

PASRR 101

HELPING INDIVIDUALS THRIVE IN THE SETTINGS THEY WANT

Takeaways from this presentation

- What are the basic PASRR requirements?
- What is the purpose of PASRR evaluations?
- How does PASRR “work” and who is responsible?
- What is the true target population for PASRR?
- Can PASRR programs track people admitted under the exempted hospital discharge?
- Can PASRR programs prevent NF admissions?
- Are specialized services eligible for FFP?
- How does PASRR compliance support community integration?

PASRR Statutes & Regulations

- 1919(e)(7) [and (b)(3)(F)] of the Social Security Act – passed in 1987 as part of OBRA '87, amended in BBA '96
 - States were required to have a program in place by 1989
- 42 CFR 483.100-138 promulgated in 1993
- Other regulations that reference PASRR
 - 42 CFR 431.621 – interagency agreement
 - 42 CFR 483.20(k) – coordination with MDS
 - 42 CFR 483.21 – coordination with plan of care

Basic Preadmission Screening

- Every applicant to a Medicaid-certified NF (regardless of payment source) must be screened for possible serious mental illness (SMI) and intellectual disabilities or related conditions (ID/RC) **prior to admission***
 - This identification screen is called “Level I”
- Anyone identified as “positive” on Level I (has possible SMI or ID/RC) must receive a more in-depth evaluation **prior to admission***
 - This evaluation is called “Level II”

Required timeframe: Annual average of 7-9 days from Level I to Level II completion

Basic Resident Review Rules

- (Formerly “Annual Resident Review”)
- Any resident with SMI or ID/RC experiencing a “significant change in physical or mental condition” must receive a Resident Review
- May also be interpreted that *any* resident experiencing a significant change in condition that suggests a *possible* previously-undiagnosed SMI or ID/RC must receive a Resident Review
- Essentially a combination Level I/Level II process

Purpose of PASRR

Purpose of the PASRR Evaluations

- To determine whether:
 - The individual has a qualifying SMI or ID/RC
 - The individual has a “need for NF services”
 - The individual requires “specialized services”

Definitions of PASRR-eligible Conditions

- Serious Mental Illness (483.102(b)(1)):
 - Diagnosis of major mental disorder per DSM-III-R that is not secondary to dementia (see next slide)
 - Impact on major life activities within the past 3-6 months
 - Required significant treatment/support within the past 2 years
- Intellectual Disability (483.102(b)(3)):
 - Limitations in intellectual functioning and adaptive behavior, onset before age 18
 - Uses AAIDD (former AAMD) Classification Manual from 1983
- Related Conditions (483.102(b)(3)): Same as 435.1010

Dementia “Exclusion”

- From Social Security Act 1919(e)(7)(G)(i):
- An individual is considered to be “mentally ill” if the individual has a serious mental illness (as defined by the Secretary in consultation with the National Institute of Mental Health) and does not have a primary diagnosis of dementia (including Alzheimer’s disease or a related disorder) or a diagnosis (other than a primary diagnosis) of dementia and a primary diagnosis that is not a serious mental illness.
 - People with dementia and SMI may not qualify for PASRR if the dementia is considered “primary” and the SMI is considered “secondary”
 - This should not exclude all people with dementia and SMI from PASRR

Need for NF Services

- Does the individual meet NF level of care (LOC)?
 - Note: LOC assessment is not a PASRR activity
- Does the individual desire NF placement? Could the individual be served in HCBS? (And is the individual aware of the option?)
- Is the specific NF the individual is applying to or residing in able to meet the individual's needs?
- If institutional care is met/desired, are there other institutional settings that would be more appropriate?

Specialized Services

- Should be more intensive and individualized than NF services
- Should be incorporated into the individual's plan of care
- States can define their own specialized services
 - Examples:
 - Employment supports
 - Activities to promote transition/community integration
 - Intensive ADL training
- States must provide or arrange for these services
 - May use HCBS providers

Disposition Based on Determination

Appropriate for NF:

- Can be admitted/retained in NF. If specialized services are also needed, the state must arrange for those

Not appropriate for NF:

- If an applicant or resident doesn't need NF services because they don't meet NF level of care, they should not be admitted or retained; FFP will not be available for their NF services
- If an applicant or resident doesn't need NF services because they don't want institutional placement (but still meet NF LOC), they should be directed to community options as appropriate. Discharged residents must continue to have their needs met by the state as part of a community placement

Process & Exceptions

Level I

The purpose of the screen is just to identify anyone who may be eligible for PASRR and to make referrals to the Level II evaluators

- Federal regulations do not specify who can perform the screens

Level II

- Confirm that the person meets PASRR definitions of SMI or ID/RC
- Determine if the person's needs can be met in NF setting, and/or if they need additional specialized services
- Evaluation
 - Must be done by a qualified professional as defined by SIDA (for I/DD) or State (for SMI)
 - Applying criteria for NF placement and additional NF services or specialized services
 - Must lead to an evaluation report
- Determination
 - Formal notice to individual, LAR, doctor, NF, hospital
 - Issued by SIDA or SMHA
 - Confirms PASRR eligibility, any service recommendations

Responsible Entities

- State Medicaid Agency (for general oversight and conducting Level II evaluations for people with SMI)
- State Mental Health Authority – Level II determinations for people with SMI
- State Intellectual Disability Authority – Level II evaluations and determinations for people with I/DD
- NFs – making sure they only admit people with proper PASRR paperwork; notifying SMHA or SIDA of “significant change”
 - Barred by statute from doing Level II evaluations

Exempted Hospital Discharge

42 CFR 483.106(b)

- (1) ... With the exception of certain hospital discharges described in paragraph (b)(2) of this section, new admissions are subject to preadmission screening.
- (2) Exempted hospital discharge
 - (i) An exempted hospital discharge means an individual -
 - (A) Who is admitted to any NF directly **from a hospital** after receiving **acute inpatient care** at the hospital;
 - (B) Who requires NF services for **the condition for which he or she received care in the hospital**; and
 - (C) Whose attending physician has **certified** before admission to the facility that the individual is likely to require **less than 30 days** nursing facility services.

