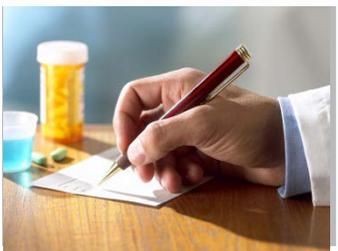


A Closer Look at PASRR Implementation Challenges

**Division of Long-Term Services and Supports
Disabled and Elderly Health Programs Group
Centers for Medicaid and CHIP Services**

May 10, 2022



Power and Possibility of PASRR Webinar Series

Presented by the PASRR Technical Assistance Center

Facilitators

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Learning Objectives (1 of 2)

- Understand the foundational expectations for preadmission screening and resident review (PASRR) programs.
- Understand that issues arise for states that are not common but nonetheless are guided by regulation.
- Hear about six PASRR challenges related to:
 - Categorical determinations;
 - Children in nursing facilities;
 - Private pay;
 - Out-of-state placements/arrangements;
 - Dementia; and
 - Documentation needed to establish intellectual disability diagnosis.

Learning Objectives (2 of 2)

- For each PASRR challenge area, learn about:
 - How the issues arise for states;
 - Connection of the issues to the Code of Federal Regulations (CFR); and
 - PTAC (PASRR Technical Assistance Center) resources that help address the problem.

General PASRR Expectations

Three Purposes of PASRR

1. To ensure that individuals are evaluated for evidence of possible mental illness (MI), intellectual disability (ID), or related condition (RC).
2. To determine that the individual requires the level of services provided by a nursing facility (NF).
3. To determine whether the individual requires specialized services for their MI, ID, or RC wherever they are placed.

*PASRR Challenge #1:
Categorical Determinations*

Categorical Determinations: What is the Issue?

- States staff members who administer PASRR programs often request more information on the intent of categorical determinations and how they are used in PASRR programs.
 - What is a categorical determination?
 - How is it different from an exempted hospital discharge?
 - How do you know what categorical determinations are in place?
 - What parts of the PASRR process are used when a categorical determination applies?

Categorical Determinations: How Does the Issue Connect to the CFR? (1 of 5)

- **483.130 PASRR Determination Criteria.**
 - (c) *Group determinations by category.* Advance group determinations by category developed by the State mental health or intellectual disability authorities may be made applicable to individuals by the NF or other evaluator following Level I review only if existing data on the individual appear to be current and accurate and are sufficient to allow the evaluator readily to determine that the individual fits into the category established by the State authorities (see [483.132\(c\)](#)).

Categorical Determinations: How Does the Issue Connect to the CFR? (2 of 5)

- **483.130 PASRR Determination Criteria.**
 - (d) *Examples of categories.*
 - (1) Convalescent care from an acute physical illness which:
 - (i) Required hospitalization; and
 - (ii) Does not meet all the criteria for an exempt hospital discharge, which is not subject to preadmission screening, as specified in 483.106(b)(2).
 - (2) Terminal illness, as defined for hospice purposes in 42 CFR 418.3;

Categorical Determinations: How Does the Issue Connect to the CFR? (3 of 5)

- (d) *Examples of categories (cont.)*
 - (3) Severe physical illnesses 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;

Categorical Determinations:

How Does the Issue Connect to the CFR? (4 of 5)

– (d) *Examples of categories (cont.)*

- (4) Provisional admissions pending further assessment in cases of delirium where an accurate diagnosis cannot be made until the delirium clears;
- (5) Provisional admissions pending further assessment in emergency situations requiring protective services, with placement in a nursing facility not to exceed 7 days; and
- (6) Very brief and finite stays of up to a fixed number of days to provide respite to in-home caregivers to whom the individual with MI or ID is expected to return following the brief NF stay.

Categorical Determinations:

How Does the Issue Connect to the CFR? (5 of 5)

- [483.130 PASRR](#)

- (e) *Time limits*. The State may specify time limits for categorical determinations that NF services are needed and in the case of [paragraphs \(d\)\(4\), \(5\) and \(6\)](#) of this section, must specify a time limit which is appropriate for provisional admissions pending further assessment and for emergency situations and respite care.

