PASRR
Level II Evaluation and Determination

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Level I Screening Tool – LTC -26

- PASRR regulations require states to screen all individuals regardless of payment source who are entering a Medicaid certified nursing facility for the presence of Serious Mental Illness or Mental Retardation and/or Related Condition.

- The Level I Screening Tool – LTC 26 must be completed for all Nursing Facility applicants prior to nursing facility admission in accordance with Federal Regulations 42 CFR 483.106.
All individuals who screen positive for mental illness regardless of payment source who are being referred for admission to a Nursing Facility require a Level II Evaluation and Determination.

Fax the Level I Screening Tool and the PASRR Psychiatric Evaluation to the DMHS at (609) 777-0662.

The purpose of the Level II PASRR evaluation is to determine if the mental health needs of the individual can be met in a Nursing Facility or if the individual requires Specialized Services (Inpatient Psychiatric Treatment). A Level II PASRR evaluation requires that an independent Psychiatrist / Psychiatric APN from the referring agency complete the PASRR Psychiatric Evaluation form and fax it to the NJ Division of Mental Health PASRR Coordinator at 609-777-0662.

A copy of the PASRR Psychiatric Evaluation can be found on the NJ Division of Mental Health Services website.
Level II PASRR Determination

- DMHS reviews the Level I Screen and the PASRR Psychiatric Evaluation to determine the individual’s mental health care needs.
- If DMHS determines that the individual could benefit from specialized services, DMHS will call the referring agency and review the individual’s current mental status.
- Individuals who are a danger to themselves or others will be referred to the local screening center by the agency.

Level II PASRR Determination

- If it is determined that the individual's mental health needs can be appropriately met in a NF, the referring agency will be instructed by DMHS to contact DHSS to obtain the approval letter.
- The Level II PASRR Determination process normally takes 1 – 3 days.

Categorical Determinations

- PASRR regulations permit states to omit certain individuals from a comprehensive Level II evaluation if they fall into specific categories.
- These categories are based on certain diagnoses, severity of illness, or the need for a particular service, such as a ventilator.
- Individuals who fall within these categories would normally require admission to a Nursing Facility.
Categorical Determinations

- **Dementia** with Mental Retardation/Developmental Disability.
- **Terminal Illness** – the individual is terminally ill and has a life expectancy of six (6) months or less AND the individual is not a danger to self or to others.
- **Severe Physical Illness** – the individual has a medical condition of such severity that it would limit the individual's ability to participate in specialized services for mental illness.

Categorical Determinations

- **Respite Care** – An adult may be admitted to a nursing facility from home or an Adult Family Care home (a non-institutional setting) for short-term respite care not to exceed thirty (30) days per state or federal annual funding cycle.
- **Protective Services** - An adult who is referred to Adult Protective Services may be admitted to a nursing facility from the community for a period not to exceed seven (7) days while longer term placement is being arranged.

Resident Review

- Nursing Facility residents must have a Resident Review when there is a new diagnosis of mental illness or mental retardation or a significant change in the resident's physical or mental condition.
- A copy of the Resident Review Referral Form can be found on the NJ DMHS website.
Resident Review

- The Significant Change in Status Assessment in the MDS should trigger a resident review.
- The NF should notify the DMHS when...
  - An individual is newly diagnosed with mental illness; or
  - An individual experiences a significant change (improvement or decline) in the status of their known psychiatric diagnosis.

Resident Review

- Fax the following information to the DMHS:
  - Resident Review Referral Form.
  - A current PASRR Psychiatric Evaluation completed by an independent psychiatrist or psychiatric APN, dated within one week.
  - Current MDS

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