PASRR Instructional Guide

DHSS / COMRU

Updated April 2018

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Training Objectives

1. **Define the purpose of Pre-Admission Screening and Resident Review (PASRR)** *pages 6 to 14*
2. **Completing the DA-124C application** *pages 15 to 31*
3. **Understanding the Level II Process** *pages 32 to 44*
4. **Completing the DA-124A/B application** *pages 45 to 59*
5. **Understanding the Level I Process** *pages 60 to 62*
6. **Recognizing a Change in Status** *pages 63 to 73*
7. **Regulations Pertaining to PASRR** *pages 74 to 96*
8. **Additional Information** *pages 97 to 106*
9. **References** *pages 107 to end*

Please have a current copy of the DA-124 application to follow along with this training.

Abbreviations

COMRU	**Central Office Medical Review Unit**
DHSS	**Department of Health and Senior Services**
DMH	**Department of Mental Health**
FSD	**Family Support Division (Department of Social Services)**
PASRR	**Preadmission Screening and Resident Review**
SMC	**State Medical Consultant**
NF	**Nursing Facility**
LOC	**Level Of Care**
MI	**Mental Illness**
MR/DD	**Mental Retardation/Developmental Disability**
SAC	**Special Admission Category**
CMS	**Change In Status**
RCF	**Residential Care Facility**
MH	**Mental Hospital**

Objective #1

Define the purpose of PASRR

What is PASRR?

Definition of PASRR

PASRR (Pre-Admission Screening & Resident Review)
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 diagnoses.

(Federal Code of Regulations 483.102)

Any client that is admitted to a Medicaid certified bed must complete and DA-124 C application

This includes dually certified beds (both Medicare and Medicaid)

If the client does not trigger a Level II screening and is not applying for Medicaid, the DA-124 C is placed in the client's chart until the client requires a Level II screening and/or applies for Medicaid reimbursement.

Refer to the Level II objective to recognize what triggers a Level II screening for a client.

If a Medicaid certified bed is requested and the client has a diagnosis of a serious mental illness or mental retardation/developmental disability, the state of Missouri mandates a DA-124 A/B and C application be submitted to COMRU.

The COMRU unit will review (a) level of care points (State regulation) and (b) whether a Level II screening by DMH is required (Federal regulation). This should be done prior to nursing facility admission unless a valid special admission category has been determined.

State Regulation 19 CSR 30-81.030

(B) Points will be assessed for the amount of assistance required, the complexity of the care and the professional level of assistance necessary, based on the level-of-care criteria.

(C) For individuals seeking admission to a long-term care facility on or after July 1, 2005, the applicant or recipient will be determined to be qualified for long-term care facility care if he or she is determined to need care with an assessed point level of twenty-one (21) points or above, using the assessment procedure as required in this rule.

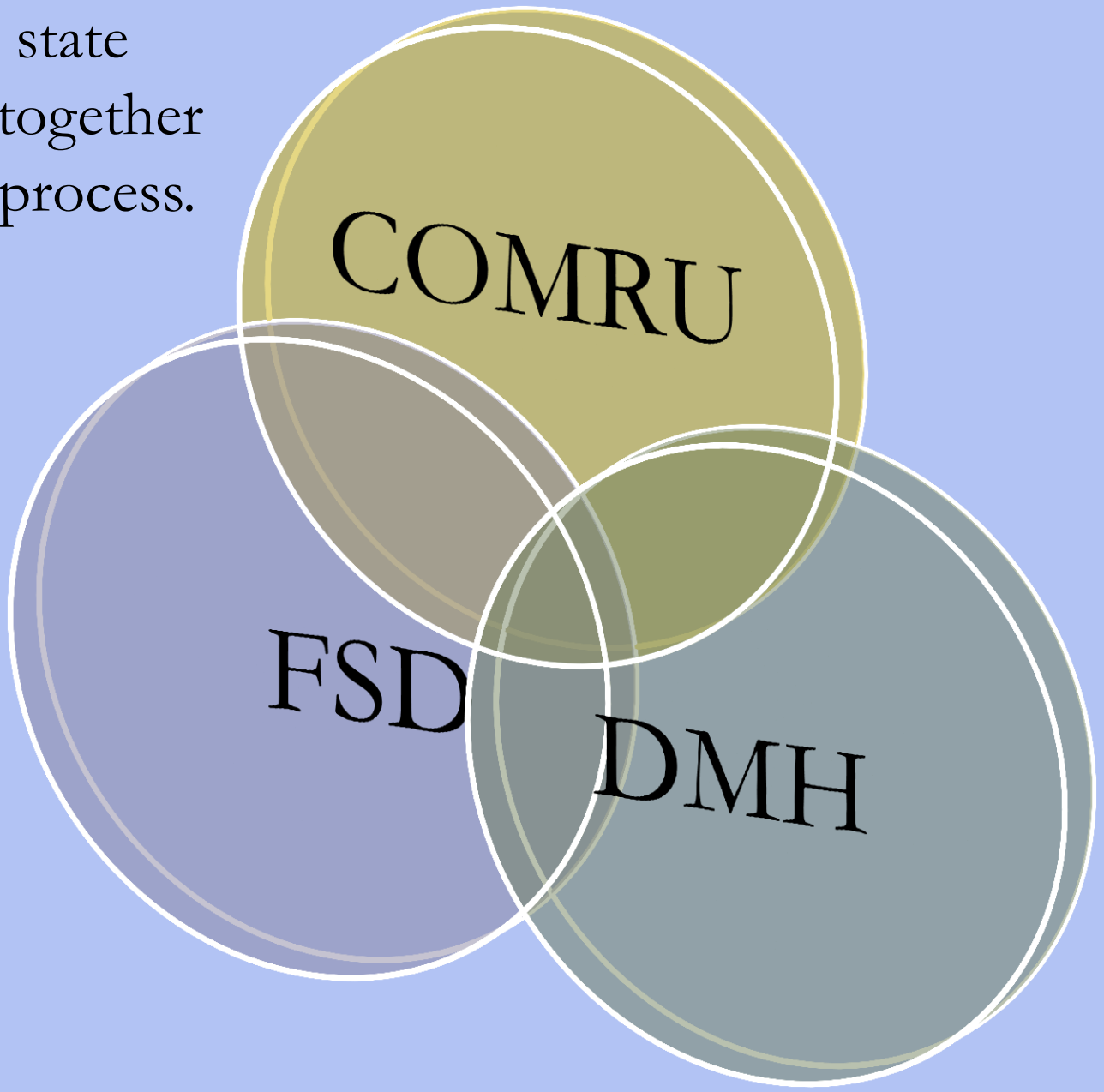
(D) For individuals seeking admission to a long-term care facility on or after July 15, 2017, the applicant or recipient will be determined to be qualified for long-term care facility care if he or she is determined to need care with an assessed point level of [twenty-one (21)] twenty-four (24) points or above, using the assessment procedure as required in this rule.

State Regulation 19 CSR 30-81.030

(6)(D) Behavioral is defined as an individual's social or mental activities.

Applicants or recipients who exhibit uncontrolled behavior that is dangerous to themselves or others must be transferred immediately to an appropriate facility.

These three state agencies work together in the PASRR process.



Objective #2

Completing the DA-124 C application

When does a DA-124 application need to be submitted?

- **For the client's first admission to a nursing facility;**
- **If the client has been out of a nursing facility 60 days or greater;**
- **If FSD requests for Re-applying for Medicaid (indicate Re-applying for Medicaid on DA-124 A/B)**
- **If the client (with MI or MR) has had a significant Change in Status per the MDS 3.0. (indicate Change in Status on the DA-124 A/B)**

What application needs to be completed?

- The DA-124 A/B and DA-124 C applications.

The applications must be sent to COMRU together

- The DA-124 A/B and DA-124 C applications are located on the COMRU home page: www.health.mo.gov/seniors/nursinghomes/pasrr.php.

- The applications are PDF documents and can be completed and saved on your computer.

- The application must be legible and easy to read. If the application is illegible or incomplete; it will be returned to the facility by mail for corrections.

Three ways to submit the application:

1. Scanned and then sent by encrypted e-mail:
   COMRU@health.mo.gov

2. Overnight mail:
   DHSS/COMRU
   3418 Knipp Drive, Suite F
   Jefferson City, MO 65109

3. Regular mail:
   DHSS/COMRU
   P.O. Box 570
   Jefferson City, MO 65102

If the application is e-mailed,
do not send the application via mail.
Do not fax application, unless instructed.

The DA-124 C Application

DA -124 C Form

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF SENIOR SERVICES AND REGULATION

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

RESET

Completion of this form is mandatory for all persons applying for admission to a Medicaid certified bed to determine appropriateness of the nursing facility placement.

SECTION A. IDENTIFYING INFORMATION

1. PERSON'S NAME *(LAST, FIRST, MI)*	2. DCN	3. SSN	4. DOB	5. SEX	6. RACE

7. PERSON'S MAILING ADDRESS *(STREET, CITY, STATE, ZIP)*	8. COUNTY	9. TELEPHONE NUMBER

10. NAME AND ADDRESS OF PROPOSED FACILITY	TELEPHONE NUMBER

11. CHECK THE APPROPRIATE RESPONSE DESCRIBING THE PERSON'S ***PRIOR*** LIVING ARRANGEMENTS

☐ IN OWN HOME OR OTHER NON-INSTITUTIONAL SETTING ☐ RESIDENTIAL CARE FACILITY ☐ NURSING FACILITY

☐ GROUP HOME ☐ OTHER _____

☐ HOSPITAL: (GIVE REASON FOR HOSPITAL ADMISSION HERE) _____

SUBMITTING FAC	CONTACT	TELEPHONE NUMBER

SECTION B. LEVEL ONE SCREENING CRITERIA FOR SERIOUS MENTAL ILLNESS

1. DOES THIS PERSON SHOW ANY SIGNS OR SYMPTOMS OF MAJOR MENTAL DISORDER?
   ☐ NO ☐ YES - LIST HERE: _____
   • GO TO NEXT QUESTION
2. HAS THIS PERSON EVER BEEN DIAGNOSED AS HAVING A MAJOR MENTAL DISORDER? **YOU MUST USE GUIDE #3 ON BACK.**
   ☐ NO ☐ YES - DX: _____
   • GO TO NEXT QUESTION
3. IS THE **PRIMARY** REASON FOR NURSING FACILITY PLACEMENT DUE TO DEMENTIA, INCLUDING ALZHEIMER'S DISEASE OR RELATED DISORDER? **USE GUIDE #4 ON BACK.**
   ☐ NO - IF NO, GO TO THE NEXT QUESTION
   ☐ YES - IF YES, GIVE DX AND SKIP TO SECTION C #1 & #2.
   DX: _____
4. HAS THE PERSON HAD SERIOUS PROBLEMS IN LEVEL(S) OF FUNCTIONING IN THE LAST SIX MONTHS? **YOU MUST USE GUIDE #5 ON BACK.**
   ☐ NO ☐ YES
   • GO TO NEXT QUESTION
5. HAS THE PERSON RECEIVED INTENSIVE PSYCHIATRIC TREATMENT IN THE PAST TWO YEARS? **YOU MUST USE GUIDE #6 ON BACK.**
   ☐ NO ☐ YES
   • GO TO NEXT SECTION (C).

