

The Power and Possibility of PASRR Webinar Series

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Common Questions for PASRR Program Operations



**FACILITATOR
JENNIFER INGLE**

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POWER AND POSSIBILITY OF PASRR WEBINAR SERIES



Learning Objectives

- Understand the intent of the Centers for Medicare & Medicaid Services (CMS) contract with the PASRR Technical Assistance Center (PTAC).
- Understand the regulatory requirements that are the foundation of PTAC's response to requests for technical assistance (TA).
- Understand the range of PASRR related TA resources available to states.
- Understand the most common topics of TA and questions requested by states in recent years.
- Understanding the linkage of TA with other PTAC resources.

Some History



**The Centers for Medicare & Medicaid Services
and The PASRR Technical Assistance Center**

**A shared commitment to helping states improve
their PASRR programs**

A History of TA Activities

- Monthly webinars
 - Today's webinar is the 99th webinar
 - ✦ Presentations from CMS, State PASRR leadership, PTAC consultants
- 124 Bi-monthly regional PASRR calls
- 43 [Frequently Asked Questions](#) (FAQs)
- 568 Individual TA engagements
- 36 Specialized Services Office Hour calls
- 16 On-site visits to individual states

The Basis of Today's "Common Questions"

TA activities from 2016 to present:

- 273 distinct TA engagements
 - 155 individual TA responses
 - 96 Regional Calls
 - 22 Specialized Services Office Hours calls
 - 4 On-site visits to individual states
 - 1 Round of regional sessions for all states
- Refresh of 42 FAQs to link with the Code of Federal Regulations (CFR)

2016 to Present Top Five TA Topics

1. **The Level I screening requirements**
2. **The Level II evaluation requirements**
3. **Specialized Services requirements**
4. **Questions about categorical determinations**
5. **Questions related to resident review expectations**

Level I Screening



The CFR Regulatory Foundation: Level I Screening

42 CFR §483.128(a) PASARR evaluation criteria

- (a) *Level I: Identification of individuals with MI or ID.* The State's PASARR program must identify all individuals who are suspected of having MI or ID as defined in §483.102. This identification function is termed Level I.

MI: Mental Illness

ID: Intellectual Disability

Level I Screening: Common Questions

- Who can complete a Level I screening?
- How much information needs to be collected during the Level I screening?
- Can a state require completion of a Level I screening form if a request is made for an Exempted Hospital Discharge (EHD)?
- Is a Level I screening needed when there is a significant change in condition?
- What is the timing for completion of a Level I screening?

Level I Screening

Question: Who can complete a Level I screening?

- Federal regulations governing PASRR do not specify restrictions on who can conduct Level I screenings.
- Each state's Medicaid Agency designates who may perform Level I screenings, and is ultimately responsible for providing oversight for this process.
- A State Medicaid Agency may allow Level I screenings to be performed by the state mental health authority, the state intellectual disability authority, contracting entities, or other entities involved in the PASRR process (such as hospital discharge planners, community health planners, nursing facility staff or other qualified professionals).

FAQ: [Who can complete a Level I screen?](#)

Level I Screening, continued

Question: How much information needs to be collected during the Level I screening?

- The CFR does not provide specific guidance on what information is to be collected during the Level I screening, but the CFR is clear at [42 CFR §483.128\(a\)](#), that the Level I screening must identify all individuals who are suspected of having MI or ID as defined in [42 CFR §483.102](#).

Reminder: Given that the Level I screening may be completed by a wide range of individuals with limited understanding of PASRR conditions, the [2014 PTAC National Report](#) included a focus on Level I screening tools being designed to address:

Sensitivity, Specificity, Usability, Accuracy, Informativeness

Level I Screening, continued

Question: Can a state require completion of a Level I screening form if a request is made for an Exempted Hospital Discharge (EHD)?

- While the EHD is the only full exemption from PASRR, a state may choose to require completion of their Level I form as a means of tracking individuals admitted under the EHD.

Reminder: The [CMS State Operations Manual Appendix PP](#) requires nursing facilities (NF) to use the state's Level I screening process when an individual is admitted under the EHD if the individual ends up staying at the facility for more than 30 days.

FAQ "[What is the Exempted Hospital Discharge?](#)"

Level I Screening, continued

Question: Is a Level I screening needed when there is a significant change in condition?

