

Long Term Care (LTC) Facility Authorization Request and Pre Admission Screening and Resident Review (PASRR) Level I Screening Form Guidance

New Admissions/Initial Authorizations

- Placement category
 - Long Term Care (LTC) – **submit PASRR Level I Screening form.** If the person has Medicaid, **submit the PASRR Level I and Long Term Care Authorization form.**
 - Swing Bed – **submit the Long term Care Authorization form only.** Do not submit a Swing Bed request if the recipient does not have Medicaid/will not utilize Medicaid during treatment. Do not submit PASRR Level I form.
 - AWD – **submit the Long term Care Authorization form only.** Do not submit an AWD request if the recipient does not have Medicaid or will not utilize Medicaid during treatment. Do not submit PASRR Level I form.

Continued Placement/Reauthorizations

- Identify the appropriate sections under Applicant and/or Resident
 - For continued placement without a level of care change- **Submit the Long term Care Authorization form.**
 - Inter-facility Transfer – check this box when a patient is moving from one nursing facility to another. Acute care and hospitals *discharge* to Nursing facilities, not *transfer* – **Submit both a PASRR Level I form and the Long term Care Authorization form.**
 - Retroactive Medicaid – check this box when a patient was initially admitted under alternative payment source and now has Medicaid. **Submit only the LTCA 1 Form.** If SDS does not have an initial PASRR or record of the patient being admitted to Long Term Care, SDS is unable to retro-actively pay for care.
 - Significant Change (Resident review) – check this box when there is a level of care change or when a patient has developed a new condition. Check the appropriate corresponding box (Condition improvement, Condition decline, New diagnosis) – **Submit both a PASRR Level I form and the Long term Care Authorization form.**

General guidance for both forms

- Complete all Sections; do not leave anything blank unless explicit instructions on the form direct you to do otherwise (such as the travel sections).
- The forms should be completed by someone who has direct knowledge and information regarding the individual's current state and condition. Normally, that is the acute care facility discharge planner or social worker for an initial application, or a LTC facility employee if reauthorization request. The submitter must ensure the following criteria are met:
 - Use the most recent version of each form
 - Forms must be complete
 - Forms must be submitted to SDS via DSM
 - Forms must be submitted to SDS prior to admission to the LTC facility for initial authorization requests; unless the Individual being admitted to LTC facility for less than

30 days, as certified by physician. Under this condition the form must be submitted the day of admission.

- Ensure that required documentation is submitted with each form, including a History & Physical for every initial. Submit all attached documentation in the same email.
- Ensure that all required signatures and attachments are present on the forms.
- Submit completed forms, through the Direct Secure Messaging (DSM) system to: DSDS.LTCAuthorizations. Do not send documents directly to SDS staff.
- You must have a DSM account and address to successfully send emails containing protected health information to another DSM address. Visit <http://www.ak-ehealth.org/for-providers/direct-secure-messaging/> to learn how to set up an account.
- Visit the Senior and Disabilities Services (SDS) website to learn more about “Long term Care and PASRR resources” at <http://dhss.alaska.gov/dsds/Pages/default.aspx>

PASRR Level I form – Required Preadmission

Senior and Disabilities Services (SDS) must ensure that each individual, regardless of payment source, is screened and/or evaluated for mental illness (MI), intellectual disability (ID) or related condition (RC) before they are admitted into a Medicaid certified long term care facility. These federal requirements are found in 42 CFR 483.100 - 483.138 which detail the Pre Admission Screening and Resident Review (PASRR) regulations. The information provided on this form helps the State in determining whether the proposed long term care facility placement is appropriate to the particular individual’s needs.

The Pre-Admission Screening and Resident Review form is only required at the time of new admission, inter-facility transfer or a resident review. The form is not required for continued placement/reauthorization unless the resident has experienced a significant change in condition (resident review).

All Sections are required to be filled out for the form to be considered complete. Incomplete or missing information will cause the form to be returned for corrections.

