Training Goals

- OBRA PASRR Laws
- Historical Overview
- PASRR Services
- Discuss Required Protocols
- Common Questions
- Stakeholder Complaints
- Tips to facilitate PASRR Process
- Non-Compliance Violations

OBRA 87 & PASRR?
OBRA PASRR
The Preadmission Screening and Resident Review Program was mandated under the 1987 Nursing Home Reform Act. PASRR is a Federal and a State Requirement.

Major PASRR Stakeholders
1. CMS
2. Medicaid Agency
3. Department of Mental Health
4. Department of Public Health

How Did OBRA PASRR come to be?
- Nationwide closings of Mental Illness Institutions
- Influx of persons with MI in NHs
- Widespread Allegations of abuse, neglect, inadequate care and untrained personnel
- Public outcry for more federal oversight
- Congress and IOM
- PASRR HAS 3 Goals
What Services Do We Provide?

- Level I Screening Process (Must screen & identify “suspected” MI/ID/RC (LTC-14)
- Level II Evaluation and Determinations
- 9 Hour Technical Assistance Hotline
- PASRR Training Courses
- PASRR Non-Compliance Audits
- Manage Level II Tracking Reports

Common Questions

1. Can persons enter into a MCF without undergoing a pre-admission screening?
2. Is this a Federal or state requirement?
3. Who can complete the Level I Screening Form?
4. How long does the process take?
5. Can persons with a SMI enter a MCF?
6. My loved one will be a private pay resident, must they still comply with PASRR rules?

For all persons seeking admission into Medicaid Certified Nursing Facilities

PASRR requires that “all” persons are screened before admission and regardless of dx or payee source.

A Level I Screening Form must be completed prior to admission into a Medicaid Certified Facility!
The Level I Screening Form (LTC-14) will identify:

- Known or “Suspected” MI/ID/RC
- Psychotropic meds for medical conditions
- Behavioral Indicators, behaviors that may be a danger to self/others
- Dementia
- 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 Mental Illness (MI) 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.
   - Intellectual Disability
   - Did the ID develop before age 18?
     - Yes
     - No
     - N/A

   - **RC**
     - Autism
     - Did the Autism develop before age 22?
       - Yes
       - No
       - N/A

   - Cerebral Palsy
     - Did the Cerebral Palsy develop before age 22?
       - Yes
       - No
       - N/A

   - Epilepsy/Seizure Disorder
     - Did the Epilepsy/Seizure Disorder develop before age 22?
       - Yes
       - No
       - N/A

   - Other Related Condition
     - Did the Other RC develop before age 22?
       - 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 wheezes or heart pain 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
   - Major Depressive 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

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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 medication and the condition it is used to treat.

4. Is there a diagnosis of Dementia/Alzheimer's/Major Neurocognitive Disorder 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 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:

6. Submission of this Level I is due to one of the following:
   New Nursing Facility Admission
   (For current NH residents, select one of the below Significant Changes):
   Mental Health Diagnosis Change (i.e. New MH diagnosis)
   Mental Illness Decline
   Behavioral Changes
   Medical Decline (ONLY if it impacts the MI/ID/RC)
   Short Term to Long Term Stay (only for MI/ID/RC Categorical Convalescent Care Residents)
What is a PASRR Significant Change?

1. Promotes quality of care and life
2. Determines continued need for NH services and
3. Evaluates needs for MH supports/resources

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

- Individuals with a previous MI diagnosis who obtain a new MH diagnosis require a Significant Change
- Individuals without a previous Level II history who obtain a new MH diagnosis require a Significant Change
- Significant Changes can be increased psychiatric, mood-related or behavioral symptoms of individuals with a MI/ID/RC diagnosis
- Individuals without a MI/ID/RC diagnosis, but current behavioral symptoms suggest that a MI/ID/RC diagnosis may be present (suicidal ideations, self injurious behaviors, etc.)

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 \textit{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 “\textit{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?

\textbf{NOTE:} Nursing homes are mandated by Federal law to monitor residents to ensure their continued LOC eligibility and continued appropriateness for nursing home placement.

