


Alabama Department of Mental Health




Alabama Medicaid Certified Nursing Homes

Preadmission Screening & Resident Review (PASRR) for Mental Illness Intellectual Disability & Related Condition

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OBRA PASRR

The Preadmission Screening and Resident Review Program was mandated under the 1987 Nursing Home Reform Act



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PASRR Overview

PASRR must identify all persons suspected of having mental illness, intellectual disability, and related conditions.



1. Requires that “all” persons seeking admission into a Medicaid Certified NH are screened before admission and regardless of dx or payee source
2. If MI/ID/RC is identified, is nursing home placement appropriate? Is State’s Level of Care Criteria met?
3. Do medical needs outweigh Mental Health needs?
4. Can “total” care needs be met in NH?

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Level I Screening Form (LTC-14)

will identify:



- Suspected MI/ID/RC
- Dementia
- Psychotropic meds **for medical conditions**
- Behaviors that are a danger to self/others
- The need for a Level II Evaluation
- Short term or Long term stay

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State of Alabama Department of Mental Health
Level I Screening for (M) Intellectual Disability (ID)/Related Condition (RC)
Use for Medicaid Certified Nursing Home (Only)

Name: Joe Citizen SSN: - - - - - DOB: / /

Name of current residence at time of Level I submission Street address City, State, Zip County

Check Type of Residence: NF Hospital Home Assisted Living Facility Group Home
 Other

Legal Guardian, If Applicable: Address:

Note: Under OBRA '87, any individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$ 5,000 with respect to each assessment.

Referral Source and Title: Date:

Place of Employment: Fax #: Phone #:

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1. Does the individual have a suspected diagnosis or history of an **Intellectual Disability** or a Related Condition?
 Yes No

1a. Specify.
ID: Intellectual Disability
Did the ID develop before age 18?
 Unknown Yes No N/A

RC: Autism
Did the Autism develop before age 22?
 Unknown Yes No N/A
 Cerebral Palsy
Did the Cerebral Palsy develop before age 22?
 Unknown Yes No N/A
 Epilepsy/Seizure Disorder
Did the Epilepsy/Seizure Disorder develop before age 22?
 Unknown Yes No N/A
 Other Related Condition:
Did the Other RC develop before age 22?
 Unknown Yes No N/A

2. Does the individual have a current, suspected or history of a Major Mental Illness as defined by the Diagnostic & Statistical Manual of Mental Disorders (DSM) current edition? Choose "No" if the person's symptoms are situational or directly related to a medical condition, (e.g. depressive symptoms caused by hyperthyroidism, depression caused by stroke or anxiety due to COPD, these conditions must be documented in the medical records by a physician). Yes No

2a. If yes, check the appropriate disorder below.
 Schizophrenia Schizoaffective Disorder Psychotic Disorder NOS
 Major Depression Depressive Disorder NOS Dysthymic Disorder
 Bipolar Disorder Generalized Anxiety Disorder Panic Disorder
 PTSD OCD Somatoform Disorder Conversion Disorder
 Personality Disorders Unspecified Mental Disorder
 Other Mental Disorder in the DSM or (no above option) Mild Depression, Depression, Paranoid Explosive DO

2b. Are any of the diagnoses checked on question #2 situational or conditions that are directly related to a medical condition? Yes No
(Reminder: If the diagnoses are situational or directly related to a medical condition, do not check these conditions on #2. However, you must ensure that this information is documented in the person's medical records by the physician, for example, depression related to stroke or anxiety due to COPD.)

Related Conditions

- What are Other Related Conditions?
- Is there a complete listing of Related Conditions?
- How do I determine if I need to list a condition on the Level I Form?
- Where do I begin?

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Related Conditions continued.

- If any of the Related Conditions that are listed on the state's Level I Form are listed in the patient's medical records, you must list them on the Level I Form to be screened.
- For "unlisted conditions" that you suspect to be a Related Condition, do not list them in the Other Related Condition Category if the condition manifested after the age of 22.

