



PASRR Training to LNHA

October 23, 24 & 25, 2013

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Overview

- The purpose of PASRR (Preadmission Screening and Resident Review)
- Legal and regulatory requirements
- Louisiana specific process and contact information
- Survey Guidance

The Purposes of PASRR

- PASRR was created in 1987 through language in the Omnibus Budget Reconciliation Act (OBRA). It has three goals
 - To ensure that individuals are evaluated for evidence of possible mental illness (MI) and/or intellectual disabilities and related conditions (ID/RC).
 - To see that they are placed appropriately, in the least restrictive setting possible.
 - To recommend that they receive the services they need, wherever they are placed.

Key Milestones in PASRR & Related Efforts

Legal/Regulatory Milestone	Act	Year
Establishment of Title XIX (Medicaid)	SSA	1965
Creation of 1915(c) waivers	SSA	1981
Establishment of PASARR	OBRA	1987
Required start of PASARR	OBRA	1989
Americans with Disabilities Act (ADA)	ADA	1990
Publication of PASARR Final Rule	--	1992
Incorporation at 42 CFR 483.100-138	--	1994
Elimination of Annual Resident Review (now PASRR)	BBA	1997
<i>Olmstead v. L.C.</i>	--	1999
Establishment of 1915(j), 1915(i), MFP	DRA	2005
Changes to 1915(i), creation of 1915(k), more MFP	ACA	2010
Roll-out of MDS 3.0 with Q.A1500 and new Section Q	--	2010

A Few Preliminaries

- Medicaid is a partnership between States and the Federal government.
- PASRR is part of Medicaid.
- PASRR is a required part of the Medicaid State Plan.

Federal Regulations

- 42 CFR 483 Sec 100-138 outlines states' responsibilities. <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Institutional-Care/Preadmission-Screening-and-Resident-Review-PASRR.html>
- State Operations Manual, Long Term Care Facilities: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltc.pdf

Who does PASRR apply to?

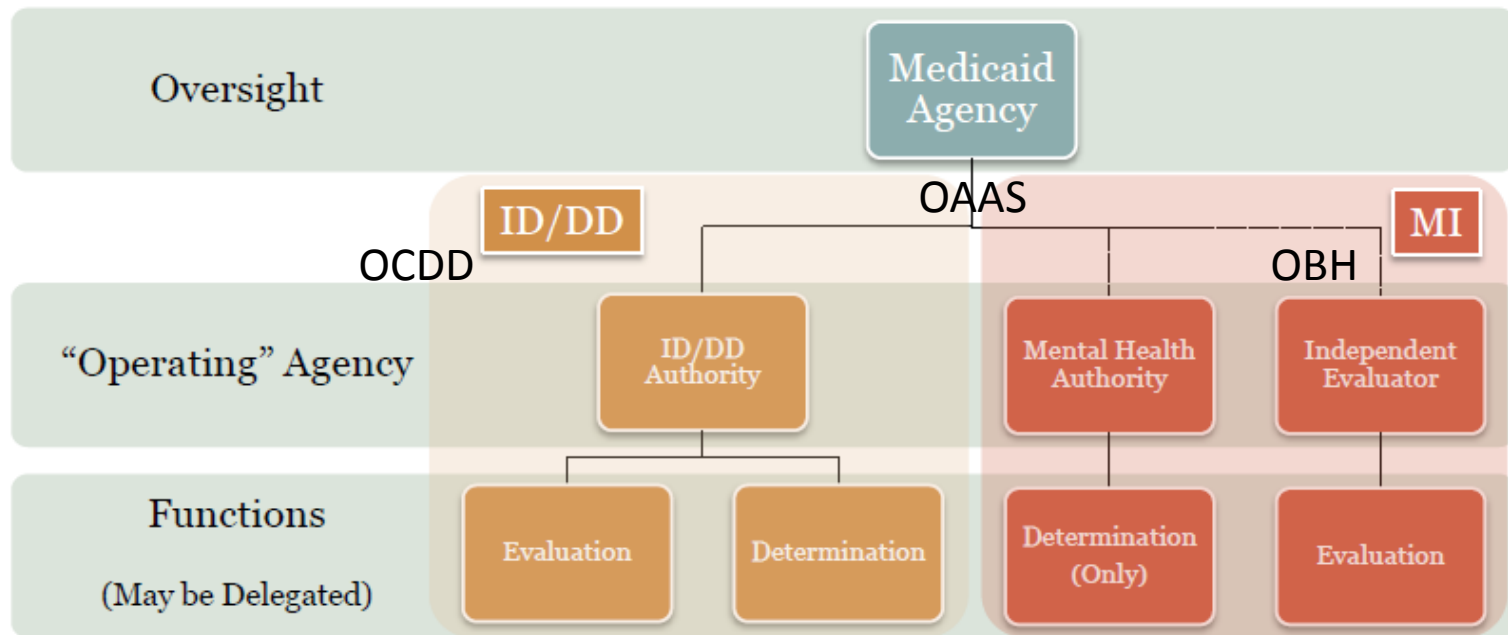
All persons seeking admission to Medicaid certified NF including:

- Individuals who are private pay
- Individuals whose stay will be paid by insurance
- Individuals whose stay will be paid by Medicare
- Individuals whose stay will be paid by Medicaid