SECTION C. LEVEL ONE SCREENING CRITERIA FOR MENTAL RETARDATION OR RELATED CONDITION

1. IS THE PERSON KNOWN OR SUSPECTED TO HAVE MENTAL RETARDATION THAT ORIGINATED PRIOR TO AGE 18?
   ☐ NO ☐ YES - DX: _____
   • GO TO NEXT QUESTION
2. IS THE PERSON KNOWN OR SUSPECTED TO HAVE A RELATED CONDITION? **YOU MUST USE GUIDE #7 ON BACK.**
   ☐ NO ☐ YES - DX: _____
   • THIS COMPLETES THE LEVEL I SCREENING. IF YOU CHECKED YES ON #4 OR 5 IN SECTION B, A LEVEL II SCREENING IS INDICATED FOR SERIOUS MENTAL ILLNESS. IF YOU CHECKED YES ON #1 OR 2 IN SECTION C, A LEVEL II SCREENING IS INDICATED FOR MENTAL RETARDATION OR RELATED CONDITION. GO TO NEXT SECTION (D).

SECTION D. SPECIAL ADMISSION CATEGORIES (to be used only when a Level II Screening is indicated)

DOES THE PERSON'S CONDITION QUALIFY HIM/HER FOR A SPECIAL ADMISSION CATEGORY? ☐ NO ☐ YES

IF YES, CHECK ONLY ONE OF THE FOLLOWING, **IF IT APPLIES. YOU MUST USE GUIDE #8 ON BACK.**

☐ 1. TERMINAL ILLNESS - expected to result in death in six months or less.
☐ 2. SERIOUS PHYSICAL ILLNESS - **severe/end stage** disease (or physical condition) as listed on back.
☐ 3. RESPITE CARE - stays not more than thirty 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 or others.
☐ 5. DIRECT TRANSFER FROM A HOSPITAL - stays not more than 30 days for the condition for which the person is currently receiving hospital care.

SECTION E. PERMISSION TO PERFORM SCREENING (Required for all Level II referrals)

I HAVE RECEIVED NOTICE THAT I MAY NEED FURTHER EVALUATION BEFORE NURSING FACILITY PLACEMENT AND DO HEREBY AUTHORIZE THE RELEASE OF ANY PERTINENT MEDICAL/PSYCHIATRIC RECORDS TO THE STATE OF MISSOURI OR ITS LEGALLY AUTHORIZED REPRESENTATIVES.

SIGNATURE OF PERSON OR LEGAL GUARDIAN GRANTING CONSENT	DATE
X	X

WITNESS #1 (IF SIGNED BY MARK)	WITNESS #2 (IF SIGNED BY MARK)

SECTION F. PHYSICIAN'S AUTHORIZATION AND SIGNATURE (Always required)

I ATTEST THAT THE INFORMATION ON THIS FORM IS COMPLETE AND CORRECT AS KNOWN TO ME.

PHYSICIAN'S SIGNATURE, **MUST INCLUDE DISCIPLINE, AND LICENSE NUMBER**	DATE
X	X

MO 580-2462 (9-07) DA-124C

DA -124 C Form

DA-124 C INSTRUCTIONS

GUIDE #3 - Major Mental Disorder diagnoses include: Schizophrenia, Schizoaffective Disorder, Delusional Disorder, Major Depressive Disorder, Bipolar Disorder, Panic Disorder, Severe Anxiety Disorder, Somatoform Disorder, Personality Disorder, Anorexia Nervosa.

GUIDE #4 - Alzheimer's Disease: Defined as a dementia with insidious onset with a generally progressive deteriorating course. Diagnoses include Alzheimer's disease with delirium, Alzheimer's disease with delusions, Alzheimer's disease with depression, or Alzheimer's disease uncomplicated.

Related Disorder: An organic disorder or condition which manifests itself as a change in the persons' mood, orientation, or behavior. Examples are:

- Mood Disorder due to General Medication Condition (Organic Mood Disorder - DSM III/R),
- Anxiety Disorder due to General Medical Condition,
- Psychotic Disorder due to General Medical Condition, (Organic Delusion Disorder - DSM III/R),
- Delirium due to General Medical Condition,
- Vascular Dementia (Multi-infarct Dementia - DSM III/R).

Also consider other central nervous system conditions that cause progressive deficits in memory or cognition such as:

- Cerebrovascular disease,
- Parkinson's disease,
- Huntington's disease, or
- Systemic conditions that are known to cause dementia (such as hypothyroidism, vitamin B12 deficiency, etc.)

GUIDE #5 - Serious Problems in Level of Functioning: Defined as functional limitations in major life activities that would be appropriate for the individual's developmental stage. An individual typically has at least one of the following characteristics on a continuing or intermittent basis:

- Interpersonal functioning – individual has serious difficulty interacting appropriately and communicating effectively with other persons; has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation.
- Concentration, persistence and pace – Individual has serious difficulty in sustaining focused attention for a long enough period to permit completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings; manifests difficulties in concentration; inability to complete simple tasks within an established time period; makes frequent errors; or requires assist in completion of these tasks; and
- Adaptation to change – Individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction; manifests agitation, exacerbated signs and symptoms associated with the mental illness, or withdrawal from the situation, or requires intervention by mental health or judicial system.

GUIDE #6 -Intensive Psychiatric Treatment. Defined as:

- inpatient psychiatric hospitalization and/or
- any intensive mental health service provided by mental health professionals that is required to stabilize or maintain a person experiencing major mental disorder. Services may be rendered within their current residence, or the person may be moved to another residential setting. These services are not merely medication changes, weekly counseling sessions or routine outpatient visits.

GUIDE #7 - MR Related Conditions: Defined as related to mental retardation if it:

a) results in impairment of general intellectual functioning or adaptive behavior similar to that of mental retardation, and requires treatment/services similar to mental retardation; and
b) occurs before the age of **22**; and
c) is likely to continue indefinitely; and
d) results in substantial functional limitations in 3 or more major life activities (see following list):
   - self-care,
   - understanding and use of language,
   - learning,
   - mobility,
   - self-direction, and
   - capacity for independent living.

Examples of diagnoses that may qualify as related condition if all criteria "a" through "d" (above) are met:

- cerebral palsy,
- epilepsy,
- head or spinal cord injury,
- autism,
- severe hearing and visual impairment,
- multiple sclerosis,
- spina bifida,
- muscular dystrophy,
- orthopedic impairment.

NOTE: Mental illness is not considered a related condition; it is covered under Screening Criteria for Serious Mental Illness.

GUIDE #8 - Special Admission Categories:

1. TERMINAL ILLNESS. The person has a terminal illness which is expected to result in death in six (6) months or less. (Check Box 2 on Notice to Applicant Form.)
2. SERIOUS PHYSICAL ILLNESS. Examples: comatose, ventilator dependent, functioning at brain stem level, or a diagnosis of severe/end stage chronic pulmonary disease, severe/end stage Parkinson's Disease, amyotrophic lateral sclerosis, severe/end stage congestive heart failure, or end stage renal disease. (Check Box 2 on Notice to Applicant Form.)
3. RESPITE CARE. Defined as very brief, finite stays in a Nursing Facility provided for the purpose of relieving family, friends or other primary in-home caregivers with whom the person resides and will continue to reside following the respite stay. If it becomes apparent that the person will stay longer than 30 days, the nursing facility must immediately notify the Division of Senior Services & Regulation, COMRU, at 573-526-8609, to determine continued stay. (Check Box 3 on Notice to Applicant Form.)
4. EMERGENCY PROVISIONAL ADMISSION. An Emergency Admission must be HOTLINED. The admission is for the purpose of protecting the person from serious physical harm to self or others and will not exceed 7 days. If it becomes apparent that the person will stay longer than 7 day, the nursing facility must immediately notify the Division of Senior Services & Regulation, COMRU, at 573-526-8609, to determine continued stay. (Check box 4 on Notice to Applicant Form.)
5. DIRECT TRANSFER FROM A HOSPITAL. There must be physician certification that the person is likely to require less than 30 days of nursing facility services for the condition for which the person is currently receiving hospital care. If it becomes apparent that the person will stay longer than 30 days, the nursing facility must immediately notify the Division of Senior Services & Regulation, COMRU, at 573-526-8609, to determine continued stay. (Check Box 5 on Notice to Applicant Form.)

- If none of the special admission categories apply, check Box 1 on Notice to Applicant Form.
- Forms are available online at www.dhss.mo.gov - click on "Applications and Forms"

MO 580-2462 (9-07)

LISTED ON THE BACK OF THE FORM

Reason for the DA-124 C application

The DA-124 application will assist in identifying a client that requires a Level II screening. The DA-124 C form must be completed prior to admitting the client to a nursing facility to ensure the client does not trigger a Level II screening. A Level II screening refers to clients with the diagnosis of Mental Illness or Mental Retardation.

Remember a client that requires a Level II screening can <u>not</u> be admitted to the nursing facility prior to the determination of the Level II.

The triggers for the Level II screening are:

1) the client has had inpatient psychiatric treatment in the past two years.
2) the client was suicidal or homicidal (includes Dementia clients).
3) the client has very aggressive behavior (includes Dementia clients).
3) the client has a diagnosis of Intellectual Disability or Related Condition (ID/RC)

The state has the right to suspect clients for MI or MR/DD Level II screenings as indicated per information provided on the DA-124 application.

DA -124 C – Section B

SECTION B. LEVEL ONE SCREENING CRITERIA FOR SERIOUS MENTAL ILLNESS

1. DOES THIS PERSON SHOW ANY SIGNS OR SYMPTOMS OF MAJOR MENTAL DISORDER?
   ☐ NO ☐ YES - LIST HERE: _____
   • GO TO NEXT QUESTION
2. HAS THIS PERSON EVER BEEN DIAGNOSED AS HAVING A MAJOR MENTAL DISORDER? **YOU MUST USE GUIDE #3 ON BACK.**
   ☐ NO ☐ YES - DX: _____
   • GO TO NEXT QUESTION
3. IS THE **PRIMARY** REASON FOR NURSING FACILITY PLACEMENT DUE TO DEMENTIA, INCLUDING ALZHEIMER'S DISEASE OR RELATED DISORDER? **USE GUIDE #4 ON BACK.**
   ☐ NO - IF NO, GO TO THE NEXT QUESTION
   ☐ YES - IF YES, GIVE DX AND SKIP TO SECTION C #1 & #2.
   DX: _____
4. HAS THE PERSON HAD SERIOUS PROBLEMS IN LEVEL(S) OF FUNCTIONING IN THE LAST SIX MONTHS? **YOU MUST USE GUIDE #5 ON BACK.**
   ☐ NO ☐ YES
   • GO TO NEXT QUESTION
5. HAS THE PERSON RECEIVED INTENSIVE PSYCHIATRIC TREATMENT IN THE PAST TWO YEARS? **YOU MUST USE GUIDE #6 ON BACK.**
   ☐ NO ☐ YES
   • GO TO NEXT SECTION (C).

