PASRR Training for CSU Providers

August 8, 2018

Introductions

- Department of Behavioral Health and Developmental Disabilities
  - Shardae Bunche, MPH, Medicaid and Health Systems Manager
- Georgia Department of Community Health
  - Linda McCall, Program Director
  - Wylean Thomas, Compliance Specialist III
- Alliant Health Solutions
  - Leigh Hamilton, RN, PAUM Manager
- Georgia Collaborative ASO
  - Ashley Tricquet, LPC, Interim Clinical Director
  - Melissa Travers, LPC, PASRR Supervisor
  - Nicole Griep, MSW, Director of Quality Management

PASRR Overview
Level I

Leigh Hamilton, RN, PAUM Manager

What Does PASRR Stand For?

Preadmission Screening and Resident Review

Purpose

To ensure that nursing facility applicants and residents with mental illness and/or intellectual disability are:

*Identified

*Admitted or remain in a NF only if they can be appropriately serviced in the NF

*Provided with needed MI/ID services, including specialized services, if needed

Why?

-To prevent inappropriate treatment or placement of individuals with mental illness, intellectual disability and related conditions
-To identify mental health needs of individuals placed in Nursing Facilities

Players and Process

-Alliant Health Solutions- Level I- “Identification Process” (flagging the patient)
-Beacon- Level II- Evaluation of placement and service needs
-MH Services- Mental health-Specialized services

Program Goals

*Reduce and prevent unnecessary psychiatric hospitalizations

*Reduce unnecessary use of psychotropic medications

*Provide optimal and effective treatment efficiently while minimizing costs

*Lessen or eliminate the debilitating symptoms of mental illness each resident experiences and to minimize and prevent recurrent acute episodes of the illness

*To improve functioning in adult social roles and activities

*To enhance the quality of life of PASRR residents

PASRR Process Flow

-Provider submits Level I

-Level 1 processed by CSA system or by PASRR Staff Reviewer for completeness, premature admit, duplicates

-If approved, precert number given via Medical Review Portal or provider can call

-If not approved for admission, it pends for staff review

Pends for: premature admits, MD signature greater than 30 days, MD signature is a future date, possible duplicate, may need to be reviewed for Level II referral.

-If triggers a Level II referral, OBRA form completed by Reviewer.

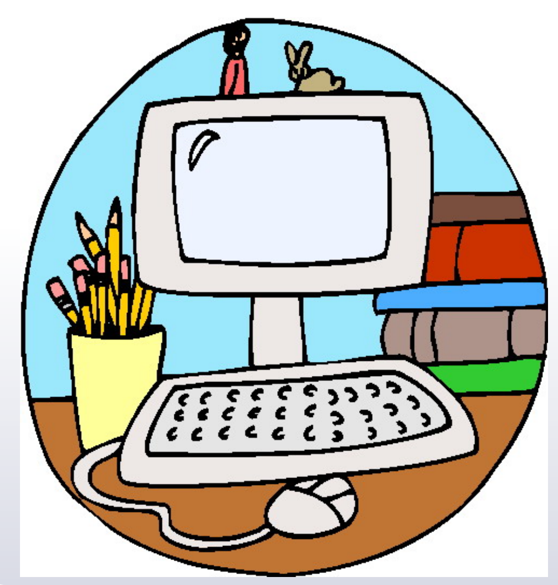
-Next, Beacon contacts provider and gets medical records and performs assessment as needed. (They have 7 business days once get referral to complete assessment).

-Beacon sends a copy of decision to referring facility and the individual

-If Mental Health Services are needed, Then up to the NF to contact a mental health provider.

Where Do I find PASRR Level 1 Application Form and guidelines for PASRR?

Nursing Facility Service Manual Section 800 Prior Approval/Admission Procedures and Appendix H. See Appendix F for Level 1 application form.



How We Review PASRRs

Reviewing PASRRs

1. Review Technical Rules
2. Review for Mental Illness/DD/Dementia

Technical Rules

- Duplicate Request?
- MD Signature Date?
- Less than 30 day admit?
- Severe Physical Illness?
- Where did the patient come from?
- Premature Admit?

Review for Mental Illness/DD/Dementia

- Mental Illness?
- Dementia?
- DD/ID?
- Hx of Mental Illness?

Stay Tuned.............

Automatic Denials

-Automatic Denial:

Does the individual applying for admission, **directly from hospital discharge, require NF services for the condition received while in the hospital** and whose attending physician has certified that the NF stay is likely to require **less than 30 days**? YES

-No precert is needed if resident will be staying LESS THAN 30 DAYS in the facility.

Less Than 30 Day Admit

DO NOT PROCEED IF PHYSICIAN HAS NOT CERTIFIED A DMA-6 FOR A LEVEL OF CARE

Contact Information

Contact First Name :	MELINDA	Contact Last Name :	DOOLEY	Title of Contact Person :	SOCIAL WORKER
Name of Contact Facility :	MEADOWS REGIONAL MEDICAL CENTER	Contact Facility Type :	Hospital	Date Level I Requested :	04/30/2018
Phone :	9125355555	Fax :	9125355649	E-mail :	mmdooley@meadowsregional.org
Address :	P.O. BOX 1048	City :	VIDALIA	State / Zip :	GA 30475

Nursing Facility Information

Has the patient been admitted to the nursing facility?	No	Date of Admission to Nursing Facility :	
Name of Nursing Facility Patient Admitted To :		Nursing Facility Provider ID :	

Does the individual applying for admission, **directly from hospital discharge, require NF services for the condition received while in the hospital** and whose attending physician has certified that the NF stay is likely to require **less than 30 days**?

