

National Review of State PASRR Policies and Procedures



**THE PASRR TECHNICAL ASSISTANCE CENTER (PTAC)
IN COLLABORATION WITH
TRUVEN HEALTH & MISSION ANALYTICS GROUP
FOR THE
CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)**

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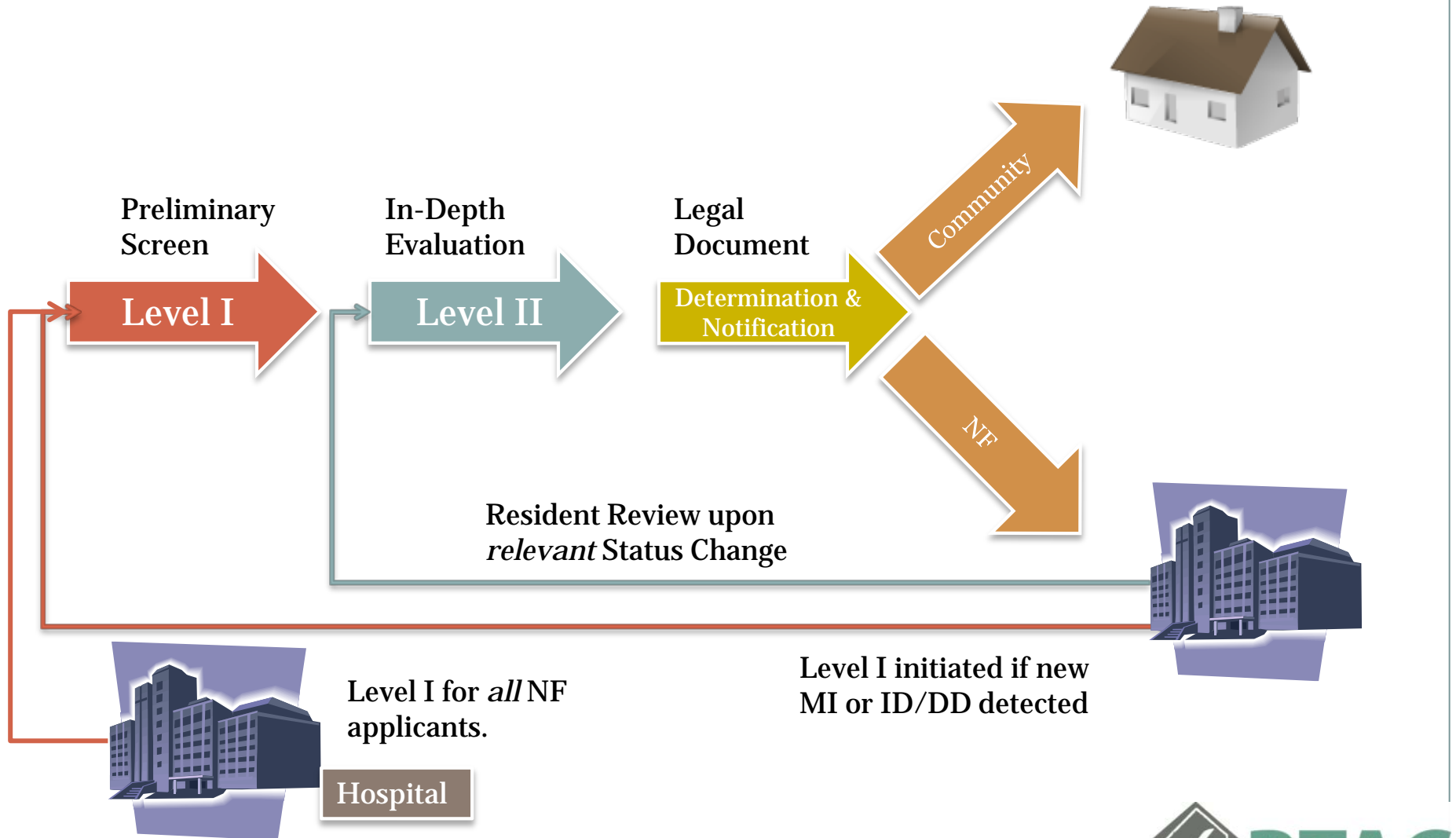
Presentation Overview

1. Context for the Review
2. Methodology
3. Findings
4. Conclusion and Next Steps
5. Discussion

The Purposes of PASRR

- 1.** To ensure that individuals are evaluated for evidence of possible mental illness (MI) and/or intellectual or developmental disabilities and related conditions (ID/DD/RC).
- 2.** To see that they are placed appropriately, in the least restrictive setting possible.
- 3.** To identify the services they need, wherever they are placed.

