# LEVEL ONE FORM TRAINING

**FEBRUARY 8, 2024** 



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#### **OBJECTIVES**

Process Information and PASRR Intent How to Complete the Level One Form How to Check Status of an Application

#### CURRENT STATUS WITH PROCESSING APPLICATIONS

In calendar year 2023, COMRU processed over 17,856 Level of Care Applications.

In November 2023, COMRU hired an additional Registered Nurse team member to assist with the review and approval of applications.

Additional Temporary Staff members from Division of Regulation and Licensure have also been assisting with the processing of overdue Level of Care/Level I applications.

#### CURRENT STATUS WITH PROCESSING APPLICATIONS

#### What can your skilled nursing facility do to help COMRU's processing times?

- 1. **Minimize corrections** by ensuring that all staff who complete level of care/Level I applications have viewed online training and understand the process for completion. Double check all submissions to make sure key elements are answered correctly. Preadmission Screening and Resident Review (PASRR) | Nursing Homes & Other Care Options | Health & Senior Services (mo.gov)
- 2. Reduce the amount of time COMRU spends answering phone calls by using the online application to check application status (remember...do not resave the application after you have submitted it to COMRU- unless you make changes to it).
- 3. **Respond quickly to correction requests and answer all questions/corrections appropriately** the first time so that determinations are not held up, resulting in further delays.
- 4. Sign up for the LTC Bulletin, please subscribe to our weekly listserv at: https://cntysvr1.lphamo.org/subscribeltc.html

#### PASRR INTENT

The PASRR process requires that all applicants to Medicaid-certified nursing facilities (regardless of whether their stay will be covered by private funds, Medicare, or Medicaid) be given a preliminary assessment to determine whether they might have a Serious Mental Illness (SMI) or an Intellectual Disability (ID). This is called a "Level I screen." Those individuals who meet certain criteria at Level I are then further evaluated: this is referred to as "Level II" PASRR. The results of this evaluation result in a determination of need, determination of appropriate setting, and a set of recommendations for services to inform the individual's plan of care.

The Federal Regulation 483.102 (a) This subpart applies to the screening or reviewing of all individuals with Mental Illness or Intellectual Disability who apply to or reside in Medicaid certified NFs regardless of the source of payment for the NF services, and regardless of the individual's or resident's known diagnosis.

#### PASRR INTENT

"Preadmission Screening and Resident Review (PASRR)" is a federal requirement to help ensure that individuals who have a mental disorder or intellectual disabilities are not inappropriately placed in nursing homes for long term care. PASRR requires that:

- I) all applicants to a Medicaid-certified nursing facility be evaluated for a serious mental disorder and/or intellectual disability;
- 2) be offered the most appropriate setting for their needs (in the community, a nursing facility, or acute care setting); and
- 3) receive the services they need in those settings.

Regulations governing PASRR are found at 42 CFR §483.100-§483.138.

Nursing Homes MAY NOT admit a resident suspected of having SMI or ID diagnosis without the Level II screening being completed. This is important as the Level II provides a comprehensive review of the residents past and current behavioral health conditions and the services needed to ensure their health and safety.

#### PASRR INTENT

All clients entering/residing in a Medicaid certified bed must have a Level One Form completed.

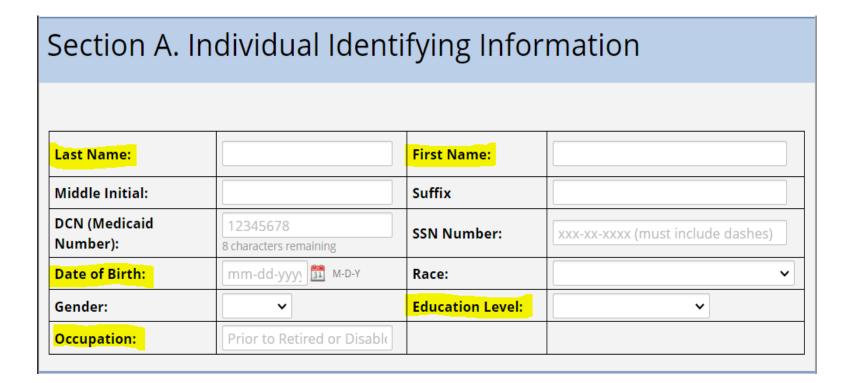
A new online application does not need to be submitted to COMRU if the client is not applying for Medicaid or does not trigger a Level 2 screening (per Level One Form). If the client later applies for Medicaid or triggers a Level 2 screening, a new online application must be completed and submitted to COMRU.