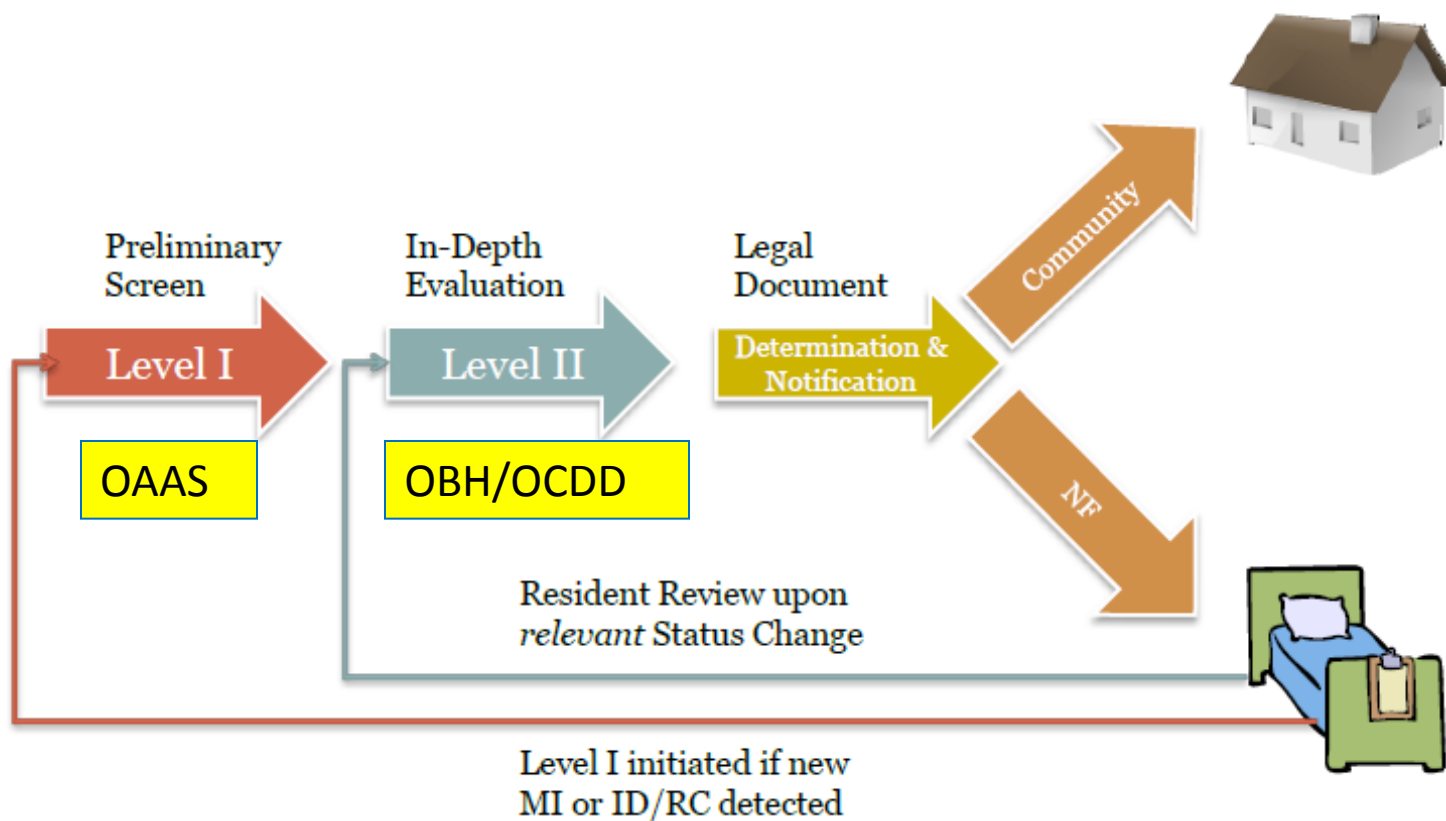
Roles of Agencies

- Medicaid has ultimate authority over PASRR
 - LA-Medicaid has dedicated Level I review to OAAS.
 - Level II is the responsibility of the State Mental Health Authority (SMHA) or State Mental Retardation Authority (SMRA).
 - However, Medicaid can't countermand determinations made by Level II authorities.

Roles & Responsibilities



The PASRR Process: A Basic Sketch



Level I (broad screening)

- Applies to every admission to every Medicaid certified NF
- Screen person for any/all signs of MI, ID or related condition (RC)
- Typically done by hospital/health care entity who is referring the person (e.g., NF, referring hospital or MD, or contracted health services agencies)
- Must be signed by Louisiana licensed MD
- Applicants who show signs of MI, ID/RC in Level I, and who do not have previous evaluations that can render determination, must undergo Level II PAS
- Dated 30 days prior to date of admission.

Level I PASRR Screen and Determination

Failure to accurately complete this form prior to admission to a nursing facility (NF) may result in disallowance of Medicaid payment.

Name: _____ DOB: _____

Address: _____ Social Security Number: _____

SECTION I: MI/MR		
Answers to the questions on page 3 of this form will assist in making a determination as to whether the individual has indications of, or a diagnosis of mental illness and/or mental retardation.		
Please circle either Yes or No for the following:		
Part A – Mental Illness (MI)		
Does the individual have indications of, or a diagnosis of a major mental illness as defined in the DSM-IV R, limited to schizophrenia, mood disorder, severe anxiety disorder, somatoform disorder, personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability?	YES	NO
If the answer is YES, please answer all the questions on Page 3 to determine major/serious MI.		
Part B – Mental Retardation (MR)		
Does the individual have indications of, or a diagnosis of mental retardation as defined in the AAMR Manual or Classification in Mental Retardation or other related conditions such as cerebral palsy, epilepsy, or any other conditions, including autistic disorders, that are closely related to mental retardation because it results in impairment of general intellectual functioning or adaptive behavior (42 CFR 435.1010) which manifested prior to the age of 22.	YES	NO
If the answer is YES, please answer all the questions on Page 3 to determine MR or related condition.		
If BOTH answers are NO, STOP! This evaluation is complete and no Level II Evaluation is needed. Physician should sign and date Level I Screen.		
Physician Signature:	Date Completed:	
Print Physician Name:	Agency:	
→ If any answer in SECTION I is YES, proceed to SECTION II ←		
SECTION II: CATEGORICAL DETERMINATION OF DEMENTIA/RELATED DISORDER		
Does the individual have a primary diagnosis of dementia (including Alzheimer's Disease or a related condition) or a non-primary diagnosis of dementia with a primary diagnosis that is not a major mental illness?	YES	NO
If Mental Illness only and answer is YES, STOP! This evaluation is complete and no Level II Evaluation is needed. Physician should sign and date Level I Screen.		
Physician Signature:	Date Completed:	
Print Physician Name:		
→ If Mental Illness ONLY and answer is NO, Proceed to SECTION III ←		
If Mental Illness and Mental Retardation or Mental Retardation only, proceed to next question.		
Does the individual have a dementia diagnosis that exists in combination with mental retardation or a related condition (i.e., Epilepsy, Cerebral Palsy, Prader-Willi Syndrome, Autism, Spina Bifida)?	YES	NO
If MR ONLY and answer is YES, STOP! This individual can be admitted or retained in a NF. A Level II Evaluation is not needed. Physician should sign and date Level I Screen.		
Physician Signature:	Date Completed:	
Print Physician Name:		
→ If MI and MR OR MR ONLY and answer is NO, proceed to SECTION III ←		

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Name: _____ DOB: _____

SECTION III: EXEMPTED HOSPITAL DISCHARGE		
Is the individual being admitted from a hospital after receiving acute inpatient care and requires NF services for the condition which he or she received care in the hospital and whose attending physician has certified before admission that the individual is likely to require less than 30 days NF services?	YES	NO
If YES, STOP! This individual can be admitted to a NF. A Level II Evaluation is not needed. Physician should sign and date Level I Screen. If the individual is later found to require more than 30 days of NF care, a resident review must be conducted within 40 calendar days of admission.		
Physician Signature:	Date Completed:	
Print Physician Name:		
→ If NO , proceed to SECTION IV ←		

SECTION IV: ADVANCE GROUP DETERMINATIONS			
A Provisional admission to a nursing facility can be made under the following time limited categories:			
1	Pending further assessment of delirium where an accurate diagnosis cannot be made until the delirium clears, not to exceed 30 days.	YES	NO
2	Pending further assessment in emergency situations requiring protective services with placement in a nursing facility, not to exceed 7 days.	YES	NO
3	Brief respite care for in-home caregivers, with placement in a nursing facility twice a year, not to exceed 30 days.	YES	NO
If any answer is YES, STOP! This individual can be admitted to a NF. Physician should sign and date Level I Screen. If the individual is later determined to need a longer stay, identified through a resident review, a Level II Evaluation and Determination must be conducted before continuation of the stay may be permitted and payment made for days of NF care beyond the State's time limit.			
Physician Signature:		Date Completed:	
Print Physician Name:			

SECTION V: INDIVIDUALIZED EVALUATION DETERMINATION			
*****This Section is to be completed by OMH and/or OCDD*****			
A Level II Evaluation is required for individuals with MI or MR who meet one of the following advanced group determinations of the need for NF services or for those who do not meet one of the categorical or advanced group determinations in Sections III, IV or V. The Level II Evaluation and Determination must be received prior to NF admission.			
Does the individual require convalescent care from an acute physical illness that required hospitalization and does not meet all the criteria for an exempt hospital discharge?		YES	NO
Does the individual have a terminal illness as defined for hospice purposes?		YES	NO
Does the individual have a severe physical illness such as coma, ventilator dependence, functioning at a brain stem level, or diagnoses such as Chronic Obstructive Pulmonary Disease, Parkinson's Disease, Huntington's Disease, Amyotrophic Lateral Sclerosis and Congestive Heart Failure, which result in a level of impairment so severe that the individual could not be expected to benefit from Specialized Services?		YES	NO
OMH/OCDD Staff Signature:		Date Completed:	
Title:			
Date of Mental Health Determination:		Date Referred for Independent Level II Evaluation, if applicable:	
Level II Independent Evaluator Referred to:			

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Level I PASRR to Determine a Diagnosis or Possible Diagnosis of a Serious Mental Illness, Mental Retardation or a Related Condition

Name: _____ DOB: _____

Please answer all questions on this guide. If any item under number one is checked AND any item under numbers 2-4 is circled yes, the individual is suspected to have an indication of, or a diagnosis of a serious mental illness, mental retardation, or a related condition.

