PASRR FOR THE 21ST CENTURY

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GOALS OF PASRR FOR THE 21ST CENTURY

By the end of this session, participants will have a greater understanding of how PASRR is to be applied to nursing facility admissions, including the following:

- The reason, meaning, history, and purpose of PASRR
- Basics of Level I screening, Level II evaluation and determination
- Criteria for identifying persons who require Level II evaluation
- Requirements for exempted hospital discharge, categorical advance group determinations, and resident reviews
- PASRR's role in post-admission activities and nursing facility (NF) discharges
- Identification and roles of various partners in the PASRR process

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WHAT IS PASRR?

Pre**A**dmission **S**creening and **R**esident **R**eview

Basic requirement- Nursing Facilities (NFs) participating in the Medicaid Program may neither admit nor retain an individual with a PASRR disability unless the State has determined that NF placement is appropriate.

PASRR Disability is defined as:

- Intellectual Disability (ID) or a related condition (RC) and/or
- Serious Mental Illness (SMI)

WHAT IS PASRR?

What PASRR really means - A State's PASRR program should ensure that individuals with PASRR disabilities are:

- Properly identified
- Undergo State review prior to admission
- Admitted only if the State determines that a NF is the best placement to meet the person's needs
- Followed post-admission to ensure that
  - NF continues to be the most appropriate placement, and
  - The person receives needed services while in the NF

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HOW DID PASRR COME ABOUT?

1960s – 1980s

- *Deinstitutionalization* of many residents of large state-operated institutions
- Many ended up in NFs
- “Warehoused” without receiving needed services

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Omnibus Budget Reconciliation Act of 1987 (OBRA-87)

AKA: The Nursing Home Reform Act

Congress' response to inappropriate institutionalization

Identify nursing facility applicants and residents with PASRR disabilities to ensure identified needs are met in the most appropriate setting

Congress established PASRR in 1987 – very broad definitions; required annual review

Subsequent revisions occurred in 1990, 1992, and 1996; narrower definitions; resident review only upon significant change in condition

WHY DO WE DO PASRR

Ensure that individuals with PASRR disabilities are not unnecessarily institutionalized, but can live in the least restrictive environment where their needs may be met.

If a NF is the least restrictive environment that can meet their needs, identify the services they need for optimal functioning.

When appropriate, PASRR can be a key component in identifying residents who may be discharged back to the community.

IT'S THE LAW!!

- Social Security Act, Section 1919(e)(7)
- Code of Federal Regulations 42 CFR PART 483 Subpart C
- COMAR 10.09.10.03
- Nursing Home Transmittals 159 and 239

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WHO IS SUBJECT TO PASRR?

Nursing facilities – any NF that participates in the Medicaid Program, including hospital based transitional care units and CCRCs

Applicants and residents – all individuals seeking initial placement to a NF *regardless of payment source*

- Individuals transferring from one NF to another do not generally need a new PASRR review, however receiving NF shall verify resident's PASRR status.
- Residents being readmitted following hospitalization need an updated PASRR review if the hospitalization was due to psychiatric or behavioral problems, or otherwise tied to significant change (more on this later).

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Level I

Level I – identification of individuals who are suspected of having a PASRR disability

For all new admissions and residents with a PASRR disability who have undergone a significant change in status

Determines whether the person is:

- “Negative” – no indication of SMI/ID/RC and can be admitted
- “Positive” – suspected of having SMI/ID/RC and needs further review under PASRR

PASRR DISABILITY: Serious Mental Illness

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Serious Mental Illness Criteria

Three factors:

- MAJOR MENTAL DISORDER - Diagnosis or suspicion of an underlying mental illness
- Functional limitations in major life activities
- Recent treatment needed

If all three factors are present, the person is a positive screen and Level II evaluation may be needed.

MAJOR MENTAL DISORDER

This criterion applies if:

- The person has a diagnosis of a major mental disorder such as schizophrenia, major depression, paranoia, severe anxiety disorder; somatoform disorder; personality disorder; post-traumatic stress disorder; or other psychotic disorder
- NOTE: Dementia and brain injury are not considered major mental disorders

FUNCTIONAL LIMITATIONS IN MAJOR LIFE ACTIVITIES

The person should be identified as having functional limitations in major life activities if he or she has experienced behaviors, including but not limited to the following, during the past 6 months, not due to a somatic condition:

- Serious difficulty interacting with others (e.g., altercations)
- Hallucinations or delusions
- Serious difficulty completing routine tasks that one would normally be capable of completing
- Physical threats for potential for harm
- Suicidal ideation, gesture, or attempt
- Severe appetite or sleep disturbance
- Excessive tearfulness or irritability

