

Cathy Cooper  
Authorized Signature

**Number:** SPD-AR-08-002  
**Issue Date:** 1/7/2008

**Topic:** Long Term Care

**Due Date:**

**Subject:** Form SDS 0460, "Pre-Admission Screening/Resident Review (PASRR) Level I" and Form SDS 0460INS, "Instructions for Form 0460".

**Applies to (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> All DHS employees                 | <input type="checkbox"/> County Mental Health Directors                  |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services                                 |
| <input type="checkbox"/> Children, Adults and Families     | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers        | <input type="checkbox"/> Other (please specify):                         |

**Action Required:**

The purpose of this Action Request is to announce a revised form SDS 0460 and a new form, SDS 0460INS.

The SDS 0460 form is used to document the results of the Pre-Admission Screening/Resident Review (PASRR) Level I identification screening. SDS 0460 (Rev 12/07) replaces previous versions of SDS 0460.

The SDS 0460INS is a new, optional form that provides detailed instructions for completing the SDS0460 (Rev 12/07). This A/R includes links to the forms as well as instructions for methods to obtain forms.

PASRR Level I screening is performed by Hospital Discharge Planners, AAA/SPD PAS Specialists and Private Admission Assessors (PAA). All workers who perform PASRR Level I should begin using the new form, SDS 0460 (Rev 12/07) immediately.

The SDS 0460 form must be completed for all individuals who will be admitted to a Nursing Facility (NF), regardless of payment source. This form documents the results of PASRR Level I identification screening which is required for NF Resident Records.

PASRR Level I screening is a federal requirement {Social Security Act, section 1919(3)(7)} to identify individuals with indicators of Mental Retardation or Developmental Disabilities (MR/DD) or serious Mental Illness (MI). Federal PASRR rules use specific definitions for Level I identification of MR/DD and

serious MI, which are explained in form SDS 0460INS. The purpose of PASRR Level I is identification of individuals having MR/DD or serious MI indicators. Individuals identified with MR/DD or serious MI indicators may be required to have further evaluation prior to Nursing Facility (NF) admission. This further evaluation and determination is called "PASRR Level II". PASRR Level II evaluation will confirm the identification of MR/DD/MI, determine if NF services are required or if specialized services are required. Individuals with MR/DD/MI indicators may be admitted to a NF without PASRR Level II evaluation **only** if the conditions of a "Categorical Determination" are met. Categorical Determinations are based on a provision in the federal rule that allows states to create categories that describe certain diagnoses, severity of illness or the need for a particular service that clearly indicate that admission to a NF is normally needed or that specialized services are normally not needed ([42CFR483.130](#)).

The Categorical Determinations in Oregon's Administrative Rules have been revised, effective 9/01/07, {[OAR 411-070-0043\(2\)\(a\)-\(c\)](#)}. Form SDS 0460 reflects the revised Categorical Determinations and Form SDS 0460INS lists the complete OAR text for the revised Categorical Determinations (Table 1, on page 2) and instructions for implementation (pages 4-5).

Form SDS 0460 (Rev 12/07) documents the following information for any individual who will be admitted to a Nursing Facility (NF):

- Demographic information
- Part I: Results of screen for indicators of MR/DD/MI
- Part II: For individuals with indicators of MR/DD/MI, evaluation of Categorical Determinations
- Part III: Nursing Facility Service Decisions

Form SDS 0460 (Rev 12/07) is a three-ply form and instructions for distribution of completed form copies are printed on the form.

To obtain forms SDS 0460 and 0460INS by telephone (503) 373-1342, fax (503) 373-0892 or email [Forms.Distribution@Das.or.us](mailto:Forms.Distribution@Das.or.us).

Forms can also be printed from the DHS forms web page using these links:

0460 - Word document: [http://dhsresources.hr.state.or.us/WORD\\_DOCS/SE0460.doc](http://dhsresources.hr.state.or.us/WORD_DOCS/SE0460.doc)

0460 - PDF document: <http://dhsforms.hr.state.or.us/Forms/Served/SE0460.pdf>

0460INS - Word document - [http://dhsresources.hr.state.or.us/WORD\\_DOCS/SE0460INS.doc](http://dhsresources.hr.state.or.us/WORD_DOCS/SE0460INS.doc)

0460INS - PDF document - <http://dhsforms.hr.state.or.us/Forms/Served/SE0460INS.pdf>

## **Training: Netlink Training Sessions**

### **Course Title: Requirements for Nursing Facility Admissions (PASRR)**

#### **Audience:**

Hospital Discharge Planners and AAA/SPD Pre-Admission Screen (PAS) Specialists

#### **Course Content:**

This course is specifically designed for those who facilitate Nursing Facility (NF) admission and who are required to screen all individuals who will be admitted to a NF for indicators of Mental Retardation/Developmental Disabilities (MR/DD) or serious Mental Illness (MI).

