

The Power and Possibility of PASRR Webinar Series

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“Informed Choice” The Role of PASRR



**FACILITATOR
FRANK L TETRICK**

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POWER AND POSSIBILITY OF PASRR WEBINAR SERIES



Learning Objectives

- Understand the meaning of informed choice
- Understand the federal requirements on informed choice within the PASRR process
- Understand the role PASRR plays in promoting informed choice for individuals with PASRR conditions prior to a nursing facility admission
- Understand the role PASRR plays in promoting informed choice for individuals with PASRR conditions who are admitted to a nursing facility
- Understand the role Specialized add-on Services play in promoting informed choice
- Understand the linkage of PASRR and the new Conditions of Participation for hospitals and critical access hospitals.

Informed Choice – What Does it Mean?



Informed Choice

- A decision based on choice, which requires the decision to be voluntary and that the individual has the capacity for choice, which rests on 3 elements:
 - Possession of a set of values and goals
 - Ability to understand information and communicate decisions
 - Ability to reason and deliberate

<https://medical-dictionary.thefreedictionary.com/Informed+Choice>

Informed Choice – It is Person-Centered

- Informed choice is consistent with person-centered thinking and service delivery. Individuals have unique values/goals and each person has the right to be treated with respect and dignity.
- In other words - *“Nothing about me without me”*

PASRR Informed Choice – An Individual’s Perspective

- Do I understand the goals of the PASRR process and how it may have value to me?
- Do I understand why I am being screened?
- If am evaluated based on a suspected or known mental health (MH) or intellectual disability (ID) condition, do I understand what options exists for my care other than the nursing facility (NF)?
- Do I understand how an admission to the NF affects any MH/ID services I may now be receiving?
- Have I received information about what MH/ID services are being recommended while I am in the NF?

PASRR – Promoting Choice



LEVEL I SCREENING
LEVEL II EVALUATION
RESIDENT REVIEW
SPECIALIZED SERVICES

Promoting Choice - Level I Screening

The Front Door to Choice

- According to [CFR 42-§483.102](#), a PASRR Level I screen must be completed for all applicants to a Medicaid-certified nursing facility, regardless of payer. A Level I screen must be completed before an individual can be admitted into a nursing facility.
- There is only one true exemption to this general rule. [42 CFR §483.106\(b\)\(2\)](#) permits an “exempted hospital discharge (EHD).”
- Many states require the Level I even if EHD is being applied.

Informed Choice

- A decision based on choice, which requires the decision to be voluntary and that the individual has the capacity for choice, which rests on 3 elements:
 - Possession of a set of values and goals
 - Ability to understand information and communicate decisions
 - Ability to reason and deliberate

Level I Screening

Key Considerations on Promoting Choice

- Does the individual understand the intent of the Level I screening?
- Does the individual have an opportunity to provide information that may not be in the medical record?
- When appropriate or requested by the individual, does a family member or legal representative have an opportunity to provide information that may not be in the medical record?

The Intent of Level I Screening

- [§483.128](#) Regulatory language:
 - “State's PASARR program must identify all individuals who are suspected of having MI or IID as defined in §483.102. This identification function is termed Level I.”
 - Supporting informed choice: “I will review your record and talk with you to see if you might qualify for additional mental health or intellectual disability services services while in the nursing facility. If you do, there may also be alternatives to the nursing facility. That will be your choice.”

Level I Considerations – The Value of Conversation

- **Is the Level I screening simply a record review?**
 - Mental health stigma may have prevented the person from disclosing current treatment or active concerns.
 - Information may not be accurate.
 - Information may not be current.
- **While less common, an individual with intellectual disability may have never engaged the educational or service system.**
- **The lack of a PASRR condition diagnosis does not preclude the presence of a qualifying MH/ID condition.**

Level II Evaluation

Identification of Options/Service Needs

- [§483.128](#)
 - 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* mental illness (MI) and/or intellectual disability (ID) by the Level I preadmission screening process.

Level II Evaluation

Key Considerations on Promoting Informed Choice

- Does the individual understand the intent of the Level II evaluation?
- Does the evaluation allow for the individual to confirm or update information that may be in the medical record?
- Does the individual have an opportunity to identify any current MH/ID services they feel are needed during their nursing facility residency?
- When appropriate or requested by the individual, does a family member or legal representative have an opportunity to provide information that may not be in the medical record?

