

physical status. For additional information regarding resident referral after a significant change in status, see requirements at §483.20(k)(4), F646, MD/ID significant change notification.

Any resident with newly evident or possible serious mental disorder, ID or a related condition must be referred, by the facility to the appropriate state-designated mental health or intellectual disability authority for review.

Examples of individuals who may not have previously been identified by PASARR to have MD, ID or a related condition include: **NOTE:** this is not an exhaustive list. (RAI Manual 2-29)

- A resident who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a mental disorder (where dementia is not the primary diagnosis).
- A resident whose intellectual disability or related condition was not previously identified and evaluated through PASARR.
- A resident transferred, admitted, or readmitted to a NF following an inpatient psychiatric stay or equally intensive treatment.

PROBES §483.20(e)

- For residents with a Level II determination and recommendations, has the facility incorporated the determination and recommendations into the resident's assessment and care plan?
- How does the facility identify residents with newly evident or possible serious mental disorder, ID or a related condition?
- If a resident was identified with newly evident or possible serious MD, ID or a related condition, did the facility refer the resident to the appropriate state-designated authority for review?
- Is there evidence that the facility provides the next care setting with the resident's PASARR Level II recommendations when a resident with MD or ID transitions to another care setting?
- Has the facility arranged for the resident to receive specialized services through off-site visits, if appropriate, to meet the resident's needs as identified in the resident's PASARR Level II recommendations?

F645

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§483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability.

§483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with:

- (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission,**

- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and
- (B) If the individual requires such level of services, whether the individual requires specialized services; or
- (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission—
 - (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and
 - (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.

§483.20(k)(2) Exceptions. For purposes of this section-

- (i) The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.
- (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-
 - (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,
 - (B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and
 - (C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.

§483.20(k)(3) Definition. For purposes of this section-

- (i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).
- (ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.

INTENT §483.20(k)(1)-(3)

To ensure each resident in a nursing facility is screened for a mental disorder (MD) or intellectual disability (ID) prior to admission and that individuals identified with MD or ID are evaluated and receive care and services in the most integrated setting appropriate to their needs.

DEFINITIONS §483.20(k)(1)-(3)

“**Intellectual Disability (ID)**” is defined in 42 CFR §483.102(b)(3) as follows:

An individual is considered to have intellectual disability (ID) if he or she has—

- (i) A level of retardation (mild, moderate, severe or profound) described in the American Association on Intellectual’s Disability Manual on Classification in Intellectual Disability (1983);or
- (ii) A related condition as defined by §435.1010 of this chapter.

“Mental Disorder (MD)” For purposes of this section, the term “mental disorder” is the equivalent of “mental illness” used in the definition of serious mental illness in 42 CFR §483.102(b)(1), which states:

An individual is considered to have a serious mental illness (MI) if the individual meets the following requirements on diagnosis, level of impairment and duration of illness:

- (i) Diagnosis. The individual has a major mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, revised in 1987.

This mental disorder is—

- (A) A schizophrenic, mood, paranoid, 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
- (B) 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 major mental disorder as defined in paragraph (b)(1)(i)(A) of this section.

- (ii) Level of impairment. The disorder results in functional limitations in major life activities within the past 3 to 6 months that would be appropriate for the individual’s developmental stage. An individual typically has at least one of the following characteristics on a continuing or intermittent basis:

- (A) Interpersonal functioning. The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation;
- (B) 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, manifests 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; and
- (C) Adaptation to change. The individual has serious difficulty in 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.

- (iii) Recent treatment. The treatment history indicates that the individual has experienced at least one of the following:

- (A) Psychiatric treatment more intensive than outpatient care more than once in the past 2 years (e.g., partial hospitalization or inpatient hospitalization); or
- (B) Within the last 2 years, due to the 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.

“Persons with Related Conditions” is defined in 42 CFR §435.1010 as follows:

Persons with related conditions means individuals who have a severe, chronic disability that

meets all of the following conditions:

- (a) It is attributable to—
 - (1) Cerebral palsy or epilepsy; or
 - (2) Any other condition, other than a 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 mentally retarded persons, and requires treatment or services similar to those required for these persons.
- (b) It is manifested before the person reaches age 22.
- (c) It is likely to continue indefinitely.
- (d) It results in substantial functional limitations in three or more of the following areas of major life activity:
 - (1) Self-care.
 - (2) Understanding and use of language.
 - (3) Learning.
 - (4) Mobility.
 - (5) Self-direction.
 - (6) Capacity for independent living.

“Preadmission Screening and Resident Review (PASARR)” is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care. PASARR requires that 1) all applicants to a Medicaid-certified nursing facility be evaluated for 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 PASARR are found at 42 CFR §483.100-§483.138.

“Specialized Services for MD or ID” means the services specified by the State that exceed the services ordinarily provided by the nursing facility (NF) under its per diem rate. These services must be provided or arranged by the state and could include hiring additional staff or contractors such as qualified mental health/intellectual disability professionals. When specialized services are combined with services provided by the nursing facility, the result is a continuous and aggressive implementation of an individualized plan of care for individuals with MD or ID. The resident’s Level II PASARR identifies the specialized services required by the resident.

“Rehabilitative services for MD or ID” refers to those services of lesser frequency or intensity to be implemented by all levels of nursing facility staff that come into contact with any resident who has a mental disorder or who has intellectual disability. These services are necessary regardless of whether or not they are specified in the PASARR Level II documents and whether or not the resident requires additional services to be provided or arranged for by the State.