1. Does the Level I Screen indicate the individual has a diagnosis or indication of (check those that apply):

<input type="checkbox"/> Severe Anxiety/Panic Disorder	<input type="checkbox"/> Bipolar Disorder
<input type="checkbox"/> Schizoaffective Disorder	<input type="checkbox"/> Major Depression
<input type="checkbox"/> Psychotic Disorder	<input type="checkbox"/> Somatoform Disorder
<input type="checkbox"/> Dysthymia	<input type="checkbox"/> Cyclothymia
<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Personality Disorder (specify)
<input type="checkbox"/> Prader-Willi Syndrome	<input type="checkbox"/> Spina Bifida
<input type="checkbox"/> Autism	<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Mental Retardation with an IQ lower than 70 (specify)
<input type="checkbox"/> Childhood and Adolescent Disorder (specify)	
<input type="checkbox"/> Other	

2. Does the Level I Screen indicate that this disorder results in functional limitations in major life activities within the past 3 to 6 months that would be appropriate for the individual's developmental stage?

YES	NO
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3. Does the individual typically have at least one of the following characteristics on a continuing or intermittent basis?

- A. **Interpersonal functioning:** The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation.
- B. **Concentration, persistence, and pace:** The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.
- C. **Adaptation to change:** The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.

YES	NO
YES	NO
YES	NO

4. Does the Level 1 Screen indicate the individual has received recent treatment for a mental illness? Does the treatment history indicate that the individual has experienced at least one of the following:

- A. Psychiatric treatment more intensive than outpatient care more than once in the past two years (e.g., partial hospitalization or inpatient hospitalization).
- B. Within the last two years, due to the mental illness, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

YES	NO
YES	NO

Physician Signature: _____	Date Completed: _____
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REMINDERS

- MD signs each section that is completed.
- If MI is noted, complete the 3rd page in its entirety.
- If MI/MR, send required documents to OAAS when submitting Level I to expedite the process..
- Provide documentation/evidence of primary dementia.

Level II (in-depth evaluation)

- Individuals identified by the Level I authority as possibly having MI/MR are referred for a Level II evaluation.
- Level II evaluation is conducted by the state's Mental Health Authority (MHA) if MI and by the state's Mental Retardation Authority (SMRA) if ID/DD/RC. For LA-PASRR, this is the Office of Behavioral Health (OBH) and Office for Citizens with Developmental Disabilities (OCDD) respectively.
- If, at any time during the level II, the SMHA/SMRA finds the individual being evaluated does not have MI/ID/DD/RC, the evaluation ends.

Both MI & MR

- When Level I screen indicates both MI and MR (ID/DD/RC):
 - Concurrent evaluations occur (OBH/OCDD)
 - OBH defers to OCDD for placement

Preadmission Screening

- **Determines the need for NF** services based on physical and mental condition.
- **Determines the need for specialized services.**
- **Timeliness:** Must be made within writing within an annual average of 7-9 working days of referral to MI or MR.

**Preadmission Screening must be completed
PRIOR to Nursing Home admission**

PASRR Components

- 1. Comprehensive evaluation & determination**
 - Confirms/disconfirms suspected disability noted in Level I PAS – e.g., presence/absence of Serious Mental Illness (SMI) and/or presence of ID/DD/RC
 - Makes placement recommendations (i.e., appropriateness of NF placement?)
 - Makes treatment recommendations

PASRR Components (cont...)

2. Report/notification

- Explains PASRR outcome
- Appeal rights

3. Follow-up assessments

- (includes RR & ongoing monitoring for placement and treatment appropriateness)

PASRR Determinations

- Individualized determinations
- Exemptions/Exclusions
- Advanced Group/Categorical Determinations
 - Developed by the states and included in the state plan.
 - Apply to people with Level II conditions as a way to expedite decisions regarding a person's needs when a full Level II assessment may not be necessary.

Hospital Exemptions

- The only true exemption from PASRR.
- For post-acute stays lasting less than 30 days.
- If longer, a PASRR must be completed by day 40.
- It is the nursing facilities responsibility to notify the Level II authority by day 30 if they are requesting an extension of the hospital exemption.
- Any request after day 40 and the expiration of the 142 will be treated as a new admission and must re-start the process.

PASRR Exclusion & Primary Dementia

- Invoked only when dementia co-occurs with serious mental illness and:
 - Dementia is primary and advanced such that the mental illness will not likely be the primary focus of treatment attention again for the individual.
 - The burden is on the referral source to clearly support and document that the dementia is both advanced and will remain primary over the mental health diagnosis.
 - If any doubt, a Level II evaluation must be conducted

Dementia and ID/DD

- Person experiences co-occurring dementia and ID/DD
- OCDD determines categorically that SS are not needed
- OCDD must still determine if NF is needed
- Issue categorical level II report

Louisiana Categorical Determinations

CATEGORICAL DETERMINATION	Specialized Services
Convalescent care from an acute physical illness (not exemption)	Are SS needed?
Terminal illness (42 CFR 418.3)	Are SS needed?
Severe Physical Illness	Are SS needed?
Delirium (30 days)	Not needed
Emergency Situations/Protective services (7 days)	Not needed
Respite (30 days)	Not needed
Dementia & MR	Not needed. Is NF needed?

Approvals (Time-limited/Short Term)

- OBH & OCDD may approve an individual for a specified time frame rather than a permanent status.
- This is typically done when the Level II authority determines after review that an individual's condition is expected to improve to the point where transition to the community is likely.

Written Evaluation Report Components

1. Name and professional title of person(s) who performed evaluation(s) and date each portion of evaluation was administered
2. Summary of medical and social history, including positive traits or developmental strengths and weaknesses or developmental needs of the person.
3. Explains the categorical determination(s) made and if only one of the required determinations can be made categorically, describes the nature of any further screening which is required
4. If NF services are recommended included specific service needs of person
5. Whether any specialized services or services of a lesser intensity are needed and the specific services recommended
6. The bases for the reports conclusions, including discussion of possible alternative placements.