#2 – Does this person show any signs or symptoms of Major Mental Disorder?

If answered "YES" list the Mental Illness Diagnosis on the line provided.
- This includes but not limited to Schizophrenia, Bipolar, Panic Disorder.
- Refer to Guide #3 on the back of the DA-124 C form.

 # 3 – Is the PRIMARY psych diagnosis Dementia, including Alzheimer's or related disorder?

- If <u>NO</u> continue to the next question
- If <u>YES</u> skip to Section C; the diagnosis must be indicated on the line.
- Rule out dementia is not valid.
<u>(If YES, do not answer questions #4 and #5 of this section)</u>

#5 – Has the person received intensive psychiatric treatment in the past two years?

If this question is answered <u>YES</u>, a Level II screening is indicated. If the client is currently at or was admitted from a psychiatric hospital this would be a <u>YES.</u>

DA -124 C – Section C

SECTION C. LEVEL ONE SCREENING CRITERIA FOR MENTAL RETARDATION OR RELATED CONDITION

1. IS THE PERSON KNOWN OR SUSPECTED TO HAVE MENTAL RETARDATION THAT ORIGINATED PRIOR TO AGE 18?

   ☐ NO ☐ YES - DX: _____

   • GO TO NEXT QUESTION

2. IS THE PERSON KNOWN OR SUSPECTED TO HAVE A RELATED CONDITION? **YOU MUST USE GUIDE #7 ON BACK.**

   ☐ NO ☐ YES - DX: _____

   • THIS COMPLETES THE LEVEL I SCREENING. IF YOU CHECKED YES ON #4 OR 5 IN SECTION B, A LEVEL II SCREENING IS INDICATED FOR SERIOUS MENTAL ILLNESS. IF YOU CHECKED YES ON #1 OR 2 IN SECTION C, A LEVEL II SCREENING IS INDICATED FOR MENTAL RETARDATION OR RELATED CONDITION. GO TO NEXT SECTION (D).

- **Review clients with a traumatic brain injury, spinal cord injury, and other related conditions with the onset prior to 22 years of age. Note instructions on guide #7 on the back of the DA-124 C form.**

- **Example: Client was in a car accident at the age of 21 that caused the client to become a quadriplegic. The client is currently at the hospital. The client is unable to care for himself at home. This would trigger a Level II MR/DD related condition screening.**

- **If the client has a related Developmental Disability (DD) diagnosis such as Cerebral Palsy, epilepsy, spinal cord injury, TBI, etc., please indicate the date of onset, level of schooling and previous occupation on the DA-124 A/B application.**

DA -124 C – Section D

SECTION D. SPECIAL ADMISSION CATEGORIES (to be used only when a Level II Screening is indicated)

DOES THE PERSON'S CONDITION QUALIFY HIM/HER FOR A SPECIAL ADMISSION CATEGORY? ☐ NO ☐ YES

IF YES, CHECK ONLY ONE OF THE FOLLOWING, **IF IT APPLIES. YOU MUST USE GUIDE #8 ON BACK.**

- ☐ 1. TERMINAL ILLNESS - expected to result in death in six months or less.
- ☐ 2. SERIOUS PHYSICAL ILLNESS - **severe/end stage** disease (or physical condition) as listed on back.
- ☐ 3. RESPITE CARE - stays not more than thirty 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 or others.
- ☐ 5. DIRECT TRANSFER FROM A HOSPITAL - stays not more than 30 days for the condition for which the person is currently receiving hospital care.

Special Admission Categories (SAC) are used only when the client's application triggers a Level II screening.

SACs must be validated by COMRU. The submitting facility can request a SAC review by completing a Special Admission Category Referral Sheet.. This can also be located on the COMRU web page: www.health.mo.gov/seniors/nursinghomes/pasrr.php

If the SAC is validated by COMRU, this section of the DA-124 C form should correspond with the Special Admission Category Referral Sheet. This is the submitting facility's responsibility.

Special Admission Categories are time specific. It is the facility's responsibility to notify COMRU with the client's discharge date or to start the Level II process should the stay exceed the time frame indicated.

Special Admission Category Referral sheet

Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400
RELAY MISSOURI for Hearing and Speech Impaired: 1-800-735-2466 VOICE: 1-866-735-2460

Randall W. Williams, MD, FACOG
Director

Eric R. Greitens
Governor

CONFIDENTIAL

Validation for a Special Admission Category (SAC) For Skilled Nursing Facility Placement

Please note this is only a review for a Special Admission Category (SAC).
This **does not** indicate the client has been approved for nursing facility placement.
The client still must meet the criteria for Skilled Nursing Facility (SNF) Placement under Missouri 19 CSR 30-81.

DCN or SSN:		The client *trigger* Level II for: ___ Mental Illness ___ Intellectual Disability or Related Condition ___ Both
Client's Legal Name:		
Form Completed by/title:		
Hospital/Facility Name:		Is the client a Missouri resident? ___Yes ___No
Telephone Number:		
Fax Number:		**Send the DA- 124 A/B and DA-124 C forms with this request via encrypted email COMRU@health.mo.gov) or mail**
Proposed SNF Placement:		
Proposed Admission Date to SNF:		

Please note if the Special Admission Category is validated:

- **Notification of COMRU's decision for this SAC request will be faxed back to the number provided on this form. Please allow 48 hours for processing of completed SAC requests. The approved SAC Validation Notice and the submitted DA-124 application should be sent to the accepting nursing facility with the client.**
- **It is the responsibility of the skilled nursing facility to subsequently NOTIFY the Central Office Medical Review Unit (COMRU) via fax 573-526-8602 or by sending an encrypted email to COMRU@health.mo.gov if the client will exceed the thirty-day special admission stay. In order to avoid loss of Medicaid payment, notice must be made to COMRU within the first 20 days of the client's stay.**
- **If the client discharges, transfers or leaves the nursing facility this Special Admission Category is completed and a new application or Special Admission would need to be completed prior to the client's return to any nursing facility.**
- **The Payment will stop at the end of the SAC time frame and will not begin again until the Level II is completed. The facility will need to notify COMRU of the client's discharge date for the determination to be sent to the local county Family Service Division (FSD) to begin your Medicaid reimbursement.**

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www.health.mo.gov

Healthy Missourians for life.
The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

Special Admission Category Referral sheet

COMRU USE ONLY
SAC Validated?

Yes _____ No _____
Date: _____
COMRU Staff: _____

Client Name: _____

DCN: _____

☐ **#1 -- Terminal Illness**
Expected to result in death in six months or less
Diagnosis: _____
Currently on Hospice: Yes _____ No _____
If yes, **please send Hospice order**

☐ **#2 – Serious Physical Illness**
Severe/end stage disease (or physical condition)
Diagnosis: _____
(See the back of the DA124 C form for examples)

☐ **#3 – Respite Care**
Stays not more than thirty (30) days to provide relief for in-home caregivers
The client is going to be short term: Yes ____ No ____
Reason for Respite Care: _____
Plan after 30 days: _____

☐ **#4 – Emergency Provisional Admission**
Must be hotlined.
Stays not more than 7 days to protect person from serious physical harm to self and others
Reason for Hotline: _____
Date Hotlined: _____

☐ **#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 provide a copy of the hospital history and physical.
The client is going to be short term: Yes ____ No ____
Reason for Transfer: (Be Specific) _____

What is the plan after 30 days? _____

The hospital/facility must provide additional information for validation of a SAC listed with each category. If this information is not provided, COMRU will be unable to validate the SAC.

- It is the facility/hospital's responsibility to notify COMRU immediately of any changes that occur after the SAC approval. For example, if the client was discharged to a psychiatric unit tomorrow, COMRU must be notified right away of the psychiatric admission. COMRU will provide additional instructions on how to proceed in the case of a change. If the facility/hospital fails to notify COMRU, rejection of the SAC may occur and payment would be impacted

For questions, please call 573-522-3092. If additional space is needed, please attach another sheet.

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Reminders for SACs

- **A hospital or a nursing home can request a Special Admission Category (SAC).**

- **The DA 124 application and the SAC should be submitted together via email or mail.**

- **Be sure to read the instruction on the Special Admission Category sheet to avoid delay in processing and Nursing Facility loss of Medicaid payment.**

DA-124 C – Section E

SECTION E. PERMISSION TO PERFORM SCREENING (Required for all Level II referrals)

I HAVE RECEIVED NOTICE THAT I MAY NEED FURTHER EVALUATION BEFORE NURSING FACILITY PLACEMENT AND DO HEREBY AUTHORIZE THE RELEASE OF ANY PERTINENT MEDICAL/PSYCHIATRIC RECORDS TO THE STATE OF MISSOURI OR ITS LEGALLY AUTHORIZED REPRESENTATIVES.

SIGNATURE OF PERSON OR LEGAL GUARDIAN GRANTING CONSENT	DATE
X	X

WITNESS #1 (IF SIGNED BY MARK)	WITNESS #2 (IF SIGNED BY MARK)

If the resident has a diagnosis of a Serious Mental Illness (MI) or Mental Retardation/ Developmental Disability (ID/DD); the resident or the legal guardian signs and date.

If a verbal consent is obtained, the guardian's name must appear on the line and be witnessed by two people. For example, verbal permission obtained via phone call from John Doe; witnessed by John Smith and Jane Smith.

DA-124 C – Section F

SECTION F. PHYSICIAN'S AUTHORIZATION AND SIGNATURE (Always required)	
I ATTEST THAT THE INFORMATION ON THIS FORM IS COMPLETE AND CORRECT AS KNOWN TO ME.	
PHYSICIAN'S SIGNATURE, MUST INCLUDE DISCIPLINE, AND LICENSE NUMBER X	DATE X

MO 580-2462 (9-07) DA-124C

This section must include the physician's discipline and license number, and the date of the physician's signature.

Please print the physician's full name under the signature.

A nurse practitioner or physician's assistant *cannot* sign the application.

If the DA-124 C form is incomplete or illegible, the application will be returned to the submitting facility for corrections.

This will delay the application process and will result in delay of payment.

Objective #3

Understanding the Level II Process

LEVEL II PROCESS OVERVIEW

COMRU receives the DA-124 application from submitting hospital, NF, RCF, etc.

The application is entered into the COMRU database.

If the application is not completed or additional information is needed, a request will be sent to the submitter via email and/or fax

The SMC assigns the LOC points to the application. The client must meet 24 points. The client must not be a danger to self or others. The determination for danger to self and others would be assigned by the SMC on a case by case basis

The LOC is entered into the COMRU database and the application sent to DMH for Level II screening.