- There is no formal guidance in the PASRR regulations regarding the use of the state's Level I screening tool to provide notice of a significant change in condition.
- As with the EHD, a state may include requirements for the use of its Level I screening tool in the policies and procedures for management of the PASRR program.

Level I Screening, continued

Question: What is the timing for completion of a Level I screening?

- The CFR does not specify how quickly a Level I screening must be completed and there is no baseline against which to establish timing requirements.
- Not all individuals enter NFs from hospitals, and the discharge planning process can vary dramatically depending on the circumstances of the individual and the practices of the discharging hospital.

Reminder: Once there is a positive Level I screening, states must achieve an annual average of 7-9 working days to issue a Level II determination.

FAQ: [What are the timing requirements for Level I and Level II?](#)

Level II Evaluations



The CFR Foundation: Level II Evaluations

42 CFR §483.106(c)(d)(1)(2) Basic rule

- (c) *Purpose.* The preadmission screening and annual resident review process must result in determinations based on a physical and mental evaluation of each individual with mental illness or intellectual disability, that are described in §§483.112 and 483.114.
- (d) *Responsibility for evaluations and determinations.* The PASARR determinations of whether an individual requires the level of services provided by a NF and whether specialized services are needed:
 - (1) For individuals with mental illness, must be made by the State mental health authority and be based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority; and
 - (2) For individuals with intellectual disability, must be made by the State intellectual disability or developmental disabilities authority.

The CFR Foundation: Level II Evaluations, continued

[42 CFR §483.128\(a\)](#) PASARR evaluation criteria.

[42 CFR §483.132](#) Evaluating the need for NF services and NF level of care (PASRR/NF).

[42 CFR §483.134](#) Evaluating whether an individual with mental illness requires specialized services (PASRR/MI).

[42 CFR §483.136](#) Evaluating whether an individual with intellectual disability requires specialized services (PASRR/IID).

Level II Evaluations: Common Questions

- **When does a Level II evaluation have to be completed?**
- **Who can complete a Level II evaluation?**
- **Is a Level II evaluation required for admission to a Skilled Nursing Facility (SNF)?**
- **What is the difference between a Level II evaluation and a Resident Review?**

Level II Evaluations

Question: When does a Level II evaluation have to be completed?

- Under [42 CFR §483.102 \(a\)](#), the PASRR process applies to all Medicaid-certified NF applicants, regardless of the source of payment for the NF services, and regardless of the individual's or resident's known diagnoses.
- A Level II evaluation must be completed for all such applicants who meet NF level of care requirements, and who have been identified as having suspected MI, ID, or related condition (RC), by the Level I preadmission screening process.
 - Exempted Hospital Discharge
 - Abbreviated Level II for Advanced Group Determination by Category

FAQ: [When does a Level II evaluation need to be conducted?](#)

Level II Evaluations, continued

Question: Who can complete a Level II evaluation?

- **Level II for ID:** According to [42 CFR 483.106\(e\)\(1\)](#) and [42 CFR §483.106\(e\)\(2\)](#) the state ID Authority may complete or delegate responsibility for Level II evaluations.
- **Level II for MI:** According to [42 CFR §483.106\(d\)\(1\) and \(e\)\(3\)](#), the state MH Authority does not have responsibility for the Level II evaluations for individuals with mental illness, only the determination.
- The state ID Authority and the state Medicaid Agency have discretion in determining the qualifications of the person performing the evaluations.

Reminder: A physician must either complete the medical history and physical exam required in the evaluation , or review and concur with its conclusions ([42 CFR 483.134 \(c\)\(1\)](#))

FAQ: [Who can complete a Level II evaluation?](#)

Level II Evaluations, continued

Question: Is a Level II evaluation required for admission to a SNF?

- If the facility is a SNF that only provides rehabilitative care to Medicare beneficiaries, there would be no PASRR requirements for an admission. If the facility is dually certified for Medicare and Medicaid beneficiaries, all PASRR regulations would apply, regardless of the type of admission.
- If a facility has distinct parts (i.e., the Medicare beds are in a distinct part from the Medicaid beds), the people admitted to the Medicare-certified distinct part would not be subject to PASRR.
- The exception would be for admissions to a dually certified NF under an Exempted Hospital Discharge (EHD). In those instances a Resident Review is required by the 40th day if the individual is going to remain in the nursing facility for more than 30 days.

