



**PREAMISSION SCREEN AND RESIDENT  
REVIEW (PASRR) PROCESS  
STATE OF ALASKA  
MARCH 7-8, 2017**

**Presented by  
Dr. Ed Kako, PTAC Director  
Betty Ferdinand, PTAC Consultant**  
<http://pasrrassist.org>

# **Welcome & Introductions**

**8:30-9:30**



**PTAC**

**Alaska's Accomplishments**

**Objectives**

**Why Does PASRR Matter?**

**Key Legal/Regulatory Milestones**



# PTAC

## PASRR Technical Assistance Center

A free service to:

- Help states improve their PASRR programs
- Facilitate opportunities for learning
- Acquire better knowledge about state PASRR programs
- Research and study areas of focus
- Develop a more person-centered approach to care
- Promote ADA (Americans with Disabilities Act) and Olmstead compliance

# A Holistic PASRR Approach

- CFR (Code of Federal Regulations) and CMS (Centers for Medicare and Medicaid Services) guidance
- State practice/lessons learned (national studies, regional/state partnerships, webinars, research, etc.)
- Industry Standards: Person-Centered Recommendations, Individualized Plans of Care, etc.
- Integrated Healthcare Linkages-PASRR as part of the broader healthcare continuum
- Continuous quality improvement

# The Power of PASRR

*“The power to make a positive difference in the life of the individuals that PASRR touches”*

...From the PTAC Consultant Gathering, 2015 Bethesda, MD

- *“PASRR process is more than an administrative process”*
- *“PASRR may be the most thorough evaluation the individual may have ever had”*
- *“People should get the best and most appropriate (and person-centered) care possible”*
- *“In the end, do what is right for the individual”*

...From Dan Timmel, former CMS Lead, PASRR Champion

# Alaska's Efforts to Improve It's PASRR Process

- Ongoing Self-Assessment
- Goal-Setting/Work Plan
- Form Revisions
- Policy/Procedure Development
- Ongoing Training Opportunities/Webinars
- Coordination/Collaborations with Stakeholders
- The Harmony System
- A Focus on Performance Measures and Quality



# Your Objectives for Today

- Discuss areas of concern
- Provide answers to your questions
- Provide a PASRR overview, with a specific focus on Alaska's current processes
- Review challenging areas
- Share best practices & intended outcomes
- Identify common state practices
- Provide an opportunity for 1:1 TA



# State of Alaska Policy & Procedure Manual

<p style="text-align: center;">STATE OF ALASKA DEPARTMENT OF HEALTH &amp; SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES  POLICY &amp; PROCEDURE MANUAL</p>	<p><b>SECTION:</b> Nursing Facilities</p>	<p><b>NUMBER:</b> 13 - 1</p>	<p><b>PAGE:</b> 1 of 5</p>
	<p><b>SUBJECT:</b> Nursing Facility Authorization</p>		
	<p><b>APPROVED:</b> <i>/s/ Duane G. Mayes</i> Duane G. Mayes, Director</p>		<p><b>DATE:</b> 12/13/16</p>

<p style="text-align: center;">STATE OF ALASKA DEPARTMENT OF HEALTH &amp; SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES  POLICY &amp; PROCEDURE MANUAL</p>	<p><b>SECTION:</b> Nursing Facilities</p>	<p><b>NUMBER:</b> 13 - 2</p>	<p><b>PAGE:</b> 1 of 6</p>
	<p><b>SUBJECT:</b> Pre-admission screening/resident review</p>		
	<p><b>APPROVED:</b> <i>/s/ Duane G. Mayes</i> Duane G. Mayes, SDS Director</p>		<p><b>DATE:</b> 12/13/16</p>
	<p><i>/s/ Randall P. Burns</i> Randall P. Burns, DBH Director</p>		<p>12/14/16</p>

# Alaska's Level I Screen and Determination Form



State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

## Pre-Admission Screening and Resident Review (PASRR) Level I

*To ensure an individual is placed in a long term care facility appropriately and receives needed services, federal regulations, 42 CFR 483.100 - 483.138 require a Pre-Admission Screening and Resident Review (PASRR) Level I screening for individuals who have or may have a diagnosis of mental illness, intellectual disabilities, and/or related conditions. The PASRR Level I Screening is required for all applicants to long term care Medicaid certified facilities, regardless of the individual's payment source, and for long term care Medicaid certified facility residents who have had a significant change in condition or diagnosis (resident review). All information requested on this form is required.*

*Submit complete form, with all required signatures and attachments, by direct secure messaging (DSM) to: [DSDS.LTCAuthorizations@direct.dhss.akhie.com](mailto:DSDS.LTCAuthorizations@direct.dhss.akhie.com)*

### *State of Alaska use only* - Preadmission Screening and Resident Review Determination

<b>Date Received:</b>	<b>Date Reviewed:</b>	<b>Date of Determination:</b>
<b>Date of Admission:</b>		
<b>Name of SDS Reviewer:</b>		<b>Contact Information:</b>
<b>Applicable Category</b>	<p><i>Based on the information reviewed by SDS, the following determination is made. If admission or continued placement for this individual is approved, all services as identified by the PASRR Level II evaluation must be provided, by collaborative effort with the state, to meet the individual's nursing and disability-specific needs. A copy of the PASRR evaluation report will be provided for inclusion in the medical record; the recommendations made in that report must be incorporated into the plan of care. A notice has been provided to the individual and/or his/her representative of the need for a Level II evaluation if applicable, and a summary of the PASRR Level II evaluation report.</i></p>	

# Alaska's LTC Authorization Request and Determination Form

State of Alaska • Department of Health and Social Services • Senior and Disabilities Services



## Long Term Care (LTC) Facility Authorization Request

*This form may be completed by hospital discharge staff or a person with knowledge of the applicant for initial admission, or by LTC facility staff if individual is already a resident. The information provided must be accurate and complete. Senior and Disabilities Services (SDS) cannot process incomplete forms. SDS uses the information on this form to comply with LTC placement and payment determinations. All information requested on this form is required.*

*Submit complete form, with all required signatures and attachments, by direct secure messaging (DSM) to: [DSDS.LTCAuthorizations@direct.dhss.akhie.com](mailto:DSDS.LTCAuthorizations@direct.dhss.akhie.com)*

*State of Alaska use only*

## Long Term Care Authorization and PASRR (Preadmission Screening and Resident Review) Determination

<b>Segment Control Number:</b>	
<b>Date Received:</b>	<b>Date Reviewed:</b>
<b>Date of Determination:</b>	
<b>Level of care determination</b> <input type="checkbox"/> SNF <input type="checkbox"/> ICF	
<b>Admission determination</b> <input type="checkbox"/> Approved as requested <input type="checkbox"/> Approved as modified <input type="checkbox"/> Denied	
<b>Placement category</b> <input type="checkbox"/> ICF <input type="checkbox"/> SNF <input type="checkbox"/> Swing bed <input type="checkbox"/> AWD	
<b>Placement duration of care</b> From:	To:
<b>Travel authorization</b> <input type="checkbox"/> Approved as requested <input type="checkbox"/> Approved as modified <input type="checkbox"/> Denied	
<b>Name of SDS Reviewer:</b>	<b>Contact Information:</b>
<b>Applicable Category</b>	<i>Based on the information reviewed by SDS, the following determination is made. If admission or continued placement for this individual is approved, all services as identified by the PASRR Level II evaluation must be provided, by collaborative effort with the state, to meet the individual's nursing and disability-specific needs. A copy of the PASRR evaluation report will be provided for inclusion in the medical record; the recommendations made in that report must be incorporated into the plan of care. A notice has been provided to the individual and/or his/her representative of the need for a Level II evaluation if applicable, and a summary of the PASRR Level II evaluation report.</i>

# Alaska's Level II Evaluation Forms



State of Alaska • Department of Health and Social Services • Behavioral Health

## **PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR) Level II Evaluation for Individuals with Mental Illness**

The evaluation of the individual identified below has three purposes; 1) to confirm or disconfirm a diagnosis of mental illness; 2) to determine if placement should be in a skilled nursing facility (SNF) or in the community; and 3) if the individual is placed in a nursing facility, to identify the specialized services required to maintain and improve their functioning. This evaluation must be completed within 7-9 days from the date of request and returned to the Division of Behavioral Health by fax (907) 269-3623 or by Direct Secure Messaging.

---

---



State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

## **PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR) Level II Evaluation for Individuals with Intellectual and Developmental Disabilities or Related Conditions**

The evaluation of the individual identified below has dual purposes; 1) to confirm or disconfirm a diagnosis of intellectual, developmental disability or related condition and 2) identify if specialized services, in addition to nursing facility services, are required to maintain and improve the individual's functioning. This evaluation must be completed within 7-9 business days from the date of referral at which time a summary report will be sent to the individual and/or their legal representative and facility, along with a notice of final determination by the Division.

# Alaska's Notice of PASRR Action



THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

Department of  
Health and Social Services

SENIOR AND DISABILITIES SERVICES  
Anchorage Office

550 W. 8<sup>th</sup> Avenue  
Anchorage, Alaska 99501  
Main: 907.269.3666  
Toll free: 800.478.9996  
Fax: 907.269.3688

**February 24, 2017**

Name of Individual

Facility

Individual's Address

Dear Individual's Name or Legal Representative

## **Notice of Pre-Admission Screening and Resident Review (PASRR) Level II Action**

As required by federal regulation, 42 CFR 483 Subpart C, Senior and Disabilities Services (SDS) administers the Preadmission Screening and Resident Review (PASRR) program to ensure that applicants for admission to, and residents of Medicaid-certified nursing facilities are placed appropriately, and receive all necessary services while in residence.

Prior to authorizing admission or continuing stay in a nursing facility, SDS determines whether an individual, regardless of the individual's source of payment, has a diagnosis of, or indicators of suspected, serious mental illness (MI), intellectual disabilities (ID) or a related condition (RC). A PASRR Level II evaluation may be necessary for individuals with a diagnosis of, or indicators of suspected MI or ID/RC.

### **The purpose of this notice is to inform you**

On Click here to enter a date. a PASRR Level I screen indicated that you may have a condition that

# Why Does PASRR Matter?

- Nationally, approximately 1.4 million individuals reside in Nursing Facilities (NFs)
- For 1 million of these individuals, NF is “home”
- Approximately 250,000 individuals in NFs are diagnosed with MI, ID or RC (19%)
- Few disability-tailored services and appropriately-trained staff in NFs
- A person’s has a right to live in the most appropriate/least restrictive setting, and receive the services s/he needs

# Why Is It So Challenging?

- Increasing demands on healthcare and service-delivery systems: funding, resources, time, administrative complexities, burdens, etc.
- Co-morbidities of medical and disability-specific conditions: heart disease, diabetes, depression, dementia, substance abuse/addictions, PTSD, etc.
- Limited availability of appropriate treatment/services
- Lack of person-centered approaches
- Ensuring coordination/collaboration among stakeholders

# PASRR-Changing and Adapting Are You Moving Forward?



# Since 1987, How Is Your PASRR Program Doing?

- Person-centered thinking: choice and individualized care planning
- Continuity of care, community integration and use of community alternatives
- State initiatives/options for funding, resources, etc.
- Stakeholder coordination/collaborations and communication
- Compliance with minimum PASRR standards; yet promotion of “best practices”

# PASRR: More than an Administrative Process

Required	Value-Added
A CFR-Compliant Program	Provide for best practices and outcome-focused processes
Policy & Procedures	Communicate with stakeholders, e.g., statewide training/webinars
Level I and Level II Forms/Reports/Notices	Enhance processes: well-defined, seamless, and integrated
Evaluations and determinations	Provide for person-centered/disability-specific service recommendations
Utilize current funding/resources	Explore state options: waivers, grant-funds, add-ons, etc.
A continuum of care/medical need	Identify gaps in services/Develop services that are lacking: Specialized Services

# Remember: PASRR Allows Certain Flexibilities

- PASRR allows for wide latitude in many ways, e.g.:
  - Tools and overall process design
  - Technological supports
  - Exemptions, Exclusions & Categorical determinations
  - Specialized Services now “add-ons”
  - Personnel Qualifications
  - Timing of Level of Care (LOC) Determinations

**States can exceed Federal requirements but must meet minimum requirements!**

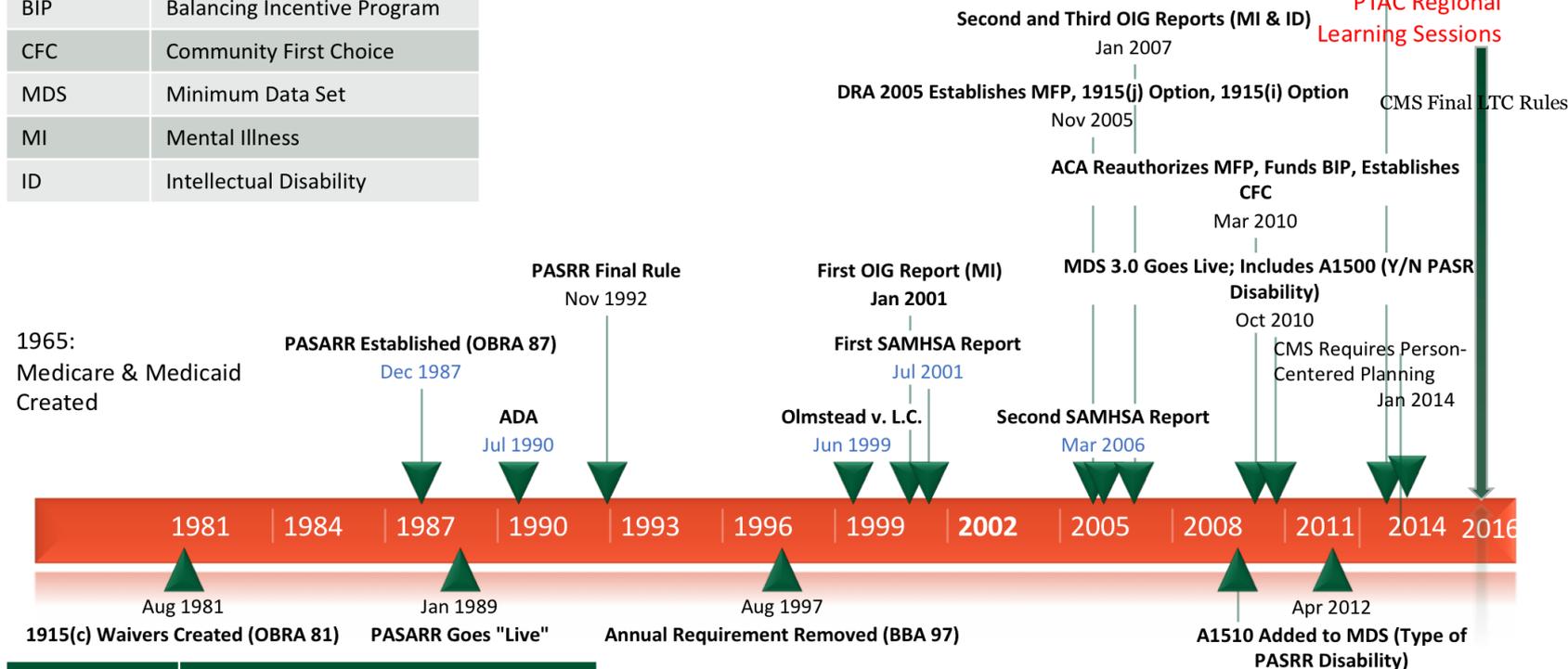
# PASRR Through the Years



Acronym	Meaning
MFP	Money Follows the Person
BIP	Balancing Incentive Program
CFC	Community First Choice
MDS	Minimum Data Set
MI	Mental Illness
ID	Intellectual Disability

CMS Highlights Flexible Payment Options for Specialized Services

PTAC Regional Learning Sessions



Acronym	Meaning
ADA	Americans with Disabilities Act
ACA	Affordable Care Act
CMS	Centers for Medicare and Medicaid Services
DRA	Deficit Reduction Act
OBRA	Omnibus Budget Reconciliation Act
SAMHSA	Substance Abuse and Mental Health Services Administration

▶ Jan 2001 - Dec 2007  
OIG and SAMHSA Study PASRR



# PASRR Predates and Aligns with ADA & Olmstead

- Individuals with MI, ID or RC have special protections under Medicaid law to ensure:
  - That long term services and supports are provided in the most integrated setting that meets the individual's needs and preferences
- PASRR is a powerful tool for diversion and transition from restrictive settings, and for complying with ADA/Olmstead
- PASRR provides quality evaluations, recommendations and coordination/collaborations to ensure most appropriate placements
- PASRR goes a long way in a state's efforts toward Olmstead planning/enforcement, and related efforts by Departments of Justice (DOJ), Office of Civil Rights, SAMHSA, HUD, etc.