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RECENT NEED FOR TREATMENT

The person should be identified as having a recent need for treatment if, due to the mental illness, the person has experienced one or more of the following during the past two years:

- Inpatient psychiatric hospitalization (even if only once)
- Partial hospitalization or day treatment (e.g., MADC, psych rehab)
- Residential treatment (e.g. psychiatric group home)
- Substance use treatment at ASAM Level 2.1 or higher

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RECENT NEED FOR TREATMENT (cont'd)

- Mobile treatment or other behavioral health services more intensive than routine outpatient mental health services
- Multiple emergency department visits
- Homelessness or eviction
- Change in housing situation (e.g., eviction, need to move in with caregiver or have caregiver move in, move to group housing situation)
- Multiple legal/law enforcement interventions

PASRR DISABILITY: Intellectual Disability or Related Condition

(aka Developmental Disability)

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Intellectual Disability Definition

A significantly sub-average intellectual functioning existing concurrently with deficiencies in adaptive behavior and manifested during the developmental period (before age 18).

IQ less than 70

Difficulty in adaptive functioning

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Related Condition Definition

Related Condition - a severe, chronic disability that meets all of the following:

a. Attributable to cerebral palsy, epilepsy, or any other condition (other than MI) that results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disability, and requires treatment or services similar to those required for those persons (e.g., autism);

b. Manifested before the person reaches age 22;

c. Likely to continue indefinitely; and

d. Results in substantial functional limitations in 3 or more of the following areas of major life activity: self-care; understanding and use of language; learning; mobility; self-direction; and capacity for independent living.

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What Is and What Is Not ID/RC?

May Be ID/RC*

Brain injury (e.g., MVA, lack of oxygen due to other causes) that happened before age 22

Cerebral Palsy, even if intellectual functioning is not affected

Muscular Dystrophy

Autism

Blindness or deafness

*Depending on level of functional limitations

Is Not ID/RC

Brain Injury (e.g., MVA, lack of oxygen due to other causes) that occurred at or after age 22

Multiple Sclerosis (rarely manifests before age 22)

Huntingdon's Disease (also rarely manifests before age 22)

Dementia

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POSITIVE SCREEN

If the Level I screening results in any of the following, the person is suspected of having a PASRR disability (positive screen), and may require Level II evaluation

- Has a major mental disorder, experienced functional limitations in major life activities, and has had a recent need for treatment
- Has an intellectual disability
- Has a condition related to ID that manifested before age 22, is likely to continue indefinitely, and results in substantial functional limitations in 3 areas of major life activity

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EXEMPTED HOSPITAL DISCHARGE (EHD)

An individual may be exempted from further screening if **all** the following requirements are met:

- Person is admitted to a NF directly from a hospital after receiving acute non-psychiatric inpatient care (does not include emergency room or admission for observation)
- Person requires NF services for the condition for which he was hospitalized
- Physician has certified before NF admission that person is likely to require less than 30 days NF care

Examples: short term PT, IV therapy, wound care

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Level II

For all who screen “positive”, cannot claim EHD, and require further evaluation:

Determine whether:

- NF placement is appropriate, and
- Specialized services are required

May be done individually or by category (CAGD)

Categorical Advance Group Determinations

For certain categories of applicants to NFs, States may make an advance presumption that individuals falling into these groups may be determined to be appropriate for NF care (and in very limited circumstances, do not require Specialized Services).

This helps avoid costs and delays associated with doing a full Level II evaluation on someone for whom a nursing facility is “obviously” the best placement.

Categorical Advance Group Determinations

CADG categories in Maryland:

1.Post-hospital convalescent care up to 120 days due to acute physical illness

2.Terminal illness with life expectancy of less than six months

3.Severe physical illness (e.g., coma, ventilator dependence, functioning at a brain stem level) resulting in severe impairment and total care

4. Primary diagnosis of dementia or Alzheimer's confirmed by a dementia workup, comprehensive mental status exam, or other verification (new)

5. Provisional admission due to an emergency situation requiring protective services, the stay not to exceed seven days

6. Respite care, not to exceed 30 days

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Categorical Advance Group Determinations

For #1 and 2 above, federal regulations require individualized Level II evaluation to determine whether Specialized Services are appropriate.

For #3, 4, 5, and 6 above, we may presume that person does not require Specialized Services.

