PASRR

OVERVIEW

This manual serves as a reference for providers who facilitate placement for and deliver services to individuals in Medicaid certified nursing facilities. The purpose is to describe state and federal requirements for Preadmission Screening and Resident Review (PASRR), which applies to all applicants to and residents of Medicaid certified nursing facilities, regardless of the individual's method of payment.

PROGRAM REQUIREMENTS

Federal Requirements
Preadmission Screening and Resident Review (PASRR) is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care.

PASRR requires that Medicaid-certified nursing facilities:

- Evaluate all individuals for serious mental illness (SMI) and/or intellectual and developmental disabilities (ID/DD)
- Offer all individuals the most appropriate setting for their needs (in the community, a nursing facility, or acute care settings)
- Provide all individuals the services they need in those settings.

As part of the Omnibus Budget Reconciliation Act (OBRA) enacted in 1987, Congress developed the PASRR program to prevent inappropriate admission and retention of individuals with SMI and/or ID/DD in nursing facilities. The PASRR program in South Dakota is an important tool to use in rebalancing services away from institutions and towards supporting individuals in their community. (Olmstead vs L.C.)

The PASRR process requires that all individuals applying to Medicaid-certified nursing facilities be given a preliminary assessment to determine whether they might have SMI or ID/DD. This is called a "Level I screen". Those individuals who test positive at a Level I are then evaluated in depth, called "Level II" PASRR. The findings of this evaluation result in determination of need, determination of appropriate setting, and a set of recommendations for services to inform the individual's plan of care.

Regulations governing PASRR are found in Code of Federal Regulations (CFR) 42 CFR 483 Subpart C

Responsible Authorities

- State Medicaid Authority (SMA)- is the Department of Social Services, Division of Medical Services. The State Medicaid Authority has the responsibility to operate the PASRR program as approved by CMS in the Medicaid State Plan.
- State Mental Health Authority (SMHA)- is the Department of Social Services, Division of Behavioral Health and is responsible for the determinations for individuals with a confirmed

mental illness. This determination includes whether the level of services provided by a nursing facility are appropriate and whether specialized services are needed. The evaluation portion for mental illness is completed through an external contractor (Maximus).

- State Intellectual Disability Authority (SIDA)- is the Department of Human Services, Division of Developmental Disabilities and is responsible for the evaluations and determinations for individuals with confirmed intellectual and/or developmental disabilities. This determination includes whether the level of services provided by a nursing facility are appropriate and whether specialized services are needed.
- The Department of Human Services, Division of Long-Term Services and Supports (LTSS), provides Level of Care determinations in collaboration with the State Mental Health Authority and State Intellectual Disability Authority.

LEVEL I PROCESS

Screening Form

Providers complete the Screening Form (MS-130) on all individuals applying to South Dakota Medicaid certified nursing facilities, regardless of the individual's method of payment using a state approved form to identify individuals who meet specified criteria. A referring provider is any entity that based on available documentation, observation, interviews, and medical history can accurately complete the Screening Form. The referring provider holds the responsibility of notifying the individual that the PASRR screening is being completed and the outcome of the PASRR.

For out-of-state individuals seeking admission to a SD nursing facility, the Screening Form (MS-130) must be completed and processed appropriately.

The Screening Form includes questions to identify individuals with known and/or suspected of meeting criteria for SMI and/or ID/DD. These questions are a method of looking beyond the individual's reported diagnosis to ensure that individuals suspected of having one or more of the three targeted conditions are identified. Exhibit A of this manual includes instructions on how to appropriately complete the Screening Form.

Negative Screening Form- If the Screening Form fails to identify any criteria of the individual having SMI and/or ID/DD, then no additional action is required and the admission to the nursing facility is automatically approved. The admitting/receiving facility must obtain a copy of the completed negative pre-screening form and confirm that the form was appropriately completed before admitting any individual to a Medicaid certified nursing facility. This screening form must be maintained in the individual's medical records.

Positive Screening Form- Providers refer everyone meeting the specified criteria to the external contractor (Maximus) via email at PASRR@state.sd.us. The email MUST include the Screening Form and all supporting documentation (medical records). The admitting/receiving facility must WAIT for further approval to admit to the nursing facility.

