

Preadmission Screen and Resident Review Process (PASRR)

State of Alaska



**Presented by
BETTY FERDINAND
PTAC Consultant**

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PTAC

(PASRR Technical Assistance Center)

- Provides technical assistance to states to improve PASRR programs
- Shares opportunities for learning - within a state, the region and nationally
- Assists CMS (Centers for Medicare and Medicaid Services) to acquire better knowledge about how state PASRR programs operate; to research/study areas of focus
- Develops more person-centered approaches to care, and promotes ADA and Olmstead compliance

Objectives

- Review PASRR's purpose, key components, and roles/responsibilities
- Review PASRR's diagnoses, exemptions/exclusions, and categorical determinations
- Review the importance of diversions and transitions, individualized plans of care/person-centeredness, and specialized "add-on" services
- Review the importance of coordination/collaborations, quality/outcomes & continued improvement
- Discuss PASRR's impact on you, as a service provider
- Discuss Alaska's PASRR program – today and tomorrow

PASRR



Purpose
Key Components
Roles & Responsibilities

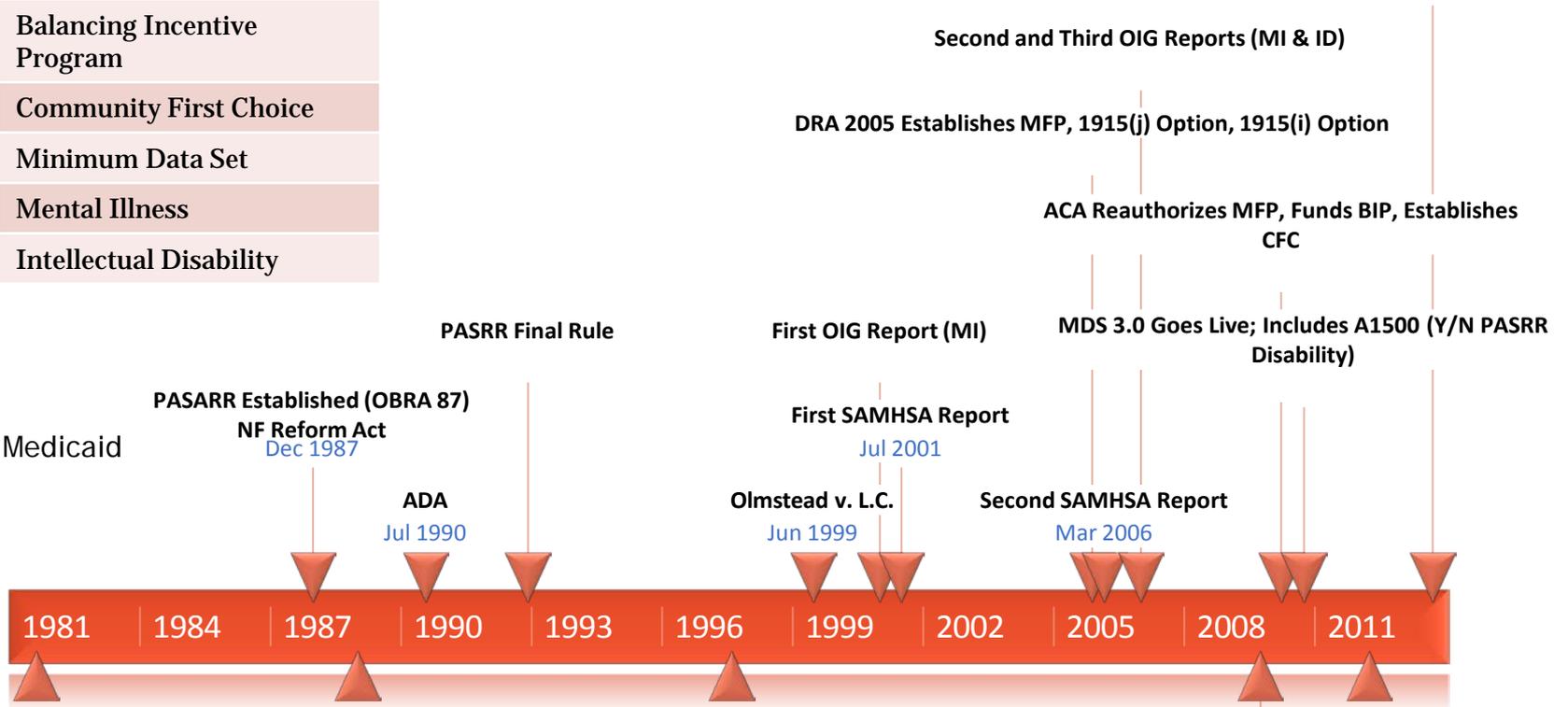
The Purposes of PASRR (Preadmission Screen and Resident Review)

- To ensure that individuals applying for admission to Medicaid certified nursing facilities (regardless of payment source) are screened/evaluated for evidence of mental illness (MI), intellectual disabilities (ID), and/or related conditions (RC)
- To ensure that these individuals are placed appropriately, in the least restrictive/most-inclusive setting possible, and receive necessary services

CMS Highlights Flexible Payment Options for Specialized Services

Acronym	Meaning
MFP	Money Follows the Person
BIP	Balancing Incentive Program
CFC	Community First Choice
MDS	Minimum Data Set
MI	Mental Illness
ID	Intellectual Disability

1965:
Medicare & Medicaid
Created



1915(c) Waivers Created (OBRA 81)

PASARR Goes "Live"

Annual Requirement Removed (BBA 97)

A1510 Added to MDS (Type of PASRR Disability)

Acronym	Meaning
ADA	Americans with Disabilities Act
ACA	Affordable Care Act
CMS	Centers for Medicare and Medicaid Services
DRA	Deficit Reduction Act
OBRA	Omnibus Budget Reconciliation Act
SAMHSA	Substance Abuse and Mental Health Services Administration

CMS Establishes PTAC



PASRR, ADA & Olmstead

- Individuals with MI, ID or RC 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
- PASRR predates ADA and Olmstead
- PASRR is a powerful tool for diversion and transition from restrictive settings
- PASRR provides the individual with quality evaluations, recommendations and coordination/collaborations to ensure most appropriate placements
- PASRR goes a long way in a state's efforts toward Olmstead planning/enforcement, and related efforts by Departments of Justice (DOJ), Office of Civil Rights, SAMHSA, HUD, etc.
- PASRR is gaining intensity (again), and DOJ is becoming more involved

A Few Preliminaries

- Medicaid is a partnership between States and the federal government, and is based on a contractual relationship with CMS (Center for Medicare/Medicaid Services)
- PASRR is a required part of Medicaid, pursuant to OBRA1987, 42 CFR (Code of Federal Register) 483.100-483.138
- Medicaid provides for an array of services by Medicaid-certified providers, and does so at a state/federal sharing of cost (Federal Financial Participation/FFP) for Medicaid-eligible individuals
- PASRR provides for an enhanced FFP of 75% for all PASRR-related administrative activities

A Few Preliminaries continued...