# ADA (Americans with Disabilities Act)

ADA affirmed that an individual with a disability shall:

- Not be excluded from participation in or be denied benefits of services, programs or activities of a public entity
- Not be subjected to discrimination by any such entity
- Receive services in the most integrated setting appropriate to the needs of the person
- Interact with the non-disabled individual to the fullest extent possible

# Olmstead

Olmstead affirmed:

- The rights of individuals with disabilities to live independently, pursuant to the ADA
- That ADA prohibits unnecessary institutionalization for persons with disabilities and promotes services in the most integrated setting, if not opposed by the individual and placement can be reasonably accommodated
- That individuals at risk of institutionalization for lack of community services is to be remedied

# **Overview of PASRR**

**9:30-10:30**



**A Few Preliminaries**  
**PASRR's Relationship with**  
**Medicaid**  
**Roles & Responsibilities**  
**Key Components**  
**Q&A**

# A Few Preliminaries About Medicaid

- Is responsible for PASRR compliance, according to rules/regulations under the Medicaid state plan (42 CFR 483.128a)
- Authorizes relationships/roles & responsibilities via interagency agreements (42 CFR 431.621 State Requirements with Respect to Nursing Facilities/NFs)
- Provides for enhanced FFP of 75% for PASRR administrative activities (42 CFR 433.15(b)(9))
- Ensures FFP for NF services ONLY if PASRR is followed (42 CFR 483.122, FFP for NF Services)

# A Few Preliminaries About PASRR

(42 CFR 483.108, Relationship of PASRR to Other Medicaid Processes)

- Is a requirement under Medicaid rules, pursuant to OBRA1987 (Omnibus Budget Reconciliation Act) and 42 CFR 483.100 through 483-138 (and related references)
- Applies to all applicants to Medicaid certified nursing facilities regardless of their payment status (on or after 1/1/89)
- Applies to individuals with a diagnosis or “indicators/suspicion” of a diagnosis of MI, ID or RC
- Is an issue of licensure for the NF, as monitored by the state’s compliance entity

## A Few Preliminaries About PASRR continued...

- Is meant to bar admission to a NF of any individual with MI, ID or RC if the NF cannot meet the individual's total needs for NF services **and** specialized services
- Is meant to identify alternative service options if NF is not appropriate
- Ensures that determinations are not countermanded by Medicaid
- Is meant to comply with all requirements and ensure that testing/actions are not duplicative and are coordinated with other processes, e.g., routine resident assessments (42 CFR 483.20b)

# Primary Roles & Responsibilities

(42 CFR 483.106, Basic Rule)

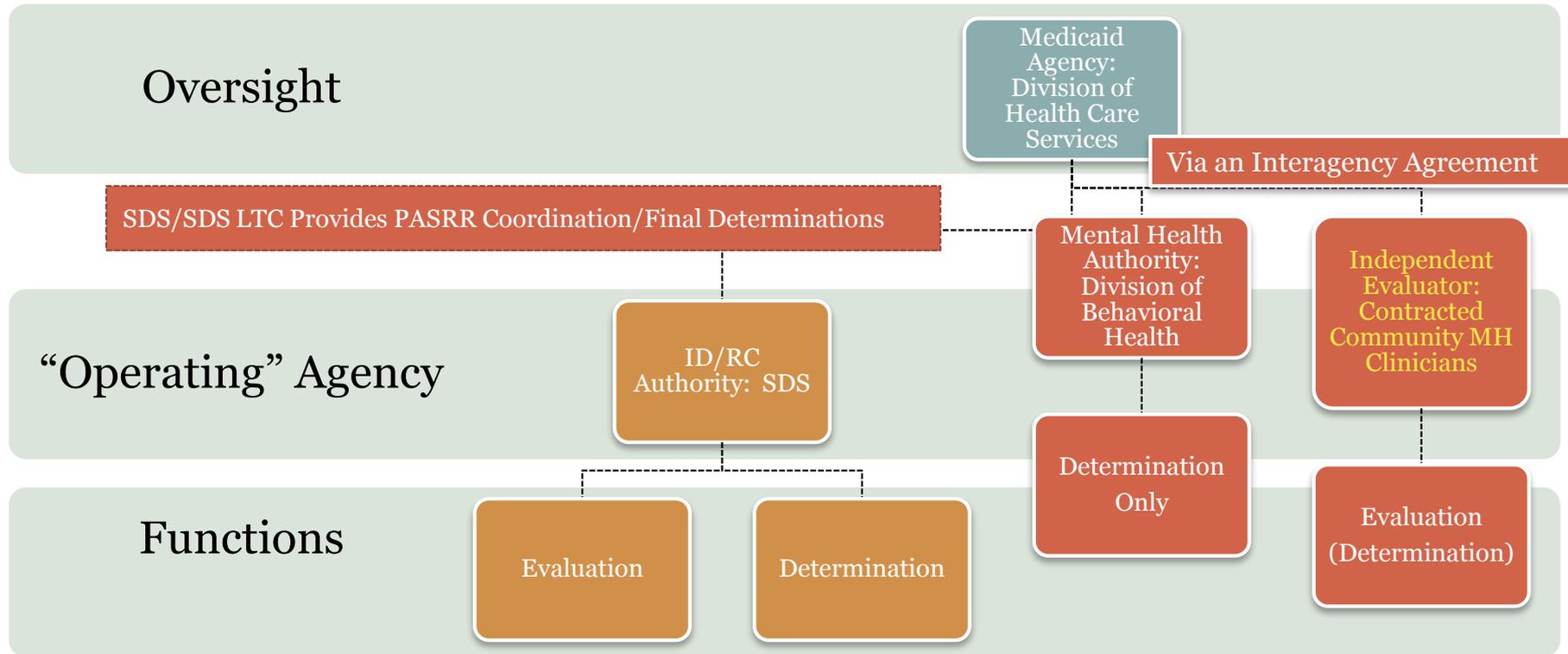
- The state Mental Health (MH) authority (Division of Behavioral Health):
  - Is responsible for the PASRR determinations based on an independent evaluation (that is, performed by a person/entity other than the state's MH authority or the NF or an affiliate of the NF)
- The state's ID or RC authority (Senior Disability Services):
  - Is responsible for the PASRR determination, and may conduct or delegate the Level II evaluations

# Primary Roles & Responsibilities continued...

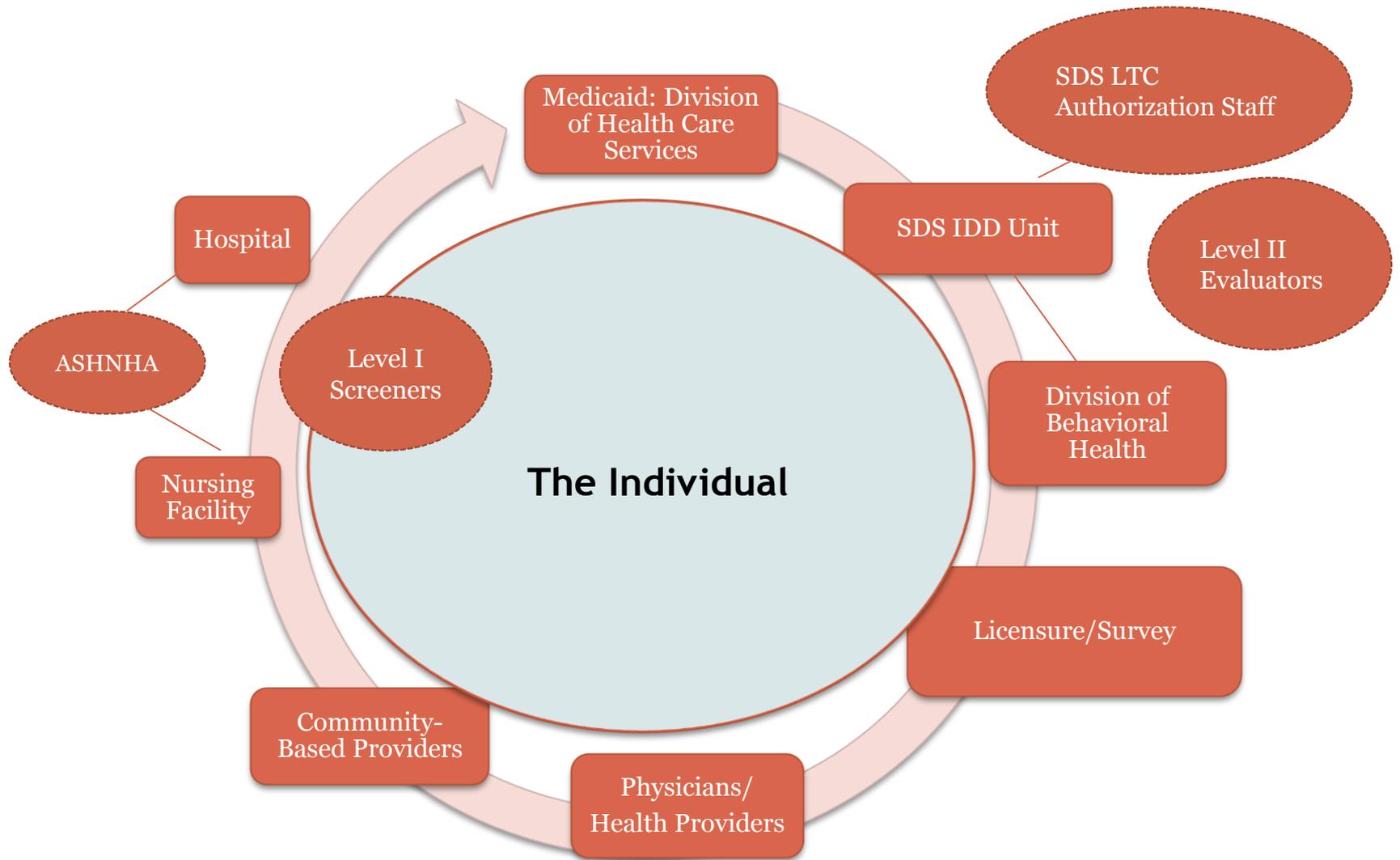
## The State Authorities:

- Retain responsibility for compliance with PASRR
- Ensure appropriate/consistent evaluations and determinations based on consistent data
- Ensure that individuals with PASRR-related disabilities receive specialized services/supports for their disability-specific needs (in addition to the nursing facility services)

# Alaska's PASRR: Roles & Responsibilities



# Alaska's Stakeholders



# Alaska's P&P #13-2 Pre-Admission Screening/Resident Review

## Policy

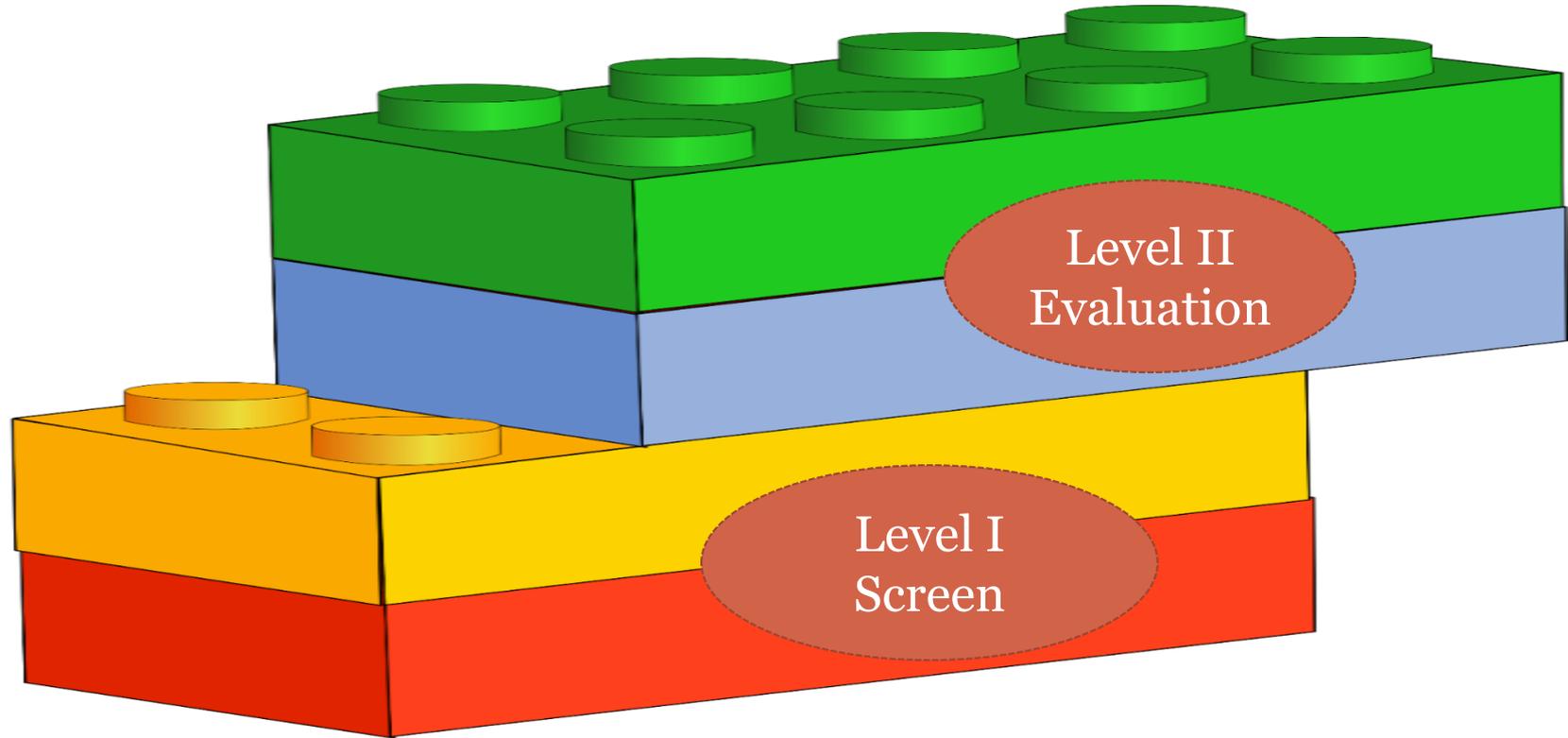
Senior and Disabilities Services (SDS) is required by federal regulation to administer the Preadmission Screening and Resident Review (PASRR) program to ensure that applicants for admission to, and residents of, Medicare/Medicaid-certified nursing facilities are placed appropriately and receive all necessary services while in residence. Prior to authorizing admission or continuing stay in a nursing facility, SDS determines whether an individual, regardless of the individual's source of payment, has a diagnosis of, or indicators of suspected, serious mental illness (MI) and/or suspected intellectual disabilities or a related condition (ID/RC). SDS provides technical assistance for the PASRR program.