If the client already has an online application (Level I form /Level of Care form) approved and has not been out of the SNF greater than 60 days, then a new online application is not required to admit to the SNF. The SNF would need to assess the client for a Change in Status or a Change in Condition per guidelines.

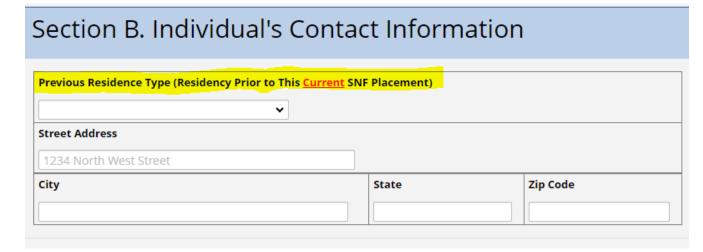
## LEVEL ONE NURSING FACILITY PRE-ADMISSION SCREENING FOR MENTAL ILLNESS / INTELLECTUAL DISABILITY OR RELATED CONDITION

This process is automated – the link to complete the online application is located on COMRU's webpage. <a href="https://health.mo.gov/seniors/nursinghomes/pasrr.php">https://health.mo.gov/seniors/nursinghomes/pasrr.php</a>

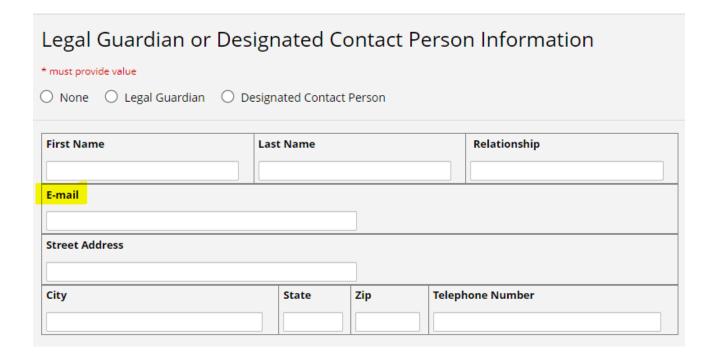
The automated system will give the submitter a "Return Code" that is unique to each individual application. Please ensure the submitter writes down this code as it will be utilized throughout the entire process.



- Individual's First and Last Name
  This should be the individual's legal name
- Date of Birth
  This is entered in a "mm-dd-yyyy" format
- SSN Number
  Dashes must be entered between numbers
  "XXX- XX-XXXX"
- Occupation
  This would be the occupation prior to the
  Individual becoming disabled or retired
  If the individual never worked indicate
  "never worked"



- Previous Residence Type
  What type of setting was the Individual residing in <u>prior</u> to this admission?
- There is a drop-down menu with these options:
  - Home / Facility Residence
  - RCF (Residential Care Facility)
  - ICF (Intermediate Care Facility)
  - SNF (Skilled Nursing Facility)
  - ALF (Assisted Living Facility)
  - ICF-IID (Intermediate Care Facility for Individuals with Intellectual Disability)
  - DMH Group Home / Individualized Supported Living
  - DMH Psychiatric Hospital and Facilities
  - Homeless / Shelter
  - Incarcerated

