

PASRR PROCESS



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www.health.mo.gov

MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

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

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 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:

- 1) 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.

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. <https://health.mo.gov/seniors/nursinghomes/pasrr.php>

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.

LEVEL I FORM

Section A – Individual Identifying Information

Ensure the Individual's last and first name are spelled correctly.

Provide the client's Education Level and Occupation (prior to Retired/Disabled)

Section B – Individual's Contact Information

Email address is not required for a Designated Contact Person

Section C – Referring Individual Completing Application

LEVEL I FORM – SECTION D.
LEVEL ONE SCREENING CRITERIA FOR SERIOUS MENTAL ILLNESS

1. Does the individual show any signs or symptoms of a Major Mental Illness?

Yes No

Signs/Symptoms:

Please do not provide diagnosis

Expand

LEVEL 1 FORM – SECTION D. LEVEL ONE SCREENING CRITERIA FOR SERIOUS MENTAL ILLNESS

2. Does the individual have a current, suspected, or history of a Major Mental Illness as defined by the Diagnostic & Statistical Manual of Mental Disorders (DSM) current edition? Yes No
(Please refer to the Physician order/report and indicate ALL Major Mental Illness diagnosis)

<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Schizoaffective Disorder	<input type="checkbox"/> Bipolar Disorder
<input type="checkbox"/> Psychotic Disorder	<input type="checkbox"/> Major Depressive Disorder	<input type="checkbox"/> Obsessive-Compulsive Disorder
<input type="checkbox"/> Dysthymic Disorder	<input type="checkbox"/> Panic Disorder	<input type="checkbox"/> PTSD
<input type="checkbox"/> Conversion Disorder	<input type="checkbox"/> Personality Disorder	<input type="checkbox"/> Mood Disorder
<input type="checkbox"/> Somatic Symptom Disorder	<input type="checkbox"/> Dissociative Identity Disorder	<input type="checkbox"/> Anorexia Nervosa or other eating disorders
<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Delusional Disorder	
<input checked="" type="checkbox"/> Other Mental Disorder in the DSM	<input type="text"/>	

- 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.
- The submitter is able to mark more than one diagnosis.
- 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.

LEVEL I FORM – SECTION D. LEVEL ONE SCREENING CRITERIA FOR SERIOUS MENTAL ILLNESS

3. Does the individual have any area of impairment due to serious mental illness? **Yes** No

(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.

LEVEL I FORM – SECTION D.
LEVEL ONE SCREENING CRITERIA FOR SERIOUS MENTAL ILLNESS

4. Within the last 2 years, has the individual:

Yes No

(Record YES if Either/Both of the two subcategories below are checked)

- Experienced one psychiatric treatment episode that was more intensive than routine follow-up care (e.g. had inpatient psychiatric care; was referred to a mental health crisis/screening center; has attended partial care/hospitalization or has received Program of Assertive Community Treatment (PACT) or Integrated Case Management Services); and/or
- Due to mental illness, experienced at least one episode of significant disruption to the normal living situation requiring supportive services to maintain functioning while living in the community or intervention by housing or law enforcement officials?

Check yes, if treatment history for the past two years is unknown or treatment was unavailable but otherwise appropriate to consider individual positive for serious mental illness.

**LEVEL I FORM – SECTION D.
LEVEL ONE SCREENING CRITERIA FOR SERIOUS MENTAL ILLNESS**

5. Does the individual have a substance related disorder?

Yes No

Is the need for a skilled nursing facility placement associated with substance abuse?

Yes No

When did the most recent substance abuse occur?

