community.

136. We were under the idea that every ARC PAS needed this Level 1 form. Are you saying they do not?

**Answer:**

Everyone who is screened for Level of Care using the ARC PAS also needs a Level I PASRR screen completed. Only Level I negative screens are to be referred for ARC-PAS. Level I positive screens for individuals meeting at-risk criteria for ARC-PAS must be directly referred to OCCO for an onsite hospital PAS.

137. If the patient is readmitted to the hospital and the facility hasn't completed the Level 1 screen yet, can the patient return back to the facility?

**Answer:**

In this scenario, the patient cannot return to the nursing home until a Level I is completed by the hospital

138. What do we do for a patient who screens positive for Level 2 screen on this admission, but has already had a long term track I PAS from prior to Oct 1st?

**Answer:**

The applicant cannot be admitted to the NF until the outcome of the Level II Evaluation has been determined by the Level II Authorities, the Division of Mental Health Services and/or the Division of Developmental Disabilities.
139. In question number (2) if patient’s history has documentation of bipolar, but this is not the patient’s primary diagnosis. Would this be a “no” as question does not say primary dx?
   **Answer:**
   That would be a Yes since there is a diagnosis of major mental illness.

140. If the Level 1 is negative, does it need to be faxed to anyone or does it just go to the NF?
   **Answer:**
   It is just sent with the individual to the nursing home.

141. Regarding question 3 do these impairments pertain to major mental illness only?
   **Answer:**
   Yes. Please respond to question 3 from the perspective of known or suspected major mental illness.

142. If patient is exempt based on MD signature and verification that stay is 30 days or less does the rest of the form need to be completed?
   **Answer:**
   Yes.

143. Can a Medical Resident sign for the physician?
   **Answer:**
   Yes.

144. Can we request Level 2 PASRR before the OCCO nurse gets out to screen the patient?
   **Answer:**
   Yes

145. If a long term patient in a NF has a PAS for long term care done, and comes to the hospital, does a Level 1 have to be completed?
   **Answer:**
   For NF PAS completed prior to October 1 2010, the HSDP or approval letter in the resident’s active record is evidence of Level I screening. For admissions on/after October 1 2010, the LTC-26 Level I screening form must be completed and filed in the resident’s active record. The nursing home should let the hospital know that the Level I document was already completed for the resident. There will be a field on the Universal Transfer Form where this can be indicated when the UTF takes effect.