

# **PREADMISSION SCREENING RESIDENT REVIEW (PASRR)**

**MassHealth Office of Long Term Care  
Department of Mental Health/  
Health and Education Services  
Department of Developmental Services**

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# SUMMARY OF TERMS

- **Aging Service Access Points (ASAP):** Organizations that contract with the Massachusetts Executive Office of Elder Affairs to authorize medical eligibility for NF services for certain MassHealth Members.
- **Categorical Determinations:** Advance group determinations by category developed by the State mental health or mental retardation authorities may be made applicable to individuals by the NF or other evaluator following Level I review only if existing data on the individual appear to be current and accurate and are sufficient to allow the evaluator readily to determine that the individual fits into the category established by the State authorities. Categorical determinations for each group MI, ID/DD are fully described on the Level I Preadmission Screening Form.

# SUMMARY OF TERMS *Continued*

- **Developmental Disability (DD)**: A severe, chronic disability that meets all of the following conditions:
  - Is attributable to: a) cerebral palsy or epilepsy; or b) any other condition, other than mental illness, found to be closely related to MR because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with MR and requires treatment or services similar to those required for these persons;
  - Is manifested before the person reaches the age of 22;
  - Is likely to continue indefinitely; and
  - Results in substantial functional limitations in three or more of the following areas of major life activity: a) self-care; b) understanding and the use of language; c) learning; d) mobility; e) self-direction; f) capacity for independent living.

# SUMMARY OF TERMS *Continued*

- **Department of Developmental Services (DDS):** PASRR authority for individuals having or suspected of having Intellectual Disability or other Developmental Disability (Formerly Department of Mental Retardation)
- **Department of Mental Health (DMH):** PASRR authority for individuals having or suspected of having mental illness (MI)
- **Health and Education Services (HES):** Contractor for DMH

# SUMMARY OF TERMS *Continued*

- **Intellectual Disability (ID)/Mental Retardation (MR)**: Significantly sub-average intellectual functioning existing concurrently and related to significant limitations in adaptive functioning. ID (MR) manifests before age 18. A person with MR may be considered to be mentally ill as defined in 42 USC § 1396r(e)(7)(G)(i), provided that no person with MR shall be considered to be mentally ill solely by reason of his or her ID (MR). \* *MR is still a diagnosis and is referenced in federal law; however the Commonwealth has chosen to use “ID” as the common language.*
- **Level I Preadmission Screening (PAS)**: Completed by the nursing facility to identify, in part, whether an applicant for admission to a NF has indications of MI, ID and/or DD. If the applicant has or is suspected of having MI, ID and/or DD a referral is made to the appropriate PASRR authority.

# SUMMARY OF TERMS *Continued*

- **Level II Preadmission Screening (PAS):** Completed by the appropriate PASRR Authority to determine whether the individual requires the level of services provided by a NF and whether Specialized Services are needed.
- **Level II Resident Review (RR):** Completed by the appropriate PASRR Authority to determine whether the NF resident continues to require the level of services provided by a NF and whether or not the individual continues to require specialized services.

# SUMMARY OF TERMS *Continued*

- **MassHealth:** The Medicaid and State Children's Health Insurance (SCHIP) programs of the Commonwealth of Massachusetts, administered by EOHHS pursuant to M.G.L. c. 118E and Titles XIX and XXI of the Social Security Act and other applicable laws and waivers, that pays for medical services for eligible individuals.
- **Medicaid:** The Medical Assistance Program administered by MassHealth pursuant to M.G.L. c. 118E and Title XIX of the Social Security Act.



# SUMMARY OF TERMS *Continued*

- **Mental Illness (MI)**: A serious major mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders, that includes schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to chronic disability; but is not a primary diagnosis of dementia, including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder. 42 CFR 483.102 (b)(1).

# SUMMARY OF TERMS *Continued*

- **Nursing Facility (NF)**: An institution that meets the requirements of OBRA 87, 42 USC § 1396r(a).
- **PASRR Authorities**: Department of Developmental Services (DDS) and Department of Mental Health (DMH).

# PASRR OVERVIEW

MassHealth Office of Long-Term Care  
Lisa McDowell and Jennifer Reid

# OVERVIEW: PREADMISSION SCREENING RESIDENT REVIEW (PASRR)

- Omnibus Budget Reconciliation Act of 1987 (OBRA)
- Purpose:
  - To prevent the inappropriate placement of persons with serious mental illness, intellectual disability (mental retardation) or other developmental disability; and
  - To ensure that all Nursing Facility applicants and residents regardless of payer source are identified, evaluated and determined to be appropriate for admission or continued stay and provided with specialized services (SS), if needed.

# LEVEL I PREADMISSION SCREENING

- Purpose:
  - To identify all applicants to and residents of Medicaid-certified nursing facilities (NFs) regardless of payer, who possibly have MI, ID/DD; and
  - To identify all persons who must have the Level II Preadmission Screening (PAS).
- Must be done **prior to** admission to a NF.