Automatic Approval Examples

*Only 1. was answered Yes. All others No.

1. Does the individual have a primary (Axis I) diagnosis of dementia?	Yes

The type of dementia, due to:

Alzheimer's Disease :	Yes	Vascular Changes :	No	HIV :	No	Head Trauma :	No	Huntington's Disease :	No	Creutzfeldt-Jakob (ABE) :	No	Pick's Disease :	No
Parkinson's Disease :	No	Other :	No	Other Diagnosis if known :						Date of Onset if known :			

If 'Other' is selected, please explain.

If No, is there presenting evidence to indicate : Undiagnosed Condition: Suspected Diagnose:

2. Is there current and accurate data found in the patient record to indicate that there is a **severe physical illness** that is so severe that the patient could not be expected to benefit from *specialized services?	No

* Specialized Services under Georgia's PASRR Program are services in combination with nursing facility services results in the implementation of an individualized plan of care that i
developed and supervised by an interdisciplinary team, prescribes specific therapies and activities which necessitates supervision by trained mental health personnel and is directed

Automatic Approval Examples

All NO's

1. Does the individual have a primary (Axis I) diagnosis of dementia?	No

The type of dementia, due to:

Alzheimer's Disease :	No	Vascular Changes :	No	HIV :	No	Head Trauma :	No	Huntington's Disease :	No	Creutzfeldt-Jakob (ABE) :	No	Pick's Disease :	No
Parkinson's Disease :	No	Other :	No	Other Diagnosis if known :						Date of Onset if known :			

If 'Other' is selected, please explain.

If No, is there presenting evidence to indicate :	Undiagnosed Condition:	No	Suspected Diagnose:	No

2. Is there current and accurate data found in the patient record to indicate that there is a **severe physical illness** that is so severe that the patient could not be expected to benefit from *specialized services?	No

* Specialized Services under Georgia's PASRR Program are services in combination with nursing facility services results in the implementation of an individualized plan of care that is developed and supervised by an interdisciplinary team, prescribes specific therapies and activities which necessitates supervision by trained mental health personnel and is directed toward stabilization and restoration. The services include crisis intervention, training/counseling, physician assessment & care, In-Service training services, Skills training with Rehab supports& therapy, day/community support for adults, and case management which involves assertive community treatment. For more information, see Nursing Facility Part II Medicaid Policy Manual, Appendix H.

Specified the Physical Illness :

Coma, Functioning at a Brain Stem Level :	No	Congestive Heart Failure :	No	Chronic Obstructive Pulmonary Disease :	No	Ventilator Dependence :	No
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) :	No	Delirium :	No	Parkinson's Disease :	No	Huntington's Disease :	No
Other :	No	Date of Onset if known :					

If 'Other' is selected, please explain.

Physical illness likely to continue ?	No
Likely to interfere with mental/cognitive capacity/function ?	No
3. Does the individual have a **terminal illness** as defined for hospice purpose under 42 CFR 483.130 which includes medical prognosis that his/her life expectancy is 6 months or less?	No

Diagnosis if known :		Date of Onset if known :	

4. Does the individual have a Primary Diagnosis of Serious Mental illness, developmental disability or related condition?	No

If Yes, specify the mental illness :

Schizophrenia, Paranoid Type :	No	Schizophrenia, Disorganized Type :	No	Schizophrenia, Catatonic Type :	No	Schizophrenia, Undifferentiated Type :	No
Schizophrenia, Residual Type :	No	Bipolar Disorder :	No	Depressive Disorder :	No	Somatoform Disorder :	No
Other Mental Disorder if known :	No			Anxiety Disorder :	No		
Substance Use Related Disorder :	No			Date of Onset if known :			

Comments :

Automatic Approval Examples

All that apply to the Applicant/Resident : (**DO NOT HAVE TO PROCEED IF PHYSICIAN HAS CERTIFIED THAT NF SERVICES ARE FOR 30 DAYS OR LESS**)

New admission :	**Yes**	Readmission to NF from Psychiatric Hospital :	No	Readmission to NF from Acute Hospital :	No
Respite care, less than 30 days :	No	Transfer from Residential to NF :	No	Transfer between NF's :	No
Emergency, Requiring Protective Services :	No	Out of State Resident(OOS) :	No	Significant Status Change :	No
Referral from ID/DD Agency/DBHDD :	No	Other :	No		

***Resident's OOS PASRR Contact Information:** (if Out of State resident is selected)

OOS Contact Last Name :		OOS Contact First Name :		Contact Phone #	

1. Does the individual have a primary (Axis I) diagnosis of dementia?	Yes

The type of dementia, due to:

Alzheimer's Disease :	No	Vascular Changes :	No	HIV :	No	Head Trauma :	No	Huntington's Disease :	No	Creutzfeldt-Jakob (ABE) :	No	Pick's Disease :	No
Parkinson's Disease :	No	Other :	**Yes**	Other Diagnosis if known :		290.40				Date of Onset if known :			

If 'Other' is selected, please explain.

