

# The Power and Possibility of PASRR Webinar Series

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# Resident Review: A Critical Component to Achieving PASRR's Vision



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**PTAC WEBINAR  
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# Objectives

1. Understand Preadmission Screening and Resident Review (PASRR) and Status Change requirements
2. Distinguish among multiple ways Nursing Facility (NF) residents can be assessed through PASRR
3. Identify practices that increase state compliance with requirements
4. Identify practices that increase usefulness of Level II resident review and status change activity

# PASRR: The Big Picture Goal

- PASRR is achieving its federal purpose when:
  - All NF residents with PASRR disabilities are identified,
  - Their disability-related needs are evaluated,
  - The full array of needed disability services and supports are detailed in written recommendations,
  - Recommended services and supports are delivered to them
- Note: The Level II evaluation and report is NOT a one-and-done event.

# How Resident Reviews fit in the overall PASRR Landscape

## 1. Level I screen (screening for disability)

- Applies to every admission to every Medicaid certified NF

## 2. Pre-admission Level II evaluation

- Individualized & comprehensive, confirms or disconfirms suspected disability, makes placement and disability service recommendations

## 3. Follow-up Level II evaluations for residents, as required

- NF residents continue to be monitored for PASRR conditions and for placement and treatment appropriateness. PASRR Level II evaluations are triggered as needed to ensure residents' ongoing disability needs are identified and appropriately met

## 4. Level II summary reports and notifications

- Legal documents with placement, treatment, and appeal ramifications; must be timely, explain outcomes and decisions, and distributed to key parties

## 5. Delivery of recommended services

- Medicaid Authority must ensure Level II recommended disability services are delivered to NF residents
- Residents are allowed to admit to or remain in a particular NF only if they will receive the disability supports and services they need while a resident of that NF

# Resident Review and Status Change Regulatory Information

1. Sec. 431.621 State requirements with respect to nursing facilities. *The Medicaid agency must have a written agreement with the State MH and IDD\* authorities that specifies the responsibilities of each agency including arrangements for) -- (1) Joint planning between the parties and ensuring that preadmission screenings and annual resident reviews are performed timely in accordance with Secs. 483.112(c) and 483.114(c) of this part.*
2. The 1996 Nursing Home Facility Resident Act, P.L. 104-315 amended Title XIX of the Social Security Act, repealing the mandate to do *annual* Resident Reviews for every PASRR identified resident
3. **Section 1919(e)(7)(B)(iii) of the Social Security Act** (iii) REVIEW REQUIRED UPON CHANGE IN RESIDENT'S CONDITION -- A review and determination under clause (i) or (ii) must be conducted promptly after a nursing facility has notified the State mental health authority or State intellectual or developmental disability authority, as applicable, under subsection (b)(3)(E) with respect to a resident with mental illness or IDD, that there has been a significant change in the resident's physical or mental condition.

\*MH – Mental Health

IDD – Intellectual and Developmental Disability

# The 1996 Nursing Home Facility Resident Act, P.L. 104-315

1. The amendment requires nursing facilities to promptly notify the designated PASRR entity whenever any resident may require a new or additional PASRR Level II evaluation
2. NFs' responsibility to report status changes has always been part of PASRR. With the repeal of mandatory annual resident reviews (RR), states' compliance with PASRR relies very heavily on NF compliance with status change reporting.

# Resident Review and Status Change Regulatory Information

- **§ 483.104 State plan requirement.** As a condition of approval of the State plan, the State must operate a preadmission screening and annual resident review program that meets the requirements of § § 483.100 through 483.138.
- **483.106 Basic rule. (a) Requirement.** (3) At least annual review, as of April 1, 1990, of all residents with mental illness or mental retardation, regardless of whether they were first screened under the preadmission screening or annual resident review requirements.
- **§ 483.106 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 mental retardation, that are described in § § 483.112 and 483.114