The PASRR Process: A Basic Sketch



Level I for *all* NF applicants.

Hospital

Level I initiated if new MI or ID/DD detected

Need for the State PASRR Review

1. State Plan functions (services and administrative activities) do not come up for regular review.
2. Functioning of State PASRR programs is often overlooked both by State and Federal entities.
3. The design and implementation of the programs can drift away from requirements and become non-compliant and possibly ineffective.

Objectives and Significance

- **Objectives:**
 - To help CMS better understand the strengths and shortcomings of State PASRR programs
 - To create an invitation to States to revisit their PASRR process, identify areas for improvement, and develop strategies for strengthening these systems
- **Significance:**
 - The first nationwide, systematic, empirical effort to document the design of PASRR systems

Limitations of the Review

- The results of this review represent a snapshot of PASRR systems design as of late 2009.
- This review does *not* capture any information on the *implementation* of these programs.
 - It is possible that in some States, design and implementation do not align.

Methodology



Methodology

1. Collection of State PASRR documentation from CMS Regional Offices
2. Development of a tool to compare written policies and procedures against the requirements of the CFR and good, modern clinical practices
3. Review of State PASRR documentation
4. Draft report of findings (“Fact Sheets”) shared with States to solicit feedback and make adjustments

Document Collection

- Level I screen(s) for serious mental illness and mental retardation or related conditions
- Level II evaluations and determinations for serious mental illness
- Level II evaluations and determinations for mental retardation or a related condition
- Written policies and procedures for completing or interpreting states' tools or forms

Tool Development

- Data elements included in the tool were derived from the CFR. Data elements were associated with key words and phrases, which the reviewers looked for in the collected documents.
- Added several data elements that reflect good, modern clinical practices that have evolved since the regulations were drafted in the early 1990s.

Table 1: NF LOC, Level I, Level II Timing and General Requirements

<u>OVERALL TIMING Part I</u>	<u>CFR</u>
Determination of NF LOC	128(f); 132(a)
<u>Level I</u>	<u>CFR</u>
Level I evaluation & determination	112(c)
<u>OVERALL TIMING - Level II</u>	<u>CFR</u>
Level II evaluation & determination	112
<u>GENERAL REQUIREMENTS - Level II</u>	<u>CFR</u>
H&P	132(c)(1)
Mental status	132(c)(2)
Functional status	132(c)(3)

<u>Relative to PASRR</u>	<u>Level of Severity</u>	<u>Document(s)</u>	
Concurrent with PASRR	Captured	Internal Operating Procedures, page 2	
<u>Relative to Admission</u>	<u>Entity Completing</u>	<u>Entity Determining Need for Level II</u>	<u>Alternative Placement Questions</u>
Before Admission	NF	See Comments	No
<u>Relative to Admission</u>		<u>Document(s)</u>	
Before Admission		Internal Operating Procedures, page 3	
<u>Present/Absent</u>	<u>Level of Severity</u>	<u>Responsible Entity</u>	<u>Discipline</u>
Present	Not captured	Both SMHA & SMRA	Not given
Present	Captured	Both SMHA & SMRA	Not given
Present	Captured	Both SMHA & SMRA	Not given

Table 1: Comments Regarding Data Elements

<u>OVERALL TIMING Part I</u>	<u>CFR</u>	<u>Comments</u>
Determination of NF LOC	.128(f); .132(a)	Unclear whether the Evaluation of Medical Need criteria is the LOC form.
<u>Level I</u>	<u>CFR</u>	<u>Comments</u>
Level I evaluation & determination	.112(c)	None
<u>OVERALL TIMING - Level II</u>	<u>CFR</u>	<u>Comments</u>
Level II evaluation & determination	0.112	Contractor issues a determination in writing to the referring agency. If the client is approved for nursing facility admission, they may then transfer to the nursing facility of choice.
<u>GENERAL REQUIREMENTS - Level II</u>	<u>CFR</u>	<u>Comments</u>
H&P	.132(c)(1)	Once the review is completed by the assessor and returned to the Contractor, it is reviewed by the Office of Long Term Care. The Office of Long Term Care is the agency responsible for determining if the client meets nursing home criteria and deciding the final outcome of the PASRR.
Mental status	.132(c)(2)	
Functional status	.132(c)(3)	