Unknown type

If No, is there presenting evidence to indicate :	Undiagnosed Condition:	No	Suspected Diagnose:	No

2. Is there current and accurate data found in the patient record to indicate that there is a **severe physical illness** that is so severe that the patient could not be expected to benefit from *specialized services?	No

* Specialized Services under Georgia's PASRR Program are services in combination with nursing facility services results in the implementation of an individualized plan of care that is developed and supervised by an interdisciplinary team, prescribes specific therapies and activities which necessitates supervision by trained mental health personnel and is directed toward stabilization and restoration. The services include crisis intervention, training/counseling, physician assessment & care, In-Service training services, Skills training with Rehab supports& therapy, day/community support for adults, and case management which involves assertive community treatment. For more information, see Nursing Facility Part II Medicaid Policy Manual, Appendix H.

Yes to dementia ONLY

Premature Admit

Physician Information					
Physician's Name on DMA-6 :	B. Jovett	Office or Hospital :	Hospital	Phone :	7707197000
Address 1 :	1255 Hwy 54W	Address 2 :		City :	Fayetteville
State:	GA	Zip :	30214	County:	Fayette
Physician Signed?	Yes	Date Signed :	04/17/2018		
DO NOT PROCEED IF PHYSICIAN HAS NOT CERTIFIED A DMA-6 FOR A LEVEL OF CARE					

Contact Information					
Contact First Name :	Cathy	Contact Last Name :	Bradley	Title of Contact Person :	AD
Name of Contact Facility :	Ansley Park	Contact Facility Type :	Nursing Facility	Date Level I Requested :	04/30/2018
Phone :	7704008000	Fax :	7704008200	E-mail :	cbradley@ethicahealth.org
Address :	450 Newnan Lakes Blvd.	City :	Newnan	State / Zip :	GA 30263

Nursing Facility Information			
Has the patient been admitted to the nursing facility?	Yes	Date of Admission to Nursing Facility :	04/17/2018
Name of Nursing Facility Patient Admitted To :	ANSLEY PARK HEALTH AND REHABILITATION, LLC	Nursing Facility Provider ID :	REF000598440
Does the individual applying for admission, **directly from hospital discharge, require NF services for the condition received while in the hospital** and whose attending physician has certified that the NF stay is likely to require **less than 30 days**?			No

Why do PASRRs Pend?

*MD signature greater than 30 days from the date of admission OR the date the PASRR was submitted

*Answered YES to mental illness, Dementia, DD/ID, or one of the last questions under functional limitations

*Possible duplicate (checks all those within last 90 days)

*Patient has already been admitted to a Nursing Facility

Helpful hints

*Dementia only → APPROVE

*Alzheimer's only → APPROVE

*Dementia (not Alzheimer's)+ Mental Illness/ID or DD → REFER To Beacon

*Mental Illness only→ REFER To Beacon

*Intellectual Disability (ID) or Dev Disability (DD) only → REFER To Beacon

*Answer YES to 2. Is there current and accurate data found in the patient record to indicate that there is a sever physical illness that is so severe that the patient could not be expected to benefit from *specialized services→ APPROVE

Other Helpful Hints

*Add Medicaid ID always if available

*If DOB or SSN is incorrect in GAMMIS, DFACS is only agency that can correct

*If no Medicaid ID on PASRR, can change any demographics

*Use the Change Request Link on the Medical Review Portal

Other Helpful Hints

Does the individual applying for admission, directly from a hospital discharge, require NF services for the condition received while in the hospital and whose attending physician has certified that the NF stay is likely to require less than 30 days?

*if provider answers YES and then submits a new PASRR within a week or so, the originally denied PA needs to be changed to approved.

*Provider has up to 40 days to get the denied PASRR changed to Approved, otherwise a new PASRR needs to be submitted for pay date purposes

Billing Issues

*Make sure provider is billing correct date

*Check for end dates in GAMMIS (May need to resave and resend to GAMMIS)

*Make sure billing for Level II vs Level I if PA was referred

*Make sure Medicaid ID attached if patient has Medicaid

Let's Review

Add a PASRR-Related Phone Call

Add / Search Non-PA Call(s)

Request Information

Assessment Number :

Request Date : 05/07/2018

Status : Pending CSARules

Member Medicaid ID

Member Name :

Age : 86y 9m

Member SSN : XXX-XX-

Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

Browse... Attach File

Attached Files

File	Type	Code	Document Name	Size	User	Date	
PreadmissionScreeningNew.pdf	Attached By Nurse			50 KB		5/7/2018 10:58:16 AM	DELETE

GHP Decision :

Reviewer Name :

GHP Decision Date:

Request Submitted Via : WEB

Reason for Withdrawn :

Premature Admission :

OBRA Decision :

OBRA Number :

OBRA Decision Date :

Modified By :

Modified Date : 5/7/2018 10:58:16 AM

Created By :

Comments / Messages :

Send L1 to HP again

Save Request

Return To Search Results

ALLIANT HEALTH SOLUTIONS

Request ID :	118050700659	Status :	Pending

Physician Information

Physician's Name on DMA-6 :	Venkat Rangaraj	Office or Hospital :	Office	Phone :	7707747688
Address 1 :	2795 Main St. W. Suite 21	Address 2 :		City :	Snellville
State:	GA	Zip :	30078	County:	Gwinnett
Physician Signed?	Yes	Date Signed :	05/02/2018		