# Alaska's P&P #13-2 Pre-Admission Screening/Resident Review

## **Responsibilities**

- A. **SDS long term care authorization staff** are responsible for:
1. reviewing Level I screening materials;
  2. referring applicants/residents for Level II evaluations;
  3. notifying applicants/residents and the nursing facility, of Level II referrals;
  4. reviewing evaluation reports and determination notices;
  5. authorizing nursing facility placement or continuing stay; and
  6. monitoring the PASRR process.
- B. The **attending physician or delegated staff** is responsible for completing the PASRR Level I screening form for applicants seeking admission from non-acute care settings.
- C. The **acute care facility** is responsible for submitting, or working with the nursing facility to submit, the Level I screening form and required documentation to SDS.
- D. The **nursing facility** is responsible for:
1. submitting the Level I screening form and review materials after resident review;
  2. reviewing Level II evaluation reports and determination notices; and
  3. incorporating Level II evaluation recommendations in care plans.
- E. The **Division of Behavioral Health** is responsible for:
1. referring individuals with a diagnosis of, or indicators of, MI for a Level II evaluation;
  2. making placement and service determinations based on the Level II evaluation;
  3. submitting evaluation reports and determination notices to SDS; and
  4. collaborating with SDS to ensure that individuals receive specialized services for MI, if determined to be necessary by a Level II evaluation;
- F. The **SDS IDD unit** is responsible for:
1. conducting Level II evaluations for those with a diagnosis of, or suspected, ID/RC;
  2. making placement and service determinations based on the Level II evaluation;
  3. submitting evaluation reports and determination notices; and
  4. collaborating with SDS long term care authorization staff to ensure that individuals receive specialized services for ID/RC, if the Level II evaluation determines they are necessary.

# Key Components



# PASRR: The Basic Purpose

(42 CFR 483.106, Basic Rule; 483.122, FFP for NF Services; 483.126, Appropriate Placement)

- To provide an evaluation and recommendations
- To ensure that PASRR-identified individuals are placed appropriately, in the least restrictive/most-inclusive setting possible
- To ensure necessary services are provided: NF, specialized rehabilitative services, and/or specialized services
- To ensure FFP only after PASRR compliance

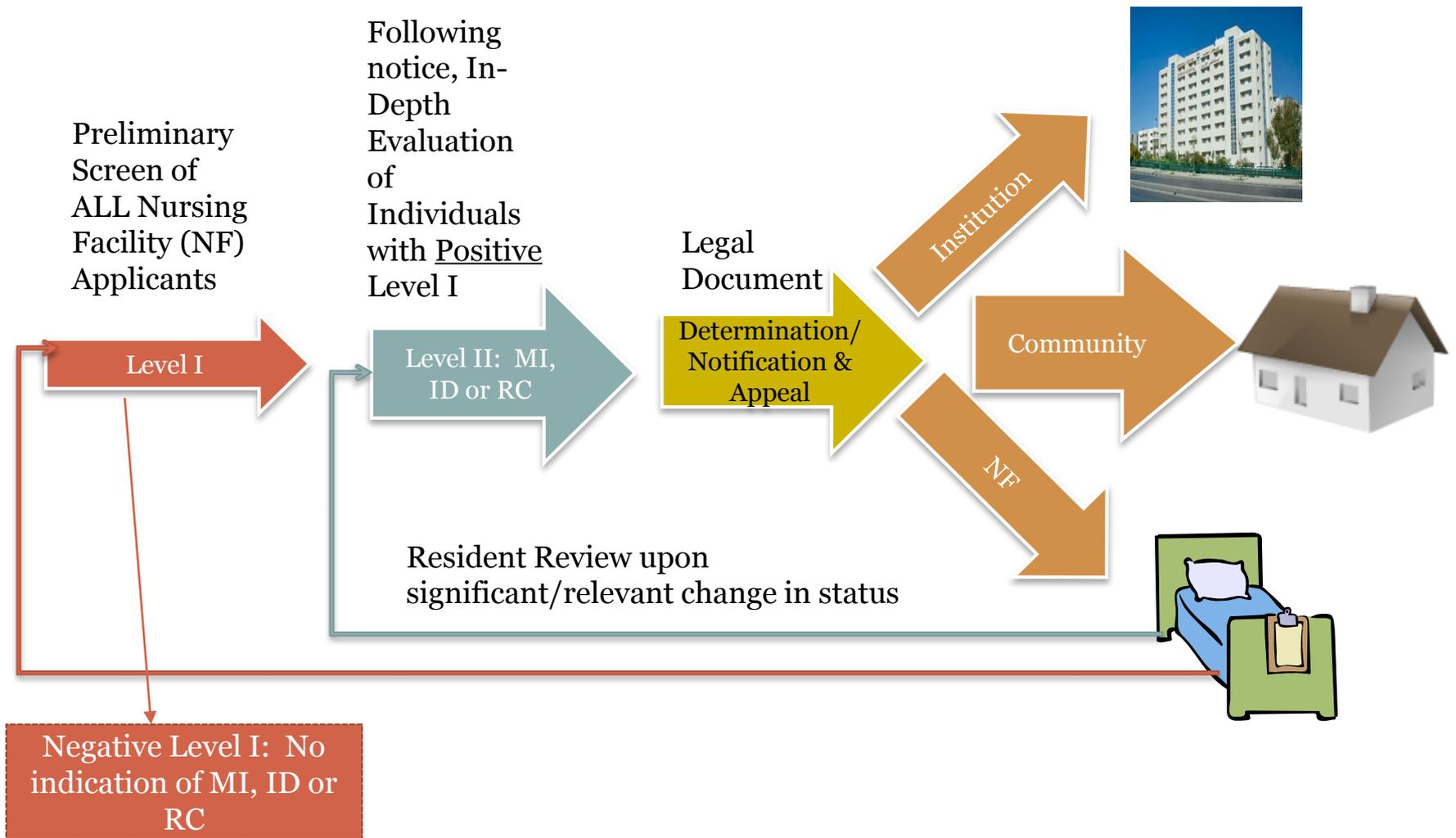
# Two Basic Functions: Screening and Evaluation

(42 CFR 483.102, Applicability and Definitions; 42 CFR 483.106, Basic Rule; 483.112, Applicants of NF; 483.128, PASRR Evaluation Criteria)

To ensure that individuals applying for admission to Medicaid certified NFs are screened for evidence of MI, ID or RC....regardless of payment source

- PASRR Level I identifies which individuals will be evaluated
- PASRR Level II evaluates and confirms/disconfirms diagnoses and applicability under PASRR

# The PASRR Process: A Basic Sketch



# Alaska's P&P Manual

## #13-2 Pre-admission Screening/Resident Review

### **Purpose**

To delineate responsibilities for nursing facility preadmission screening and resident review for mental illness and/or intellectual disabilities or related conditions.

To determine appropriate placement and services for individuals with mental illness and/or intellectual disabilities or related conditions.

### **Policy**

PASRR includes a Level I screening and a Level II evaluation. The Level I screening form is submitted by an individual's attending physician or hospital discharge staff for initial admission, and by nursing facility staff for resident review. The completed Level I screening form must be submitted to SDS for every individual seeking admission to a nursing facility and for residents needing further evaluation under PASRR requirements. (For Medicaid recipients only, the form is sent with the request for authorization for nursing facility services.)

Individuals with a diagnosis of, or indicators of suspected, MI or ID/RC, are referred for a PASRR Level II evaluation to either the Division of Behavioral Health or to the SDS Intellectual and Developmental Disabilities (IDD) Unit, depending on diagnosis. Level II MI evaluations are made by mental health professional clinicians who are independent of the Division of Behavioral Health. Level II ID/RC evaluations are conducted by SDS employees who are qualified intellectual disability professionals.

The PASRR Level II evaluation confirms the diagnosis, and results in recommendations as to whether nursing facility placement is appropriate and whether specialized services are needed. SDS collaborates with the nursing facility to obtain appropriate specialized services.

# PASRR's Level I Screening



# Level I Screen

(42 CFR 483.102, Applicability and Definitions; 483.128, PASRR Evaluation Criteria)

- Is designed by the state: an acceptable practice as long as there are documented outcomes
- Is completed using existing available information, past history, etc.
- Is completed by individuals without professional training such as attending physicians/delegated staff, hospital discharge planners, social workers, etc.
- Involves no clinical judgment

# An Effective Level I Screen

- Is designed so that the Level I Screener is prompted to “look beyond” current diagnoses, and to identify previously unreported/ overlooked diagnoses and disabilities
- Provides for a balance between usability, accuracy and outcomes
- Requests enough information so that a determination can be made about PASRR requirements
- “When in doubt”, provides the individual with a Level II evaluation to “check it out”

# Specificity and Sensitivity

- Is specific enough so that people who do not need to be evaluated are not evaluated:
  - A “Negative Level I Screen”: NO signs (or diagnoses) of MI, ID or RC
  - Goal: Keep FALSE POSITIVES LOW, to manage Level II resources
- Is sensitive enough so that people who need to be evaluated are:
  - A “Positive Level I Screen”: Signs (or diagnoses) of MI, ID or RC
  - Goal: Keep FALSE NEGATIVES LOW, regardless of the information available or who completes the screen

# Level I Screen: Survey of States

Level I Screen Comprehensiveness Quartiles	# of States	% of States
76%-100%	20 including Alaska	11.7
51%-76%	13	29.4
26%-50%	16	52.9
0%-25%	2	5.9

# Alaska's Pre-Admission Screening and Resident Review (PASRR) Level I

<b>Name of Individual</b> (Last, First, MI)

DOB	Medicaid # (if applicable)	Address (Street, City, Zip)	Telephone Number

Name of Representative	Address (Street, City, Zip)	Telephone Number	Type of Representative

Current Location	Admitting Facility & ID #	Address (Street, City, Zip)	Telephone Number	Email	Contact Name/Title

If multiple facilities are being considered, please identify these here (*Facility ID # and Name*):

Applicant	Resident
<input type="checkbox"/> New Admission. Proposed/Actual Date: <input style="width: 80px;" type="text"/>  <input type="checkbox"/> Inter-facility Transfer (from one facility to another)	<input type="checkbox"/> Significant Change (Resident Review) <ul style="list-style-type: none"> <li><input type="checkbox"/> Condition improvement- LOC from SNF to ICF</li> <li><input type="checkbox"/> Condition decline- LOC from ICF to SNF</li> <li><input type="checkbox"/> New diagnosis</li> </ul>

<b>Exempted Hospital Discharge</b> (does not require PASRR Level II evaluation)	<input type="checkbox"/> Individual being admitted to LTC facility for less than 30 days, as certified by physician
<b>Primary Dementia/Mental Illness</b> (does not require PASRR Level II evaluation)	<input type="checkbox"/> Primary dementia in combination with mental illness as certified by physician

# Alaska's Pre-Admission Screening and Resident Review (PASRR) Level I

<p><b>PASRR Categorical Determinations</b> (certain circumstances that are time-limited that only require an abbreviated PASRR Level II evaluation report)</p>	<p><input type="checkbox"/> Individual has a primary diagnosis of dementia, Alzheimer's disease or related disorder in combination with diagnosis of intellectual disability or related condition. (Further evaluation may be required for validation of diagnosis)</p> <p><input type="checkbox"/> Individual admitted directly to LTC facility from hospital for convalescent care for an acute physical illness and is likely to require less than 90 days of NF services</p> <p><input type="checkbox"/> Terminal illness, as certified by physician (life expectancy of less than six months)</p> <p><input type="checkbox"/> Severe physical illness resulting in level of impairment so severe that individual needs LTC services but cannot be expected to benefit from specialized services.</p>
--	---

Identify primary/secondary diagnosis, applicable code, and age of onset	Primary Diagnosis and Code (ICD-10)	Secondary Diagnosis and Code (ICD-10)	Date of Onset
<b>Mental Illness</b>			
<b>Intellectual Disability</b>			
<b>Related Condition</b>			
The individual has been referred for or has received services/treatment for mental illness		<input type="checkbox"/> Yes	<input type="checkbox"/> No
The individual has been referred for or has received services/treatment for intellectual disability or related condition		<input type="checkbox"/> Yes	<input type="checkbox"/> No
The individual has a history or other indication of substance abuse disorder		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any known or suspected diagnosis of mental illness, intellectual disability, substance abuse disorder, or related condition		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Physician's Name:</b> _____	<b>Date:</b> _____		
<b>Physician's Signature:</b> _____			