# LEVEL II

- Purpose:
  - To comprehensively evaluate individuals identified in the Level I PAS as suspected or known to have MI, ID or DD or evaluate NF residents due to a change in condition (RR); and
  - To make two determinations:
    - Need for NF services; and
    - Need for specialized services.

# TYPES OF LEVEL II DETERMINATIONS

- Pre-Admission Screening Determination (PAS)
  - PASRR Authority for each NF Applicant must determine:
    - If the individual (physical & mental condition) requires the level of services provided by a NF; and  
If NF level of services needed does the individual require specialized services.
- Time Frames
  - PAS determinations must be made in writing within an annual average of 7 to 9 working days of referral; or
  - Entrance due to an exempted hospital discharge (convalescent stay) subsequently requiring > than 30 days of NF care, is considered a resident review and the determination must be conducted within 40 days of admission.

# TYPES OF LEVEL II DETERMINATIONS *Continued*

- Resident Review (RR): PASRR authority for each NF resident must determine whether the individual continues to require the level of services provided by a NF and whether or not the individual continues to require specialized services.
- Requirement for Annual Resident Reviews discontinued late 90s.
- Timeframes
  - ID/DD: RRs are conducted periodically and upon significant change; and
  - MI: RRs are conducted upon significant change unless it is an exempted hospital discharge or other categorical determination.



# LEVEL II PASRR EVALUATIONS AND FINDINGS

- *Who are the participants in Level II Evaluations?*
  - Individual and their legal representative; and
  - The individual's family, if available; and the individual or the legal representative agrees to family participation.
- *What are all the elements the evaluation report must include?*
  - Name and professional title of person(s) who performed the evaluation(s) and the administration date of each portion of the evaluation;

# LEVEL II PASRR EVALUATIONS AND FINDINGS *Continued*

- Summary of the medical and social history, including the positive traits or developmental strengths and weaknesses or developmental needs of the evaluated individual;
- Identification of the specific services that are required to meet the evaluated individual's needs if they require NF level of services;
- Specialized Services required to meet the individual's needs;
- Services of a lesser intensity if specialized services are not required; and
- The basis for the report's conclusions.

# PASRR DETERMINATION NOTICE

- *To whom must a written Notice be sent?*
  - Individual and their legal representative;
  - Admitting or retaining NF;
  - Attending physician; and
  - Discharging hospital, where applicable.
- *What must each Notice contain?*
  - Whether NF level of service is needed;
  - Whether SS are needed;
  - Placement options available to the individual consistent with the determination;
  - Statement indicating that the individual's PASRR determination is based on the individual's PASRR evaluation; and
  - Appeal rights to request a fair hearing before the MassHealth Board of Hearings (BOH) to appeal a PASRR determination.

# OUT OF STATE ARRANGEMENTS

- If another state places an individual in a Massachusetts nursing facility that state must make the required determinations, and pay for the Level II PASRR and any specialized services.

# STATE AGENCY RESPONSIBILITIES

- Medicaid
  - Retains the overall responsibility for the PASRR program;
  - Ensures that all requirements of Federal law are met;
  - Develops written agreements with the PASRR Authorities;
    - Department of Mental Health (DMH)
    - Department of Developmental Services (DDS)
  - Assures that the PASRR Authorities fulfill their statutory responsibilities and comply with the regulations;
  - Sees that NFs comply with any assigned PASRR functions;
  - Requires that no person be admitted to a Medicaid certified NF without a PASRR Level I PAS;
  - Does not countermand in any manner the PASRR determinations made by DMH or DDS;

# STATE AGENCY RESPONSIBILITIES

- Medicaid (*Continued*)
  - Provides a system of appeals for persons affected by any PASRR determination;
  - Withholds Medicaid payment for any person with MI, ID/DD who is admitted to a NF without PASRR Level II evaluation and determinations, until required Level II PAS is completed;
  - Withholds Medicaid payment for any resident with MI/ID/DD who remains in a NF contrary to PASRR rules; and
  - Sees that Level II determinations (PAS) are made within an annual average of 7-9 working days of referral of the individual (Level I identification) or 40 days from admission for an exempted hospital discharge.

# STATE AGENCY RESPONSIBILITIES *Continued*

- DDS
  - Makes timely ID/DD Level II evaluation, nursing facility and specialized services determinations and issues comprehensive evaluations and reports;
  - Ensures that all PASRR findings are issued in the form a written evaluative report;
  - Provides written notice of determination findings to the individual and their legal guardian, the admitting or retaining NF, the individual or resident's attending physician and where applicable the discharging hospital;
  - Provides or arranges for the provision of SS for individuals determined to need both NF services and SS;
  - Prepares, and orients individuals who require neither NF services or SS and arranges for the NF's safe and orderly discharge of the individual;

# STATE AGENCY RESPONSIBILITIES *CONTINUED*

- *DDS Continued*
  - Does not make determinations using criteria that are inconsistent with the requirements of federal law or criteria adopted by the Medicaid agency;
  - Ensures that each notice contains all of the following:
    - Whether NF services are needed;
    - Whether SS are needed;
    - Placement options consistent with such determination; and
    - Appeal rights.