If an individual is known or suspected to have SMI and/or ID/DD, the next decision is to determine:

- Whether the individual may be exempted from the PASRR process

- Whether the individual may be eligible for an abbreviated Level II
- Whether a comprehensive Level II evaluation is required.

These options and their criteria are described in the following sections.

Exempted Hospital Discharge
The only true exemption from PASRR is the Exempted Hospital Discharge. This exemption may be applied for an individual who is admitted to any nursing facility directly from a hospital after receiving acute inpatient care at the hospital. The individual must require nursing facility services for the condition for which they received care for in the hospital. The attending provider must certify that the stay will likely require less than 30 days of nursing facility services. To utilize this exemption, the individual must meet all three of these criteria.

The discharging hospital has the responsibility of completing the Exempted Hospital Discharge Form (MS-131). The completed form and all supporting documentation must be emailed to Maximus at PASRR@state.sd.us prior to the date/time of admission to the nursing facility. There is no notification of approval required from Maximus to the admitting or discharging facility. The admitting/receiving facility must obtain a copy of the completed Exempted Hospital Discharge form before admitting any individual to a Medicaid certified nursing facility.

If the individual remains in the nursing facility longer than 30 days, the nursing facility must complete a Screening Form (MS-130) and submit (with supporting documentation) to Maximus via email to begin the full PASRR process. Federal regulations required that a full PASRR shall be conducted within 40 days of admission to the NF. Therefore, SD PASRR requires that nursing facilities submit the Screening Form no later than day 30 from the time of admission.

Screening Form Review
Maximus staff will review the Screening Form and supporting documentation. If additional information is needed by the Maximus reviewer, a request will be made to the submitting provider. The Maximus reviewer will determine if a categorical determination can be applied -or- if there are positive indicators for a full Level II review. Maximus will process within 1 business day from the receipt of the email. Any PASRRs received at 3pm CST will not be processed until the next business day. Maximus works 8-5 CST, Monday through Friday and observes all South Dakota state government holidays.

Categorical Determination- Abbreviated Level II
This abbreviated process of PASRR is permitted because the individual meets certain categorical criteria. When an individual meets the criteria for one of these categories, it means that the evaluation of their SMI and/or ID/DD is not necessary at that time. However, the determination of meeting level of care for the nursing facility is still required. Some categories are time limited, meaning that the individual may be subject to a full PASRR Level II evaluation following admission. In other cases, the category has no specified end date but may be subject to further evaluation, if needed. If the individual qualifies for a categorical determination, Maximus will verify the PASRR condition, ensure that the individual is behaviorally stable, and will develop a written summary report for the nursing facility. The

admitting/receiving facility must obtain a copy of the 1) Notice of Level I Screen Outcome and 2) Abbreviated Categorical Report before admitting any individual to a Medicaid certified nursing facility.

The Notice of Level I Screen Outcome is valid for 60 calendar days prior to admission. If the individual is not admitted to a nursing facility within that time, an updated Screening Form will need to be submitted for review. Time-limited categorical options begin on the date of admission to the nursing facility.

Example: An individual is inpatient at a hospital, and a PASRR is submitted. A 30-day respite category is given and the date on the Notice of Level I Screen Outcome is January 10th. The individual has 60 days (March 10th) to discharge from the hospital before a new PASRR will need to be submitted. Once the individual is discharged from the hospital, the 60 days becomes not applicable. Once the individual is admitted to the nursing facility the 30 days of approved respite begins.

The current South Dakota categorical options are:

- A terminal illness diagnosis with 6 months or less prognosis. Requires documentation by a medical provider supporting the end-of-life stage to be submitted with the PASRR.
- A severe physical illness that has resulted in coma or ventilator dependence. Requires documentation by a medical provider supporting the severe physical illness.
- The physician identifies the need for convalescent care following a hospitalization for a duration of less than 100 days. Requires documentation by a medical provider supporting the convalescent stay.
- Respite stay of less than 30 days. Requires documentation by a medical provider supporting a respite stay.
- A provisional emergency admission following suspected abuse or neglect or a natural disaster that involves loss of housing or unsafe housing for the individual. Requires documented involvement by law enforcement or adult protective services. The admitting facility must complete a Screening Form on the same day of admission, and if positive, submit to Maximus for review. Maximus will process the PASRR by the next business day and provide the Emergency Admission categorical, if warranted. This categorical outcome will be good for 7 days.