Frequently missed information

- Proposed/actual admission date
- Admitting facility & ID Number; both are required.
- Physician certification for admission (signature)
- Signature of the person completing the document/form
- H & P attached for all initial submissions.

Category of admission

- “Exempted hospital discharge” – If an individual’s attending physician certifies that the person will only be in a long term care facility for 30 days or less. This means that even if the individual has a known or suspected mental illness, intellectual disability or related condition, they may be admitted to the facility without the State conducting a PASRR level II evaluation. However, documentation, in any format, as long as it is signed by the physician, of the **physician’s certification must be attached** to the PASRR Level I form.
 - **If it appears that the individual will be in the facility longer than the stated 30 days, it is the facility’s responsibility to contact SDS, via DSM, on day 25 to let them**

know. A Level II evaluation must be conducted, per regulation, by day 40 if the person is still residing in the LTC facility.

- “Primary dementia diagnosis in combination with mental illness” – If an individual has a dementia, Alzheimer’s disease or a related disorder and mental illness condition, they are exempted from having a Level II evaluation done and may be admitted to the facility. However, documentation, in any format as long as it is signed by the physician, of the **physician’s certification of this diagnosis must be attached** to the PASRR Level I form.
- “PASRR Categorical Determinations” – these are certain circumstances that are time-limited that require an *abbreviated* PASRR Level II evaluation which is done via document review by the State instead of a full PASRR Level II evaluation which may require an on-site visit wherever the individual is currently located. These particular circumstances are included in the State’s Medicaid Plan that is approved by the Centers for Medicare & Medicaid Services (CMS). **In all of these circumstances, evidence of the attending physician’s certification must be attached.** This includes:
 - **Alzheimer’s disease and Related Dementia & Intellectual Disability:** Individual has a primary diagnosis of dementia, Alzheimer’s disease or a related disorder in combination with diagnosis of intellectual disability or related condition.
 - **Terminal illness:** As defined as life expectancy of less than six months, as certified by attending physician.
 - **Severe physical illness:** If the individual has a severe physical illness, resulting in level of impairment so severe that individual needs LTC services but cannot be expected to benefit from specialized services.
 - **Convalescent care:** Individual admitted directly to LTC facility from hospital for convalescent care for an acute physical illness and is likely to require less than 90 days of NF services. **If it appears that the individual will be in the facility longer than the stated 90 days, it is the facility’s responsibility to contact SDS, via DSM, on day 85 to let them know.** A Level II evaluation must be conducted, per regulation, by day 90 if the person is still residing in the LTC facility.

Long Term Care (LTC) Facility Authorization Request form

Senior and Disabilities Services (SDS) is responsible for oversight of the long term care facility authorization process, whereby the Division gives prior authorization to an individual’s placement in a Medicaid certified facility. Long term care facility authorization request forms may be submitted to SDS through the Direct Secure Messaging (DSM) system to DSDS.LTC Authorizations. **The LTC facility Authorization request form is required at the time of new admission and resident review if the resident has Medicaid. It is also required for continued placement/reauthorization.**

Frequently missed information

- Proposed/actual admission date
- Admitting facility & ID Number; both are required.
- Physician certification for admission (signature)
- Signature of the person completing the document/form
- H & P attached for all initial submissions.
- ICD 10 code & the diagnosis; both are required.
- Medication section completed, including purpose

Discharge Planning must be comprehensive, person centered and appropriate. Please avoid nursing short hand, excessive abbreviations, and incomplete sentences. **Everyone must have a discharge plan.**

Definitions and Acronyms

PASRR: Pre Admission Screening and Resident Review. See federal regulations at 42 CFR 483.100 - 483.138.

LTC auth: Long term Care facility authorization. See state regulations at 7 AAC 140.500 -595 *Nursing Facility Services: ICF and SNF*

Resident Review: 'Significant change of condition' means any major decline or improvement in the individual's physical or mental condition, as described in 42 C.F.R. 483.20, as in effect on February 1, 2014, or when at least one of the following criteria is met:

- There is a change in the individual's current diagnosis(es), mental health treatment, functional capacity, or behavior such that, as a result of the change, the individual who did not previously have indications of Serious mental illness, or who did not previously have indications of a developmental disability, now has such indications (this includes any individual who may have had indications of one or the other but now has indications of both SMI and ID).

