



# Ohio Department of Mental Health

30 East Broad Street  
Columbus, Ohio 43215-3430

DATE: 02/11/2008      NUMBER: C-02-08-03      ORIGINATOR & TITLE: Terry R. Watts, PASRR Manager

OFFICE:  
Ohio Department of Mental Health

APPROVED BY:  
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DISTRIBUTION:

BHO's       Boards       Provider Agencies       Shareholder Organizations

SUBJECT:

Allocations       Certification       Critical Information       Licensure  
 MACSIS       Medicaid       MSPA       Policy  
 Procedure       Other (specify):  
PASRR Evaluations

We are writing to request your assistance to remedy a situation that has come to our attention. Federal PASRR guidelines mandate PASRR applications to be completed within seven business days of the request for a PASRR evaluation. To accommodate this requirement, the Ohio Department of Mental Health (ODMH) specifies that all PASRR mental health evaluations must be submitted to the ODMH PASRR unit within five days of the request for an evaluation. This directive is highlighted in the excerpt (pages 24 and 25) from the Community Allocation Guidelines SPY 2008 that is shown on the second page of this letter.

It has become quite common for some mental health PASRR evaluators to routinely submit evaluations that indicate mental illnesses to the ODMH PASRR unit well beyond five days after the request for an evaluation. We recognize that there are several factors contributing to this dilemma, but that does not negate the fact that when it occurs we are non-compliant with the federal PASRR guideline that governs the timeframe in which PASRR evaluations need to be completed.

As a result, we ask that you communicate this need for the ODMH PASRR unit to receive evaluations within five days of requests for PASRR mental health evaluations. We are currently working with the Ohio Department of Aging (ODA) and the Nursing Facilities (NFs) to ensure that the ODMH PASRR unit is informed whenever a referral is sent to an evaluator/evaluator agency requesting a mental health evaluation. This will help us to better track and respond more readily to mental health evaluation requests that surpass the five days requirement.

Should you have any questions or comments related to our request please do not hesitate to contact us.

**PROGRAM NAME: PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)**

**Purpose:**

Funds are available to reimburse for PASRR evaluations to assess the needs of nursing facility applicants and residents who meet the PASRR criteria for severe mental illness in accordance with state and federal regulations (OBRA '87 P.L. 100-203). **Distribution:** See Attachment 1; PASRR Evaluations: Funds for PASRR mental health evaluations will be based on actual expenditures incurred and billed to the Department in the performance of PASRR evaluations by a qualified PASRR mental health evaluator designated for each county or region in the state. A qualified PASRR mental health evaluator shall meet the professional requirements for Crisis Intervention Services as described in Ohio Administrative Code 5122-29-10 (C)(1). PASRR mental health evaluators may not be an employee of either a Medicaid-certified nursing facility or the Ohio Department of Mental Health. **PASRR mental health evaluations shall be submitted to the ODMH PASRR Unit, or its designee, within five working days of each request for evaluation. The evaluator must contact ODMH if this timeline needs to be exceeded for any request for evaluation.** Billable units are for face-to-face time only. The CMH/ADAMHS Board, or other responsible entity responsible for the county(ies) in which PASRR mental health evaluations are performed, must maintain evaluation cost records in accordance with Medicaid cost-based reimbursement methodology. PASRR mental health evaluations and cost documentation must be stored for no less than seven years following the date of the PASRR evaluation.

1. The board or other entity responsible for the county(ies) in which PASRR mental health evaluations are performed shall invoice all monthly PASRR evaluation costs on an ODMH PASRR REIMBURSEMENT REQUEST form, DMH-PASRR-015. **The requests are due to the PASRR Reimbursement Coordinator no later than the end of the month following the month in which evaluation services were performed. Payment will not be made for reimbursement requests that do not adhere to this timeframe.** A separate PASRR

Reimbursement Request must be completed for each month. The "From" Service Date is the date used for identifying the "Month" of service. A sample completed form is included with these allocation guidelines (Attachment 4). Please note that each evaluation completed during the month being billed must be listed beginning with the second page of the form. Please number the evaluations and the pages utilized when completing the DMH-PASRR-015.

**Community Allocation Guidelines SPY 2008 Page 24**

2. The DMH-PASRR-015 form can also be accessed and completed online at: <http://dmhex01.mh.state.oh.us/dmh/forms/efw.nsf/HomePage/QpenForm>. To the right hand side of "All Forms by Category and Name," click on the "Next" button. Form DMH-PASRR-015 will be located under "Preadmission Screening & Resident Review." Click on the form title to arrive at the "How To Guide" under the assistance column. Follow the instructions to download the "Prep Package" and the form. The Prep Package must be downloaded prior to downloading the form. Formulas are included on page one of the DMH-PASRR-015. Calculations of the total and grand total amounts are completed for you as the information is entered.

3. The completed PASRR REIMBURSEMENT REQUEST, DMH-PASRR-015 form is to be sent to:

ODMH Fiscal Administration and Support  
Attn: PASRR Reimbursement Coordinator  
30 East Broad Street, 11<sup>th</sup> Floor  
Columbus, Ohio 42315-3430

**NOFA: No**

**Fund Source(s):** GRF ALI 505

**Office and Lead:** Office of the Medical Director, ODMH PASRR Unit, Jeff Ryan