



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Substance Abuse and Mental Health

1901 North DuPont Highway, New Castle, Delaware 19720

Delaware State Mental Health Authority Preadmission Screening and Resident Review (PASRR)

The Division of Substance Abuse and Mental Health, as the state mental health authority, works in conjunction with Delaware Division of Medicaid and Medical Assistance (DMMA) and the Division of Developmental Disability Services (DDDS), to ensure: “Individuals with mental illness, intellectual disability, or a related condition have special protections under Medicaid law to ensure that long term services and supports are provided in the most integrated setting that meets the individual’s needs and preferences.”

These protections align with the obligations states have to serve people in the most integrated setting appropriate under the Americans with Disabilities Act (ADA) and the Supreme Court’s decision in *Olmstead*. Preadmission Screening and Resident Review (PASRR) is a federally required process that prevents individuals with mental illness, intellectual disability, or a related condition from being admitted to nursing facilities (NFs) until a full assessment is made and the least restrictive, most integrated set of person-centered services are recommended to meet the individual’s medical and disability-related needs.

For individuals who are admitted to a nursing facility, PASRR also requires resident reviews to identify service and support needs when there are significant changes in condition; recommend community alternatives to continued stays in nursing facilities; and coordinate transition planning from nursing facilities back to the community.” (October 2014 PTAC Fact Sheet)

DSAMH has a larger state wide goal to “ensure that all mental health services funded by the State are of good quality and are sufficient to help individuals achieve positive outcomes, including increased integration and independence, and self-determination in all life domains (e.g., community living, employment, education, recreation, health care, and relationships), stable community living, avoidance of harms, and decreased hospitalization and institutionalization” as defined by on July 6, 2011, when Delaware entered into an *Olmstead* suit settlement agreement with the United States Department of Justice to ensure that persons with mental illness are served in the most integrated settings appropriate to their needs.

DSAMH has three assessment centers with certified care managers to administer “Promise Services” throughout the state of Delaware. PASRR administration is handled by RN level care managers from the Wilmington Assessment Center.

The PASRR process in the state of Delaware is “typically” as outlined below. It is important to note “typically” as both PASRR and Promise services are tailored to the individuals assessed stated needs for “Specialized Services.”

Typical Application Flow:

Beneficiary applies for Nursing Home Care (NF) including PASRR Form-Level I
(see Appendix B)
(From community, primary care, acute care setting, out of state facility)



DMMA reviews application and directs Level I PASRR Forms with Positive Trigger to appropriate authority (DDDS or DSAMH) or both authorities, if indicated. If both authorities are indicated collaboration is required by both DDDS and MH before a final recommendation can be provided.



DSAMH Certified Care Manager RN reviews PASRR (Level I) and supporting documentation and completes Abbreviated Written Evaluation Report (see Appendix C) within 1 business day. This may lead to an immediate approval of NF services, request for more information, or request Level II consult from approved IPC.



As needed, IPC provides consult including for assessment and recommendations.



DSAMH authority reviews the IPC assessment and recommendations, other source documentation, and all relevant information, and then completes Level II “Determination for Mental Illness and Recommendation Form (see Appendix D). Entire process from application to completed Level II Determination is required within 7 to 9 days.



DMMA appends recommendations to beneficiary file and if special services are indicated, NF is informed of requirements and report becomes part of individuals permanent file. If NF is unable to provide said services, DMMA and DSAMH are required to work in concert to address special services recommendations and provide service or suitable alternatives.



If special services are required in the NF and can be covered under the per diem, they are indicated in beneficiary file and DMMA monitors provision of all required services. If services are not available through the NF, Medicaid, or other private sources and are provided by DSAMH, DSAMH will monitor through a Care Manager from Promise Program.



DSAMH authority may recommend community services that are available as an alternative to NF placement such as Supervised Apartment Program, Assertive Community Treatment teams, Residential Substance Abuse treatment services, or other recommendations if a least restrictive setting than a NF is appropriate. Depending on services and Beneficiary acceptance of services these maybe monitored in the Promise Program as well. DSAMH may also recommend acute care setting such as in-patient psychiatric services.

For mor infomration on PASRR, please visit:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Institutional-Care/Preadmission-Screening-and-Resident-Review-PASRR.html>