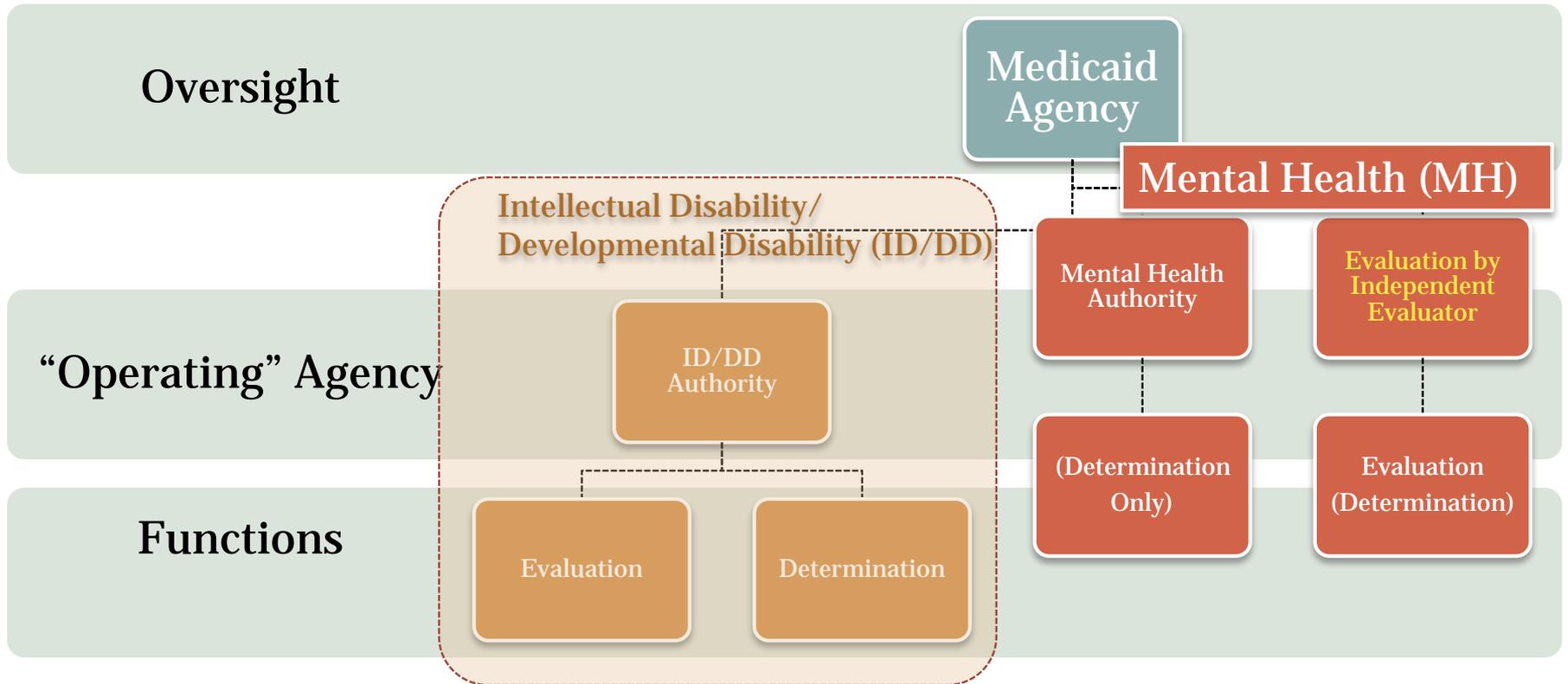
- PASRR is a requirement for Medicaid licensure, and is applicable regardless of payment source of the individual seeking NF admission/continued residency
- PASRR applies to all applicants to and residents of Medicaid-certified nursing facilities (or distinct parts of facilities or dually certified Medicare/Medicaid facilities or distinct parts) or Medicaid-certified or dually certified beds (including qualified “swing beds” in certain rural/small hospital settings per 42 CFR 409.20)
 - Per PTAC guidance, while modifications to the swing bed regulations were never completed, there are good person-centered reasons for a state to apply PASRR

A Few Preliminaries continued...

- PASRR inherits all the requirements of Medicaid (facility definitions & certifications, fair hearing, etc.)
- States have wide latitude in many ways, e.g.:
 - Tools and overall process design; technology
 - Use of Exemptions, Exclusions & Categorical determinations
 - Specialized services now “add-on”
 - Personnel Qualifications
 - Timing of Level of Care (LOC) Determinations
 - Linking of Level I screen and Level of Care requirements
- States can exceed Federal requirements, e.g., continue with annual resident reviews, consider broad definitions, etc.