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

\begin{itemize}
  \item \textbf{Long Term Care} with the intent to return to the community after:
  \item \textbf{Convalescent Care} \textit{with the intent to return to the community after:}
  \begin{itemize}
    \item \textbf{Convalescent Care} \textit{Applicable for patients with or without MI/IDRC diagnoses}
  \end{itemize}
  \begin{itemize}
    \item For MI/IDRC patients (1) you must have PT and/or OT orders as prescribed by a physician for x 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.
  \end{itemize}
  \item \textbf{Respite} for no more than 7 days & \textit{is not a danger to self or others, (Respite is not reimbursed by Medicaid under the NH Program)
  \item \textbf{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)
  \item \textbf{Other Short Term Stay (If applicable, persons with MI/ID/RC must have the Level II completed prior to admission)}
  \begin{itemize}
    \item \textbf{IV Therapy} \textbf{Wound Care} \textbf{Diabetes Care} \textbf{Home (in community)} \textbf{Convalescent Care} \textbf{Other} (please specify)
  \end{itemize}
  \item \textit{list “continued OT/PT” for persons currently in NH}
\end{itemize}

8. Is this individual \textit{terminally ill (documentation of life expectancy of six months or less, can not be a danger to self or others) OR Chronic Illness, comatose, ventilator dependent, functioning at brain stem level or diagnosed as having Cerebella Deegenration, Advanced ALS, or Huntington’s Disease as certified by an MD?}

\begin{itemize}
  \item \textbf{Yes} \textbf{No}
\end{itemize}
Information Required to complete the LTC-14/Level I Screening Form

- What condition is the psychotropic medication being used to treat? (Be specific)
- Definition of situational diagnoses/adjustment disorders? (clear etiology, timeframe, mild, brief, not a SMI diagnosis)
- Conditions related to medical diagnoses (CRMD) (anxiety related to COPD, depression due to hyperthyroidism)
- Situational diagnoses/adjustment disorders and CRMD diagnoses must be clearly documented in the medical records
- Dually diagnosed patients (Dementia and Mental Illness) Which is primary?
- Terminal/Chronic/Respite (not a danger to self/others)

Top Items that delay the PASRR Process

1. Incorrect SS Numbers & Names
2. Leave off MI/ID/RC diagnoses and/or behaviors
3. Leave off Psychotropic Meds (medical/situational vs psychiatric)
4. What is the psychotropic medication being used to treat? (state requirement for Q.3)

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
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 PASRR documentation accompanies the resident to the receiving NF.

The Level II Determination

- Clinical Review (confirms or disaffirms)
- 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 Medical Level of Care Criteria (2) Safety and Appropriateness for NF placement (3) Are Mental Health Supports Needed? (4) Can total care needs be met? (5) Least Restrictive Environment? (6) 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
Tips To Facilitate the Level II Evaluation Process

Medicaid LOC Criteria Be Specific (Why or How)

• Can not take care of themselves
• Needs help w/ ADLs
• Needs help taking their medicine
• Hypertension
• Diabetes
• Need help going to the restroom
• Unstable Psychiatric Conditions (progress notes)
• Psychosis, anxiety, depression, both MI & SD

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
“PASRR Non-Compliance AWARENESS”

IS YOUR MEDICAID CERTIFIED FACILITY COMPLETELY PASRR COMPLIANT?

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 not updated for a significant change (when applicable)
Ø Level II Evaluation not completed (when required)
Ø PASRR documentation not maintained in the clinical file.
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 determination only valid for 120 days or Respite Categorical Determination only valid for 7 days)

Common NH Non-Compliance Item

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

• Time Sensitive, only valid for 120 days!
• 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-ST to LT and LOC assessed
• If therapy stops, you no longer have a valid determination. Therefore, discharge or complete a SC-ST to LT and LOC
• 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
• If discharged prior to 120 days, you must indicate discharge on the Monthly Level II Report Form by the 10th
How Many PASRR Violations Have You Had in the Past Year?

1. Rare, isolated incidents
2. Numerous/Widespread/Pattern
3. If your facility has PASRR violations, have they been resolved?

STATE REQUIREMENTS FOR RNs & Level I 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 (1) reviewed prior to admission and (2) it is “accurate” based on the corresponding medical records
3. RNs must never sign and date an inaccurate Level I Form!

Top Stakeholders Complaints

1. Why does the Level II Evaluation take so long? It is slowing down the hospital discharge process.
2. Why does PASRR require further evaluation for “suspected” mental illnesses? (Suicidal ideations/attempts/threats or self injury with no listed MI diagnoses or hallucinations)
3. The patient has a Dementia/Major Neurocognitive Disorder and a Mental Illness Disorder, why must they have a Level II Evaluation?
4. Why does the physician have to sign the H&P?
PASRR Requirements and High Turnover in NHs

• Is PASRR Training a part of your new employee orientation process? Are new employees required to take the next available PASRR Training course?

• How many PASRR professionals do you have? If your primary PASRR person resigns, is there a current protocol in place that immediately educates the new PASRR person?

• Is there a seamless awareness that PASRR violations can result in costly Medicaid recoupments, penalties, and/or sanctions?

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

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

If you have any additional questions

Please contact our office at (1-800)548-2188.