The Intent of the Level II Evaluation

- [§483.128\(a\)](#) Regulatory Language:
 - Level II is the function of evaluating and determining whether NF services and specialized services are needed.
 - The two determinations relating to the need for NF level of care and specialized services are interrelated and must be based upon a *comprehensive analysis of all data concerning the individual*.
- Supporting informed choice: “Based on an initial review of your record, or the initial interview, there may be a need for mental health or intellectual disability services while in the nursing facility. If those services do need to be part of your NF plan of care I will make those recommendations. I may also be able to offer you options to the NF. That will be your choice.”

Individual can confirm or update information that may be in the medical record?

- [§483.128\(c\)](#) Regulatory Language:
 - PASARR evaluations must involve—
 - ✦ (1) The individual being evaluated;
 - ✦ (2) The individual's legal representative, if one has been designated under State law; and
 - ✦ (3) The individual's family if—
 - ✦ (i) Available; and
 - ✦ (ii) The individual or the legal representative agrees to family participation.

Informed Choice

- A decision based on choice, which requires the decision to be voluntary and that the individual has the capacity for choice, which rests on 3 elements:
 - Possession of a set of values and goals
 - Ability to understand information and communicate decisions
 - Ability to reason and deliberate

Level II - Supporting Informed Choice

- **Supporting individual/family involvement and informed choice:**
 - I didn't see anything in your/your family members medical record related to any past or current mental health or intellectual disability services. Is there anything that may not be in the record?
 - Your record indicates you receive(d)services. Are there other current or past services you receive(d) that are not listed in the record?

Level of Care/Level of Service & Informed Choice

- **Need for NF services is defined by individual states, all of whom establish NF level of care (LOC) criteria.**
- **LOC is a functional needs assessment to make sure the individual meets the state's basic criteria for admissions to a NF.**
- **PASRR NF Level of Service (LOS) assessments are more holistic, looking beyond just functional needs and they take into account alternatives to NF care.**
- **The PASRR LOS assessment is an opportunity to advance informed choice.**

Advancing Informed Choice – A Basis in Law & Regulation

- [Section 1919\(b\)\(3\)\(F\)](#) of the Social Security Act prohibits NFs from admitting any new resident who has serious mental illness (SMI) or an intellectual disability or related condition (ID/RC), unless it has been determined by the State Mental Health Authority (SMHA) or State Intellectual Disability Authority (SIDA) that because of the physical and mental condition of the individual, nursing facility services are needed.

Advancing Informed Choice – A Basis in Law & Regulation

- Section [§1919\(e\)\(7\)\(B\)](#) of the Act requires the SMHA and SIDA to evaluate and determine whether an applicant or resident with SMI or ID/RC requires NF services.
- Such evaluations and determinations are required before an applicant's admission to a NF and promptly after the NF determines a resident has experienced a [significant change](#) in physical or mental status. (See also [42 CFR §483.20\(b\)\(2\)\(ii\)](#)).

Advancing Informed Choice – A Basis in Law & Regulation

PASRR regulations at [42 CFR §483.126](#) specify that admission of an individual with a MI or ID to a nursing facility (NF) may be considered appropriate only:

- When **the individual's needs** are such that he or she meets the minimum standards for admission, and
- The **individual's needs for treatment** do not exceed the level of services which can be delivered in the NF to which the individual is admitted either through NF services alone or, where necessary, through NF services supplemented by specialized services provided by or arranged for by the state.

Advancing Choice – Level II Evaluator Role

When making the NF determination, the Level II evaluator must consider:

- The particular nursing facility to which the person has applied and its capability to meet the person's service needs
- The specialized services available to the person from the state; and
- The other considerations under [42 CFR 483.132\(a\)](#)

Other considerations under [42 CFR 483.132\(a\)](#)

- (1) The individual's total needs are such that his or her needs can be met in an appropriate community setting;
- (2) The individual's total needs are such that they can be met only on an inpatient basis, which may include the option of placement in a home and community-based services waiver program, but for which the inpatient care would be required;
- (3) If inpatient care is appropriate and desired, the NF is an appropriate institutional setting for meeting those needs in accordance with §483.126; or
- (4) If the inpatient care is appropriate and desired but the NF is not the appropriate setting for meeting the individual's needs another setting such as an ICF/IID (including small, community-based facilities), an IMD providing services to individuals aged 65 or older, or a psychiatric hospital is an appropriate institutional setting for meeting those needs.

Honoring Choice

- The evaluator should consider whether the NF is the most appropriate placement for the individual, taking into account the person's total needs and any possible specialized services the person may require.
- If a person meets a state's level of care criteria and wishes to enter a NF, his or her choice must be respected, with the PASRR process leading to recommendations that allow the individual to make an informed choice.