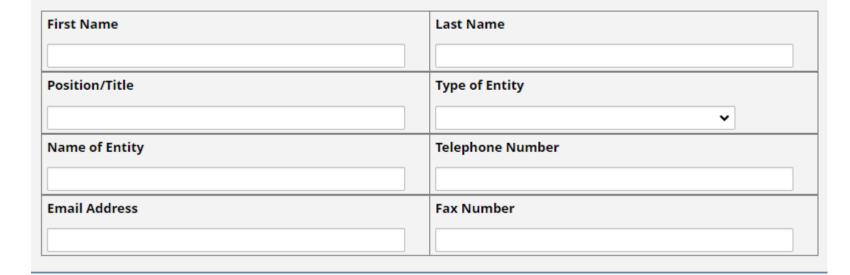


Legal Guardian or Designated Contact Person Information

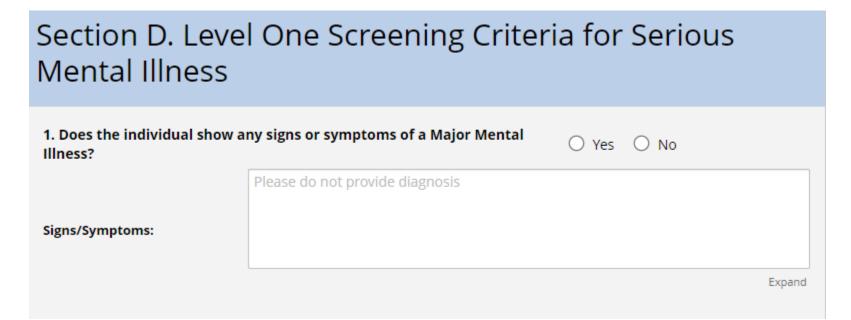
If "None" is marked, the requested fields for the Legal/Guardian or Designated Contact information will disappear

If the individual has a **Legal Guardian**, please provide the requested information. This email will be used as the primary mode of providing letters and reports to the legal guardian. These records will be sent via an encrypted email. The email address is a required field on the application.

## Section C. Referring Individual Completing Application



This is the identifying information of the person completing the application prior to the physician's signature.



- Please provide the signs and symptoms that the individual is displaying.
- > Diagnoses are not accepted.

2. Does the individual have a current, so the individual have a current, so the illness as defined by the Diagnostic & So (DSM) current edition?  (Please refer to the Physician order/report diagnosis)	tatistical Manual of Mental Disorders	
Schizophrenia	Schizoaffective Disorder	☑ Bipolar Disorder
Psychotic Disorder	☐ Major Depressive Disorder	Obsessive-Compulsive Disorder
Dysthymic Disorder	Panic Disorder	☐ PTSD
Conversion Disorder	Personality Disorder	☐ Mood Disorder
Somatic Symptom Disorder	Dissociative Identity Disorder	Anorexia Nervosa or other eating
Anxiety Disorder	Delusional Disorder	disorders
Other Mental Disorder in the DSM	Intermittent Explosive Disc	order
Additional		

- Please refer to the Physician's orders, History and Physical, and other supporting documentation to ensure that all the individual diagnoses are indicated on the application.
- More than one diagnosis can be marked by the submitter.
- If the diagnosis is not listed, mark the "Other Mental Disorder in the DSM" box and list the diagnosis in the box. Please list only Major Mental Illness diagnoses.
- A Level 2 screening is **not** automatically indicated if an individual has a Major Mental Illness diagnosis.

3. Does the individual have any area of impairment due to serious mental illness?



(Record YES if any of the subcategories below are checked)

(Impairments indicated should be associated with the serious mental illness diagnosis indicated in Section D #2 above)

None

#### Interpersonal Functioning:

The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, unstable employment, fear of strangers, avoidance of interpersonal relationship and social isolation.

#### Adaptation to Change:

The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interactions, agitation, exacerbated signs and symptoms associated with the illness or withdrawal from situations, self-injurious, self-mutilation, suicidal (ideation, gestures, threats, or attempts), physical violence or threats, appetite disturbance, delusions, hallucinations, serious loss of interest, tearfulness, irritability, or requires intervention by mental health or judicial system.