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2. Does the individual have a current, suspected or history of a Major Mental Illness as defined by the Diagnostic & Statistical Manual of Mental Disorders (DSM) current edition? **Choose "No" if the person's symptoms are situational or directly related to a medical condition.** (e.g. depressive symptoms caused by hyperthyroidism, depression caused by stroke or anxiety due to COPD, these conditions must be documented in the medical records by a physician) Yes No

2a. If yes, check the appropriate disorder below.

- Schizophrenia **Schizoaffective Disorder** Psychotic Disorder NOS
 Major Depression Depressive Disorder NOS Dysthymic Disorder
 Bipolar Disorder Generalized Anxiety Disorder Panic Disorder
 PTSD **OCD** Somatoform Disorder Conversion Disorder
 Personality Disorders Unspecified Mental Disorder
 Other Mental Disorder in the DSM **or (no above option) Mild Depression, Depression, Paranoid Explosive DO**

2b. Are any of the diagnoses checked on question #2 situational or conditions that are directly related to a medical condition? Yes No

(Reminder: If the diagnoses are situational or directly related to a medical condition, do not check these conditions on #2. However, you must ensure that this information is documented in the person's medical records by the physician, for example, depression related to stroke or anxiety due to COPD)

3. Has the individual's "Medical Condition" required the administration or prescription of any anti-depressant, anti-psychotic, and/or anti-anxiety medications within the last 14 days? Yes No

3a. If yes, list psychotropic medications for the Medical Condition (Do not list PRN medications): _____

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Psychotropic Medication Guidance

What types of Medications do I List on the Form?

1. For residents, do I complete a new Level I for all medication changes?
2. PRN Psychotropic Medications?
3. One-Time only psychotropic medications?
4. Anti-convulsant medications used as psychotropic meds for psychiatric conditions?
5. Dementia meds for diagnoses of Dementia?
6. Psychotropic meds for Dementia Diagnoses?
7. Psychotropic meds for psychiatric diagnoses?
8. A PRN psychotropic med for a psychiatric diagnosis?
9. A psy med for a situational diagnosis? (anxiety r/t COPD)
10. Do I list a psychotropic med for a medical condition? ¹¹

Medication Guidance continued

For Nursing Home Residents

Is there ever a need to submit a "new" Level I Form/Significant Change for medication changes?

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6. Submission of this Level I is due to one of the following:
 (For current NH residents, select one of the below Significant Changes):

- Medical Improvement
- Medical Decline
- Mental Illness Improvement
- Mental Illness Decline
- Behavioral Changes
- Short Term to Long Term Stay (only for MI/ID/RC Categorical Convalescent Care Residents)
- Mental Health Diagnosis Change (i.e. New MH diagnosis)
- Previous Level I Incorrect (For NH use only)
- No Level I and Determination or/and Level II and Determination upon NH admission (For NH use only)

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4. Is there a diagnosis of Dementia, Alzheimer's or any related organic disorders?
 Yes No (Note: if yes is checked, Dementia must be documented in the medical records by a physician)

4a. If yes, complete the MSE. (If unable to test due to Dementia, enter "0" as a valid MSE score; if unable to test due to any other condition, check unable to test, and leave MSE score blank)
 Provide MSE Score: _____ Check if unable to test:

4b. If #4 is yes, check level of consciousness: Alert Drowsy Stupor
 Coma N/A

4c. If #2 & #4 are yes, which diagnosis is primary? : Dementia Mental Illness
 N/A
 (The primary diagnosis must be documented in the medical records as "primary" by a physician)

5. Does the individual's current behavior or recent history within 1 year indicate that they are a danger to self or others? (Suicidal, self-injurious or combative)
 Yes No

5a. If yes, explain: _____

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7. Select Long Term Care or the applicable Short Term Care Option:
 Long Term Care

Short Term Care with the intent to return to the community after:

- Convalescent Care Applicable for patients with or without MI/ID/RC diagnoses
 For MI/ID/RC patients (1) you must have PT and/or OT orders as prescribed by a physician for 5x a week for 120 days or less (2) is not a danger to self or others and (3) must be currently in the hospital w/ a direct admission into the NH.
- Respite for no more than 7 days & is not a danger to self or others (Respite is not reimbursed by Medicaid under the NH Program)
- NH admission for an Emergency situation requiring protective services by DHR, person can not be a danger to self or others. If admission will exceed 7 days, the OBRA office must be contacted immediately to prevent non-compliance (Not applicable if currently in a hospital or other protective environment)
- Other Short Term Stay (If applicable, persons with MI/ID/RC must have the Level II completed prior to admission)
 - IV Therapy Wound Care Diabetes Care Home (in community) Convalescent Care
 - Other (please specify)**list "continued OT/PT" for persons currently in NH**

8. Is this individual terminally ill (life expectancy of six months or less), comatose, ventilator dependent, functioning at brain stem level or diagnosed as having Cerebella Degeneration, Advanced ALS, or Huntington's Disease as certified by an MD? Yes No

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New Nursing Home Admissions

A **New Admission** is:

- A first time admission/
never been admitted into a NF

A **Re-admission** is:

- A NF resident returning
to the SAME NF from a
hospital stay



Re-Admissions require:

An updated Level I Screening Form “if” a significant change has occurred (significant medical improvement, new mental illness diagnosis, suicidal ideations, etc.)

If the resident is determined to have a SC, the Level I Update must be submitted within 14 days of the re-admission.

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PASRR and **Inter-Facility Transfers**

An **inter-facility** transfer is:

A NH resident who transfers directly from one Alabama NF to another

OR

A NH resident who transfers directly from one Alabama NF to another **with an intervening hospital stay**



Inter-Facility Transfers do not require
an updated Level I Screening or Determination
(unless there is a SC)



Based on PASRR regulations, the **Discharging NH** is responsible for ensuring that copies of the most current PASRR documentation accompanies the resident to the receiving NF.

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Interfacility Transfers

2 Items you **must** consider:

1. Does the transferring nursing facility have PASRR documentation? (Never assume)
2. Is the PASRR documentation accurate/complete?
 - Is there a Level I Screening Form?
 - Is there a Level I Determination?
 - Is there corresponding medical documentation?
 - (If) applicable, is there Level II Documentation?

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The Level II Determination

- Completion of the Level II Evaluation, 7 days from receipt of the determination (Due date is located on Level I Determination)
- Determines (1) State's Level of Care Criteria (2) Appropriateness for NF placement (3) If total care needs can be met in the nursing facility (4) Specialized Services Needs and (5) NF Eligibility
- Verbal results are conveyed to the Level I referral source to expedite hospital discharges and nursing facility admissions. Afterward, the Level II documents are mailed or faxed to the referral source as written confirmation.

Per Federal Regulations, Section 483.112 (c), verbal approval is acceptable and valid for admission into a Medicaid Certified Nursing Facility

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Level II Evaluation Requirements

The Level I Determination will “always” alert you “if” and “when” a Level II Evaluation is required.

(NEVER assume ALWAYS read “EACH” determination!)

“3” Possible Level II Evaluation Scenarios

- (1) Must be completed **prior to admission (7 day timeframe)**
- (2) Must be initiated **upon admission** by contacting the OBRA Office to begin the Level II Evaluation process (**MI/ID/RC** categorical convalescent care, advanced chronic medical illness) **OR**
- (3) Must be completed **within a specified timeframe**, which will always be listed on the Level I Determination

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What is a PASRR Significant Change?

May include any of the following: (not an exhaustive list)

- Significant Changes can be Medical Improvements (may impact continued eligibility)
- Can be Medical Declines in residents with diagnoses of MI/ID/RC (does it impact the MI/ID/RC?)
- Significant Changes can be increased psychiatric, mood-related or behavioral symptoms of individuals with a MI/ID/RC diagnosis
- Individuals without a previous Level II history who obtain a new MH diagnosis require a Significant Change
- Individuals without a MI/ID/RC diagnosis, but current behavioral symptoms suggests that a MI/ID/RC diagnosis may be present (suicidal ideations, self injurious behaviors, etc.)