DO NOT PROCEED IF PHYSICIAN HAS NOT CERTIFIED A DMA-6 FOR A LEVEL OF CARE

Contact Information

Contact First Name :	Robin	Contact Last Name :	Robillard	Title of Contact Person :	Medical Records Director
Name of Contact Facility :	Chestnut Ridge	Contact Facility Type :	Nursing Facility	Date Level I Requested :	05/07/2018
Phone :	7708890120	Fax :	6784553844	E-mail :	rrobillard@cypressga.com
Address :	125 Samaritian Dr.	City :	Cumming	State / Zip :	GA 30040

Nursing Facility Information

Has the patient been admitted to the nursing facility?	Yes	Date of Admission to Nursing Facility :	05/02/2018
Name of Nursing Facility Patient Admitted To :	CHESTNUT RIDGE NURSING & REHAB CENTER	Nursing Facility Provider ID :	REF000018987
Does the individual applying for admission, **directly from hospital discharge, require NF services for the condition received while in the hospital** and whose attending physician has certified that the NF stay is likely to require **less than 30 days**?			No

Member Information

Member ID :					
Last Name:	AYRES	First Name :	DAVID	Middle Initial :	L
Social security Number :	235447951	Date of Birth :	08/25/1931	Gender :	M
Current Location of Applicant :	Residential / Nursing facility				

If 'Other' is selected for Applicant's Current Location, please explain. If 'Home' is selected, please list address, contact person, contact phone number.

All that apply to the Applicant/Resident : (DO NOT HAVE TO PROCEED IF PHYSICIAN HAS CERTIFIED THAT NF SERVICES ARE FOR 30 DAYS OR LESS)

New admission :	Yes	Readmission to NF from Psychiatric Hospital :	No	Readmission to NF from Acute Hospital :	No
Respite care, less than 30 days :	No	Transfer from Residential to NF :	No	Transfer between NF's :	No
Emergency, Requiring Protective Services :	No	Out of State Resident(OOS) :	No	Significant Status Change :	No
Referral from ID/DD Agency/DBHDD :	No	Other :	No		

All NO

1. Does the individual have a primary (Axis I) diagnosis of dementia?	No

The type of dementia, due to:

Alzheimer's Disease :	No	Vascular Changes :	No	HIV :	No	Head Trauma :	No	Huntington's Disease :	No	Creutzfeldt-Jakob (ABE) :	No	Pick's Disease :	No
Parkinson's Disease :	No	Other :	No	Other Diagnosis if known :						Date of Onset if known :			

If 'Other' is selected, please explain.

If No, is there presenting evidence to indicate :	Undiagnosed Condition:	No	Suspected Diagnose:	No

2. Is there current and accurate data found in the patient record to indicate that there is a **severe physical illness** that is so severe that the patient could not be expected to benefit from *specialized services?	No

* Specialized Services under Georgia's PASRR Program are services in combination with nursing facility services results in the implementation of an individualized plan of care that is developed and supervised by an interdisciplinary team, prescribes specific therapies and activities which necessitates supervision by trained mental health personnel and is directed toward stabilization and restoration. The services include crisis intervention, training/counseling, physician assessment & care, In-Service training services, Skills training with Rehab supports& therapy, day/community support for adults, and case management which involves assertive community treatment. For more information, see Nursing Facility Part II Medicaid Policy Manual, Appendix H.

Specified the Physical Illness :

Coma, Functioning at a Brain Stem Level :	No	Congestive Heart Failure :	No	Chronic Obstructive Pulmonary Disease :	No	Ventilator Dependence :	No
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) :	No	Delirium :	No	Parkinson's Disease :	No	Huntington's Disease :	No
Other :	No	Date of Onset if known :					

If 'Other' is selected, please explain.

Physical illness likely to continue ?

Likely to interfere with mental/cognitive capacity/function ?

3. Does the individual have a **terminal illness** as defined for hospice purpose under 42 CFR 483.130 which includes medical prognosis that his/her life expectancy is 6 months or less?	No

Diagnosis if known :		Date of Onset if known :	

4. Does the individual have a Primary Diagnosis of Serious Mental illness, developmental disability or related condition?	No

If Yes, specify the mental illness :

Schizophrenia, Paranoid Type :	No	Schizophrenia, Disorganized Type :	No	Schizophrenia, Catatonic Type :	No	Schizophrenia, Undifferentiated Type :	No
Schizophrenia, Residual Type :	No	Bipolar Disorder :	No	Depressive Disorder :	No	Somatoform Disorder :	No
Other Mental Disorder if known :	No			Anxiety Disorder :	No		
Substance Use Related Disorder :	No			Date of Onset if known :			

Comments :