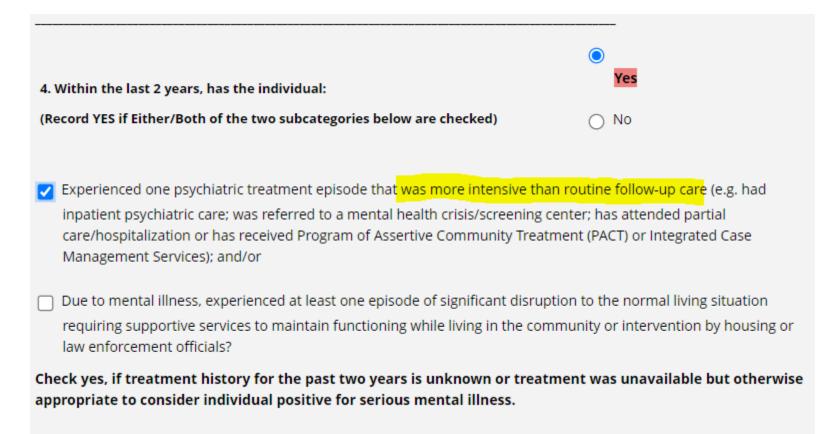
#### Concentration/Persistence/and Pace:

The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors or requires assistance in the completion of these tasks.

- The submitter must choose at least one of the four categories.
- The submitter can choose more than I of the 3 categories:

Interpersonal Functioning
Adaptation to Change
Concentration/Persistence and Pace

- Adaptation to Change:
  - Requires intervention by mental health or judicial system. Is the individual currently receiving services in the community through Comprehensive Psychiatric Services (CPS DMH)? If the individual is receiving services, this category would be marked.
- A Level 2 screening would be indicated if any of the three categories are marked and Dementia is **not** the primary mental illness diagnosis



If treatment history for the past two years is unknown or treatment was unavailable but otherwise appropriate to consider the individual is positive for serious mental illness. Examples might include (not an exclusive list):

The individual went to the hospital and no psychiatric beds were available, so the individual was not admitted to the psychiatric unit even though the client was having an episode. Instead, the individual stabilized on the medical floor.

The submitter does not know whether the individual has had an inpatient stay due to the individual being a poor historian.

A Level 2 screening would be indicated if this question is marked "Yes" and Dementia is **not** the primary mental illness diagnosis

Is the need for a skilled nursing facility placement associated with substance abuse? O Yes O No When did the most recent substance abuse occur?  O N/A O 1-30 days O 31-90 days O Unknown	5. Does the individual have a substance related disorder?	O Yes	O No
	Is the need for a skilled nursing facility placement associated with substance abuse? O Yes No		
N/A 1-30 days 31-90 days Unknown	When did the most recent substance abuse occur?		
	N/A 0 1-30 days 0 31-90 days 0 Unknown		

- Must be a documented diagnosis of current substance use **or** history of substance abuse
- A Level 2 screening is not automatically indicated if an individual has a substance related disorder

6. Does the individual have a diagnosis of Major Neurocognitive Disorder (MNCD) i.e., <u>dementia or Alzheimer's</u>?



- Please refer to the Physician's orders, History and Physical, and other supporting documentation to ensure that if a client has a MNCD diagnosis it is indicated on the application.
- If the individual does not have a diagnosis of Major Neurocognitive Disorder (MNCD) the additional questions in this section will disappear when answered "No".
- ➢ If the individual does have a diagnosis MNCD, then the following questions are required and should be completed to support the primary mental illness diagnosis.

6. Does the individual (MNCD) i.e., <u>dementia</u>	have a diagnosis of Major N or Alzheimer's?	Neurocognitive Disorder	○ Yes ○ No
-	an a co-occuring mental illr	nary diagnosis OR that MNCI ness diagnosis? (Provide	Ves No
Were any of the follow	ing criteria used to establi	sh the basis for the MNCD:	○ Yes ○ No
Standardized Mental S	tatus Exam (type)	Date Completed	Score
•		mm-dd-yyyy 🔐 м-D-Y	
☐ Neurological Exam			
History and Symptor	ns		
Other Diagnostics:			
Specify:			
			Ехра

Primary Diagnosis
Is Dementia <u>primary over</u> the Serious Mental Illness diagnosis indicated in Section D #2?

