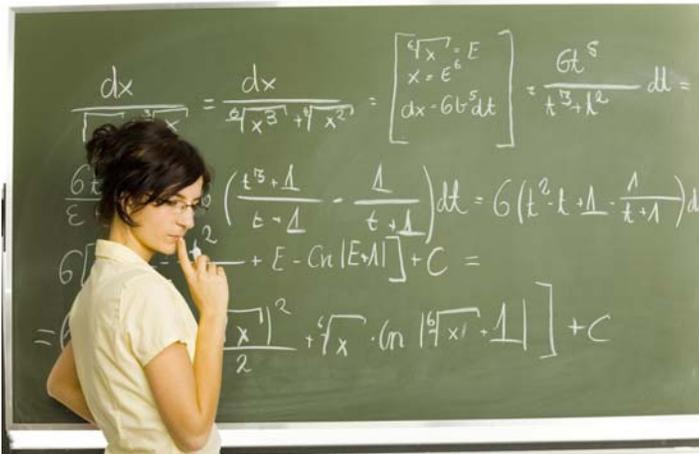


Pre-Admission Screening and Resident Review (PASRR)

Level II Evaluations and Determinations



Requesting CEUs or Contact Hours

1. Go to mentalhealth.ohio.gov
2. Click on the tab **Providers, Boards, and Hospitals**
3. Click on link for **Pre-Admission Screening and Resident Reviews** (*bottom of page*)
4. Under **Webinar Materials** (*bottom of page*), click on **materials in this section**
5. Print desired sign-in sheet and corresponding evaluation
6. Complete and fax to 614-466-9653

Remember:

- Subject: PASRR Webinar CEU
- Include mailing address, clinical discipline, and license number

Presenters

- **Jane Black,**
Ohio Department of
Developmental Disabilities

- **Terry Watts,**
Ohio Department of Mental
Health



Training Goal

- Provide a procedural overview of the implementation of PASRR Level II evaluations and determinations
 - History of PASRR
 - Impact of Revised Rules (OAC) on the PASRR Level II Evaluations and Determinations

Learning Objectives



- Comply with federal and state laws
- Complete and submit a PASRR/ID (PASRR Application)
- Explain the criteria used in PASRR determinations

What is PASRR?

- PASRR is an acronym for Pre-Admission Screening and Resident Review
- PASRR is a federal mandate to which all US states and territories must comply

Pre-Admission Screening (PAS)

- PAS is completed on applicants seeking admission into a Medicaid-certified nursing facility (NF)
- Applicant is located in the community and is not a current NF resident
 - NF resident failed to meet criteria for Hospital Exemption

Resident Review (RR)

- RR is completed on a resident of a Medicaid-certified NF
- Applicant is currently located in the NF or at an acute care hospital (must have been admitted into the hospital directly from the NF, with the intent to return to the NF)

History of PASRR

- Why?
- How?
- When?

Why?

- *Deinstitutionalization* resulted in the trans-institutionalization of residents of large state-operated institutions
- Residents were transferred from the state hospitals to NFs

Omnibus Budget Reconciliation Act of 1987 (OBRA-87)

- AKA: The Nursing Home Reform Act
- Congress' response to inappropriate institutionalization
- Identify nursing facility applicants and residents with serious mental illness (SMI) and or mental retardation/developmental disabilities (MR/DD) to ensure identified needs are met in the most appropriate setting

How?

- Federal PASRR requirements are spelled out in the Social Security Act, Section 1919(e)(7)
 - *Operationalized in the Code of Federal Regulations (42 CFR)*
- State PASRR requirements are spelled out in the Ohio Revised Codes (ORC)
 - *Operationalized in the Ohio Administrative Codes (OAC)*