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Significant Change continued

- A Significant Change is required for MI/ID/RC residents who were approved under a 120 Day Time **limited Categorical, Convalescent Care** Determination and are now expected to stay beyond the approved timeframe.
- **NH residents who are discharged to the hospital and return to the NH**, always monitor this group to determine if a Significant Change update is needed
- Significant Changes/Level I Updates must be completed within 14 days of the status change
- **Who is monitored for a SC?**

NOTE: Nursing homes are mandated to monitor residents to ensure their continued LOC eligibility and continued appropriateness for nursing home placement.

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Out of State Referrals require:

- A completed **Alabama Level I Screening Form**



- A completed Alabama Level I Screening Form submitted to the OBRA PASRR Office for review **prior to admission**

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LTC-15

MI/ID/RC RESIDENT LEVEL II OBRA PASRR REPORT FOR THE MONTH OF

1. Identify all admissions, discharges, and deceased residents who have a diagnosis of MI/ID/RC determined by the OBRA PASRR Office.
2. The Report is due by the 10th of the month. (Regulatory Tracking Requirement)
3. If there are "no changes" an email or fax Notification must be sent by the 10th that includes the facility name, contact person, fax & telephone number, and the terms, "Level II Report, NO CHANGES"

| NAME | SSN | Admit/Re-Admit Date | D/C and Transfer Date | Location | Deceased Date |
|------|-----|---------------------|-----------------------|----------|---------------|
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Facility Name: _____ Completed by: _____ Address: _____
 Telephone # _____ The above is true and correct to the best of my knowledge _____ Administrator: _____

Note: When (MI/ID/RC) Categorical Convalescent Care residents are discharged from the NH prior to 120 days, these discharges must be included on this report.

PASRR TRACKING/MONTHLY LEVEL II REPORT REQUIREMENTS

1. Must be completed by the **10th** of every month
2. If there are no changes, you **must** send a notification for that month by the **10th**, stating, "**Level II Report, NO CHANGES**" **fax to 334-353-7661 or 334-242-0862**

Note: Every month the OBRA Office must receive Tracking Documentation whether it is (1) A completed Level II Report or (2) A notification indicating "no change"

3. **"If"** 120 Day MI/ID/RC Categorical Convalescent Care residents are discharged from the NH prior to the 120th day, they **must** be listed on the **Monthly Level II Report**

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“PASRR AWARENESS”

IS

YOUR

MEDICAID CERTIFIED FACILITY

COMPLETELY PASRR COMPLIANT?

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THE LEVEL I SCREENING FORM

THE FOUNDATION OF PASRR

4 STEPS to Compliance

1. Must be completed **prior to admission**
2. Must be **“accurate” (must reflect med. records)**
3. **Must have a “determination” A Level I Form is not valid without a determination.**
4. Complete PASRR Documentation must be accessible/available, **must be maintained in clinical file** (complete means- (1) Level I Form (2) Determination (3) Corresponding Medical Records and (4) Level II Documentation, if applicable)

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STATE REQUIREMENTS FOR DETERMINATIONS

1. Determinations must be both (a) signed **&** (b) dated by the admitting nursing home RN **before** admission
2. RN signature and date indicates that the Level I Form has been **reviewed prior to admission and it is “accurate” based on the corresponding medical records**

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RN Level I Form
Review/Certification

- **The Admitting RN controls access into MCFs**
- Must review and **compare medical records to the completed Level I Screening Form to determine accuracy**
- The RN **only allows access** to Medicaid Certified Facilities if the Level I Form is **(1) completed** and **(2) accurate**.
- Admission **must be denied** if the Level I Form is not accurate/complete
- In some cases, it may be necessary for the RN to contact the referral source for **clarification and/or resubmission of the Level I Form**

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Time Sensitive Determinations

What is a Categorical Determination? (MI/ID/RC)