DMH has 9 working days (per Federal Regulation) to complete the Level II screening. The final determination is faxed to the submitting facility.

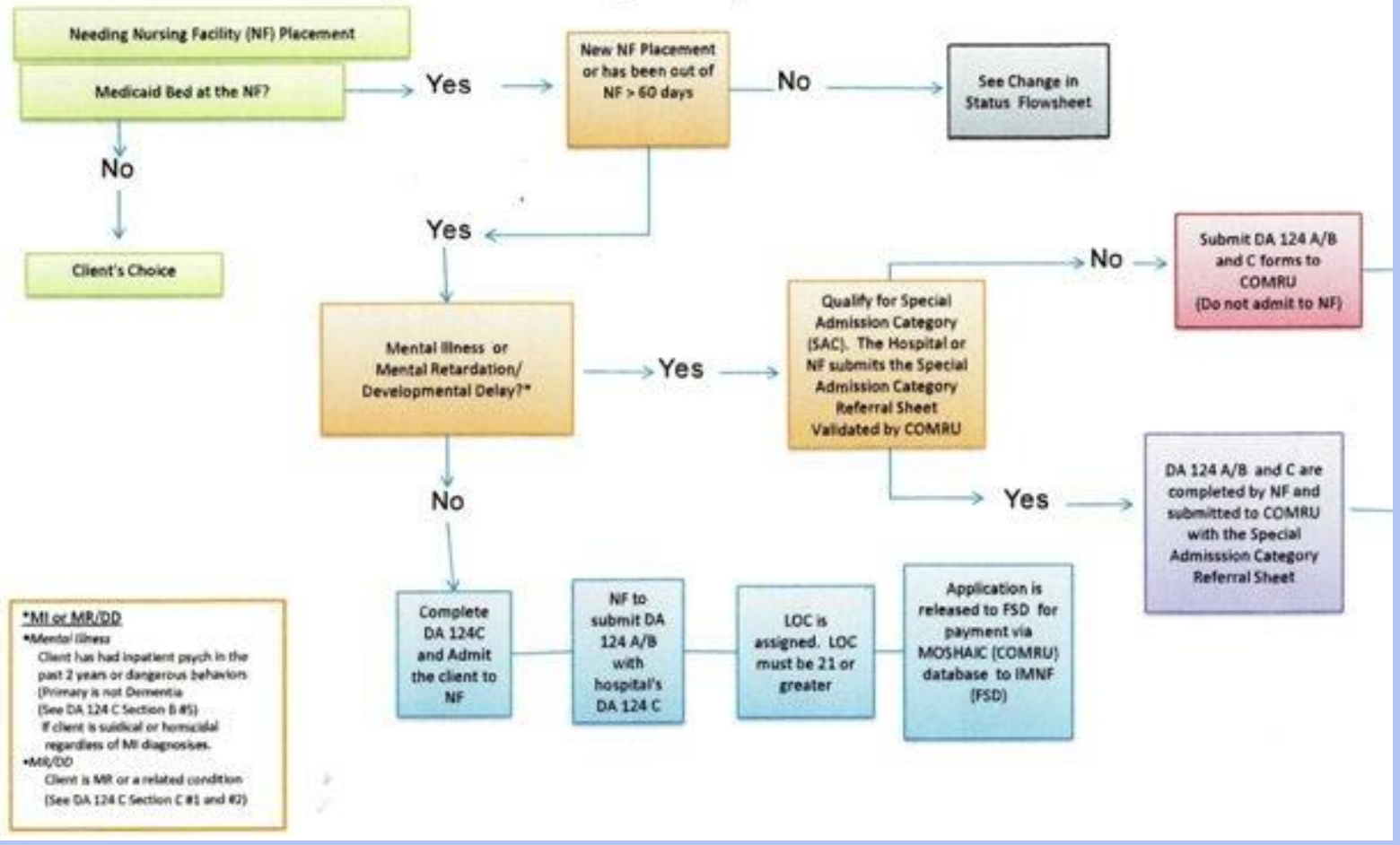
The client can be discharged to the nursing facility. The Level II has been completed.

The determination is entered into the COMRU database and the information is released to FSD for payment to the nursing facility.

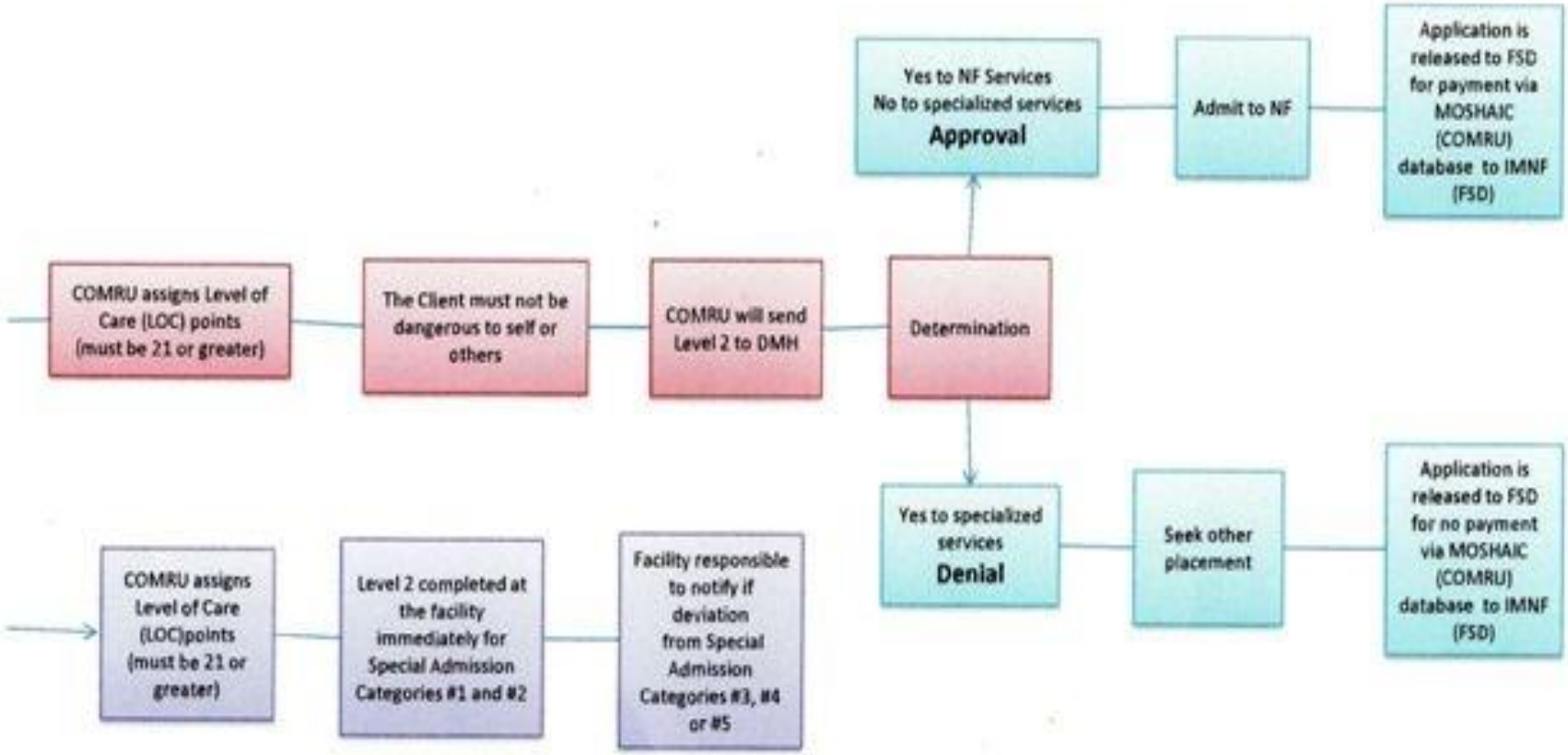
The following two slides provide guidance for a client being admitted from a hospital to a nursing facility.

For a printable copy, see:
www.health.mo.gov/seniors/nursinghomes/pasrr.php

Hospital to Nursing Facility Placement Flow Sheet



Hospital to Nursing Facility Placement Flow Sheet



Special Admission Categories (located on the DA 124 C application):

1. Terminal Illness - expected to result in death in six months or less
2. Serious Physical Illness -- severe/end state disease (or physical condition as listed on back of DA 124 C form
3. Respite Care -- stays not more than thirty days to provide relief for in-home caregiver
4. Emergency Provisional Admission -- must be hotlined. Stays not more than 7 days to protect person from serious physical harm to self and others
5. Direct Transfer from a Hospital -- stays not more than 30 days for the condition for which the person is currently receiving hospital care

Level II Screening

What would trigger a Level II review?

Anyone admitted to a Medicaid certified bed that meets at least one of the following criteria:

1) Has had inpatient psychiatric treatment in the past 2 years; should have a Major Mental Illness diagnosis.

2) Indication of being dangerous to self and others; serious behavioral problems; suicidal or homicidal, even if Dementia is the primary psych diagnosis;

3) Legal Issues; incarceration or history of, charges of assault, murder, sex offence; etc

4) Has a diagnosis of Intellectual Disability (diagnosed before age 18);

5) Has a Developmental Disability (DD) condition related to Intellectual Disability (Onset before age 22). Examples: TBI, Cerebral Palsy, seizure disorder, etc.

Level II Screening

Who Completes the Level II Screening?

- The Level II screening is initiated by the DA-124C.

- COMRU sends the application to DMH once the Level of Care (LOC) is determined and approved by the SMC.

- It is determined by DMH whether a face-to-face interview with the client is required.

- DMH sends the referrals to:

  Bock Associates

Level II Screening

Who Completes the Level II Screening?

Department of Mental Health (DMH) contracts with Bock Associates for MI and ID/DD screenings

According to Federal Regulations –

DMH has nine (9) working days (per federal regulations) to complete the Level II screening excluding weekends and holidays.

Level II Screening

When can a client who requires a Level II be discharged to a NF?

A resident who meets the qualifications for a Special Admission Category (SAC) can be immediately discharged to a nursing facility prior to the Level II screening. The SAC must be validated by COMRU.

If COMRU is unable to validate the SAC, the resident cannot be admitted to the nursing facility until the Level II is completed. COMRU will provide notification of the Level II determination to the submitting facility (hospital, RCF) in writing once the evaluation is completed.

If the SAC is not validated by COMRU and the client is already admitted to the nursing facility, the facility takes the risk of no payment until Level II is completed.

Level II Screening

<u>How does the facility know if the Level II is completed?</u>

The submitting hospital or RCF (any submitters other than a NF) will receive a fax to indicate the determination of the Level II Screening. It will state either:

Please watch for additional special conditions placed on the applicant for placement; these will be included with the determination. Example: Conditional Placement

Level II Screening

If corrections are needed on an application, the submitting facility will receive a notice by encrypted email or by the fax number listed on the DA-124 application.