FAQ "[Is PASRR required for admission to a Skilled Nursing Facility \(SNF\)?](#)"

Level II Evaluations, continued

Question: What is the difference between a Level II evaluation and a Resident Review?

- A Level II evaluation is a comprehensive and individualized evaluation of an **applicant** to a Medicaid certified NF.
- The Level II evaluation is the function of evaluating and determining whether NF services and specialized services are needed.
- A Resident Review is similar to the Level II, but is conducted for a **current NF resident** and triggered by:
 - An EHD stay that is exceeding 30 days
 - The conclusion of a time limited Advanced Group Determination admission
 - Notification to a State Authority of a resident having a significant change in condition

Specialized Services



The CFR Foundation: Specialized Services

42 CFR §483.112(b) Preadmission screening of applicants for admission to NFs.

(b) *Determination of need for specialized services.* If the individual with mental illness or intellectual disability 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.

The CFR Foundation: Specialized Services, continued

[42 CFR §483.120\(b\)](#) Specialized services.

(b) *Who must receive specialized services.* The State must provide or arrange for the provision of specialized services, in accordance with this subpart, to all NF residents with MI or IID whose needs are such that continuous supervision, treatment and training by qualified mental health or intellectual disability personnel is necessary, as identified by the screening provided in §483.130 or §§483.134 and 483.136.

Specialized Services: Common Questions

- **How are Specialized Services different from Specialized Rehabilitation Services?**
- **Who is responsible for providing Specialized Services?**
- **Who determines what is considered a Specialized Service?**
- **Where are Specialized Services provided?**
- **What are some examples from other states of Specialized Services?**

Specialized Services

Question: How are Specialized Services different from Specialized Rehabilitation Services?

- Specialized Services, as defined at [42 CFR §483.120](#), are services specified by the state which, combined with services provided by the NF, result in the continuous and aggressive implementation of an individualized plan of care.
 - Specialized Services are of greater intensity, frequency or customization than NF Specialized Rehabilitative Services mandated at [42 CFR §483.65](#) and covered under the NF daily per diem.
- Specialized Services often will mirror the type of services individuals with MI or ID receive in their community home setting.

Specialized Services, continued

Question: Who is responsible for providing Specialized Services?

- According to [42 CFR §483.120](#), the state must provide or arrange for the provision of Specialized Services to all NF residents with MI or ID whose needs are such that continuous supervision, treatment and training by qualified mental health or intellectual disability personnel is necessary, as identified by the screening provided in [§483.130](#) or [§§483.134](#) and [483.136](#).

Reminder: 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* -- though not to pay for them, at least not until the individual becomes Medicaid eligible.

Specialized Services, continued

Question: Who determines what is considered a Specialized Service?

- The CFR at [42 CFR §483.120](#) gives responsibility to the state to specify what services are considered “specialized” for MI and ID conditions.

Specialized Services, continued

Question: Where are Specialized Services provided?

- The CFR at [42 CFR §483.120\(a\)\(1\)\(2\)](#) describes Specialized Services as those that they are “combined with services provided by the NF”, implying they are provided to individuals that are residents of a NF.
- CMS has further clarified that Specialized Services for NF residents can be provided “off site”, in day programs or other community settings.
- The CFR at [42 CFR §483.130\(m\)\(5\)](#) also requires that the state continue to provide Specialized Services in another setting, if the individual no longer meets NF level of care, but does continue to need Specialized Services, provided they have resided in the NF for less than 30 months.

Specialized Services, continued

Question: What are some examples from other states of Specialized Services?

- Specialized Services states are providing include, but are not limited to:
 - Intensive case management
 - Individual/family therapy
 - Peer supports
 - Behavior support and consultation
 - Community access services
 - Habilitative therapies
 - Staff/family consultation and training
 - Supported employment
 - Transportation

Specialized Services, continued

Question: What are some examples from other states of Specialized Services? (continued)

- PTAC has covered Specialized Services in several webinars and had presentations during some of the early Specialized Services Office Hours calls. The following resources offer additional information:
 - [Specialized Services in Idaho](#), April 2015
 - [PASRR Specialized Services in Vermont for Individuals with ID/DD/RC](#), December 2015
 - [The PASRR Initiative in Washington State](#), August 2017
 - [Specialized Services Lessons Learned](#), March 2019

Categorical Determinations



The CFR Foundation: Categorical Determinations

[42 CFR §483.130\(c\)\(d\)](#) PASARR determination criteria.

