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PTAC
PASRR Technical Assistance Center

PASRR Compliance in a Changing Long-Term Care Environment

Barbara Speedling

October 10, 2017

Reminder: The Main Goals of PASRR

1. To evaluate all applicants to Medicaid-certified NFs for evidence of serious mental illness, intellectual disability, or a related condition.
2. To ensure individuals are living in the most appropriate setting, whether in the NF or in the community, based on their desires and needs.
3. To recommend PASRR-related services that individuals need, wherever they are placed.

Reminder: What are Specialized Services?

- Individualized, disability-specific services
- Go above and beyond what a NF typically provides under its daily rate
- Can be financed by Medicaid, but need not be

Specialized Services and Quality of Life

- Individuals who need Specialized Services but do not receive them will experience impaired quality of life.
- Poor quality of life can make it more likely the individual will remain in the NF, and less likely they will transition back to the community.

What is Quality of Life?

- Subjective, multidimensional, encompassing positive and negative features of life.
- A dynamic condition that responds to life events

http://www.forbes.com/sites/iese/2013/09/04/quality-of-life-everyone-wants-it-but-what-is-it/

NEW FEDERAL REGULATIONS
FINAL RULE, PHASE 2 (11/28/17)

F675

§ 483.24 Quality of life

“Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident’s comprehensive assessment and plan of care.”

NEW FEDERAL REGULATIONS
FINAL RULE, PHASE 2 (11/28/17)

F675
§ 483.24 Quality of life

INTENT

The intent of this requirement is to specify the facility's responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life by:

- Ensuring all staff, across all shifts and departments, understand the principles of quality of life, and honor and support these principles for each resident; and
- Ensuring that the care and services provided are person-centered, and honor and support each resident's preferences, choices, values and beliefs.

F675 §483.24 Quality of life (11/28/17)

How to Think about QoL

- An individual's sense of well-being, level of satisfaction with life and feeling of self-worth and self-esteem.
- For nursing home residents, this includes a basic sense of satisfaction with oneself, the environment, the care received, the accomplishments of desired goals, and control over one's life."

Intent of PASRR Regulations

To ensure that the facility coordinates with the appropriate, State-designated authority to ensure that individuals with a mental disorder (MD), intellectual disability or a related condition receives care and services in the most integrated setting appropriate to their needs.

Quality of Life Concerns in Long Term Care

- Many facilities try to avoid admitting residents with complicated mental health or psychosocial issues;

- Staff are often unprepared to care appropriately for residents with dementia, mental disorders, intellectual and developmental disabilities (ID/DD), addictions or other psychosocial challenges

SYSTEM FAILURES

- Diagnosis is not always known at the time of admission screening or condition is misdiagnosed as simply dementia;
- Staff education and training in caring for the residents with mental and behavioral health needs is lacking;
- Understanding of the differences between dementia, mental disorder, traumatic brain injury, and ID/DD is poor in many environments;
- Staff lack basic understanding of symptoms and how this impacts responses and other aspects of function;

SYSTEM FAILURES, continued

- Assessment procedures often fail to distinguish symptoms, reactions, and personality from *behavior;*
- Assessments often fail to identify the antecedents to behavior;
- Communication between disciplines is weak in tracking mood and behavioral patterns;
- Care teams rarely introduce behavior modification plans;
- Medication is the often the preferred intervention; and
- Little consideration is given to how boredom and a lack of meaningful activity impact mood, behavior and function.

Changing Demographics, Shifting Challenges

- The Woodstock Generation
- Opioid addiction and substance abuse
- Mental health challenges
- Young adults
- Ethnic and cultural diversity
- LGBT populations
- Homelessness
- Short-term rehab populations

Considerations in Care Planning

- Capacity determinations for medical and psychosocial decision making
- Medical marijuana
- Pain management – opioids and addiction
- Short-term vs. long-term needs and practices
- Complicated discharge planning/housing/financial concerns.