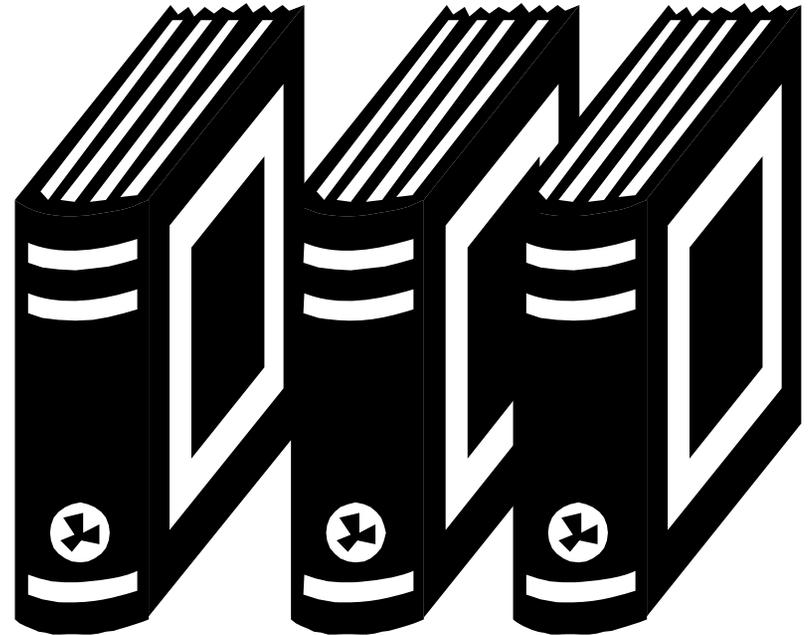
Federal Law and Guide Lines

- 42 USCS 1396r
 - Sect. 1919
- 42 CFR 483.100 to 483.138



Ohio Laws

- ORC 5111.202
- ORC 5111.203
- ORC 5119.061
- ORC 5123.021



Ohio Administrative Rules

Rule

Contents

5101:3-3-14

Definitions (ODJFS) *new*

5101:3-3-15.1

PAS (ODJFS) *revised*

5101:3-3-15.2

RR (ODJFS) *revised*

5101:1-35-30

Appeals (ODJFS)

5122:2-1-03

SMI (ODMH) *revised*

5123:2-14-01

MR/DD (DODD) *revised*

Olmstead Decision

- **Olmstead V.L.C (98 – 536) 527 U.S. 581 (1999).**
 - Supreme Court's decision in which “undue institutionalization” of a person with a disability qualifies as discrimination, under the Americans with Disabilities Act (ADA) of 1990

When?

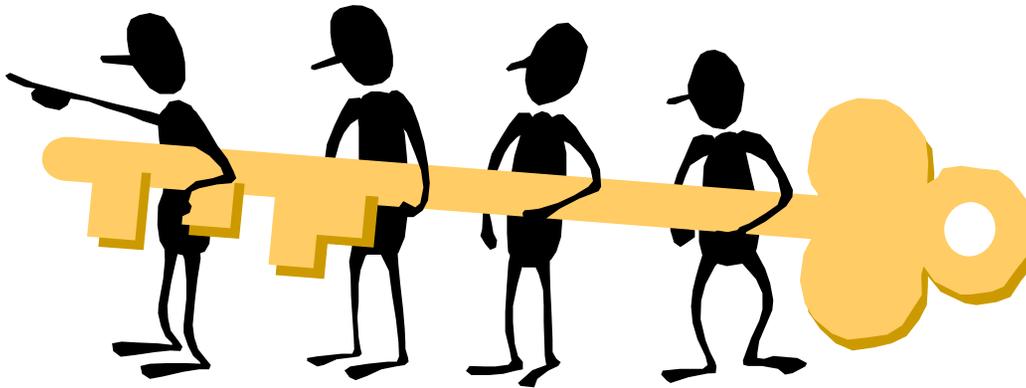
- Congress established PASRR in 1987
- Subsequent revisions occurred in 1990, 1992, and 1996

Outline of Evaluation and Determination Requirements

- Application
- Level I Screen
- Referral for Level II evaluation
- Individualized Assessments & Determinations
- Rule-out
- Notification
- Appeal Rights

PASRR Requirements

- Applies to **ALL** applicants seeking admission into and residents of a **Medicaid-Certified NF!**



Pre-Admission Screen

Applies to:



- Applicants seeking admission into a Medicaid Certified NF
- Must have indication of serious mental illness (SMI) or mental retardation or developmental disability to be referred for Level II evaluation

Does not apply to:



- Applicants entering a NF not certified by Medicaid
- Hospital patients certified by an attending physician to utilize the hospital exemption

Resident Review

Applies to:



- Medicaid-Certified NF residents with significant change in condition
- Medicaid-Certified NF residents with expiring categorical approvals, hospital exemptions, and resident reviews
- Patients admitted to hospital directly from Medicaid-Certified NF

Does not apply to:



- Community-based Applicants

Answer one question and make two Determinations

- Confirm SMI and/or MR/DD
- Need for the Level of Services provided in a nursing facility, and
- Need for specialized services
 - for SMI, and/or
 - for MR/DD

Individualized Level II Evaluation

Face to Face Assessment for SMI

- **Level II Evaluator (*DDM Ascend*)**
 - assesses and recommends (level 2)
- **State Authority (ODMH)**
 - verifies, determines and notifies (determination)

Individualized Level II Evaluation

Face to Face Assessment for MR/DD

- **Level II Evaluator (*local County Board*)**
 - assesses and recommends (level 2)
- **State Authority (DODD)**
 - verifies, determines and notifies (determination)

When in doubt...

Call the respective state authority

- ODMH
 - 614-466-1063
- DODD
 - 614-728-2556



Completing the Screen (Application)

- PASRR (SMI/MRDD) IDENTIFICATION SCREEN (PAS/ID or RR/ID) (ODJFS Form 03622) must be completely and accurately filled out.
- The purpose is to identify applicants with indications of SMI and/or MR/DD

Who completes the screen?

- Anyone may complete a PAS application
- The nursing facility administration is typically responsible for the completion and submission of the Resident Review application

When you fill it out, please...



- Pay close attention to the instructions
- Use black ink
- Write name on every page
- Talk to reliable informants for information
- Use on-line fillable forms whenever possible

Completing Each Section of the screen/application/3622

- Section A
- Section B
- Section C
- Section D
- Section E
- Section F
- Section G
- Section H
- Section I
- Identifying info
- Application reason
- Dementia questions
- Indications of SMI
- Indications of MRDD
- Discharge questions
- Specified Time Period RR
- Submitter info
- Mailing addresses

Review ODJFS Form 03622

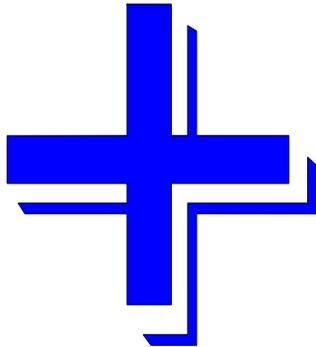
- AKA
 - PASRR Screen
 - PASRR Application
 - 3622

PASRR Level II Procedures

- Level II evaluation (*assessment*)
 - Referral to determination/notification

Level II Evaluation Documentation Requirements

- Screen
- Recent H&P or
- Hospital Transfer Form or
- MDS
- Other documentation



FAX Level II referral and supporting documents

- If there are indications; fax to respective state authorities
- **SMI indications**
 - Fax to DDM Ascend
 - 1-866-299-0029 fax
 - 1-877-431-1388 voice
- **DD indications**
 - Fax to DODD
 - 614-995-4877 fax
 - 614-728-2556 voice



Remember...

- The Level II recommendation is not authorization for Medicaid payment



In fact,

It simply tells you the results of the PASRR evaluation, either:

- The PASRR requirements have been met

OR

- The individual does not require the Level of Services provided in a NF

Rule-out for SMI

- The individual can be “ruled out” or is “exempt” from further review for SMI
 - Verified Dementia (Organic Disorder)
- The PASRR requirement is met at that point.
- A rule-out is a determination that may only be issued by a State Authority

Rule-out for MR/DD

- The individual can be “ruled out” or is “exempt” from further review for MR/DD
- The PASRR requirement is met at that point.
- A rule-out is a determination that may only be issued by a State Authority

Please note...