<u>Other Exclusions to PASRR</u>

- Readmission: The individual is readmitted to a Medicaid certified nursing facility from a hospital to which the individual was transferred for the purpose of receiving care. The nursing facility must ensure the original admission PASRR determination forms are part of the individual's medical record. Readmissions are subject to reporting any significant change in status of the individual to Maximus within 14 days.
- Interfacility Transfer: The individual is transferred from one Medicaid certified nursing facility to another, with or without an intervening hospital stay, and a PASRR has previously been completed. The receiving nursing facility must ensure that the original admission PASRR determination forms are received and saved as part of the individual's medical record. It is also

the responsibility of the accepting NF to report any significant change in status of the individual to Maximus within 14 days.

Full Level II

After the review of the Screening Form, if the individual does not qualify for any exemptions or categorical determinations, the full Level II process will begin. The admitting/receiving facility must wait for further approval to admit to the nursing facility. A Notice of Referral will be sent by Maximus to the individual, guardian if applicable, and the referring facility explaining the reason for the Level II referral and the Level II evaluation process.

LEVEL II EVALUATION

The Level II evaluations are a comprehensive review of an individual's life including medical and psychosocial history, adaptive functioning deficits, treatment history, and identifying areas of strengths, needs, and choice.

The purpose of the Level II evaluation is to:

- Confirm the presence of SMI/ID/DD.
- Assess if the applicant meets nursing facility level of care.
- Assess whether the applicant requires specialized services.

Serious Mental Illness Evaluations Process

The Level II evaluation for individuals with an identified serious mental illness involves an interview with the individual and his/her guardian (if applicable), interviews with family members if available and permitted by the individual, interviews with other caregivers, and a review of any available medical records. If a legal guardian has been appointed, the guardian must be given the option of participating in the evaluation. The patient must also be given the choice of whether she/he would like family and/or Power of Attorney involvement and, if so, the provider should also make them aware of the time and location of the scheduled evaluation.

South Dakota Medicaid contracts with an independent evaluator, Maximus, to complete the evaluations for serious mental illness PASRRs. The referring provider will be contacted by a Maximus evaluator following the Level I process for scheduling an evaluation. Maximus fully credentials all Level II evaluators, and all evaluators are licensed in the State of South Dakota. The evaluator will review any available medical records, interview caregivers, and interview the individual. The evaluator will collect all PASRR information using a structured interview protocol. The evaluation and any supplemental medical records will be forwarded to Maximus for a quality review and final decisions about placement and services.

Data examples that may be gathered and used as part of the evaluation process:

- A current and valid diagnosis, including supporting documentation to validate the diagnosis and age of onset.
- Any additional evaluations conducted by appropriate specialists.
- A comprehensive psychiatric evaluation.
- Documentation of psychiatric treatment and/or hospitalization.

- A psychosocial evaluation (incorporated into the in-person/telehealth interview).
- A functional assessment of activities of daily living.
- A specific description of the individual's adaptive functioning deficits and types of support needs (type of supports needed, frequency and intensity of supports).
- Records from prior community supports.
- Historical medical or treatment records that provide information on evaluations, diagnosis, and/or functional impairments.

As a part of the Level II process, Maximus evaluators will obtain a Release of Information to obtain records from third-party sources as well as any psychotherapy records. However, because PASRR is a federally mandated process, a Release of Information is not required for hospitals and nursing facilities to provide patient information and medical records to Maximus.

After completing the PASRR Level II evaluation, the following information will be submitted to the State Authorities for final determination:

- The Level II Evaluation Summary of Findings
- The Level II Full Evaluation
- Signed Release of Information forms, if applicable
- Documentation used to make the determination

The evaluation can be significantly expedited if the referring provider assists in notifying relevant parties of the time of the scheduled evaluation as well as assists with the collection and submission of necessary medical records.