See PTAC FAQ: [What is the relationship between PASRR and Nursing Facility level of care?](#)

Honoring Choice – Right Services/Right Location

- While again, the individual's choices must be respected, the SMHA and SIDA may make recommendations to the individual about where she or he may be able to receive services, including other institutional or home and community placements, ensuring that the individual is fully informed of all options.
- Additionally, the Level II evaluation seeks to ensure the individual is not being inappropriately presumed to meet NF level of care simply because there is a SMI or ID.

Resident Review

Identification of Options/Service Needs – Part 2

- Regulatory language: Per [Section 1919\(e\)\(7\)\(B\)\(iii\) of the Social Security Act](#), Resident Reviews are required for NF residents experiencing a “significant change in condition”, defined as a major decline or improvement in a resident’s status that:
 - Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered “self-limiting”;
 - Impacts more than one area of the resident’s health status; and
 - Requires interdisciplinary review and/or revision of the care plan.

Key Considerations on Promoting Informed Choice

- Does the individual understand the intent of the Resident Review evaluation?
- Does the individual understand the reasoning for the notification of need for a Resident Review?
- Does the individual participate directly in the evaluation and do they have an opportunity to comment on any findings and recommendations that will be made?
- When appropriate or requested by the individual, does a family member or legal representative have an opportunity to provide information as part of the Resident Review?

Specialized Services

- [§483.120\(2\)\(b\)](#) Regulatory Language:
 - 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

Key Considerations on Promoting Informed Choice

- Does the individual understand the intent of the Specialized Services?
- Does the individual have an opportunity to identify any current MH/ID services they feel are needed during their nursing facility residency?
- When appropriate or requested by the individual, does a family member or legal representative have an opportunity to provide information regarding possible services or the importance of active services?

Promoting Choice - Specialized Services

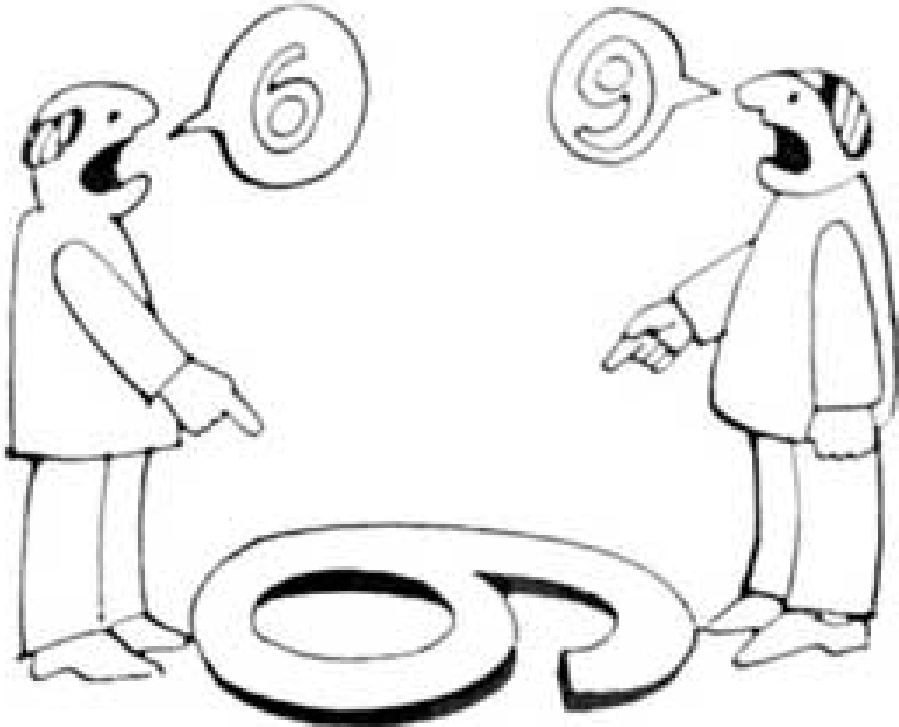
- Of the services you/your family member are currently receiving from (provider/agency), is there anything you feel is essential to your well being during the nursing facility residency?

PASRR – A role in the new Conditions of Participation for Hospitals and Critical Access Hospitals



**STATE AUTHORITIES AND HOSPITALS
AN OPPORTUNITY TO BUILD BRIDGES**

PASRR – The Point of View Matters



PASRR – A role in the new Conditions of Participation for Hospitals and Critical Access Hospitals

“Medicare and Medicaid Programs; Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies, and Hospital and Critical Access Hospital Changes to Promote Innovation, Flexibility, and Improvement in Patient Care”

<https://www.federalregister.gov/documents/2019/09/30/2019-20732/medicare-and-medicaid-programs-revisions-to-requirements-for-discharge-planning-for-hospitals>

PASRR – A role in the new Conditions of Participation for Hospitals and Critical Access Hospitals, continued

- These regulations are effective on November 29, 2019.
- Final requirements establish and standardize discharge planning requirements for hospitals, home health agencies (HHAs), and critical access hospitals (CAHs).