# Resident Review and Status Change Regulatory Information

- **§ 483.114 Annual review of NF residents. (a) Individuals with mental illness.** For each resident of a NF who has mental illness, the State mental health authority must determine in accordance with § 483.130 whether, because of the resident's physical and mental condition, the resident requires--
  - (1) The level of services provided by--
    - × (i) A NF;
    - × (ii) An inpatient psychiatric hospital for individuals under age 21, as described in section 1905(h) of the Act; or
    - × (iii) An institution for mental diseases providing medical assistance to individuals age 65 or older; and
  - (2) Specialized services for mental illness, as defined in § 483.120.
- **(b) Individuals with mental retardation.** For each resident of a NF who has mental retardation, the State mental retardation or developmental disability authority must determine in accordance with § 483.130 whether, because of his or her physical or mental condition, the resident requires--
  - (1) The level of services provided by a NF or an intermediate care facility for the mentally retarded; and
  - (2) Specialized services for mental retardation as defined in § 483.120.

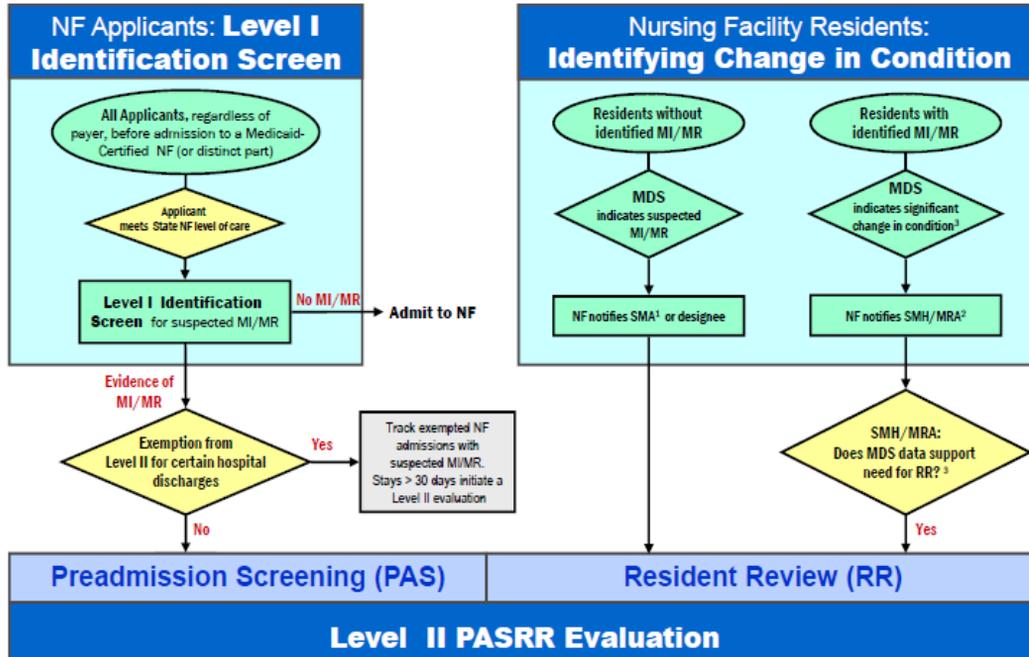
*NOTE: Paragraph (c) below is invalid, but not yet corrected in the CFR. Annual resident review was repealed in 1996 and replaced with a requirement that the SMH/MRA review the resident when needed, based upon notification that the resident's conditions has changed. Therefore, the statutory language which follows is the current requirement.*

- **(c) Frequency of review--**(1) A review and determination must be conducted for each resident of a Medicaid NF who has mental illness or mental retardation not less often than annually. (2) "Annually" is defined as occurring within every fourth quarter after the previous preadmission screen or annual resident review.

# CMS Diagram of Process for Status Change

## Level I

State PASRR program screens for possible mental illness (MI) or intellectual or developmental disability (IDD) in nursing facility (NF) applicants. This is referred to as Level I, and preceded Preadmission Screening (PAS) or Resident Review (RR).