- If the individual's condition changes in the future such that he/she would now meet all 3 criteria for SMI
- Complete a new screen and submit it to the respective state authority

Timeframes

- Determinations will be completed within the national standard of 7 to 9 business days by ODMH & 10 business days by DODD.
- Please be aware that mitigating circumstances may delay a determination



Determinations

1. Nursing Facility need?
2. Specialized Services Need?



What is being reviewed?

- Is SMI and/or MRDD confirmed? 
- Applicant's total needs to determine need for specialized services
- Assesses the level of ADLs and IADLs support needed to maintain applicant in the community

Specialized Services for SMI

- Voluntary commitment criteria
- Hospital Level of Care
- Danger to self or others
- NFs are not licensed or certified by ODMH to provide behavioral healthcare

Long-term resident and specialized services - SMI

- Any resident who has resided in a Medicaid-certified NF for 30, or greater, uninterrupted months is considered a long-term resident
- **MUST require specialized services**
- Must be admitted to a psychiatric unit or hospital operated or licensed by ODMH
- May choose to return to NF following specialized services
 - Will be subject to secondary resident review upon return to NF

Specialized Services for MR/DD

- Exempt for Categorical PAS
- Provided or arranged for by the county board
- Result in continuous active treatment to address needs based on SFL's
- 30+ Month Resident

Coordination of Determinations

Dually Diagnosed

ODMH

DODD



Determination

Notice of Determination

- Individual
- Guardian
- Doctor
- Hospital
- Nursing facility
- PAA
- Evaluator
- CDJFS, and
- Managed care plan where applicable

Does not need NF

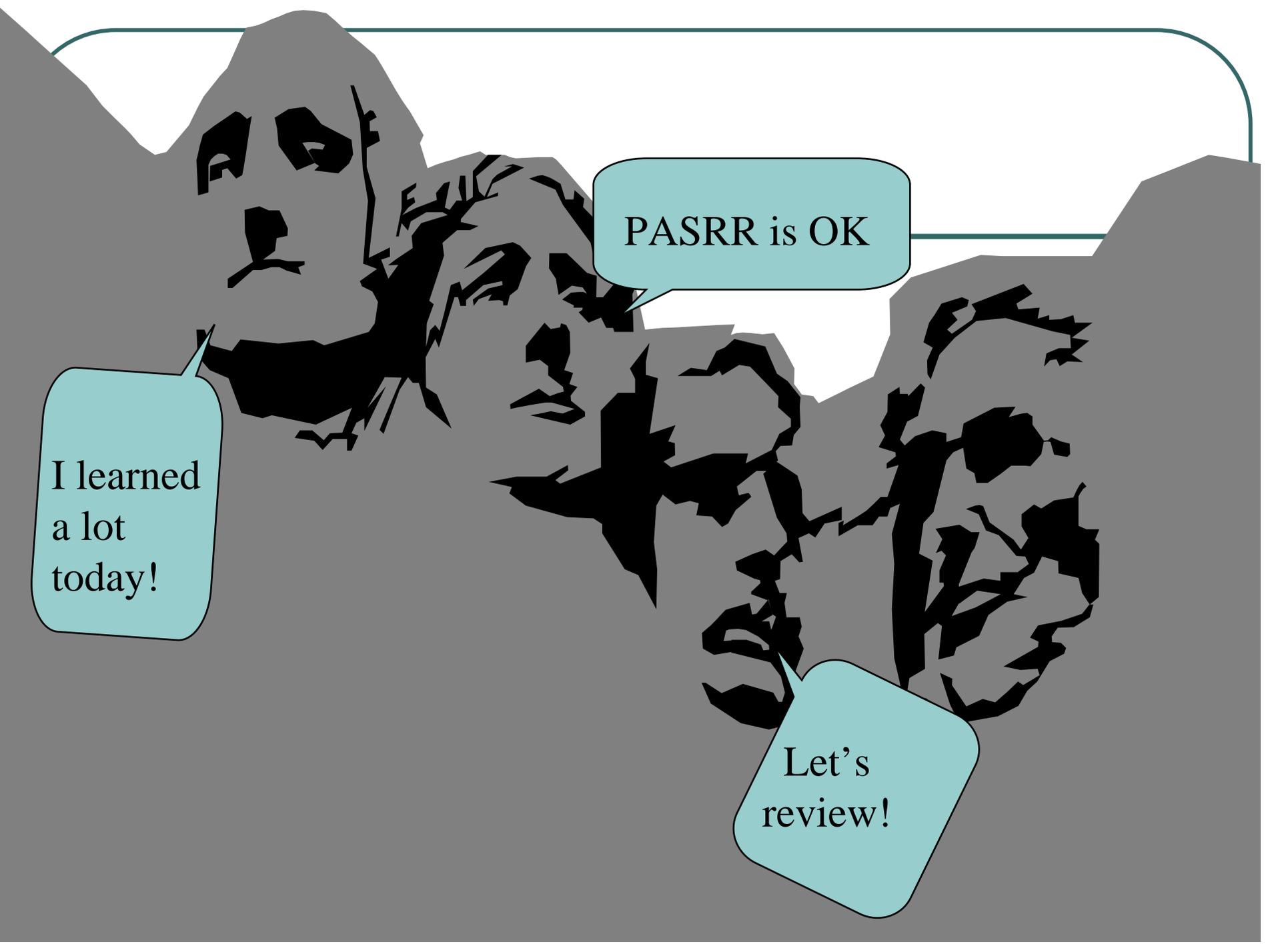
- No Medicaid payment may be authorized.



