

RESPONSIBILITIES AND PROTOCOLS FOR LEVEL II PASRR EVALUATIONS FOR MENTAL ILLNESS/MENTAL RETARDATION

I. Nursing Facilities (NF) and Hospitals

1. Log on to the ACS web portal, <http://wyequalitycare.acs-inc.com/index.html>, complete the Level I PASRR. If a Level I PASRR indicates serious mental illness or mental retardation fax a completed packet to APS Healthcare, Attention Sandra Jensen, at 1-866-858-8476 for a Level II PASRR review to be completed. If the Level I PASRR indicates no serious mental illness or mental retardation, it is okay to admit the client.
2. Complete packet requirements are:
 - PASRR I
 - Psychosocial evaluation
 - Psychiatric evaluation (if on file and < 2 years old)
 - LT101 <45 days old
 - Current history & physical
 - Current medications
 - Progress notes
 - Informed Consent Form
 - If MR, a comprehensive medication history and IQ Testing

On the fax coversheet, you must include your name, phone number, fax number and email address.

3. Refer those persons who are in need of a psychosocial evaluation to a local community mental health center to complete it as soon as possible. Time is of the essence in gathering information and making the determination.
4. If there is a determination by Mental Health and Substance Abuse Service Division (MHSASD) or Developmental Disabilities Division (DDD) that NF placement is not appropriate, APS Healthcare will assist in coordination of care in consultation with the resident and resident's family or legal representative, and care-givers to:
 - a. Arrange for safe orderly discharge of the resident
 - b. Prepare and orient the resident for such discharge
5. File Level II Determination Summary and Notification in the patient's chart.

II. Community Health Centers

1. Accept a referral for the psychosocial evaluation from any nursing facility or hospital in your county. The psychosocial evaluation needs to be completed and received by the referral source within three (3) working days upon actual referral.

III. APS Healthcare Responsibilities

1. A delegated authority at APS Florida receives each referral and determines if all required documents are in the referral packet. If all documents are in the packet then referral is assigned to a reviewer. If the referral packet is incomplete then a *Notice of Missing Documentation Letter* is faxed or emailed to referral source. If the missing documentation is not received within 2 business days then an *Administrative Closure Letter* is faxed or emailed to the referral source and mailed to client and/or guardian. If APS Florida receives the missing documentation within 2 days, the referral is then assigned to a reviewer.
2. The reviewer determines if the documents contain needed information and are representative of the client's current level of functioning. If not, additional information is requested within 2 business days by fax or emailing the referral source the *Notice of Necessary Clinical Documentation Letter*. After receiving additional information, if determination cannot be made, then outreach will be done via telephone to obtain additional information from the referring physician /provider. If yes, determination is made; a *Determination Summary Report* is completed and uploaded into APS Wyoming C3 Health Database. If Specialized Services (SS) are needed a recommended plan of care is included as part of the Determination Summary Report. APS Wyoming will monitor nursing facility compliance for SS.
3. A secure email is sent to the appointed MHSASD staff for final approval. If approval is for mental retardation, a secure email is sent to the appointed DDD staff.
4. Upon approval, a delegated authority at APS will send the *Notice of Determination Letter* by first class mailed to the client/legal guardian and facility. In addition, a letter will be sent to the physician and Wyoming Ombudsman via fax or email. A delegated authority also notifies ACS and APS Wyoming by *Memo* email. Final determination will be made on an annual average of 7-9 days.
5. Upon receiving the ACS MEMO email, APS Wyoming staff will provide placement support by phone.
 - If the client is not appropriate for nursing facility placement APS Wyoming staff will begin Care Coordination to assist in finding appropriate placement for the client within 1 business day.

- If the client is appropriate for nursing facility placement and the client requires SS APS Wyoming staff will contact the admitting facility within 1 business day to verify the facility can provide the SS and discuss the importance of maintaining documentation of the SS.
 - If client does not require SS APS Wyoming staff will call the facility to verify that communication has occurred between the discharge planner at the hospital and the nursing facility social worker to discuss any concerns.
6. If SS are recommended, APS Florida will monitor compliance with the Plan of Care recommendations and outcomes. A call will be made to the facility within 2 weeks to ensure compliance with recommendation. If SS are not initiated the facility will be given two more weeks. A second call will be made at that time. Notifications of non-compliance will be faxed by APS to the Facilities Manager at OHCF (Office of Healthcare Financing) 307-777-6964. Documentation of SS can be requested from APS at anytime.
 7. If SS are not recommended, the process is completed. APS will track completed Level II PASRR's and will report to the State monthly.

IV. MHSASD Responsibilities

1. MHSASD is the final authority for approval of the MI determination review for Level II PASRR's by APS Healthcare.

V. Developmental Disabilities Division Responsibilities

1. DDD is the final authority for approval of the MR determination review for the Level II PASRR's by APS Healthcare.

VI. Disposition Based on Results of Level II Evaluation

The Level II evaluation will result in determination of appropriate or inappropriate NF placement or need for Specialized Services. "Placement" refers either to admission or continued residence. The meaning of Special Services is, within the context of PASRR/MI level II evaluations, refer to psychiatric consultation, evaluation, psychotherapy, and psychotropic medication management for an acute episode of mental illness, at levels required to avert or eliminate the need for acute inpatient psychiatric care. These determinations carry the right of appeal as defined in 42 CFR Part 483.200 and Chapter XIX of the State Medicaid Rules.

1. Individual requires NF level of care but does not require specialized services. Placement is authorized. Mental health rehabilitation services may be recommended.
2. Individual requires NF level of care AND specialized services in the NF. (This category also includes residents who do not require NF

level of care but who are considered long-term residents under the 30-month rule).

3. Individual does not require NF care and does not require specialized services. Placement is not authorized. Admission is denied. The nursing facility must arrange for orderly discharge and must prepare and orient the resident for discharge.
4. Individual does not require NF level of care but requires specialized services that cannot be provided in the NF. Placement is not authorized. Admission is denied. The nursing facility must arrange for orderly discharge and must prepare and orient the resident for discharge. The 30-month rule applies.
5. No evidence of a serious mental illness. Placement is authorized. No further screening is required.
6. No evidence of serious mental retardation. Placement is authorized. No further screening is required.
7. Individual has a primary diagnosis of dementia or a secondary diagnosis of dementia when the primary diagnosis is not a serious mental illness. Placement is authorized. No further screening is required.
8. Individual is categorically appropriate due to terminal illness or severe medical condition. Placement is authorized.
9. The evaluation was incomplete due to death or discharge.

VII. Contacts for PASRR Level II

If you need clarification regarding PASRR Level II Process, call Sandra Jensen at 1-866-880-4080 ext. 8930, between 8-5 ET, Monday through Friday.

Fax the completed PASRR Level II referral packet to 1-866-858-8476, APS Healthcare, Attention: Sandra Jensen. On the fax cover sheet, you must include your name, phone number, fax number and email address.

VIII. Helpful Links

<http://www.wyhealthytogether.com>

<http://wyequalitycare.acs-inc.com/index.html>

<http://wdh.state.wy.us/mhsa/treatment/PASRR.html>

<http://wdh.state.wy.us/DDD/index.html>