<sup>1</sup> SMA (State Medicaid Agency)

<sup>2</sup> SMHA (State Mental Health Authority), SMRA (State Mental Retardation Authority)

<sup>3</sup> Any MDG change in condition is reported. Therefore, SMH/MRA or designee (not the NF) determines whether the change is relevant to MI/MR and whether Level II evaluation is needed.

# Terminology: “Resident Review” versus “Status Change”

- Both are used to describe Level II evaluation activities conducted for persons who are already NF residents.
- The terms are sometimes used interchangeably by states, however:
  - “**Resident review**” usually refers to Level II evaluations for NF residents that are triggered by predetermined state criteria
  - “**Status change**” usually refers to Level II evaluations for NF residents that are triggered by NF report of changes in a resident’s condition that may signify need for a Level II evaluation

# Types of PASRR Resident Review and Status Change Evaluations

- Across states, we note at least four distinct ways that Level II activities for NF residents are used to meet PASRR goals and requirements:
  - I. End of short-term stay evaluations
  - II. Evaluations triggered by NFs' report of an individual's change of status
  - III. Targeted resident review evaluations
  - IV. Resident review activity conducted to track delivery or adequacy of services recommended in the Level II summary report

# I. Level IIs at the End of PASRR Short-term Stay Approvals

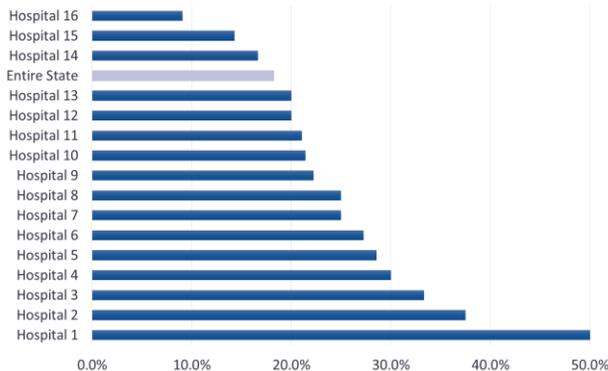
1. Exempted hospital stays (30-day admissions to an NF without PASRR Level II activity)
  - ✦ A full Level II evaluation must be completed on or before the 40th calendar day from the individual's admission to the NF
2. \*Time-limited PASRR categorical determinations
  - ✦ Provisional delirium, provisional emergency, respite, optional "convalescent stay" decisions
3. \*Time-limited PASRR Level II approvals
  - ✦ Applicable to states that distinguish between long-term versus short term PASRR Level II approvals

\*Medicaid is not permitted to pay NFs for services delivered prior to or past the date of PASRR Level II approval

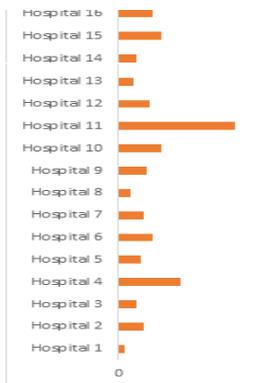
# Also to think about: End of Short-term Stay Reviews

- Exempted Hospital Discharge (EHD) and Convalescent stays
  - Important to look at percentage of all EHDs and Convalescent decisions that result in a subsequent Level II PASRR (by provider)
  - High % indicates likely misuse of these options
  - Especially important for states that do not “vet” EHDs

Conversion of EHD to Level II



EHD Volumes



*\*Data represented in these charts are one state's actual EHD data, though the state and hospital names have been de-identified for this presentation.*

## II. NF Reported Change of Status Evaluations

1. NFs are required to refer any resident experiencing a significant status change indicating or impacting disability needs to the designated PASRR entity for possible Level II activity
2. The PASRR entity or designee reviews the referral and determines if a Level II evaluation must occur
3. PTAC's 2016 National PASRR Report indicates large numbers of NF residents have significant indicators of PASRR conditions but no evidence of a PASRR Level II completed.

