



PASRR

updated 2023

Pre-Admission Screening
and Resident Review



Why is it necessary?

To ensure individuals with an intellectual/developmental disability, Related Conditions, and/or mental illness referred to nursing homes:

- Meet nursing home level of care
- To assess if additional support is needed while admitted to a nursing home setting
- Federal Government mandates it!



Who does Developmental Disabilities Services Division focus on?

People diagnosed with an intellectual or developmental disability

Clinical diagnosis prior to the age of 18 with significant adaptive deficits

People diagnosed with Autism Spectrum Disorder

Clinical diagnosis prior to the age of 18 with significant adaptive deficits

People diagnosed with a Related Condition

Prior to the age of 22 with significant adaptive deficits



Intellectual or Developmental Disability Criteria

- Full scale IQ score of 70 or below, or up to 75 or below when taking into account the standard error of measurement to determine intellectual disability.
- Significant deficits in adaptive behavior-deficits in adaptive functioning which result in an overall composite score on a standardized adaptive behavior scale at least two standard deviations below the mean for a similar age normative comparison group. On most tests, this is documented by an overall composite score of 70 or below, taking into account the standard error of measurement for the assessment tool used.
- Onset prior to age 18



Questions/information to consider prior to completing the Level 1 PASRR


- What documentation do you have of a diagnosis of ID, Autism or Related Condition?
- Is there documentation support a diagnosis prior to the age of 18?
- Do you have historical information on the individual?
 - What was their living situation prior to admission?
 - Did the individual complete education and training programs?
 - Did the individual work?
 - Did the individual live independently, have a family, drive a car, etc?



Related Conditions

- Examples of Related Conditions are, but not limited to
 - a. Cerebral Palsy, TBI, stroke, epilepsy; or
 - b. Any other condition, other than mental illness, found to be closely related to DD/ID because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of individual's diagnosed with DD/ID, and requires treatment or services similar to those required for these persons.
- Condition results in substantial functional limitations in three or more of the following areas of major life activity:
 - a. Self-care
 - b. Self-direction
 - c. Capacity for Independent living
 - d. Understanding and use of language
 - e. Mobility
 - f. Learning
- Condition and functional limitations manifested before the person reaches age 22.

Level I Screening

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- Level I screening is completed for everyone and anyone referred to a Medicaid-Certified nursing home
 - Can be completed by anyone involved with care or support of individual
 - Must be completed prior to nursing home admission
 - Nursing homes need to review the Level 1 prior to admission. If any question has been answered “yes” a “Determination Letter” must be issued by the Division of Developmental Disabilities Services
 - Purpose is to identify any persons with an intellectual/ developmental disability or related condition or mental health Condition who may need additional support



Level II Assessment

- Confirms intellectual/developmental disability or related condition
- Confirms if a nursing home is appropriate level of care/ setting
- Review if individual can have needs met in a less restrictive setting
- Can connect individuals and families with agencies who support people with intellectual/developmental disabilities
- Coordinate PASRR Specialized Services
- Assessment must be completed prior to a nursing home admission by a PASRR Coordinator overseen by state of Vermont
- Results in a “Determination Letter” needed prior to admission to a nursing home

Exemptions to Level II

- If the individual is admitted directly from a hospital after receiving acute inpatient hospital care; s/he requires nursing facility services due to the care s/he received in the hospital; and a physician has certified on the PASRR Level I Pre-Assessment form the length of stay in the nursing facility is expected to not exceed 30 days.
- This is the only time the “**PASRR Short Form**” can be used
- When admitted from home, regardless of length of stay, the “**PASRR long form**” must be used
- Individual is transferred to another nursing home without a *Significant Change* in status
- Individual is readmitted to original nursing home after receiving acute inpatient care at a hospital



Questions to consider

- Do you have supporting evidence of ID/RC?
- Does the individual or families know about potential resources that may allow a person to remain in the community?
- Is nursing home being utilized for treatment purposes or as a housing option?
- If individual is working with a Designated Agency, have you confirmed if the support they are receiving is for a mental health condition or for a developmental disability?
- Are Specialized Services needed during stay?



Specialized Services

- Supports provided are related to individual's developmental/intellectual disability
- Supports are intervention provided by trained Developmental Disability Agency staff in and outside nursing home setting
- Supports are beyond the scope of the services which are required of Medicaid-Certified Nursing Facilities, particularly when they are not "practicable" due to their intensity
- Number of hours for supports are determined by individual's need and not guaranteed to all individuals admitted to nursing home settings



Specialized Services

- Community involvement when possible and coordinated with nursing facility
- Association with peers, especially for non-geriatric residents
- Any need area which requires intervention to address which would not be practicable for the Nursing Facilities to provide due to the intensity of the intervention including behavior management, communication, social skills, activities of daily living, recreation, etc.
- A needs assessment is required from the Designated Agency prior to authorization

Determinations

Can be long term or to a specific period of time

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1. Person does not meet criteria for intellectual/developmental disability or a related condition. **May proceed with placement plans.**
 2. Person meets criteria for intellectual/developmental disability or a related condition but does not meet criteria for nursing home level of care. **May not be admitted to facility.**
 3. Person meets criteria of intellectual/developmental disability or a related condition and in need of specialized services that cannot be provided in nursing home level of care. **May not be admitted to nursing facility.**
 4. Person meets criteria of intellectual/developmental disability or related condition and is not in need of specialized services. Individual is in need of a nursing facility level of care. **May be admitted to nursing faculty.**
 5. Person meets criteria of intellectual/developmental disability or related condition and is in need of specialized services. **Individual may be admitted to a nursing facility if there is a plan for providing him/her with specialized services at the nursing facility.**



Resident Review

Triggers for a Resident Review:

1. A significant change in status would:

- Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions;
- Impacts more than one area of the resident's health status; and
- Requires interdisciplinary review and/or revision of the care plan.

OR

2. The resident or guardian expresses a preference to receive long term care in a less restrictive setting in the community or learn about options of care settings



What happens if individual or guardian is not happy with determination?

Appeal Process:

- Must be filed in writing within 60 days of the postmarked envelope containing determination.
- Appeal should state reasons for not agreeing with determination.
- Appeal request is sent to Commissioner of Department of Aging and Independent Living (DAIL).

This information is included in letter of determination.



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