

Preadmission Screening (PASRR) Medicaid Certified Nursing Facilities

DEPARTMENT OF HUMAN SERVICES

MED-QUEST DIVISION

2018

Agenda

- History
- Specialized Services in Hawaii
- CMS Review of Hawaii's PASRR Process
 - Level I (Screening Tool)
 - Level II (Evaluation and Determination)
- Resident Reviews
- Questions

The Omnibus Budget Reconciliation Act (OBRA) 1987

- Due to Institutional Mental Health Facility Closures or Downsizing in the 80s:
 - Individuals with a Serious Mental Illness (SMI) or/and Intellectual Disabilities or Developmental Disabilities or Related Condition (ID, DD, RC) were being institutionalized in Nursing Facilities (NF) without adequate mental health services, therefore:
 - ALL APPLICANTS TO A MEDICAID CERTIFIED NF
 - REGARDLESS OF PAYOR SOURCE ARE REQUIRED TO, PRIOR TO ADMISSION:
 - determine if applicant is SMI, ID, DD, RC
 - determine if applicant meets NF Institutional Level of Care
 - determine if applicant needs could be met in that NF
 - determine if applicant requires Specialized Services
 - Current Specialized Services for SMI
 - Requires 24 /7 Behavioral Health Active Treatment Plan
 - Current Specialized Services for ID, DD, RC
 - Requires 24/7 Active Treatment Plan

CMS Review of Hawaii's PASRR Process

Recommendations:

- Revised Level II Evaluation Forms
- Revised Level I Screening Form
 - MUST “Broadly Screen” applicants
- Gap in screening vs. reporting data in Minimum Data Set (MDS)
 - Hawaii added additional screeners
 - Hospital RN Discharge Planners and APRNs
- Data Reporting
 - ePASRR (Hawaii's electronic application for PASRR submission)

Level I: Part A - Serious Mental Illness (SMI)

Definition - #1, a, b

- Listed symptoms and diagnosis, added substance related disorder
- SMI may lead to a chronic disability
- SMI is current
- SMI is NOT primary or secondary of Dementia / Alzheimer's
 - SMI is NOT under the Dementia “umbrella” as a listed diagnosis
 - SMI is a “stand alone” diagnosis, behavior is not “coming from” the Dementia
- If SMI “stand alone” and has Dementia, show evidence (not new)
- In the last two years have psychoactive medications been prescribed on a regular basis to treat behavioral/mental health symptom(s) with or without current diagnosis of SMI

Level I: Part B - Intellectual Disability (ID) Developmental Disabilities (DD)/Related Condition (RC)

Has ID or history of indicating the presence of ID prior to age 18

Has DD/RC indicating presence prior to age 22 (indicate age of presence)

- Closely related to Intellectual disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of intellectually disabled persons and required treatment or similar services
 - Autism, epilepsy, blindness, cerebral palsy, closed head injury, deaf
 - Must have substantial functional limitations in three or more of the following areas of major life activity
 - Self care, understanding the use of language, learning, mobility, self direction, capacity of independent living
- Has ID, DD, RC and Dementia show evidence (not new)
- Has functional limitations relating to ID, DD, RC
- Received or receiving ID, DD, RC services
 - Indicate service agency

Level I: Negative vs. Positive Screen

All NOs in part A and B = a NEGATIVE screen

- Ok to admit applicant if meets NF institutional level of care

If YES in part A or B = a POSITIVE screen

- If applicant is POSITIVE, must proceed to Part C (Categorical Determinations)

Enter in ePASRR: Attest, type screener's name and date. Name of person entering form will be saved.

Positive Screens

Part C: Categorical Determinations

Categorical Determinations are pre-determinations that the applicant at the time of screening, does not benefit from specialized services

- 1 – Discharged from Acute Care Hospital, needs rehabilitative therapy
 - Must have had an Acute Level of Care, not observation, not emergency room
- 2 – Terminal Illness
 - Must be serviced by a Medicare/Medicaid Hospice Agency at the time of admission
- 3 – Comatose, Ventilator Dependent, Functioning at Brain Stem Level
- 4 – Delirium
- 5 – Protective Services
- 6 – Respite Care (short term, to return to same caregivers)

Level I: Part C – Categorical Determinations

If yes on one categorical determination (only one can be selected), a Level II evaluation and/or determination may not be needed preadmission

- Ensure that the definition meets the applicant's current status
- Watch timelines since categorical determinations may have grace days
 - Level II is required at the end of the grace days or after rehabilitation (on #1) if applicant continues institutional NF stay

If ALL NOs on Part C

- a Level II Evaluation and/or Determination is REQUIRED before admission into the NF

ePASRR online opens packet for:

- AMHD and/or
- DDD

Level II - Evaluation

Adult Mental Health Division (AMHD)

- Attending Physician and a Psychologist or Psychiatrist – No affiliation with NF and AMHD
- Form 2 – Medical Evaluation (other reports can be utilized, i.e. H & P)
- Form 3 – Psychiatric Evaluation, part I (psychiatric consultation report can be utilized)
- Form 4 – Psychiatric Evaluation, part II
 - If found NOT meeting SMI PASRR on form 4, ok to end evaluation, must validate the information
 - If in serious doubt – send via ePASRR to AMHD
- 1147 if applicable

Developmental Disabilities Division (DDD)

- Attending Physician and a Psychologist or Psychiatrist (QMRP)
- Long Blue Form
- Recent Hospital H & P
- Add a Social Summary
- Cognitive/IQ Test if available
- 1147 if applicable

Level II - Determination Letter

The Determination Letter – MUST BE READ

- Found in ePASRR and states whether the applicant:
 - meets SMI, ID, DD, RC PASRR criteria
 - meets Institutional NF Level of Care
 - needs Specialized Services
- If SMI, ID/DD/RC applicant does not meet Institutional NF Level of Care
 - No admittance to institutional NF
- If applicant requires specialized services – Do not admit
- OR if individual resides in the NF – Call the State
 - State must divert/provide the individual with specialized services
 - SMI – Acute Behavioral Health Unit
 - ID/DD/RC – Home and Community Based Waiver or Intermediate Care Facility
- Referral entity MUST print Determination Letter(s) from ePASRR and provide to the applicant/legal representative, MD, and referring entity
 - Determination Letter contains Appeal Rights

Resident Review -Nursing Facility ONLY

Significant Change in Status / Minimum Data Set (MDS)

- After a change in physical or mental condition
- Care Plan reassessment by seventh day
- Comprehensive Assessment by 14th day
- Complete a Level II by 21st day if resident's condition warrants review for specialized services

Questions

Is this preadmission screening requirement **ONLY** for applicants wanting to reside in a Medicaid certified NF ? **YES**

- Is preadmission screening required for ALL payor sources ? **YES**
- Do we need to do PASRR for any community settings? **NO**

Contacts

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