All NO

a.Does the treatment history indicate that the individual has received, is receiving, or has been referred to receive services from an agency for a serious mental illness or mental disorder?	No
b. Does the treatment history indicate the individual has experienced **at least ONE of the following?**	
(1) Inpatient psychiatric treatment/crisis stabilization within the past 5 years.	No
(2) 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.	No
c. The disorder results in functional limitations of major life activities that would normally be appropriate for the individual's developmental stage. The individual typically has AT LEAST ONE of the following characteristics on a continuing or intermittent basis:	
(1) Interpersonal Symptoms. The individual may have serious difficulty interacting with others; altercations, evictions, unstable employment, frequently isolated, avoids others	No
(2) Completion of Tasks. The individual may have serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks, requires assistance with tasks, lacks concentration or persistence.	No
(3) Adaptating to change. This individual may be self-injurious, self-mutilating, suicidal, or have episodes of physical violence or threats, appetite disturbance, hallucinations, delusions, serious loss of interest, tearfulness, irritability, or withdrawal.	No
Comments :	

5. The individual has a Diagnosis of Intellectual Disability (ID) or Developmental Disability (DD) [prior to age 18] or a Related Condition [prior to age 22]	No

If Yes,

a. Diagnosis of any of the following **disabilities** MAY indicate a **RELATED CONDITION:** Autism, Blind/Severe Visual Impairment, Cerebral Palsy, Cystic Fibrosis, Deaf/Severe Hearing Impairment, Head Injury, Epilepsy/Seizure Disorder, Multiple Sclerosis, Spina Bifida, Muscular Dystrophy, Orthopedic Impairment, Speech Impairment, Spinal Cord Injury, Deafness/Blindness.

Diagnosis if known : Date of Onset if known :

The individual is a **"PERSON WITH RELATED CONDITIONS"** having a severe, chronic disability **that meet ALL of the following conditions**:

(1) It is attributable to cerebral palsy, epilepsy, or any other condition other than mental illness, found to be closely related to intellectual disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disability, and requires treatment or services similar to those required by these persons.

(2) It is manifested before the person reaches age 22.

(3) It is likely to continue indefinitely.

(4) It results in substantial functional limitations in THREE or more of the following areas of major life activities:

- self-care;
- understanding and use of language;
- learning;
- mobility;
- self-direction; and
- capacity for independent living.

b. If No, is there presenting evidence to indicate a suspected diagnosis for an undiagnosed condition as indicated by substantial functional limitations in THREE or more of the following areas of major life activities: (Refer to Section (4) Above)	No

b. If No, is there presenting evidence to indicate a suspected diagnosis for an undiagnosed condition as indicated by substantial functional limitations in THREE or more of the following areas of major life activities: (Refer to Section (4) Above)	No
c. Does the treatment history indicate that the individual has received, is receiving, or has been referred to services for ID/DD/RC from DBHDD or another agency?	No
(1) Has 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.	No
(2) Has received Inpatient residential treatment	No
Comments :	

All NO

Do not admit the applicant to the nursing facility until the DMA Medical Management Vendor and/or the PASRR Determination Unit approves this admission and issues the PASRR authorization code number.

<u>*Admissions into a facility prior to the issued authorization code will result in the Department's denial of payment prior to the date that the PASRR authorization code is issued.</u>
The authorization code must be documented on the applicant's DMA- 6 form, in the appropriate 9A or 9B section.

The Level I screen is part of the Preadmission Screening/Resident Review (PASRR), and identifies whether an applicant to a nursing facility has indicators for a related condition of mental illness, intellectual disability or developmental disability. If there is no further evidence to indicate the possibility of mental illness, intellectual disability or related condition, prior to admission into the nursing facility, the nursing facility may admit this applicant. If the nursing facility admits the applicant and discovers information that was not disclosed to the PASRR screeners, the nursing facility is required to contact the DMA Medical Management Vendor immediately.

Admission to the facility does not constitute approval for Title XIX patient status.

A copy of this form, as well as a copy of the DMA-6, must be placed in each resident's clinical record in the facility.

Back

PASRR Level II Overview
The Georgia Collaborative ASO

- The right service
- In the right amount
- For the right individuals
- At the right time

Importance of PASRR

PASRR is an important tool for states to use in rebalancing services away from institutions and towards supporting people in their homes and in the least restrictive settings possible

PASRR can also advance person-centered care planning by assuring that psychological, psychiatric, and functional needs are considered along with personal goals and preferences in planning long term care

PASRR Process

Level I: The PASRR process requires that all applicants to a Medicaid-certified Nursing Facility receive a **Level I** preliminary assessment to determine whether they might have a mental illness, intellectual disability, or related condition. If one of these conditions is identified, a referral will be made for a **Level II** assessment

Level II: The outcome of this **Level II** evaluation confirms the need for placement in a skilled nursing facility and provides a set of service recommendations for providers to use in developing an individualized plan of care

PASRR Workflow – Level II Submissions

GMCF/Alliant contacts the Collaborative if there is evidence of a SMI, IDD/DD, or related condition to start Level II

The Collaborative will request medical records from the facility to be submitted within 24 hours. A review of the records will begin within 48 hours of referral.

A PASRR assessor completes a record review or face to face assessment (telephonic if out of state) as clinically necessary.

Summary of findings with Letter of Determination are sent within 7 business days for new SNF admissions. The letter includes the authorization number needed for billing.

If specialized services are recommended, a request for authorization should be submitted to authorize billing.

