
# PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) Manual

## July 2023

# Contents

# SECTION 1: Introduction and Overview

## Introduction

Preadmission Screening and Resident Review (PASRR) is a federal requirement to help ensure that individuals are not inappropriately placed in nursing facilities for long term care. It requires all applicants to a Medicaid certified nursing facility (NF) , regardless of the payment source, be given a preliminary assessment to determine whether they have a serious mental illness (MI), an intellectual disability (ID), or a related condition prior to admission. PASRR is meant to ensure appropriate placement and services for MI and/or ID individuals in the least restrictive environment that can effectively meet their needs.

## History

The mandate was a U.S. Congress reaction to inappropriate institutionalization of persons with mental illness and/or intellectual disability (referred to as mental retardation in the mandate) and is included in The Omnibus Budget Reconciliation Act of 1987 (OBRA-87), also known as the Nursing Home Reform Act. The mandate requires a personalized assessment *and* personalized care recommendations for any person who may have mental health, intellectual disability or related conditions. The personalized assessment is used to identify individuals who may have mental health, developmental disabilities or related conditions, to create personalized care recommendations for those individuals, and to provide a means to follow-up to determine whether those needs are being met within the nursing facility.

(42 CFR 483.20(m) --Prohibits admission without PASRR determination that NF services are needed.) Please note that our use of the terms “mental illness” and “mental retardation” is a strict reflection of the language used in the current Code of Federal Regulations (CFR) regarding PASRR.

(Title XIX--1919(b)(3)(F) --A nursing home must not admit any new resident who is mentally ill or intellectually disabled unless the State mental health authority or intellectual disability authority has conducted a PASRR determination and was determined to need NF services.

## Authorization

Pre-admission Screening and Resident Reviews (PASRR’s) are federally mandated screenings directed by the Medicaid Title XIX Program, Medicaid. Wyoming Medicaid or the Medicaid State Authority (MSA) is an office within the Division of Healthcare Financing (DHCF) and has final authority on intellectual disabilities (MR/ID). The Department of Health, Behavioral Health Division has final authority for mental illness (MI). The agents can delegate any function for which it has authority. Currently, Telligen has been given delegation by the Division.

## Accommodations

If accommodations are needed due to culture, language or ethnic origin, please contact Telligen at 1-833-610-1057.

**Individuals may not be admitted to a nursing facility until the PASRR Level I screening is completed and if necessary until the PASRR Level II evaluation is completed with a determination.**

# SECTION II: Definitions and Getting Started

## Definitions

### Serious Mental Illness

An individual is considered to have a major mental illness FOR THE PURPOSES OF PASRR if the following three (3) criteria are met:

1. **Diagnosis -** The individual has a major mental disorder, as defined in the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), which includes, but is not limited to: psychotic disorder, mood disorder paranoia, panic, or other severe anxiety disorder, post-traumatic stress disorder (PTSD), or other mental disorder that may lead to chronic disability; and
2. **Level of Impairment -** The disorder results in functional limitations in major life activities, such as interpersonal functioning, concentration, persistence and pace, and ability to adapt to change. These functional limitations must be evident within the last six months and must be appropriate for the person's developmental stage; and
3. **Recent Treatment/Duration of Illness -** The individual has experienced at least one of the following in the past two (2) years:
    a) Required intensive psychiatric treatment (more intensive than outpatient care) in order to maintain or restore functioning such as psychiatric hospitalization, partial hospitalization/day treatment, residential treatment; or
    b) Experienced an episode of significant disruption to the normal living situation for which supportive services were required to maintain functioning at home or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

### Intellectual Disability

Intellectual Disability diagnosis requires intellectual impairment and deficits in adaptive functioning with onset prior to the age of 18.
The following three (3) criteria must be met:

1. Deficits in intellectual functioning such as reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, and learning from experiences confirmed by both clinical assessment and individualized standardized intelligence testing.
2. Deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life such as communication, social participation, and independent living across multiple environments, such as home, school, work, and community.
3. The onset of intellectual and adaptive deficits during the developmental period (before age 18).

### LT101

The LT101 assessment provides a comprehensive method of determining eligibility based on functional needs for Medicaid long term care services. The LT101 is a functional assessment that assesses how much assistance the individual needs in performing Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living (IADL's) as well as the individual's social and cognitive functioning. The LT101 determines whether an individual meets the functional requirements for nursing facility level of care. The LT101 must be completed for the purposes of eligibility and when a PASRR Level II is required.

a. LT101s are only needed for Medicaid members. If a member later becomes Medicaid eligible an LT101 will need to be completed.
b. LT101 assessments are under state oversight by the Benefit and Eligibility Specialist for Long Term Care at the Wyoming Department of Health, Division of Healthcare Financing.

c. LT101 requests must be submitted electronically at https://gateway.health.wyo.gov
d. LT101's are conducted by specially trained public health nurses (PHN's) in each county.
e. PHN's have 7 days from the date of referral to perform and enter the LT101 for eligibility. Extensions can be granted to the PHN.
f. LT101's for Medicaid members must be requested **on or before the day of admission** to ensure Wyoming Medicaid reimbursement.
g. LT101's are valid for 365 days from the date of completion
h. If you have any questions on LT101's do not contact public health. Please contact the Benefit and Eligibility Specialist for Long Term Care at sherry.mitchell1@wyo.gov.

**Getting Started**

1. An individual who submits the PASRR Level I must be enrolled in the Secure Provider Portal. To begin the process click on the following link and choose New Users https://login.wyomingmedicaid.us/login/login.htm. Once the individual has registered they will need to provide their user name to the Provider Administrator who will need to add them to the account in the Secure Provider Portal. If you do not know who the Provider Administrator is at your facility, contact Provider Services at 1-888-996-6223.
2. Training - It is highly recommended to complete the Web Portal Tutorial for PASRR at https://wyomingmedicaid.com/portal/Provider-Training%2C-Tutorials-and-Workshops prior to starting the process.
3. An individual who will be submitting the PASRR Level II packet will need to enroll on the Telligen webportal under Provider Portal Registration at https://wymedicaid.telligen.com/. Training on the Telligen webportal can also be found at this link under education and training. Assistance with registering for the Telligen webportal can be contacted at 1-833-610-1057.
4. A provider will also need access to request an LT101 which will be completed by the Public Health Nurse in your area. Contact the Benefit and Eligibility Specialist at sherry.mitchell1@wyo.gov for access.

## SECTION III: PASRR Level I Process

**PASRR Level I**

The PASRR Level I is required for all individuals applying to a Medicaid certified nursing facility or swing bed. The PASRR Level I assesses for potential mental illness (MI) and/or intellectual disabilities (ID). All those who have a suspected or confirmed MI and/or ID must receive a more in-depth assessment, the individualized PASRR Level II Evaluation (Part V of this manual).