Categorical Determinations: Why It May Be An Issue for States

- PASRR staff may:
 - Attempt to apply categorical determinations without such allowances in the Medicaid State Plan;
 - Confuse categorical determinations with the exempted hospital discharge;
 - Be unclear that even if a categorical determination applies and the PASRR process is abbreviated, and must be completed *prior* to NF admission, including confirmation of the category by the Level II evaluator;
 - Misunderstand when time limits apply to the categorical determinations approved in the Medicaid State Plan; or
 - Attempt to apply categorical determinations without enough data to determine the individual fits into the established category.

Categorical Determinations: Possible Solutions to Address the Issue

- Determine what, if any, categorical determinations are approved as part of the Medicaid State Plan;
- Ensure that PASRR onboarding for new staff includes a review of CMS approved categorical determinations in the Medicaid State Plan;
- Confirm that state PASRR operating protocols adhere to federal guidelines for categorical determinations; and
- Provide training of PASRR screeners and evaluators to use data to ensure the individual fits within the category and the categorical determination provisions are appropriately applied.

Categorical Determinations: PTAC Resources

PTAC FAQs:

- [PASRR in Plain English](#)
- [When Does a Level II Evaluation Need to be Conducted?](#)

PTAC Website:

<https://www.pasrrassist.org>

*PASRR Challenge #2:
Children in Nursing Facilities*

Children in Nursing Facilities: What is the Issue?

- PASRR is not limited to adults, but applies to all individuals who have a PASRR related diagnosis, including children.
- Although nearly 84% of NF residents are over the age of 65¹, NF services are not limited to the adult population and PASRR also applies to pediatric NF residents.

1. National Center for Health Statistics: Vital and Health Statistics; Series 3, Volume 43, “Long Term Care Providers and Services Users in the United States 2015-2016, Analytical and Epidemiological Studies” (February 2019).

Children in Nursing Facilities: How Does the Issue Connect to the CFR? (1 of 2)

- The Code of Federal Regulations is clear:
 - PASRR is required for *all* individuals who apply to or reside in a Medicaid-licensed NF, including children ([483.106](#)).
 - Preadmission screening is required to determine if the individual requires the level of service provided by a NF ([483.112](#)):
 - Whether the child has a medical necessity; and
 - Whether the NF can appropriately serve the child's needs.
 - If the child is admitted to the NF, the state must determine and provide or arrange for the specialized services needed by the child while a NF resident ([483.112](#) and [483.116](#)).

Children in Nursing Facilities: How Does the Issue Connect to the CFR? (2 of 2)

- The Code of Federal Regulations is also clear in terms of what the evaluator must do:
 - In determining appropriate placement, the evaluator must prioritize the physical and mental needs of the individual (child) being evaluated. (483.132(b))
 - The evaluator must determine whether the needed level of support for the individual (child) can be provided in an alternative community setting or whether the level of support needed is such that NF placement is required. (483.134(b)(5))

Children in Nursing Facilities: Possible Solutions to Address the Issue (1 of 2)

- Key things states can do with PASRR to address the challenge of children being placed in NFs:
 - Use PASRR as a tool to divert children from NFs to more appropriate placements for their needs and/or with community-based supports to keep them in the family home; and
 - Provide resources and training for PASRR assessors and evaluators to improve knowledge about the array of Medicaid funded community-based options for children.

Children in Nursing Facilities: Possible Solutions to Address the Issue (2 of 2)

- If NF placement can't be avoided, use PASRR to support transition by:
 - Including thoughtful specialized services recommendations that foster readiness for alternative placements; and
 - Linking transition programs to PASRR information about children who may benefit from transition assistance and supports.

Children in Nursing Facilities: PTAC Resources

PTAC Assistance:

- For assistance associated with PASRR for children in nursing facilities, please reach out to PTAC for technical assistance.
- [Request Technical Assistance | PASRRAssist](#)

PTAC Website:

<https://www.pasrrassist.org>

*PASRR Challenge #3:
Private Pay*

Private Pay: What is the Issue?