# Section E. Level One Screening Criteria for Intellectual Disability or Related Condition

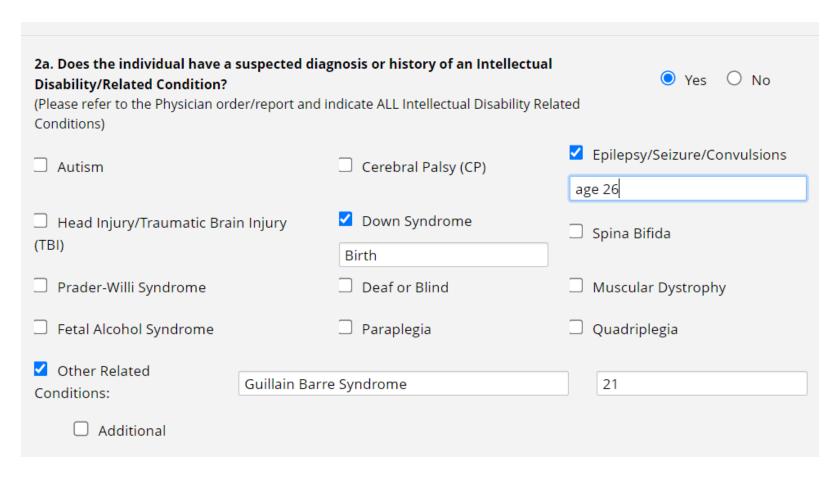
1. Is the individual known or suspected to have a diagnosis of Intellectual Disability that originated prior to age 18?



If Yes, indicated diagnosis:



- > There is a drop-down menu with these options:
  - Mild Intellectual Disability
  - Moderate Intellectual Disability
  - Severe Intellectual Disability
  - Profound Intellectual Disability
  - Unspecified Intellectual Disability



Does the individual have a diagnosis or history of a Related Condition?

If "No" is indicated questions 2b thru 2d will disappear.

If "Yes" is indicated, choose the diagnosis and provide the age of onset in the blank.

If the diagnosis is not listed, click on "Other Related Condition" to type the diagnosis

Mental Illness is <u>not</u> considered a "Related Condition"

2b. Did the Other Related Condition develop before age 22? Unknow	n <b>©</b> Yes	O No
2c. Likely to continue indefinitely?	Yes	O No
2d. Results in substantial functional limitation in three or more major life activities (Impacted prior to the age of 22)	es?	
* must provide value		
No Functional Limitations  Capacity for Independent Living  Learning  Self-Direction  Self-Care		
Mobility  Understanding and Use of Language		

- Results in substantial functional limitations in three or more major life activities?
  - Reminder: The functional limitation(s) must have impacted the individual prior to the age of 22.
- A Level 2 screening would be indicated if the individual has a related condition prior to the age of 22 and 3 or more functional limitations.
- To assist with answering the questions in Section E, the submitter might have to ask the individual, guardian, or other sources as to whether or not the individual was receiving Developmental Disability Services (DD DMH) in the community.

Section F. Special Admission Categories			
(If the current SNF Admission does not qualify for any of the below indicated SACs, <u>please leave this section blank.</u> )			
Special Admission Category instructions:	Click to display:		
<ul> <li>0 - None</li> <li>1 - Terminal Illness         Expected to result in death in six months or less</li> <li>2 - Serious Physical Illness         Severe/end stage disease (or physical condition)</li> <li>3 - Respite Care         Stays not more than thirty (30) days to provide relief for in-h</li> <li>4 - Emergency Provisional Admission         Must be hotlined. Stays not more than 7 days to protect per Hotline must be reported to the Adult Abuse and Neglect Hotl.</li> <li>5 - Direct Transfer From a Hospital         Stays not more than thirty (30) days for the condition for whom Must include the hospital history and physical.</li> <li>COVID 19 Waiver - If admitted from the Hospital, provide a continuous for SNF Admissions after 05-11-2023)</li> </ul>	son from serious physical harm to self and others. ine (1-800-392-0210 or <a href="https://apps4.mo.gov/APS PORTAL/">https://apps4.mo.gov/APS PORTAL/</a> ) ich the person is currently receiving hospital care.		