1. Log in at the Secure Provider Web Portal link located at https://login.wyomingmedicaid.us/.
2. Complete the PASRR Level I, filling in all areas and answering each question.
3. Diagnoses should be prioritized and should not include any periods (ex. F41.1 should be submitted as F411)
4. If the PASRR Level I does not trigger a MI and/or ID diagnosis, submit the PASRR Level I and print for your records.
5. Request a LT101 through the following link https://gateway.health.wyo.gov if applying for eligibility. **The individual can now be admitted.**
6. If the PASRR Level I triggers a categorical 4-8 under the PASRR Level I Screening Summary, submit documentation into the Telligen webportal. **Refer to section IV of this manual. The individual can now be admitted.**
7. If the PASRR Level I triggers a 1, 2 or 3 under the PASRR Level I Screening Summary a PASRR Level II is required. . **Refer to section V of this manual. The individual cannot be admitted until a PASRR Level II determination has been received.**

**Swing Bed Facilities**

Even though a swing bed facility is not technically a “certified nursing facility (NF),” it still has to comply with all of the NF requirements. Those requirements include PASRRs and LT101. Section 1913 of the Social Security Act defines swing beds and requires that swing bed facilities comply with all requirements of section 1919(b) through 1919(d) with respect to the NF services offered.

Section 1919(e)(7) of the Social Security Act and Chapter 42 of the Code of Federal Regulations, Sections 483.100 through 483.138 specify the requirements for pre-admission screening resident reviews for individuals with mental illness, intellectual disabilities/mental retardation and developmental disabilities. PASRR screenings must take place prior to admission to the swing bed.

## SECTION IV: PASRR Level II - Categorical Determinations

Categorical determinations permit states to omit the individualized Level II evaluation in certain circumstances that are time-limited or where need is clear. While categorical determinations do abbreviate the PASRR process, the function of the resulting determination is not different from an individualized determination and determination document must be submitted to Telligen **prior to admission**. Categorical determinations are not "exemptions" from the PASRR process.

PASRR regulations permit the State Mental Health Authority (SMHA) to develop categories based on certain diagnoses, levels of severity of illness or need for a particular service such as a ventilator, that indicate that admission to a NF is normally needed. There also may be provisional admissions with time limits pending further assessment due to delirium, for emergency protective services not more than seven days, or for respite. (Longer stays would require a Level II review). These three provisional categories, at state option, may also carry a categorical determination that specialized services (SS) are not normally needed.

A categorical determination that specialized services (SS) are needed is not allowed. This is to ensure, in states that provide SS for NF residents, that NF residents with serious mental illness (SMI) and/or mental retardation/intellectual disability (MR/ID), receive individually planned SS. In states that do not provide SS to NF residents, this ensures that placement options will be addressed on an individualized basis.

| **Type of Categorical** | **Question on Level I** |
|---|---|
| Categorical 4 | 1. A terminal illness; defined as a health condition that, due to its nature, can be expected to cause the person to die, verified in writing by a physician? |
| Categorical 5 | 2. Are comatose, ventilator-dependent, functioning at brain stem level, have diagnosis of COPD, severe Parkinson's, Amyotrophic Lateral Sclerosis, CHF, Huntington's Disease, CVA, quadriplegia, advanced MS, muscular dystrophy, end-stage renal disease, severe diabetic neuropathy or refractory anemia?<br>2a. If so, is the condition severe enough that he or she could not participate in an evaluation or treatment? |
| Categorical 6<br>(Exempted Hospital Discharge) | 3. If this individual has possible or probable MI or MR/ID, does he or she have a medical condition, subsequent to discharge from an acute care hospital, for which convalescent care is likely to require LESS THAN 120 days of nursing facility services? |

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| Categorical 7<br>(Provisional Admission) | 4. Require provisional placement for respite care or due to delirium not to exceed 14 days? |
| Categorical 8<br>(Provisional Admission) | 5. Require emergency placement for his/her safety not to exceed 7 days? |

**Please note:** If you answered "yes" to 1, 2 and 2a, 3, 4 or 5 of the previous questions then the PASRR Level I triggered a Categorical Level II Determination. Fax to Telligen the following:

- PASRR Level I
- History and Physical within the last 12 months
- Explanation of categorical that has been made and basis for the conclusion
- To the extent possible if NF services are needed include any mental health or specialized psychiatric rehabilitative services that are needed
- Medication administration record (MAR)
- Progress notes representing seven (7) days of services and treatments
- Name and professional title of the person applying the categorical determination and the data on which the application was made

When submitting a Categorical Level II, you will receive a determination letter rom Telligen.

For a Categorical 5, if you answered "yes" to 2 and "no" to 2a it will trigger an individualized Level II evaluation.

It is the responsibility of the nursing facility to track the days allowed under the categorical PASRR. Before the expiration of the categorical period, the facility must submit a new PASRR Level I (resident review) and packet for completion of a PASRR Level II prior to the last date of the categorical allowed period, if the resident will remain in the facility beyond the expiration date of the categorical period end date. The PASRR Level II determination for the period beyond the categorical period must be completed and received by the facility before the end of the categorical allowance period.

If a member on the Home and Community Based Service (HCBS) waiver is moved to a NF for short-term respite, it is considered an admission for purposes of PASRR and all policies and procedures must be followed for both the PASRR Level I and also Level II if MI or ID is identified.

**Once you have submitted the packet to Telligen with all the listed information above, the individual may be admitted. You will receive a letter of determination from Telligen in the webportal.**

## SECTION V: Individualized PASRR Level II Process

PASRR Level II evaluations are in-depth reviews for nursing facility applicants and residents who are thought to have serious MI and/or MR/ID, to accurately assess whether an individual needs specialized services and/or is appropriate for nursing facility level of care. Diagnoses that trigger a PASRR Level II evaluation are listed at https://wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins/Institutional-UBManual-and-Bulletins under MI/MR ICD-10 Diagnosis Code List.

Level II evaluation packets are required to include:

- PASRR Level I
- Name and professional title of the person who performed the evaluation(s) and the date on which each portion of the evaluation is administered
- Current medical history and physical, within the last 12 months or a change of condition, including:
    - Medical history,
    - Review of all body systems, 7
    - Specific evaluation of the individual's neurological system in the areas of motor functioning, sensory functioning, gait, deep tendon reflexes, cranial nerves, and abnormal reflexes)
- Psychiatric evaluation, if on file and less than two (2) years old
- LT101 less than 365 days old (this does not need to be submitted to with the packet)
- Current medications (medication administration record with name, dosage, administration frequency and route of administration)
- Progress notes representing the last seven (7) days of services and treatments
- If MR/ID, a comprehensive medication history
- If ID, IQ testing is completed, testing is not required if not already completed
- Informed Consent Form (If the resident is unable to sign consent, medical power of attorney (MPOA) must sign, or if resident is incompetent, legal representative must sign.
- Minimum Data Set (MDS) is strongly recommended for Significant Change reviews
- Identify special services required to meet the individual's needs
- If MI or ID and specialized services are not needed, identify specific lesser intensity services that are required to meet the individuals needs
- If MI or ID and specialized services are required, identify the specific ID or MI services required to meet the individual's needs