Table 2: Data Elements for Level II

<u>SPECIFIC REQUIREMENTS - Level II</u>	<u>Keywords/Phrases</u>	<u>CFR (MI; MR)</u>	<u>Level of Detail</u>
<u>H&P</u>			
Medical history	diagnosis(es); onset date(s)	MI: .134(b)(1)(i) MR: .136(b)(1)	Comprehensive Comprehensive
Neurological assessment	<i>motor functioning; gait; communication</i>	MI: .134(b)(1)(iii) MR: .136(b)(8)(9)	Absent Partial
Medication review	<i>current medications; allergies; side effects</i>	MI: .134(b)(2) MR: .136(b)(3)	Comprehensive Comprehensive
<u>Medical Status</u>			
Externalizing and internalizing behaviors	<i>aggressive; disruptive; inappropriate; depression; anxiety; loneliness</i>	MI: .134(b)(4) MR: .136(b)(15)	Partial Comprehensive
Harm to self or others (intentional or unintentional)	<i>suicidal/homicidal ideation</i> self-injurious behaviors	MI: .134(b)(4) MR: .136(b)(15)	Partial Partial
Intellectual functioning	estimated IQ level (MR, low average, average, high average) MR range (mild, moderate, severe, profound)	MI: .134(b)(4) MR: .136(c)(1)	Partial Comprehensive
Cognitive functioning	<i>memory; concentration; orientation; cognitive deficits</i>	MI: .134(b)(4)	Comprehensive
Reality testing	<i>delusions and hallucinations</i>	MI: .134(b)(4)	Comprehensive
Psychosocial evaluation	<i>current living arrangements; medical and support systems</i>	MI: .134(b)(3) MR: .136(b)(10)	Partial Comprehensive
<u>Functional Status</u>			
ADLs/IADLs	<i>self-care; self-administration of medication</i>	MI: .134(b)(5)(6) MR: .136(4)-.136(7), .136(12)	Comprehensive Absent
ADLs/IADLs in community	<i>assessment of ability to perform ADLs in the community</i>	MI: .128 (f), .134 (5) MR: .136(4)-.136(7)	Partial Partial
Support systems	<i>level of support needed to perform activities in the community</i>	MI: .134(b)(5)	Partial
<u>Other</u>			
Need for NF	<i>appropriate placement is NF</i> <i>appropriate placement is other setting</i>	GENERAL: .126 MI: .134(b)(5)	Comprehensive Partial

Table 3: Diversion and Transition-Related Practices

<u>Diversion/Transition Related Requirements or Practices</u>	<u>Keywords/Phrases</u>	<u>CFR (MI,MR)</u>	<u>Document(s)</u>
Training or instructions to contractors or evaluators on HCBS waivers	Info in training manuals or in training materials regarding waivers and other HCBS	N/A	Level of Care Certification Letter
Mission/vision of state diversion/transition philosophies related to other initiatives (i.e. Olmstead) in PASRR documents	Olmstead; other programs that work to rebalance between institutional and community based care	N/A	Not Present
Transition to community for short term or long term residents who need MH services but not NF	Discharge; regardless of the length of stay	MI: .118(1and2) MR: .118(1and2)	Not Present
Info given on state plan services or other HCBS waivers for MH and MR services	Info on receiving services in an alternative appropriate setting	MI: .118 (c)(i-iv) MR: .118 (c)(i-iv)	Not Present
Definition of specialized services as narrowly interpreted or broadly interpreted by the regulations	Use of specialized services beyond 24 hour inpatient psych and ICF/MR placements	MI: .120(1) MR: .120 (2) and 483.440(a)(1)	MR and MI Authority Determination Forms
Recommended services of lesser intensity, MH or MR services while in NF recommended	Recommendations by evaluators regarding what services are needed in NF to help person with MI or MR skill build	MI: .120, .128(h)(i) (4 and 5) MR: .120, .128(h)(i) (4 and 5)	MR and MI Authority Determination Forms
Other elements or practices related to diversion/transition	Other practices that states have implemented	N/A	Not Present

Document Coding

- **Two researchers independently reviewed each state to ensure inter-rater reliability.**
- **Discrepancies in our findings were reconciled through discussion.**
- **Researchers attempted to look beyond the words in the documentation to see the intent of its authors.**

Solicit and Incorporate State Feedback

- **Shared finding with States through individualized Fact Sheets**
- **Met with States to discuss the task methodology, findings, and concerns or questions**
- **Drafted a second, updated Fact Sheet for States that provided feedback or additional documentation**

Findings



What We've Learned

- PASRR policies, procedures, and tools varied widely across States.
- Some States have developed detailed evaluation tools, clear descriptions of process timing, and a clear delineation of the responsibilities of participating agencies.
- By contrast, the documentation from other States displayed gaps or conflicts with the CFR.