Notification of PASRR Decision Components

1. Whether NF services are needed
2. Whether specialized services are needed
3. The placement options consistent with these determinations:
 - a. Can be admitted to a NF
 - b. Cannot be admitted to a NF
 - c. Can be considered appropriate for continued placement in a NF
 - d. May choose to remain in a NF even though placement is not appropriate because he or she has continuously resided there for at least 30 consecutive months before the determination. Specialized services needs must be met.
 - e. Cannot be considered appropriate for continued placement in a NF and must be discharged and does require specialized services (short term)
 - f. Cannot be considered appropriate for continued placement in a NF and must be discharged and does not require specialized services
4. The Right to Appeal

Notification of PASRR Evaluation & Decision

The written evaluation report & the decision must be sent to:

- The person and his or her legal representative
- The admitting or retaining NF
- The discharging hospital
- The attending physician
- The Office of Aging and Adult Services

For both Categorical and Individualized determinations, findings of the evaluation must be interpreted and explained to the individual and, where applicable, to the legal representative

OBH Level II Forms

Notification of Level II Screening Results

Department of Health and Hospitals

Office of Mental Health - PASRR

Identifying Information

To Applicant/Legal Representative: _____
 To Applicant's Attending Physician: _____
 To Discharging Hospital: _____
 To Admitting or Retaining Nursing Facility: _____
 Nursing Facility Applicant: _____
 Applicant's Legal Representative: _____
 Applicant's D.O.B.: _____
 SS#: _____
 Current Location: _____
 State Agency Issuing Final Placement Determination: _____

Level II Nursing Facility Placement Determination Results:

Approved on: _____
 Denied on: _____
 Temporary Nursing Facility Placement Approved on: _____
 Length of temporary approval: _____
 Comments:

Note:

It is the nursing facility's responsibility to assist this person in contacting the appropriate State Agency (Office of Mental Health, Office of Addictive Disorders, and Office for the Citizens with Developmental Disabilities) for specialized services, if such is recommended through the Level II screening process.

Level II authority contact information and Fair Hearing Rights are included within the report submitted by OMH.

Melanie Borek

OMH PASRR Coordinator

Date notification faxed/mailed: _____

OMH DECISIONS REGARDING DETERMINATION OF NURSING HOME PLACEMENT AND SPECIALIZED SERVICES

DATE: _____	DOB: _____
NAME OF REFERRED INDIVIDUAL: _____	MEDICAID #: _____
SS#: _____	Field Office: _____

Individual dually diagnosed (OCDD in charge of placement) [Select](#)
 Individual meets target population [Select](#)
 Individual meets high level of need [Select](#)
 Individual meets Nursing Home level of care (medical eligibility) [Select](#)

PLACEMENT DECISION:

Alternative Housing and Support Needed Select NURSING HOME PLACEMENT NEEDED to address medical needs Select to address mental health needs Select	Nursing Home Placement plus services of Lesser Intensity Needed Select Nursing Home Placement plus Specialized Services Needed Select
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

The above named individual must be evaluated by the mental health center to determine specialized services needed. The client is free to choose providers and the type of services. The consumer is not required to accept the services recommended at the special services evaluation.

Comments:

PA staff [Tara DeLee](#)

DATE: _____

FAIR HEARING RIGHTS

If you wish to appeal this decision, you can ask the Department of Health and Hospitals for a fair hearing. A request for a hearing may be made in writing to the Department of Health and Hospitals, Bureau of Appeals, P.O. Box 4183, Baton Rouge, La. 70821-4183. The request must be made within 30 days of receiving this determination.

OCDD Level II Forms

PASRR Appendix B-1

Office for Citizens with Developmental Disabilities PASRR EVALUATION REPORT

Applicant:		Date Evaluation:
SS#:	Age:	RO:
Nursing Facility:		Facility Location:

The purpose of this evaluation is to determine if the nursing facility applicant has a developmental disability, and if so: 1) is the person in need of specialized services, and 2) does a nursing facility or living environment specific to serving people with developmental disabilities better meet the person's needs? The evaluation report should contain major sections as indicated below, and each section should include, in narrative form, information about the listed (bulleted) topics.

Evaluation Methods:

- Record reviewed
- Applicant interviewed
- Family/legal representative interviewed (List names of interviewees and dates of interviews:)
- Standardized functional assessment conducted (If so, name assessment tool:)
- Psychological evaluation conducted (If so, name evaluator and date of evaluation:)

Summary of Medical and Social History:

Include diagnoses or conditions leading to the application of nursing facility placement and dates of the diagnosis or evaluated condition.

- Brief description of the person's family background and development
- Brief description of personal relationships in the person's life
- Developmental diagnosis and dates of diagnoses
- Medical diagnosis or diagnoses resulting in nursing facility application with dates
- Prognosis for improvement of medical or physical status (documents used and date)
- Impact of medical condition on independent functioning
- Significant diagnoses or conditions from the medical history

Summary of Need for Specialized Supports or Services:

Report the following that are needed based on record reviews, interviews, and observations. Describe specifically the support or service need for any of the following identified. These are needs that are the result of a developmental disability and for which a specialized support or service could result in some gain in ability due to training or opportunity.

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PASRR Appendix B-3

Office for Citizens with Developmental Disabilities PASRR NOTICE OF DETERMINATION - CATEGORICALS

Placement/Services Decision

Name: _____ DOB: _____

Address: _____

SS#: _____ Medicaid #: _____

Individual meets State law criteria for mental retardation or other developmental disability:

- ☐ Yes: OCDD Statement of Approval (SOA) was issued on _____
- ☐ No: OCDD Statement of Denial (SOD) was issued on _____
- ☐ Pending: Categorical approval/provisional type (refer to applicable option under option d. below)

If no, District/Authority to discontinue PASRR, sign at bottom and return to the Office of Aging and Adult Services for placement decision.

Nursing Home Placement is:

- ☐ Needed
- ☐ Not Needed

Categorical approval due to:

- ☐ a. Convalescent care is needed due to an acute physical illness
- ☐ b. Terminal illness
- ☐ c. Severe physical illness
- ☐ d. Provisional (check applicable option)
- ☐ delirium (up to 30 days)
- ☐ emergency protective services (up to 7 days)
- ☐ respite (up to 30 days)

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Form 142

- Authenticates Medicaid Payment
- Generated after the Level II is completed prior to or on the day of NH admission.
- Sent with the Notification of PASRR Evaluation & Decision to required individuals and to Medicaid.

Louisiana 142 Form for NF Authorization

BHSF Form 142
Rev. 07/12
Prior Issue Obsolete

Louisiana Department of Health and Hospitals Medicaid Program Notice of Medical Certification

SSN: _____ Date of Birth: _____ Medicaid No: _____

To: _____

Home Address: _____

Facility/Provider/Support Coordination Agency Name: _____

Facility Address: _____ Parish: _____

Nursing Facility or Intermediate Care Facility

Eligibility must be approved prior to admission to Nursing Facility. Prior approval is valid for 30 days for Nursing Facility Admission. If admitted within 30 days, decision is valid until discharged. If not admitted within 30 days of decision, a new decision is needed.

This decision relates to medical eligibility only and is separate from a decision on financial eligibility for Medicaid.

I. ☐ A. Approved for Medicaid/Private medical eligibility services effective _____
☐ Level II decision pending.

☐ B. Approved for Medicaid medical eligibility services for a temporary period effective _____ through _____

Please check:

☐ MD/Physician involvement

☐ Treatment/Conditions

☐ Skilled Therapies

☐ Hospital Exemption

☐ TDC

☐ NRT/P

☐ Other: _____

☐ C. Not Approved/Denied – Does not meet Medicaid medical eligibility requirement.

☐ D. Medicaid payment for your current nursing facility services will end on:

☐ E. ICF/DD decision pending-additional information needed: _____

Agency Representative _____ Date: _____

OCDD/OAAS Office Address _____

II. If item G, H, or I is marked, disregard Section I decision. (Section II is completed by OBH or OCDD Level 2 authorities)

☐ F. Level II decision is not required. Refer to Section 1 for decision.

☐ G. Approved for admission by Level II Authority effective _____

☐ H. Approved for admission by Level II Authority for a temporary period effective _____ through _____

☐ I. Not Approved – Admission Denied by Level II Authority.

Agency Representative _____ Date: _____

OCDD/OBH Office Address _____

III. WAIVER/PACE (Section III is completed by OAAS or OCDD)

☐ A. Approved Medicaid waiver criteria for _____ Waiver services effective _____

☐ B. Not Approved - Does not meet Medicaid medical eligibility.