Exempted Hospital Discharge

- *Exempted hospital discharges are not open-ended exemptions*
483.106(b)(2)
- (ii) If an individual who enters a NF as an exempted hospital discharge is later found to require more than 30 days of NF care, the state mental health or intellectual disability authority must conduct an [annual] resident review within 40 calendar days of admission.

Categorical Determinations

- Some allowances for *expedited* Level IIs (called “categorical determinations”) for people with
 - Terminal illness (definition used for hospice in 42 CFR 418.3)
 - Severe illness
 - Dementia and intellectual disability
 - Delirium
 - Provisional admission for respite, emergency

FFP

- FFP is available for PASRR administrative activities at 75% match
- FFP is available for specialized services if the states add them to their State Plan
- FFP can be withheld when PASRR is not properly completed:
 - 483.122(b): When a preadmission screening has not been performed prior to admission or a... review is not performed timely, in accordance with §483.114(c), but either is performed at a later date, FFP is available only for [NF services] furnished after the screening or review has been performed, subject to the provisions of paragraph (a) of this section.

Enforcement

- In Conditions of Participation (42 CFR 483.20(k))
- Subject to new F-tags as of November 2018
 - F644 Coordination of PASRR and Assessments
 - F645 PASRR Screening for SMI & ID
 - F646 SMI/ID Significant Change Notification

Policy Clarifications

Frequently Asked Questions

- What is the true target population for PASRR?
- Can PASRR programs track people admitted under the exempted hospital discharge?
- Can PASRR programs prevent NF admissions?
- Are specialized services eligible for FFP?

What is the true target population for PASRR?

- Why this is important: Making sure that the PASRR program identifies the people who truly need support and are at risk for unnecessary or unsuccessful NF placements
- Challenge: Constructing a program that sets realistic catchment without missing people
- Solution: Achieving the correct balance between Level I and Level II processes
 - Confirming diagnoses must be done by professionals (42 CFR 483.134(c) and 483.136(c))
 - Some states have clinicians performing Level I screens, some states do not
 - Unless Level I is being done by Level II designees, confirming diagnosis *including primary dementia* is a Level II function
 - Categorical determinations can allow programs to direct individuals at the Level I stage into an abbreviated evaluation process
 - Must be included in State Plan

Can PASRR programs track people admitted under the exempted hospital discharge?

- Why this is important:
 - Making sure that exempted hospital discharge (EHD) is not overused
 - Making sure people admitted under EHD are not retained unnecessarily in a NF
 - Making sure that people admitted long-term after an EHD get necessary supports
- PASRR programs are required to track *all people* with SMI and ID/RC who are admitted to NFs (42 CFR 483.130(o))
- PASRR programs are not federally prohibited from conducting Level I screens on *all* new admissions (or developing some other tracking mechanism) – the critical exemption is from performing a Level II evaluation/determination

Can PASRR programs prevent NF admissions?

- PASRR programs should evaluate someone's "need for NF services"
- "Need for NF services" = meeting level of care + placement is desired/appropriate
- **Level of care (LOC)**
 - States set their own LOC criteria
 - LOC assessments for NF admission are separate from PASRR
 - But* PASRR programs may look behind LOC assessments to verify it
 - Care for NF cannot be reimbursed for a PASRR-eligible person who doesn't meet LOC (483.122)
- **Desires NF admission**
 - If someone truly meets LOC and wants NF placement, their choice must be respected
 - But* PASRR program should ensure the person is aware of *all* of the options they have for where they can receive services

Are specialized services eligible for FFP?

- **YES – may be paid for as State Plan services (at state’s FFP rate) for eligible NF residents**
- Why this is important
 - Core function of PASRR
 - Prevents decompensation, aids in skills development, increases likelihood of transition out of NF
- How this is done
 - Through State Plan Amendments
 - Defining specialized services so they don’t duplicate NF services
 - Setting up a method for paying specialized service providers
- Note that states are still responsible for “specialized services” *after* someone leaves NF (42 CFR 483.118(c))
 - Can be satisfied by incorporation into home and community-based care plans

What Success Can Look Like

- Looking beyond “paper compliance”
- PASRR should be viewed by the state as:
 - A tool for diverting people from inappropriate NF placements
 - A tool for supporting peoples’ transitions out of NFs by
 - Identifying people who can transition out
 - Providing people with supportive services to develop independent living skills
 - A tool for providing NF residents with supports that the NF cannot provide
 - Makes the state responsible for supplementing standard NF care
 - Reducing problem behaviors
 - Reducing the need for transfers

PTAC (PASRR Technical Assistance Center)

- Provides technical assistance to state PASRR programs
- www.pasrrassist.org

Comments? Questions?

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