Level II

STEPS:

A) Local health department Adult Evaluation and Review Services (AERS) unit performs health evaluation and arranges for psychiatric and/or psychological evaluation if necessary

B) Multidisciplinary team assessment by AERS team (RN and SW) and psychologist/psychiatrist

C) Recommendation to Developmental Disabilities Administration (DDA) or Behavioral Health Administration (BHA)/Beacon as appropriate

Level II

D) Final determination by DDA or BHA/Beacon

1) Whether person requires the level of services provided by a NF, or whether care needs may be met in the community

2) Whether specialized services are needed – may recommend specialized services

NOTE: if the person is dually diagnosed (both mental illness and intellectual disability/related condition), DDA makes the final decision after consultation with BHA/Beacon

Appropriate Nursing Facility (NF) Placement

A person with ID/RC or SMI who does not meet NF level of care should not be approved for NF placement.

The Level II evaluation may determine that the person meets the NF level of care, yet would best be served by alternatives to institutional placement.

The overall needs of the person must not exceed the level of service that can be delivered in a NF.

IN OTHER WORDS, only individuals who meet the NF level of care criteria and whose needs are best met by NF placement should be recommended for NF.

Specialized Services

Defined as services that:

1. Are provided to individuals with a PASRR disability while they are residing in NF setting,
2. Go beyond the services normally provided in a nursing facility under its daily rate, and
3. Address individualized needs related to a person's PASRR disability as identified in the Level II evaluation.

May be provided in the NF or in a separate location

Specialized Services - Examples

Examples of Specialized Services include:

- Behavioral evaluation and behavioral plan development for residents with ID/RC
- Training in use of communication device
- Psychiatric evaluation and management
- Psychotherapy
- Substance use disorder treatment

Specialized Services – Requirements for Inclusion

- CMS Final Rule November 2016 - Nursing facility resident care plans must include Specialized Services or specialized rehabilitative services that were recommended as part of PASRR Level II.
- NFs shall incorporate these services into the resident's care plan and provide (either directly or through arrangements with other providers) those services as recommended.
- If a NF chooses not to provide recommended services, the reasons for this choice must be documented in the medical record.

Resident Reviews

Previously admitted to a NF with a negative screen, found later to be positive.

Determined for short term stay, now needs longer stay.

Significant change in status as defined in MDS 3.0 and NH Transmittal #239.

Significant Change

1) Increased behavioral, psychiatric or mood related symptoms

2) Current symptoms have not responded to ongoing treatment

3) Improved medical condition that may impact psychiatric care needs or discharge/placement planning; may include situations where improvement is physical

4) Significant change is physical, yet mental illness symptoms or cognitive abilities may influence adjustment to an altered pattern of daily living.

5) Indicates a preference (verbally or otherwise) to leave the facility.

6) Condition or treatment is significantly different than described in the most recent PASRR Level II evaluation and determination (does not need to be tied to a significant change in condition).

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The Maryland PASRR Process Moving Forward

- Does PASRR support and advance existing state initiatives?
- Does PASRR promote continuity of care?
- Does PASRR support recovery?
- Does PASRR reflect person-centered thinking and planning?
- Does PASRR emphasizes community integration?
- Does PASRR promote empowerment of the individual?

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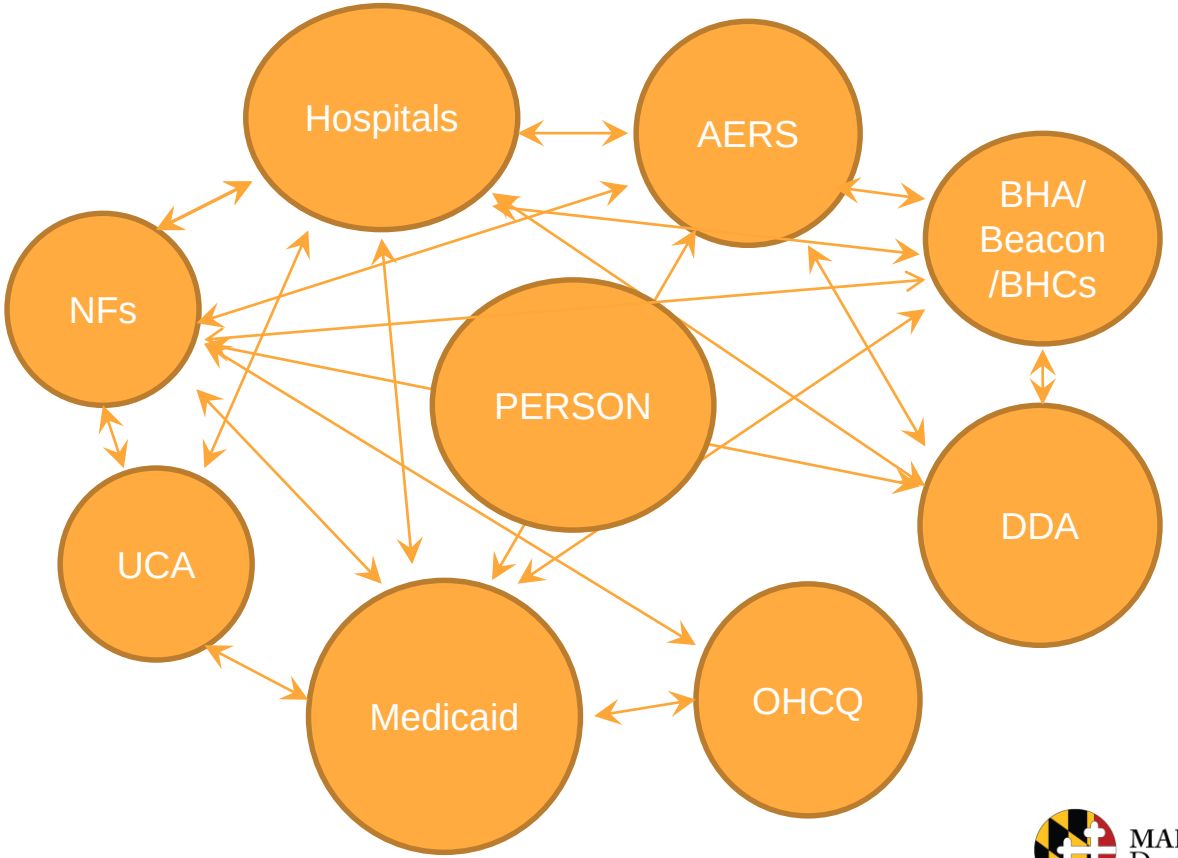
PASRR DOESN'T END WITH THE NF ADMISSION