-The change is such that it may impact the mental health treatment or placement options of an individual previously identified as having MI and/or may result in a change in the specialized services needs of an individual previously identified as having a developmental disability.

Skilled nursing services (SNF): the observation, assessment, and treatment of a recipient's unstable condition requiring the care of licensed nursing personnel to identify and evaluate the recipient's need for possible modification of treatment, the initiation of ordered medical procedures, or both, until the recipient's condition stabilizes.

Intermediate nursing services (ICF): the observation, assessment, and treatment of a recipient with long-term illness or disability whose condition is relatively stable and where the emphasis is on maintenance rather than rehabilitation, or care for a recipient nearing recovery and discharge whose condition is relatively stable but who continues to require professional medical or nursing supervision.

AWD: An Administrative Wait Bed provider offers nursing home care to a patient authorized by Senior and Disabilities Services (SDS) as requiring a nursing home level of care and is "waiting" in an acute institution for services to be available. This allows the acute setting to receive some reimbursement for the bed. Tribal hospitals should apply for administrative wait bed status since there are fewer requirements for administrative wait beds than swing beds, outlined as follows: Administrative wait beds are a Medicaid/Alaska Medical Assistance-only program (Medicare does not pay for this service).

- If a hospital meets the enrollment requirements for inpatient hospital for Alaska Medical Assistance, they can enroll as an Administrative Wait (AW) provider (does require additional enrollment and billing number).
- **The State administers the program under the same rules as swing beds: Status must follow an acute stay of at least 3 days and patients are certified to meet nursing home level of care. Hospitals must provide proof that the recipient has been accepted at a long term care facility, but the bed is not available. Forms for authorization of long**

term care services are the same as for swing beds and must be submitted to Long-Term Care Authorizations prior to admission to the bed.

- There are no further federal or state documentation or reporting requirements.
- The reimbursement rate is the same as swing beds and covers room, board and services.

Specialized services: those services which are distinct from those available in nursing facilities and results in the continuous and aggressive implementation of an individualized plan of care.

'Serious mental illness (MI)': includes the following criteria regarding diagnosis, level of impairment and recent treatment.

(a) Diagnosis. The individual does not have dementia, but has a major mental disorder and this mental disorder is one of the following: a schizophrenic, mood, delusional (paranoid), panic or other severe anxiety disorder, somatoform disorder, personality disorder, other psychotic disorder, or another mental disorder other than developmental disability that may lead to a chronic disability.

(b) Level of impairment. Within the past six months, due to the mental disorder, the individual has experienced functional limitations on a continuing or intermittent basis in major life activities that would be appropriate for the individual's developmental stage.

(c) Recent treatment. The treatment history indicates that the individual has experienced at least one of the following:

(i) Psychiatric treatment more intensive than counseling and/or psychotherapy performed on an outpatient basis more than once within the past two years; or

(ii) Within the last two years, due to the mental disorder, experienced an episode of significant disruption to the usual living arrangement, for which supportive services were required, or which resulted in intervention by housing or law enforcement officials.

Intellectual and/or Developmental Disability: person with a developmental disability as defined by Alaska Statute 47.80.900 (6) as follows:

a person who is experiencing a severe, chronic disability that

(A) is attributable to a mental or physical impairment or combination of mental and physical impairments;

(B) is manifested before the person attains age 22;

(C) is likely to continue indefinitely;

(D) 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

(E) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated

DSM: Direct Secure Messaging which is encrypted and is used for emailing protected health information. Visit <http://www.ak-ehealth.org/for-providers/direct-secure-messaging/> for more information on how to set up your DSM account.

Swing Bed: a hospital bed that “swings” between being used for acute care and skilled nursing care.