# Alaska's Pre-Admission Screening and Resident Review (PASRR) Level I

<b>Functional and Adaptive Needs</b> <i>(Check all that apply)</i>		
<b>Communication/Language</b>	<input type="checkbox"/> unable to communicate basic needs <input type="checkbox"/> does not understand directions	<input type="checkbox"/> does not participate in conversation <input type="checkbox"/> incoherent/bizarre speech content
<b>Challenges with Practical Skills</b>	<input type="checkbox"/> occupation skills <input type="checkbox"/> safety <input type="checkbox"/> schedule/routines <input type="checkbox"/> mobility/ travel/transportation	<input type="checkbox"/> use of money <input type="checkbox"/> healthcare and self-care <input type="checkbox"/> use of telephone
<b>Challenges with Conceptual Skills</b>	<input type="checkbox"/> language and literacy <input type="checkbox"/> limitations in reasoning <input type="checkbox"/> learning, problem-solving	<input type="checkbox"/> time & number concepts <input type="checkbox"/> self- direction
<b>Completion of Tasks/Activities</b>	<input type="checkbox"/> difficulty completing <input type="checkbox"/> makes mistakes/errors with tasks <input type="checkbox"/> needs assistance to complete	<input type="checkbox"/> slow pace to completion <input type="checkbox"/> lacks persistence <input type="checkbox"/> difficulty concentrating
<b>Harmful to Self or Others</b>	<input type="checkbox"/> head bangs <input type="checkbox"/> hits, bites, or scratches self <input type="checkbox"/> threatens physical violence	<input type="checkbox"/> causes physical pain to others <input type="checkbox"/> threatens physical violence <input type="checkbox"/> suicidal ideation/attempt
<b>Unusual Activities</b>	<input type="checkbox"/> talks to self <input type="checkbox"/> makes faces or odd noises	<input type="checkbox"/> stares at objects or into space <input type="checkbox"/> hallucinations or delusions
<b>Disruptive Behavior</b>	<input type="checkbox"/> challenging/combative <input type="checkbox"/> interferes with others <input type="checkbox"/> excessive irritability	<input type="checkbox"/> yells or screams <input type="checkbox"/> uncooperative <input type="checkbox"/> overly demanding
<b>Socially Inappropriate Behaviors</b>	<input type="checkbox"/> spits at others <input type="checkbox"/> verbally abusive <input type="checkbox"/> inability to follow rules <input type="checkbox"/> history of altercation	<input type="checkbox"/> social isolation <input type="checkbox"/> challenges with independent living <input type="checkbox"/> inappropriately touches self or others
<b>Withdrawn Behavior</b>	<input type="checkbox"/> difficulty interacting with others <input type="checkbox"/> sad or worried	<input type="checkbox"/> uninterested in activities <input type="checkbox"/> anxious or fearful
<b>Destructive to Property</b>	<input type="checkbox"/> defaces or breaks objects <input type="checkbox"/> tears or cuts materials	<input type="checkbox"/> attempts to burn objects
<b>Has Experienced Restrictive Interventions</b>	<input type="checkbox"/> interpersonal skills <input type="checkbox"/> restraints	<input type="checkbox"/> medication to control behavior
<b>Challenges with Social Skills</b>	<input type="checkbox"/> seclusion <input type="checkbox"/> social responsibility <input type="checkbox"/> self-esteem	<input type="checkbox"/> social problem-solving <input type="checkbox"/> vulnerable to manipulation by others

# Alaska's Pre-Admission Screening and Resident Review (PASRR) Level I

<b>Check all that were reviewed during PASRR Level I Screening</b>	<input type="checkbox"/> H&P (required) <input type="checkbox"/> Plan of Care <input type="checkbox"/> Current psychological evaluation (if applicable) <input type="checkbox"/> Other (specify): <input style="width: 450px; height: 20px;" type="text"/>
--	---

## Signatures and Contact Information

*The State is responsible for the final determination regarding PASRR. If review of the Level I PASRR Screening indicates a need for a PASRR Level II evaluation, the State may require additional documentation, will complete the evaluation and make a determination regarding appropriate placement within 7-9 business days, and will notify all parties of the outcome.*

Name of person Completing this PASRR Level I Screening	Date	Telephone Number	Email

**Signature:**

# *State of Alaska use only* - Preadmission Screening and Resident Review Determination

<b>Negative Screen</b>	<input type="checkbox"/> PASRR Level I screening does <b>not</b> indicate need for Level II PASRR evaluation. Applicant may be admitted to the LTC facility.	
<b>Exempted Hospital Discharge</b>	<input type="checkbox"/> Placement in facility for 30 days or less, as certified by physician. If the individual stays beyond the 30 days, an individualized PASRR Level II evaluation must be completed by the state on or before the 40 <sup>th</sup> day. The facility shall notify SDS on day 25 that it anticipates the resident will need services more than 30 days. <b>Day 25 is:</b> <input style="width: 200px;" type="text"/>	
<b>Primary Dementia/Mental Illness</b>	<input type="checkbox"/> Primary dementia in combination with mental illness. May be admitted to the LTC facility.	
<b>PASRR Categorical Determinations</b> (certain circumstances that are time-limited that require an abbreviated PASRR Level II evaluation report)	<input type="checkbox"/> Convalescent care for a period of 90 days or less, as certified by the physician. If the individual stays beyond the 90 days, an individualized PASRR Level II evaluation must be completed. The facility shall notify SDS on day 85 that it anticipates the resident will need services more than 90 days. <b>Day 85 is:</b> <input style="width: 150px;" type="text"/>	
	<input type="checkbox"/> Primary dementia in combination with a diagnosis of intellectual disability or related condition applies. A Level II evaluation may be required, if there is a substantial change in condition.	
	<input type="checkbox"/> Terminal illness, as certified by attending physician. A Level II evaluation may be required, if there is a substantial change in condition.	
	<input type="checkbox"/> Severe physical illness. A Level II evaluation may be required, if there is a substantial change in condition.	
<b>Resident Review</b>	<input type="checkbox"/> May be considered appropriate for continued placement in the LTC facility, without specialized services for disability-specific needs.	
	<input type="checkbox"/> May not continue to reside in LTC facility. Alternative placement and services are developed by the state in cooperation with the facility. Payment continues until transfer completed.	
<b>Level II PASRR Evaluation needed</b>	<input type="checkbox"/> Mental Illness <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Related condition	Date referred for Level II evaluation: <input style="width: 150px;" type="text"/>  Date Level II report received: <input style="width: 150px;" type="text"/>

# What About HIPAA?

- HIPAA (Health Insurance and Portability and Accountability Act of 1996) does not prevent the sharing of Protected Health Information (PHI)
- A health care provider is not a business associate of another health care provider when it uses and discloses PHI for treatment purposes
- For PASRR purposes, PHI may be shared without a patient's authorization for treatment, payment and health care purposes
- A release is not required for medical records or diagnostic information

See <http://www.pasrrassist.org/resources/federal-regulations/directors-corner-why-hipaa-not-barrier-getting-pasrr-done>

# PASRR Notifications

(42 CFR 483.128, PASRR Evaluation Criteria)

## Level I to Level II Notice:

- Provides for a written notice to the individual or his/her legal representative if a Level II evaluation is required
- Informs the individual that s/he is suspected of having a PASRR-identified diagnoses
- Is adapted to the individuals' culture, language, ethnic origin and means of communication
- Is maintained in the resident's record
- Does not provide for appeal rights

# Alaska's Notice of PASRR Action



THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

Department of  
Health and Social Services  
SENIOR AND DISABILITIES SERVICES  
Anchorage Office  
550 W. 8<sup>th</sup> Avenue  
Anchorage, Alaska 99501  
Main: 907.269.3666  
Toll free: 800.478.9996  
Fax: 907.269.3688

**February 24, 2017**

Name of Individual  
Facility  
Individual's Address

**Dear** Individual's Name or Legal Representative

## **The purpose of this notice is to inform you**

On [Click here to enter a date](#), a PASRR Level I screen indicated that you may have a condition that requires further review. A PASRR Level II evaluation will be done to ensure that the nursing facility can provide the services that you need. You will receive a final determination notice from SDS after the evaluation is completed.

## **Following a Level I determination**

You or your legal representative has the right to decline a Level II evaluation. You can do so only by withdrawing your application for nursing facility admission. To withdraw your application, contact SDS at 907-269-3666.

## #13-2 Pre-admission Screening/Resident Review

### Procedures

#### A. Timeframes.

1. Upon receipt of a complete Level I screening form indicating a diagnosis of, or suspected, MI or ID/RC, SDS refers the applicant/recipient to the Division of Behavioral Health (DBH) or to the IDD unit.
2. Upon receipt of a referral from SDS,
  - a. DBH forwards the referral to the appropriate regional office for assignment to a contracted community provider for a Level II MI evaluation; and
  - b. the IDD unit assigns the referral to a qualified intellectual disability professional for a Level II ID/RC evaluation.
3. After receipt of a complete referral from SDS long term care authorization staff, DBH and/or the IDD unit conducts the Level II evaluation, and submits the Level II evaluation report and determination notice to the SDS long term care authorization staff. This process should be completed by DBH or the IDD Unit within an annual average of seven to nine days per referral.
4. Upon receipt of the report, SDS notifies the nursing facility and/or acute care facility of the authorization decision.

#### B. Level I Screening.

1. Form requirements.
  - a. *Pre-admission screening for initial admission to a nursing facility:* the acute care facility or the attending physician, prior to admission submits the complete form, with required documentation, to SDS.
  - b. *Resident review:* Following a resident review, the nursing facility submits a complete Level I screening form with current information if a resident
    - i. is found to have suspected MI or ID/RC that was not previously identified; or
    - ii. has MI or ID/RC, and experienced a significant change in physical or mental condition.
2. Processing the complete form.

The SDS long term care authorization staff

  - a. review the Level I screening form to determine whether
    - i. an applicant has an MI or ID/RC diagnosis, or indicators of suspected MI or ID/RC; or
    - ii. a resident has possible MI or ID/RC not previously identified, or a significant change in physical or mental condition; and
  - b. refers the applicant or resident for Level II evaluation
    - i. to DBH, when SDS long term care authorization staff identify
      - (A) for an initial admission request, a diagnosis or indicators of MI; or
      - (B) for a current resident suspected MI not previously identified, or a significant change in physical or mental condition that needs further evaluation; or
    - ii. to the IDD waiver unit, when SDS long term care authorization staff identify
      - (A) for an initial admission request, a diagnosis or indicators of ID/RC; or
      - (B) for a current resident, suspected ID/RC not previously identified, or a significant change in physical or mental condition that needs further evaluation; or
    - iii. to both DBH and the IDD waiver unit, when the long term care staff identify
      - (A) for an initial admission request, a diagnosis or indicators of MI and ID/RC; or
      - (B) for a current resident, suspected MI and ID/RC not previously identified, or a significant change in physical or mental condition that needs further evaluation.
  3. Notice.

SDS sends written notice of a Level II referral for the initial identification of suspected MI or ID/RC to an applicant/resident, his/her representative, and the nursing facility

# PASRR's Level II Evaluation: Alaska's Way



# Level II Evaluation

(42 CFR 483.102, Applicability and Definitions; 483.112, Admission to NFs; 483.128, PASRR Evaluation Criteria)

- Is completed if the Level I screen is “positive”
- Is based on state-selected tools, if validated/documentated outcomes
- Is adapted to culture, language, ethnic origin
- Involves the individual, his/her family/legal representative
- Ensures interdisciplinary coordination/individualized, comprehensive analysis of available information
- Is completed within an average of 7-9 business days from the Level I screen

## Level II Evaluation continued...

- Identifies/recommends treatment/placement options/services in the NF or appropriate alternatives
- Recommends services to meet the individual's needs
- Assesses if the individual needs NF services (including specialized rehabilitative services), and whether the individual requires specialized services
- Isn't limited by service availability or how the service is paid for

## Level II Evaluation continued...

- Is terminated if the individual declines further evaluation and consideration of NF placement
- Is terminated at any time during the evaluation if the evaluator finds the individual (42 CFR 483.128, PASRR Evaluation Criteria):
  - Does not have MI, ID or RC
  - Has a primary diagnosis of Dementia
  - Has a non-primary diagnosis of Dementia without a primary diagnosis of MI, ID or RC

# The Level II Evaluator

- Meets state qualification/training, licensure and scope of practice requirements
- Is able to determine if the Level I Screening was correct
- Is able to make a judgment about individual's condition and needs
- Can confirm/disconfirm a diagnosis
- Is able to determine the individual's need for NF services (including specialized rehabilitative services)
- Is able to recommend specialized services, and is knowledgeable of qualified providers of services
- Can recommend alternative treatment options/services
- Is able to end a Level II evaluation, if appropriate

# PASRR Personnel Requirements

Population	Requirements	Notes
All Individuals	Physician: H&P; Exempted Hospital Discharge; NF Admission; Dementia	Physician or appropriate delegate, as state allows
Individuals with Mental Illness	Diagnoses by a Psychiatrist; Other evaluations by Qualified Mental Health Professional (QMHP, <b>as defined in Alaska P&amp;P 7 AAC 70.990 (28)</b> )	State determines which professions qualify
Individuals with Intellectual Disability or Related Condition	IQ test by Licensed Psychologist; Other evaluations by Qualified ID Professional (QIDP), <b>as defined in Alaska P&amp;P 7 AAC 140.640</b>	State determines which professions qualify

# PASRR Determination/Report and Notice

(42 CFR 483.128, PASRR Evaluation Criteria  
42 CFR 483.130, PASRR Determination Criteria)

- Is written in a manner that assists the NF (or appropriate alternative) to plan the individual's care
- Identifies which diagnosis is present
- Provides individualized evaluation information and summarizes the individual's
- Identifies the person completing the evaluation

## Level II Determination/Report & Notice continued...

- Summarizes the information used in the determination
- Identifies placement options appropriate for the individual
- Includes a basis for the report's conclusion
  - If NF services are recommended, identifies specific services required
  - If Specialized Services are recommended, identifies any specific disability-specific services and who may be qualified to provide these services
  - If alternative placement options are recommended, identifies what it would take to support individual

## Level II Determination/Report & Notice continued...

- May be conveyed verbally and confirmed in writing (42 CFR 483.112, Preadmission Screening of Applicants for Admission to NFs)
- Informs the individual or his/her legal representative, the appropriate state PASRR authorities, the discharging hospital/referring entity, the admitting/retaining NF, and the physician/primary care physician
- Is adapted to the individual's culture, language, ethnic origin and means of communication
- Provides specifics about the rights of the individual to file an appeal (42 CFR 483.200, Appeal Requirement; 483.204, Hearing and Appeal System)
- Is maintained in the resident record

## Level II Tools: Survey of States

Level II Screen Comprehensiveness Quartiles	# of States	% of States
76%-100%	39 including Alaska	76.0%
51%-76%	8	16.0%
26%-50%	4	8.0%
0%-25%	0	0

# Alaska's Level II Evaluation Forms



State of Alaska • Department of Health and Social Services • Behavioral Health

## **PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR) Level II Evaluation for Individuals with Mental Illness**

The evaluation of the individual identified below has three purposes; 1) to confirm or disconfirm a diagnosis of mental illness; 2) to determine if placement should be in a skilled nursing facility (SNF) or in the community; and 3) if the individual is placed in a nursing facility, to identify the specialized services required to maintain and improve their functioning. This evaluation must be completed within 7-9 days from the date of request and returned to the Division of Behavioral Health by fax (907) 269-3623 or by Direct Secure Messaging.

---

---



State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

## **PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR) Level II Evaluation for Individuals with Intellectual and Developmental Disabilities or Related Conditions**

The evaluation of the individual identified below has dual purposes; 1) to confirm or disconfirm a diagnosis of intellectual, developmental disability or related condition and 2) identify if specialized services, in addition to nursing facility services, are required to maintain and improve the individual's functioning. This evaluation must be completed within 7-9 business days from the date of referral at which time a summary report will be sent to the individual and/or their legal representative and facility, along with a notice of final determination by the Division.

# Alaska's P&P Manual

## #13-2 Pre-admission Screening/Resident Review

### Procedures

#### C. Level II MI Evaluation.

1. Upon receipt of a referral from DBH, the regional office assigns the Level II evaluation to a contracted community provider of mental health services.
2. The contracted community provider
  - a. contacts the applicant/resident to confirm a diagnosis of mental illness;
  - b. prepares a Level II MI evaluation report on form provided by SDS, including recommendations for appropriate placement and for specialized services when indicated; and
  - c. sends the completed report to DBH.
3. DBH
  - a. reviews the report and makes two determinations:
    - i. whether the applicant/residents needs specialized services for mental illness; and
    - ii whether nursing facility placement is appropriate, based on the applicant/recipient's total needs and the capacity of that nursing facility to meet those need; and
  - b. prepares and sends the evaluation report and determination notice to the SDS long term care authorization staff.