- Individuals who have private insurance or are choosing to pay for their NF care:
 - Are likely to be unfamiliar with PASRR regulations;
 - May expect only their physician and their insurance company should be involved with decisions about their health care;
 - May consider the PASRR process an infringement on their rights; or
 - May resist participation in the Level I screening or a Level II evaluation if it is indicated.

Private Pay: How Does the Issue Connect to the CFR?

- The Code of Federal Regulations is clear at [483.102](#) that:
 - PASRR is required for all individuals who apply to or reside in a Medicaid-licensed NF, regardless of insurance type (Medicaid, Medicare, or private pay); and
 - If the private pay individual is determined to require a NF level of care, the State mental health or intellectual disability authority (as appropriate) must also determine, in accordance with [483.130](#), whether the individual requires specialized services for the mental illness or intellectual disability, as defined in [483.120](#).

Private Pay: Why It May Be An Issue for States

- If an individual enters a NF with private pay, and is judged by PASRR to need specialized services, the state does have an obligation to help arrange for the provision of specialized service, but not pay for them;²
- States may be less familiar with private pay providers, requiring them to coordinate with insurance companies to secure approved providers;
- If, in the future, the individual becomes Medicaid eligible, the state has the responsibility to assure access to any needed behavioral health/mental health services in their current state plan; and
- States can amend their state plans to include ID/RC services that can also be provided to Medicaid eligible individuals who reside in NFs.

² PTAC FAQ: [Is the state obligated to provide specialized services to private pay individuals?](#) March 8, 2018

Private Pay:

Possible Solutions to Address the Issue

- States can take a number of steps to minimize confusion around the PASRR process for private pay applicants to nursing facilities:
 - Have written material available about PASRR for hospitals to share with all individuals that are expected to require NF level of care;
 - Work with hospital personnel to ensure they are able to respond to some basic questions about PASRR; and
 - Ensure training of Level I screeners includes steps for responding to individuals who are resistant to the screening or a required evaluation.

Private Pay: PTAC Resources

PTAC FAQs:

- [Is the state obligated to provide specialized services to private pay individuals? - March 8, 2018](#)
- [When does a Level I screen need to be conducted? – July 7, 2018](#)
- [When does a Level II evaluation need to be conducted? – July 7, 2018](#)

PTAC Website:

<https://www.pasrrassist.org>

*PASRR Challenge #4:
Out-of-State Placements/Arrangements*

Out-of-State Placements/Arrangements: What is the Issue?

- State staff members who administer PASRR programs often have questions about how such admissions or moves should be handled.
 - Who is responsible for the PASRR Level I and, if required, the Level II evaluation?
 - Who is responsible for arranging for or providing any recommended specialized services?
 - What happens if the person is transferring from one state's NF to another state's NF and specialized services the individual was receiving in State A are not available in State B?

Out-of-State Placements/Arrangements: How Does the Issue Connect to the CFR?

- **483.110 Out-of-State arrangements:**
 - (a) *Basic rule.* The State in which the individual is a State resident (or would be a State resident at the time he or she becomes eligible for Medicaid), as defined in 435.403 of this chapter, must pay for the [PASARR] and make the required determinations, in accordance with 431.52(b); and
 - (b) *Agreements.* A State may include arrangements for [PASARR] in its provider agreements with out-of-State facilities or reciprocal interstate agreements.

Out-of-State Placements/Arrangements: How Does the Issue Connect to the CFR? (1 of 2)

- **431.52(b) Payment for services:** A State plan must provide that the State will pay for services furnished in another State to the same extent that it would pay for services furnished within its boundaries if the services are furnished to a beneficiary who is a resident of the State, and any of the following conditions is met:
 - (1) Medical services are needed because of a medical emergency;

Out-of-State Placements/Arrangements: How Does the Issue Connect to the CFR? (2 of 2)

- (2) Medical services are needed and the beneficiary's health would be endangered if he were required to travel to his State of residence;
- (3) The State determines, on the basis of medical advice, that the needed medical services, or necessary supplementary resources, are more readily available in the other State; and
- (4) It is general practice for beneficiaries in a particular locality to use medical resources in another State.