Regulatory Expectations

- Final Rule – trauma-informed care
- Identification of stress-related illness
- Recognition of substance use and addictions
- Dementia care standards/dementia-focused survey
- PASRR coordination
- Non-pharmacologic interventions

Behavioral Health Regulations vs. PASRR Specialized Services: Quality and Compliance

- Every long-term care facility is required by Federal and State regulations to identify and address the behavioral health needs of its residents. The quality, consistency, and benefit of the services provided will vary based on the clinical knowledge and skill sets of the professional caregivers.
- The primary difference between behavioral health services that are required of the nursing facility by regulation and behavioral health services that fall under Specialized Services is that the latter are specifically spelled out, must be tracked, and are required to be included as part of the treatment plan.
- Evaluation of regulatory compliance in behavioral health is subjective and random. Regulatory guidelines leave the decision to provide those same services to the professional caregivers. Unless those caregivers have education and experience in mental health, the need for services may be overlooked.
- Too often, necessary services are overlooked in favor of medication. A requirement for specialized services minimizes the potential for mistreatment.

NEW FEDERAL REGULATIONS
Final Rule, Phase 2 (11/28/17)

F742

Treatment and Services for Mental/Psychosocial Concerns:

§483.40(b) Based on the comprehensive assessment of a resident, the facility must ensure that—

§483.40(b)(1)
A resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being

NEW FEDERAL REGULATIONS
Final Rule, Phase 2 (11/28/17)

“Mental and psychosocial adjustment difficulty” refers to the development of emotional and/or behavioral symptoms in response to an identifiable stressor(s) that has not been the resident’s typical response to stressors in the past or an inability to adjust to stressors as evidenced by chronic emotional and/or behavioral symptoms.

(Adapted from Diagnostic and Statistical Manual of Mental Disorders - Fifth edition. 2013, American Psychiatric Association.).

NEW FEDERAL REGULATIONS
Final Rule, Phase 2 (11/28/17)

INTENT §483.40(b) & §483.40(b)(1)

- The intent of this regulation is to ensure that a resident who upon admission, was assessed and displayed or was diagnosed with a mental or psychosocial adjustment difficulty or a history of trauma and/or post-traumatic stress disorder (PTSD), receives the appropriate treatment and services to correct the initial assessed problem or to attain the highest practicable mental and psychosocial well-being.

- Residents who were admitted to the nursing home with a mental or psychosocial adjustment difficulty, or who have a history of trauma and/or PTSD, must receive appropriate person-centered and individualized treatment and services to meet their assessed needs.

NEW FEDERAL REGULATIONS
Final Rule, Phase 2 (11/28/17)

****KEY ELEMENTS OF NONCOMPLIANCE §483.40(b) & §483.40(b)(1)**

To cite facility deficient practice at F742, the surveyor's investigation will generally show that it failed to:

- Assess the resident's expressions or indications of distress to determine if services were needed;
- Provide services and individualized care approaches that address the assessed needs of the resident and are within the scope of the resources in the facility assessment;
- Develop an individualized care plan that addresses the assessed emotional and psychosocial needs of the resident;
- Assure that staff consistently implement the care approaches delineated in the care plan;
- Monitor and provide ongoing assessment as to whether the care approaches are meeting the emotional and psychosocial needs of the resident; or
- Review and revise care plans that have not been effective and/or when the resident has a change in condition and accurately document all of these actions in the resident's medical record.

****Most long-term care facilities fail to meet one or more of these regulatory standards.****

Staff Competency and Skill

F726
§483.35 Nursing Services
The facility must have sufficient nursing staff *with the appropriate competencies and skills sets* to provide nursing and related services to *assure resident safety and* attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care *and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).* [emphasis added]

PASRR COMPLIANCE

F644
§483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASRR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes:

- §483.20(e)(1) Incorporating the recommendations from the PASRR level II determination and the PASRR evaluation report into a resident's assessment, care planning, and transitions of care.

- §483.20(e)(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.

Case Study - Cindy

Description:

- Forty-one-year-old woman with a diagnosis of traumatic brain injury (TBI) secondary to heroin overdose, cardiovascular accident (CVA), multiple sclerosis (MS), bipolar depression, and anxiety disorder.

Behavior:

- Described by staff to be difficult, resistive to care routines, demanding of attention, foul-mouthed, inconsiderate and abusive to her peers, manipulative, and a hoarder.