- PASRR admissions reported to Money Follows the Person program
- DDA "follows" its participants into and helps transition them out of NFs
- BHA employs Behavioral Health Coordinators to guide participants in and back out of NFs

Partners in PASRR



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Partners in PASRR – Roles and Responsibilities

NFs

1) Ensure PASRR requirements are met before admission

2) Develop and implement individualized care plans

3) Monitor resident's overall health status

4) Request Resident Review if indicated

Hospitals

1) Accurate screening of patients for whom NF admission is anticipated

2) Referral for Level II evaluation if indicated

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Partners in PASRR – Roles and Responsibilities

AERS

1) Conduct individualized assessment

2) Arrange for psychiatric/psychological evaluation as appropriate

3) Make appropriate recommendations regarding placement and needed services

DDA/BHA/Beacon

1) Make determinations re: placement and services

2) Recommend and/or provide Specialized Services as necessary

Partners in PASRR-Roles and Responsibilities

Medicaid

1) Oversee implementation of PASRR

2) Provide guidance and direction

3) Work with NFs in discharges under MFP

UCA

1) Monitor NFs' compliance with PASRR requirements

2) Track PASRR admissions and report to Medicaid

3) (future) Act as gatekeeper to ascertain whether person suspected of SMI/ID/RC requires Level II evaluation

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Partners in PASRR-Roles and Responsibilities

OHCQ

1) Monitor NFs' compliance with PASRR requirements

2) Monitor care provided to residents

Behavioral Health Coordinators

1) Resource/ consultant available to providers and others involved in preadmission aspects of PASRR; identify alternative community resources

2) Resource to NFs in identifying residents who may need resident review; identify opportunities for discharge to the community

Last – but not least – it's all about the Person!

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PASRR Reform

Through self-assessment and evaluation by PASRR Technical Advisory Group, need for improvement in Maryland's PASRR processes have been identified

- Level I screen – too many false negatives on MI side, and too many false positives on ID/RC side
- Too easy for hospitals to exempt from PASRR
- No way to effectively measure PASRR activities

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PASRR Reform (cont'd)

To address improvement, a PASRR Reform Workgroup consisting of representatives of Medicaid, DDA, BHA, and AERS is planning the following (hope to implement in early 2018):

- Revision of the Level I screen to minimize false negatives
- Online submission of Level I screens for all applicants
- Algorithm to identify possible candidates for Level II
- "Level 1.5" to further screen applicants suspected of SMI/ID/RC

PASRR Reform Solutions - Interim

- Revision of Level I screen format – more direct questions, less interpretation on screener's part
- Expansion of recent treatment definition to include psychiatric hospitalization only once in the past two years
- Expansion of CAGD to include primary diagnosis of dementia/Alzheimer's
- Online entry of screen into Qualitrac
- Identification of Specialized Services for behavioral health

PASRR Reform Solutions – Long Term

- Development of Level 1.5 process to better identify individuals suspected of having a PASRR disability
- Incorporation of PASRR activities (including Level2 I, 1.5, and II) into LTSSMaryland

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QUESTIONS?

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