#### **Content includes:**

- ❑ Instructions for performing the mandatory, federal PASRR Level I Identification Screening
- ❑ Clarification of PASRR-specific definitions for identifying MR/DD and serious MI
- ❑ Instructions for use of revised PASRR Level I documentation forms
- ❑ Explanation of Categorical Determinations
- ❑ Explanation of PASRR Level II referral procedures

#### **Training Dates:**

Monday, February 25, from 1:00 - 3:30 pm

Wednesday, March 12, from 1:00 - 3:30 pm

Thursday, March 27, from 8:30 – 11:00 am

#### **Training Registration:**

These sessions have been posted on the DHS Learning Center Registration web site. Please sign up through the Learning Center at:

<https://dhslearn.hr.state.or.us/>

Use Find a Course and Register for course number: C00548 or search by keyword, PASRR .

If you have any questions about the registration process, please call the DHS Service Desk, (503) 945-5623.

**If using the previous version of SDS 0460 (rev 05/01), “Level I Pre-Admission Screening for MI/MR/DD”:**

**Part I:** Document the results of screen for indicators of MI/MR/DD.

**Part II:** Complete this section for individuals identified with serious MI indicators.

Note: See Form SDS 0460INS, pages 3-4, “Identification of Serious Mental Illness”, to review criteria.

**Part III:** For individuals with indicators of MI/MR/DD, **Note:** The Categorical Determinations have been revised, do not use “Convalescent Care”, “Severe Physical Illness/Requires Nursing Intervention” or “Respite”. Please use the new categories: “Exempted Hospital Discharge”, “End of Life Care for Terminal Illness” or “Emergency Situation”. For complete OAR text of Categorical Determinations, See [OAR 411-070-0043\(2\)\(a\)-\(c\)](#) or Form SDS 0460INS, page 2.

**Part IV, Specialized Services Determination:** If an individual with MI/MR/DD indicators does not meet Categorical Determinations, Level II is required. For individuals with MR/DD/MI who do meet Categorical Determinations, Level II evaluation is required prior to admission to a Nursing Facility (see Form SDS 0460INS, pages 4-5, for detailed instructions).

To request a Level II evaluation for an individual with MI, call Addictions and Mental Health Division (AMHD): (503) 947-9715.

To request a Level II evaluation for an individual with MR/DD, call Seniors and People with Disabilities (SPD): (503) 947-4229.

**Part IV, Care Needs:** Effective 9/10/07, Pre-admission Screening (PAS) functions no longer include approval of the Complex Medical Add-On (CMAO) rate, [OAR 411-070-0027](#). SPD Central Office closely monitors, authorizes and approves the authorization for CMAO services. The nursing facility is responsible for the requirements for the CMAO payment.

To implement the new Complex Medical Add-on (CMAO) Rules using a previous version of the SDS 0460 form, complete the “Care Needs” section of the form by entering “1 = Nursing Facility” for all Medicaid-funded NF services.

**Reason for Action:**

- Form 0460 has been revised to:
  - 1) Limit the scope of the form to documentation of PASRR Level I
  - 2) Create a “universal” form for all PASRR Level I screeners
  - 3) Increase clarity about the purpose and process of PASRR Level I
  - 4) Reflect the revised Categorical Determinations ([OAR 411-070-0043\(2\)\(a\)-\(c\)](#) effective 9/1/07)
  - 5) Remove Complex Medical Add-on authorization ([OAR 411-070-0027](#), effective 9/10/07).
  
- Form 0460INS has been created to provide step-by-step instructions for performing the PASRR Level I identification function and for completion of Form 0460.

**Field/Stakeholder review:**     Yes     No

**If yes, reviewed by:**    The forms have been reviewed by the Seniors and People with Disabilities (SPD) Forms Committee.

*If you have any questions about this action request, contact:*

<b>Contact(s):</b>	Renee Shearer		
<b>Phone:</b>	(503) 945-5923	<b>Fax:</b>	(503) 378-8966
<b>E-mail:</b>	<a href="mailto:Renee.M.Shearer@state.or.us">Renee.M.Shearer@state.or.us</a>		