KEY PASRR COMPONENTS

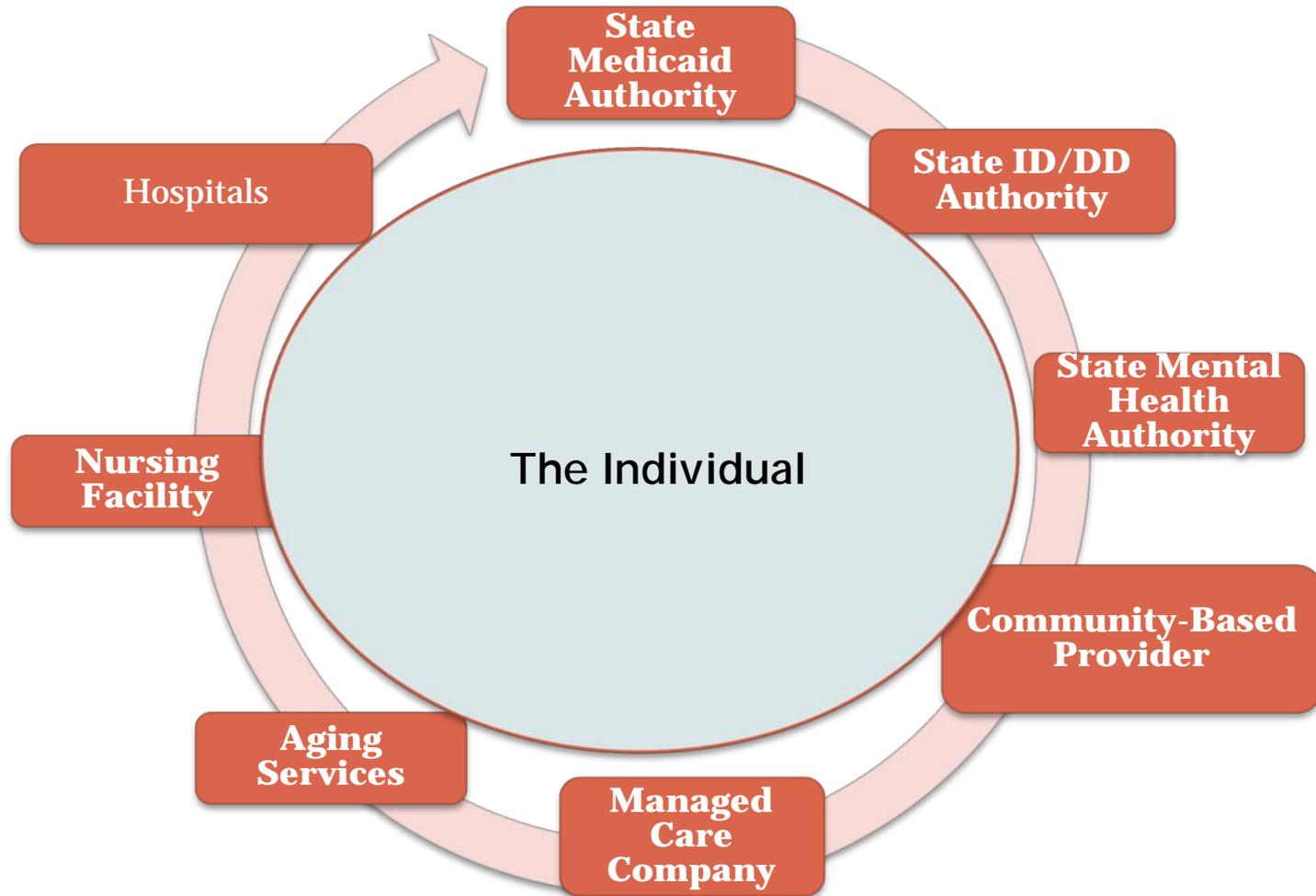
Roles & Responsibilities



A Few Specifics About Alaska....

- Medicaid Division is over all PASRR requirements
- Senior Disability Services (SDS) is responsible to approve/deny requests for NF placement (17 NFs with 674 beds), and reviews all Level I screens
- SDS (among other things) is also over waiver services and ID/RC services, and completes the ID/RC-PASRR evaluations/determinations
- Department of Behavioral Health completes the MI-PASRR evaluations/determinations, in conjunction with MH community programs/clinicians
- LTC Application/Authorization & Level I Screen are “linked”
- Alaska is considering a State Plan Amendment (SPA) for specialized services
- Harmony System for all data for all services-Fall, 2016

An Extended Model for PASRR



KEY PASRR STAKEHOLDERS

Roles & Responsibilities

- PASRR responsibility is shared by the following:
 - The Medicaid agency, who has ultimate responsibility for compliance with the PASRR requirements
 - The state Mental Health (MH) authority, who is responsible for the PASRR determinations (nursing facility/NF and specialized services/SS) based on an independent evaluation performed by a person/entity other than the state's MH authority
 - The state's ID/RC authority, who is responsible for the PASRR determination (NF and SS) and who may conduct or delegate the Level II evaluations

KEY PASRR STAKEHOLDERS

Roles & Responsibilities

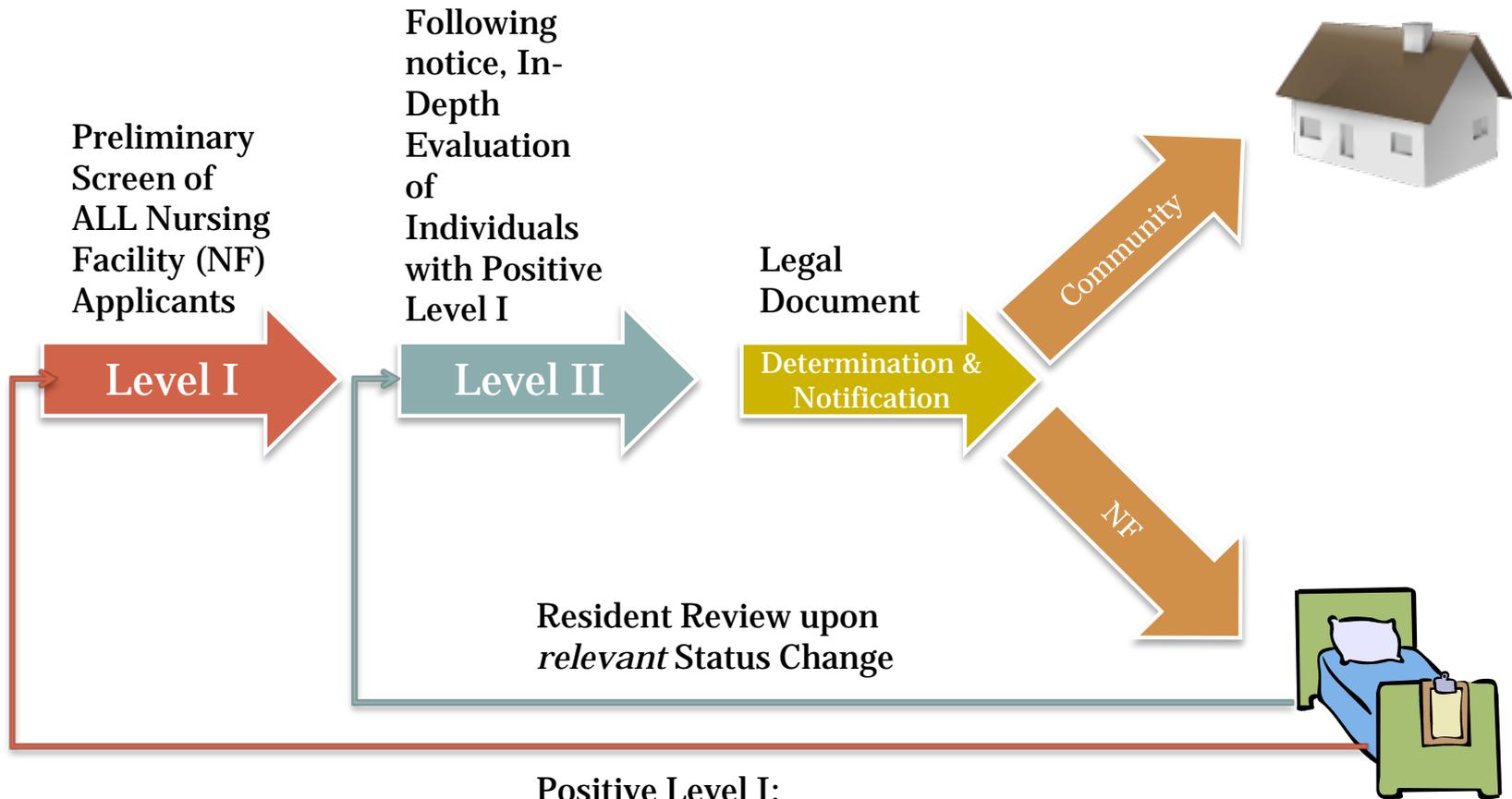
- The State Authorities:
 - Retain ultimate control/responsibility for compliance with PASRR
 - Ensure appropriate/consistent determinations, compliant with PASRR and regardless of payment source
 - Ensure that FFP is available for the NF services ONLY if the Level I and Level II processes are followed, for Medicaid-eligible individuals
 - Ensure that individuals with PASRR-related disabilities receive specialized services/supports for their disability (in addition to the nursing facility/NF services), and that recommendations are least restrictive/person-centered