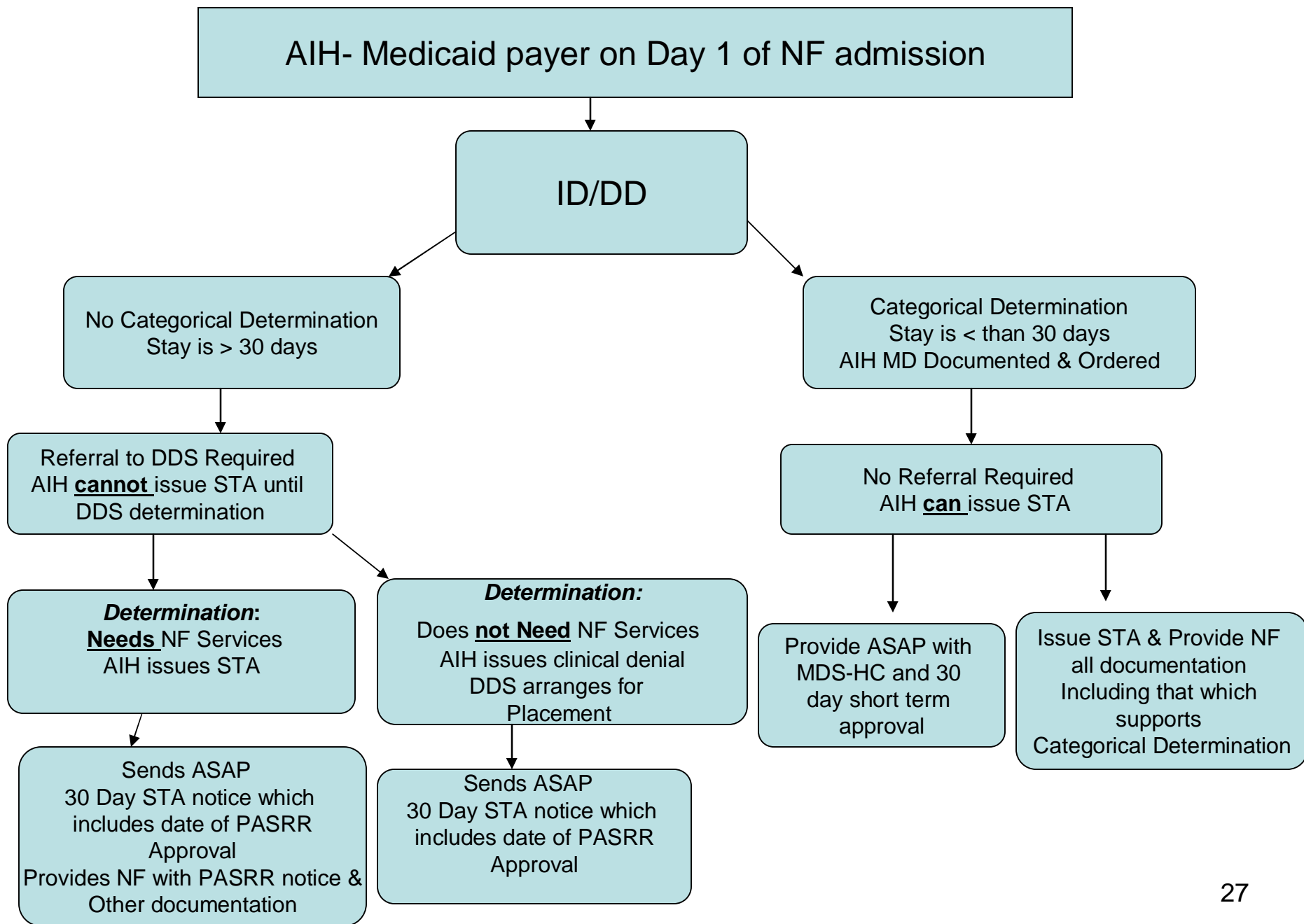
# STATE AGENCY RESPONSIBILITIES *CONTINUED*

- DMH
  - Makes timely MI Level II evaluations, Specialized Services (SS) and NF determinations and issues comprehensive evaluations and reports;
  - Ensures that all PASRR findings are issued in the form a written evaluative report ;
  - Provides written notice of determination findings to the individual and their legal guardian, the admitting or retaining NF, the individual or resident's attending physician and where applicable the discharging hospital;
  - Does not make determinations using criteria that are inconsistent with the requirements of federal law or criteria adopted by the Medicaid agency;
  - Ensures that each notice contains all of the following:
    - Whether NF services are needed;
    - Whether SS are needed;
    - Placement options consistent with such determination; and
    - Appeal rights.

