

# PASRR – Preadmission Screening and Resident Review FACT SHEET

## What is PASRR?

The Preadmission Screening and Resident Review requirements were created in 1987 through language in the Omnibus Budget Reconciliation Act (OBRA). PASRR has three goals:

- to identify individuals with serious mental illness (SMI), intellectual/developmental disability (IDD), or Related Conditions (RC)
- to ensure they are placed appropriately in the least restrictive, most integrated setting appropriate to their needs and choices
- to ensure that they receive all PASRR identified services they require for their SMI, IDD, or RC wherever they are placed, whether community or a nursing facility

## How does PASRR work?

100% of applicants to Medicaid-certified nursing facilities must have a Level I PASRR screen, to determine whether they may be a person with SMI, IDD, or RC. Those individuals who appear to have SMI, IDD, or RC are then evaluated in depth, during a Level II PASRR assessment. The results of this in-depth evaluation result in a Summary of Findings that identifies services that must be offered to address their needs and optimize their potential for recovery, high quality of life, and potential for return to the community. Both Level I and Level II must be completed **prior to admission**. The receiving nursing facility must develop a compliant care plan, deliver all PASRR identified services, and proactively plan for discharge to a lower level of care when appropriate or desired by the individual.

## How many people are served in Iowa?

In SFY23, Maximus performed 46,927 Level I screens of potential nursing facility applicants.

During SFY23:

- There were a total of 6148 Level II outcomes.
- 2371 or 38% of all LII outcomes received an abbreviated/categorical result with temporary exemptions from the full Level II assessment
- 3777 or 62% percent of the LII outcomes were given following a full Level II assessment.
- 73% of all completed LII assessments resulted in findings in favor of a need for disability specific specialized services.

## Innovations in Iowa PASRR!

- Iowa created “links to payment,” which require all Iowa nursing facilities to enter admissions, transfers, and discharges into the PASRR database, and for that information to be provided electronically, to Iowa Medicaid income maintenance workers who determine facility-based eligibility.
- The use of this process, known as “PathTracker Plus”, became mandatory on February 1, 2016.
- October 1, 2020, Iowa’s PASRR program moved into a new and more user-friendly platform, known as AssessmentPro.
- Maximus, Iowa’s contractor, is a nationally recognized leader in PASRR compliance.

## How does HHS monitor services?

All care plans for individuals who need disability specific specialized services (SS) are reviewed in the ServiceMatters process. Beginning in SFY2024, 50% of all care plans for individuals identified by LII PASRR to be in the PASRR population with no specialized service needs are also reviewed. See box.

## What other ways is PASRR monitored by the State?

The Department of Inspections, Appeals, and Licensing (DIAL) conducts on-site reviews at all Iowa facilities, and they address PASRR compliance issues including a random sample of individuals who are in the PASRR population during each site visit. Iowa's MCO contracts include specific steps they will take to monitor PASRR including whether the facility has developed a PASRR compliant care plan and whether all PASRR identified services are being delivered. Medicaid Managed Care Organization (MCO) and DIAL staff need to receive training in PASRR and align their review processes with those of ServiceMatters and Iowa's PASRR program.

## Are PASRR requirements difficult to meet?

CMS recognizes in its reports that Medicaid policy is a complex framework of state and federal laws, regulations, guidance, and court decisions that continually change and PASRR is part of this framework. Iowa has addressed the complexity by offering online training at least twice monthly, and face-to-face training twice yearly on issues surrounding PASRR. Participation in training by all staff who will work in PASRR is essential; it is available for free, offered frequently, and has been offered for over 10 years. PASRR has aligned its care planning expectations with those of the licensing agency, DIAL, to minimize the burden on providers. CMS reviews have consistently shown Iowa as a leader in comprehensive and federally compliant PASRR efforts.

## How is PASRR funded?

CMS offers an enhanced match of 75 percent federal dollars to 25 percent state dollars, for all PASRR activity. The contract with Maximus and all of Iowa's PASRR efforts are supported with this 75/25 mix.

### ServiceMatters (SM) Quality Assurance Process

- **The nursing facility care plan is requested 21-45 days after completion** of a PASRR Level II evaluation. The nursing facility has 15 calendar days to reply.
- **SM will review the care plan** to verify that the PASRR Outcome and all prior SM outcomes are in the individual's medical record; that all PASRR identified services have been incorporated in the care plan; and that documentation to support delivery of PASRR identified specialized services is found.
- **The nursing facility receives a SM compliance status letter**, which needs to become part of the individual's medical record.
- **SM and HHS offer technical assistance** to address any issues.
- **Maximus reports non-compliance to HHS.** HHS collaborates on compliance with MCOs and DIAL. Nursing facilities with issues of non-compliance may be subject to sanctions.
- **The Department of Inspections, Appeals, and Licensing** considers PASRR preadmission, LI, and LII compliance issues in nursing facility certification reviews.