- A Special Admission Category (SAC) is **only** utilized if an individual triggers a Level 2 screening.
- The submitter does not have to choose a SAC for processing.
- SAC numbers I thru 5 must be pre-approved by COMRU prior to admitting to SNF. Failure to pre-approve these SACs may result in loss of Medicaid payment.
- The submitter will be able to view the determination of the SAC by logging back into the application (using the unique Return code).
- When SAC #3 or #5 is approved, it is the responsibility of the skilled nursing facility to subsequently notify COMRU via email (COMRU@health.mo.gov) if the individual will exceed the thirty-day special admission stay. In order to avoid loss of Medicaid payment, notice must be made to COMRU within the first 14-20 days of the individual's stay to allow time for the processing of the Level 2 screening.
- If the individual discharges, transfers, or leaves the nursing facility for any reason the SAC is considered completed and a new application request will need to be submitted to COMRU prior to the individual's return to any nursing facility.

#### Section G. Physician's Authorization and Signature I attest that the information on these forms is complete and correct as known to me. O Applicant is not currently a danger to self and others O Applicant is currently a danger to self and others Physician Date: Today Physician Signature 2 Add signature M-D-Y Physician Name (Provide Physician Name) License Number Discipline (Provide Discipline) Survey Link: https://redcapdrlltcc.azurewebsites.net/redcap/surveys/?s=WA9KMWXC7L7LAMTP

- Once the Level I form has been completed, it is then sent to the Physician for their signature.
- The submitter will need to scroll down to the end of the application and click the "Save and Return Later." button.

Send to Physician		
Scroll to the bottom and dick "Save & Return Later"		
Make sure to provide the form URL and Return Code when sending the information.		
https://redcapdrlltc.azurewebsites.net/redcap/surveys/?s=RNMP48LRWY	Record ID:	

Central Office Use Only (DRL/COMRU)	
<u>Client:</u>	Point Count
Level of Care Determination by DRL Central Office (COMRU)  Application Submitted to COMRU:  Application Accepted:   Correction:  Meets level of care:  Application Type:	There is a mandated 18 point count for SNF placement  DHSS COMRU  Submitter  Signature:  Date:

- The submitter can also log back into the application (using the Return Code) to verify the Physician has signed/completed the application. This is the same process as the previous slide.
- If the submitter is a hospital and the application <u>did not trigger</u> a Level 2 screening, the hospital can email the Return Code and Application link to the SNF for review. This should be provided to the SNF in the referral packet. The SNF would complete the remainder of the application (Nursing Facility Level of Care Assessment) and submit to COMRU for processing.
- If the submitter is a hospital and the application <u>triggers</u> a Level 2 screening, the hospital would continue to complete the rest of the application for submission.

	Point Count	
Level of Care Determination by DRL Central Office (COMRU)	There is a mandated <u>18 point count</u> for SNF placement	
Application Submitted to COMRU: Complete	DHSS COMRU	
Application Accepted:   Correction:	33 Submitter	
Meets level of care:	Signature:	
Application Type:	Date:	

Level of Care Determination by DRL Central Office (COMRU)

Application Submitted to COMRU: Complete

Application Accepted: No | Correction: Correction Notice.pdf

Meets level of care: \_\_\_\_

Application Type: Level 1

Point Count

There is a mandated 18 point count for SNF placement

\_\_\_\_\_ DHSS COMRU

33 Submitter

Signature:

Date: \_\_\_\_\_

	Point Count	
Level of Care Determination by DRL Central Office (COMRU)	There is a mandated <u>18 point count</u> for SNF placement	
Application Submitted to COMRU: Complete		DHSS COMRU
Application Accepted: Yes   Correction: Correction Notice.pdf	33	Submitter
Meets level of care:	Signature:	
Application Type: Level 1	Date:	