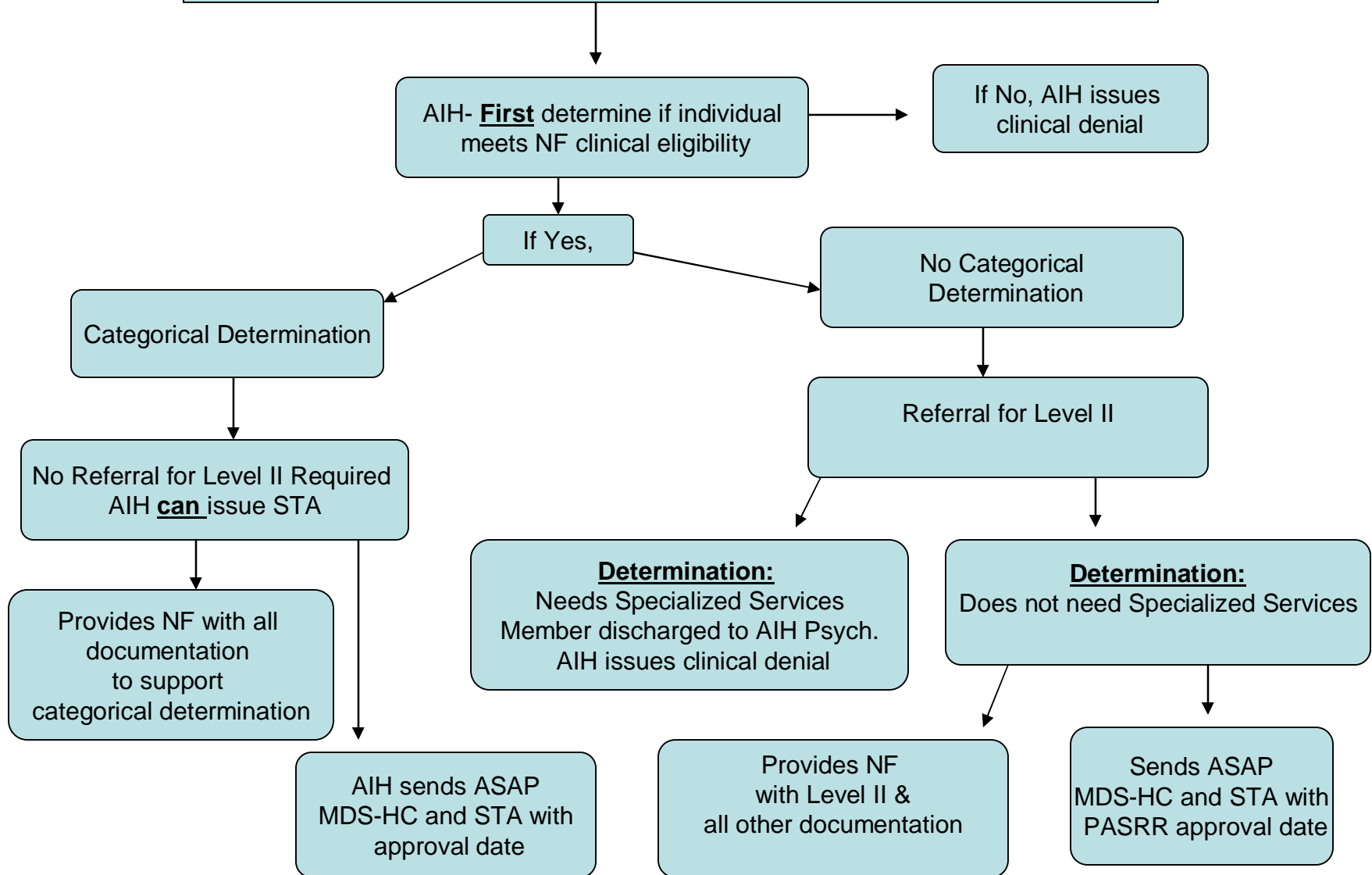
# Hospital's Responsibilities

(AIH Bulletin 106 & CDRH Bulletin 79, October 1996)

- Discharge Planning on Day 1 of Admission, not from ER:
  - If NF placement is anticipated as part of discharge plan, hospitals must:
    - Review each prospective NF resident for MI, ID/DD; regardless of payer source
    - If no categorical determination, request a Level II PAS Evaluation for those individuals who are known to have or suspected of having a diagnosis of SMI, ID/DD;
    - Ensures NFs have full and accurate documentation which must include:
      - Documentation including MD order for an exempted hospital discharge ( 30 day convalescent stay) that supports all categorical determinations; and
      - All other clinical documentation a NF will require to accurately complete the Level I PAS; and where applicable
      - Level II PAS evaluation and determination authorizing admission to the NF.