Once all information is gathered, submit the PASRR Level II packet into the Telligen webportal. Once the packet has been submitted, a Telligen staff will contact the submitter to schedule an interview. The interview will include ndividual, if possible, guardian and other staff. The interview ill cover the following information:

- The individual's past and present living arrangements describing successes and failures and medical and support systems and current family involvement in the evaluation and treatment; and
- Cultural, language and ethnic origin and applicable adaptations required; and
- Evaluation of intellectual functioning, memory functioning and orientation, description of current attitudes and overt behaviors, affect, suicidal or homicidal ideation, paranoia, and degree of reality testing (presence and content of delusions) and hallucinations must be available; and
- A functional assessment of the individual's ability to engage in activities of daily living ( ADL's) and instrumental activities of daily living (IADL's) that addresses monitoring of health status, self-administering, and scheduling of medical treatment, self-monitoring of nutritional status, handling of money, dressing appropriately, and grooming. An accurate functional assessment is extremely important in determining an individual's appropriate placement)
- Positive traits or developmental strengths and weaknesses or developmental needs of the evaluated individual

**Telligen staff will attempt to schedule an interview three times before the case is closed. Once the case is closed, the provider will have to resubmit the packet to restart the process. Make sure the contact information is available for scheduling the interview.**

The PASRR Level II packet will be reviewed by a qualified clinician at Telligen to determine appropriateness for nursing facility placement.

The PASRR Level II evaluation will result in the determination of appropriate or inappropriate placement and/or need for Specialized Services. "Placement" refers either to admission or continued residence in a nursing facility. The meaning of Specialized Services, within the context of PASRR Level II evaluations, refers to services specified by the State that:

1. Are developed and supervised by an interdisciplinary team, which includes a physician, qualified mental health professionals, and, as appropriate, other professionals.
2. Prescribe specified therapies and activities for the treatment of persons experiencing an acute episode of serious mental illness or intellectual disability, which necessitates supervision by trained mental health or intellectual disability personnel; and
3. Are directed toward diagnosing and reducing the resident's behavioral symptoms that necessitated institutionalization, improving his or her level of independent functioning, and achieving a functioning level (adaptive, functional, emotional, etc.) that permits reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time.

In summary, for Wyoming Medicaid, **specialized services are the level of services that would be provided in an institution or an inpatient psychiatric hospital**.

Types of determinations include the following:

1) Nursing Facility Placement is appropriate, placement is authorized; Specialized Services are not required. Mental Health rehabilitation services may be recommended.
2) Nursing Facility Placement is Not appropriate, placement is not authorized. Specialized Services are not required. The nursing facility must arrange for orderly discharge and must prepare and orient the resident for discharge. Placement options consistent with this determination include Community Choices Waiver services, or other programs which include the Wyoming Home Services and the Older American Acts program. This list of services/programs is not all-inclusive. The 30-month rule applies if the member has previously been in the nursing home.
3) Nursing Facility Level of Care is Not appropriate, placement is not authorized. This individual requires Specialized Services (which WY defines as psychiatric care) that cannot be provided in the NF. The nursing facility must arrange for orderly discharge and must prepare and orient the resident for discharge. The 30-day rule applies.
4) This individual has no evidence of a serious mental illness or serious intellectual disability; Nursing Facility Placement is appropriate, placement is authorized. No further review or referral is required.
5) This individual has a primary diagnosis of dementia or secondary diagnosis of dementia when the primary diagnosis is not a serious mental illness; Nursing Facility Placement is appropriate, placement is authorized. No further review or referral is required.
6) This individual is categorically appropriate due to a terminal illness, severe medical condition or has an admission that is time limited. Nursing Facility Placement is appropriate, placement is authorized.
7) The evaluation was incomplete due to death or discharge.

After review by the qualified clinician, the resulting document, known as the **Determination Summary Report (DSR)**, will be uploaded to the webportal case within four (4) days of receipt of the interview:

- The individual in care of (C/O) the referring (discharging) or retaining facility and his/her legal representative, if applicable
- The admitting or retaining NF
    - The admitting or retaining facility must place a copy of the DSR in the resident's chart for attending physician review
- The discharging hospital (if the individual is seeking NF admission from a hospital)

A **Notice of Determination (NOD)** is also uploaded within four (4) days of receipt of the completed interview:

- The individual in care of C/O the referring or retaining facility and his/her legal representative, if applicable
- The admitting or retaining NF
    - The admitting or retaining facility must place a copy of the DSR in the resident's chart for attending physician review

Once the review has been completed by Telligen and a notice of determination and determination summary report is received, the provider can admit the individual. Admitting the individual prior to receiving a determination letter will result in the provider not receiving payment for the days leading up to the completion of the PASRR process.

Types of specialized services can include the following:

Mental Illness Services and Definitions

| Specialized Service | Definition |
|---|---|
| Medication Review | One time review of medication regarding a specific area of concern raised during eval – *does not require a psychiatrist*. |
| Case Management | Community-based Case Management as a wrap-around support – usually due to either continuity of care for continuing with known providers or transitioning to new providers as warm handoff. |
| Psychiatry Case Consult | Ongoing psychiatric case consultation – typically quarterly when stable, monthly when not stable. |
| Psychosocial Case Consultation | Used to recommend psychologist case consultation for additional testing. |
| Other Mental Health Professional Case Consultation | Used to recommend specialized treatment/testing/evaluation (addition, eating disorder, psychosexual, trauma specialist, etc.) and recommended degree or license of the professional would be included. |
| Psychosocial Rehabilitation Services | Life skills focused rehabilitation services to promote social skills – no specific licensure or job title required. |
| Individual Therapy | Any frequency of 1:1 therapy – will typically recommend frequency and focus on therapy as either coping skill development, MI, CBT, or narrative. |
| Group/Family Therapy | Any frequency of group/family therapy – will typically recommend frequency and focus on therapy. |
| Behavior Management/Therapy | Creation of a behavior plan – will typically recommend level of involvement in plan generation for the individual and any specific behaviors to track or plan around. |
| Psychoeducation | Education for individual regarding med/psychiatric care – typically recommended as way to build engagement in independent self-care of chronic condition. |
| Outpatient Mental Health Services | Community based mental health care to either provide continuity of care for continuing with known providers or support in transitioning to new providers as warm handoff during transition to community. |

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| Day Treatment/Partial Hospitalization | Used to indicate opportunity to participate in off-site day treatment – typically either day habilitation for life skills support or psychiatric support. |
| Crisis Intervention | Typically through the creation of a crisis plan – will typically recommend level of involvement in plan generation for the individual and any specific symptoms/behaviors to define thresholds and/or tracking specific warning signs. |
| Transportation | Transportation services are provided in conjunction with day treatment or outpatient mental health when there is a need for member to have transportation assitance in order to participate in community-based services. |
| Supported Employment | Supported Employment services are available when member would benefit from being given work/employment/volunteer opportunities to increase sense of purpose and productivity. |
| Other Services Recommended | Examples of other services recommended include, proactive social opportunities (when individual would need intentional above-and-beyond prompting and encouragement to attend vs just offered); animal-assisted therapy; neurocognitive testing/imaging; SUD/Chemical dependence focused support; support groups; etc. |