☐ C. Vendor Payment May Begin Date: _____

Agency Representative/Support Coordinator: _____ Date: _____

OAAS or OCDD Regional Office or OBH State Office: _____

CC: ☐ Facility/Provider ☐ Office of Behavioral Health ☐ OAAS ☐ OCDD

☐ Medicaid Long Term Care Unit (specify Parish): _____

☐ Other (specify): _____

Resident Review

- Triggered when there is a “significant change” in resident’s status.
 - occurs when there is a physical or mental change in the condition of a resident who has mental illness or mental retardation/related disorder. This condition would not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions. This change would have an impact on more than one area of the resident’s health status and would require interdisciplinary review or revision of the plan of care, or both.
- The nursing facility is responsible for reporting any significant change in the resident’s condition to the level II authority (OBH and/or OCDD).

MDS 3.0 “Significant Change” and PASRR

Level II Referral

- PASRR Level II functions as an independent assessment process for this population with special needs, in parallel with the facilities assessment process.
 - PASRR is an OBRA provision that is required to be coordinated with the recent assessment process.
 - If a SCSA (Significant Change in Status Assessment) occurs.
 - The NF must provide the SMHA/SMRA with referrals independent of findings of the SCSA.
- NF should have a low threshold for referral so the Level II authorities can exercise their expert judgment above when a Level II evaluation is needed.
- NF should refer to Level II as soon as the criteria indicating a significant change is evident and not wait until SCSA is complete.

Referral for Level II Resident Review

Evaluations: Previously Identified by PASRR

- A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.
- A resident with behavioral, psychiatric, or mood related symptoms that have not responded to ongoing treatment.
- A resident who experiences an improved medical condition—such that the resident’s plan of care or placement recommendations may require modifications.
- A resident whose significant change is physical, but with behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, that may influence adjustment to an altered pattern of daily living.

Referral for Level II Resident Review: Previously Identified by PASRR Cont'd

- A resident who indicates a preference (may be communicated verbally or through other forms of communication, including behavior) to leave the facility.
- A resident whose condition or treatment is or will be significantly different than described in the resident's most recent PASRR Level II evaluation and determination. (Note that a referral for a possible new Level II PASRR evaluation is required whenever such a disparity is discovered, whether or not associated with a SCSA.)

Example Level II PASRR referral: Previously Identified as SMI

Mr. H has a diagnosis of serious mental illness, but his primary reason for admission was nursing facility placement following a hip fracture. Once the hip fracture resolves and he becomes ambulatory, even if other conditions exist for which Mr. H receives medical care, he should be referred for a PASRR evaluation to determine whether a change in his placement or services is needed.

Referral for Level II Resident Review Evaluations: Not Previously Identified by PASRR

- A resident who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a diagnosis of mental illness as defined under 42 CFR 483.100 (where dementia is not the primary diagnosis).
- resident whose mental retardation as defined under 42 CFR 483.100, or condition related to mental retardation as defined under 42 CFR 435.1010 was not previously identified and evaluated through PASRR.
- resident transferred, admitted, or readmitted to a NF following an inpatient psychiatric stay or equally intensive treatment.

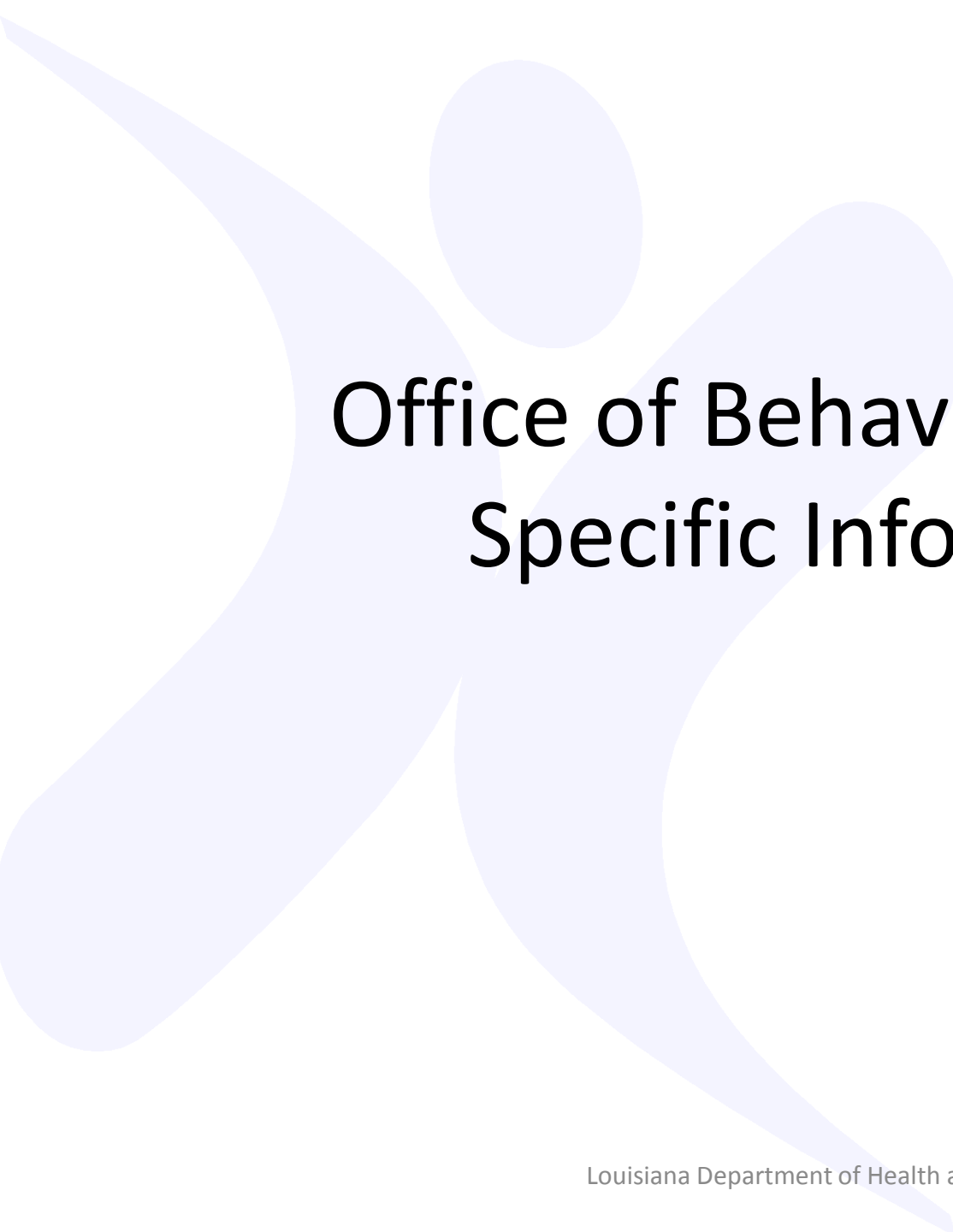
Resident Review Required Documents

- SAME DOCUMENTS REQUIRED FOR LEVEL II REVIEW. (*see MI/MR required documents*)
- Most recent MDS may also be requested.



Extension of 142

- Treated as a resident review.
- It is the nursing facilities responsibility to notify the Level II authority and submit required documentation.
- Notification should be made within 10 days prior to expiration.
- The NF should also have appropriate d/c plans in the event the 142 is not extended.

A large, light blue, stylized graphic of a human figure with arms and legs outstretched, positioned behind the title text.