“This final rule also implements discharge planning requirements which will give patients and their families access to information that will help them to make informed decisions about their post-acute care, while addressing their goals of care and treatment preferences, which may ultimately reduce their chances of being re-hospitalized.” – from Summary of Final Rule

Conditions of Participation for Hospitals and Critical Access Hospitals

- The new rule updates the discharge planning requirements for hospitals, critical access hospitals (CAHs), and post-acute care (PAC) settings ([80 FR 68126](#)).
- The rule empowers patients to be active participants in the discharge planning process, which will require providers to give patients more information as they choose a PAC provider.

Conditions of Participation for Hospitals and Critical Access Hospitals, continued

The transition may be to:

- A patient's home (with or without PAC services);
- Skilled nursing facility (SNF);
- Nursing facility (NF);
- Long term care hospital (LTCH);
- Rehabilitation hospital or unit;
- Assisted living center;
- Substance abuse treatment program;
- Hospice; or
- A variety of other settings

Conditions of Participation for Hospitals and Critical Access Hospitals, continued

- Medicare regulations define “post-acute care” providers to include **SNFs, NFs**, LTCHs, inpatient rehabilitation facilities (IRFs) and home health agencies (HHAs)
- CMS notes that there are other services that can be provided by entities other than PAC providers (that is, LTCHs, IRFs, HHAs, and SNFs), including assisted living facilities, home and community-based services, or primary care providers.

Discharge Planning Requirements

§ 482.43 and § 485.6

- Hospital (or CAH) must have an effective discharge planning process that focuses on the patient's goals and preferences and includes the patient and his or her caregivers/support person(s) as active partners in the discharge planning for post-discharge care.
- The discharge planning process and the discharge plan must be consistent with the patient's goals for care and his or her treatment preferences, ensure an effective transition of the patient from hospital (or CAH) to post-discharge care, and reduce the factors leading to preventable hospital (or CAH) readmissions.

Discharge Planning Requirements

- Hospital must identify at an early stage of hospitalization all patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning.
- The hospital must provide a discharge planning evaluation for those patients as well as for other patients upon the request of the patient, the patient's representative, or patient's physician.

Discharge Planning Requirements, continued

- A discharge planning evaluation includes an evaluation of a patient's likely need for appropriate post-hospital services, including, but not limited to, hospice care services, post-hospital extended care services, home health services, and non-health care services **and community based care providers.**
- The evaluation must also include a determination of the availability of the appropriate services as well as of the patient's access to those services.

Discharge Planning Requirements, continued

- **The location to which a patient may be discharged should be based on the patient's clinical care requirements, available support network, and patient and caregiver treatment preferences and goals of care.**

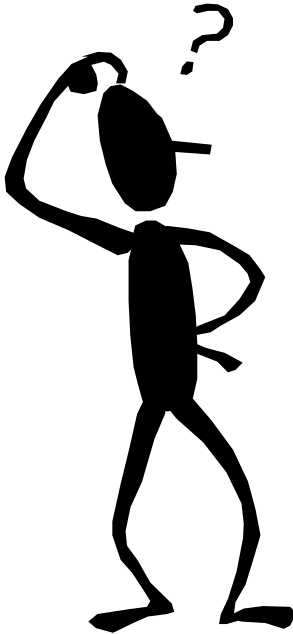
Discharge Planning Requirements, continued

- Hospital (or CAH) must discharge the patient, and also transfer or refer the patient where applicable, along with:
 - all necessary medical information pertaining to the patient's current course of illness and treatment
 - post-discharge goals of care, and treatment preferences, at the time of discharge
- Information is provided to the appropriate post-acute care service providers and suppliers, facilities, agencies, and other outpatient service providers and practitioners responsible for the patient's follow-up or ancillary care

Summary

- Informed choice is aligned with the goals of person-centered thinking and service delivery.
- PASRR can help address the unique needs of individuals with MI/ID/RC and offer options to nursing facility admission.
- PASRR programs can promote “informed choice” at all stages of the PASRR process.
- The November 29 Final Rule for Hospitals and Critical Access Hospitals create opportunities to build bridges between state PASRR programs and those entities.

QUESTIONS



THANK YOU



PASRR Technical Assistance Center

www.pasrrassist.org

Frank L Tetrick III, PTAC Consultant

Frank.Tetrick@pasrrassist.org