

South Carolina Department of Health and Human Services PASRR Training for Providers

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Memorandum of Agreement

- Also known as “MOA”
- Allows the hospital or nursing facility holding a memorandum of agreement to complete PASRR activities
- Requires adherence to the rights and responsibilities
- Required to have a designated contact person in the facility
- Abides by the Health Insurance Portability and Accountability Act (HIPAA) guidelines
- Forwards PASRR’s weekly to Community Long Term Care (CLTC)

Two Distinct Levels of PASRR

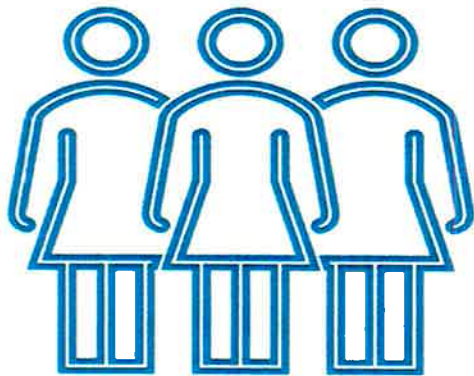
Level I

- Identifies all individuals who are suspected of having mental illness or intellectual disability or a related condition (example: Downs Syndrome) prior to admission to the nursing facility
- Is a **SCREENING TOOL** used to determine if further action is needed

Level II

- Further assesses those who are identified or suspected of having a serious mental illness, intellectual disability or may be a danger to themselves or others as found in the Level I screening

Who needs a PASRR completed?



- All individuals who apply to or reside in a Title XIX-certified nursing facility (facility that accepts Medicaid), regardless of the payment source for the nursing facility services AND regardless of the individual's known diagnosis. Anyone who is being admitted to a nursing facility that accepts Medicaid **MUST HAVE A PASRR.**
- If a patient is going to a facility that does not accept Medicaid, then the PASRR is not needed.



When is a Level I necessary?

- All new admissions to a Medicaid-certified nursing facility, regardless of pay source
- Prior to readmission from a hospital for inpatient treatment of a psychiatric condition, if the applicant has exceeded the 10-day bed hold
- All out of state transfers
- Respite care admissions to a nursing facility for up to fourteen days or less
- Respite care admissions to a hospital are **not** subject to Level I screening

Advanced Categorical Determinations

- Certain categories of applicants who require nursing facility care may meet criteria which allow the CLTC nurse consultant to classify the individual for an advanced decision that specialized services or special rehabilitation services are not required
- The CLTC nurse will review the information and will use the advanced categorical in certain situations as allowed
- Can only be done by the CLTC nurse consultant

LEVEL II PASRR

- Completed if **indicators** are present on the Level I PASRR
- Level II: Mental illness
- Level II: Intellectual disability or related disability or ID/RD

Level II: Mental Illness

- Referral to Level II for mental illness is not required for all applicants exhibiting behavioral or adaptation problems. Only applicants who have or are suspected of having a serious mental illness must be referred to Level II.
- A serious mental illness is defined in terms of diagnosis, behavior and recent treatment history. If a diagnosis of dementia, Alzheimer's or related disorder is present it may cancel the need for the Level II.
- Applicants who have **attempted suicide** within the last **two** years or who may be considered a danger to self or others **MUST** be referred for Level II assessment/evaluation.

Checklist for Mental Illness Indicators

A patient **MUST** have a check in **each** of the **three** groupings.

- **Diagnosis (confirmed or suspected)**
 - Schizophrenia
 - Bi-polar disorder
 - Severe mood/panic/anxiety disorder
 - Other psychotic disorder
 - Personality disorder
 - Somatoform disorder
 - Other mental disorder that may lead to a chronic disability

AND

Checklist for Mental Illness Indicators *(cont.)*

- **Level of impairment (within the last 3-6 months)**

- **Interpersonal functioning**

- Serious difficulty interacting appropriately and communicating effectively with other persons
- They have a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation

- **Concentration, persistence, and pace**

- Serious difficulty in sustaining focused attention to permit the completion of tasks commonly found in work settings or in work-like structured activities, such as, in school or home settings
- Manifests difficulties in concentration; unable to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks

- **Adaptation to change**

- Serious difficulty adapting to typical changes in circumstances associated with work, school, family, or social interaction; manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation; or requires intervention by the mental health or judicial system