# PASRR Compliance & NF Reported Status Change Evaluations

1. Ultimately, it is the State Medicaid Authority's responsibility to ensure NFs request status change evaluations as required
2. Important to monitor status change request patterns
  - Over time, by provider, by PASRR type
3. Ways to improve compliance:
  - Training significantly improves NF status change behavior
  - Tying status change reporting to Minimum Data Set (MDS) improves reporting (hardcoded or by policy)
  - Increased Survey and Certification (S&C) and intentional auditing for missed status changes
  - Recouping funds paid for days of service delivered after a status change should have been reported

# Recoupment for NF Non-Compliance with Status Change Reporting Requirements

## • **Basis for Recoupment if NF does not Report Status Change Timely:**

### • **§ 483.122 FFP\* for NF services.**

**(a) Basic rule.** Except as otherwise may be provided in an alternative disposition plan adopted under section 1919(e)(7)(E) of the Act, FFP is available in State expenditures for NF services provided to a Medicaid eligible individual subject to the requirements of this part only if the individual has been determined--

(1) To need NF care under § 483.116(a) or

(2) Not to need NF services but to need specialized services, meets the requirements of §483.118(c)(1), and elects to stay in the NF.

**(b) FFP for late reviews.** When a preadmission screening has not been performed prior to admission or an annual review is not performed timely, in accordance with § 483.114(c), but either is performed at a later date, FFP is available only for services furnished after the screening or review has been performed, subject to the provisions of paragraph (a) of this section.

*\*FFP- Federal Financial Participation, this refers to the percentage of NF costs that are covered by Federal versus State funds.*

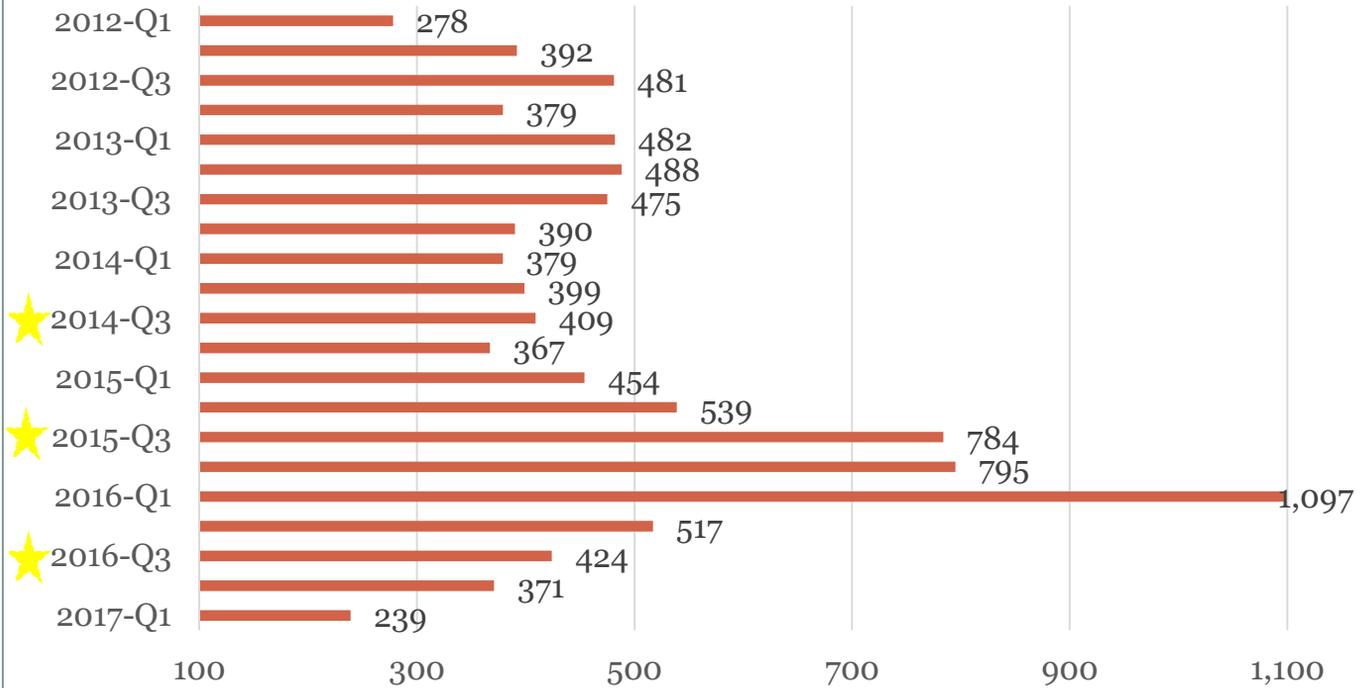
# Training NFs on Status Change reporting Requirements has Great Impact