#### D. Level II ID/RC Evaluation.

1. Upon receipt of a referral from SDS long term care authorization staff, the IDD unit assigns the evaluation to a qualified intellectual disability professional.
2. The qualified intellectual disability professional
  - a. confirms a diagnosis of ID/RC;
  - b. makes two determinations:
    - i. whether the applicant/resident needs specialized services for ID/RC;
    - ii whether nursing facility placement is appropriate, based on the applicant/recipient's total needs and the capacity of that nursing facility to meet those need;
  - c. prepares a Level II ID/RC evaluation report on a form provided by SDS, including recommendations for appropriate placement and for specialized services when indicated; and
  - d. submits the evaluation report on a form provided by SDS and the determination notice to SDS long term care authorization staff
3. For an applicant/resident known to SDS, the qualified intellectual disability professional may base a diagnosis on a prior DD Eligibility Determination if validity, accuracy, and current functional status are verified.

# Alaska's P&P Manual

## #13-2 Pre-admission Screening/Resident Review

### Procedures

#### E. Determination notices.

##### 1. Content.

SDS long term care authorization staff send a determination notice that includes

- a. a statement as to whether nursing facility placement is appropriate for the applicant/resident, and if not, information as to how, when, and by whom available placement options will be explained; and
- b. a statement as to whether specialized services are needed and, if to be provided in the nursing facility, assurances that the services will be provided while the individual is a resident;
- c. other options available to meet the needs of the applicant/resident; and
- d. information on the right to appeal the determination.

##### 2. Distribution.

Copies of the determination notice are sent to

- a. the applicant/resident and his/her representative;
- b. the admitting or retaining facility; and
- c. the discharging acute care facility, for an initial admission.

3. All determinations notices are recorded in applicant/resident records maintained by entities receiving a copy of the notice.

# Alaska's Notice of PASRR Action

## The purpose of this notice is to inform you

On [Click here to enter a date](#), a PASRR Level I screen indicated that you may have a condition that requires further review. A PASRR Level II evaluation will be done to ensure that the nursing facility can provide the services that you need. You will receive a final determination notice from SDS after the evaluation is completed.

On [Click here to enter a date](#), a PASRR Level II evaluation was conducted. See the attached determination for outcomes of the Level II evaluation.

You may be admitted to a nursing facility

Specialized services are not necessary

Specialized services are recommended, and will be provided while the individual is a resident in the nursing facility

You may **NOT** be admitted to a nursing facility (See attached Level II evaluation)

Services needed are to be provided in alternative environment. Because the PASRR Level II evaluation indicates that you do not require the level of care provided in a nursing facility, other options for services will be provided consistent with the determination on the attached evaluation.

## What if you disagree with your PASRR Level II decision?

If you disagree with the decision outlined above, you have the right to appeal the decision. Please see the *Notice of Recipient Fair Hearing Rights* document, enclosed with this letter, that explains how to schedule a fair hearing to appeal this decision.

If you have questions about any part of the PASRR process, please contact Senior and Disabilities Services for technical assistance.



**Fair Hearings**

Alaska Medicaid

PO Box 240808

Anchorage, AK 99524

FairHearings@conduent.com

Phone: 907.644.6800

800.770.5650

Fax: 907.644.8126

# Department of Health and Social Services Notice of Recipient Fair Hearing Rights

If you have questions or concerns regarding the enclosed notice, please call the **Conduent Recipient Helpline at 800.780.9972** to seek clarification. If you disagree with the enclosed decision, you have the right to appeal that decision. You may contact us to schedule a fair hearing via mail, facsimile, or email.

Mailing Address	Facsimile	Email
Fair Hearing Representative  Conduent P.O. Box 240808 Anchorage, AK 99524	Attention: Fair Hearings  907.644.8126	FairHearings@conduent.com

# Alaska's PASRR Process

PASRR Level I Screen	Level II Evaluation
SDS LTC Receives PASRR via DSM Email	Based on Level I Screen, diagnosis or indication of MI, ID/RC is identified, and reviewed by SDS LTC
Is processed by SDS LTC according to date/time order of when received	If positive, SDS LTC sends referral to DBH or IDD
Is processed by SDS LTC within 24 hours	SDS LTC sends notice to NF and individual about need for Level II Evaluation
SDS LTC sends notification to individual/representative, NF and discharging hospital	Individual has the right to refuse-that is, NF request for admission may be withdrawn
	DBH or IDD completes Level II Evaluation within 7-9 day annual average*
	SDS LTC sends PASRR determination to the NF (of choice) and notice to individual

# Alaska's P&P Manual

## #13-2 Pre-admission Screening/Resident Review

### Policy

In recognition of the urgency implicit in authorization requests for nursing facility services, the PASRR federal regulations address timeliness. Because nursing facility admission cannot be authorized until a PASRR Level I screening of an applicant has occurred, the parties involved in the process ensure that required forms are complete and are forwarded for review, along with all required documentation. Incomplete forms and documentation cause authorization decisions to be delayed until missing information is received by SDS.

### Procedures

#### F. PASRR process monitoring.

SDS long term care authorization staff

1. enter all Level I referrals and Level II determinations into the SDS database;
2. track
  - a. timeliness of referrals sent for Level II evaluation, including SDS follow-up activity; and
  - b. applicant/residents who apply for waivers until placed on waivers; and
3. monitor provider compliance with PASRR requirements.

# Frequent Submission Issues

- Name of Individual doesn't match legal name
- Incorrect Medicaid Number, if applicable
- Incorrect Representative information
- Type of Representative not identified (POA, Guardian, Surrogate Decision-Maker)
- PASRR completed/submitted before NF is contacted about admission
- Proposed/actual admission date is not identified
- PASRR diagnosis section on the Level I Screen has incorrect ICD-10 codes/inaccurate information
- Physician signature/date missing
- Functional/adaptive needs section blank, regardless of diagnosis
- Contact information for person completing the form missing
- Inadequate/insufficient recommendations on the Level II

# Resident Review (42 CFR 483.106)

- Changed from an annual requirement (Pre Admission Screen and Annual Resident Review-PASARR to PASRR)
- Is addressed in the Final Rule from CMS on Reforms to Long-Term Care Facilities
- Is conducted by the state PASRR authority
- Requires interdisciplinary review and/or revision of the care plan
- Is in response to a significant change:
  - A new diagnosis
  - A change in physical or mental condition that isn't resolving without interventions
  - An improvement that requires a change in placement
  - A decline (increase in symptoms and/or behaviors) requiring a change in treatment
  - Prior to discharge from an acute inpatient psychiatric hospital to determine continued appropriateness
- Following an exempted hospital discharge or other time-limited provisional or categorical determination

# Re-Admissions and Transfers

(CFR 483.106, Basic Rule)

- Admission: Admitted to any NF for the first time/subject to the pre-admission
- Re-Admission: Readmitted to a NF from a hospital to which s/he was transferred for the purpose of receiving care/subject to the Resident Review (RR)
- Inter-facility transfers: When transferred from one NF to another NF, with or without an intervening hospital stay/subject to the RR
  - The transferring NF is responsible for ensuring PASRR information accompanies the transferring resident
- Out-of-State Arrangements: State responsible is where the individual is Medicaid-eligible, and allows for interstate agreements (42 CFR 483.110, Out-of-State Arrangements)

# Applicant versus Resident

## Level I Screen, LTC Authorization Request, and Determination Form

Applicant	Resident
<input type="checkbox"/> New Admission. Proposed/Actual Date: <input type="text"/> <input type="checkbox"/> Inter-facility Transfer (from one facility to another)	<input type="checkbox"/> Significant Change (Resident Review) <ul style="list-style-type: none"> <li><input type="checkbox"/> Condition improvement- LOC from SNF to ICF</li> <li><input type="checkbox"/> Condition decline- LOC from ICF to SNF</li> <li><input type="checkbox"/> New diagnosis</li> </ul>

Applicant	Resident
<input type="checkbox"/> New Admission <input type="checkbox"/> Inter-facility Transfer (from one facility to another) <input type="checkbox"/> Retroactive Medicaid (was initially admitted under alternative payment source and now has Medicaid) Date of discharge or DOD (if applicable): <input type="text"/>	<input type="checkbox"/> Continued Placement <input type="checkbox"/> Significant Change (Resident Review) <ul style="list-style-type: none"> <li><input type="checkbox"/> Condition improvement- LOC from SNF to ICF</li> <li><input type="checkbox"/> Condition decline- LOC from ICF to SNF</li> <li><input type="checkbox"/> New diagnosis</li> </ul>

<b>Resident Review</b>	<input type="checkbox"/> May be considered appropriate for continued placement in the LTC facility, without specialized services for disability-specific needs.
	<input type="checkbox"/> May not continue to reside in LTC facility. Alternative placement and services are developed by the state in cooperation with the facility. Payment continues until transfer completed.

# Alaska P&P Manual #13-2 Pre-Admission Screening/Resident Review

- Definitions

- Applicant means an individual regardless of source of payment, who is requesting admission to a Medicare/Medicaid-certified nursing facility
- Resident means an individual who receives services in a Medicare/Medicaid-certified nursing facility.
- Significant change means a decline or improvement in a resident's status that 1) will not be resolved without intervention, or is not self-limiting; 2) impacts more than one area of the resident's health status; and 3) requires interdisciplinary review and possibly, revision of the care plan.

# Alaska's P&P Manual

## #13-2 Pre-admission Screening/Resident Review

### Policy

Following the resident review process, nursing facilities submit a level I screening to SDS who determines whether or not a Level II evaluation is needed. If the information provided by the nursing facility indicates a need for a Level II evaluation, SDS requests a Level II evaluation by the Division of Behavioral Health or by the SDS IDD unit.

### Procedures

#### B. Level I Screening.

##### 1. Form requirements.

- a. *Pre-admission screening for initial admission to a nursing facility:* the acute care facility or the attending physician, prior to admission submits the complete form, with required documentation, to SDS.
- b. *Resident review:* Following a resident review, the nursing facility submits a complete Level I screening form with current information if a resident
  - i. is found to have suspected MI or ID/RC that was not previously identified; or
  - ii. has MI or ID/RC, and experienced a significant change in physical or mental condition.

# Alaska's P&P Manual

## #13-1 NF Authorization

### Procedures

#### A. Initial admission

1. For an applicant, to be admitted from a non-acute setting, the attending or delegated physician
  - a. contacts the nursing facility to confirm bed availability;
  - b. completes and submits the PASRR Level I screening form to SDS; and
  - c. in addition, for Medicaid recipients only, completes and submits an authorization request, indicating "New Admission" to SDS.
2. For an applicant hospitalized in an acute care facility, the hospital discharge staff
  - a. contacts the nursing facility to confirm bed availability;
  - b. completes and submits the PASRR Level I screening form to SDS;
  - c. in addition, for Medicaid recipients only, completes and submits an authorization request, indicating "New Admission" to SDS; and
  - d. notifies SDS within 24 hours of an applicant's discharge from the acute care facility if the applicant is to be admitted to a nursing facility other than the one authorized.
3. The nursing facility
  - a. determines whether it has the capacity to meet the needs of the applicant, and confirms bed availability;
  - b. admits the applicant in accordance with its admission process; and
  - c. if the applicant is not admitted to the nursing facility that has authorization for admission, notifies SDS within 24 hours of the applicant's discharge from the acute care facility that the applicant has not been admitted.
4. The SDS long term care authorization staff
  - a. reviews the complete application and other materials submitted to determine whether the applicant needs a nursing facility level of care;
  - b. reviews the PASRR Level I screening form
    - i. to determine whether the applicant has a diagnosis of, or indicators of suspected, serious mental illness, or intellectual disability or a related condition; and
    - ii. if a diagnosis or indicators are found, refers the applicant for a PASRR Level II evaluation, and pends the admission decision until the Level II report is received, or if no such diagnosis or indicators appear, makes an authorization decision; and
  - c. notifies the nursing facility of the authorization decision.

# Alaska's P&P Manual

## #13-1 NF Authorization

### B. Reauthorization of placement

1. The nursing facility submits the long term care authorization request, indicating “Continued Placement” (reauthorization).
2. If the nursing facility has noticed a significant change in the resident,
  - a. indicates “Significant change” and whether that change is an improvement or decline in the recipient’s condition or a new diagnosis;
  - b. submits
    - i. an authorization request form with current physician signature;
    - ii. a completed PASRR Level I screening form with current information; and
    - iii. an updated history and physical.
3. The SDS long term care authorization staff
  - a. reviews the complete request form and other materials submitted to determine whether the recipient continues to need a nursing facility level of care, and notifies the nursing facility of the authorization decision; and
  - b. if the request form indicates “significant change”,
    - i. determines whether the resident should be referred for a PASRR Level II evaluation; and
    - ii. notifies the nursing facility and resident of the referral, and pends the authorization decision until the Level II evaluation report is received.

### C. Interfacility transfer.

1. The nursing facility submits the long term care authorization request, indicating “Interfacility Transfer”.
2. The SDS long term care authorization staff
  - a. review the complete request form and other materials submitted;
  - b. confirm whether the proposed nursing facility has the capacity to provide all the services needed by the recipient; and
  - c. notify the nursing facility of the authorization decision.

# Alaska's P&P Manual

## #13-1 NF Authorization

### D. Resident review

1. The nursing facility, following a resident assessment, determines whether
  - a. a recipient has experienced a change that might impact the treatment of a resident with a diagnosis of mental illness or intellectual disability or related condition;
  - b. whether the change is of such significance the recipient's need for services for either diagnosis should be reevaluated; and
  - c. if reevaluation is recommended, submits the long term care authorization request, indicating "Significant Change", and whether that change is an improvement or decline in the recipient's condition.
  
2. SDS long term care authorization staff
  - a. review the request form and other materials submitted;
  - b. determine whether the change is of such significance a PASRR Level II evaluation should be done;
  - c. refer the recipient for evaluation by the Division of Behavioral Health or the SDS IDD unit;
  - d. notify the nursing facility and resident of the referral, and pends any decision regarding services or appropriateness of continuing residency until the Level II evaluation report is received; and
  - e. provide the Level II evaluation findings and recommendations to the nursing facility and resident.