## Intellectual/Developmental Disabilities (I/DD) Services and Definitions

| Specialized Service | Definition |
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| Assistive Technology | Assistive technology services include services, supports or devices that help to increase, maintain or improve your ability to perform daily tasks. Services do not include ongoing subscription services. Services may include: Evaluating needs; Choosing, buying and using a device; Designing, fitting, customizing, adapting, applying, maintaining, repairing, and replacing devices; Training and technical assistance. |
| Behavioral Management and Education | Behavioral Management and Education are services necessary for the treatment of a client's severe maladaptive behaviors when these services are not available under Medicaid State Plan benefits, other third party liability coverage or other federal or state funded programs, services or supports. These services include comprehensive assessment of behaviors, development of a structured behavioral intervention plan with specific treatment goals, working one-on-one with the client to implement the intervention plan and determine its feasibility, training family and caregivers to reinforce behavioral programming methods and goals. Periodic reassessment of the individual plan is used to revise the plan, goals and outcomes according to client need. |
| Behavioral Therapies | This includes intensive developmental behavioral therapies developed specific to the member's needs including conditioning, biofeedback or reinforcement techniques; Treatment goals that are consistent with building elementary verbal skills, teaching imitation, establishing appropriate toy play or interactive play with other children, teaching appropriate expression of emotions and behaviors, and where necessary, reducing self-stimulation and aggressive behaviors; One on one behavior therapy conducted with the |

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| | member and Line Staff, following a specific protocol established by the Lead Therapist.<br><br>*This also includes training or modeling for parents or a guardian so that the behavioral therapies can continue in the home. Training or modeling shall be: Directed towards instruction on therapies and use of equipment specified in the Care Plan; Carried out in the presence of and for the direct benefit of the member; Conducted by the Line Staff.* |
| Case Management | Case management is assistance provided by a case management agency on behalf of an eligible member, which includes referral of needed Health First Colorado (Colorado's Medicaid Program) services and supports that enable you to remain in your community-based setting. A case manager is responsible for: Assessing your long-term care needs; Developing and implementing your care plan; Coordinating and monitoring the delivery services and providers; Evaluating the effectiveness of the services; and Periodically re-assessing your needs. |
| Day Habilitation – Specialized Habilitation | Day Habilitation Services help you get, keep and improve self-help, socialization and adaptive skills. These services take place away from your home unless there is a medical or safety need. Activities and environments are to help you gain skills, appropriate behavior, greater independence and personal choice.<br><br>Specialized Habilitation Services help you reach your highest skill level so you can be more self-sufficient. Services include help with self-feeding, toileting, self-care, sensory stimulation and integration, self-sufficiency, maintenance skills and supervision. |
| Day Habilitation – Supported Community Connections | Day Habilitation Services help you get, keep and improve self-help, socialization and adaptive skills. These services take place away from your home unless there is a medical or safety need. Activities and environments are to help you gain skills, appropriate behavior, greater independence and personal choice.<br><br>Supported Community Connections Services support the abilities and skills needed for you to access typical activities of community life. These include community education or training, and retirement and volunteer activities. |
| Dental Services | These services are provided only when the services are not available through the Health First Colorado (Colorado's Medicaid Program) State Plan due to not meeting the need for medical necessity as defined in Health Care Policy and Financing rules at 8.011.11 or available through a third-party resource. |
| Other Public Conveyance (aka Non-Medical Transportation) | Non-medical transportation services are rides to community services and resources in your care plan. This may include rides for shopping, community activities, program services, and volunteer and employment settings. Each waiver has slightly different transportation benefits. If you need a free ride to your medical appointment, see "Non-Emergent Medical Transportation" in your Health First Colorado Member Handbook. |

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| Supported Employment Services | Supported Employment offers work support services if you need intensive ongoing support in the work setting. Services include assessing and identifying interests and abilities, job placement and development, and job coaching. If you get Supported Employment services, you must first use the services through the Division of Vocational Rehabilitation or speak with a CCB Case Manager. |
| Vision | These services are provided only when the services are not available through the Health First Colorado (Colorado's Medicaid Program)vision benefits. Eye exams, diagnosis, glasses, contacts and other services must be medically necessary. Lasik and similar procedures must be medically appropriate and pre-approved by your CCB. |

Determinations carry the right of appeal as defined in 42 CFR Part 483.200 and Chapter XIX of the State Medicaid Rules:

Individuals who are screened for PASRR II are often in urgent need of structured care. Completion of PASRR screenings, evaluations, determinations and related paperwork, are **TIME SENSITIVE**; please submit all the required documentation listed above on the first submission to avoid delays in determinations. **Determinations cannot be made retroactive**. After the complete screening packet is received, experienced, qualified clinicians establish an appropriate placement for the resident based on level of care needed.

## SECTION VI: Significant Change (Resident Review)

Per CFR §483.114, a Resident Review, is to be completed upon a change in condition. The State of Wyoming has further defined the Resident Review as a significant change in condition.

An updated Level I screening, marked as a resident review, should be completed and submitted within 14 days of the resident's status change to ensure appropriate services. Significant change does not apply to residents with a primary diagnosis of dementia including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder.

If the Level I triggers the need for a Level II , the provider has 30 days from the date of the Level I to complete and fax the Level II packet to Telligen at 1-888-245-1928, for a review to be completed.

**Significant change in Condition**

A significant change in condition requires a resident review be completed if a mental illness, intellectual disability or related condition is present or is suspected to be present.

An individual is considered to have a significant change in condition due to a major decline or improvement to the individual's status that:

1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered "self-limiting";
2. Impacts more than one area of the resident's health status; and
3. Requires interdisciplinary review and/or revision of the care plan.

Mental status changes that result in a new diagnosis or that trigger a significant change to the total score on the Brief Interview for Mental Status (BIMS) or the Patient Health Questionnaire (PHQ9) on the Minimum Data Set (MDS) would result in a significant change of condition. Please see the following link for the full definition of "significant change" https://www.pasrrassist.org/faqs. Further, if the individual was previously identified by the PASRR to have a mental illness, intellectual disability or a related condition, the following conditions may be noted as a reason to complete a resident review (note this is not an exhaustive list):

- A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.
- A resident with behavioral, psychiatric, or mood-related symptoms that have not responded to ongoing treatment.
- A resident who experiences an improved medical condition—such that the resident's plan of care or placement recommendations may require modification.
- A resident whose significant change is physical, but with behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, that may influence adjustment to an altered pattern of daily living.
- A resident who indicates a preference to leave the facility. (This preference may be communicated verbally or through other forms of communication, including behavior.)
- A resident whose condition or treatment is or will be significantly different than described in the resident's most recent PASRR Level II evaluation and determination.