- Keys to impactful training:

1. Endorsed/ co-presented by state PASRR and Medicaid Authority (program officers and payors)
2. Well “marketed”, easy to access, attended by the right NF staff
3. Offering Continuing Education Units (CEUs) increases attendance
4. Link to S&C and payment penalties messaged
5. Due to turnover of NF staff, training must be repeated

# Training NFs on Status Change reporting Requirements has Great Impact

★ Indicates Provider Training in Quarter



\*Data represented in this chart are one state's actual status change volumes by quarter. The state has been de-identified for this presentation.

# Ideal Volumetrics for Status Changes have yet to be Determined

1. Preadmission Level I volumes should hover just above the total number of persons admitted to NFs each year (to account for persons receiving Level I screening who do not elect to enter an NF).
2. Volumes of resident review evaluations vary according to state policies.
3. Volumes of status change evaluations also vary across states.
4. Given research\* that indicates high incidences of PASRR conditions in NF residents, it is likely that the volumes of status changes should be far higher than are currently conducted in most states.

## \*References:

*PTAC - 2016 National PASRR Report*

*PTAC – 2014 Review of State PASRR Policies and Procedures National Report*

*Steve Bartels, MD, MS, Best Practices in Mental Health Services in Nursing Homes, Webinar, 2007*

*[Mental illness in nursing homes: variations across States.](#), Grabowski DC, Aschbrenner KA, Feng Z, Mor V. *Health Aff (Millwood)*. 2009 May-Jun;28(3):689-700.*

*Serious mental illness and nursing home quality of care. Rahman M, Grabowski DC, Intrator O, Cai S, Mor V. *Health Serv Res*. 2013 Aug;48(4):1279-98.*

*[Nursing home admissions and long-stay conversions among persons with and without serious mental illness.](#) Aschbrenner K, Grabowski DC, Cai S, Bartels SJ, Mor V. *J Aging Soc Policy*. 2011 Jul-Sep;23(3):286-304.*

# MDS Guidelines for when NFs Must Refer Individuals for PASRR Status Change Evaluations

***Referral for Level II Resident Review Evaluations are Required for Individuals Previously Identified by PASRR to Have Mental Illness, Intellectual Disability, or a Related Condition in the Following Circumstances: Note: this is not an exhaustive list***

- A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.
- A resident with behavioral, psychiatric, or mood related symptoms that have not responded to ongoing treatment.
- A resident who experiences an improved medical condition—such that the resident’s plan of care or placement recommendations may require modifications.
- A resident whose significant change is physical, but with behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, that may influence adjustment to an altered pattern of daily living.
- A resident who indicates a preference (may be communicated verbally or through other forms of communication, including behavior) to leave the facility.
- A resident whose condition or treatment is or will be significantly different than described in the resident’s most recent PASRR Level II evaluation and determination. (Note that a referral for a possible new Level II PASRR evaluation is required whenever such a disparity is discovered, whether or not associated with a SCSA.)