# AIH- Medicaid payer on Day 1 of NF admission- MI



# NURSING FACILITY RESPONSIBILITIES

- Completes a Level I PAS prior to admitting any individual regardless of payer source, referring entity or state;
- Makes timely notification/referral to DDS and DMH of individuals identified in the Level I Screen as requiring a Level II Evaluation and Determination;
  - For individuals with or suspected of having ID/DD, NFs must notify DDS by phone on the day of admission or the 1<sup>st</sup> business day following admission and follow up by Fax within 48 hours (MassHealth Nursing Facility Bulletin 118, June 2000).
  - This constitutes the NFs referral for Level II.
- Retains all PASRR related materials and documentation in the medical record;

# NURSING FACILITY RESPONSIBILITIES *Continued*

- Medical record should contain the Level I PAS, Level II Evaluation & Determination, Level II Determination Notice, and all information supporting any categorical determination;
- Provides services of a lesser intensity, where applicable;
- Notifies DDS or DMH when there has been a significant change in condition;
- Execute a safe and orderly discharge of individuals determined to no longer need NF services in accordance with 42 CFR 483.12(a); and
- Submits SC-1 and discontinues billing where PASRR Determination results in NF services not required.

# ASAP RESPONSIBILITIES

- General Responsibilities for MassHealth Members/applicants with a diagnosis of MI/ID/DD
  - Determines if member/applicant has a known or suspected diagnosis of MI/ID/DD;
  - Refers to the appropriate PASRR authority if necessary; and
  - Ensures all PASRR requirements are met prior to authorizing MassHealth payment of NF services.

# ASAP RESPONSIBILITIES *Continued*

- **MassHealth Member/Applicants with a Diagnosis of MI**
  - Conducts clinical eligibility assessment per Executive Office of Elder Affairs (EOEA) guidelines
    - Denies authorization for MassHealth payment of NF services if member/applicant fails to meet MassHealth eligibility criteria 130 CMR 456.409 with appropriate appeal rights to the member, legal guardian and referral source;
    - If individual meets MassHealth criteria; refers to HES for Level II PASRR Evaluation and Determination for MI; and
    - Does **NOT** issue authorization for MassHealth payment of NF services until Level II PASRR determination is made.



# ASAP RESPONSIBILITIES *Continued*

- Upon receipt of the Level II PASRR Determination from HES
  - If approved by DMH/HES for NF admission ASAP authorizes MassHealth payment of NF services. ASAP determines the NF length of stay per EOEA guidelines pertaining to CSSM and long term approval criteria; or
  - If denied by DMH/HES for NF admission ASAP denies authorization of MassHealth payment of NF services; and
  - Issues appeal rights and copy of the corresponding PASRR notice to the member, legal guardian and referral source.

# ASAP RESPONSIBILITIES *Continued*

- For MassHealth Member/Applicant with a diagnosis of ID/DD
  - If ASAP notes known or suspected diagnosis of ID/DD refers the case to DDS.
    - No further action is taken until Level II PASRR Evaluation and Determination is completed by DDS.
  - Upon receipt of the Level II PASRR Determination from DDS:
    - If approved for 90 NF admission, the ASAP issues authorization of MassHealth payment of nursing facility services up to the expiration date of the 90 day PASRR notice;

# ASAP RESPONSIBILITIES *Continued*

- If approved for an indefinite length of stay, the ASAP issues a NF approval (formerly LTA); and
- Issues appeal notices and copy of the corresponding PASRR notice to the member, legal guardian and referral source.
- If denied with a 30 day provisional notice for purposes of discharge planning forwards the Level II Determination Notice to OLTC for processing:
  - OLTC issues 30 day short term approval and a denial notice at the same time; and
  - Issues appeal rights and corresponding PASRR to the member, legal guardian and referral source.

# LEVEL II PASRR MENTAL ILLNESS

Department of Mental Health  
Health and Education Services  
Karen Vautour, PhD, LICSW

# DMH/HES LEVEL II PASRR MENTAL ILLNESS

- Who to call for Level II PAS for persons with Mental Illness
  - Health & Education Services, Inc.  
131 Rantoul Street  
Beverly, MA 01915  
978-524-7100 ext 106

# LEVEL II MENTAL ILLNESS PRE-ADMISSION SCREENING PROCESS

- The Mental Illness Pre-Admission Screening process has been designed to work on a simple request and performance model. Agencies requesting a screen may contact Health & Education Services, Inc., at 978-524-7100 extension 106 during regular business hours to discuss eligibility on a case-by-case basis. If the individual meets the criteria for screening, the following steps will be taken:
  - Referral from ASAP, Community Hospital, Rest Home or Visiting Nurse Service;
  - Discussion with HES central intake;
  - Assignment to the appropriate assessor;
  - Results reported from assessor. Results may also be reported from hospitals designated to complete screenings on their own patients;

# LEVEL II MENTAL ILLNESS PRE-ADMISSION SCREENING PROCESS *Continued*

- ASAP and/or anticipated nursing facility notified of results by letter of determination;
- Original PAS screen mailed to nursing facility (generally within 6 weeks of completion of the screen); and
- Questions regarding this process or any aspect of the OBRA program may be directed to the OBRA office during regular business hours.