If the individual had not previously been found by PASRR to have a mental illness, intellectual disability or a related condition, the following conditions may be noted as a reason to complete a resident review (note this is not an exhaustive list):

- A resident who exhibits behavioral, psychiatric, or mood-related symptoms suggesting the presence of a diagnosis of mental illness as defined under 42 CFR §483.102 (where dementia is not the primary diagnosis).
- A resident whose intellectual disability as defined under 42 CFR §483.102, or whose related condition as defined under 42 CFR §435.1010, was not previously identified and evaluated through PASRR.
- A resident transferred, admitted, or readmitted to a NF following an inpatient psychiatric stay or equally intensive treatment.

# SECTION VII: Inter-facility or Out of State Transfers

### Inter-facility Transfers

When an individual is transferring from one facility to another it should be treated as a new admission and the PASRR Level I, LT101 and Level II process should be followed. A PASRR Level I and, if triggered, Level II must be completed prior to the member being transferred.

### Transferring to an Out of State Nursing Facility

If services are available in Wyoming within a reasonable distance from the member's home, the member must not utilize an out-of-state provider.

If services are deemed appropriate for out-of-state nursing facility placement then:
An LT101 (functional assessment) and PASRR I and II, if necessary, are required on all residents in order to receive payment on all nursing home services furnished outside the service area. Services furnished by a provider located outside the service area are not Medicaid reimbursable unless:

- The service is furnished in response to an emergency; or
- The member is outside the service area and the member's health would be endangered if he/she were required to return to the service area; or
- The services required are not available in Wyoming; and
- LT101 and PASRR are completed prior to admission.

If the resident will be out-of-state and placed for long term care the resident should become a Medicaid resident of that state if possible. If obtaining another state's residency is not applicable then a supporting document of medical necessity (according to the state of the facility) must be on file. If a resident is in WY and being transferred out-of-state then the LT101 should be performed face-to-face in the resident's county prior to leaving the state

### Transferring from a Facility Out of State or From a Home Outside of Wyoming to a Wyoming Nursing Facility

**When transferring from an Out of State nursing facility to a Wyoming nursing facility:**
Other State facilities will need to provide the WY NF all PASRR Level I and II information. The WY nursing facility will need to complete the following steps:

- Complete the PASRR Level I through the web portal prior to admission.
- Request the LT101 through EMWS (can be done at any time) – contact the Benefit and Eligibility Specialist at sherry.mitchell1@wyo.gov if there are any questions on this – will need to indicate this is a “telephone” LT101 request.
- If a PASRR Level II is triggered, submit the sending state’s PASRR Level II documents with the required WY PASRR Level II documents to Telligen within 30 days of admission. As long as Telligen receives the other State’s Level II documents with the WY packet, they can backdate the determination date to the admit date.

**If Transferring from Out of State from a home to a WY facility the following steps will need to be completed:**

- Complete the PASRR Level I through the web portal prior to admission- the admitting WY NH can complete this.
- Request the LT101 through EMWS (can be done at any time) – contact the Benefit and Eligibility Specialist at sherry.mitchell1@wyo.gov if there are any questions on this – will need to indicate this is a “telephone” LT101 request.
- If a PASRR Level II is triggered, submit the WY PASRR Level II documents to Telligen within 30 days of admission. Unless a complete WY PASRR Level II packet is sent to Telligen, the determination date cannot be backdated to the admit date.

## SECTION VIII: Roles and Responsibilities

### Referring Hospitals and Nursing Facilities

1. Complete PASRR Level I and Level II process
2. Those who must be involved in the PASRR evaluation must include:
    a. The individual being evaluated;
    b. The individual's legal representative, if one has been designated under State law; and
    c. The individual's family if available and individual or legal representative agrees to family participation.
3. Refer those persons who are in need of a current LT101 evaluation to http://gateway.health.wyo.gov/
4. Ensure that a complete individual Level II packet is sent. Requirements are in Part V.
6. If there is a determination that NF placement is not appropriate, the NF is responsible for assisting in the coordination of care in consultation with the resident and resident's family or legal representative and caregivers to:
    a. Arrange for safe orderly discharge of the resident
    b. Prepare and orient the resident for such discharge

### Transferring Facility Responsibility (CFR 483.108 (4)(II))

In cases of transfer of a resident with MI or MR/ID from a NF to a hospital or to another NF, the transferring NF is responsible for completing a PASRR Level I and assisting with the Level II process. They are also responsible for ensuring that copies of the resident's most recent PASRR and resident assessment reports accompany the transferring resident.

### Responsibilities of Provider when Transferring out of Facility (CFR 483.118 & 483.138)

The NF must mail a 30-day notice of its intent to transfer or discharge a resident, the facility may not terminate or reduce service until:

- The expiration of the notice period
- A subpart E appeal, if one has been filed has been resolved

The providing facility is also responsible for:

- Offering the resident the choice of remaining in the facility or of receiving services in an alternative appropriate setting
- Inform the resident of the institutional and non-institutional alternatives covered under Medicaid plan
- Clarify the effect eligibility for Medicaid services under State plan if the resident chooses to leave the facility, including its effect on readmission to the facility
- Regardless of the resident's choice, provide for, or arrange for the provision of specialized services for the mental illness or intellectual disability

### Telligen

A delegated authority at Telligen, Inc. (Telligen) receives the referral and determines if all required documents are in the referral packet. If all documents are in the packet then the referral is assigned to a licensed reviewer. If the referral packet is incomplete, a phone call will be made to the referral source then a *Notice of Missing Documentation Letter* is faxed or emailed to the referral source. If the missing documentation is not received within 2 business days then an *Administrative Closure Letter* is faxed or emailed to the referral source and mailed to the member and/or guardian. When Telligen receives the entire packet including the missing documentation, the referral is then assigned to a licensed reviewer. The PASRR Level II reviews must be completed within four (4) days. The determination date will be the date Telligen receives a complete PASRR Level II packet.

If needed PASRR Level II evaluations are reviewed in a multidisciplinary team conference. The multidisciplinary PASRR team includes a licensed mental health professional, registered nurse, and utilization review assistant. The Telligen Program Director, Medical Director and Vice President of Long Term Care Services provide oversight and review of complex cases when needed.

After receipt of all necessary documentation, the Telligen licensed clinician completes a *Determination Summary Report*. If acute inpatient psychiatric care, known as "Specialized Services" (SS), is needed, Telligen will assign a case manager to monitor and coordinate care.

After review by the Telligen clinician, the resulting document, known as the **Determination Summary Report (DSR)**, is uploaded within four (4) days of receipt of the completed packet and interview to:

- The individual in care of (C/O) the referring (discharging) or retaining facility and his/her legal representative, if applicable
- The admitting or retaining NF
- The admitting or retaining facility must place a copy of the DSR in the resident's chart for attending physician review
- The discharging hospital (if the individual is seeking NF admission from a hospital)

After review by the qualified clinician, the **Notice of Determination (NOD)** is uploaded within four (4) days of receipt of the completed packet and interview to:

- The individual in C/O the referring or retaining facility and his/her legal representative, if applicable
- The Division of Healthcare Financing (DHCF) representative
- The Long Term Care Ombudsman
- The fiscal agent will be notified by emailed memo
- Allow an average of 7 – 9 days for processing before billing.