GUIDANCE §483.20(k)(1)-(3)

The PASARR process requires that all applicants to Medicaid-certified nursing facilities be screened for possible serious mental disorders, intellectual disabilities and related conditions. This initial screening is referred to as Level I Identification of individuals with MD or ID (§483.128) and is completed prior to admission to a nursing facility. The purpose of the Level I pre-admission screening is to identify individuals who have or may have MD/ID or a related

condition, who would then require PASARR Level II evaluation and determination prior to admission to the facility.

A negative Level I screen permits admission to proceed and ends the pre-screening process unless possible serious mental disorder or intellectual disability arises later. A positive Level I screen necessitates an in-depth evaluation of the individual, by the state-designated authority, known as Level II PASARR, which must be conducted prior to admission to the facility.

Failure to pre-screen residents prior to admission to the facility may result in the failure to identify residents who have or may have MD, ID or a related condition. A record of the pre-screening should be retained in the resident's medical record.

Individuals who have or are suspected to have MD, ID or a related condition (as indicated by a positive Level 1 screen) may not be admitted to a Medicaid-certified nursing facility unless approved based on Level II PASARR evaluation and determination. Exceptions to this requirement are specified in §483.20(k)(2) and may be exercised at the discretion of the State, as specified in the State's PASARR process.

Level II PASARR is a comprehensive evaluation conducted by the appropriate state-designated authority that determines whether an individual has MD, ID or a related condition as defined above, determines the appropriate setting for the individual, and recommends what, if any, specialized services and/or rehabilitative services the individual needs. The Level II PASARR cannot be conducted by the nursing facility.

Each State Medicaid Agency has specific processes for conducting Level I screens and Level II PASARR evaluations and determinations. Exceptions to the pre-screening requirements are specified in §483.20(k)(2) and may be exercised at the discretion of the State, as specified in the State's PASARR process. Facility staff and surveyors should be acquainted with their States' requirements.

If the State program permits the use of the exceptions specified in §483.20(k)(2), and the resident remains in the facility longer than 30 days, the facility must screen the individual using the State's Level I screening process and refer any resident who has or may have MD, ID or a related condition to the appropriate state-designated authority for Level II PASARR evaluation and determination. **NOTE:** under 42 CFR 483.106(b)(2)(ii), If an individual who enters a NF as an exception (an exempted hospital discharge) is later found to require more than 30 days of NF care, the State mental health or intellectual disability authority must conduct a Level II resident review within 40 calendar days of admission.

The State is responsible for providing or arranging for specialized services for residents with MD or ID residing in Medicaid-certified facilities. The facility is required to provide all other care and services appropriate to the resident's condition. Therefore, if a facility has residents with MD or ID, do not survey for specialized services, but survey for all other requirements, including resident rights, quality of life, and quality of care.

PROCEDURES AND PROBES §483.20(k)(1)-(3)

- If the resident's Level II PASSR report indicates that he or she needs specialized services but the resident is not receiving them, the State Survey Agency would notify the State-designated mental health or intellectual disability authority that evaluated the resident prior to admission. NF services alone are not ordinarily of the intensity to meet the needs of residents with MD or ID.
- Is there evidence of Level I pre-screening of residents prior to admission to the nursing facility to identify residents who have or may have MD, ID or a related condition, who requires Level II PASARR evaluation?
- Are residents with a positive Level I PASARR screen evaluated by the designated state-authority, through the Level II PASARR process, and approved for admission **prior** to admission to the nursing facility?
- If pre-admission screening of residents expected to be in the facility 30 days or less is not performed, in accordance with the State PASARR process, does the facility screen residents who have or may have MD, ID or a related condition, if the resident remains in the facility longer than 30 days? Are residents who have a positive screen then referred to the appropriate state-authority for Level II evaluation and determination?

If the resident has a MD or ID, did the State Mental Health or Intellectual Disabilities Authority determine:

- Whether the residents needed the services of a nursing facility
- Whether the residents need specialized services for their MD or ID?

DEFICIENCY CATEGORIZATIONS

Severity Level 4 Considerations: Immediate Jeopardy to Resident Health or Safety

An example of Level 4, immediate jeopardy to resident health and safety, include, but is not limited to:

- A resident with bipolar disorder was newly admitted to the facility prior to Level II PASARR evaluation and determination. The facility's failure to ensure the Level II PASARR process was completed prior to admission resulted in the resident no longer receiving needed psychotherapy 4 times per week. The interruption in receiving needed psychotherapy services caused the resident to relapse into a depressive state, during which the resident engaged in social withdrawal and self-cutting behaviors resulting in hospitalization of the resident.

Severity Level 3 Considerations: Actual Harm that is not Immediate Jeopardy

An example of Level 3, actual harm that is not immediate jeopardy includes but is not limited to:

- The facility failed to ensure Level 1 pre-screening of a new resident for MD/ID or a related condition prior to admission to the facility. The resident had cerebral palsy, which is a related condition. The lack of pre-screening resulted in the resident's condition not being identified prior to admission and the resident not being evaluated through the Level II PASARR process. The resident did not receive the specialized rehabilitation services she needed which resulted in a decline in her function.

Severity Level 2 Considerations: No Actual Harm with Potential for More Than Minimal Harm that is Not Immediate Jeopardy