PASRR Referrals – Medical Records

The process of submitting the DMA613 form to GMCF/Alliant remains the same

Medical records should be submitted within 24 hours of referral to ensure timely review and determination

Failure to submit all needed records results in a cancellation which requires resubmission

Medical records can be faxed to: 855-858-1965 or emailed: GAPASRR@beaconhealthoptions.com

PASRR - Documentation to Submit

When submitting documentation for Level II review, please include the following:

- Medical history, current medications, and physical examination report (within the last year**)
- Psychological evaluation, including intelligence testing for Individuals with an intellectual disability under age 18, must be current within last 3 years** (For 18 and older, conducted as needed)
- Functional evaluation if available conducted by a qualified mental health professional

****When evaluations are not current or not available, PASRR clinical staff will contact the Individual and any other applicable parties to schedule the evaluations to be completed.**

PASRR Determination

Determination for those seeking new placement will be made within 7 business days of receipt of the original referral

Summary of Findings (SOF)

- SOF sent to the Individual, representative, referring provider/facility, and/or nursing home
- SOF will be mailed, emailed or faxed, as appropriate

Determination

- Skilled Nursing Facility – Approval with specialized services
- Skilled Nursing Facility – Approval without specialized services
- Skilled Nursing Facility – Non-Approval

PASRR Workflow – Denial/Appeals

In cases of denial, a first level appeal can be submitted to the Collaborative within 10 business days of the denial. Results of the appeal will be provided within 7 business days of the receipt of the appeal by the Collaborative.

A second level appeal can also be requested and should be submitted to the Collaborative within 10 business days. Results of a second level appeal will be provided within 5 business days by DBHDD.

Appeals process offered for any non-approval outcomes.

After PASRR Level II is complete

- When the Level II PASRR Assessment is completed, the finalized Level II document and a Letter of Determination are sent to the referring provider
- If the Level II is an approval, the Letter of Determination contains the authorization number the SNF needs for billing
- SNFs utilize outside agencies with clinical and medical staff to provide specialized mental health services
- Specialized services for IDD/DD is coordinated through the DBHDD Regional Office
- Authorization Requests for PASRR specialized services are submitted via the Provider Connect website

PASRR Level II Assessment Form

The Georgia Collaborative ASO

Name: CID#:

GEORGIA PASRR RECORD REVIEW

Record Review Date :

OBRA Status:

Information must be present in the consumer's medical record to support the answers below.

Consumer Legal Name:	**Social Security Number:**
Date of Birth:	**Gender:** ☐ Female ☐ Male
Consumer Location: ☐Home ☐Nursing Facility ☐Medical Hospital/Unit ☐Psychiatric Hospital/Unit ☐Rehab Unit ☐ICF/DD Setting ☐Assisted Living ☐Other (specify)	
Facility Name:	**Facility Contact Person:**
Facility County:	**Facility Phone Number:**
Consumer Home Address: **County:**	**Name and Phone Number of Legal Representative, Family Member or Designated Contact:**

Verification of Psychiatric Diagnosis(es)

DSM Diagnosis of Record

Code: Description:

Onset of Diagnosis (date):

Additional Diagnosis(es)

Code: Description:

Code: Description:

Code: Description:

DMA-6 included: ☐Yes ☐No

Signed by physician? ☐Yes ☐No

Explanation:

Does consumer have a diagnosis of any of the following conditions?

Condition		
Dementia	☐Yes	☐No
Depression NOS	☐Yes	☐No
Anxiety NOS	☐Yes	☐No
Substance Abuse	☐Yes	☐No
Traumatic Brain Injury	☐Yes	☐No
Delirium	☐Yes	☐No
Organic Mood/Psychotic Disorder	☐Yes	☐No

If dementia or other organic disorder is present, please describe progression of the condition and current cognitive and behavioral functioning:

PASRR Level II Assessment Form

Is the consumer currently receiving outpatient psychiatric treatment? ☐Yes ☐No ☐Unknown
If yes, please specify type of treatment:

Does the consumer currently have active psychiatric symptoms? ☐Yes ☐No ☐Unknown
If yes, please describe current symptoms:

Does the consumer have a history of multiple psychiatric hospitalizations? ☐Yes ☐No ☐Unknown

Psychiatric Medications	Targeted Symptoms

Georgia PASRR Record Review Form
The Georgia Collaborative ASO - 229 Peachtree Street, Suite 1800 Atlanta, GA 30303 855-606-2725
Page 1 of 3

PASRR Level II Assessment Form

The Georgia Collaborative ASO

Name: CID#:

Verification of Other Diagnosis(es)

Intellectual/Developmental Disability:
- ☐ None known
- ☐ Suspected, not diagnosed
- ☐ Diagnosed by age 18
- ☐ Confirmed by testing

Level:
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Profound
- ☐ Unknown

Related Condition:
- ☐ None known
- ☐ Suspected, not diagnosed
  - Specify:
- ☐ Cerebral Palsy
- ☐ Autism
- ☐ Seizure DO/Epilepsy
- ☐ Other (Specify):

Diagnosed by age 22:
- ☐ Yes
- ☐ No
- ☐ Unknown

Current MI/IDD/RC Status (include hospitalizations/treatment for all conditions)

Current Medical Status: ☐ Physical exam available for review

Functional Assessment

Substantial limitations in:
- ☐ Self Care
- ☐ Self direction
- ☐ Capacity for Independent Living
- ☐ Mobility
- ☐ Learning
- ☐ Communication