Sample communication documents are provided in the appendix to this manual.

Once the **Determination Summary Report (DSR)** has been sent to the individual or his/her legal representative, it is the responsibility of the provider to interpret and explain the findings.

**Placement Support:**
Telligen staff will provide placement support by phone:

- If the member is not appropriate for nursing facility placement, staff will begin Care Coordination within 1 business day to assist in finding an appropriate place for the member.
- If the member is not appropriate for nursing facility placement and the member requires SS, the staff will contact the referring facility within 1 business day to assist with SS placement.

**Data Tracking:**
The Telligen data system will collect and store all information and documents that are submitted. This information will include the patient's mental health diagnosis and monitoring of SS recommended for patients deemed to meet the criteria for a serious mental illness. This Structured Query Language (SQL)--based system tracks referrals; records outcomes including psychiatric diagnoses, the appropriateness of nursing facility placement, the need for SS; and plans of care while ensuring security and confidentiality. All data is in compliance with applicable federal and state laws (including HIPAA Privacy Rules, 45 C.F.R. Parts 160 and 164.) The monitoring of SS involves confirming the institutionalization of the member. Telligen monitors and reports the status of SS recommendations on an annual basis.

**Reports:**

Telligen provides data on the number of referrals for new admissions to nursing facilities, PASRR II screens, results of screening determinations, the number of residents requiring a Resident Review (RR) due to a significant change in their functioning, and referrals for which clinical record reviews and/or Level II evaluations are not completed due to situations such as the death of the patient, discharges/transfers from nursing facilities, those never admitted to nursing facilities, and those admitted for hospitalizations.

**Quality Assurance:**
Telligen maintains policies and procedures to assure excellence in the work process and end product. The quality assurance process involves evaluating completed referrals using specific protocols and guidelines to determine that the findings of the evaluation correspond to the person's current functional status as documented in medical and social records, and if applicable, the quality of work related to the PASRR Level II evaluations. This program provides for consistent and accurate review practices for determining the appropriateness for a nursing facility placement, the need for SS, and the development of individualized plans of care when SS is deemed necessary. Inter-rater reliability statistics are utilized to monitor the consistency and validity of the determinations. Results of the quality analyses are utilized to determine training needs and other quality improvement activities.

**State Mental Health Authority (SMHA) Responsibilities:**
SMHA has delegated its function and responsibility as the mental health authority for the state of Wyoming to Telligen (Telligen) for approval of the MI and ID determination review for Level II PASRR's.

**State Mental Retardation Authority (SMRA) Responsibilities:**
SMRA has delegated its function and responsibility as the mental health authority for the state of Wyoming to Telligen (Telligen) for approval of the MI and MR/ID determination review for Level II PASRR's.

**Office of Healthcare Licensing and Survey, PASRR**
CMS and States will be monitoring PASRR activities partly through data entered into MDS 3.0 and onsite visits. The MDS 3.0 assessments will require providers to record PASRR data regarding an individual's PASRR Level I screening and/or Level II resident review. PASRR requirements for MDS 3.0 can be found in Chapter 2 of the CMS Resident Assessment Instrument (RAI) Manual, Section S.

**PASRR, MDS, and Significant Change**
If a significant change in status (SCSA) occurs for an individual known or suspected to have mental illness, intellectual disability, or condition related to "mental retardation" (as defined by 42CFR 483.102), a referral to Telligen for possible Level II PASRR evaluation must occur as required by Section 1919(e)(7)(B)(iii) of the Social Security Act. Resources for determining a SCSA as it relates to PASRR can be found in the MDS 3.0 RAI Manual Chapter 2. Inclusion of the Minimum Data Set (MDS) in the PASRR packet submitted to Telligen is strongly recommended for Significant Change reviews. The MDS has valuable information about the condition and functioning of the member that is useful for the reviewer in making a determination.

MDS PASRR questions are a reminder to staff and a trigger to surveyors for PASRR tag.

Failure to document pre-screening evaluations, PASRR Level I, and if indicated all Level II requirements, (prior to admission or upon change in condition), subjects nursing facilities or swing beds to liability for:

- Survey deficiency (F285)

- Recouping federal financial participation monies (FFP) for all days prior to completion.

Deficiencies in the areas of care planning and/or Quality of Life may occur if a provider does not follow recommendations or directives provided in a Level II determination letter.

The Office of Healthcare Licensing reviews PASRR compliance during their survey/certification of nursing homes and swing bed facilities.

# SECTION IX: Appeal Process

## Purpose

The purpose of this chapter is to ensure that individuals who were the subject of WY PASRR Level II evaluations have the right to appeal determinations in a fair and timely manner, consistent with state and federal law. Telligen has established a process policy (in accordance with the Division of Healthcare Financing [DHCF], Wyoming Department of Health Appeal Hearing policy) by which any applicant or their legal representative who is dissatisfied with the outcome of a Level II PASRR can appeal the decision. A copy of this procedure is available to referral sources, the applicant or legal representative upon request.

## Initiating the Appeal and Fair Hearing Process

The patient is provided instructions for initiating the appeals process, per the Wyoming Medicaid Rules (Rules for Medicaid Administrative Hearings), in the *Notice of Determination* letter received via mail. The appeal must be requested in writing within 30 calendar days following the date of receipt of the determination letter. As explained in the letter, the request for an appeal should be faxed to 1-888-245-1928 or mailed to:

Telligen
Attn: PASRR Coordinator
P.O. Box 49
Cheyenne, WY 82003
(888) 545-1710, ext. 299-3640

Requests for a hearing are referred to the Telligen PASRR Coordinator and are date-stamped upon receipt. From the date the appeal is received by Telligen, the DHCF has 20 days to review and respond to the appellant. A hearing must occur within 90 days of the PASRR Level II determination.

## Reconsideration Review

When a hearing request is received, the Telligen PASRR Coordinator conducts a reconsideration review in which the documentation available at the time of the initial determination is reviewed for accuracy. If any errors are noted, immediate action is taken to rectify the inaccuracy. The patient or their representative is immediately notified. If the appellant is satisfied with the correction, they may choose to withdraw their request in writing to the address above.

## Informal Conference

If no error is detected or in the event, the appellant elects not to withdraw their request following an error correction, the Telligen PASRR Coordinator schedules a teleconference with the appellant or their representative. The patient or representative is advised the teleconference is optional and does not replace or delay the hearing process. If during the conference a satisfactory decision is made that satisfies the appellant, the request for a hearing may be withdrawn in writing to the address above.