Categorical Determinations: Common Questions

- **Who determines if a categorical admission is appropriate?**
- **How much information does a Level I screener need to obtain if the individual is to be admitted under a group category?**
- **How does a categorical admission affect decisions about Specialized Services?**

Categorical Determinations

Question: Who determines if a categorical admission is appropriate?

- Per [42 CFR §483.130\(c\)](#) advance group determinations by category may be made applicable to individuals following Level I review if existing data on the individuals appear to be current and accurate and are sufficient to allow the evaluator to readily determine that the individual fits into the category established by the state authorities.

Reminder: Application of the category may be applied by the Level I screener, but must be confirmed by an abbreviated Level II evaluation.

Categorical Determinations, continued

Question: How much information does a Level I screener need to obtain if the individual is to be admitted under a group category?

- Per [42 CFR §483.130\(c\)](#) the existing data on the individual should be current, accurate, and sufficient enough to allow the evaluator to determine that the individual fits into the category established by the state authorities.
- Sources of existing data could include:
 - hospital records and physicians' evaluations
 - election of hospice status
 - records of community mental health centers or community intellectual disability or developmental disability providers

Categorical Determinations

Question: How does a categorical admission affect decisions about Specialized Services?

- Per [42 CFR §483.130\(f\)](#) The MH/ID Authority may make categorical determinations that specialized services are not needed in the provisional, emergency and respite admission situations.
- Per [42 CFR §483.130\(g\)](#) The MH/ID Authority must not make categorical determinations that specialized services are needed.
- Per [42 CFR §483.130\(h\)](#) The State ID 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.
- Per [42 CFR §483.130\(i\)](#) The MH/ID Authority must determine whether specialized services are needed either by category (if permitted) or by individualized evaluations.

Resident Review



The CFR Foundation: Resident Reviews

Subpart B: Long Term Care Facilities

42 CFR §483.20(e)(2) Resident assessment

(e) Coordination. A facility must coordinate assessments with the preadmission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes—

(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II Resident Review upon a significant change in status assessment.

The CFR Foundation: Resident Reviews

[42 CFR 483.100-138](#) is largely mute about the timing and process of Resident Reviews.

- The CFR describes an annual Resident Review, and the CFR has not been updated to reflect subsequent legislative changes.
- The CFR implies – but does not explicitly require – that the Resident Review should be conducted as close as possible to the anniversary of the individual's Preadmission Screen or Resident Review.
- It is reasonable to conclude that Resident Reviews should be performed as soon as possible once a significant change in condition is detected.

Resident Reviews: Common Questions

- **Is a Resident Review (Level II evaluation) required for any notice of a significant change in condition?**
- **How soon must a Resident Review be conducted after notification?**

Resident Reviews

Question: Is a Resident Review (Level II) required when the NF reports a resident has a significant change in condition?

- Per [42 CFR §483.20\(e\)\(2\)](#), NFs are required to provide notification to the appropriate authority of any significant change in condition in the mental or physical condition of a resident who has, or is suspected of having, MI, ID or RC.
- The intent of the Resident Review mirrors that of the CFR language at [42 CFR §483.114](#) Annual Resident Review (dropped in 1997 as part of the Balanced Budget Act.)

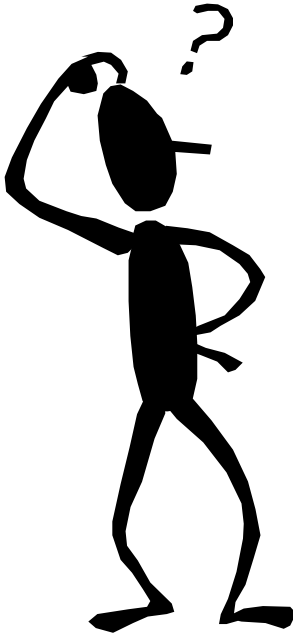
Reminder: The authority may determine, in consultation with the NF, that the Resident Review is not required.

Resident Reviews, continued

Question: How soon must a Resident Review be conducted after notification?

- If required, the relevant authority should arrange for the review as soon as practically possible to ensure that a thorough evaluation can be conducted and appropriate adjustments made to the individual's plan of care.

QUESTIONS



THANK YOU



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