Case Study - Cindy

Situation:

- This is her third admission to this nursing home after two previous unsuccessful discharges to the community.
- Cindy is divorced and is mother to four children. She lost her first two children to foster care when she was a teenager.
- Her childhood history includes living with alcoholic/substance using parents, physical abuse, and, later, domestic violence as a teen bride.
- Her current living situation finds her in a four-bedded room, surrounded by three women in their 80s and 90s who all have a diagnosis of dementia. The facility is small, with only one common room that serves as a dining room and a dayroom. Access to the outdoor areas of the building requires staff supervision.
- Cindy is also a smoker. Supervised smoking is scheduled three times a day in the designated outdoor area.

Case Study - Cindy

Care Plan Interventions for Mood/Behavior:

- Medication as ordered: Ativan, Depakote
- Psychiatry evaluation, as needed
- Approach in a calm manner when agitated
- Remind resident of care schedules and routines
- Remind resident to respect the rights of others
- Provide resident with individual activity supplies, as requested
- Notify MD of changes in behavior

Case Study - Cindy

- Admitting Level I PASRR does not indicate need for Level II evaluation
- Psychiatry order for psychology evaluation is not satisfied due to facility's rural location and lack of access to services
- Facility social worker is not trained in addiction services and has limited direct experience with residents with mental disorders or ID/DD
- Interdisciplinary team fails to identify a significant change resulting from her progressing MS

What is Behavior?

Regina – 57-year-old nursing home resident:

"When you don't get what you want,
you get an attitude."

What Is *Behavior*?

Symptom

Reaction

Personality

Common Staff Complaints About Behavior

- Non-compliance with care routines
- Non-compliance with facility rules
- Attitude – described as an *inappropriate* way someone speaks to staff or other residents
- Inappropriate social behavior – described as a verbal or physical altercation or sexual encounter between residents
- Person-specific behaviors (i.e. spitting, yelling, striking out during care, wandering, etc.)

Assessment Failures

- Staff are often unfamiliar or poorly informed about the symptoms associated with dementia, MD/ID/DD.
- Care teams fail to identify precipitating events or environmental triggers;
- Evaluation of antecedents often overlooks the relationship between the resident and the caregiver(s);
- Primary caregivers become too familiar with the resident and lose objectivity.

Mental Disorder
Evaluating Level of Impairment

Interpersonal functioning. The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation.

Mental Disorder
Evaluating Level of Impairment, continued

Concentration, persistence, and pace. The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks; and

Mental Disorder
Evaluating Level of Impairment, continued

Adaptation to change. The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.

Assessment

- Impact of neurodegenerative disease, mental disorders, intellectual and developmental disabilities, and stress on behavioral health and social functioning;
- Assessment of symptoms and behavioral triggers;

Assessment, continued

- The importance of distinguishing between signs and symptoms of dementia/mental illness/brain injury, personality, and responses triggered by environment or circumstance.

Assessment, continued

Distinguishing between the manner in which a person expresses him/herself and episodes of inappropriate social behavior or extreme emotion.

Example: An individual with a diagnosis of Tourette's Syndrome. Using profanity and shouting out are symptoms not behaviors.

Relationships

- How well do staff interact with residents?
- How well does the team do at pairing roommates?
- How effective are the procedures for resolving grievances and conflicts?

Social Groups

1. Are you selective about choosing friends?
2. How do you choose a seat at a gathering where you don’t know many people?
3. Have you ever:
    - Declined an invitation because you didn’t know anyone else who would be attending or because you learned someone you didn’t like would be there?
    - Moved from your original seat because of the behavior of someone else at the table?
    - Left a gathering or program because you found it wasn’t as interesting as you’d thought it would be or because another guest arrived wearing your dress?

Is Your Family DYSFUNCTIONAL?

The Nature of Relationships

- Assessing personalities, office politics, and respect issues.
- What sort of first impression does your organization make?
- What resources or support systems does your organization foster to improve relationships?

NEW FEDERAL REGULATIONS
Final Rule, Phase 2 (11/28/17)

F758

- Gradual dose reductions
- Behavioral interventions in an effort to discontinue these drugs
- No PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record
- PRN orders for psychotropic drugs are limited to 14 days. Except if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order
- PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.