1. **Respite Care (up to 7 days without a Level II Evaluation)** if stay is over 7 days must contact OBRA to start Level II)
2. **Emergency Care (up to 7 days without a Level II Evaluation)** if stay is over 7 days must contact OBRA to start Level II)
3. **Advanced Chronic Illness and Terminal Illness** (must contact the OBRA Office upon NH admission to start the Level II Evaluation)
4. **MI/ID/RC 120 Day Convalescent Care** (must contact the OBRA Office upon NH admission to start the Level II Evaluation)

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MI/ID/RC 120 Day Convalescent Care Categorical Determinations Requirements

- **Time Sensitive, only valid for 120 days!**
- Must contact the OBRA Office upon admission to begin the Level II Evaluation
- **If later determined that the resident needs to remain past the 120 day timed stay, a SC-ST to LT must be submitted to the OBRA Office & LOC assessed**
- **Must be in the Hospital** with a direct admission into the NH (can not be a danger to self or others and can not be in the community)
- If the duration of 5x a week lessens, **you no longer have a valid determination**. Therefore, discharge or complete a SC-14, ST to LT, LOC assessed)
- If therapy stops, **you no longer have a valid determination**. Therefore, discharge or complete a SC-14, ST to LT and LOC
- **If discharged prior to 120 days**, you must indicate discharge on the Monthly Level II Report Form by the 10th

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Considerations for Facilities with High Employee Turnover

- Have you ever admitted a person into your facility without completing the PASRR process/Level I Screening Form?
- If so, what measures do you have in place to prevent this from happening again?
- How many PASRR professionals do you have? If you have a "primary" PASRR professional, are your measures only effective when they are present? Do they have an assigned back-up professional **who is adequately trained?**

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High Turnover continued

- If your primary person resigns, is there a protocol in place that **immediately transitions or educates the new PASRR person?**
- **Is PASRR Training a part of your new employee orientation process?** Are new employees required to take the next available PASRR Training course?
- Is there a **seamless awareness** that PASRR violations can result in **costly Medicaid recoupments, penalties, and/or sanctions?**

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**Regular PASRR Training Classes
and Daily
Technical Assistance**

Alabama Public Library Services (Montg)

Daily PASRR Technical Assistance
(1-800-548-2188)

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How many PASRR Violations have you had in the past year ____?

- Rare violation, isolated
- Numerous/Widespread (Are "all types" of PASRR violations common in your NH?)
- Repeat/Pattern of same type of violation (Is your facility known for the same type of violation? For example, NH IVY Green always neglects to contact the OBRA Office for Categorical Convalescents or continues to admit applicants without completing a Level I Screening Form prior to admission)
- Consecutive months of PASRR Violations
- If you have violations, have all of your PASRR violations been resolved?

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PASRR Non Compliance Issues for Nursing Homes

- Ø No Level I Screening Form & Determination before admission
- Ø Level I Screening Form completed before admission but "not accurate"
- Ø No nursing facility RN signature and date on Level I Determination
- Ø Nursing Facility RN signature and date is "after admission"
- Ø Level I Screening Form not updated for a significant change
- Ø Level II Evaluation not completed (when required)
- Ø PASRR documentation not maintained in the clinical file
- Ø Categorical Determinations not reported to OBRA upon admission
- Ø Not submitting monthly placement/tracking changes (Level II Report MI/ID/RC persons) by the 10th of every month
- Ø Not complying with "Time Sensitive" Categorical Determinations (categorical-convalescent, emergency, respite)

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PASRR Authorities

- Omnibus Budget Reconciliation Act of 1987 (OBRA)
- Title XIX of the Social Security Act (sec 1919)
- 42 CFR Part 483-Requirements for States and Long Term Care Facilities, Subpart C
- Medicaid Administrative Code, Ch.10 (LTC)
- Medicaid Provider Manual, Ch. 26
- Federal Enforcement Agency (CMS)
- Public Health Agency Surveyors

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OBRA PASRR Website:
www.mh.alabama.gov/pasrr

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Thank You for your Participation,
if you have any additional questions

Please contact our office at **(1-800)548-2188**
or **(334)242-3946**

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