Office of Behavioral Health Specific Information



Required Information for Level II Review-MI

- **Comprehensive history and physical**
 - (complete medical history, review of all body systems, specific evaluation of the person's neurological system in the areas of motor functioning, sensory functioning, gait, deep tendon reflexes, cranial nerves, abnormal reflexes, and in the case of abnormal finding that are the basis for NF placement, additional evaluations conducted by appropriate specialists)
- **Comprehensive drug history** including current and immediate past use of medications that could mask or mimic mental illness, side-effects and adverse drug reactions.
- **Psychosocial evaluation**, including current living arrangements and medical and social supports.
- **Comprehensive psychiatric evaluation**
 - Evaluation of intellectual functioning, memory functioning, and orientation, description of current attitudes and overt behaviors, affect, suicidal or homicidal ideation, paranoia, and degree of reality testing (presence of content of delusions) and hallucinations.
- **Functional Assessment**

Submitting with Level I will expedite the process

Diagnoses: Serious Mental Illness

- Make or confirm a diagnosis of major mental illness diagnosed by DSM, 3rd Edition, revised 1987.
 - Ex: schizophrenia, mood, paranoid, panic, or other severe anxiety disorder.
 - Not primary diagnosis of dementia.
 - Not episodic/situational
- Timing
 - Recent major treatment episodes or significant disruption within the past 2 years.
- Disability
 - Functional limitations in major life activities within the last 6 months. One of the following characteristics on a continuing or intermittent basis:
 - Interpersonal functioning
 - Concentration, persistence, and pace
 - Adaption to change

SMHA Evaluations & Determinations

- PASRR determinations are made by the SMHA based on independent physical and mental evaluations performed by a person or entity other than the SMHA.
 - LA utilizes evaluations on pre-existing data to make determinations.
 - If at anytime, the data is not sufficient to make a determination or when the referral is from an OBH provider, an independent evaluation is requested.

Specialized Services

Any service or support recommended by an individual Level II determination that a particular nursing facility resident requires due to mental illness, intellectual disability or related condition, that supplements the scope of services that the facility must provide under reimbursement as nursing facility services.

Specialized Services cont'd

- Services are “special” for that person
- Special to NF and can be more than (supplemental to) NF services in a state.
 - NFs don’t have psychiatric or ICF/IID survey requirements, NF are reimbursed at a lower rate than these specialized facilities, and rarely have QMHPs or OIDPs on staff.
 - Many persons with SMI and ID need more care for their disability than what nursing homes usually do.
- Services are any type of supplemental care or support recommended by Level II and the type of care needed (including, non-medical supports, e.g. habilitation, or long term care daily living supports like cueing).
 - NF Services: Recommendations regarding general NF services with a behavioral health approach to everyday ADL support.
 - NF SRS Services: Recommendations may include PT or OT.
 - Specialized Services: Supplement NF and SRS,

The “States” Responsibility in Specialized Services

**...The State must provide or arrange for the provision of the Specialized Services needed by the individual while he or she resides in the NF.
[§ 483.116(b)]**

- OBH/OCDD act as resource experts, recommending supplemental services and supports that match evaluated individual needs.
- The state must identify practically available types of services that will meet the Level II individual’s needs or not admit that person to NF.



Specialized Services Guidance

- Must be provided to residents of NFs or individuals residing in the community (not individuals in acute care psychiatric hospitals or ICF/IIDs).
- Not limited to what a particular payer will cover (i.e. not just Medicaid services); and
- Can't be a finite set, but must include whatever disability specific services an individual needs.
- The state sets up the mechanism to pay for these services and see that needs are met. *(Part of NF services, NF SRS, or defined as Specialized Services)*

NF responsibility for Specialized Services

- The NF specifies in the POC, prescribes, and arranges for all other needed services (NF services & NF SRS), including SS, which are variously funded and reimbursed. If NF cannot arrange for a needed service, it must either provide the service at its own expense, or transfer the resident.
- Notification to Level II PASRR when there is a significant change in status.
- We also ask that NF verify the specialized services an individual is receiving as quality assurance for the PASRR program.

LBHP-Behavioral Health Services for Residents in Nursing Facilities

- Benefits for all Medicaid members under the Louisiana Behavioral Health Partnership (LBHP)
 - Inpatient psychiatric hospitalization
 - Physician services (Medication Management visits with a Psychiatrist)
 - Outpatient therapy or counseling appointments
- Substance abuse services for all LBHP members
 - Intensive outpatient treatment programs
 - Individual Counseling and Group therapy
 - Detoxification services
 - Residential treatment services
- Dual-eligibles are also eligible for Mental Health IOP services and Partial Hospitalization. This is not managed by Magellan, but Medicare pays the bulk and Magellan covers the co-payment after Medicare.
- Accessing services
 - Go to www.magellanoflouisiana.com
 - Call Magellan at **1-800-424-4399** and talk to a member service representative
 - Discuss available options with an **outpatient support specialist** to find and make an appointment with a provider that is right for the resident.

LBHP-Behavioral Health Services in the Community

Community Services for All LBHP Members	State Plan Services (Requires IA for 1915i eligibility; can be done 30 days prior to discharge)
Inpatient Psychiatric Hospitalization	Community Psychiatric Supports & Treatment (CPST)
Physician Services (medication management)	Psychosocial Rehabilitation (PSR)
Substance Use Services <ul style="list-style-type: none"> • Detoxification Services (in/out patient) • Residential Treatment Services • Intensive Outpatient treatment services • Individual Counseling and Group therapy 	Assertive Community Treatment (ACT)
Transportation	Crisis Intervention Services
<i>*This list is not inclusive of all services provided. Please contact Magellan for additional services.</i>	

Magellan Provider Search

<http://www.magellanoflouisiana.com/magellan-of-louisiana-en.aspx>

The screenshot shows the Magellan website interface. At the top is a navigation bar with links: Welcome, For Providers, Find a Provider, For Members, Library, and About Magellan in Louisiana. Below this is a banner image with a rainbow and a person's hands. On the left, the Louisiana Behavioral Health Partnership logo is displayed with a welcome message. The main content area features a 'For Members' section with tabs for 'Provider Search', 'Getting Care', and 'Member Handbook'. The 'Provider Search' tab is active, showing a 'ZIP Code:' label, an input field, and a 'Go' button. A red arrow points from a red callout box to the input field. The callout box contains the text: 'Enter zip code to locate providers in your area.' On the right side, there are sections for 'Upcoming Events/Training' and 'For All Stakeholders' with a link to find a provider.

Welcome

For Providers

Find a Provider

For Members

Library

About Magellan in Louisiana

1 2 3 4 5

Enter zip code to locate providers in your area.

LOUISIANA BEHAVIORAL HEALTH PARTNERSHIP

Welcome to the Magellan website. This site is for Magellan members in Louisiana, their families and friends, and providers. We serve thousands of members across the state.

Read about -

For Members

Provider Search

Getting Care

Member Handbook

Provider Search

ZIP Code:

Go

Upcoming Events/Training

For All Stakeholders

Now it's easier than ever to find a provider on our website!

