

The Power and Possibility of PASRR Webinar Series

Webinar Assistance

<http://www.pasrrassist.org/resources/webinar-assistance-and-faqs>



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*Please note that you **must** attend the entirety (90 minutes) of this webinar if you wish to receive Continuing Education credits.*



Networking with NAPP

(National Association of PASRR Professionals)

<http://www.pasrr.org/about.aspx>



- Networking with NAPP is a follow up discussion on the webinar.
- The next Networking with NAPP session is:

Tuesday, April 25th 2017

1 PM EST

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A reminder invite will be sent to all webinar participants.



PASRR: The Dementia Exclusion for Serious Mental Illness

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April 11, 2017

Overall Webinar Objectives

- Clarify relationship between PASRR Level II evaluations and dementia and mental illness (MI).
- Review current concerns about practices related to dementia and MI.
- Clarify the responsibilities of Level I screeners and Level II evaluators.
- Identify primary areas of confusion related to dementia and MI.
- Identify best practices for weighing severity of dementia in MI.
- Identify resources for training related to dementia and MI.

Structure of Webinar

- Questions PTAC has received in various forums (webinars, Specialized Services office hours, TA requests), followed by:
- Guidance on those questions

Questions We Will Cover

1. What is the relationship between dementia/neurocognitive disorder in MI and PASRR?
2. What criteria should evaluators use when determining if someone's dementia is so severe that that the Level II can be terminated?
3. What identifiers might be considered to indicate someone as too impaired by a neurocognitive disorder to benefit from Specialized Services?
4. Should the screeners completing the Level I be able to determine who has dementia as primary over MI?

Questions We Will Cover

5. What questions should state staff ask of NF staff who are making referrals, if individuals with MI show signs of dementia?
6. What is the role of PASRR for individuals who have moderate-to-severe dementia with behaviors or mood issues?
7. What is the role of PASRR for individuals who have moderate-to-severe dementia with behaviors or mood issues? Could this create the opportunity to make environmental/adaptive recommendations that might help?

Questions We Will Cover

8. For individuals with MI and primary dementia who would not benefit from PT/OT (Specialized Rehabilitative Services) or intensive counseling (a Specialized Service), what kinds of recommendations might still be appropriate?
9. Where should Level II evaluators draw the line in order to conclude that dementia is *not* primary?
10. How can individuals with Lewy Body dementia benefit from Specialized Services?

Question 1

What is the relationship between dementia/neurocognitive disorder in MI and PASRR?

Question 1: Guidance

PASRR regulations permit Level II evaluations to be terminated if the Level II evaluator finds that individual has:

- 1. “A primary diagnosis of dementia (including Alzheimer’s Disease or a related disorder)” (42 CFR 483.128(m)(2)(i)); or
- 2. “A non-primary diagnosis of dementia without a primary diagnosis that is a serious mental illness, and does not have a diagnosis of MR (ID) or a related condition” (42 CFR 483.128(m)(2)(ii)).

Question 1: Guidance

- In other words, the evaluation may be halted if the individual does not have MI/ID/RC, or
- Has—
 - (i) Only a primary diagnosis of dementia (including Alzheimer's Disease or a related disorder); or
 - (ii) A non-primary diagnosis of dementia without a primary diagnosis that is a serious mental illness, and does not have a diagnosis of ID or a related condition.

Note: The PASRR process **cannot be halted if the person has an intellectual disability, regardless of the presence of dementia.**

Question 1: Guidance

- It would appear that evaluators in many states terminate PASRR as soon as they detect any evidence of dementia. Such termination is typically incorrect for one or both of the following reasons:
 - There is insufficient evidence that dementia is *primary* (as must be the case for individuals with MI); or
 - The diagnosis of dementia is not adequately supported.

Question 1: Guidance

- Notably, physicians sometimes indicate that dementia is primary because they wish to accelerate the process of nursing home admission (especially for families experiencing acute distress), and they know that a diagnosis of primary dementia will “short-circuit” PASRR.
- State staff sometimes interpret the CFR to mean that *any* evidence of dementia short-circuits PASRR.