N/A 1-30 days 31-90 days Unknown

LEVEL I FORM – SECTION D. LEVEL ONE SCREENING CRITERIA FOR SERIOUS MENTAL ILLNESS

6. Does the individual have a diagnosis of Major Neurocognitive Disorder (MNCD) i.e., [dementia or Alzheimer's](#)?

Yes No

Has the Physician documented MNCD as the primary diagnosis OR that MNCD is more progressed than a co-occurring mental illness diagnosis? (Provide documentation if answered yes)


Yes No N/A

Were any of the following criteria used to establish the basis for the MNCD:

Yes No N/A

Standardized Mental Status Exam (type)

Date Completed

  M-D-Y

Score

- Neurological Exam
- History and Symptoms
- Other Diagnostics:

Specify:

Expand

LEVEL I FORM – SECTION D. LEVEL ONE SCREENING CRITERIA FOR SERIOUS MENTAL ILLNESS

- 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. Documentation can be upload to the Level of Care form, Section C.

LEVEL I FORM – 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?

Yes No

If Yes, indicated diagnosis:

- If “Yes”, does the individual have a Mild, Moderate, Severe, Profound, or Unspecified Intellectual Disability
- Related Conditions are not listed in this field

LEVEL I FORM – SECTION E.

LEVEL ONE SCREENING CRITERIA FOR INTELLECTUAL DISABILITY OR RELATED CONDITION

2a. Does the individual have a suspected diagnosis or history of an Intellectual Disability/Related Condition? Yes No

(Please refer to the Physician order/report and indicate ALL Intellectual Disability Related Conditions)

Autism

Cerebral Palsy (CP)

Epilepsy/Seizure/Convulsions

Head Injury/Traumatic Brain Injury (TBI)

Down Syndrome

Spina Bifida

Prader-Willi Syndrome

Deaf or Blind

Muscular Dystrophy

Fetal Alcohol Syndrome

Paraplegia

Quadriplegia

Other Related
Conditions:

LEVEL I FORM – SECTION E.

LEVEL ONE SCREENING CRITERIA FOR INTELLECTUAL DISABILITY OR RELATED CONDITION

2b. Did the Other Related Condition develop before age 22?

Unknown Yes No

2c. Likely to continue indefinitely?

Yes No

2d. Results in substantial functional limitation in three or more major life activities?

[\(Impacted prior to the age of 22\)](#)

* must provide value

- No Functional Limitations
- Capacity for Independent Living**
- Learning**
- Self-Direction**
- Self-Care
- Mobility
- Understanding and Use of Language

SPECIAL ADMISSION CATEGORY – SECTION F

Special Admission Category instructions:

Click to display:

For SNF admission after **05-11-2023**,
the COVID 19 waiver will **not** be valid.

Reset SAC:

- 1 - Terminal Illness
Expected to result in death in six months or less
- 2 - Serious Physical Illness
Severe/end stage disease (or physical condition)
- 3 - Respite Care
*Stays not more than **thirty (30) days** to provide relief for in-home caregivers*
- 4 - Emergency Provisional Admission
Must be hotlined. *Stays not more than 7 days to protect person from serious physical harm to self and others. Hotline must be reported to the Adult Abuse and Neglect Hotline (1-800-392-0210 or https://apps4.mo.gov/APS_PORTAL/)*
- 5 - Direct Transfer From a Hospital
*Stays not more than **thirty (30) days** for the condition for which the person is currently receiving hospital care. **Must include the hospital history and physical.***
- COVID 19 Waiver
If admitted from the Hospital, provide a copy of History and Physical

Click to display the Covid19 Guidelines

SPECIAL ADMISSION CATEGORY – SECTION F


- A Special Admission Category (SAC) is only utilized if a individual triggers a Level 2 screening.
- The submitter does not have to choose a SAC for processing.
- The COVID waiver will no longer be a valid SAC after May 11, 2023.
- SAC numbers 1 thru 5 must be preapproved by COMRU prior to admitting to SNF. Failure to preapprove these SACs may result in loss of Medicaid payment.

PHYSICIAN SIGNATURE– SECTION G

Section G. Physician's Authorization and Signature

I attest that the information on these forms is complete and correct as known to me.