Appeal Rights

- Applicant has 90-days to appeal Determination
- Timely appeal within 15-days retains Medicaid coverage, pending outcome of appeal





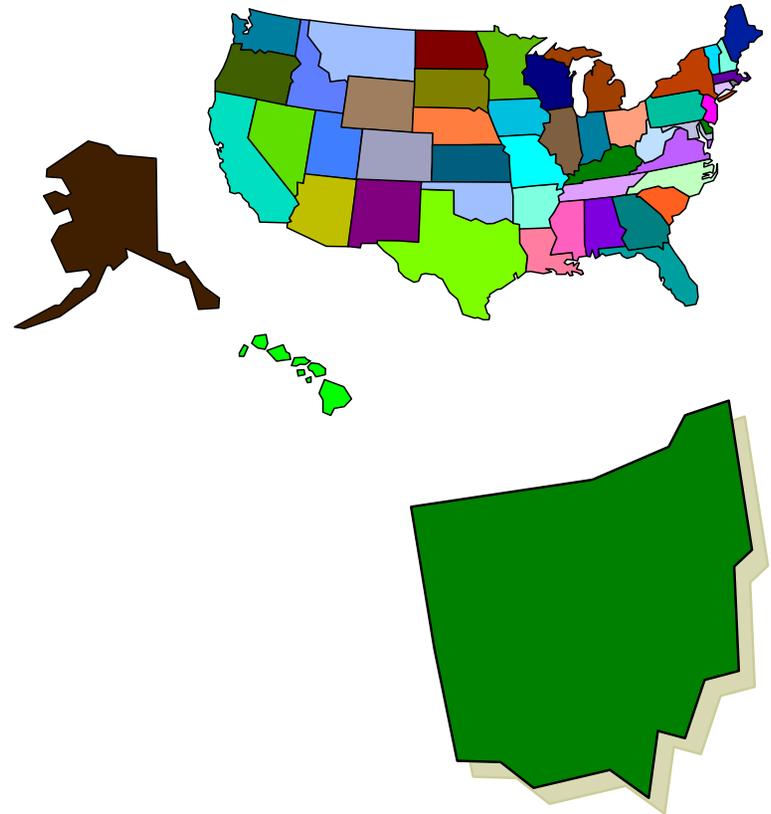
I learned
a lot
today!

PASRR is OK

Let's
review!