## Formal Hearing

All requests for a hearing are forwarded by the Telligen PASRR Coordinator to the Wyoming Department of Health. The Department may deny a request for hearing if the action complained of is not an adverse action or if the request does not meet the requirements of Chapter 4 Rules and Regulations for Medicaid Administrative Hearing under Section 8.

Telligen staff provides expert, telephone testimony in the event the case proceeds to a hearing. All actions to reduce or cancel benefits or services will be reviewed to determine whether or not the appeal was filed within the required 30-day time frame, thereby allowing any current benefits or services to continue until a decision can be rendered by the Hearing Officer.

The potential decisions at any stage of the Appeal and Fair Hearing process include:

- Upheld: The determining authority concurs with the adverse determination or previous appeal decision.
- Partially Overturned: The determining authority modifies the adverse determination or previous appeal decision.
- Overturned: The determining authority does not concur with the adverse determination or previous appeal decision.

The final decision is made by the DHCF following the Medicaid Rules (Rules for Medicaid Administrative Hearing) and no further administrative appeals are allowed.

## SECTION X: Diversion/Transition

When a member has been assessed through the PASRR process and deemed inappropriate for placement to a nursing facility, multiple options exist for the transition and assistance of care. Following is a list of a few of Wyoming's resources that work toward this goal.

**Community Choices Waiver**

Services under this waiver include the following:

- Assisted Living Facility (ALF) Option: Assisted living (adult residential) services are provided in a home-like environment in a state-licensed community care setting. Assisted living facilities receive a daily rate at one of three levels of reimbursement which are based on a member's LT101.
    - Services that can be provided in conjunction with residence in an ALF:
        - Personal Care
        - Homemaking
        - Medication oversight (to the extent permitted under state law)

- In-Home Option: Services provided in the home.
    - Services that can be provided:

- Case Management: Assistance to identify an individual's needs, to locate, coordinate, and monitor social and medical services to meet the needs of the member.
- Personal Care**:** A certified nurse aide assigned to care for the member in the home, providing help with activities of daily living such as bathing, dressing, meal preparation, and grocery shopping.
- Respite Care: Care that is provided for a short period of time to relieve a regular caregiver. If the care is provided in the home it is provided by a certified nurse aide.
- Home Delivered Meals**:** One or two meals delivered to a member's home or to a daycare facility on a scheduled basis.
- Personal Emergency Response System**:** An electronic alarm system that a member wears which summons help in an emergency.
- Non-Medical Transportation**:** Transportation service provided to non-medical activities that cannot be arranged by any other means.
- Adult Day Care**:** A structured program in a licensed setting that provides a variety of health, social, and related support services for part of the day, but less than 24-hour care.
  Skilled Nursing**:** Services that are within the scope of Wyoming's Nurse Practice Act that will prevent institutionalization and are not covered by home health.

- Participant Directed In-Home Care Option**:** This option allows qualified waiver participants to obtain, hire, supervise and fire their own personal care attendants. With this option the member serves as the employer of their own personal care attendant. Additional services under this option are:
    - Self-Help Assistant**:** Under this option, this service replaces Personal Care.
    - Fiscal Management: Fiscal management services provide payroll and tax reporting activities for the Self-Help Assistant.

Further information on this program can be found at: https://health.wyo.gov/healthcarefin/hcbs/

**Programs and Providers for Members with Mental Illness**

Members who have been diagnosed with a mental illness and deemed inappropriate for nursing facility placement can still receive services through any of the aforementioned programs. In addition or simultaneous to those services, Wyoming Medicaid covers rehabilitative services for mental health and substance abuse disorders via community mental health and substance abuse treatment centers, psychiatrists, psychologists, psychiatric APRNs, and provisional or licensed mental health professionals.

## SECTION XI: References

Wyoming Medicaid Website
https://health.wyo.gov/healthcarefin/

Wyoming Medicaid Web Portal Registration
https://wyomingmedicaid.com/

DHCF, Behavioral Health Divison
https://health.wyo.gov/behavioralhealth/

DHCF, Developmental Disabilities Division
https://health.wyo.gov/healthcarefin/dd/

DHCF, Division of Healthcare Financing, Medicaid
https://health.wyo.gov/healthcarefin/medicaid/

DHCF, Medicaid Rules
http://soswy.state.wy.us/Rules/default.aspx Chapter 19 PASRR Rules

http://soswy.state.wy.us/Rules/default.aspx Chapter 22 LT101 Rules

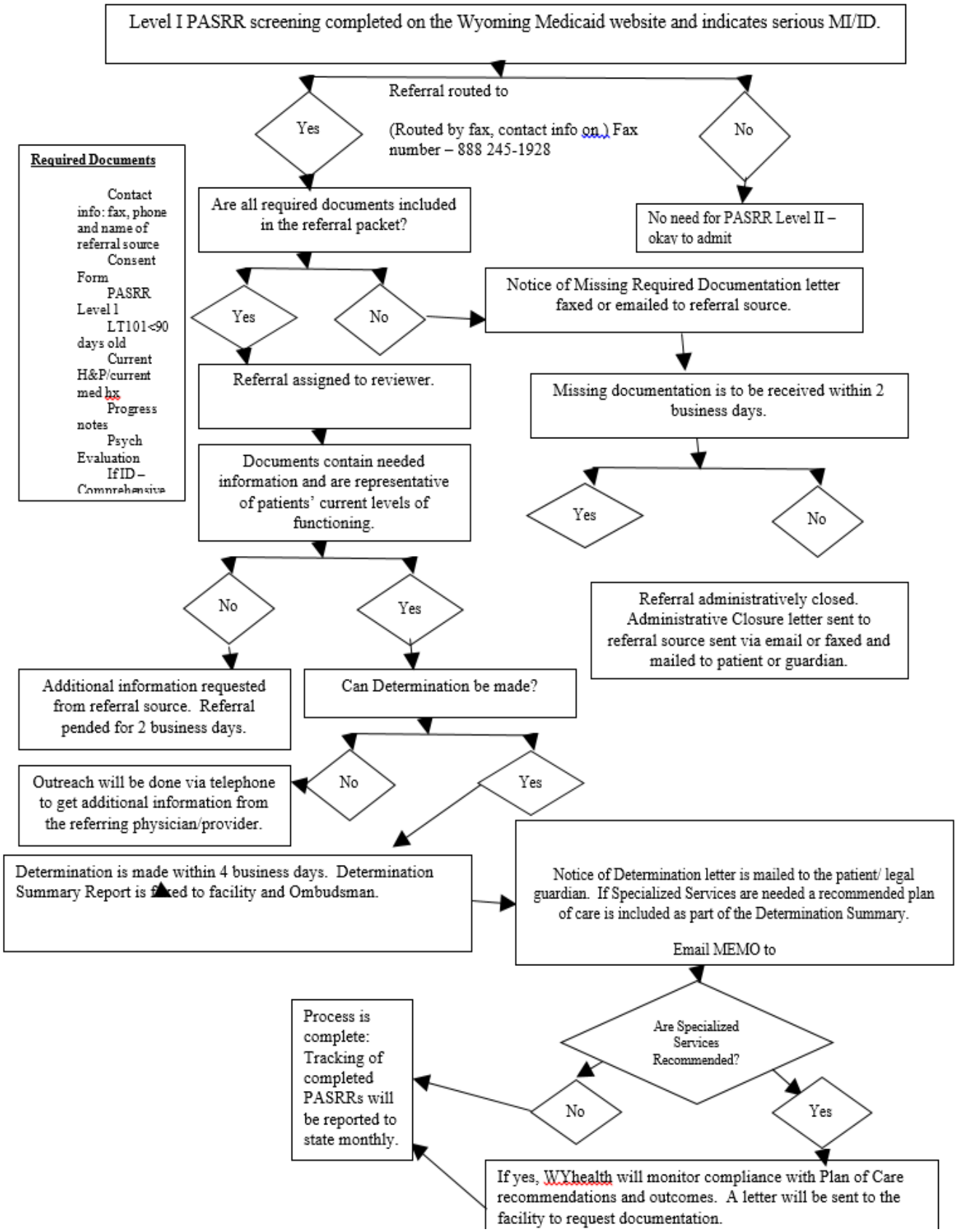
e-CFR
https://www.ecfr.gov/cgi-bin/ECFR?page=browse