KEY PASRR STAKEHOLDERS

Roles & Responsibilities

- You, as a provider of service, comply with PASRR and perform designated PASRR functions:
 - Provide skilled nursing, rehabilitative, specialized rehabilitative services, and long term care as a Medicaid-certified facility and/or Medicare skilled facility
 - As a hospital, coordinate discharge planning to NF or other placement options
 - Provide disability-specific services -in the community, in the NF, or other service location
 - Participate and provide PHI (Private Health Information) as part of the PASRR determination process, without a specific written consent and without violation of HIPPA

The PASRR Process: A Basic Sketch



Positive Level I:
Might have MI, ID or
RC
Negative Level I: No
indication of MI, ID or
RC

KEY PASRR COMPONENTS

Level I Screen

- Identifies all applicants to a Medicaid certified nursing facility (NF) who *might* have a serious mental illness/disorder (MI), intellectual disability (ID), and/or related conditions (RC) based on relevant information
- Is typically designed by the state and is acceptable practice as long as there are documented, effective outcomes
- Is completed prior to admission to a nursing facility by hospital discharge planners, social workers, etc., or by the NF if the individual is a “resident”
- Provides for a written notice to the individual or his/her legal representative if a Level II evaluation is required

KEY PASRR COMPONENTS

Level I Screen

- Uses existing available information and typically involves no clinical judgment by the Level I screener
- Identifies individuals who show no signs of having MI, ID and/or RC– KEEP FALSE POSITIVES LOW
- Is sensitive enough to identify individuals who might have a PASRR-related disability, and doesn't limit its “search” to those individuals who have confirmed diagnoses– KEEP FALSE NEGATIVES LOW
- If “positive”, identifies those individuals who require a Level II evaluation

Level I Screen: Survey of States 2015

Level I Screen Comprehensiveness Quartiles As reported in PTAC's 2015 PASRR National Report	# of States
76%-100%	20 (including Alaska)
51%-76%	14
26%-50%	16
0%-25%	2

In most states, the Level I Screen does not contain all of the necessary triggers to identify individual who could have MI, ID or RC. Recent MDS studies by PTAC support this finding.

How IS PASRR Doing?

- PTAC National Report: Recent Findings from the Minimum Data Set (MDS) and PASRR Level I Screens
 - PASRR identifies about 2/3 of individuals with Intellectual Disability/Related Condition
 - PASRR identifies less than 20% of individuals with narrow Mental Illness (MI)
 - PASRR identifies about 5% of individuals with broad MI
- <http://pasrrassist.org/events/webinar/findings-level-i-and-mds>

KEY PASRR COMPONENTS

Level II Evaluation

- An individualized comprehensive evaluation that:
 - Is completed by “state-designated” evaluators if the Level I screen is “positive”, regardless of payment source
 - Is adapted to culture, language, ethnic origin
 - Involves the individual, family/legal representative
 - Confirms whether the individual has MI, ID and/or RC
 - Assesses if the individual needs nursing facility services (including specialized rehabilitative services), and whether the individual requires specialized services
 - Ensures interdisciplinary coordination, and a comprehensive analysis of past, current and new information

KEY PASRR COMPONENTS

Level II Evaluation

- An individualized comprehensive evaluation that:
 - Is completed within an average of 7-9 business days (unless the state has computed a different annual average), based on validated tools and completed by appropriately trained evaluators
 - May be terminated if the evaluator finds that the individual does not have MI, ID and/or RC, or the individual declines further evaluation and consideration of NF placement
 - May be completed by the ID/RC authority or delegated to another entity, and always delegated by the state MI authority to another entity that is independent of the state authority

Minimal Personnel Requirements

Population	Requirements	Notes
All Individuals	H&P/Conditions (dementia/Alzheimer's & related disorders; terminal illness) & Diagnoses	According to state's standards of practice/scope of practice (i.e., physician or "reviewed/certified by physician)
Individuals with MI	Evaluations/Diagnoses	According to state's standards of practice/scope of practice for "qualified mental health professionals", and those qualified to diagnose (i.e., psychiatrists)
Individuals with ID	Evaluations/Diagnoses	According to state's standards of practice/scope of practice for "qualified professional for persons with Intellectual Disabilities/Developmental Disabilities), and those qualified to diagnose (i.e., psychologists)

KEY PASRR COMPONENTS

Level II Determination/Report & Notice

- Is written in a manner that assists the NF (or appropriate alternative) to plan the individual's care
- Provides individualized evaluation information
- Identifies which diagnosis is present: MI, ID and/or RC
- Addresses and summarizes the individual's health and medical needs, need for ADL/IADL (activities of daily living/instrumental activities of daily living) assistance, need for functional assistance, recommendations for treatment/therapies, need for psychosocial supports/services, and need for disability-specific services/supports

KEY PASRR COMPONENTS

Level II Determination/Report & Notice

- Identifies the person completing the evaluation
- Summarizes the information used in the determination
- If NF services are recommended, identifies specific services required
- If Specialized Services are recommended, identifies any specific disability-specific services required for MI, ID and/or RC