Transforming Behavioral Health Care



Housing & Other Resources

- **Magellan Health Services**

- Statewide Management Organization for Behavioral Health Services: 1-800-424-4399

www.magellanoflouisiana.com

- Permanent Supportive Housing: Independent living with in-home supports: 1-800-424-4461

<http://www.magellanoflouisiana.com/about-magellan-of-louisiana-la-en/permanent-supportive-housing.aspx>

- **Louisiana Governor's Office of Elderly Affairs**

- Aging and Disability Resource Centers: Housing & Aging/Disability Resources

<http://goea.louisiana.gov/index.cfm?md=pagebuilder&tmp=home&pid=94&pnid=1&nid=67>

- Louisiana Answers: www.louisianaanswers.com

- **Louisiana Housing Search:** <http://www.lahousingsearch.org/>

- **Public Housing Authorities in Louisiana:**

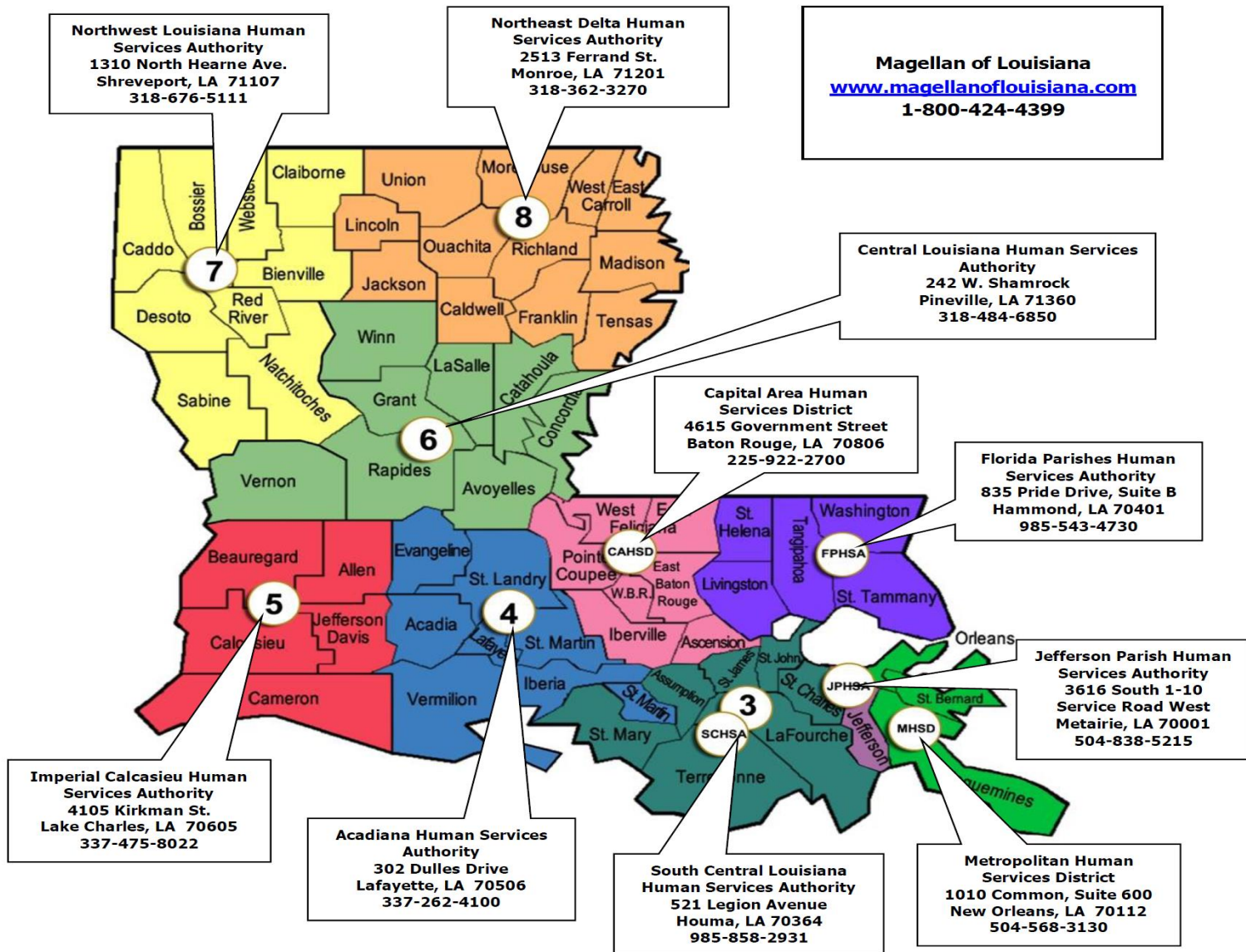
<http://www.hud.gov/offices/pih/pha/contacts/states/la.cfm>

- **USDA Rural Development Multi-Family Housing Rentals:**

http://rdmfhrentals.sc.egov.usda.gov/RDMFHRentals/select_county.jsp?st=LA&state_name=Louisiana&st_cd=22

- **Licensed Adult Residential Facilities:**

<http://new.dhh.louisiana.gov/index.cfm/directory/category/161>

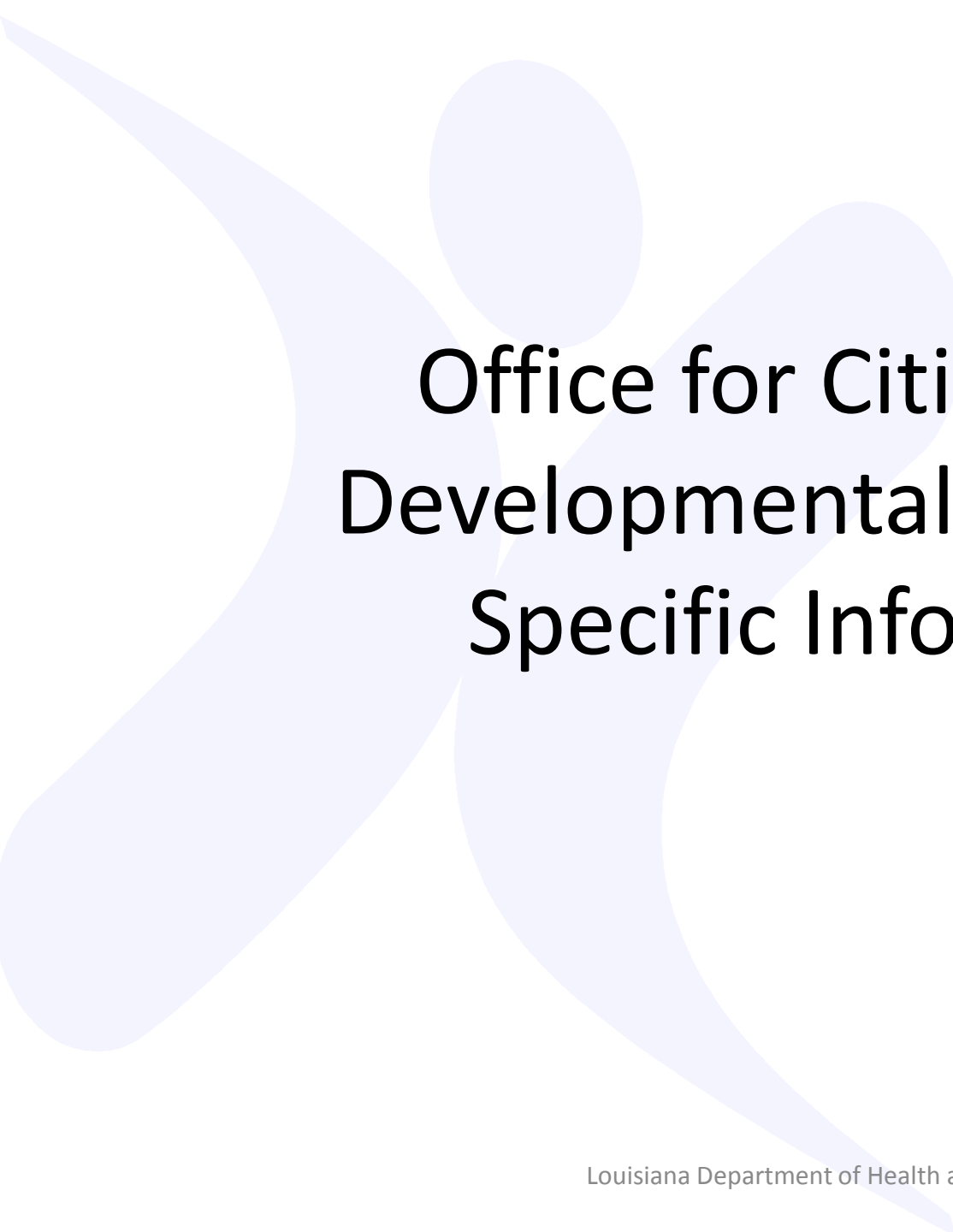


Monitoring of Services-MI

- Follow-up tracking questionnaire & copy of treatment plan
- Quarterly monitoring of specialized services.
- Site visits to nursing facilities with large mental health populations recommended to receive SS.
- Referral to Health Standards when no evidence that client is receiving care.

