

Division of Developmental Disabilities Medical Policy Manual Chapter 600

Provider Qualifications and Provider Requirements

680-C PRE-ADMISSION SCREENING AND RESIDENT REVIEW

REVISION DATE: 11/15/23, 12/21/22, 9/25/19, 4/1/14

EFFECTIVE DATE: July 31, 1993

REFERENCES: 42 CFR 4 83.100 - 438.138, 42 CFR 447, 42 CFR 483.20

PURPOSE

This policy outlines the Division of Developmental Disabilities (Division) role in the Pre-Admission Screening and Resident Review (PASRR) requirements with the Intergovernmental Agreement.

DEFINITIONS

- "Determination" means the outcome of the Level II
 assessment which ensures the nursing facility placement is, or
 continues to be, appropriate, and that services provided to
 individuals with a mental illness, intellectual disability, or
 related condition meet the individual's needs, including the
 need for specialized services.
- 2. "Health Care Decision Maker (HCDM)" means an individual who is authorized to make health care treatment decisions for the patient. As applicable to the situation, this may include a parent of an unemancipated minor or an individual lawfully



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authorized to make health care treatment decisions as specified in A.R.S. §§ Title 14, Chapter 5, Article 2 or 3; or A.R.S. §§ 8514.05, 36-3221, 36-3231 or 36-3281.

- 3. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
- 4. "Resident Review" means a subsequent Level II assessment and determination for existing nursing facility residents, triggered whenever an individual undergoes a significant change in status and that change has a substantial impact on their functioning as it relates to their mental illness/intellectual disability status.
- 5. "Significant Change" means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both (42 CFR 48 3.20).

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POLICY

A. DIVISION REQUIREMENTS

- The Division shall conduct Level II PASRR assessment for individuals suspected to have an Intellectual Disability (ID) or a related condition:
 - Within nine business days from the date the completed
 Level I PASRR screening is received.
 - b. Within five business days from the date the completed Level I PASRR screening is received when the Member is awaiting discharge from a hospital.
- 2. The Division shall ensure upon completion of Level II PASRR assessment, a Letter of Determination is sent to the following when applicable:
 - a. Arizona Health Care Cost Containment System (AHCCCS);
 - b. Social worker from the referring facility;
 - c. Member and/or HCDM;
 - d. Attending physician;



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- e. Support Coordinator; and
- f. Social worker from a discharging facility.

B. RESIDENT REVIEW

The Division shall review resident review requests for individuals experiencing a significant change in condition within nine business days of the completed PASRR Level I screening being received.

C. ADMINISTRATIVE REVIEW PROCESS

- The Division shall ensure an administrative review is provided for:
 - Members to appeal a notice of intent to discharge or transfer the Member, and
 - b. Members who have been adversely affected by a PASRR Determination in the context of:
 - i. Preadmission screening, or
 - ii. Annual resident review.
- 2. The Division shall ensure an appeals process is provided



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as outlined in §483.15(h) and §431(e).

- 3. The Division shall ensure the following information is provided to the Member when filing an appeal:
 - a. Statement of the Member's appeal rights;
 - Name, address and telephone number of the entity receiving the request;
 - c. How to obtain an appeal form;
 - d. Assistance in completing and submitting the form for an appeal hearing request.

Signature of Chief Medical Officer: Anthony Dekker (Nov 9, 2023 11:53 MST)

Anthony Dekker, D.O.