Comments:

Able to participate in, or benefit from, treatment:
- ☐ Yes
- ☐ No
- ☐ Unknown

Comments:

Summary of Findings

PASSR Level II Assessment Form

Determination	
☐ Face to Face Evaluation Required – appropriate level of care *cannot* be determined from a review of the records only. Enter justification below.	☐ Record Review – appropriate level of care *can* be determined from a review of the records only. Enter justification below.
Justification:	

Serious Mental Illness (SMI) definition:
Has a mental disorder that results in functional impairment including schizophrenia, mood disorders, paranoia, panic or other severe anxiety disorder, somatoform disorder, personality disorder, other psychotic disorder, or another mental disorder that may lead to a chronic disability but is not an organic disorder or primary diagnosis of dementia.

☐ **1.0**	SNF Approval, serious mental illness, no specialized services	Has SMI, meets Skilled Nursing Facility (SNF) level of care criteria, no need for specialized services for SMI
☐ **1.1**	SNF Approval, serious mental illness, specialized services	Has SMI, meets SNF level of care criteria, recommend specialized services for SMI
☐ **1.2**	SNF Approval, no serious mental illness	No SMI, meets SNF level of care criteria
☐ **2.0**	SNF Non-Approval, serious mental illness, community w/specialized services	Has SMI, does not meet SNF level of care criteria and should be considered for alternative community setting, recommend specialized services for SMI

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Page 2 of 3

PASRR Level II Assessment Form

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☐ **2.1**	SNF Non-Approval, serious mental illness, inpatient psychiatric hospitalization	Has SMI, does not meet SNF level of care criteria and should be considered for psychiatric hospitalization
☐ **2.2**	SNF Non-Approval, no serious mental illness	No SMI, does not meet SNF level of care criteria

Intellectual/Developmental disability definition:

Has a diagnosis of Intellectual/Developmental Disability or a related condition. Related condition is defined as a chronic disability, e.g., cerebral palsy, epilepsy or similar conditions, other than MI, which results in impairment of intellectual or adaptive functioning; is manifested prior to age 22; is likely to occur indefinitely; and results in substantial functional limitations in three or more of the following: self-care, understanding/use of language, learning, mobility, self-direction, or capacity for independent living.

☐ **3.0**	SNF Approval, IDD, no specialized services	IDD, meets SNF level of care criteria, does not need specialized services for IDD
☐ **3.1**	SNF Approval, IDD, specialized services	IDD, meets SNF level of care criteria, recommend specialized services for IDD
☐ **3.2**	SNF Approval, no IDD	No IDD, meets SNF level of care criteria
☐ **4.0**	SNF Non-Approval, IDD, community w/specialized services	IDD, does not meet SNF level of care criteria and should be considered for alternative community setting, recommend specialized services for IDD
☐ **4.1**	SNF Non-Approval, IDD, ICF/IDD	IDD, does not meet SNF level of care criteria and should be considered for ICF/IDD
☐ **4.2**	SNF Non-Approval, no IDD	No IDD, does not meet SNF level of care criteria

☐ **5.0**	Cancelled
☐ **6.0**	Discharged
☐ **7.0**	Deceased

PASRR Level II Assessment Form

Recommended Specialized Services (Codes 1.1, 2.0, 3.1 and 4.0 above)		
	Currently Receiving	Recommended
Crisis Services	☐Yes ☐No	☐Yes ☐No
Diagnostic/Ongoing Psychiatric Care	☐Yes ☐No	☐Yes ☐No
Case Management (i.e. CSI, ACT)	☐Yes ☐No	☐Yes ☐No
Individual Therapy	☐Yes ☐No	☐Yes ☐No
Family Therapy	☐Yes ☐No	☐Yes ☐No
Behavioral Health Assessment/Service Plan Development	☐Yes ☐No	☐Yes ☐No

Certification		
Printed Name of Evaluator:	**Signature of Evaluator:**	**Date of Signature:**

PASRR Answers Two Important Questions

Does the Individual have medical conditions that justify placement in a Skilled Nursing Facility?

Does the Individual have a Severe Mental Illness and/or IDD/DD that requires specialized services?

- Please note:
  - A person with only mental health/behavioral needs cannot be approved for Skilled Nursing Facility placement.
  - Homelessness does not qualify a person for SNF placement.
  - Persons who need supervision and/or assistance with medication administration should be served in the least-restrictive environment. This may include group homes, intensive residential programs, or other community placement.

PASRR Contacts

Fax Number:

(855) 858-1965

Download
PASRR Fax Coversheet:
www.georgiacollaborative.com

PASRR Email Address:
GAPASRR@beaconhealthoptions.com

ProviderConnect℠

ProviderConnect Access

Find a Provider Careers Search...