Questions 2 & 3

- What criteria should evaluators use when determining if someone's dementia is so severe that that the Level II can be terminated? Where is the cutoff?
- What identifies someone as too impaired by a neurocognitive disorder to benefit from Specialized Services?

Questions 2 & 3: Guidance

Scores on Brief Interview for Mental Status (BIMS):

- 13-15 Cognitively intact
- 8 –12 Moderately impaired
- 0 –7 Severe Impairment

Question 4

Should the screeners completing the Level I be able to determine who has dementia as primary over MI?

Question 4: Guidance

- Most Level I screeners have limited expertise in MI *or* dementia, and should not be making clinical decisions.
- Level I screeners working in hospitals may have added pressures to “fast track” discharges.
- The Level II evaluation is the point in the PASRR process where decisions should be made about whether dementia is primary.

Question 5

- What questions should state staff ask of NF staff who are making referrals, if individuals with MI show signs of possible primary dementia?

Question 5: Guidance

- The Level II evaluation offers opportunities to better understand the person.
- Understanding certain things that tend to historically set people off and escalate behaviors. For example:
 - Responds poorly to crowds (Day room activities)
 - Sensitive to noise (Blaring TV)
- Understanding behaviors that may have value. For example:
 - Paces to relieve tension (OK, unless pacing leads to entering the room of others).

Question 6

What is the role of PASRR for individuals who don't have a dementia diagnosis but who display significant symptoms of dementia?

Question 6: Guidance

- Evaluation is still focused on determining if the individual's mental illness warrants validation and recommendations.
- Recommendations for further evaluation or monitoring related to intensification of dementia symptoms would be appropriate.

Question 7

- What is the role of PASRR for individuals who have moderate-to-severe dementia with behaviors or mood issues?
- Could this create the opportunity to make environmental/adaptive recommendations that might help?

Question 7: Guidance

- Knowledge of linkage of primary and behavioral care has grown since PASRR Final Rule was issued.
- States are free to exceed the CFR – e.g., in how Level II evaluations are used to help develop a plan of care for individuals whose dementia is primary.

Question 8

For individuals with MI and primary dementia who would not benefit from PT/OT (Specialized Rehabilitative Services) or intensive counseling (a Specialized Service), what kinds of recommendations might still be appropriate?

Question 8: Guidance

Individualized plans of care stem from a person-centered Level II evaluation. NF plans of care should take into account a range of preferences or interest that will help the person do well in the NF. For example:

- Preferences

- ✦ Specific clothing, color, music, TV programs, food, snacks, drinks, people or privacy

- Interests

- ✦ Family, wildlife, nature, sports

Question 9

Where should Level II evaluators draw the line in order to conclude that dementia is *not* primary (e.g., a specific BIMS score)?

Question 9: Guidance

- Cutoff needs to be limited to most severe instances of dementia that are well-supported.
- Guidance for NF plans of care may still be appropriate, based on information/history gathered through the Level II evaluation.

Question 10

- Individuals with Lewy Body Dementia may score relatively high on the Mini Mental State Exam (MMSE), but lack higher executive functioning, including the ability to carry over and retain new information -- thus making counseling (e.g.) impractical.
- How can these individuals benefit from Specialized Services?

Question 10: Guidance

If the evaluation confirms that Specialized Services are not expected to provide any benefit, the Level II evaluation may still provide valuable information for the NF to consider in developing the plan of care.

Training Resources

Dementia and PASRR Webinar and Q&A Summary

<http://pasrrassist.org/events/webinar/dementia-and-pasrr>

Where PASRR and Dementia Meet Webinar

<http://pasrrassist.org/events/webinar/where-pasrr-and-dementia-meet>

FAQ – What Is the Relationship Between PASRR and Dementia

<http://pasrrassist.org/resources/diagnosis/what-relationship-between-pasrr-and-dementia>

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