Timing of Nursing Facility Level of Care Determination Relative to PASRR

Relative to PASRR	% of States
Before PASRR	37%
After PASRR	2%
Concurrent with PASRR	37%
Not Given	18%
See Comments	6%

Timing of PASRR Level I and Level II

Relative to Admission	Timing of Level I Screen	Timing of Level II Evaluation
Before Admission	90%	78%
After Admission	0%	4%
Not Given	6%	8%
See Comments	4%	10%

Share of States at Different Levels of Comprehensiveness for **Level II MR**

Requirement		Comprehensive	Partial	Absent*
	Keywords and Key Phrases			
Need for NF	appropriate placement is NF	71%	14%	16%
Neurological assessment	motor functioning; gait; communication	53%	27%	20%
Harm to self or other	Suicidal/homicidal ideation	49%	18%	33%
Externalizing and internalizing behaviors	aggressive; disruptive; inappropriate; depression; anxiety; loneliness	49%	29%	22%
ADLs/IADLs	self-care; self-administration of medication	47%	35%	18%
ADLs/IADLs in community	assessment of ability to perform ADLs in the community	47%	29%	24%
Psychosocial evaluation	current living arrangements; medical and support systems	45%	31%	24%
Intellectual functioning	estimated IQ level (MR, low average, average, high average)	39%	31%	29%
Medication review	current medications; allergies; side effects	37%	39%	24%
Medical history	diagnosis(es); onset date(s)	29%	59%	12%

Share of States at Different Levels of Comprehensiveness for **Level II MI**

Requirement	Keywords and Key Phrases	Comprehensive	Partial	Absent*
Harm to self or others (intentional or unintentional)	suicidal/homicidal ideation	80%	18%	2%
Reality testing	delusions and hallucinations	76%	16%	8%
Cognitive functioning	memory; concentration; orientation; cognitive deficits	76%	22%	2%
Need for NF	appropriate placement is NF	71%	14%	16%
Psychosocial evaluation	current living arrangements; medical and support systems	67%	27%	6%
Externalizing and internalizing behaviors	aggressive; disruptive; inappropriate; depression; anxiety; loneliness	65%	35%	0%
Neurological assessment	motor functioning; gait; communication	61%	33%	6%
Need for NF	appropriate placement is other setting	61%	12%	27%
ADLs/IADLs	self-care; self-administration of medication	59%	29%	12%
ADLs/IADLs in community	assessment of ability to perform ADLs in the community	47%	37%	16%
Support systems	level of support needed to perform activities in the community	39%	22%	39%
Medication review	current medications; allergies; side effects	33%	65%	2%
Medical history	diagnosis(es); onset date(s)	33%	63%	4%
Intellectual functioning	estimated IQ level (MR, low average, average, high average)	33%	51%	16%

Frequency and Share of States in Each Range of Comprehensiveness

Level of Comprehensiveness	# of States	% of States
76%-100%	7	14%
51%-75%	19	37%
26%-50%	20	39%
<25%	5	10%

Note that the comprehensiveness scores are derived exclusively from the data elements in Table 2 of the national report, *Data Elements for Level II*

Diversion/Transition Related Requirements or Practices of States

- Review looked at how States have explicitly connected their PASRR efforts to the mandate of *Olmstead planning*.
- The extent to which the States' documentation contains language on diversion/transition related efforts or practices varies widely.
- These findings do not figure into States' comprehensiveness score.

Conclusion and Next Steps



Conclusion

- **Two objectives:**
 - To help CMS better understand the strengths and shortcomings of State PASRR programs.
 - To invite States to strengthen their PASRR systems, especially with PTAC assistance.
- **Review of State PASRR Policies and Procedures** report written for CMS and released in early May, 2012.

Foundation for Evaluation of Implementation of PASRR

- Our review of State program design lays a necessary foundation for evaluation of program *implementation*.
- That design and implementation do not align in some States is a limitation of our review.

Ongoing Review

- Encouraging volume of feedback from States in response to their Fact Sheets.
- Many States have submitted updated documents reflecting changes since 2009.
- Future versions of the report will capture these changes and document systems improvements.

Systems Changes Since 2009

- Some states have undertaken dramatic systems change since the documents were first obtained from the Regional Offices in 2009. Future versions of the national report will capture those systems changes.
- The following states will be reassessed for the subsequent version of the report: Arkansas, Florida, Georgia, Idaho, Iowa, Maine, Massachusetts, Missouri, Montana, Nevada, New Jersey, New Mexico, New York, Ohio, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Utah, Washington, and Wyoming.

Questions



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