Applicant is not currently a danger to self and others Applicant is currently a danger to self and others

Physician Signature  [Add signature](#)

Discipline

(Provide Physician Name and Discipline)

License Number

- 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.

LEVEL ONE FORM

- 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 did not trigger a Level 2 screening, the hospital can email the Return Code and Application link to the SNF for review. 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 triggers a Level 2 screening, the hospital would continue to complete the rest of the application for submission.

LEVEL OF CARE FORM

Section A – Individual Identifying Information

This will autofill from the information entered on the Level I Form, Section A.

Section B – Current Location/Proposed Placement

- Reason for Submitting Application - New Admission or has been out of a SNF greater than 60 days
- This would be the address where Bock Associates will conduct the Level 2 screening if indicated.
- Do not enter a proposed SNF admission date


Section C – Recent Medical Incidents

- Provide the Diagnosis list
- Provide the Hospital H&P
- Provide a copy of the last Psychiatric Consult, Dementia Testing or other pertinent information (if applicable)

LEVEL OF CARE FORM

- The client must meet a Level of Care (LOC) of 18 points or greater to meet the criteria for SNF placement.
- There are 12 categories under the Assessed Needs:
Behavioral, Cognition, Mobility, Eating, Toileting, Bathing, Dressing and Grooming,
Rehabilitative Services, Treatments, Meal Preparation, Medication Management and Safety
- Each category is defaulted to 0 pts.
- The submitter must assess the individual in all categories to ensure an accurate point count. Points are assigned based on the client's current status.
- Each category has a "Comment" field for any additional information that might not have been captured for this individual in this category. This is not a required field.
- Reminder: The State Medical Consultants (SMC) base their point count on the submitted information provided on the application and supporting documentation.

LEVEL OF CARE FORM – SECTION E

First and Last Name: <input type="text"/>		Position/Title: <input type="text"/>	
Name of Entity: <input type="text"/>		Type of Entity: <input type="text" value="v"/>	
Telephone Number: <input type="text"/>	Ext: <input type="text"/>	Fax Number: <input type="text"/>	
Email Address: <input type="text"/>		Date Referral Completed: <input type="text" value="mm-dd-yyyy"/>  M-D-Y	
Complete Contact Person if Level II Screening Indicated			
Check if Same as Referring Individual <input type="checkbox"/>			
First and Last Name <input type="text" value="First and Last Name"/>		Telephone Number: <input type="text"/>	Ext: <input type="text"/>
Email: <input type="text"/>		Fax Number: <input type="text"/>	

CHECKING STATUS

Central Office Use Only (DRL/COMRU)

Client: _____

Level of Care Determination by DRL Central Office (COMRU)

Application Submitted to COMRU: _____

Application Accepted: _____ | Correction: _____

Meets level of care: _____

Application Type: _____

Point Count

There is a mandated [18 point count](#)
for SNF placement



**DHSS COMRU
Submitter**

Signature: _____

Date:

CHECKING STATUS

If Level 2 indicated above:	
Special Admissions Category: _____ Valid: _____	DHSS Determination: _____
Date Referred to DMH for Level 2 Screening: _____	
Date Due from DMH: _____	
<u>Level 2 Determination (DMH)</u>	<u>Brock Associates</u>
Mental Illness: _____	
Intellectual Disability: _____	
Previous Level 2 Determination: _____	Level 2 Evaluation
Previous Level 2 Screening: _____	_____
DMH Determination: _____	Level 2 Determination
Application Status: _____	_____



THANK YOU

FOR MORE INFORMATION CONTACT

AMMANDA OTT

573-522-3092 (OPTION #4)

COMRU@HEALTH.MO.GOV



PASRR PROCESS

LEVEL II

Michelle Clark, PASRR Coordinator
Directors Office
Missouri Department of Mental Health
www.dmh.mo.gov



Missouri Department of
MENTAL HEALTH

LEVEL II

- The Department of Mental Health (DMH) is responsible for the level II evaluations.
- DMH contracts with Bock Associates to complete the evaluations and determinations.
- The level II evaluation has three main purposes:
 - To confirm whether the applicant has MI/ID/DD or related condition
 - To assess the applicant's need for nursing facility service
 - To assess whether the applicant requires specialized services or specialized rehabilitative services.