Office of Behavioral Health Contact Information

- OBH Level II PASRR Program
225-342-4827
- Fax# 1-877-652-4995
- DHH Office of Behavioral Health
<http://new.dhh.louisiana.gov/index.cfm/subhome/10/n/328>



Office for Citizens with Developmental Disabilities Specific Information

Level II-MR Evaluation

The Level II PASRR involves

- 1- validation that the person has ID/DD/RC;
- 2- evaluation; and
- 3- decisions regarding placement and the need for specialized services.

Level II (cont...)

- The PASRR evaluation must involve the individual & his/her support team – i.e., legal representative (if any) & family (if the individual or legal representative agrees to family participation). Persons already receiving OCDD services may have additional team members.

Level II-MR (cont...)

- PASRR evaluations should use pre-existing data, however, supplementary evaluations may be needed to supplement or verify accuracy of existing data.

Level II-MR (cont...)

- One additional source of information may be the Level II screening conducted by psychologists contracted through Medicaid.
- The need for the Level II screening must be determined by the regional office, and the RAU is responsible for contacting these psychologists.



Required Information for Level II Review—ID/DD/RC

- To avoid delays, the following documentation should be submitted with the Level I to OAAS:
 - Medical History/assessment & documented medical reason for admission;
 - Psychological Evaluation;
 - Plan of Care or Individual Support Plan;
 - Social History/assessment;
 - Psychiatric Evaluation;
 - Medication History;
 - Other evaluations: Occupational therapy, Physical therapy, Speech therapy, Nutrition, Vocational/Employment, Education, Medical Specialties (i.e., neurology, cardiology, oncology, gynecology, etc.).

Accessing the Developmental Disability Service System (OCDD)

- All persons referred for a level II evaluation based upon suspicion of ID/DD will need to complete OCDD system entry as part of level II evaluative process ,unless the person has a current Statement of Approval (SOA) from the Office for Citizens with Developmental Disabilities (OCDD)

Single Point of Entry for OCDD System

- When an individual is referred for OCDD system entry, he/she is routed to the local OCDD office. The region/district/authority of the individual's parish of residence is responsible for completing system entry and the level II PASRR evaluation.

§ 483.120 Specialized Services-MR

- For ID/DD, specialized services means the services specified by the State which, combined with services provided by the NF or other service providers, results in treatment which meets the requirements of §483.440(a)(1).

Specialized Services-MR

The Louisiana Medicaid State Plan defines SS for the treatment of ID/DD as those provided by OCDD or under contract with OCDD by or under the supervision of a QMRP:

- 1 development of skills necessary for activities of daily living,
- 2 development of skills necessary for independent living,
- 3 development of skills necessary to gain and keep employment,
- 4 development of psycho-social skills, and
- 5 crisis intervention and support services.

Support Coordination/Specialized Services Monitoring

- The interval for monitoring is based on individual characteristics, such as severity of medical condition, individual preferences, family dynamics, etc.
- The Nursing Home is responsible for initiating a Resident Review whenever there is a significant change in the condition of the individual.

Regional Districts/Authorities

LGE	OCDD
Metropolitan Human Services District	1-800-889-2975
Capital Area Human Services District	1-800-768-8824
Acadiana Human Service Authority	1-800-648-1484
Imperial Calcasieu Human Services Authority	1-800-631-8810
Central Louisiana Human Services Authority	1-800-640-7494
Northwest Louisiana Human Services Authority	1-800-862-1409
Northeast Delta Human Services Authority	1-800-637-3113
Florida Parishes Human Services Authority	1-800-866-0806
Jefferson Parish Human Services Authority	504-838-5357
South Central Human Services Authority	1-800-861-0241



PASRR & Behavioral Health

SURVEY GUIDANCE

Surveyor Tasks to Expect

- Review all assessments & care plans to determine if the resident is receiving the required services
- Conduct interviews with the residents, staff, healthcare professionals & involved family
- Conduct observations

F285-PASRR

- A facility must coordinate assessments with the pre-admission screening & review program under Medicaid in part 483, subpart C to the maximum extent practicable to avoid duplicative testing & efforts.
- A facility must not admit individuals with SMI/MR or related conditions, on or after **January 1, 1989** without PASRR screenings.

F285-PASRR Cont'd

- Is the PAS report in the resident's chart?
 - The state is required to provide a copy of the report to the facility and will list the recommendations for specialized services.
 - The state is responsible for providing the services necessary beyond that which is provided by the nursing facility.
- PROBES:
 - Was the PASRR completed prior to admission or within the specified timelines if a categorical decision? Did the resident remain in the facility after authorized to do so?
 - Does it indicate whether the resident needs the services of NF? Or specialized services?

Surveyor Tags to Consider

TAGS		
F272	Comprehensive Resident Assessment	including resident's physical, mental and psychosocial needs
F274	Significant Change Assessment	PASRR Resident Review concurrent
F279	Comprehensive Care Plan	PASRR recommendations included
F280	Plan Requirements	Reassessing plan for effectiveness
F281	Professional Standards of Quality	services are from licensed/certified professionals in accordance with good clinical practice
F282	Services provided by qualified persons	Specialized services and other services provided qualified individuals)
F285	PASRR	
F406	Specialized Rehabilitation Services	Rehabilitation services of lesser frequency or intensity and implemented by all nf staff involved in resident's care.
F407	Qualifications	SRS under the supervision of a physician, & provided by licensed or certified to provide the service.

Additional Tags to Consider (Structure, Process, and/Outcomes)

TAG	
F157	Notification of Change
F250	Social Services
F271	Admission Orders
F278	Accuracy of Assessments
F248	Activities Program
F241	DIGNITY
F243	SELF DETERMINATION/PARTICIPATION
F309	QUALITY OF CARE
F319	MENTAL & PSCYHOSOCIAL FUNCTIONING
F353	SUFFICIENT NURSING STAFF
F383	PHYSICIAN SUPERVISION
F498	PROFICIENCY OF NURSE AIDES
F 501	MEDICAL DOCTOR
F514	CLINICAL

Resources

- CMS PASRR technical assistance center
 - www.pasrrassist.org
- *PASRR 101*. PASRR Technical Assistance Center (PTAC), State Staff Training. September 2012.
- *Understanding PASRR Categorical Decisions Webinar*. PTAC/NAPP. May, 2011.
- *LA Medicaid and PASRR*
 - <http://new.dhh.louisiana.gov/index.cfm/page/713>
- *Services and Supports required for NF residents with MI and ID: Meaning of PASRR “specialized services”*. CMS Guidance. September 9-12, 2013.



QUESTIONS AND COMMENTS