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### Level I Screening Tool . LTC -26

- 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.

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### Level I Screening Tool . LTC -26

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

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### Level II PASRR Evaluation

- 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.

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### 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.

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### 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.

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### 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.

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### Categorical Determinations

- o **Dementia** with Mental Retardation/ Developmental Disability.
- o **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.
- o **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.

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### Categorical Determinations

- o **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.
- o **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.

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### Resident Review

- o 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.
- o A copy of the Resident Review Referral Form can be found on the NJ DMHS website.

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### 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.

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### 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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### NJ Division of Mental Health Services PASRR Clinician / Coordinator

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