OUT OF STATE REFERRALS

- DMH only permits completion of out-of-state Level II evaluations of individuals for whom DMH has determined sufficient connection to the state of Missouri or for whom the sending state has given DMH advance notification with prior written approval from DMH. This policy is guided by the philosophy that individuals have better outcomes when they receive treatment and services close to their homes and/or communities in order to maintain on-going family support and community connections.
- Please provide enough information about the individuals connection to the state of MO or reason for the request on the application. This can be written in any of the available text box on the applications.
 - Examples: Missouri is the individual's state of domicile; The individual has resided in Missouri in the last twelve (12) months at a fixed address, not including a skilled care facility or hospital; The individual's family, support, or guardian is domiciled in Missouri; The individual's family or guardian is moving their domicile to Missouri; or The individual has an extenuating circumstance (e.g. homeless transient found in Missouri), as determined by the committee.
 - DMH requires the following information be submitted with the application: The name, address, and telephone number of the family member, support, and/or guardian who resides in Missouri or is moving to Missouri.

OUT OF STATE REFERRALS PROCESS



- When DMH receives a referral for a Level II evaluation from COMRU
 - Determine if the individual has a clear indication of meeting the criteria listed above for a sufficient connection to the state of Missouri.
 - The Case Review Committee reviews all referrals with extenuating circumstances for a decision.
 - Should the Case Review Committee give consent to proceed, the designated staff will forward the referral to the appropriate entity for completion of the Level II screening.
 - Should the Case Review Committee decline proceeding with the Level II screening, the designated staff will notify COMRU of the decision and an out of state denial letter will be uploaded to the individuals REDCap record for the referring entity to access and provide a copy to the individual.

ALL OTHER DETERMINATIONS

- Once the Level II evaluation is complete, DMH reviews the determination and inputs the findings into REDCap.
- An evaluation report and determination is uploaded to REDCap by Bock and Associates the next business day.
- The determination is a legal document with important information for the individual's care. The determination document includes:
 - Summary of the evaluated information;
 - States which qualifying condition was present, if any (i.e., MI, MR/ID, or a related condition);
 - Says “yes” or “no” to whether Specialized Services are needed
 - If the person is appropriate “approved” for NF services
 - Specific and clear individualized recommendations for all needed services;

CHECKING STATUS

- 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 right shows someone who has had a previous Level 2 and does not require a review. It lists already screened and then has the previous evaluation and determination uploaded.
 - At the bottom it shows that a Level II evaluation is not required. In this case you will refer to the documents uploaded for the determination.
 - If application status states NOT appropriate for Nursing facility placement, it means the person has needs beyond what a nursing facility can provide and they cannot admit to a nursing facility.

If Level 2 indicated above:	
Special Admissions Category: COVID 19 Waiver Valid: Yes	DHSS Determination: _____
Date Referred to DMH for Level 2 Screening: 03-31-2023	
Date Due from DMH: 04-13-2023	
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: _____	DHSS Determination: _____
Date Referred to DMH for Level 2 Screening: 04-06-2023	
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: Determination Letter.pdf	Level 2 Evaluation
Previous Level 2 Screening: showdocument.pdf	_____
DMH Determination: _____	Level 2 Determination
Application Status: Application was not referred for L2 Screening (NL2R)	_____

DMH CONTACT INFORMATION AND RESOURCE LINKS

- Resources:
 - DMH PASRR website-<https://dmh.mo.gov/dev-disabilities/programs/pasrr-level-ii-assessments>
 - DMH behavioral health resources- <https://dmh.mo.gov/behavioral-health>
 - Out of state guideline-<https://dmh.mo.gov/media/pdf/guideline-7pdf>
- Contact:
 - DMH: Email DMHNotifications@dmh.mo.gov