The notice will have a due date for the requested information at the bottom of the form so that COMRU is able to process the applications in a timely manner. Please do not resend the DA 124 application if no corrections were made on the forms.

If the due date expires, the facility will receive a letter of denial. The facility must resubmit the application <u>with the requested information</u> prior to the resident being evaluated for NF placement and/or the completion of the Level II.

Level II Screening

If the client is denied by Department of Mental Health (DMH) for a Level II screening, then the client is denied for Nursing Facility Placement; regardless of whether the client meets the level of care per COMRU/DHSS.

Level II Screening

If the client is discharged from the hospital and the Level II needs to be completed; please send new contact information to COMRU via email or fax (573) 526-8602).

This includes: The contact person, telephone #, fax # and client's current location

Objective #4

Completing the DA-124 A/B application

The DA-124 A/B form

DA - 124 A/B Form

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE

INITIAL ASSESSMENT - SOCIAL AND MEDICAL

FSD CO. NO. | LOAD NO. | ☐ CASH ☐ XIX

All questions on this form must be answered – write N/A if not applicable. Blank areas will result in return of document and delay in payment.

A. SOCIAL ASSESSMENT

1. PERSON'S NAME (LAST, FIRST, MI) | 2. DCN | 3. DOB | 4. SOCIAL SECURITY NUMBER

5. SEX

6. RACE

7. EDUCATION LEVEL
☐ GRADE SCHOOL
☐ HIGH SCHOOL
☐ COLLEGE
☐ OTHER

8. OCCUPATION

9. CURRENT LOCATION (ADDRESS)

10. NAME OF PROPOSED NURSING FACILITY PLACEMENT, PHONE #

11. DATE ADMITTED TO NF

12. PERSON'S LEGAL GUARDIAN ☐ OR DESIGNATED CONTACT PERSON ☐
NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____

B. MEDICAL ASSESSMENT

Attach additional sheets of information if necessary.

1. HEIGHT | 2. WEIGHT
3. B/P | 4. PULSE
5. DATE OF LAST MEDICAL EXAM

6. RECENT MEDICAL INCIDENTS (i.e., CVA, SURGERY, FRACTURE, HEAD INJURY, ETC., AND GIVE DATE)
RESIDUAL EFFECTS: _____

7. SPECIAL LAB TESTS AND FREQUENCY

8. PRESCRIPTION DRUGS (DOSAGE AND FREQUENCY, INCLUDING PRNS; SHOULD CORRELATE WITH DIAGNOSES)
1. _____ 4. _____ 7. _____
2. _____ 5. _____ 8. _____
3. _____ 6. _____ 9. _____

9. LIST ALL DIAGNOSES (SHOULD CORRELATE WITH MEDICATIONS) (INCLUDE PSYCH DX)
1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

10. POTENTIAL PROBLEM AREAS AND/OR ADDITIONAL COMMENTS

11. STABILITY
☐ 1. IMPROVING
☐ 2. STABLE
☐ 3. DETERIORATING
☐ 4. UNSTABLE

12. LEVEL OF CARE REQUESTED BY PERSON'S PHYSICIAN (CHECK ONE) ☐ NF ☐ RCF ☐ ICFMR ☐ MH ☐ SUPPLEMENTAL NC ☐ HOME CARE

13. MENTAL STATUS (CHECK ALL THAT APPLY)
☐ ORIENTED TO: ☐ person, ☐ place, ☐ time
☐ THINKS CLEARLY
☐ LETHARGIC
☐ ALERT
☐ MEMORY: ☐ good, ☐ fair, ☐ poor

14. BEHAVIORAL INFORMATION (CHECK ONE BOX FOR EACH)

NONE	MIN	MOD	MAX	
☐	☐	☐	☐	CONFUSED
☐	☐	☐	☐	WITHDRAWN
☐	☐	☐	☐	HYPERACTIVE
☐	☐	☐	☐	WANDERS
☐	☐	☐	☐	SUSPICIOUS
☐	☐	☐	☐	COMBATIVE
☐	☐	☐	☐	SUPERVISED FOR SAFETY
☐	☐	☐	☐	CAUSES MGT. PROBLEMS
☐	☐	☐	☐	CONTROLLED WITH MEDICATION(S)

15. FUNCTIONAL IMPAIRMENT (CHECK ALL THAT APPLY AND GIVE RATIONALE)
☐ VISION _____
☐ HEARING _____
☐ SPEECH _____
☐ AMBULATION _____
☐ MANUAL DEXTERITY _____
☐ TOILETING _____
☐ PATH TO SAFETY _____

16. ASSESSED NEEDS (CHECK APPROPRIATE BOX FOR EACH; GIVE RATIONALE PLUS AMOUNT OF STAFF ASSISTANCE NEEDED. (YOU MUST USE GUIDE #1 ON BACK.)

NONE	MIN	MOD	MAX	
☐	☐	☐	☐	1. MOBILITY
☐	☐	☐	☐	2. DIETARY
☐	☐	☐	☐	3. RESTORATIVE SERVICES
☐	☐	☐	☐	4. MONITORING
☐	☐	☐	☐	5. MEDICATION
☐	☐	☐	☐	6. BEHAVIOR/MENTAL COND.
☐	☐	☐	☐	7. TREATMENTS
☐	☐	☐	☐	8. PERSONAL CARE
☐	☐	☐	☐	9. REHAB. SERVICES

17. POTENTIAL FOR REHAB ☐ GOOD ☐ FAIR ☐ POOR

18. PATIENT REFERRED BY
NAME OF INDIVIDUAL OR AGENCY
ADDRESS
TELEPHONE

19. FORM COMPLETED BY
SIGNATURE OF INDIVIDUAL ▸
TELEPHONE NUMBER
FAX NUMBER | DATE

CENTRAL OFFICE USE ONLY
LEVEL OF CARE DETERMINATION BY DIVISION HSL CENTRAL OFFICE
☐ 1 NF ☐ 2 IMR ☐ 3 MH ☐ 4 SNC ☐ 5 NONE
NEXT EVALUATION DATE | SIGNATURE DATE
STATE PHYSICAN'S CONSULTANT ▸

MO 580-2460 (9-07) DA-124A/B

DA -124 A/B Form

DA-124 A/B INSTRUCTIONS

GUIDE #1 - ASSESSED NEEDS:

1. MOBILITY - individual's ability to move from place to place. Do they require assistive device, physical assist with transfer, mobile only with physical assist or unable to ambulate and/or totally dependent?
2. DIETARY - individual's nutritional requirements and need for assist and/or supervision with meals. Do they have a special diet, require tray set up, cueing, feeding or on tube feedings or IV fluids?
3. RESTORATIVE - specialized services provided to help individual obtain/maintain optimal function potential. Is individual receiving ROM, B & B program, RO, frequency, and amount of assistance required?
4. MONITORING - Observation and assessment of individual's physical and mental condition. This may include routine lab work, I & O, clinitest, acetest, weights and other routine procedures.
5. MEDICATION - A drug regimen of all physician ordered legend and non-legend drugs for which a physician has ordered monitoring due to complexity of drug or condition of individual.
6. BEHAVIORAL - individual's social or mental activities. Does individual require supervision/guidance or assist due to their behavior? Are they alert, oriented, disoriented, uncooperative, abusive or incapable of self-direction?
7. TREATMENTS - a systematized course of nursing procedures ordered by the attending physician. What is the treatment and how often is it ordered? Is the treatment non-routine and preventive, require daily attention by a professional or require extensive direct supervision?
8. PERSONAL CARE - activities of dailing living, including hygiene, personal grooming (dressing, bathing, oral hygiene, hair and nail care, shaving), and bowel anad bladder funcitons. Does daily care require supervision, close supervision or total care?
9. REHABILITATION - restoration of former or normal state of health through medically ordered therapeutic services either directly provided by or under the supervision of a qualified professional, which may include PT, OT, ST and audiology. What type of rehab is individual receiving and how often do they receive it?

NOTE: Refer to State of Missouri Long-Term Care Facility Licensure Law and Rules book, 19 CSR 30-81.030(4)(G) for complete details of point count system.

GUIDE #2 - INSTRUCTIONS (for Pre-Admission Screenings):

A. NURSING FACILITY ADMISSIONS FROM HOSPITALS–

1. If the person is hospitalized and will or MAY seek placement in a Medicaid certified bed within a skilled or intermediate nursing facility upon discharge, the hospital completes the Level One (I) Screening (DA-124C form) as soon as possible. If a Level Two (II) Screening is then indicated, the hospital also completes the DA-124A/B form **(all questions must be answered)**. Submit both forms to: DHSS, SLCR/COMRU, P.O. BOX 570, JEFFERSON CITY, MO 65102. NOTE: The hospital must take immediate action since the Level II Screening process takes 7-9 working days to complete. The person or their legal guardian must sign & date the DA-124C form whenever a Level II Screening is indicated. If the person does not have a legal guardian but is unable to sign, make notation 'PT UNABLE TO SIGN' and have 2 witnesses sign and date. The physician's signature, discipline, license number and date are ALWAYS required.

2. In Missouri, Federal & State regulations require that Level II Screenings be completed PRIOR to nursing facility placement EXCEPT when a person qualifies for a SPECIAL ADMISSION CATEGORY (follow directions on DA-124C form). The hospital may contact the COMRU nurse for prior authorization at 573-526-8609. NOTE: COMRU nurse may require copy of History & Physical.

B. NURSING FACILITY ADMISSIONS FROM HOME OR RCF–

1. Skilled/intermediate nursing facilities receiving persons directly from home should assist families in completing the Level I Screening (DA-124C) with instructions for them to obtain the family physician's signature. If a Level II Screening is indicated, completion of the DA-124A/B follows, as outlined in section A, #1 and 2.

2. EMERGENCY ADMISSIONS FROM HOME OR RCF–If the person is a danger to himself or others, or if protective oversight is necessary, call the Elderly Abuse and Neglect Hotline, 1-800-392-0210. Explain the emergency and ask that a DHSS Worker review the client for EMERGENCY admission to a skilled/intermediate nursing facility. Complete the DA-124A/B & C forms and contact COMRU immediately (573-526-8609). If the emergency occurs at night or on a weekend, do the same and contact COMRU at open of next business day before mailing the forms. If the person will require more than 7 days in a nursing facility, notify COMRU immediately.

3. All Medicaid certified beds, including swing beds, within skilled/intermediate nursing facilities MUST have a completed DA-124C form. If the person is PRIVATE PAY and their Level I Screening does NOT indicate the need for a Level II Screening, the DA-124C form is kept in their chart (on file) until they apply for Medicaid. At that time, a current DA-124A/B form is completed, attached to the original DA-124C form, and mailed to the same address as in section A, #1.

C. NURSING FACILITY TRANSFERS–

1. When persons transfer from one skilled/intermediate nursing facility to another, the sending facility furnishes a copy of their DA-124A/B & C forms to the receiving facility. The receiving facility then notifies their local FSD office of the transfer.