# Alaska's P&P Manual

## #13-1 NF Authorization

### E. Administrative wait beds and swing beds

1. The acute care facility submits the long term care authorization request, indicating “Swing Bed” or “Administrative Wait Bed” as the placement category,
2. The SDS long term care authorization staff
  - a. review the request form and other materials submitted; and
  - b. notify the acute care facility of authorization determination

### F. Retroactive requests

1. The nursing facility submits the long term care authorization request, indicating the recipient's Medicaid number and “Retroactive Medicaid”.
2. The SDS long term care authorization staff
  - a. review the request form and other materials submitted; and
  - b. notify the acute care facility of authorization determination

# Frequently Asked Questions

- Does PASRR really have to be completed prior to admission? Can an NF admit an individual without an approved PASRR?
  - What if the Level I Screen indicates no MI, ID/RC?
  - What if the individual is paying for his/her own care?
- Is FFP available for days prior to PASRR being completed? Can FFP be paid retroactively?
- When is the best time during discharge from the hospital to complete the Level I Screen and contact SDS?
- Does Medicaid status affect PASRR timelines or reporting requirements?
- When should the NF send SDS a resident review? How long does the NF have to report the “significant change”? How long does the resident review take?

**Break**  
**10:30-10:45**



# **Categories and Qualifiers**

**10:45-12:00**



**Diagnoses**

**Exemptions**

**Exclusions**

**Categorical Determinations**

**Q&A**

# Diagnoses: Mental Illness

(42 CFR 483.102, Applicability and Definitions)

<b>Diagnosis</b>	<p>Make or confirm a medical diagnosis of serious/major mental illness/disorder that is <i>not episodic/situational and that does not include a primary diagnosis of dementia (dementia to be discussed later)</i>. Diagnostic categories are from the Diagnostic and Statistical Manual of Mental Disorders (DSM III-R), published in 1987.</p> <p><i>Note: Although the PASRR statute has not been amended to update the DSM version, use the most current version for diagnostic purposes.</i></p>
<b>Timing</b>	<p>Recent major treatment episodes OR significant disruption within past 2 years</p>
<b>Disability</b>	<p>Active symptoms last 6 months:</p> <ul style="list-style-type: none"><li>• interpersonal functioning</li><li>• concentration/pace/persistence</li><li>• adaptation to change</li></ul>
<b>Examples</b>	<p>(e.g., schizophrenia, bipolar disorder, major depression)</p>

NOTE: The presence of any of the 3 criteria may indicate the need for a Level II evaluation.

## Diagnoses-Mental Illness continued...

- A diagnosis or suspicion of a serious/major mental illness/disorder (not episodic/situational) such as schizophrenia, bipolar disorder, or major depression
- An absence of dementia (including Alzheimer's or related disorders); if dementia is present with MI, the dementia diagnosis cannot be the primary
- States should look beyond a list of diagnoses – look for diagnoses or symptoms that may indicate a major mental illness/disorder, e.g., substance related disorder
- States may apply a broader definition as long as it meets the minimum requirements/PASRR intentions

## Diagnoses-Mental Illness continued...

- A well-defined duration, and relevant pattern of treatment:
  - Recent major treatment episodes (more intensive than outpatient care more than once, i.e., partial or inpatient hospitalization) or
  - Significant disruption (due to the MI and requiring supportive services) within the past 2 years
- Active symptoms within the last six months resulting in functional limitations in major life activities – regardless of whether treatment/services were received

# Diagnoses-Mental Illness continued...

## Functional limitations/level of impairment:

- Interpersonal functioning: serious difficulty interacting appropriately or communicating effectively with possible history of altercations, evictions, social isolation, etc.
- Concentration, persistence and pace: serious difficulty in sustaining focused attention in order to complete tasks commonly associated with work, home or school
- Adaptation to Change: serious difficulty in adapting to typical changes in circumstances at work, home or school manifesting in agitation, withdrawal and requiring intervention

# Alaska's Definition for PASRR Purposes

According to Alaska's P&P Manual #13-2, Pre-Admission Screening/Resident Review, MI means serious mental illness, as defined in 42 CFR 483.102 (b)(1).

## *SECTION V – DETERMINATION OF MENTAL ILLNESS*

**The federal definition of mental illness for PASRR requires the following four conditions.**

1. A diagnosis of a mental illness such as schizophrenia, bipolar disorder, major depression, or an anxiety disorder such as OCD.
2. The absence of dementia. If dementia is also present with mental illness, the dementia cannot be the primary diagnosis (primary focus of treatment).
3. A well-defined duration. To be relevant, intensive psychiatric treatment for mental illness must have taken place within the last (2) years.
4. A particular level of disability. The individual's mental illness must have resulted in functional limitations in major life activities within the past 3 to 6 months.

**Does the individual meet the PASRR definition for mental illness?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If no, no other determination is required.**

# Alaska's Level II Evaluation for Individuals with Mental Illness

Section 1: Client Identification

Section II-Medical History, including current ICD-10 Diagnoses and current medications

Section III-Psychiatric Assessment, including treatment history/symptoms, social history, observations of physical/mood/cognition/perception/thoughts/behavior/in sight/judgment, behavioral concerns (communication, behaviors, symptoms, etc.), treatment history, and diagnostic impression

Section IV-Functional Assessment, including motor skills, social & communication skills, personal living skills, community living skills, and functional limitations.

Section V-Determination of Mental Illness/Rationale

Section VI-Determination of need for NF Services

# Alaska's Level II Evaluation for Individuals with Mental Illness

## SECTION I – CLIENT IDENTIFICATION

1. Name: \_\_\_\_\_  
Last First MI

2. Mailing address: \_\_\_\_\_  
Street City State Zip Code

3. Telephone: \_\_\_\_\_ 4. Alternate contact telephone: \_\_\_\_\_

5. Gender: M  F  6. DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ 7. Age: \_\_\_\_\_

8. Private pay: No  Yes  9. Medicaid #: \_\_\_\_\_

10. Evaluation date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 11. Evaluation location: NF  Acute care  Home  Other

12. Legal Guardian: \_\_\_\_\_  
(If applicable) Last First MI

. Mailing address: \_\_\_\_\_  
Street City State Zip Code

13. Relationship:  Parent  Child  Spouse  Sibling  Friend  Other \_\_\_\_\_

## SECTION II –MEDICAL HISTORY

Check here if a comprehensive history and physical examination of the individual conducted by \_\_\_\_\_ and dated \_\_\_\_/\_\_\_\_/\_\_\_\_ is attached.

If the history and physical examination was not performed by a physician, then \_\_\_\_\_, a physician, has reviewed and concurred with the conclusion on \_\_\_\_/\_\_\_\_/\_\_\_\_.

### 1. Summary of Medical History

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Current ICD-10 diagnosis

Primary \_\_\_\_\_ Date of onset \_\_\_\_\_

Secondary \_\_\_\_\_ Date of onset \_\_\_\_\_

Tertiary \_\_\_\_\_

### 2. Medication

List prescribed medications (or attach Medication list)

Medication code/name	Purpose	Dosage	Frequency	Change	Response to Rx/Side Effects

Known medication allergies: \_\_\_\_\_

### 3. STAT/PRN administration of medication

In the last 60 days, has the individual received an emergency or PRN medication to control behavior?  Yes  No

If yes, indicate the medication, the behavior for which the medication was administered, and the outcome.

# Alaska's Level II Evaluation for Individuals with Mental Illness

## ***SECTION III – PSYCHIATRIC ASSESSMENT***

### **1. Psychiatric history**

Outpatient treatment (dates, locations, services)

---

---

---

Inpatient treatment - or treatment more intensive than outpatient (dates, locations)

---

---

---

Episodes of significant disruption to the normal living situation due to mental health reasons, for which supportive services were required to maintain functioning at home or in a residential treatment environment, or which resulted in intervention by housing or law enforcement.

---

### **2. Social history**

Previous living arrangement

---

---

---

Outpatient medical support

---

---

---

Social support system

---

# Alaska's Level II Evaluation for Individuals with Mental Illness

## 3. Observations

### Physical

- Appearance     Neat    Disheveled    Inappropriate    Bizarre    Other
- Speech         Normal    Tangential    Pressured    Impoverished    Other
- Eye Contact    Normal    Intense    Avoidant    Other
- Motor Activity  Normal    Restless    Tics    Slowed    Other
- Affect          Full    Constricted    Flat    Labile    Other

Comments: \_\_\_\_\_

### Mood

- Euthymic     Anxious     Angry         Depressed    Euphoric     Irritable     Other

Comments: \_\_\_\_\_

### Cognition

- Orientation Impairment     None         Place         Object         Person         Time
- Memory Impairment         None         Short-Term         Long-Term         Other
- Attention                     Normal         Distracted     Other

Comments: \_\_\_\_\_

### Perception

- Hallucinations     None         Auditory     Visual         Other
- Other                 None         Derealization     Depersonalization

Comments: \_\_\_\_\_

### Thoughts

- Suicidality         None         Ideation     Plan         Intent         Self-Harm
- Homicidality     None         Aggressive    Intent         Plan
- Delusions          None         Grandiose    Paranoid     Religious     Other

Comments: \_\_\_\_\_

### Behavior

- Cooperative    Guarded     Hyperactive    Agitated     Paranoid
- Stereotyped    Aggressive    Bizarre         Withdrawn    Other

Comments: \_\_\_\_\_

### Insight

- Good         Fair         Poor

Comments: \_\_\_\_\_

### Judgment

- Good         Fair         Poor

Comments: \_\_\_\_\_

# Alaska's Level II Evaluation for Individuals with Mental Illness

## 4. Behavioral concerns (mark all that apply)

### Communications

- unable to communicate basic needs
- does not understand directions
- does not participate in conversation
- incoherent/bizarre speech content

### Harmful to self or others

- head bangs
- hits, bites, or scratches self
- pulls out hair
- causes physical pain to others
- threatens physical violence

### Unusual activities

- paces or rocks
- talks to self
- makes faces or odd noises
- staring at objects or into space

### Withdrawn behavior

- difficulty interacting with others
- uninterested in activities
- anxious or fearful
- sad or worried
- Other \_\_\_\_\_

### Disruptive behavior

- challenging/combatative
- interferes with others
- excessive irritability
- yells or screams
- uncooperative
- overly demanding

### Socially inappropriate behaviors

- inappropriately touches self or others
- spits at others
- verbally abusive

### Destructive to property

- defaces or breaks objects
- tears or cuts materials
- attempts to burn objects

### Symptoms

- hallucinations or delusions
- suicidal ideation/attempt

### Need for restrictive intervention last 60 days

- seclusion
- restraint
- other \_\_\_\_\_

## 6. As a result of a major disorder, the individual has required treatment within the last two years for:

Psychiatric treatment more intensive than outpatient care

- No                       Yes

Episodes of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials

- No                       Yes

## 7. Diagnostic Impression

DSM 5/ICD-10 Diagnosis:

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

# Alaska's Level II Evaluation for Individuals with Mental Illness

## SECTION IV – FUNCTIONAL ASSESSMENT

Summarize current functional status. Identify strengths and needs.

### 1. Functional status, and where appropriate, level of support needed to perform in community

a. Motor skills (visual and auditory abilities, mobility, fine and gross motor skills.)

---

---

---

---

---

b. Social & communication skills (receptive and expressive abilities and how the individual utilized those skills to make needs and requests known and to interact with others.)

---

---

---

---

---

c. Personal living (preparing meals, eating, maintaining a clean, neat appearance, doing laundry, managing medications, monitoring health status.) Indicate level of support needed to perform skills in the community.

---

---

---

---

---

d. Community living (home maintenance, money management, telephone use, shopping, transportation, preparing meals). Indicate level of support needed to perform skills in the community.

---

---

---

---

---

**As a result of a major mental disorder, the individual has functional limitations in the following areas: (mark all that apply)**

#### a. Interpersonal functioning

- Difficulty interacting appropriately/communicating effectively with others
- A history of altercations, evictions, firing, fear of strangers
- Avoids interpersonal relationships
- Is socially isolated
- Other (specify) \_\_\_\_\_
- None

#### b. Concentration, persistence and pace

- Difficulty in sustaining focused attention to complete tasks at work
- Difficulty in sustaining focused attention to complete tasks at home
- Inability to complete tasks within established time period
- Makes frequent errors or requires assistance in the completion of tasks
- Other (specify) \_\_\_\_\_
- None

#### c. Adaptation to change

- Difficulty in adapting to typical changes associated with work, school or family
- Manifests agitation, exacerbated signs and symptoms associated with the illness
- Withdraws from the situation
- Requires intervention by mental health or judicial systems
- Other (specify) \_\_\_\_\_
- None

# Alaska's Level II Evaluation for Individuals with Mental Illness

## SECTION VI – DETERMINATION OF NEED FOR NURSING FACILITY SERVICES

a. The individual's total needs are such that they can be met in an alternative, appropriate community setting

- No                       Yes

If yes, what setting and community based services would best meet the needs of this individual?  
\_\_\_\_\_

b. The individual's total needs are such that they can be met only on an inpatient basis, including a NF

- No                       Yes

c. If inpatient care is appropriate and desired, the NF is an appropriate institutional setting for meeting those needs.

- No                       Yes

d. If inpatient care is appropriate and desired but the NF is not the appropriate setting, another setting such as a psychiatric hospital is an appropriate setting for meeting those needs.

- No                       Yes

Comments  
\_\_\_\_\_

## SECTION VII – DETERMINATION OF NEED FOR SPECIALIZED SERVICES (services beyond regular NF services necessary to meet the individual's mental health needs)

If placed in a NF, does the individual require specialized services for SMI?

- No                       Yes

If yes, list services below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no, indicate any recommendations for services of a lesser intensity to be provided by the nursing facility.

\_\_\_\_\_

QMHP signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone \_\_\_\_\_

# Diagnoses: Intellectual Disability

(42 CFR 483.102, Applicability and Definitions)

<b>Diagnosis</b>	IQ < 70 per standardized, reliable test
<b>Timing</b>	Onset before age 18
<b>Duration</b>	Likely to be lifelong
<b>Disability</b>	Concurrent impairments in <i>adaptive functioning</i>

Criteria from AAIDD (formerly AAMR), 1983

According to Alaska P&P Manual #13-2, Pre-Admission Screening/Resident Review, ID/RC means intellectual disabilities or related conditions, as defined in 42 CFR 483.102 (b)(3).

## Diagnoses-Intellectual Disability continued...

- AAIDD defines intellectual disability as “a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem-solving) and in adaptive behavior (range of social and practical skills), and which originates prior to the age of 18”
- States may apply a broader definition for PASRR as long as it does not conflict with the minimum federal standards

## Diagnoses-Intellectual Disability continued...

- A diagnosis or suspicion of intellectual disability, based on a standardized, reliable IQ test (Wais, Slosson, etc.) that measures mental capacity for learning, reasoning, problems solving, etc.
- A test score of around 70 – or even as high as 75 – may indicate a limitation in intellectual functioning
- Onset before age 18 and likely to last lifelong
- Confirmation of concurrent impairments in adaptive functions/limitations in adaptive behavior

# Diagnoses-Intellectual Disability continued...

- Adaptive Skill Areas:
  - Conceptual skills: language and literacy, money, time and number concepts, and self-direction
  - Social skills: interpersonal skills, social responsibility, self-esteem, gullibility, naiveté, social problem solving and ability to follow rules, obey laws and avoid being victimized
  - Practical skills: ADLs, occupational skills, health care, travel/transportation, schedule/routines, safety, use of money, use of telephone, access to the community
- Other considerations: Receipt of services, school records/achievements, etc.