KEY PASRR COMPONENTS

Level II Determination/Report & Notice

- Includes a basis for the report's conclusion
- May be conveyed verbally and confirmed in writing
- Informs the individual and/or his/her legal representative, the appropriate state PASRR authorities, the discharging hospital, the NF and the physician
- Provides assurances that the recommended services are provided

Level II Tools: Survey of States 2013

Level II Screen Comprehensiveness Quartiles As reported in PTAC's 2014 PASRR National Report	# of States
76%-100%	39 (including Alaska)
51%-76%	8
26%-50%	4
0%-25%	0

KEY PASRR COMPONENTS

Resident Review

- Has changed from an annual requirement (Pre Admission Screen and Annual Resident Review-PASARR to PASRR) to a requirement that follows a significant change in status related to MI, ID and/or RC, or when “provisional or categorical” time-limits expire
- May be continued on a regular basis if the state chooses to continue the “annual” requirement
- Addressed in the Proposed Rule from CMS on Reforms to Long-Term Care Facilities (July, 2015), making explicit the Resident Review requirement

KEY PASRR COMPONENTS

Resident Review

- Is in response to a significant change (improvement, decline, return from an acute hospital setting, etc.)
- Is triggered via the MDS 3.0 (A1500)
 - Has the resident been evaluated by Level I PASRR and determined to have a serious MI, ID and/or RC
 - If yes, and the individual has a significant change in status that affects his/her MI, ID and/or RC, the NF should contact the state PASRR authority and request a resident review
- Does not have specific timelines but best practice is “as soon as possible”

KEY PASRR COMPONENTS

Re-Admissions and Transfers

- **Admission:** Admitted to any NF for the first time, and subject to the Pre-Admission requirements for Applicants
- **Re-Admission:** Readmitted to a NF from a hospital to which s/he was transferred for the purpose of receiving care, and subject to the Resident Review
- **Inter-facility transfers:** When transferred from one NF to another NF, with or without an intervening hospital stay, and subject to the Resident Review
 - The transferring NF is responsible for ensuring PASRR information accompanies the transferring resident
- **Out-of-State Arrangements:** State responsible is where the individual is Medicaid-eligible, and allows for interstate agreements

PASRR



Diagnoses
Exemptions/Exclusions
Categorical Determinations

Diagnoses: Mental Illness

Diagnosis	<ul style="list-style-type: none">• Make or confirm a medical diagnosis of major mental illness/disorder that is <i>not episodic/situational and that does not include a primary diagnosis of dementia (dementia to be discussed later)</i>• Diagnostic categories are from the Diagnostic and Statistical Manual of Mental Disorders (DSM III-R), published in 1987.• <i>Although the PASRR statute has not been amended to update the DSM version (Currently DSM 5) the new version may be used for consultative purposes.</i>
Timing/ Treatment	Recent major treatment episodes OR significant disruption within past 2 years
Disability	Active symptoms last 6 months: <ul style="list-style-type: none">• interpersonal functioning• concentration/pace/persistence• adaptation to change
Examples	(e.g., schizophrenia, bipolar disorder, major depression)

NOTE: The presence of any of the 3 criteria may indicate the need for a Level II evaluation.

Diagnoses-Mental Illness

- A diagnosis or suspicion of a major mental illness/disorder (not episodic/situational) such as schizophrenia, bipolar disorder, or major depression
- An absence of dementia (including Alzheimer's or related disorders); if dementia is present with MI, the dementia cannot be the primary
- States should look beyond a list of diagnoses – look for diagnoses or symptoms that may indicate a major mental illness/disorder, e.g., substance related disorder
- States may apply a broader definition as long as it meets the minimum requirements/PASRR intentions

Diagnoses-Mental Illness

- **A well-defined duration, and relevant pattern of treatment:**
 - Recent major treatment episodes (more intensive than outpatient care more than once, i.e., partial or inpatient hospitalization) or
 - Significant disruption (due to the MI and requiring supportive services) within the past 2 years
- **Active symptoms within the last six months resulting in functional limitations in major life activities – regardless of whether treatment/services were received but which are severe and caused impairment**

Diagnoses-Mental Illness

- **Functional limitations/level of impairment:**
 - **Interpersonal functioning:** serious difficulty interacting appropriately or communicating effectively with possible history of altercations, evictions, social isolation, etc.
 - **Concentration, persistence and pace:** serious difficulty in sustaining focused attention in order to complete tasks commonly associated with work, home or school
 - **Adaptation to Change:** serious difficulty in adapting to typical changes in circumstances at work, home or school manifesting in agitation, withdrawal and requiring intervention

Diagnoses: Intellectual Disability

Diagnosis	IQ < 70 per standardized, reliable test
Timing	Onset before age 18
Duration	Likely to be lifelong
Disability	Concurrent impairments in <i>adaptive functioning</i>

Criteria from AAIDD (formerly AAMR), 1983

Diagnoses-Intellectual Disability

- PASRR applies to an individual who is considered to have mental retardation if s/he has a level of retardation (mild, moderate, severe or profound) as described in the AAMR's Manual on Classification in Mental Retardation (1983), now called AAIDD (American Association on Intellectual and Developmental Disabilities)
- AAIDD defines intellectual disability as “a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem-solving) and in adaptive behavior (range of social and practical skills), and which originates prior to the age of 18”

Diagnoses-Intellectual Disability

- A diagnosis or suspicion of intellectual disability, based on a standardized, reliable IQ test (Wais, Slosson, etc.) that measures mental capacity for learning, reasoning, problems solving, etc.
- A test score of around 70 – or even as high as 75 – may indicate a limitation in intellectual functioning
- Onset before age 18 and likely to last lifelong
- Confirmation of concurrent impairments in adaptive functions/limitations in adaptive behavior

Diagnoses-Intellectual Disability

- **Adaptive Skill Areas:**
 - **Conceptual skills:** language and literacy, money, time and number concepts, and self-direction
 - **Social skills:** interpersonal skills, social responsibility, self-esteem, gullibility, naiveté, social problem solving and ability to follow rules, obey laws and avoid being victimized
 - **Practical skills:** ADLs, occupational skills, health care, travel/transportation, schedule/routines, safety, use of money, use of telephone, access to the community
- **Other considerations:** Service eligibility/participation in services, school records/achievements, etc.