Intellectual/Developmental Disability Evaluations Process

The Level II evaluation for individuals with an identified ID/DD condition involves a review of all available and relevant medical records by the SIDA. The referring provider will be required to complete the ID/DD Level II Evaluation Form (MS-132) and submit it, with supporting documentation, to the SIDA for review at PASRRIDD@state.sd.us.

The evaluation can be significantly expedited if the referring facility promptly completes and returns the Level II Evaluation Form. If the Screening Form results in a confirmed or suspected ID/DD condition, providers are encouraged to complete the evaluation form and gather all supporting documentation at the time of the initial submission of the PASRR. The SIDA will complete a quality review and make determinations about placement and services.

Data that will be requested to be submitted as part of the evaluation process:

- Current Care Plan
- Most recent (last 2 weeks) Skilled Therapy notes. Therapy Discharge Summaries (only if no longer participating in skilled therapy)
- Challenging Behavior notes (only if present)
- Activities of Daily Living documentation (only if most recent MDS is greater than 30 days old)

- Urinary and Bowel Continence documentation (only if most recent MDS is greater than 30 days old)
- Skin Integrity notes (only if skin alterations are present). Include wound locations, measurements, and dressing changes.
- Current Medication List. Include notes regarding ability to self-administer medications (including insulin) and/or barriers to self-administering.
- Hospitalizations during this review period, including hospitalization dates and reason for hospitalization.
- Other Relevant Medical Records (if applicable)

Dual Diagnosis Evaluations Process

The South Dakota PASRR Program keeps the evaluation of each suspected diagnosis as a separate process. Therefore, providers will be contacted by both Maximus as well as the SIDA in dual diagnosis situations to complete the appropriate evaluations. As previously stated, these evaluations can be significantly expedited if the referring provider assists in notifying relevant parties of the time of the scheduled evaluation as well as assists with the collection and submission of necessary medical records.

Level of Care Process

A level of care review will be completed for all individuals requiring a level II PASRR evaluation to ensure that a nursing facility stay is appropriate. The need for care is established by reviewing the individual's medical, nursing, and social needs. Consideration is given to alternative services available in the community to ensure the individual is in the most appropriate and least restrictive setting.

The Division of Long-Term Services and Supports completes all Level of Care determinations on those individuals with a serious mental illness. The SIDA completes all Level of Care determinations on those individuals with an intellectual and/or developmental disability. The SIDA also completes the Level of Care determinations on those individuals with a dual PASRR diagnosis.

Level II Determination

The SIDA and SMHA provide the final determination in the PASRR process. A final determination will be made regarding substantiation of the diagnosis, appropriate placement, and recommended specialized services. A Final Written Determination will be sent to the individual and their legal representative, admitting or retaining NF, attending physician, and discharging hospital where applicable. The Level II Determination will be completed within an average of 7-9 business days from the receipt of the Level I referral.

The Final Written Determination must contain the following information:

- Whether NF level of services is needed
- Whether Specialized Services are needed
- Statement indicating that the individual’s PASRR determination is based on the individual’s PASRR evaluation.

- Appeal rights to request a fair hearing regarding the PASRR determination.
- Attached Summary of Findings

In the event of a dual diagnosis, a Final Written Determination will be sent by both SIDA and SMHA.

If the individual was denied NF admission due to not meeting nursing facility level of care, and/or presence of behavioral concerns, the discharging provider will be notified of the denial decision. The provider may request a reconsideration if it can be demonstrated that new information or clarifications can be provided which could potentially reverse the denial decision. Providers must submit reconsideration of this decision by contacting the appropriate authority (SIDA, SHMA) within ten (10) calendar days of the date of the written notice. Otherwise, the provider has the right to an appeal.