# LEVEL II MENTAL ILLNESS PRE-ADMISSION SCREENING PROCESS *Continued*

- **Level II Mental Illness Pre-Admission Screenings are required when:**
  - Any new admission to a nursing facility occurs with major mental illness that meets the DMH screening criteria;
  - Any in-patient **PSYCHIATRIC** hospitalization resulting from significant change occurs;
  - Following discharge from a NF to the community, a readmission to a NF is necessary. At that time a new Level II PAS is required.
  - When a NF resident meeting the DMH PAS screening criteria exceeds 30 days of Convalescent Care from an acute inpatient hospital.



# SIGNIFICANT CHANGE MI

- Psychiatric hospitalization
- New psychiatric diagnosis

# SIGNIFICANT CHANGE MI

- Admission to a psychiatric unit for treatment of symptoms other than those secondary to a diagnosis of dementia regardless of whether or not the person was identified and approved by previous pre-admission screenings; or
- When an individual's behavior, mental or emotional status has changed requiring a referral for an assessment by a local mental health clinician that has resulted in a new diagnosis consistent with those mental illnesses that require evaluation

# LEVEL II PASRR MI

- **Level II MI Screenings are NOT required when:**
  - Resident transfer between nursing facilities
    - A nursing facility resident transfers from one nursing facility to another. The **SENDING** facility must include a copy of the most recent Level II mental illness screening with the accompanying paperwork.

# LEVEL II PASRR MI *Continued*

- Resident require a Medical admission to an acute inpatient hospital
  - A NF resident is sent to a hospital for **MEDICAL** reasons. Whether the resident returns to the original nursing facility or is discharged to another facility, no Level II MI assessment is needed. If the resident does **NOT** return to the original facility, it is **incumbent** on the **receiving** nursing facility to contact the original facility or the OBRA office for a copy of the most recent Level II assessment.

# LEVEL II PASRR MI *Continued*

- Resident converts to MassHealth for payment of nursing facility services
  - A nursing facility resident who **HAS** received a Level II mental illness screening upon admission does not require an additional Level II screening upon conversion to MassHealth.

# HIPAA

- PHI – Personal Health Information
- A resident does not have the right to refuse the release of personal and clinical information required by law
- Privileged information includes only psychotherapy notes and are NOT to be released

# ADMISSIONS FROM EMERGENCY ROOMS

- Hospitals with appropriate licensed staff with psychiatric experience (RN, LICSW, LCSW, LMHC, PhD, MD) may complete the MI PAS Level II tool and notify HES. HES will fax a Determination Letter to the appropriate NF for inclusion with the admission documents.

# INDICATIONS FOR LEVEL II PAS FOR MENTAL ILLNESS

- Psychosis (not medication induced)
  - Schizophrenia: All types

*Please note that "dementia praecox" is an outdated term meaning schizophrenia.*

- Paranoia
  - Atypical Psychosis
- Affective Disorders
  - Schizoaffective disorder
  - Bipolar disorder (manic depression)
  - Unipolar depression (> 10 years) which required inpatient psychiatric treatment **OR** electro-convulsive treatment (ECT) **OR** psychoactive medications.



# INDICATIONS FOR LEVEL II PAS FOR MENTAL ILLNESS *Continued*

- Anxiety and Somatoform Disorders:
  - Must meet 3 criteria:
    - Length of illness must be at least two **(2) years**, evidencing symptoms within the past six (6) months;
    - Individuals must have required **inpatient psychiatric treatment** for the condition with subsequent need for mental health follow-up services; and
    - **Psychoactive medications** are required to decrease symptomatology, which significantly interferes with the individual's ability to meet his/her activities-of-daily-living needs.

# **OBAR PAS TOOL**

# CONDITIONS EXEMPTED FROM LEVEL II PAS

- **\*Dementia**= all types including but not limited to the following listing:
  - Alzheimer's disease
  - Organic brain syndrome
  - Multi-infarct dementia
  - AIDS related dementia
  - Parenchymatous neurosyphilis
  - Benzwinger's disease
  - Pick's disease
  - Creutzfeldt-Jakob disease
  - Pre-senile dementia
  - Korsakoff's syndrome
  - Primary degenerative dementia
  - Machado-Joseph Disease

# SPECIALIZED SERVICES NEEDED

- **ASAPs**
  - MassHealth payment for NF Services *must be denied*
  - Family or community agency should be advised to contact local psychiatric emergency center or to have the client transported to the local hospital emergency room
- **Acute and Chronic Hospitals**
  - Arrange for Inpatient Psychiatric admission in your hospital or another appropriate facility

# INDICATIONS FOR LEVEL II PAS FOR MENTAL ILLNESS *Continued*

- **SCREENABLE ANXIETY & SOMATIFORM DISORDERS:**
  - Panic disorders with or without agoraphobia
  - Agoraphobia with panic disorder
  - Obsessive-compulsive disorder
  - Post Traumatic Stress Disorder
  - All dissociative disorders, including amnesia, fugue, and not otherwise specified
  - Depersonalization Disorder
  - Specific phobia
  - Generalized anxiety disorder
  - Somatization disorder
  - Conversion disorder