Diagnoses: Related Conditions

Diagnosis	<p>A severe chronic disability that is attributable to Cerebral Palsy or Epilepsy or any other condition, other than Mental Illness, that</p> <ul style="list-style-type: none">• Results in similar impairment of general intellectual function or adaptive behavior similar to that of mentally retarded persons AND• Requires similar treatment or services
Timing	Present before age 22
Duration	Expected to continue indefinitely
Disability	Result in substantial functional impairments in 3 or more major life activities (e.g., self-care, mobility, understanding and use of language, learning, self-direction, capacity for independent living)
Examples	Autism, Cerebral Palsy, Epilepsy, Traumatic Brain Injury (TBI), Fetal Alcohol Syndrome, Muscular Dystrophy, Down Syndrome or any other condition, other than Mental Illness

Diagnoses-Related Conditions

- A diagnoses or suspicion of a condition often related to ID because the condition results in similar impairments to intellectual functioning OR adaptive behavior and require similar treatment or services
- Present before age 22 and expected to continue indefinitely
- A degree of limitation in general intellectual or adaptive behavior that results in the need for similar treatment or services in 3 or more major life activities

Functional Limitations v Intellectual Disability

- **Some individuals may have functional limitations but no intellectual disability such as:**
 - **Physical impairments, congenital deafness or visual impairments**
 - **Cerebral Palsy, Epilepsy or Autism, etc.**
 - **Chromosomal disorders such as Down Syndrome or Fetal Alcohol Syndrome**

Diagnoses-Related Conditions

- In assessing a person with a related condition, the evaluator and diagnostician shall:
 - Consider how the individual's functional limitation compares to those of an individual who meets the definition of "intellectual disability"
 - Consider the definition of "Developmental Disability", which includes intellectual disability and related conditions and offers a more expansive application than the term related condition

A Word of Caution

- **State service definitions and processes do not override the requirement to comply with PASRR**
 - **Not all states define mental illness (MI), intellectual disabilities (ID), or related conditions (RC) the same**
 - **State definitions for eligibility purposes may differ from PASRR definitions, e.g., Developmental Disabilities**
 - **Examples of conditions only serve as “markers” that require additional assessment of functional limitations (Jacob Van Meter, Adam Fletcher and Eric Reeves v. Maine Department of Health and Human Services)**
 - **Limitations may result from environmental or other factors without any known condition**

Developmental Disability

- A severe, chronic disability that is attributable to a mental or physical impairment or combination of mental and physical impairments
- Is manifested before the individual attains age 22
- Is likely to continue indefinitely, and
- Results in substantial functional limitations in 3 or more areas of major life activity (self-care, receptive and expressive language, learning, mobility, self-direction, capacity of independent living, economic self-sufficiency) and
- Reflects the need for special, interdisciplinary, or generic or individualized supports of lifelong or extended duration and individually planned and coordinated

Look Beyond the Condition/Diagnosis

- Consider deficits that impede the individual's ability to function independently and that require lifelong supports
- Consider impairments that are “similar to that of persons with intellectual disabilities)”
- Consider that Mental Illness (MI) occurring during the developmental period may be a factor in the individual's functional capabilities (A sole diagnosis of MI does not meet the definition of related conditions)

Exemptions, Exclusions & Cats

- **Hospital Discharge Exemption:** Applies to a hospital patient who is being discharged to a NF and the stay is expected to last no more than 30 days
- **Categorical Determinations (Advanced Group Determinations):** Permits states to omit the full Level II evaluation in certain circumstances that are time limited or where the need for NF services and/or Specialized Services is clear and pre-determined; however, abbreviated reports are still required
- **Applicability:** Level I screeners confer with the state PASRR authorities regarding exemptions/exclusions and categorical determinations

The Hospital Discharge Exemption (HDE)

- The *only* true **exemption** from PASRR is the HDE:
 - If the individual is in the hospital for acute medical care
 - If the physician certifies need for NF services for medical reasons and stay of less than 30 calendar days
 - If admitted to the NF for the condition for which s/he received care in the hospital
 - If admitted directly to the NF from a hospital after receiving acute inpatient care at the hospital for post-acute stays lasting 30 days
- A Level II evaluation is not required even if there is a diagnosis or suspicion of MI, ID or RC
- Permits a decision that Specialized Services are not needed during the 30 days HDE stay

The Hospital Discharge Exemption

- A Level I screen may be completed for tracking purposes but is not required
- A notice is provided to the individual or his/her legal representative, the NF, and the physician informing them of the EHD and potential for a Level II evaluation if the stay is longer than the 30 days
- If the stay is longer than 30 days, a PASRR Level II evaluation must be completed on or before calendar day 40

Exclusion-Dementia and Mental Illness

- When it is discovered that a person has dementia, PASRR may be terminated *if* an individual has:
 - A serious mental illness AND
 - Evidence that dementia *primary* (i.e., more serious than the MI); that is, advanced/100%/near end-of-life
 - These determinations must be made and documented by an appropriately qualified medical professional
 - A Level II evaluation is required to validate the exclusion, to “rule out” other causes, e.g., UTIs, pain, effects of medications, and to determine the progression of the condition
- ID/RC and dementia is discussed under categorical determinations

Exclusion-Dementia and Mental Illness

- According to Dr. Tim R. Malloy, MD, CMD in the January, 2015 PTAC Webinar, “Dementia and PASRR”:
 - Age is the most prevalent cause of Dementia
 - Incidence of dementia with people with MI and ID/RC is greater; the progression of the Dementia symptoms definitely affects the effectiveness of the treatment
 - Dementia should not eclipse the diagnosis of MI, ID or RC; there is a benefit of providing Specialized Services even if there is a diagnoses of Dementia

Exclusion-Dementia and Mental Illness

- According to Dr. Tim R. Malloy:
 - A baseline is critical, and an evaluation of aphasia (speech/communication), apraxia (inability to perform purposeful activities), agnosia (recognition of familiar people/things) and executive function help determine the severity of Dementia over at least a 6 month duration
 - Symptoms of Dementia come and go; Dementia only truly becomes primary when it becomes 100% of the treatment focus
 - Rule out delirium, MI/ID, depression, other medical conditions, e.g., UTI, brain tumor, etc.