*Reference: CMS’s RAI Version 3.0 Manual*

# MDS Guidelines for when NFs Must Refer Individuals for PASRR Status Change Evaluations

***Referral for Level II Resident Review Evaluations are Also Required for Individuals Who May Not Have Previously Been Identified by PASRR to Have Mental Illness, Intellectual Disability, or a Related Condition in the Following Circumstances: Note: this is not an exhaustive list***

- A resident who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a diagnosis of mental illness as defined under 42 CFR 483.100 (where dementia is not the primary diagnosis).
- A resident whose intellectual disability as defined under 42 CFR 483.100, or related condition as defined under 42 CFR 435.1010 was not previously identified and evaluated through PASRR.
- A resident transferred, admitted, or readmitted to a NF following an inpatient psychiatric stay or equally intensive treatment.

*Reference: CMS's RAI Version 3.0 Manual*

# Additional Potential Indicators of Need for Status Change Referral

1. Addition of, or continued increase in, antipsychotic medications to the treatment regimen
2. Addition of, or significant or continuing increases in, psychotropic medications to the treatment regimen
3. Red flags indicated by the MDS Resident Assessment Protocol related to:
  - Behavior or mood, mental health or IDD diagnoses
  - Significant decline in functioning in a PASRR Level II resident

# Level II Assessment Questions and Training for Status Changes: Promising Practices

- Additional Level II assessment focus questions for Status Changes, for example:
  - What is the change that has occurred? How has it impacted the individual's overall and disability functioning?
  - What services and supports has the NF implemented? What is the individual's response? What has been most successful?
  - Has the NF collaborated with prior treating professionals?
- Train assessors
- Focus Summary of Findings report on what is the same, what has changed, and the appropriate services and supports

# Status Change Referrals for Persons Excluded due to Primary Dementia

- A common question: If a resident was initially admitted under a Primary Dementia exclusion, and the NF reports a status change, does the designated state PASRR entity need to consider the report?
  - When comorbidities are present, a decision of which is primary is a difficult one and is subject to clinician judgment based on available information.
  - A follow up report by a provider that initial information was not as it appeared constitutes a change in status and should be treated as such.
  - The NF provider should know the resident well and their additional relevant information should be valued.

# Targeted Resident Review Evaluations: Promising Practice

- States have the ability to initiate targeted PASRR resident reviews that are in addition to end of stay and status change reviews. Some states, for example:

1. Conduct annual resident reviews for all or a defined sub-group of PASRR Level II individuals (e.g., persons requiring specialized services)
2. Conduct targeted resident reviews (e.g. 90 or 120 day reviews) for all or a defined sub-group of PASRR Level II individuals. For example, persons:
  - With a likelihood of returning to the community after a short term stay
  - Requiring PASRR specialized services
  - At risk of poor adjustment to the NF setting, or likely to need adjustments to recommendations

- *State PASRR authorities have discretion to initiate and target resident reviews as benefits their system and the individuals they serve.*

# Reviews to Track Delivery of PASRR Recommended Services

- States can initiate reviews of PASRR residents to ensure that NFs have arranged or provided rehabilitative and specialized services recommended in the PASRR Level II Summary Report.

- In most states, the designated PASRR entity conducts desk based reviews, but reserve the option to trigger an onsite Level II when a need is identified
- Often states conduct this review within a set timeframe (e.g., 90 days post admission)
- Some states give the reviewer the ability to target further review as needed (90 days, 120 days, a year)

Note: If you use a Level II assessment to monitor PASRR service delivery, then all Level II requirements apply. States can also contact the NF, review records, and speak with the individual to monitor PASRR service delivery without leveraging a formal Level II resident review evaluation.

# Requirements for Resident Review and Status Changes

- Equivalent to Preadmission Level II
- Same requirements re individualized comprehensive evaluation of individual's needs
- Answers same 4 questions (PASRR condition? Need NF? Services needed if in community? Services needed in NF)
- Same notification requirements
- Implications of denial of NF placement (either due to too acute, or not acute enough) slightly different
  - NF must initiate safe and orderly discharge proceedings per standard protocol

# Mechanisms for Processing Resident Review and Status Changes

- Discussion of ways states manage the paperwork of RR and ST Changes
- Web-enabled status change requests/ RR tracking
- Paper systems
- Pros and cons
- Capture and analysis of data

# QUESTIONS?

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