# CONDITIONS EXEMPTED FROM LEVEL II PAS *Continued*

- \*Severe and debilitating, END STAGE cases of Parkinson's Disease,
- Huntington's Chorea,
- Amyotrophic Lateral Sclerosis (ALS).
- \* END STAGE cases of Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD). The use of **24-hour oxygen** must be present with end stage CHF and COPD in order to qualify for an exemption.
- \*Ventilator dependent and comatose persons.
- \*Head injuries of a severe nature.
- \*Terminal illness with six (6) month prognosis documented by M.D.
- \*Convalescent care of thirty (30) days or less following an acute MEDICAL admission only.

**PLEASE NOTE: END STAGE refers to bedbound or bed-to-chair.**

Source: CMS Guidelines

# LEVEL II PAS OUTCOMES

- Approved for admission to nursing facility, no specialized services needed
- Specialized Services needed, not approved for admission to nursing facility
  - The need for Specialized Services is synonymous with the need for acute inpatient psychiatric hospitalization
- Approved for admission, no mental illness as specified by OBRA'87

# SPECIALIZED SERVICES NEEDED *Continued*

- **Nursing Facilities**

- Potential resident cannot be admitted to your facility
- Prior to admission from inpatient psychiatric services, NF should receive Determination Notice from HES
- If a NF resident, psychiatric services vendor should be notified for facilitation of inpatient admission
- If no psychiatric services vendor is used, the NF is responsible for facilitation of inpatient psychiatric admission



# DOCUMENTATION OF DEMENTIA & RELATED

- March 1991 CMS Audit Findings: Insufficient documentation to support the diagnosis
- Documentation must include at least **ONE** of the following:
  - Results of a neurological examination: CT, PET, MRI scans;
  - Results of a mental status examination focusing especially on cognitive functioning, e.g., neuropsychological testing performed by a qualified professional;
  - Notes citing the progressive decline in cognitive functioning over a specified period of time;
  - Notes citing specific behavioral changes consistent with a diagnosis of dementia observed over a specified period of time; or
  - Specific and detailed information from you and your cooperating physician.

**DDS LEVEL II PASRR:  
INTELLECTUAL OR OTHER  
DEVELOPMENTAL  
DISABILITIES**

Department of Developmental Services

Nancy Weston

DDS PASRR Director

# DEFINITIONS: ID AND DD

## **Intellectual Disability**

- Significantly sub-average intellectual functioning
- Manifests before the age of 18

## **Developmental Disabilities**

- Also referred to as related conditions
- Individuals who have a severe, chronic disability that meets the following conditions:
  - Cerebral Palsy or Epilepsy, or
  - Any other condition, other than mental illness, such as autism, spinal cord injury, head injury, multiple sclerosis, muscular dystrophy, etc.

# DD DEFINITION *CONTINUE*

- Developmental Disabilities** *Continued*
  - Is manifested before the person reaches the age 22
  - Is likely to continue indefinitely
  - Results in substantial functional limitations in three or more of the following areas:
    - Self-care
    - Understanding and use of language
    - Learning
    - Mobility
    - Self-direction
    - Capacity for Independent Living

# Level II PASRR May be Required

- Pre-admission:** Persons in the community or in a hospital
- On or about day 30:** For individuals residing in Nursing Facilities
- For persons experiencing a **Significant Change** in their condition
- 90 days** from the previous PASRR

# INITIATING THE LEVEL II PASRR PROCESS

- Referral source completes the telephone intake with the PASRR intake and Admissions Specialist
- Intake Specialist will require:
  - Name, date of birth, and Social security number
  - Address and phone number of permanent residence
  - Legal Status
  - Legal Guardian or other contact information
  - MassHealth number
  - Medicare number
  - Current medical issues requiring NF admission or continued stay
  - Information is immediately provided to appropriate Regional Nursing Facility Specialist
- Intake Specialist contact information: 1800-649-9378

# LEVEL II PASRR PROCESS

- Regional Nursing Facility Specialist has 1-3 days from the date of the telephone intake to administer the PASRR screen
- Will call to arrange an appropriate time
- Interview resident
- Review medical records
- Interview hospital or nursing facility staff
- Interview guardian, family, and others

# LEVEL II PASRR TOOL

- ❑ PASRR Tool is a uniform objective screening tool
- ❑ Must be specifically scored
- ❑ Regional Nursing facility Specialists sends letter of finding within 7-9 day timeframe.