2. When persons transfer from one skilled/intermediate nursing facility to another and application for Medicaid is not indicated, the ORIGINAL DA-124C form must follow to the next facility.

D. TRANSFERS FROM A FACILITY TO A HOSPITAL TO ANOTHER FACILITY–

1. When the person transfers from one skilled/intermediate facility to a hospital, then to another skilled/intermediate facility, hospitals must consider the following prior to placement:

a. If the person did not need a Level II Screening prior to placement at the sending facility, no new forms are indicated if this hospital stay does not exceed 60 days (unless a current Level I Screening indicates the need for a Level II Screening).

b. If the person had a Level II Screening prior to placement at the sending facility, but is being hospitalized for acute medical treatment, no new forms are necessary if the hospital stay does not exceed 60 days.

c. If the person had a Level II Screening prior to placement at the sending facility, and this hospitalization involves a change in the person's mental status, the hospital completes a new DA-124C form, and writes CHANGE IN MENTAL STATUS at the top of the form prior to transferring the person back to (or on to the next) skilled/intermediate nursing facility (if the person stays less than 60 days). That nursing facility sends the new form to COMRU, as in section A, #1. NOTE: If the person stays more than 60 days, the HOSPITAL completes new set of DA-124A/B & C forms (as in section A, #1) and waits for completion of the Level II Screening.

E. PERSON IS DISCHARGED HOME BUT UNABLE TO STAY–

1. If person is out of facility less than 60 days, no new forms are required. Notify local FSD office of person's readmission.

MO 580-2460 (9-07)

LISTED ON THE BACK OF THE FORM

DA-124 A/B – Section A

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE
INITIAL ASSESSMENT - SOCIAL AND MEDICAL

FSD CO. NO. ☐ CASH
LOAD NO. ☐ XIX

All questions on this form must be answered – write N/A if not applicable. Blank areas will result in return of document and delay in payment.

A. SOCIAL ASSESSMENT

1. PERSON'S NAME (LAST, FIRST, MI)	2. DCN	3. DOB	4. SOCIAL SECURITY NUMBER

5. SEX
6. RACE
7. EDUCATION LEVEL
☐ GRADE SCHOOL
☐ HIGH SCHOOL
☐ COLLEGE
☐ OTHER
8. OCCUPATION
9. CURRENT LOCATION (ADDRESS)
10. NAME OF PROPOSED NURSING FACILITY PLACEMENT, PHONE #
11. DATE ADMITTED TO NF
12. PERSON'S LEGAL GUARDIAN ☐ OR DESIGNATED CONTACT PERSON ☐
NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____

 # 1 – Person's Name -- This must be the client's legal name.

 # 7 – Education level – please be sure to complete this box.

 # 8 – Prior occupation – what did the client do during their lifetime?
- **If client is retired, from what occupation?**
- **If client is disabled, what occupation did the resident have prior to becoming disable**

 # 9 – Current Location (Address) -- Where is the client currently located

#10 – This is the nursing facility's legal name (the name on the license).

#11 – Date admitted to NF – this is the date the client admitted to the nursing facility.
- **If the client has discharged, include this date as well.**

#12 – Legal guardian or contact person – please list. If a guardian is listed here, it should correspond to the guardian's signature – Section E on the DA-124 C form.

DA-124-A/B – Section B

Attach additional sheets of information if necessary.

1. HEIGHT
2. WEIGHT
3. B/P
4. PULSE
5. DATE OF LAST MEDICAL EXAM
6. RECENT MEDICAL INCIDENTS (i.e., CVA, SURGERY, FRACTURE, HEAD INJURY, ETC., AND GIVE DATE) _____
RESIDUAL EFFECTS: _____

7. SPECIAL LAB TESTS AND FREQUENCY
_____
_____

8. PRESCRIPTION DRUGS (DOSAGE AND FREQUENCY, INCLUDING PRNS; SHOULD CORRELATE WITH DIAGNOSES)
1. _____ 4. _____ 7. _____
2. _____ 5. _____ 8. _____
3. _____ 6. _____ 9. _____

9. LIST ALL DIAGNOSES (SHOULD CORRELATE WITH MEDICATIONS) (INCLUDE PSYCH DX)
1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

10. POTENTIAL PROBLEM AREAS AND/OR ADDITIONAL COMMENTS
_____
_____
_____
_____

11. STABILITY
- ☐ 1. IMPROVING
- ☐ 2. STABLE
- ☐ 3. DETERIORATING
- ☐ 4. UNSTABLE

12. LEVEL OF CARE REQUESTED BY PERSON'S PHYSICIAN (CHECK ONE) ☐ NF ☐ RCF ☐ ICFMR ☐ MH ☐ SUPPLEMENTAL NC ☐ HOME CARE

13. MENTAL STATUS (CHECK ALL THAT APPLY)
- ☐ ORIENTED TO: ☐ person, ☐ place, ☐ time
- ☐ THINKS CLEARLY
- ☐ LETHARGIC
- ☐ ALERT
- ☐ MEMORY: ☐ good, ☐ fair, ☐ poor

14. BEHAVIORAL INFORMATION (CHECK ONE BOX FOR EACH)

NONE	MIN	MOD	MAX	
☐	☐	☐	☐	CONFUSED
☐	☐	☐	☐	WITHDRAWN
☐	☐	☐	☐	HYPERACTIVE
☐	☐	☐	☐	WANDERS
☐	☐	☐	☐	SUSPICIOUS
☐	☐	☐	☐	COMBATIVE
☐	☐	☐	☐	SUPERVISED FOR SAFETY
☐	☐	☐	☐	CAUSES MGT. PROBLEMS
☐	☐	☐	☐	CONTROLLED WITH MEDICATION(S)

15. FUNCTIONAL IMPAIRMENT (CHECK ALL THAT APPLY AND GIVE RATIONALE)
- ☐ VISION _____
- ☐ HEARING _____
- ☐ SPEECH _____
- ☐ AMBULATION _____
- ☐ MANUAL DEXTERITY _____
- ☐ TOILETING _____
- ☐ PATH TO SAFETY _____

16. ASSESSED NEEDS (CHECK APPROPRIATE BOX FOR EACH; GIVE RATIONALE PLUS AMOUNT OF STAFF ASSISTANCE NEEDED. (YOU MUST USE GUIDE #1 ON BACK.)

NONE	MIN	MOD	MAX		
☐	☐	☐	☐	1. MOBILITY	_____
☐	☐	☐	☐	2. DIETARY	_____
☐	☐	☐	☐	3. RESTORATIVE SERVICES	_____
☐	☐	☐	☐	4. MONITORING	_____
☐	☐	☐	☐	5. MEDICATION	_____
☐	☐	☐	☐	6. BEHAVIOR/MENTAL COND.	_____
☐	☐	☐	☐	7. TREATMENTS	_____
☐	☐	☐	☐	8. PERSONAL CARE	_____
☐	☐	☐	☐	9. REHAB. SERVICES	_____

17. POTENTIAL FOR REHAB ☐ GOOD ☐ FAIR ☐ POOR

18. PATIENT REFERRED BY
NAME OF INDIVIDUAL OR AGENCY
ADDRESS
TELEPHONE

19. FORM COMPLETED BY
SIGNATURE OF INDIVIDUAL ▸
TELEPHONE NUMBER
FAX NUMBER
DATE

CENTRAL OFFICE USE ONLY

LEVEL OF CARE DETERMINATION BY DIVISION HSL CENTRAL OFFICE

☐ 1 NF ☐ 2 IMR ☐ 3 MH ☐ 4 SNC ☐ 5 NONE

NEXT EVALUATION DATE
SIGNATURE DATE
STATE PHYSICAN'S CONSULTANT ▸

MO 580-2460 (9-07)
DA-124A/B

DA-124 A/B – Section B

 # 5 – Last medical exam – please list the date.

 # 6 – Recent medical incidents – needs to be completed, if applicable.

 # 8 – Prescription Drugs (Dosage and frequency)

- **Must correspond with medical diagnoses (not the client's symptoms).**
- **Must be on the DA-124 application or on a Medication Administration Record (MAR). COMRU will not accept a medication list written in a history and physical.**

- **If additional space is needed, attach another full sheet. The client's name must be written on all attached sheets.**

- **The dosage and frequency must be listed.**

DA-124 A/B – Section B cont'd

#15 – Path to safety – please indicate if the resident is able to negotiate a path to safety.

#16 – Check *each* box and *give rationale*

- **Please include frequency of services.**
- **Points will not be counted if rationale is not provided.**
- **This section must be completed in writing; if there is not enough space provided to capture the client's needs on the application, then continue the information on an additional sheet of paper.**
- **The clinical information should correspond to Mental Status (Section #13), Behavioral Information (Section #14) and Functional Impairment (Section #15). These should not contradict each other.**
- **See guide #1 on the back of the DA-124 A/B form**

#19 - Signature & date of person completing application; please include telephone, fax number, and e-mail address (if applicable).

More Clarification on #16 – Assessed Needs

- The Assessed Needs must be descriptive for the client.

- How much nursing care will be provided to the client?

- No points will be assigned for blank areas. The information must be provided on the line.

- Please do not use x1 staff or minimal assistance.

- Explain exactly what the staff is doing for the client.

  - Examples:
  - Client needs assistance with dressing and incontinent of urine.
  - Client requires physical therapy 5x weekly.

Maximum assist with ambulation

Client needs assist of one

-or-

Client is pushed by one

staff via wheelchair;

Client is non-ambulatory

Which one paints a more vivid picture

of the client's needs?

The DA-124 application must be accurately completed.

The application should paint a clinical picture of the resident and his/her nursing care needs.

The Level of Care (LOC) is completed by a paper review. The submitting facility must include all information relevant to the client's care.

If you need to attach another full sheet with additional information, please do so.

- Be sure to write the client's name on the addendum.

Corrections to applications

Please note if the applications are not completed correctly or are illegible; the application will be returned to the facility.

The facility is responsible for making the corrections and resubmitting the application.

It is very important the facility review the application to ensure it is complete prior to submitting to COMRU.

Returns will delay the facility's vendor payment for Medicaid.

Please allow COMRU 10 working days (from date received in COMRU office) to complete the application and release to Family Support Division (FSD).

Please include the fax number

and/or the email address on the

DA-124 application for any correspondence to be sent to the facility or hospital from COMRU.

When does a facility NOT need to submit DA-124 applications?

- A DA-124 application does not need to be sent to COMRU when the client (receiving vendor payment) is a direct admission from a nursing facility to another nursing facility.

  The DA-124 application, approval letter and the PASRR Level II screening (if applicable) must be obtained from the prior nursing facility for the client's current record. Failure to obtain a previous PASRR report may result in citation by DHSS surveyors.

Objective #5

Understanding the Level I Process

Level I Screenings

Who Needs a Level I Screening?