DHCF, PASRR State Plan Amendment Attachment 4.39 and 4.39A
https://health.wyo.gov/healthcarefin/medicaid/spa/

Diagnosis Codes That May Trigger a Categorical or Level II
https://wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins/Institutional-UBManual-and-Bulletins

## SECTION XII: Appendix

All forms should be downloaded from the following website to make sure the most updated form is being used.
https://wymedicaid.telligen.com/document-library/


Level I PASRR screening completed on the Wyoming Medicaid website and indicates serious MI/ID.
Referral routed to
(Routed by fax, contact info on ) Fax number – 888 245-1928
Yes
No
Required Documents
Contact info: fax, phone and name of referral source
Consent Form
PASRR Level I
LT101<90 days old
Current H&P/current med hx
Progress notes
Psych Evaluation
If ID – Comprehensive
Are all required documents included in the referral packet?
No need for PASRR Level II – okay to admit
Yes
No
Notice of Missing Required Documentation letter faxed or emailed to referral source.
Referral assigned to reviewer.
Missing documentation is to be received within 2 business days.
Documents contain needed information and are representative of patients' current levels of functioning.
Yes
No
Referral administratively closed. Administrative Closure letter sent to referral source sent via email or faxed and mailed to patient or guardian.
No
Yes
Additional information requested from referral source. Referral pended for 2 business days.
Can Determination be made?
Outreach will be done via telephone to get additional information from the referring physician/provider.
No
Yes
Determination is made within 4 business days. Determination Summary Report is faxed to facility and Ombudsman.
Notice of Determination letter is mailed to the patient/ legal guardian. If Specialized Services are needed a recommended plan of care is included as part of the Determination Summary.
Email MEMO to
Are Specialized Services Recommended?
Process is complete: Tracking of completed PASRRs will be reported to state monthly.
No
Yes
If yes, WYhealth will monitor compliance with Plan of Care recommendations and outcomes. A letter will be sent to the facility to request documentation.

Wyoming Department of Health

Telligen®

# Pre-Admission Screening and Resident Review Level II (PASRR for MI and or MR/ID Level II) Evaluation Referral Packet Checklists

| | |
|---|---|
| **Required Documents for Pre-admission Screenings:** | |
| ☐ | PASRR Level I (provider portal) |
| ☐ | Psychosocial Evaluation |
| ☐ | Psychiatric Evaluation (only if on file) |
| ☐ | Current History & Physical |
| ☐ | Current Medication List (MAR) |
| ☐ | Progress Notes |
| ☐ | LT101 Functional Assessment, <365 days |
| ☐ | Informed Consent Form |
| ☐ | If MR/ID, adaptive functioning, achievement, and intellectual testing with validated Instruments |
| **Required Documents for Resident Review (Significant Change) Screenings:** | |
| ☐ | PASRR Level I (provider portal) |
| ☐ | Previous Level II referral packet, if applicable |
| ☐ | Psychosocial Evaluation |
| ☐ | Psychiatric Evaluation (only if on file) |
| ☐ | Current History & Physical |
| ☐ | Current Medication List (MAR) |
| ☐ | Progress Notes |
| ☐ | LT101 Functional Assessment, <365 days old (from PHN) |
| ☐ | Informed Consent Form |
| ☐ | Minimum Data Set (MDS) |
| ☐ | If MR/ID, adaptive functioning, achievement, and intellectual testing with validated Instruments |
| ☐ | Minimum Data Set (MDS) is strongly recommended for Significant Change reviews |
| **Optional Documents for Both Types of Screenings:** | |
| ☐ | Psychiatric Evaluation |
| **Required Documents for Categorical Determinations:** | |
| ☐ | PASRR Level I (provider portal) |
| ☐ | Current History & Physical |
| ☐ | Current Medication List (MAR) |
| ☐ | Progress Notes |
| ☐ | LT101 Functional Assessment, <365 days old (from PHN) |
| ☐ | Informed Consent Form |

**Please submit this form with the required documents in your packet.**
**Upload completed packet with your request in Qualitrac**

# WYOMING DEPARTMENT OF HEALTH
# DIVISION OF HEALTHCARE FINANCING
## WYOMING MEDICAID
## PASRR LEVEL II INFORMED CONSENT FORM

| |
|---|
| NAME: |
| SOCIAL SECURITY #: |

The Level II PASRR determination notices are adapted to the race, ethnicity, language, and means of communication used by the individual being evaluated.

Please fill in the following:

| |
|---|
| RACE: |
| ETHNICITY: |
| PRIMARY LANGUAGE: |
| PREFERRED METHOD OF COMMUNICATION (Written, oral, sign, etc.): |

An assessment is required for all persons applying for or receiving assistance for long term care. In order to evaluate my needs, I am giving my consent to the following:

- I agree to an assessment to identify my need for long term care, and to determine if my needs can be met in the community instead of a nursing facility.
- I authorize Wyoming Department of Health (WDH) and Telligen program staff to access my medical records. I understand and agree that WDH and Telligen may need to talk to my doctor and other health professionals. I also understand that they may need to interview family members, close friends and social services professionals about my situation.
- I authorize a qualified clinician (as defined per Wyoming State Statute, Wyoming Medicaid Program Manual, Community Mental Health Manual, Chapter 2, Section 01) to conduct a Psychosocial Evaluation and allow said clinician to access my medical records. I understand and agree that the clinician may need to talk to my doctor and other health professionals. I also understand that they may need to interview family members, close friends and social services professionals about my situation.

| | |
|---|---|
| Individual or Representative Signature | Date: |
| (Indicate Relationship if signed by Representative): | |
| Please enter Contact Information below (address, phone, fax, email): | |