Out-of-State Placements/Arrangements: Why It May Be An Issue for States

- The CFR does not provide guidance on what state PASRR program is responsible for completing the Level I screening if the state resident is in another state's hospital and they are seeking admission to a NF in that state;
- The CFR does not provide guidance on what state is responsible for arranging a Level II evaluation if the individual is in another state and has flagged positive for an evaluation; and
- States may be uncertain about who is responsible for payment for screeners or evaluators when those activities take place outside their state.

Out-of-State Placements/Arrangements: Possible Solutions to Address the Issue

- Consult your state general interstate agreements to see whether PASRR is explicitly mentioned;
- It can be helpful for states to have PASRR agreements that facilitate a smooth PASRR process, especially for states where it is common practice for beneficiaries to receive services in another state;
- Where formal agreements are not in place, a collaborative approach to out-of-state admissions is recommended; and
- States with follow-up questions can contact their PTAC consultant, who can work with CMS staff to provide states with guidance about any ambiguities.

Out-of-State Placements/Arrangements: PTAC Resources

PTAC FAQ:

- [Out-of-State PASRR Arrangements: Questions & Answers \(pasrassist.org\)](http://pasrassist.org)
 - Includes five scenarios of out-of-state nursing facility placements for:
 - Transfers; and
 - Initial admissions.

PTAC Website:

<https://www.pasrassist.org>

*PASRR Challenge #5:
Dementia*

Dementia: What is the Issue?

- State PASRR staff or their contractors may be uncertain about how the diagnosis of, or suspicion that an individual is suffering from, dementia influences the PASRR process:
 - How is the state to determine the presence of dementia?
 - How does the presence of dementia affect other findings of intellectual disability or mental illness?
 - Are individuals with dementia and intellectual disability or mental illness candidates for specialized services?

Dementia:

How Does the Issue Connect to the CFR? (1 of 2)

- [483.102\(2\)](#) **Definition:** An individual is considered to have dementia if he or she has a primary diagnosis of dementia, as described in the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, revised in 1987, [or most current version] or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder as defined in [paragraph \(b\)\(1\)\(i\)\(A\)](#) of this section.
- [483.130\(h\)](#) **Categorical determinations: Dementia and IID:** The State intellectual disability authority may make categorical determinations that individuals with dementia, which exists in combination with intellectual disability or a related condition, do not need specialized services.

Dementia:

How Does the Issue Connect to the CFR? (2 of 2)

- PASRR regulations at 42 CFR 483.128(m) permit termination of a Level II evaluation if the evaluator finds that the individual being evaluated:
 - Does not have Mental Illness (MI) or Intellectual Disability (ID); or
 - Has:
 - A primary diagnosis of dementia (including Alzheimer's Disease or a related disorder); or,
 - A non-primary diagnosis of dementia without a primary diagnosis that is a serious MI, and does not have a diagnosis of ID or a related condition.

Dementia: Why It May Be An Issue for States

- At screening it may not be clear what evidence was used to support the dementia diagnosis; and
- Evaluators may not have a consistent understanding of how the term “primary” is being used.

Dementia:

Possible Solutions to Address the Issue (1 of 2)

- Ensure that screeners understand that dementia with any PASRR condition needs to advance to the Level II evaluation stage:
 - Includes instances where the state has a categorical for dementia and intellectual disability/development disability as the the Level II evaluator must be able to confirm the category.
- Ensure that Level II evaluators are sensitive to instances of a PASRR condition accompanied by a diagnosis of dementia that is not backed up by supporting evidence;

Dementia:

Possible Solutions to Address the Issue (2 of 2)

- Avoid ruling out the value of specialized services, unless there is evidence of the dementia having advanced to a stage that those supports would not be meaningful to the individual; and
- Monitor the use of dementia diagnosis for nursing facility applicants.