Categorical Determinations

- Categories are identified in a State Plan Amendment (4.39A), and approved by CMS
- State may submit “other” categories, e.g., disaster preparedness
- May be determined applicable following a Level I screen by a Level I screener if existing data supports the category
- Appropriate clinicians/state PASRR authorities make the final decision and complete the “abbreviated” determination

Categorical Determinations

- The documentation must show that the individual fits in the category; if not, a full Level II is required
- A full Level II evaluation (resident review) is required following conclusion of the category or if the basis for the category changes

Categorical Determinations

- All categories require a Level II report that:
 - Is abbreviated and otherwise is no different than an individualized determination
 - Is provided prior to admission
 - Is maintained in the resident's record for purposes of documentation of the determination and to preserve appeal rights
- All categories require a notice of finding that:
 - Is given to the individual or his/her legal representative, the admitting/retaining NF, the physician, and/or the discharging hospital

Categories and Qualifiers

Categorical Determinations

- **Type 1 (Provisional):** Time-limited and is a situation that is likely to resolve

Category	Description	Time Limits
Delirium	An accurate evaluation cannot be made until delirium clears	State specifies a time limit
Emergency	Situations requiring protective services	May not exceed 7 calendar days per CFR
Respite	Very <u>brief and finite</u> stays to provide respite to in-home caregivers	State specifies a fixed number of days
Note: Currently, Alaska does not allow for these provisional categories		

Categories and Qualifiers

Categorical Determinations

- **Type 2 (Categorical or Advanced Group Determinations):**
A situation that isn't likely to resolve

Category	Description	Time Limit
Terminal Illness	As defined by hospice regulations (42 CFR 418.30)	No time limit-monitor for improvement
Severe Physical Illness	So severe and unable to benefit from specialized services, e.g., coma, ventilator dependent, brain-stem functioning, progressed COPD/ALS/Huntington's, etc.	No time limit-monitor for improvement
Convalescent Care	Admission from hospital to NF for same medication condition as treated at hospital. Not the same as Exempted Hospital Discharge.	State specifies a time limit-Alaska uses 90 days
Dementia & ID/RC	To address Dementia and ID/RC differently than Dementia and MI	No time limit-monitor for improvement; State may specify a time limit

Note: Currently, Alaska allows for these categories

Categories and Qualifiers

Categorical Determinations

- For PASRR purposes, the category allows an assumption about nursing facility (NF) and specialized services (SS)

Category	Assumption: NF Services Needed Based on Category	Assumption: SS Not Needed Based on Category
Delirium*	Assumption Applies: NF Needed	Assumption Applies: SS Not Needed
Emergency*	Assumption Applies: NF Needed	Assumption Applies: SS Not Needed
Respite*	Assumption Applies: NF Needed	Assumption Applies: SS Not Needed
*during the provisional period only		

Categories and Qualifiers

Categorical Determinations

- For PASRR purposes, the category allows an assumption about nursing facility (NF) and specialized services (SS)

Category	Assumption: NF Services Needed Based on Category	Assumption: SS Not Needed Based on Category
Terminal Illness	Assumption Applies: NF Needed	Assumption Does Not Apply: An Abbreviated Individualized determination is required for SS
Severe Physical Illness	Assumption Applies: NF Needed	Assumption Does Not Apply-An Abbreviated Individualized determination is required for SS
Convalescent Care	Assumption Applies: NF Needed	Assumption Does Not Apply-An Abbreviated Individualized determination is required for SS
Dementia and ID/RC	Assumption Does Not Apply: NF must be individually determined	Assumption Does Apply: SS Not Needed

PASRR



**Diversions/Transitions
Individualized Plans of
Care/Person-Centeredness
Specialized “Add-On”
Services**

Diversions and Transitions: Recommendations that Matter

- **What Services Does an Individual Need?**
 - PASRR provides for a comprehensive assessment; evaluates and prioritizes the individual's medical/physical and disability-specific needs, and determines the most appropriate placement for providing for these needs
 - PASRR clinically and “knowingly” recommends services to meet individual needs; not just those services that are currently provided within the state's programs
 - PASRR does not address payment for recommended services (i.e., Medicaid, Medicare, private insurance); PASRR only requires that the services are provided

Diversions and Transitions: Recommendations that Matter

- What Services Does an Individual Need?
 - Be aware of state resources, from most restrictive to least restrictive/most inclusive to least inclusive (HCBS Final Rule, January 2015)
 - Be aware of State Medicaid services, i.e., mandatory services, e.g., physician services, hospital services, NF services, and selected optional services e.g., personal care services, PT, OT, ST, etc., that are provided to all Medicaid clients
 - Be aware of and develop other grant/specialty-funded services
 - Know when NF is an appropriate option

Diversions and Transitions: Recommendations that Matter

- **What Services Does an Individual Need?**

Most Restrictive/ Inclusive	Needs can only be met in an acute, inpatient setting such as an acute medical or hospital for treatment of persons with mental illness or intellectual disabilities (IMD or ICFIID)
	Needs can be met in a nursing facility (NF), with additional specialized services
	Needs can be met in a NF, with only NF services and specialized rehabilitative services
Least Restrictive/ Inclusive	Needs can be met in an appropriate community-based setting via waivers, grant-funded or other funded programs, etc.

Diversion and Transitions: Recommendations that Matter

- Does the Individual Meet NF Level of care (LOC)?
 - The LOC standards are set by the state and typically range from minimum needs (i.e., supervision and monitoring) to very complex needs (i.e., RN services required 24/7) and provide for a wide range of service needs
 - Applicants who are evaluated by PASRR must meet the state's LOC for NF admission-there two requirements are intertwined (again, regardless of payment source)
 - If an individual does not meet the NF LOC, s/he cannot be admitted to the NF
- The PASRR Final Rule (1992) contemplated that LOC would be integrated with PASRR
 - In Alaska, the LTC Application/Authorization & Level I Screen are “linked”

Diversion and Transitions: Recommendations that Matter

- **Can the NF Meet the Individual's Needs?**
 - One size does not fit all
 - The NF must be able to meet the individual's NF needs (including special rehabilitative service needs) and disability-specific needs, with appropriately trained staff
 - The NF should review the Level I/Level II PASRR information prior to admission
 - PASRR is designed to “bar” admission or continued residence in a NF to anyone with MI, ID or RC who may meet the NF LOC but whose total needs cannot be met in a NF
 - Survey & Licensure monitors and ensure provision of services

The PASRR Pyramid

SRS are in the NF Per Diem or provided as an ancillary service, and to only those residents who need these services

SS are recommended, arranged, or provided by the State

Specialized Services

Specialized Rehabilitative Services

PT, OT, Speech, Social/Recreation Activities

Basic NF Services

ADLs, IADLs, behavior management, medical treatment/nursing care, supervision/monitoring, memory care/cognition, etc.