RESIDENT REVIEW/STATUS CHANGES PROCESS

Short Term/Categorical Concludes

When a categorical decision or short-term approval concludes, federal law requires that PASRR be involved to determine whether continued nursing facility care is appropriate if the provider believes that the individual's stay should extend beyond the authorized period. Payment for nursing facility care for Medicaid recipients will not continue beyond the authorization end date unless the following process occurs:

- The nursing facility must submit a new Screening Form to Maximus, marking Resident Review.
    - For ID/DD PASRR renewals- the ID/DD Level II Form also needs completed and submitted to Maximus along with the Screening Form.
    - For SMI PASRR renewals- Maximus will contact the facility to schedule an evaluation interview.
- This must be completed by or before the last approved day after admission to the nursing facility. Best practice is to submit the screening to Maximus several days before the last approved day to allow enough time for a review and approval.

Significant Change in Status

Likewise, a Significant Change in Status is federally required to trigger a PASRR Resident Review. Federal guidelines mandate that nursing home providers continually evaluate their Minimum Data Set (MDS) data to identify significant change. A significant change is a defined as a major decline or improvement in an individual's status that:

- Will not normally resolve itself without intervention by staff or by implementing clinical interventions.
- Impacts more than one area of the individual's health status.
- Requires interdisciplinary review and/or revision of the care plan.

In the event of a significant change in status, the nursing facility is responsible for completing and submitting a Screening Form to Maximus within 14 days of the noted change in condition. The guidelines for determining when a Status Change is significant are provided in the MDS Manual

(Chapter 2). When appropriate, Maximus may refer these individuals for a full Level II process so that updated recommendations regarding placement decision and specialized services can be determined.

Significant Change for Individuals previously identified by PASRR to have SMI, ID/DD can include:
(Please note this is not an exhaustive list.)

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

Significant Change for Individuals who may not have previously been identified by PASRR to have SMI, ID/DD can include:
(Please note this is not an exhaustive list.)

- An individual who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a diagnosis of mental illness as defined under 42 CFR 483.100 (where neurocognitive disorder is not the primary diagnosis).
- An individual whose intellectual disability as defined under 42 CFR 483.100, or condition related to intellectual disability as defined under 42 CFR 435.1010 was not previously identified and evaluated through PASRR.
- An individual transferred, admitted, or re-admitted to a NF following an inpatient psychiatric stay or equally intensive treatment.

SPECIALIZED SERVICES

Specialized services shall be provided in accordance with CFR and state ARSD. Specialized services are not Medicaid waiver services. An individual cannot receive waiver services while a resident of a nursing facility. Specialized services exceed the services ordinarily provided by the NF under its per diem rate.
These services are provided in the NF or off-site and are directed toward:

- The acquisition of the skills necessary for the individual to function with as much self-determination, and independence as possible.
- The prevention or deceleration of regression or loss of current optimal functional status
- The coordination and interaction, at all times and in all settings, of all staff and the individual served, in the implementation of the specified individualized program plan objectives for the individual.

Serious Mental Illness Specialized Services

Based on the individual's needs and the services provided at the nursing facility, the Maximus evaluator will recommend mental health services for the individual. It is vital for each evaluator to specifically identify which services the nursing facility needs to provide or obtain to meet the individual's mental health needs. If specialized services are recommended and included in the final determination, the skilled nursing facility must ensure these services are included in the individual's NF care plan.

Intellectual/Developmental Disability Specialized Services

For individuals with intellectual disabilities or related conditions (ID/RC), specialized services means the continuous, aggressive and consistent implementation of a program of specialized and generic training, treatment, and health and related services, which are comparable to those provided in an intermediate care facility for individuals with intellectual disabilities (ICF/IID), or in a community-based waiver program that provides services to persons with intellectual or other developmental disabilities.

Services of Lesser Intensity

Nursing facilities are required by OBRA 1990 to provide mental health and intellectual disability/related condition services, which are of a lesser intensity than specialized services, to all residents who need such services. The evaluator may make recommendations for services of lesser intensity that the nursing facility will be required to provide. These services are within the scope of services provided or arranged by the nursing facility as included in their per diem rate and are less intensive than specialized services. These services are intended to help residents who have a serious mental illness, intellectual disability, and/or related condition to improve, maintain, or prevent regression of optimal functional status and achieve highest possible level of well-being.