# Does PASRR Require a Test of Intellectual Functioning? No!

- Not a required data element in CFR 483.136(b) which lists data elements that must be collected to determine whether someone has ID
- 42 CFR 483.136(c), "Data Interpretation," provides that states “must ensure that a licensed psychologist identifies the intellectual functioning measurements of individuals with ID or RC”
- The label “*interpretation*” means only that tests of intellectual functioning, when they are administered, must be interpreted by a licensed psychologist

See <http://pasrassist.org/resources/intellectual-disability-federal-regulations-testing/does-pasrr-intellectual-disabilities>

# Diagnoses: Related Conditions

(42 CFR 483.102, Applicability and Definitions; 42 CFR 435.1010, Definitions Relating to Institutional Status)

<b>Diagnosis</b>	<p>A severe chronic disability that is attributable to Cerebral Palsy or Epilepsy or any other condition, other than Mental Illness, that</p> <ul style="list-style-type: none"><li>• Results in similar impairment of general intellectual function or adaptive behavior similar to that of mentally retarded persons</li><li>AND</li><li>• Requires similar treatment or services</li></ul>
<b>Timing</b>	Present before age 22
<b>Duration</b>	Expected to continue indefinitely
<b>Disability</b>	Result in substantial functional impairments in 3 or more major life activities (e.g., self-care, mobility, understanding and use of language, learning, self-direction, capacity for independent living)
<b>Examples</b>	Autism, Cerebral Palsy, Epilepsy, Traumatic Brain Injury (TBI), Fetal Alcohol Syndrome, Muscular Dystrophy, Down Syndrome or any other condition, other than Mental Illness

# Diagnoses-Related Conditions continued...

- The language of the CFR is stated diagnostically: the key is similarity in function
- A diagnoses or suspicion of a condition often related to ID because the condition:
  - Results in similar impairments to intellectual functioning OR adaptive behavior
  - Requires similar treatment or services
- Present before age 22 and expected to continue indefinitely
- A degree of limitation in general intellectual or adaptive behavior that results in the need for similar treatment or services in 3 or more major life activities

# A Word of Caution

- State eligibility definitions and processes that differ do not override the requirement to comply with PASRR: Not all states define MI, ID or RC the same
- Examples of conditions only serve as “markers” that require additional assessment of functional limitations (Jacob Van Meter, Adam Fletcher and Eric Reeves v. Maine Department of Health and Human Services)
- Limitations may result from environmental or other factors such as co-occurring mental illness during the developmental period

# Developmental Disability

- A severe, chronic disability that is attributable to a mental or physical impairment or combination of mental and physical impairments
- Is manifested before the individual attains age 22
- Is likely to continue indefinitely, and
- Results in substantial functional limitations in 3 or more areas of major life activity (self-care, receptive and expressive language, learning, mobility, self-direction, capacity of independent living, economic self-sufficiency) and
- Reflects the need for special, interdisciplinary, or generic or individualized supports of lifelong or extended duration and individually planned and coordinated
- Developmental Disabilities Assistance and Bill of Rights of 2000-Public Law 106-402

# Significant Changes in Functions

- Significant changes in ability to perform functions may require periodic re-assessments
  - When the individual's life becomes more stable and functioning improves
  - When the individual no longer is taking medication or begins taking medications
  - When there is a change in medical or mental health condition
- The condition or diagnosis may not change but the degree of limitation may

Refer to PTAC August, 2014 Webinar: PASRR and Related Conditions by Carla Lasley and Betty Ferdinand, PTAC Consultants

# Alaska's Level II Evaluation for Individuals with Intellectual and Developmental Disabilities or Related Conditions

- Section 1-Identifying Information, including information reviewed as part of the evaluation (H&P, SDS Qualifying Diagnosis Certification Form, SDS DD Determination, LTC Facility Application, Neuropsychological evaluation, Plan of Care, Inventory for Client and Agency Planning)
- Section 2-Developmental Diagnoses, including ID and related conditions (autism, CP, seizure disorder, etc.)
- Section 3-Behavior and Functional Assessment, including medical history, social history, skills (motor, social & communication, personal living, community living, broad independence, problem behavior)

# Alaska's Level II Evaluation for Individuals with Individual Disabilities/DD or Related Conditions

## Section 1: Identifying Information

Name:     
 Last First MI

Physical address:      
 Street City State Zip Code

Telephone:  4. Alternate contact telephone:

Gender: M  F  DOB:  /  /  Age:

Private pay: No  Yes  Medicaid #, if applicable:

Evaluation date:  /  /

Evaluation location:  LTC facility  Acute care facility  Home  Other, specify:

Method of Evaluation:  In person  Other, specify

Name of legal representative/guardian	Address (Street, City, Zip)	Telephone number	Type of Representative
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Check below to indicate that following records are attached and have been reviewed during evaluation:**

- A comprehensive history and physical examination
- The SDS *Qualifying Diagnosis Certification* form completed by a Physician, Advanced Nurse Practitioner, Physician's Assistant, Psychologist, Psychological Associate or Certified School Psychologist.
- The SDS *Developmental Disability Determination*
- LTC Facility application
- (Neuro)psychological evaluation
- Plan of Care, specify:
- Inventory for Client and Agency Planning (ICAP)
- Other (specify):

# Alaska's Level II Evaluation for Individuals with Individual Disabilities/DD or Related Conditions

## Section 2—Developmental Diagnoses

Does the individual meet the DSM criteria for intellectual disability?

Yes                       No

Evaluator:  Date:

Does the individual have a diagnosis that results in similar impairments to intellectual functioning and adaptive behavior as that of a person with intellectual disabilities? Does the impairment require similar treatment or services AND are the delays expected to continue indefinitely resulting in substantial functional impairments in three or more major life activities?

Yes                       No

If yes, check at least one of the following:

- Autism
- Cerebral palsy
- Epilepsy/Seizure Disorder
- Other, specify:

Evaluator:  Date:

# Alaska's Level II Evaluation for Individuals with Individual Disabilities/DD or Related Conditions

## Section 3 – Behavioral and Functional Assessment

*Summarize the medical and social history and current functional status. Identify strengths and weaknesses as well as developmental needs that may impact the individual's participation in specialized services. Describe direct observation, if applicable:*

### Medical history

### Social history

**Motor skills (This domain assesses physical and coordination abilities to include both fine and gross motor skills). Include any assistive devices used.**

**Social & communication skills (This domain assesses receptive and expressive abilities and how one utilizes those skills to make needs and requests known, and to interact with others.)**

**Personal living (this domain pertains to eating, toileting, dressing, maintaining a clean, neat appearance, preparing meals, doing laundry.)**

**Community living (This area addresses skills relating to accessing community, handling money and finances, telling time, managing schedules, working, etc.)**

**Broad independence (overall functional ability.)**

**Problem behavior (Describe any disruptive behaviors that may be hurtful to self, hurtful to others, destructive, disruptive, unusual or repetitive, socially offensive, or uncooperative. Describe any behavior strategies that have been implemented and the impact on the behavior.)**

**Observation Notes**

# Pre-Admission Screening and Resident Review (PASRR) Level II Evaluation for Individuals with Intellectual/Developmental Disabilities or Related Conditions

---

## Section 4 – Determination

**As substantiated by your evaluation, does the individual experience an intellectual disability or a related condition?**

No

Yes

Diagnosis and code:

### Placement recommendation:

**The individual's needs are such that they require specialized services to address their developmental disability above and beyond regular NF services**

No Comments:

Yes

### Specify specialized services

QIDP signature:

Date:

Printed name:

Title:

Phone

# Options



# Exemptions, Exclusions & Categoricals

- Hospital Discharge Exemption: Applies to a hospital patient who is being discharged to a NF and the stay is expected to last no more than 30 days
- Exclusions: Applies to people with diagnoses of Mental Illness and Dementia
- Categorical Determinations (Advanced Group Determinations): Permits states to omit the full Level II evaluation in certain circumstances that are time limited or where the need for NF services and/or Specialized Services is clear and pre-determined

Note: Level I screeners confer with the state PASRR authorities regarding exemptions/exclusions and categorical determinations

# The Hospital Discharge Exemption (HDE)

(42 CFR 483.130 PASRR Determination Criteria)

The *only* true **exemption** from PASRR is the HDE, and is a state option:

- If the individual is in the hospital for acute medical care
- If the physician certifies medical need for NF services and stay of less than 30 calendar days
- If admitted to the NF for the condition for which s/he received care in the hospital
- If admitted directly to the NF from the hospital for post-acute stays lasting 30 days

# The Hospital Discharge Exemption continued...

- A Level II evaluation is not required even if there is a diagnosis or suspicion of MI, ID or RC
- Permits a decision that Specialized Services are not needed during the 30 days HDE stay
- A notice is provided to the individual or his/her legal representative, the NF, and the physician informing them of the HDE and potential for a Level II evaluation if the stay is longer than the 30 days
- If the stay is longer than 30 days, a PASRR Level II evaluation must be completed on or before calendar day 40 (and is considered a Resident Review)

# The Hospital Discharge Exemption continued...

## Best Practice Tips:

- Complete a Level I screen for tracking purposes, even though it is not required
- Collect sufficient information on the Level I screen so need for Level II evaluation can be anticipated
- Begin the Level II evaluation, just in case
- Do not apply HDE to discharges from psychiatric hospitals or other inpatient/institutional settings

# The Hospital Discharge Exemption

Is a Level I Screen Required?	No. However, best practice recommends a Level I Screen may be used for tracking purposes and to document this provision.
Is a Nursing Facility (NF) Level of Care (LOC) Determination Required?	Yes. This provision assumes NF LOC based on post-acute hospital needs but requires a physician to approve medical need and applicability for the 30-calendar-day-stay.
Is a Determination of Specialized Services Required?	No. A determination regarding specialized services is waived during the 30-day stay.
Is a Level II Report Required?	No. However, some states begin a Level II Evaluation right away, just in case.
Is there a Time Limit Required?	Yes. This provision applies for only 30 calendar days.
Is a Notice Required?	Yes. A notice is required to be provided to the individual, his/her legal representative, the NF, and the physician.
Is a Level II Evaluation Required?	Yes, if the stay is longer than the initial 30-calendar-day-stay. A full Level II Evaluation must be completed within (i.e., on or before) 40 calendar days of admission.

# Alaska's Hospital Discharge Exemption

## Level I Screen and Determination Form

<b>Exempted Hospital Discharge</b> (does not require PASRR Level II evaluation)	<input type="checkbox"/> Individual being admitted to LTC facility for less than 30 days, as certified by physician
--	---

<b>Exempted Hospital Discharge</b>	<input type="checkbox"/> Placement in facility for 30 days or less, as certified by physician. If the individual stays beyond the 30 days, an individualized PASRR Level II evaluation must be completed by the state on or before the 40 <sup>th</sup> day. The facility shall notify SDS on day 25 that it anticipates the resident will need services more than 30 days. Day 25 is: <input type="text"/>
------------------------------------	--

# Exclusion-Dementia and Mental Illness

(42 CFR 483.102, Applicability and Definitions)

- When both dementia and MI are present, and sufficient information is available to determine which is primary
- PASRR may be terminated *if* an individual has:
  - A serious MI AND
  - Evidence of dementia that is *primary* (i.e., more serious than the MI) AND
  - Diagnoses are validated by an appropriate qualified medical professional
- A Level II evaluation may be required to validate the exclusion, and to “rule out” other causes, e.g., UTIs, pain, effects of medications, etc.

Note: ID/RC and dementia is discussed under categorical determinations

# Exclusion-Dementia and Mental Illness continued...

According to Dr. Tim R. Malloy, MD, CMD in the January, 2015 PTAC Webinar, “Dementia and PASRR”:

- Age is the most prevalent cause of Dementia
- Incidence of dementia with people with MI, ID or RC is greater
- The progression of the Dementia symptoms definitely affects the effectiveness of the treatment
- There is a benefit of providing Specialized Services even if there is a diagnoses of Dementia

# Exclusion-Dementia and Mental Illness continued...

According to Dr. Malloy:

- A baseline is critical, and an evaluation of aphasia (speech/communication), apraxia (inability to perform purposeful activities), agnosia (recognition of familiar people/things) and executive function help determine the severity of Dementia over at least a 6 month duration
- Symptoms of Dementia come and go; Dementia only truly becomes primary when it becomes 100% of the treatment focus (that is, end of life)
- Rule out delirium, MI/ID, depression, other medical conditions, e.g., brain tumor, etc.

# Exclusion-Dementia and Mental Illness

Is a Level I Screen Required?	Yes. A Level I Screen is completed to identify the diagnoses, identify any evidence of dementia, and establish that the individual does not have a primary mental illness for PASRR purposes.
Is a Nursing Facility (NF) Level of Care (LOC) Determination Required?	Yes.
Is a Determination of Specialized Services Required?	Depends on the severity and “primary” status of the dementia diagnosis.
Is a Level II Report Required?	No, if the determination is made that the dementia is indeed primary. Yes, if the dementia condition is not yet primary and the individual would benefit from an evaluation and recommendations.
Is there a Time Limit Required?	No.
Is a Notice Required?	Yes. A notice is required to be provided to the individual, his/her legal representative, the NF, and the physician regarding the outcome of the determination of primary dementia or requirement to complete the Level II evaluation.
Is a Level II Evaluation Required?	Yes, if the Level II Evaluator determines that the dementia diagnosis is not primary or if the dementia improves to where it is no longer the primary treatment issue.

# Alaska's Primary Dementia/Mental Illness

## Level I Screen and Determination Form

<b>Primary Dementia/Mental Illness</b> (does not require PASRR Level II evaluation)	<input type="checkbox"/> Primary dementia in combination with mental illness as certified by physician
--	--

<b>Primary Dementia/Mental Illness</b>	<input type="checkbox"/> Primary dementia in combination with mental illness. May be admitted to the LTC facility.
--	--

# Categorical Determinations

(42 CFR 483.128, PASRR Evaluation Criteria; 483.130, PASRR Determination Criteria)

- If identified in SPA 4.39B and approved by CMS
- If existing data supports the category, based on information at the Level I Screen
- If state PASRR authorities/appropriate clinicians make the final decision
- If the “abbreviated” determination is completed
- If the documentation shows the individual fits in the category; if not, a full Level II is required

## Categorical Determinations continued...

- A full Level II evaluation (resident review) is required following conclusion of the category or if the basis for the category changes
- DOES NOT APPLY to determinations that specialized services are needed
  - Such determinations must be based on more extensive individualized evaluation under §483.134 or §483.136 to determine the exact nature of the specialized services needed.