- Everyone who enters a Medicaid certified bed regardless of source of payment.

What are the criteria for a Level I?

- A client must meet the criteria for the Level of Care (LOC). Client must meet a mandated 24 point count and the client must not be a danger to self and others.

- See DHSS Regulations 19CSR 30-81.030 (5) (c)

LEVEL I PROCESS OVERVIEW
(Level I only)

COMRU receives the DA-124 application (DA-124 A/B and C together) from facility.
via email or mail

The application is reviewed for completion, if not completed the application will be sent back to facility.

The application is entered into the COMRU database that is linked to the local FSD office.

The SMC assigns the LOC points to the application. The client must meet 24 points and not be a danger to self or others.

The LOC is entered into the COMRU database and the application is released to FSD for payment.

Objective #6

Recognizing a Change in Status

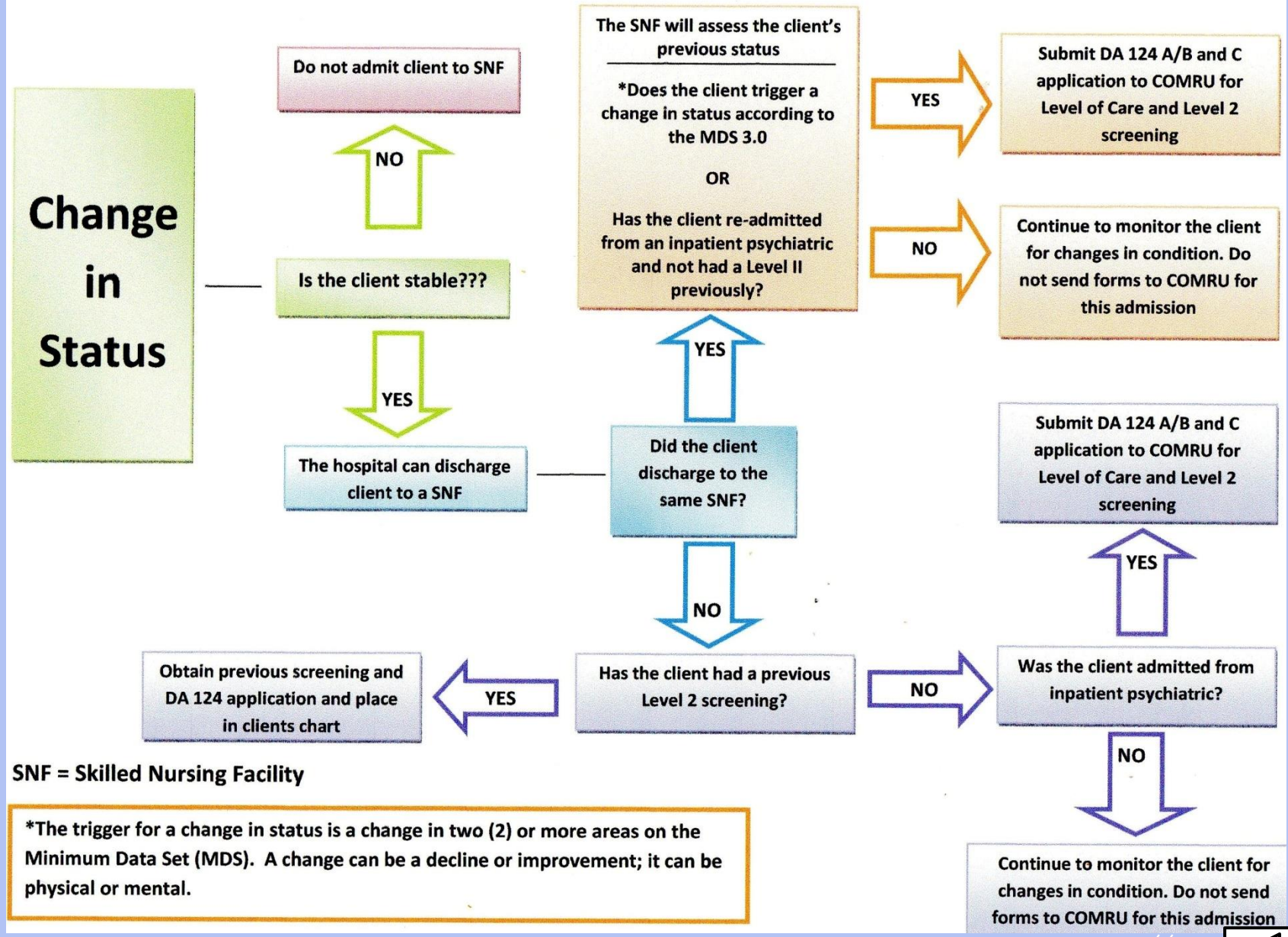
Change In Status (Per MDS 3.0)

- The client must be previously approved for NF in order for this application to be a change in status. The client must have been approved for NF placement and has not been out of a NF greater than 60 days.
- A Significant Change in Status is defined as a change in two or more areas on the MDS 3.0 regarding a client's needs. It can be either physical or mental changes.
- Submit a DA-124 A/B and C application for a change in status on clients that have a diagnosis of MI or MR.
- The facility should write "Change in Status' on the top of the DA-124 A/B and C applications.
- The facility should also provide an explanation as to why the client triggered a Significant Change in Status (what were the triggers on the MDS 3.0).

Change In Status (Per MDS 3.0)

- A client does not have to be admitted to a hospital to trigger a change in status.
- If the MDS 3.0 triggers a change in status on a client with MI or ID, the facility would need to complete and submit the DA-124 application for review.
- See next slide for assessing a client for a change in status that is admitted to the facility from the hospital.

Change in Status Flowsheet



SNF = Skilled Nursing Facility

*The trigger for a change in status is a change in two (2) or more areas on the Minimum Data Set (MDS). A change can be a decline or improvement; it can be physical or mental.

Change In Status

Changes in Status

What is the trigger?

A "change in status" is a change in two (2) or more areas on the Minimum Data Set (MDS). It can be a decline or improvement. It can be physical or mental.

Does the nursing facility submit the forms for Change in Status on all residents to COMRU?

NO. The nursing facility should submit only changes in status on the Mentally Ill and Mentally Retarded clients.

Who completes the Changes in Status?

These are completed by the nursing home in which the resident is residing. It is not completed by the hospital. A change in status will be completed in conjunction with the MDS. It is the responsibility of the nursing facility to identify the change in status for a mentally ill or mentally retarded client. The MDS coordinator and the person who completes the DA 124 forms should work closely together to ensure they are completed.

What forms are completed for a Change in Status?

A DA 124 A/B and a DA 124 C form must be completed and submitted to COMRU. The nursing facility should indicate "Change in Status" on the client's DA 124 application. **If not indicated the application will be processed as a Pre-admission Level II screening and payment could be affected.**

The facility should attach a short summary indicating the reason for the change in status. (ie: What were the triggers)

What is the timeframe?

There is no timeframe. The facility should be assessing continuously for changes in status.
If a change in status is indicated for Mentally Ill or Mentally Retarded clients a Change in Status (DA 124 A/B and C) should be sent to COMRU.

Scenarios:

#1: The client is admitting from the community (home, RCF, ALF). The client has never been in a nursing facility. The client has had inpatient psych in the past two years. This is not a change in status. The client would be considered an initial admission and the pre-admission screening must be completed prior to admission. If a client is out of a nursing facility greater than 60 days, it will be an initial admission and a pre-admission screening would need to be completed.

#2: The client has had inpatient psych in the past 2 years (trigger for the Level II screening) or has mental retardation. The client has had the initial pre-admission screening and been admitted to the nursing facility.
The client is then sent to the hospital for medical, physical and/or psychiatric reasons. The client is then readmitted to the original nursing facility. The nursing facility must assess the client for a change in status and submit forms if indicated.

#3: Same scenario as #2 but the client is admitted to a different nursing facility. The facility does not complete a change in status. The facility completes the MDS – admission assessment. The nursing facility does not submit DA 124 application to COMRU. The nursing facility must contact the previous nursing facility and obtain a copy of the DA 124 application and the Level II screening. The nursing facility will then continue to assess the client for any changes in status.

#4: The initial application does not indicate a client as a Level II, however after nursing facility admission the client has now admitted to inpatient psych and/or a Level II was never completed when one should have been completed. The trigger for a Level II MI screening is inpatient psychiatric treatment in the past 2 years. The client has now triggered the need for a Level II screening. The DA 124 application must be completed and submitted to COMRU.

Change In Status

- The previous sheets can be found on the COMRU web page.

www.health.mo.gov/seniors/nursinghomes/pasrr.php

Change In Status

Who completes the Change in Status?

- This is completed by the nursing home in which the resident is residing. It is not completed by the hospital. A change in status will be completed in conjunction with the MDS. It is the responsibility of the nursing facility to identify the change in status for the mentally ill or mentally retarded client. The MDS coordinator and the person who completes the DA-124 applications should work closely together to ensure it is completed.

Change In Status Examples

- Scenario #1

  The client is being admitted from the community (home, RCF, ALF). The client has never been in a nursing facility. The client has had inpatient psych treatment in the past two years. This is not a change in status. The client would be considered an initial admission and the pre-admission screening must be completed prior to admission. If a client is out of a nursing facility greater than 60 days, it will be an initial admission and a pre-admission screening would need to be completed.

Change In Status Examples

- Scenario #2

  The client has had inpatient psychiatric treatment in the last 2 years (trigger for the Level II screening) or has mental retardation. The client has had the initial pre-admission screening and been admitted to the nursing facility. The client is then sent to the hospital for medical, physical and/or psychiatric reasons. The client is then readmitted to the original nursing facility. The nursing facility must assess the client for a Change in Status and submit DA-124 applications if indicated.

Change In Status Examples

- Scenario #3

  Same scenario as #2 but the client is admitted to a different nursing facility. The facility does not complete a Change in Status. The facility completed the MDS – admission assessment. The nursing facility does not submit DA-124 application to COMRU. The nursing facility must contact the previous nursing facility and obtain a copy of the DA-124 application and the Level II screening. The nursing facility will then continue to assess the client for any changes in status.

Change In Status Examples

- Scenario #4

  The initial application does not indicate that a client is a Level II; however after the nursing facility admission the resident has now admitted to inpatient psychiatric treatment and/or a Level II was never completed when one should have been completed. The trigger for the Level II MI screening is inpatient psychiatric treatment in the past 2 years. The client has now triggered the need for a Level II screening. The DA-124 application must be completed and submitted to COMRU.

Objective #7

Regulations Pertaining to PASRR

F-644 Coordination of PASARR and Assessments

"§483.20(e) Coordination.

A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes:

§483.20(e)(1)Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care.

§483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment.

F-644 Coordination of PASARR and Assessments

INTENT §483.20(e)

To ensure that the facility coordinates with the appropriate, State-designated authority, to ensure that individuals with a mental disorder, intellectual disability or a related condition receives care and services in the most integrated setting appropriate to their needs.