# LEVEL II PASRR OUTCOMES

- Approved for nursing facility admission, assessment for specialized services needed
- Approved for nursing facility admission, no assessment for specialized services needed
- Not approved for nursing facility admission

# NURSING FACILITY ADMISSION

- Contact PASRR Intake and Admissions office on the Day of Admission or the first business day after admission at: 1-800-649-9378**
- Within 48 hours of Admission fax the Level I form to: 617-624-7557**

# OUTCOME– SHORT-TERM PASRR APPROVAL

- ❑ PASRR– Short term authorization for up to 90 days from the date of PASRR
- ❑ Subsequent PASRRs authorize 90 days from the date of the previous PASRR as reflected on the PASRR notice
- ❑ Typically three 90 day PASRRs
- ❑ Eventual PASRR without end date

# OUTCOME– PASRR WITHOUT END DATE

- May occur at any point of PASRR
- mid-to-late stage Alzheimer's disease or dementia;
- end-stage terminal illness;
- comatose, is in an unresponsive state,
- complex multi system failure resulting in permanent dependence in all activities of daily living,
- ventilator dependent,
- The individual requires continued nursing facility care per at least 3 previous short term PASRRs
- The individual is a resident of a pediatric nursing facility.

# OUTCOME– PASRR PROVISIONALLY APPROVES FOR ONLY 30 DAYS

- End date is provided on the Notice
  
- DDS/ UMASS NHI will coordinate with the resident, guardian, and nursing facility staff to ensure the most appropriate community alternative.
  
- Person is discharged home by the end date on the letter.

# OUTCOME – PASRR Denial

- Person may remain in the community
- DDS may work with the family and/or residential staff to arrange additional supports and services

# REASONS FOR NOT REQUIRING NF LEVEL OF SERVICES

- Scoring on the PASRR Tool
- Behavioral Needs
- Community rule out

# PASRR OUTCOME- Specialized Services

- Services specific to the disability
- Services in addition to standard nursing facility services
- Services provided by disability professionals
- Services that are complimented and reinforced in the nursing facility
- These need areas include:
  - Self-help development
  - Sensorimotor development
  - Affective development
  - Social development
  - Independent living development
  - Communication development
  - Academic/education development
  - Behavior development
  - Vocational development



# PASRR Findings – Appeal Rights

- ❑ The individual or his or her guardian has the right to appeal the decisions made by the Department.
- ❑ Information as to how the individual or his or her guardian may request an appeal is included in the PASRR notification letters.

# COMPLIANCE & MONITORING

MassHealth Office of Long Term Care

# PASRR COMPLIANCE MONITORING

## Medicaid Agency

- Monitors all parties ( NFs, DDS and DMH) for compliance with PASRR
  - Monitoring Procedures: NFs
    - Conducts quarterly on site NF compliance audits (more frequently if serious compliance issues identified);
    - Requires NF to submit appropriate plan of correction when deficiencies are noted within 30 days from audit;
    - Follows up with NF on subsequent audit to ensure plan of correction has been implemented; and
    - Imposes sanctions +/- administrative fines for certain levels of out of compliance.

# PASRR COMPLIANCE MONITORING *Continued*

- Common Areas of Non-Compliance
  - Level I did not contain referral to DDS and/or HES;
  - Level I not completed prior to admission;
  - Level I failed to identify the diagnosis of MI, ID or DD;
  - No documentation or inadequate documentation to support categorical determinations;
  - No MD orders for 30 day Convalescent Stay;
  - Depression diagnosis and supporting documentation (no date of onset); and
  - Dementia diagnosis without supporting documentation

# PASRR COMPLIANCE MONITORING *Continued*

- Office of Inspector General (OIG) January 2007 Findings Reports
  - Findings- Level I PAS completed late, Level II did not meet all federal requirements (timing and content requirements) for both ID/DD and MI.
  - OIG Recommendations:
    - CMS hold state Medicaid agencies for ensuring compliance with Federal regulations; and
    - CMS could require that state Medicaid agencies provide data regarding the number of completed Level I Preadmission Screens; the number of expected and completed Level II Evaluations and Determinations; and nursing facility confirmations of receipts of PASRR documentations.
  - CMS concurred with all OIG recommendations

# PASRR COMPLIANCE MONITORING *Continued*

## – CMS Recommendations:

- » To remind states of their obligation to implement effective and timely Level I and Level II process, clarifying for states all of the Level II elements required by Federal regulations;
- » To review state claims, if necessary, to ensure that State recovers Federal Financial Participation (FFP) from NF for any days claims prior to the completion of all PASRR documentation; and
- » To ensure that a resident requiring a Level II PASRR is included in the resident sample during a NF facility survey.

# PASRR COMPLIANCE MONITORING *Continued*

- Compliance Self Assessment
  - The Medicaid agency is currently reviewing its own practices and those of the PASRR Authorities for compliance with OBRA/PASRR
  - Based on the findings of this review, the state Medicaid agency may
    - Issue bulletins;
    - Modify policies and procedures; and
    - Conduct focused trainings

# CONSEQUENCES OF NON-COMPLIANCE

- *Hospitals*
  - Delay on NF admissions where Level II required or insufficient documentation to support admission
- *Nursing Facilities*
  - Non-Payment of nursing facility services;
  - Administrative Fines and Sanctions.
- *State*
  - Loss or significant reduction in FFP.



# Questions & Answers