HISTORICALLY

Specialized Services: Two Definitions

- Definition 1: Admit to NF
 - Services related to MI/ID/RC are provided but these services are beyond what NF provides under its per diem (e.g., day program, behavioral support)
- Definition 2: Do Not Admit to NF
 - MI/ID/RC services provided elsewhere
 - ✦ Community programs, including waiver programs
 - ✦ In-patient psychiatric care
 - ✦ ICF/MR (now ICF/IID)
- The Code of Federal Regulations (CFR) is not necessarily clear; however, Definition 1 is what is intended

Specialized “Add-On” Services

- Is any service or support recommended by the individual’s Level II determination that the individual requires due to the individual’s MI, ID, or RC
 - Payment as an “add-on” to the NF benefit
 - Payment paid to the provider of service
- Is “pre-authorized” by the Level II
- Is what the individual needs; not just a PASRR-related service (applicable to anyone who needs it, based on a similar assessment/evaluation as PASRR)
- Creates a system of care; provides continuity of care
- Is addressed in the Proposed Rule from CMS on Reforms to Long-Term Care Facilities (July, 2015), as part of the plan of care

Individualized Plans of Care

Person-Centeredness

- PASRR findings/recommendations
 - Are coordinated with the routine resident assessments required by NFs (at admission, 14 calendar days after admission, following a significant change, quarterly and annually)
 - Are incorporated into the NF plan of care
 - Are Person-Centered, i.e., providing the services appropriate for the person's needs (and in the manner most appropriate for the individual)

Specialized Services-For MI and ID/RC

- Specialized Services may include:
 - Additional services (beyond NF services), such as psychotherapy, group therapy, art/pet therapies, etc.
 - Training/habilitation (e.g., skills, choice, self-management)
 - Specialized assessments to determine strengths/needs and areas of skill development
 - Positive behavior support/safety plans, e.g., wandering, pacing, hitting, personal space, etc.
 - Day or vocational services
 - 1:1 additional support for the individual and others
- Alaska is considering a State Plan Amendment (SPA) for specialized services

Washington State SPA, Approved 6/2015

<http://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/WA/WA-15-0012.pdf>

- Assistive technology
- Habilitative behavior support and consultation
- Community access services
- Community guide
- Habilitative therapy service
- Staff/family consultation and training
- Supported employment services
- Transportation Services
- Other habilitative services and supplies

PASRR



Coordination/Collaborations
Quality/Outcomes
Continued Improvement

The Power of PASRR

- Relies on coordination/collaborations, and includes all stakeholders
- Maintains continuous engagement and open dialogue that creates a mutual support culture for all PASRR partners
- Promotes quality and continually strives to improve its outcomes
- Utilizes Data and Analyzes Effectiveness of Processes and Outcomes

Coordination/Collaborations

- The state PASRR authorities participate with the discharge planning and the admission/intake teams – to ensure the best outcomes for the individual with health/medical and disability-specific needs
- The state PASRR authorities work to provide training and guidance on PASRR requirements, “best practices”, and coordinate service delivery for all stakeholders within the state system of care

Key Players

- **State Medicaid, Mental Health and ID/RC authorities**
- **PASRR Program Staff**
- **Level I screeners and Level II evaluators**
- **Diversion and Transition/Alternative Services Programs/Staff**
- **Medicaid Long-Term Care Staff**
- **Facility Administrators; Hospital Discharge Planners; NF Admission/Care Staff, MDS Coordinators, etc.**
- **Medicaid Surveillance and Utilization Reviewers/ Survey and Licensure**

Strong Relationships and the Measure of Success

- Cultivate Strong Relationships and Training/Supports
 - Nursing home association, hospital association, community-service provider association, etc.
 - Other professional associations (e.g., nursing associations, associations of clinical social workers)
 - Ombudsman Programs and other Advocacy Agencies; Aging Services
 - Nursing Facility License and Survey Staff
 - Community Mental Health Centers (e.g. Emergency Service)
 - Community ID/RC (DD) Providers
- Cultivate Opportunities for Networking/Communication

How Can Alaska Avoid the Risks of Silos?



Collaboration in Building Community-Based Supports for Individuals

- Develop a strong system of community based long-term services and supports (LTSS)
- Develop resources and resource-awareness among key players
 - State Plan services
 - 1915(c) waivers
 - State Plan Amendments (e.g., 1915(i))
 - Money Follows the Person (MFP)
 - Aging and Disability Resource Centers (ADRCs)

Quality/Outcomes

Continued Improvement

- Does the system (practice) fulfill the three main goals of PASRR?
 1. To ensure that individuals are evaluated for evidence of possible Mental Illness (MI), Intellectual Disability (ID) and/or Related Condition (RC)
 2. To see that the individual is placed appropriately, in the least restrictive setting possible
 3. To ensure the individual receives the services that s/he needs, wherever the individual is placed
- Is the system (practice) person-centered?
- Does the system (practice) lead to better outcomes for individuals?

A Seamless, Efficient or Technologically Sophisticated System

- Easy storage and retrieval of PASRR-related data
 - Screens, Assessments, Determinations
- Ability to monitor quality and outcomes
- Technology to make PASRR more efficient and effective
- Procedures to ensure services identified are provided to individuals with MI, ID or RC
- Alaska's Harmony project-Fall, 2016

Alaska's

LTC Authorizations and PASRR Work Plan-October 2015

- **Goal 1: NF authorizations and PASRR performed by SDS staff are conducted in the most efficient/effective manner for state/federal compliance**
 - **Objective 1: Streamline existing tools/processes, forms, manuals, etc.; provide stats/updates, etc.**
 - **Objective 2: Develop performance measures, reports/tracking mechanisms, etc., for LTC authorizations/PASRR reviews, with input from stakeholders**
 - **Objective 3: Perform internal file audit to correct any noncompliance**
 - **Objective 4: Ensure Harmony system is configured to include LTC authorization and PASRR via provider training and updates, etc.**

Alaska's LTC Authorizations and PASRR Work Plan

- **Goal 2: SDS establishes/maintains clear communication with stakeholders about NF authorizations and PASRR**
 - **Objective 1: Train providers on process/flow, forms/requirements via webinars, website Q&As, etc.**
 - **Objective 2: Maintain regular communication with providers**
 - **Objective 3: Maintain regular communication with state/federal partners (e.g., Department of Behavioral Health, CMS/PTAC, etc.) who conduct PASRR activities**
 - **Objective 4: Conduct internal trainings and updates on regular basis/as necessary**

A Note about the PASRR Regulations

- Several things are out of date
 - *Annual Resident Review* (removed by law in 1990s)
 - Definitions of mental illness and ID tied to 1980s diagnostic criteria (now DSMV)
 - Use of the phrase “mental retardation” instead of “intellectual disability”
- Regulations will be revised at some point but it continues to be what we have to work with for now

Thank You

www.pasrrassist.org

Betty Ferdinand, PTAC Consultant

402-560-9074

Betty.ferdinand@pasrrassist.org