PASRR PROCESS

LEVEL II

Bock Associates

Michelle Newberry

PASRR LEVEL II GENERAL PROCESS

- Bock Associates receives Level II referrals daily from DMH in various locations throughout the state.
- Bock verifies location and evaluation type, enters Level I application and associated medical records into web-based database application.
- Bock associates contacts a local PASRR assessor with assignment information.
- If accepted, PASRR assessor retrieves assignment information from database. Makes evaluation appointment and completes standardized PASRR Level II Evaluation (Adobe PDF format).
- PASRR evaluations generally consist of medical record review, face-to-face interview with the individual and facility staff. Often contact with legal guardian, designated family contact and/or case manager is also needed to complete the Level II evaluation.

PASRR LEVEL II GENERAL PROCESS (CONTINUED)

- PASRR assessor uploads the completed evaluation to the on-line database.
- Bock Associates completes Quality Assurance process and assigns to reviewing physician if required for that assessment type.
- Bock Associates generates a Level II Determination Summary and forwards results to DMH.
- Bock Associates distributes evaluation copies to the Nursing Facility, Discharging hospital, Attending Physician, and the individual and/or Legal Representative as required by PASRR legislation.

FREQUENTLY ASKED QUESTIONS

1. Who is Bock Associates?

Bock Associates is an independent company who has a contractual agreement with the Missouri Department of Mental Health (DMH) to complete the Level II (PASRR) Evaluations throughout the state of Missouri. Bock Associates has a local office in Jefferson City and also subcontracts with a network of PASRR assessors throughout the state who complete individualized Level 2 Evaluations for individuals applying to Nursing Facilities who are suspected of having MI or IDD/RC.

2. How do I reach Bock Associates or one of Bock's nurse contractors?

Our local office is open from 8 am to 4 pm, Monday through Friday (except State holidays). We can be reached by telephone at (573) 634-7309, by fax at (573) 634-7317 or email at bock.missouri@bock-associates.com . Although we are unable to give out assessor's private telephone numbers, we would be happy to relay your message to them. If you are calling after hours, or if we are temporarily unavailable, you may leave a message on our voice mail and we will get back to you.

3. I'm not sure whether an individual needs a Level II evaluation. How can I make sure?

If you have submitted a Level I application to DHSS/COMRU via redcap, you will receive a notice that a referral has been sent to the Department of Mental Health (DMH) for a Level II evaluation at the email listed in the application. When the referral for L2 is received by Bock Associates, one of our office staff will contact you by phone or email to verify current location prior to assigning to an assessor. The L2 assessor will contact you to set up an appointment for the L2 evaluation.

FREQUENTLY ASKED QUESTIONS (CONT):

4. The individual came to the hospital from a nursing home, and will be returning to a nursing home. Does he need a new Level II Evaluation?

Some individual will not require a new Level II as this is considered a "transfer". However, the individual experiences a Change in Status, or if the individual has been out of the nursing facility for an extended time a new/updated Level 2 may be needed. Information related to change of status on the DHSS website at <https://dmh.mo.gov/dev-disabilities/programs/pasrr-level-ii-assessments>

5. The individual has MI and/or IDD/RC, but needs to go to the nursing home for medical (not psychiatric) reasons. Does he still need a Level II Evaluation?

If the individual is suspected of having a "serious mental illness" or intellectual disability/related condition as per the DA 124-C form the individual will still need a Level II Evaluation regardless of the reason for nursing home placement.

6. The individual is going to the nursing home on a "private pay" basis (or Medicare, VA contract, etc) and is not applying for Medicaid. Does she still need a Level II Evaluation?

By federal regulations, the PASRR process is required of all individuals seeking admission to a Title IXX "Medicaid bed" (meaning that the accepting nursing home participates in the Medicaid program), regardless of how the individual will be paying for their stay. This means that private pay individuals must also comply with the process if the nursing home they choose accepts Medicaid (MoHealthNet) funding for that bed. Individuals seeking admission to ALF/RCF facilities do not need a L2 evaluation prior to admission.