F758
Unnecessary Drugs

****KEY ELEMENTS OF NONCOMPLIANCE** §483.45(e)(2) §483.45(e)(3) §483.45(e)(4) §483.45(e)(5)

To cite facility deficient practice at F758, the surveyor's investigation will generally show:

- Failure to document a clinical reason or a clinically pertinent rationale, for using medication(s) for a specific resident or for continuing medication(s) that may be causing an adverse consequence; or
- Prescribing or administering a medication despite an allergy to that medication, or without clarifying whether a true allergy existed; or
- Failure to consider relative risks and benefits or potentially lower risk medications before initiating medication(s) that present clinically significant risks; or
- Failure to provide a clinically pertinent explanation for concomitant use of two or more medications in the same pharmacological class; or

F758
Unnecessary Drugs, continued

****KEY ELEMENTS OF NONCOMPLIANCE** §483.45(e)(2) §483.45(e)(3) §483.45(e)(4) §483.45(e)(5)

To cite facility deficient practice at F758, the surveyor's investigation will generally show that the failed to:

- Failure to consider other factors that may be causing expressions or indications of distress before initiating a psychotropic medication, such as an underlying medical condition (e.g., urinary tract infection, dehydration, delirium), environmental (lighting, noise) or psychosocial stressors; or
- Administering psychotropic medication(s), which the resident has not previously received, when it is not necessary to treat a specific condition that has been diagnosed and documented in the clinical record; or
- Failure to attempt non-pharmacological approaches, unless clinically contraindicated, in efforts to discontinue psychotropic medications.

Nursing Home Failures

Failure to Implement Non-Pharmacologic Interventions

- Identification and implementation of appropriate, therapeutic interventions for residents with MD/ID/DD is lacking due to poorly educated and trained staff;
- The numbers of direct care staff has dwindled to the extent that only a minimum of planned care is accomplished;
- The impact of short-term rehab patients has increased staff workload and stress-related behavior (i.e. increased sick calls, peer disputes, etc.)
- Leadership oversight and mid-level supervision is lacking.

Nursing Home Failures, continued

Failure to Implement Non-Pharmacologic Interventions

- Activity programming is of poor quality
- Activity programming rarely keeps pace with the facility's current demographic
- Structured, large group programs are the expectation over individualized activity
- Care teams fail to provide life skills programming, including talk therapy individually or in a small group as meaningful activity
- The industry, as a whole, lacks an understanding of the need for productivity and socialization as standard components of every psychosocial or behavioral health plan

Elements of Quality Improvement

Coordination of psychosocial services and PASRR recommendations;

- Ensure PASRR Level I screens are received on all new admissions, unless the except for the exempted hospital discharge;
- Maintain a current roster of residents with Level II recommendations
- Ensure Level II recommendations are incorporated into the care plan
- Implement systems to track residents with MD/ID/DD for significant change

Elements of Quality Improvement, continued

Improving the interdisciplinary assessment process:

- Provide comprehensive, ongoing education for all staff in the care of residents with dementia, MD/ID/DD, and other special needs concerns
- Expand the focus of the psychosocial assessment
- Involve the primary CNA in the initial welcome and orientation process
- Develop a care partnership with the resident and family
- Improve the efficiency of interdisciplinary communication

Quality Improvement, continued

Developing care strategies for new populations – substance use and opioid addiction:

- Create contemporary evaluation tools for substance use or addiction to drugs or alcohol
- Develop a partnership with an addiction services provider
- Improve interdisciplinary coordination of care
- Expand therapeutic activity programming to include self-help, life skills, and pre-vocational programming

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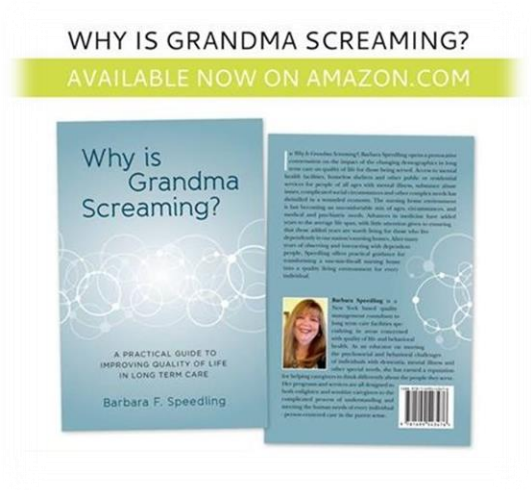

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