Federal and State Laws

- Require that all Medicaid-certified NF applicants and residents be screened for “indications of” SMI and/or MR/DD

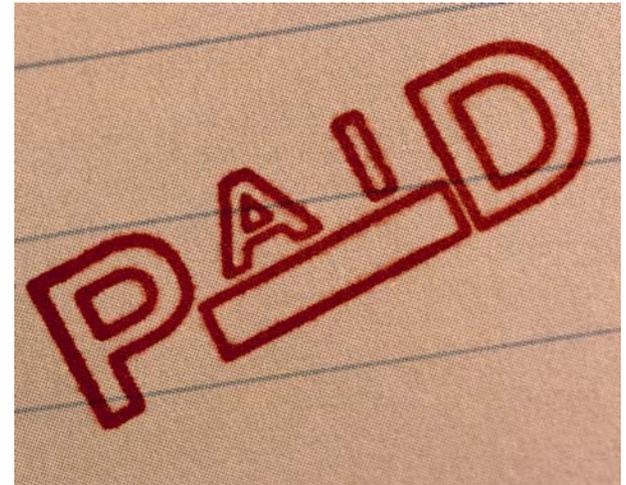


2 Statutory Exceptions

- Persons being discharged from a hospital and going to a Medicaid-Certified NF for convalescent stay (AKA: hospital exemption)
- Persons admitted to a nursing facility, which is NOT Medicaid-certified

Regardless of Payment Source

- VA Contracts
- Medicare
- Private Long-term Care Insurance
- Life care contracts
- Private pay



If you have questions about the PASRR Level II process



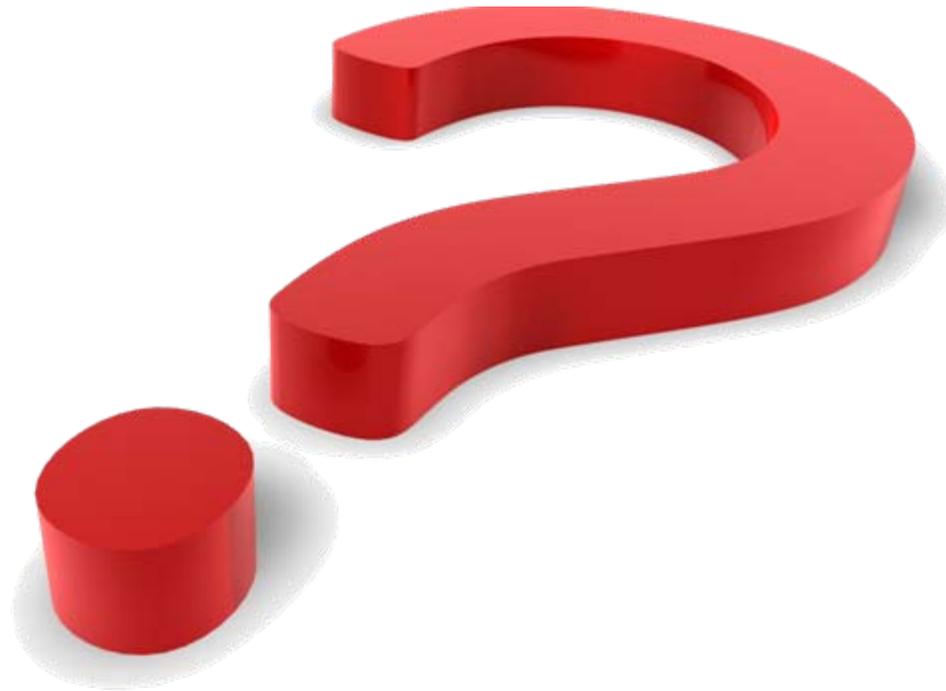
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Responsibilities in the PASRR process

- Level I Screen
- Level II Evaluation
 - SMI
 - DD
- Oversight
- Hearings/Appeals
- LOC (Medicaid reimbursement)
- Technical Assistance
- PAAs (PAS)/NF (RR)
- State Authorities
 - ODMH – *Ascend*
 - County Boards of DD
- ODJFS
- ODJFS
- PAAs
- TBD.

Thank You !



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