Examples of services of lesser intensity include, but are not limited to:

- For speech therapy – the use of a communication device, Picture Exchange Communication system or sign language.
- For occupational therapy – learn or help to maintain daily living skills or fine motor skills so the individual remains as independent as possible.
- For physical therapy – learn or help to maintain large motor skills so they don't become a risk for falls.

NURSING FACILITY RESPONSIBILITIES

According to Section 1919(e)(7)(D) of the Social Security Act, no payment may be made under Section 1903(a) with respect to nursing facility services furnished to an individual for whom a PASRR determination is required, under subsection (b)(3)(F) or subparagraph (B), but for whom the determination is not made.

To avoid non-payment for Medicaid recipients, nursing facilities have the responsibility to:

- Ensure the Screening form is completed accurately prior to every admission.
    - If a negative screen- ensure screening is completed accurately based on all the presenting medical records available for review and screening form is filed in the medical records.

    - If positive screen- wait for further approval by Maximus and/or the SIDA or SMHA.
- Ensure if admitting a resident from out-of-state that the SD PASRR Screening Form is completed and processed appropriately prior to admission.
- Ensure that if admitting an individual with the Exempted Hospital Discharge form, that it is reviewed for 100% accuracy.
- Ensure that if a Short Term/Categorical stay needs to be renewed, the new PASRR is fully processed prior to the ending approval date.
- Ensure that if a significant change in status occurs, a new Pre-Screening form is completed, and Maximus is notified within 14 days of the noted change in condition.
- Ensure if specialized services are requested, the nursing facility must include these services in the resident's active care plan.
- Ensure that all PASRR related forms and information are in the resident's active file.

FORMS AND TOOLS

- Screening Form: https://dss.sd.gov/formsandpubs/default.aspx
- Exempted Hospital Discharge Form: https://dss.sd.gov/formsandpubs/default.aspx
- ID/DD Level II Evaluation Form: https://dss.sd.gov/formsandpubs/default.aspx
- Email to submit all Pre-Screening Documentation: PASRR@state.sd.us
- Email to submit all Level II SMI Evaluation Documentation: PASRR@state.sd.us
- Email to submit Level II ID/DD Evaluation Documentation: PASRRIDD@state.sd.us
- SD PASRR Website: https://maximusclinicalservices.com/svcs/south_dakota

DEFINITIONS

1. "PASRR," Pre-Admission Screening and Resident Review

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

residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

The Code of Federal Regulations (CFR) provision cited the DSM-III-R because it contained the most current compilation of mental disorders at the time the regulations were published. The DSM-5 now contains the most current compilation of mental disorders, meaning that the PASRR regulations mention disorders that DSM-5 now excludes (such as "organic brain disorder"). Because the regulations have not been updated, the DSM III-R is used as a reference point, therefore diagnoses can be "translated" between the DSM III-R and DSM-5, so that PASRR continues to apply to individuals with the same characteristics, even if the diagnostic categories (i.e., the names) changed.

3. "Intellectual Disability," a condition characterized by significant limitations in both intellectual functioning and adaptive behavior that originates before the age of 22.

4. "Developmental Disability," a developmental disability is any severe, chronic disability of a person that:
   - Is attributable to a mental or physical impairment or combination of mental and physical impairments;
   - Is manifested before the person attains age twenty-two;
   - Is likely to continue indefinitely;
   - Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and
   - Reflects the person's need for an array of generic services, met through a system of individualized planning and supports over an extended time, including those of a life-long duration.

5. "Dual Diagnosis," a person is considered dually diagnosed if they meet the criteria for a serious mental illness and for an intellectual or developmental disability.

REFERENCES

- PASRR MH ARSD 67:62:15
- PASRR ID/DD ARSD 46:11:13
- 42 CFR 483 Subpart C
- Olmstead vs L.C.

QUICK ANSWERS

A Frequently Asked Questions (FAQs) document can be found on the SD PASRR website at: https://maximusclinicalservices.com/svcs/south_dakota