<u>Level of Care Determination by DRL Central Office</u> (COMRU)

Application Submitted to COMRU: Complete

Application Accepted: Yes | Correction: Correction Notice.pdf

Meets level of care: Yes

**Application Type: Level 1** 

mere is a managed <u>to point count</u>

for SNF placement

33 DHSS COMRU

33 Submitter

Signature:

Date:

01-21-2024 14:48

for SNF placement 33 Level of Care Determination by DRL Central Office (COMRU) DHSS COMRU 33 Submitter Application Submitted to COMRU: Complete Signature: Application Accepted: Yes | Correction: Correction Notice.pdf Meets level of care: Yes **Application Type: Level 2** Date: 01-21-2024 14:48 If Level 2 indicated above: DHSS Determination: Special Admissions Category: Direct Transfer from a Hospital | Valid: Yes Date Referred to DMH for Level 2 Screening: \_\_\_\_\_ Information from COMRU: SAC Admit Notif Attchmt.pdf Date Due from DMH:

for SNF placement 33 DHSS COMRU Level of Care Determination by DRL Central Office (COMRU) Submitter 33 **Application Submitted to COMRU: Complete** Signature: Application Accepted: Yes | Correction: Correction Notice.pdf Meets level of care: Yes **Application Type: Level 2** Date: 01-21-2024 14:48 If Level 2 indicated above: DHSS Determination: \_\_\_\_\_ Special Admissions Category: None | Valid: \_\_\_\_\_ Date Referred to DMH for Level 2 Screening: 01-19-2024 Information from COMRU: \_\_\_\_\_ Date Due from DMH: 02-01-2024

When you check the status on these applications you are looking at the Level 2 Determination DMH.

• You can see below on the left, this was referred to Bock for a Mental illness evaluation and Bock Associates has uploaded the evaluation and determination letter on the right.

At the bottom it shows the application status as appropriate for NF.

The example on the right shows someone who has had a previous Level 2 and does not require a review. It indicates that the client has already been screened, and then has the previous evaluation and determination uploaded.

At the bottom it shows that a Level II evaluation is not required and to refer to the documents uploaded for the determination.

If Level 2 indicated above:  Special Admissions Category: COVID 19 Waiver   Valid: Yes  Date Referred to DMH for Level 2 Screening: 03-31-2023  Date Due from DMH: 04-13-2023	DHSS Determination:
Level 2 Determination (DMH)	Bock Associates
Mental Illness: Referred To Bock Associates for Level 2 evaluation	
Intellectual Disability:	
Previous Level 2 Determination:	Level 2 Evaluation
Previous Level 2 Screening:	pdf
DMH Determination:	Level 2 Determination
Application Status: Appropriate for Nursing Facility Placement	pdf

If Level 2 indicated above:	
Special Admissions Category: None   Valid:	BUSS Betaverinetian
Date Referred to DMH for Level 2 Screening: 04-06-2023	DHSS Determination:
Date Due from DMH: 04-19-2023	
Level 2 Determination (DMH)	Bock Associates
Mental Illness: NL2R (Already Screened - SNF to obtain previous Level 2 evaluation)	
Intellectual Disability:	
Previous Level 2 Determination: <u>Determination Letter.pdf</u>	Level 2 Evaluation
Previous Level 2 Screening: showdocument.pdf	
DMH Determination:	Level 2 Determination
Application Status: Application was not referred for L2 Screening (NL2R)	

# Be sure to print/save the processed application for the resident's medical record! Surveyors will ask for the documentation during survey!

#### **Online Applications will be deleted:**

- 1. When the online application has not been submitted to COMRU within 60 days of the physician signature.
- 2. The processed applications will be deleted from the COMRU online system 60 days after completion.
- 3. When a correction has not been returned back to COMRU within 60 days of notification.

## THANK YOU

FOR MORE INFORMATION CONTACT

**AMMANDA OTT** 

573-522-3092 (OPTION #4)

COMRU@HEALTH.MO.GOV