Dementia: PTAC Resources (1 of 2)

PTAC FAQs:

- [The Basics of PASRR and Dementia - When Can the Level II Be Terminated? – April 2018](#)
- [How does a categorical determination for dementia and intellectual disability affect the PASRR process? – April 2018](#)
- [What is the role of the Mental Health Authority in the dementia exclusion for mental illness? – July 2017](#)

PTAC Website:

<https://www.pasrrassist.org>

Dementia: PTAC Resources (2 of 2)

PTAC webinars:

- [PASRR: The Dementia Exclusion for Serious Mental Illness – February 2016](#)
- [Dementia and PASRR – January 2015](#)
- [Where PASRR and Dementia Meet – March 2011](#)

PTAC Website:

<https://www.pasrrassist.org>

*PASRR Challenge #6:
Documentation Needed for ID Diagnosis*

Documentation for ID Diagnosis: What is the Issue?

- States can be uncertain about just what is required to determine that a nursing facility applicant meets the PASRR criteria for an intellectual disability.
- This is particularly the case when the applicant is an adult who has not engaged the state's intellectual disability system of services and supports.
- In some instances, while more and more rare, this can be an individual that has not even been previously identified by the state's school system as the family has isolated their child.
- States frequently express concern over their ability to secure documentation of testing that confirms the level of intellectual functioning.

Documentation for ID Diagnosis: How Does the Issue Connect to the CFR? (1 of 2)

- **[483.102\(3\)\(i\)\(ii\) Applicability and definitions](#)**
 - An individual is considered to have an intellectual disability if he or she has:
 - (i) A level of retardation (mild, moderate, severe, or profound) described in the American Association on Intellectual Disability's Manual on Classification in Intellectual Disability (1983); or
 - (ii) A related condition as defined by [435.1010](#).

Documentation for ID Diagnosis: How Does the Issue Connect to the CFR? (2 of 2)

- [483.136 Evaluating whether an individual with intellectual disability requires specialized services \(PASARR/IID\)](#)
 - **Data requirements:**
 - [483.136\(b\)](#) “Data” lists the data elements that must be collected to determine whether someone has an intellectual disability.
 - **Data interpretation:**
 - [483.136\(c\)\(1\)](#) The State must ensure that a licensed psychologist identifies the intellectual functioning measurement of individuals with individuals with intellectual disabilities (IID) or a related condition.

Documentation for ID Diagnosis: Why It May Be An Issue for States

- States often interpret the CFR as “requiring” psychological testing to confirm an ID diagnosis; and
- States often believe it must be a PhD licensed psychologist performing the testing.
 - These two interpretations of the regulations can be very challenging:
 - There may be no history of testing;
 - Resources for testing may be limited in areas of the state; and
 - Testing delays the time required for making a determination.

Documentation for ID Diagnosis: Possible Solutions to Address the Issue

- IQ testing is not a requirement of PASRR. If testing has not been conducted, then a good psychosocial history is valid and useful for determining this element of the broader disability criteria, as more fully defined at [483.136\(c\)\(2\)](#).
- If IQ testing was conducted and is available, it need not be current. Finally, if IQ testing was conducted and is available, then the person who administered and/or interpreted the testing must have met state qualifications for professionals permitted to complete that activity.

Documentation for ID Diagnosis: PTAC Resources

PTAC FAQ:

- [Do PASRR Regulations Require a Test of Intellectual Functioning Be Completed as a Part of Level II Evaluations for Individuals with Intellectual Disabilities and Related Conditions? – April 2018](#)

PTAC Website:

<https://www.pasrrassist.org>

QUESTIONS



Satisfaction Survey and CEU

Please take a couple of minutes to provide your feedback on today's webinar:

<https://www.surveymonkey.com/r/Implementation-Challenges>

If you wish to receive CEUs for today's webinar, please complete the following questionnaire:

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THANK YOU

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