The Georgia Collaborative ASO DBHDD

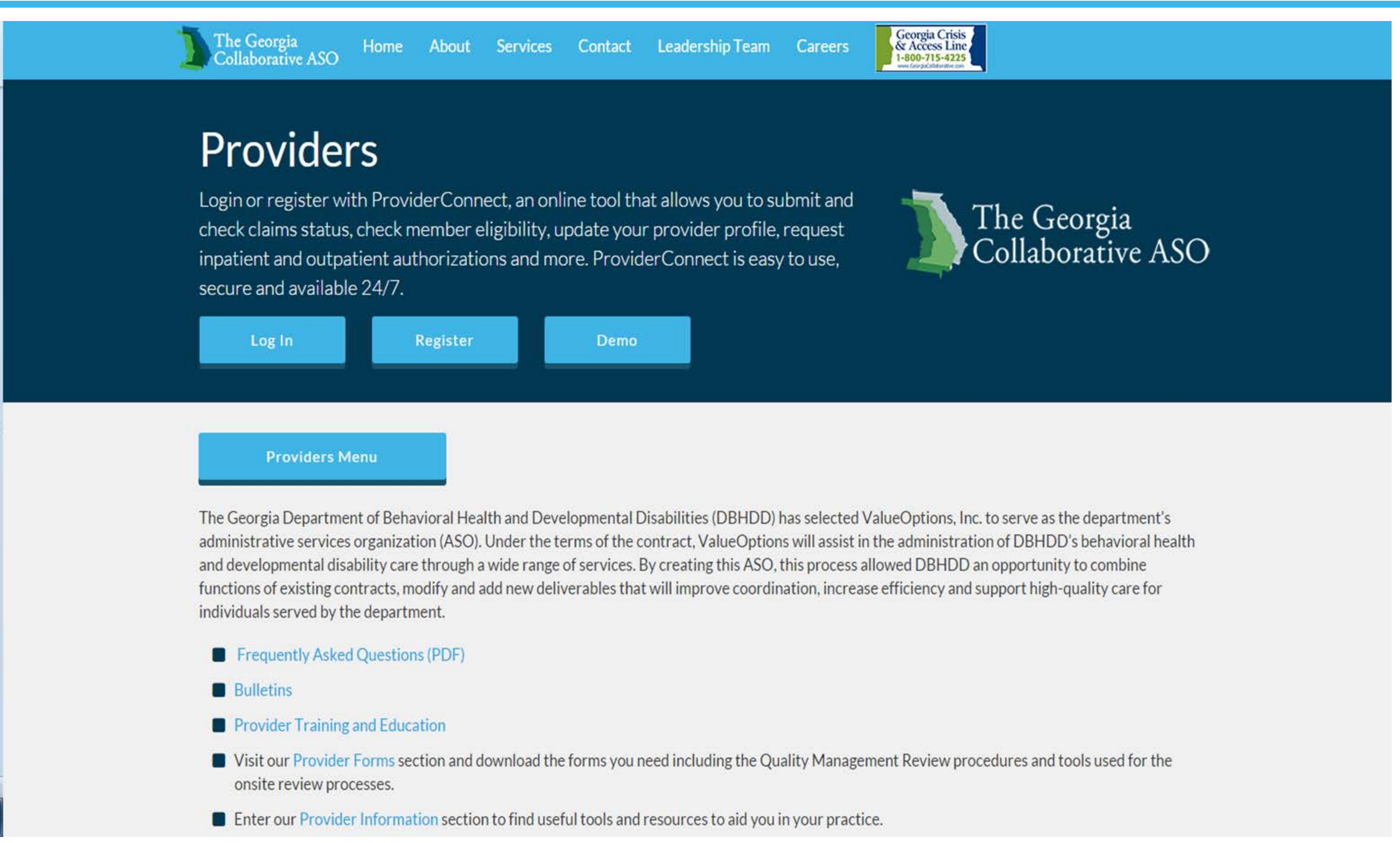
Home Who We Are Individuals & Families Providers Reports Contact Us

Georgia Crisis & Access Line 1-800-715-4225

Georgia Collaborative ASO

Welcome to the Georgia Collaborative Administrative Services Organization (ASO) website. Working with the Georgia Department of Behavioral Health and Developmental Disabilities' (DBHDD) network of more than 600 providers, the Georgia Collaborative ASO facilitates the delivery of whole-health, person-centered and culturally sensitive supports and services to individuals and their families throughout the state.

ProviderConnect



ProviderConnect - Services

An online tool where providers can:	
• Verify individual eligibility	• Register an Individual for funds
• Access and Print forms	• Request and View Authorizations
• Download and Print Authorization Letters	• Submit Claims and View Status
• Access Provider Summary Vouchers (PSVs)	• Submit Customer Service Inquiries
• Submit Updates to Provider Demographic Information	• Access ProviderConnect Message Center

INCREASED CONVENIENCE, DECREASED ADMINSTRATIVE PROCESSES

Disclaimer: Please note that screens used in this presentation are for demonstration purposes only and actual content may vary.

Contact Information

Beacon Customer Service for Georgia
(Registration, Authorization, Claims)
Monday through Friday, 8:00 a.m. – 6:00 p.m. ET
Phone: 855.606.2725

EDI Helpdesk
(ProviderConnect/Batch Technical Questions)
Monday through Friday, 8:00 a.m. - 6:00 p.m. ET
Phone: 888.247.9311
Email: e-supportservices@beaconhealthoptions.com

Provider Relations
(General questions)
Monday through Friday, 8:30 a.m. – 5:00 p.m. ET)
Email: GACollaborativePR@beaconhealthoptions.com

Questions and Feedback

Thank you