OR

Checklist for Mental Illness Indicators *(cont.)*

- **Recent Treatment**

- The treatment history indicates that the individual has experienced at least **one** of the following:
 - Psychiatric treatment more intensive than outpatient care and at least once in the past 2 years (e.g., partial hospitalization or inpatient hospitalization) **OR**
 - Within the last 2 years, due to mental disorder, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials
 - **NOTE: Serious behaviors, in addition to diagnosis, should be considered for Level II even if hospitalizations have not occurred**

BUT

Checklist for Mental Illness Indicators *(cont.)*

- **Dementia**

- Not a primary diagnosis of dementia, including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a serious mental illness. Dementia must be confirmed by the completion of a mini-mental state exam, if this is the basis for the recommendation for no further evaluation.
 - Note: The mini-mental state exam is a copyrighted form. A blank form may not be copied. These forms must be ordered through CLTC Central Office. Once the form is completed with participant information, the form may be copied for participant record purposes.
- **If a check is present in each grouping, but the patient has a *primary* diagnosis of dementia... it cancels out the need for the Level II (BUT can be referred for Level II if there are severe behaviors).**

Level II: Mental Illness Required Documents

- Level I PASRR
- CLTC consent form
- History and physical
- Psychiatric evaluation (completed by the MD)
- Mental illness social history
- Nurse's notes and therapy notes
- Physician orders
- Medications

Level II for Mental Illness

- Reviewed by the South Carolina Department of Mental Health (SCDMH) in the region specific to the CLTC Office
- **Until a decision is received from the state authority (SCDMH) and the CLTC nurse has issued a PASRR Notification, a patient may not enter the nursing facility**
- The state authority has seven days to render a decision

Level II: Intellectual Disability or Related Disorder

- **ANYONE** with a documented or *suspected* diagnosis, or any related diagnosis, **MUST** have a Level II PASRR
- **Examples**
 - Down syndrome
 - Cerebral palsy
 - A patient who never attended school or lived on their own, even though the diagnosis is not documented

Level II: Intellectual Disability or Related Disorder Required Documents

- Level I PASRR
- CLTC consent form
- History and physical
- Intellectual disability social history
- Nurse's notes and therapy notes
- Physician orders
- Medications

Level II Determination: Intellectual Disability or Related Disorders

- All Level II documents are sent the South Carolina Department of Disabilities and Special Needs for review
- The state authority has seven days to render a decision

Automatic Referral for Level II

- Mental illness diagnosis + behaviors + at least **one** inpatient psychiatric hospitalization within the last two years
- Mental illness diagnosis + behaviors that have caused disruption to living situation or has required interaction by law enforcement
- Suicide attempt within the last 2 years
- Anyone who may be considered a danger to themselves or others
- Intellectual disability or related diagnosis or suspected of having an intellectual disability

Timelines

- For hospital referrals, CLTC nurse has **five business days** to complete the assessment
- For nursing home or community-based applicants the CLTC nurse has **10 business days** to complete the assessment
- The state authority has **seven business days** to render a decision



PASRR Reminders for Hospitals

- Make an electronic referral through the centralized intake system for nursing home placement as soon as it is decided the patient will be placed if the patient is going to the facility with Medicaid as the payor source
- Always consult with your CLTC nurse representative early in the process to avoid delays and for any questions
- Forward completed PASRRs weekly to your CLTC office
- Take time to check your completed PASRR for accuracy
- Confirm your patient is not in need of a Level II PASRR prior to admission to the facility
- If you complete and sign the PASRR, you MUST have completed training with CLTC either in person or virtually

PASRR Reminders for **Nursing Facilities**

- If you complete and sign the PASRR, you **MUST** have completed training with CLTC either in person or virtually
- Prior to admission of a patient from a hospital or community, **REVIEW** the PASRR carefully to confirm there is no indicator that they would require a Level II
- Patients admitted from out-of-state require a PASRR
- Only forward completed PASRRs on **NEW** admissions to the CLTC office
- If your facility decides an existing resident needs a Level II, the facility is responsible for completion. CLTC does not complete the Level II or submit for existing residents. Your CLTC nurse representative will be available to assist as needed during the process.
- If admitting a patient from the community under Medicaid, you **MUST** have a level of care certification letter and a PASRR, which should have been completed by the CLTC nurse

PASRR Reminders for **Nursing Facilities**

- Nursing facilities should confirm the PASRR Level I and Level II processes are complete **prior** to admitting the individual to the facility
- In cases where the individual is admitted to the nursing facility without the appropriate screening, the nursing facility will be responsible for completing the required screening and for arranging any specialized services or specialized rehabilitative services deemed necessary