F – 645 PASARR Screening for MD and ID

§483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability.

§483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with:

(i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission,

(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and

(B) If the individual requires such level of services, whether the individual requires specialized services; or

(ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission—

(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and

(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.

F – 645 PASARR Screening for MD and ID

§483.20(k)(2) Exceptions. For purposes of this section-

(i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.

(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-

(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,

(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and

(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.

§483.20(k)(3) Definition. For purposes of this section-

(i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).

(ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.

F – 645 PASARR Screening for MD and ID

INTENT §483.20(k)(1)-(3)

To ensure each resident in a nursing facility is screened for a mental disorder (MD) or intellectual disability (ID) prior to admission and that individuals identified with MD or ID are evaluated and receive care and services in the most integrated setting appropriate to their needs.

F -646
MD/ID Significant Change Notification

§483.20(k)(4) A nursing facility must notify the state mental health authority or state intellectual disability authority, as applicable, promptly after a significant change in the mental or physical condition of a resident who has mental illness or intellectual disability for resident review.

F – 646
MD/ID Significant Change Notification

INTENT §483.20(k)(4)

To ensure that individuals with a mental disorder or intellectual disabilities continue to receive the care and services they need in the most appropriate setting, when a significant change in their status occurs.

F -319 Treatment Psychological adjustment issues

§483.25(f)(1) A resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem;

F 656 – Develop/Implement Comprehensive

F656

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.21(b) Comprehensive Care Plans

§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are

F 656 – Develop/Implement Comprehensive

identified in the comprehensive assessment. The comprehensive care plan must describe the following —

(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and

(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).

(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.

(iv)In consultation with the resident and the resident's representative(s)—

(A) The resident's goals for admission and desired outcomes.

(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.

(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.

F 656 – Develop/Implement Comprehensive

INTENT §483.21(b)

Each resident will have a person-centered comprehensive care plan developed and implemented to meet his other preferences and goals, and address the resident's medical, physical, mental and psychosocial needs.

F-603 Free from Involuntary Seclusion

§483.12

The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

§483.12(a) The facility must—

§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;

INTENT §483.12(a)(1)

Each resident has the right to be free from involuntary seclusion.

F-604 Right to be Free from Physical Restraints

§483.10(e) Respect and Dignity.

The resident has a right to be treated with respect and dignity, including:

§483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2).

§483.12

The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

§483.12(a) The facility must—

§483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.

INTENT

The intent of this requirement is for each resident to attain and maintain his/her highest practicable well-being in an environment that:

- Prohibits the use of physical restraints for discipline or convenience;
- Prohibits the use of physical restraints to unnecessarily inhibit a resident's freedom of movement or activity; and
- Limits physical restraint use to circumstances in which the resident has medical symptoms that may warrant the use of restraints.

When a physical restraint is used, the facility must:

- Use the least restrictive restraint for the least amount of time; and
- Provide ongoing re-evaluation of the need for the physical restraint.

F-604 Right to be Free from Physical Restraints

INTENT

The intent of this requirement is for each resident to attain and maintain his/her highest practicable well-being in an environment that:

- **Prohibits the use of physical restraints for discipline or convenience;**
- **Prohibits the use of physical restraints to unnecessarily inhibit a resident's freedom of movement or activity; and**
- **Limits physical restraint use to circumstances in which the resident has medical symptoms that may warrant the use of restraints.**

When a physical restraint is used, the facility must:

- **Use the least restrictive restraint for the least amount of time; and**
- **Provide ongoing re-evaluation of the need for the physical restraint.**

F – 605 Right to be Free from Chemical Restraints

The resident has a right to be treated with respect and dignity, including:

§483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2).

§483.12

The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

§483.12(a) The facility must—

§483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.

F – 605 Right to be Free from Chemical Restraints

The resident has a right to be treated with respect and dignity, including:

§483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2).

§483.12

The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

§483.12(a) The facility must—

§483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.

The Preadmission Screening and Annual Resident Review (PASARR) report indicates specialized services required by the resident. The State is required to list those services in the report, as well as provide or arrange for the provision of the services. If the State determines that the resident does not require specialized services, the facility is responsible to provide all services necessary to meet the resident's mental health or Intellectual Disability needs.

"Mental health rehabilitative services for MI and MR" refers to those services of lesser frequency or intensity to be implemented by all levels of nursing facility staff who come into contact with the resident who is mentally ill or who has mental retardation. These services are necessary regardless of whether or not they are required to be subject to the PASARR process and whether or not they require additional services to be provided or arranged for by the State as specialized services.

The facility should provide interventions which complement, reinforce and are consistent with any specialized services (as defined by the resident's PASARR) the individual is receiving or is required to receive by the State. The individual's plan of care should specify how the facility will integrate relevant activities throughout all hours of the individual's day at the NF to achieve this consistency and enhancement of PASARR goals. The surveyor should see competent interaction by staff at all times, in both formal and informal settings in accordance with the individual's needs.

Mental health rehabilitative services for MI and MR may include, but are not limited to:

- Consistent implementation during the resident's daily routine and across settings, of systematic plans which are designed to change inappropriate behaviors;
- Drug therapy and monitoring of the effectiveness and side effects of medications which have been prescribed to change inappropriate behavior or to alter manifestations of psychiatric illness;
- Provision of a structured environment for those individuals who are determined to need such structure (e.g., structured socialization activities to diminish tendencies toward isolation and withdrawal);
- Development, maintenance and consistent implementation across settings of those programs designed to teach individuals the daily living skills they need to be more independent and self-determining including, but not limited to, grooming, personal hygiene, mobility, nutrition, vocational skills, health, drug therapy, mental health education, money management, and maintenance of the living environment;
- Crisis intervention service;
- Individual, group, and family psychotherapy;
- Development of appropriate personal support networks; and
- Formal behavior modification programs.

19 CSR 85.042 (66)

"Each Resident shall receive twenty-four hour protection oversight and supervision."

Records Needed for Surveyors

Level I applications:

The DA 124 application should be easily accessible to the surveyors

Level II applications

The DA 124 application, the approval letter from DHSS/COMRU and the Level II (Bock Report) screening report should be easily accessible to the surveyors.

Objective #8

Additional Information

Additional information

- If the client has pending charges or warrant for arrest, the charges must be resolved prior to COMRU processing the application. COMRU uses public searches such as Case.Net, Missouri DOC, and the Sex Offender Registry to check for possible forensic history.

- It is the facility's responsibility to include this information on the DA-124 application.

Additional information

If the facility is unable to obtain copies of the DA-124 application, COMRU may be able to provide copies. However the nursing facility would need to follow the Missouri Sunshine Law.

The facility would submit in writing to COMRU the information requested, along with the client's name and Medicaid number.

http://ago.mo.gov/sunshinelaw/sunshinelaw.htm

A charge will be assessed for release of information under the Sunshine Law)

Additional information

Out of State Level II referrals:

If a client is not a Missouri resident, the client's state of residence must complete the PASRR screening prior to transferring the client to Missouri.

The client cannot be admitted to a nursing facility in Missouri until the Level II screening has been completed by Missouri as well.

Please include the reason the client is being referred to the State of Missouri for placement.

Additional information

Level II referrals:

If a Level II has been completed on a client, be sure the information is entered on the questions pertaining to PASRR on the MDS 3.0.

MDS 3.0 questions for PASRR

A1500. Preadmission Screening and Resident Review (PASRR) – Complete only if A0310A = 01

Enter Code ☐

Has the resident been evaluated by Level II PASRR and determined to have a serious mental illness and/or mental retardation or a related condition?

0. **No**
1. **Yes**
9. **Not a Medicaid certified unit**

A1550. Conditions Related to MR/DD Status

If the resident is 22 years of age or older, complete only if A0310A = 01
If the resident is 21 years of age or younger, complete only if A0310A = 01, 03, 04, or 05

Check all conditions that are related to MR/DD status *that were manifested before age 22, and are likely to continue indefinitely*

	MR/DD WITH ORGANIC CONDITION
☐	**A. Down syndrome**
☐	**B. Autism**
☐	**C. Epilepsy**
☐	**D. Other organic condition related to MR/DD**
	MR/DD WITHOUT ORGANIC CONDITION
☐	**E. MR/DD with no organic condition**
	NO MR/DD
☐	**Z. None of the above**

A1600. Entry Date (date of this admission/reentry into the facility)

☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

A1700. Type of Entry

Enter Code ☐

1. **Admission**
2. **Reentry**

MDS 3.0 questions for PASRR

- Be sure to answer these questions correctly on admission and quarterly as changes occur.
- The person submitting the DA 124 application needs to coordinate with the MDS coordinator to ensure these are answered correctly.

Additional information

If calling or emailing COMRU, please have a Medicaid number or Social Security number ready to reference the client.

Additional information

If FSD instructs the nursing facility to re-submit the DA-124 application, please first e-mail or call COMRU to evaluate the situation.

If FSD instructs the nursing facility to re-submit the DA -124 application due to a break in vendor coverage; then indicate this on the DA -124 application. If not indicated on the application, COMRU will assume this is a duplicate application and will not process.

Please allow at least 10 working days (after the application is received by COMRU) to contact COMRU or FSD regarding the DA-124 application.

Additional information

The listserv provides an update once per week and delivers up to date information regarding Long Term Care Issues in Missouri.

Please check the listserv for updates sent out regarding PASRR on a routine basis.

Anyone can subscribe to the listserv.

If you have not subscribed to the listserv, please do so by going to the following link:

http://cntysvr1.lphamo.org/mailman/listinfo/ltcr_information_update

Objective #8

References

If you have any additional questions,
please contact COMRU

Call COMRU at 573-522-3092
Or e-mail questions to COMRU@health.mo.gov

Be sure to send the e-mail encrypted to ensure compliance with HIPAA. In order to get a secure e-mail, just send an e-mail to COMRU requesting the encryption e-mail

References

- DA-124 applications
  http://health.mo.gov/seniors/nursinghomes/pasrr.php
- Codes of State Regulation
  http://www.sos.mo.gov/adrules/csr/current/19csr/19csr.asp
- Codes of Federal Regulation
  www.hhs.state.ne.us/crl/nursing/na/cfr.pdf
- DHSS State Webpage
  http://health.mo.gov/index.php
- DMH State Webpage
  http://dmh.mo.gov
- Listserv
  http://cntysvr1.lphamo.org/mailman/listinfo/ltcr_information_update
- Sunshine Regulation
  http://ago.mo.gov/sunshinelaw/sunshinelaw.htm
- Criminal charges/guardianship hearing
  https://www.courts.mo.gov/casenet/base/welcome.do
- Department of Corrections (DOC)
  http://doc.mo.gov
- Sex Offender Registry
  http://www.mshp.dps.missouri.gov/MSHPWeb/Root/index.html
- National Association of PASRR
  www.PASRR.org
- CMS PASRR webpage
  www.cms.gov/PASRR