FREQUENTLY ASKED QUESTIONS (CONT):

7. If an individual does need a Level II Evaluation. How is this arranged?

Applications for individuals who require a L2 evaluation are reviewed by DMH and referred to Bock Associates. Bock will attempt to contact you to verify location, determine a contact person, and then assign the evaluation to a local PASRR assessor. The assessor will contact the designated facility contact to set up an appointment for the Level II Evaluation. Evaluations can be completed via telehealth or on-site.

8. How long will the process take?

You can expect an average of seven to nine working days from the time the Department of Health and Senior Services-COMRU refers the individual to DMH for a Level II evaluation. Some assessments are completed faster than others due to various factors including location, current workload, available records/information, weather, telehealth availability, etc.

9. I just completed the L1 application. Can I call Bock to arrange an appointment?

Bock can begin a Level II Evaluation only after authorization is received from DMH. At that time you will be contacted by our office for verification. After we verify the client's location, the evaluation will be assigned to PASRR assessor who **will contact you** to arrange an appointment. Calling the office will not expedite the process.

FREQUENTLY ASKED QUESTIONS (CONT):

10. Is there any way to expedite the process? The PASRR process will go more smoothly for you if:

- The L1 application completed correctly, comprehensively, and does not need to be returned to you for corrections.
- The client's current location as well as the facility contact person's name and telephone number are CLEARLY listed (so we don't have to spend time searching for the individual and/or contact person).
- You have carefully and correctly completed the L1 application questions regarding whether the client is suspected of having serious mental illness and/or intellectual disability/developmental disability, or related condition, and have identified whether the individual meets any "special admission" categories listed (Note: Special Admission categories MUST be approved by DHSS/COMRU prior to NF admission).
- You have provided the individual's psychiatric history/evaluation including information on previous symptoms and hospitalizations (the assessor will need this information to complete the evaluation), medical history and physical, medication list and most recent progress notes. If not uploaded with the L1 application, you may fax or email these documents to Bock Associates.
- START EARLY. The evaluation can be cancelled if the individual decides to return home or to a less restrictive setting.
- The ability to accommodate telehealth videoconferencing may help expedite the L2 two process.
- You promptly address calls, emails, requests for records/information.
- If the individual has moved, has a new contact person, has withdrawn their NF application, etc. please notify Bock Associates as soon as possible.

FREQUENTLY ASKED QUESTIONS (CONT):

11. How do we know where we are in the PASRR process.

When you completed the L1 application, you were provided a return code. You can see where the application is in process by returning to the application.

12. The Bock assessor has evaluated the individual. Now can we discharge?

The Bock assessor is NOT AUTHORIZED to approve nursing home placement. When the completed L2 evaluation is received, L2 determination is forwarded to DMH who will authorize (or deny) NF placement. Then Bock Associates will upload the L2 determination and evaluation to the DHSS database where you may access by using the application return code.

13. What does the Level II Evaluation determine? Did the individual "pass" the Level II?

The Level II Evaluation process is not designed to be "pass/fail". Rather the evaluation process specifies recommendations for specialized and rehabilitative psychiatric or developmental disability services for individuals as well as recommendations on the most appropriate and least restrictive placement setting as required by federal and state PASRR regulations. You may however see if the person has been approved or denied for NF admission after the L2 has been completed by using the application return code, and clicking on the link to the L2 determination.

14. What is a Level II facility/unit?

There is no such thing as a "Level II" unit or facility. Sometimes Nursing facilities have designated certain units to be secured, and may accept individuals with behavioral difficulties and few if any medical care needs. There are no state guidelines, standards, or regulations governing such units or programs other than those that apply to nursing facilities in general. Bock Associates does not keep a list of such facilities or what services they may offer.