CLTC Referral Information for **Facilities**

- CLTC centralized intake
- All Facilities should submit **all** referrals **electronically**
- <https://phoenix.scdhhs.gov/eref/>

SCDHHS Regional Offices CLTC Area Offices

Area 1-Greenville

Area Administrator-Matthew Merritt
620 North Main Street, Suite 300
Greenville, South Carolina 29601
Telephone: (864) 690-4131 Fax: (864) 242-2107
1-888-535-8523
Counties: Greenville, Pickens

Area 2-Spartanburg

Area Administrator-Aletta Thompson
101 North Pine Street, Suite 405
Spartanburg, South Carolina 29302
Telephone: (864) 594-4964 Fax: (803) 255-8312
1-888-551-3864
Counties: Cherokee, Spartanburg, Union

Area 3-Greenwood

Area Administrator-Belinda Adams
617 South Main Street
Greenwood, South Carolina 29646
Telephone: (864) 223-8622 Fax: (864) 223-8807
1-800-628-3838
Counties: Abbeville, Edgefield, Greenwood, Laurens,
McCormick, Saluda

Area 4-Rock Hill

Area Administrator-Rhonda Feaster
454 South Anderson Road, Suite 11
Rock Hill, South Carolina 29730
Telephone: (803) 560-6457 Fax: (803) 327-0065
1-888-296-2078
Counties: Chester, Lancaster, York

Area 5-Columbia

Area Administrator-Jennifer Robinson
300 Arbor Lake Drive, Suite 900
Columbia, South Carolina 29223
Telephone: (803) 764-8319 Fax: (803) 255-8208
(888) 847-0908
Counties: Fairfield, Lexington, Newberry, Richland

Area 6-Orangeburg

Area Administrator-Jeanette Goodwin
191 Regional Parkway, Bldg. A
Orangeburg, South Carolina 29118
Telephone: (803) 536-0122 Fax: (803) 534-2358
1-888-215-4915
Counties: Allendale, Barnberg, Calhoun, Orangeburg

Area 7-Sumter

Area Administrator-Ada Antoine
30 Wesmark Ct.
Sumter, South Carolina 29150
Telephone: (803) 567-3110 Fax: (803) 905-1987
1-888-751-5991
Counties: Clarendon, Kershaw, Lee, Sumter

Area 8-Florence

Area Administrator-Valerie Mitchell
2701 Aker Lee Blvd, Suite 200
Florence, South Carolina 29506
Telephone: (843) 667-8718 Fax: (843) 667-9354
1-888-793-8995
Counties: Chesterfield, Darlington, Dillon, Marlboro, Florence

Area 9-Conway

Area Administrator-Cynthia Oving
1201 Creel Street
Conway, South Carolina 29627
Telephone: (843) 279-2011 Fax: (843) 248-3809
1-888-539-8796
Counties: Georgetown, Horry, Marion, Williamsburg

Area 10-Charleston

Area Administrator-Joann Nesbitt
4130 Faber Place Drive, Suite 303
North Charleston, South Carolina 29405
Telephone: (843) 529-0142 Fax: (843) 566-0171
1-888-805-4397
Counties: Berkeley, Charleston, Dorchester

Area 11-Anderson

Area Administrator-Kim Johnson
3215 Martin Luther King Jr. Blvd., Suite H
Anderson, South Carolina 29625
Telephone: (864) 660-4100
Fax: (864) 225-0871
1-800-715-8003
Counties: Anderson, Oconee

Aiken Satellite Office

Area Administrator- Jeanette Goodwin
Program Coordinator- Samantha Sndair
2361 S. Centennial Avenue, Building 2, Suite B
Aiken, South Carolina 29803
Telephone: (803) 641-7660 Fax: (803) 255-8301
1-888-364-3310
Counties: Aiken, Bamwell

Ridgeland Satellite Office

Area Administrator-Joann Nesbitt
Program Coordinator-Tammy Davis
10175 South Jacob Smart Blvd.
Ridgeland, South Carolina 29936
Telephone: (843) 726-5353 Fax: (843) 726-5113
Beaufort Line: (843) 521-9191
1-800-262-3329
Counties: Beaufort, Colleton, Hampton, Jasper

Area 17 – Centralized Intake

Sonya McFarlan
7499 Parklane Road
Columbia, South Carolina 29223
Telephone: (888) 971-1637 Fax: (803) 255-8340
Counties: Statewide

Questions and Answers