# Categorical Determinations continued...

- All categories require a Level II evaluation and report that:
  - Is abbreviated and otherwise is no different than an individualized determination
  - Is provided prior to admission
  - Is maintained in the resident's record for purposes of documentation of the determination and to preserve appeal rights
- All categories require a notice of finding that:
  - Is given to the individual or his/her legal representative, the admitting/retaining NF, the physician, and/or the discharging hospital

# Categorical Determinations

Categorical or Advanced Group Determinations: A situation that isn't likely to resolve and is monitored for changes

Category	Description	Time Limit?
Terminal Illness	As defined by hospice regulations (42 CFR 418.30)	No time limit- monitor for improvement
Severe Physical Illness	So severe and unable to benefit from specialized services, e.g., coma, ventilator dependent, brain-stem functioning, progressed COPD/ALS/Huntington's, etc.	No time limit- monitor for improvement
Convalescent Care	Admission from hospital to NF for same medical condition as treated at hospital. <u>Note: Not the same as Exempted Hospital Discharge.</u>	State specifies time limit- <b>In Alaska, 90 days or less</b>
Dementia & ID or RC	Address Dementia and ID/RC differently than Dementia and MI	No time limit/state may specify one- monitor for improvement

# Categorical Determinations continued...

For PASRR purposes, the category allows an assumption about nursing facility (NF) and specialized services (SS):

Category	NF Services Needed Based on Category	SS Not Needed Based on Category
Terminal Illness	Yes-Assumes NF Needed	No-An Abbreviated Individualized determination is still required for SS
Severe Physical Illness	Yes-Assumes NF Needed	No-An Abbreviated Individualized determination is still required for SS
Convalescent Care	Yes-Assumes NF Needed	No-An Abbreviated Individualized determination is still required for SS
Dementia and ID/RC	No-NF must be individually determined	No-According to 483.128(m), the presence of dementia in ID/RC never eliminates an obligation to conduct an individualized Level II Evaluation (but may allow for an abbreviated report).

# Categorical Determination Continued...

<b>Category</b>	<b>Minimum requirements for Abbreviated Individualized Determination</b>
Terminal Illness Severe Physical Illness Convalescent Care Dementia & ID/RC	<ul style="list-style-type: none"><li>• The name/professional title of the person applying the determination</li><li>• The data on which the determination was made</li><li>• An explanation of the category applies</li><li>• A description of the nature of any further screening, and</li><li>• The recommended NF services and SS; alternative placement options, if applicable</li></ul>

# Categorical Determinations: Advanced

Is a Level I Screen Required?	Yes.
Is a Nursing Facility (NF) Level of Care (LOC) Determination Required?	No. Permits decision that NF LOC is needed based on provisional category (this is not intended to totally circumvent the state's requirement to establish medical need for NF LOC).
Is a Determination of Specialized Services Required?	Yes. An individual determination is required regarding specialized services (but allows for an abbreviated report).
Is a Level II Report Required?	Yes. At a minimum (abbreviated), includes the name/professional title of the person applying the determination, the data on which the application was made, explains the categorical determination, provides a description of the nature of any further screening, identifies NF services, and the basis for the determination.
Is there a Time Limit Required?	No; however, monitor for Improvement/Changes.
Is a Notice Required?	Yes.
Is a full Level II Evaluation Required?	No, unless the condition improves to the extent the person might respond to services for his/her MI, ID or RC condition. At which time, a resident review would be required. If Convalescent care=yes, at the end of the state specified period if NF continued stay is anticipated.

# Categorical Determinations: Dementia and ID/RC

Is a Level I Screen Required?	Yes.
Is a Nursing Facility (NF) Level of Care (LOC) Determination Required?	Yes. NF LOC must be determined individually by PASRR.
Is a Determination of Specialized Services Required?	No. Permits decision that specialized services are not needed based on category.
Is a Level II Report Required?	Yes. At a minimum (abbreviated), includes the name/professional title of the person applying the determination, the data on which the application was made, explains the categorical determination, provides a description of the nature of any further screening, identifies NF services, and the basis for the determination.
Is there a Time Limit Required?	The state may specify a time limit.
Is a Notice Required?	Yes.
Is a full Level II Evaluation Required?	Yes. According to 483.128(m), the presence of dementia in ID/RC never eliminates an obligation to conduct an individualized Level II Evaluation (but may allow for an abbreviated report).

# Alaska's Advanced Categories

## Level I Screen, LTC Authorization Request, and Determination Form

<p><b>PASRR Categorical Determinations</b> (certain circumstances that are time-limited that only require an abbreviated PASRR Level II evaluation report)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Individual has a primary diagnosis of dementia, Alzheimer's disease or related disorder in combination with diagnosis of intellectual disability or related condition. (Further evaluation may be required for validation of diagnosis)</li> <li><input type="checkbox"/> Individual admitted directly to LTC facility from hospital for convalescent care for an acute physical illness and is likely to require less than 90 days of NF services</li> <li><input type="checkbox"/> Terminal illness, as certified by physician (life expectancy of less than six months)</li> <li><input type="checkbox"/> Severe physical illness resulting in level of impairment so severe that individual needs LTC services but cannot be expected to benefit from specialized services.</li> </ul>
--	--

<p><b>PASRR Categorical Determinations</b> (certain circumstances that are time-limited that require an abbreviated PASRR Level II evaluation report)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Convalescent care for a period of 90 days or less, as certified by the physician. If the individual stays beyond the 90 days, an individualized PASRR Level II evaluation must be completed. The facility shall notify SDS on day 85 that it anticipates the resident will need services more than 90 days. <b>Day 85 is:</b> <span style="background-color: #e6e6fa; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></li> </ul>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Primary dementia in combination with a diagnosis of intellectual disability or related condition applies. A Level II evaluation may be required, if there is a substantial change in condition.</li> </ul>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Terminal illness, as certified by attending physician. A Level II evaluation may be required, if there is a substantial change in condition.</li> </ul>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Severe physical illness. A Level II evaluation may be required, if there is a substantial change in condition.</li> </ul>

# Frequent Submission Issues

- Exempted Hospital Discharge/PASRR Categorical checked and submitted without substantiating information
- Physician doesn't certify the EHD or the primary dementia
- PASRR diagnosis section has incorrect ICD-10 codes
- The Level I information is not completely filled out

# Frequently Asked Questions

- Is dementia/Alzheimer's considered MI, ID/RC?
- When does an NF fill out the EHD or apply the categorical determination section of the Level I Screen?
- Is the NF responsible for monitoring/tracking the time limitations for EHD or categorical determination?
- Who would complete a substance abuse/addiction-related disorder?

# **Lunch**

**12:00-1:15**



# **Diversions and Transitions**

**1:15-2:30**



**Recommendations  
Individualized Plans of  
Care/Person-Centeredness  
Specialized “Add-On” Services  
Q&A**

# Recommendations

## PASRR/Level II Evaluation:

- Provides for a comprehensive assessment
- Prioritizes the individual's medical/physical and disability-specific needs
- Determines the most appropriate placement for where these needs can be met
- Clinically and “knowingly” recommends services to meet individual needs; not just those services that are currently provided within the state's programs
- Does not address payment for recommended services (i.e., Medicaid, Medicare, private insurance)

Note: PASRR only requires that the services are provided

## Recommendations continued...

- Considers State Medicaid services provided to all Medicaid clients
  - Mandatory services (physician services, hospital services, NF services, etc.)
  - Selected optional services (personal care services, PT, OT, Speech, etc.)
- Considers other grant/specialty-funded services
- Considers state's current service-delivery system: From most restrictive to least restrictive/most inclusive to least inclusive (HCBS Final Rule, January 2015)

# PASRR Level II Report

- Is incorporated into the routine resident assessments (Resident Assessment Instrument (RAI)/Minimum Data Set (MDS))
- Becomes part of the individualized interdisciplinary plan of care (at admission, 14 calendar days after admission, following a significant change, quarterly and annually)
- Addresses the recommended specialized services and how these may be provided
- Becomes part of the baseline care plan and ongoing assessments/monitoring activities
- Is addressed in the Final Rule from CMS on Reforms to Long-Term Care Facilities, as part of the plan of care
- Must contain the reasons why, if substitutions are made

See CMS Final Rules for Long Term Care Facilities, November 2016

<http://www.gpo.gov/fdsys/pkg/FR-2015-07-16/pdf/2015-17207.pdf>



## **Long Term Care (LTC) Facility Authorization Request**

*This form may be completed by hospital discharge staff or a person with knowledge of the applicant for initial admission, or by LTC facility staff if individual is already a resident. The information provided must be accurate and complete. Senior and Disabilities Services (SDS) cannot process incomplete forms. SDS uses the information on this form to comply with LTC placement and payment determinations. All information requested on this form is required.*

*Submit complete form, with all required signatures and attachments, by direct secure messaging (DSM) to:*  
***DSDS.LTCAuthorizations@direct.dhss.akhie.com***

# Long Term Care (LTC) Facility Authorization Request

Section 1-Identifying information, including applicant/resident information, location/level of care, payment source, proposed admission date/period of authorization, LTC placements that involve travel

Section 2-Discharge Planning, including supports for community placement, and plan for discharge

Section 3-Physician Certifications, including contact information, diagnosis codes (admitting/discharge), medical reason, LOC, intended length of stay

Section 4-Individual Needs, including medications, capacity for independent living/self-care, cognition, therapy services, and identification of documents reviewed (H&P, plan of care, psychological evaluation, etc.)

Section 5-Signatures and Contact Information

# Long Term Care (LTC) Facility Authorization Request

<b>Negative Screen</b>	<input type="checkbox"/> PASRR Level I screening does <b>not</b> indicate need for Level II PASRR evaluation. Applicant may be admitted to the LTC facility.	
<b>Exempted Hospital Discharge</b>	<input type="checkbox"/> Placement in facility for 30 days or less, as certified by physician. If the individual stays beyond the 30 days, an individualized PASRR Level II evaluation must be completed by the state on or before the 40 <sup>th</sup> day. The facility shall notify SDS on day 25 that it anticipates the resident will need services more than 30 days. <b>Day 25 is:</b> <span style="background-color: #e0e0ff; padding: 2px 20px;"> </span>	
<b>Primary Dementia/Mental Illness</b>	<input type="checkbox"/> Primary dementia in combination with mental illness. May be admitted to the LTC facility.	
<b>PASRR Categorical Determinations (certain circumstances that are time-limited that require an abbreviated PASRR Level II evaluation report)</b>	<input type="checkbox"/> Convalescent care for a period of 90 days or less, as certified by the physician. If the individual stays beyond the 90 days, an individualized PASRR Level II evaluation must be completed. The facility shall notify SDS on day 85 that it anticipates the resident will need services more than 90 days. <b>Day 85 is:</b> <span style="background-color: #e0e0ff; padding: 2px 20px;"> </span>	
	<input type="checkbox"/> Primary dementia in combination with a diagnosis of intellectual disability or related condition applies. A Level II evaluation may be required, if there is a substantial change in condition.	
	<input type="checkbox"/> Terminal illness, as certified by attending physician. A Level II evaluation may be required, if there is a substantial change in condition.	
	<input type="checkbox"/> Severe physical illness. A Level II evaluation may be required, if there is a substantial change in condition.	
<b>Resident Review</b>	<input type="checkbox"/> May be considered appropriate for continued placement in the LTC facility, without specialized services for disability-specific needs.	
	<input type="checkbox"/> May not continue to reside in LTC facility. Alternative placement and services are developed by the state in cooperation with the facility. Payment continues until transfer completed.	
<b>Level II PASRR Evaluation needed</b>	<input type="checkbox"/> Mental Illness <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Related condition	Date referred for Level II evaluation: <span style="background-color: #e0e0ff; padding: 2px 20px;"> </span>  Date Level II report received: <span style="background-color: #e0e0ff; padding: 2px 20px;"> </span>

# Alaska P&P Manual

## #13-1 NF Authorization

### **Purpose**

To delineate responsibilities for authorization of nursing facility admission and continuing placement.

To determine appropriate placement and services for nursing facility applicants and residents.

### **Policy**

Senior and Disabilities Services (SDS) manages the process for authorizing nursing facility admission and continuation of nursing facility residency for recipients eligible for Medicaid. This process encompasses authorization of payment for post-hospital skilled nursing services in administrative wait beds and swing beds in acute care facilities. SDS provides technical assistance for the process, including assistance with Preadmission Screening and Resident Review (PASRR) program.

The authorization process ensures that applicants for admission to, and residents of, nursing facilities are placed appropriately and receive all necessary services while in residence. Prior to an authorization decision SDS verifies that the recipient requires a nursing facility level of care and that the nursing facility has the capacity to provide necessary services for that recipient.

The PASRR regulations require SDS to determine whether a recipient has a diagnosis of, or indicators of suspected serious mental illness, or intellectual disabilities or related condition before a recipient is admitted to a nursing facility. Every individual is screened for those diagnoses using the PASRR Level I screening form. Because nursing facility admission cannot be authorized until a Level I screening has occurred, the parties involved in the process ensure that required forms are complete and are forwarded for review, along with all required documentation. Incomplete forms and documentation cause decisions to be delayed until missing information is received by SDS.

Based on the PASRR Level I screening form information, a recipient with a diagnosis of, or indicators of suspected, serious mental illness, or intellectual disability or related conditions, is referred for a PASRR Level II evaluation to confirm a diagnosis and to obtain recommendations regarding appropriate placement and services. When a diagnosis is confirmed by the Level II evaluation, SDS ensures, in collaboration with the nursing facility, that the recipient receives specialized services for that diagnosis, in addition to nursing facility services.

As a result of the process, the recipient may be authorized or denied admission or continuing placement, or may be referred for community services.

# Alaska P&P Manual

## #13-1 NF Authorization

### Responsibilities

- A. The **attending or delegated physician** is responsible for completing
  1. the PASSR Level I screening form for applicants seeking admission from non-acute care settings; and
  2. for Medicaid recipients only, the long term care authorization request.
- B. The **acute care facility** is responsible for
  1. confirming bed availability in a nursing facility;
  2. completing and submitting an authorization request for initial admission to a nursing facility, and for payment of services for utilization of swing beds or administrative wait beds;
  3. completing, and submitting to SDS, a PASSR Level I screening form for every applicant for initial admission;
  4. providing required documents; and
  5. notifying SDS within 24 hours of an applicant's discharge from the acute care facility if the applicant is to be admitted to a nursing facility other than the one authorized.
- C. The **nursing facility** is responsible for
  1. determining whether it has the capacity to meet the needs of an applicant or recipient;
  2. completing and submitting the authorization request for residents who are Medicaid recipients;
  3. completing and submitting the PASRR Level I screening form when a resident experiences a significant change;
  4. providing required document; and
  5. notifying SDS, if an applicant is not admitted after placement was authorized..
- D. The **SDS long term care authorization staff** is responsible for
  1. reviewing the complete authorization request, PASRR information, and other documents submitted;
  2. determining whether the applicant or recipient
    - a. needs a nursing facility level of care; and
    - b. should be referred for a PASRR Level II evaluation;
  3. notifying the nursing facility of a PASRR Level II referral, and providing the findings and recommendations to the nursing facility; and
  4. notifying the nursing facility of the authorization decision.

# CMS Final Rule for Long Term Care Facilities

Themes in the Final Rules, within a three-phased implementation (November 28, 2016-November, 2019):

- Person-Centered Care
- Staffing and Competency
- Quality of Care and Quality of Life: care planning, emphasis on goals and engagement
- Changing Resident Population: behavioral health
- Focus on Adverse Events: Medication-related, Quality Assurance, Infection Prevention
- Increased Monitoring of Facility, staff and residents

# CMS Final Rule for Long Term Care Facilities continued...

## PASRR-Related Delivery of Care and Services:

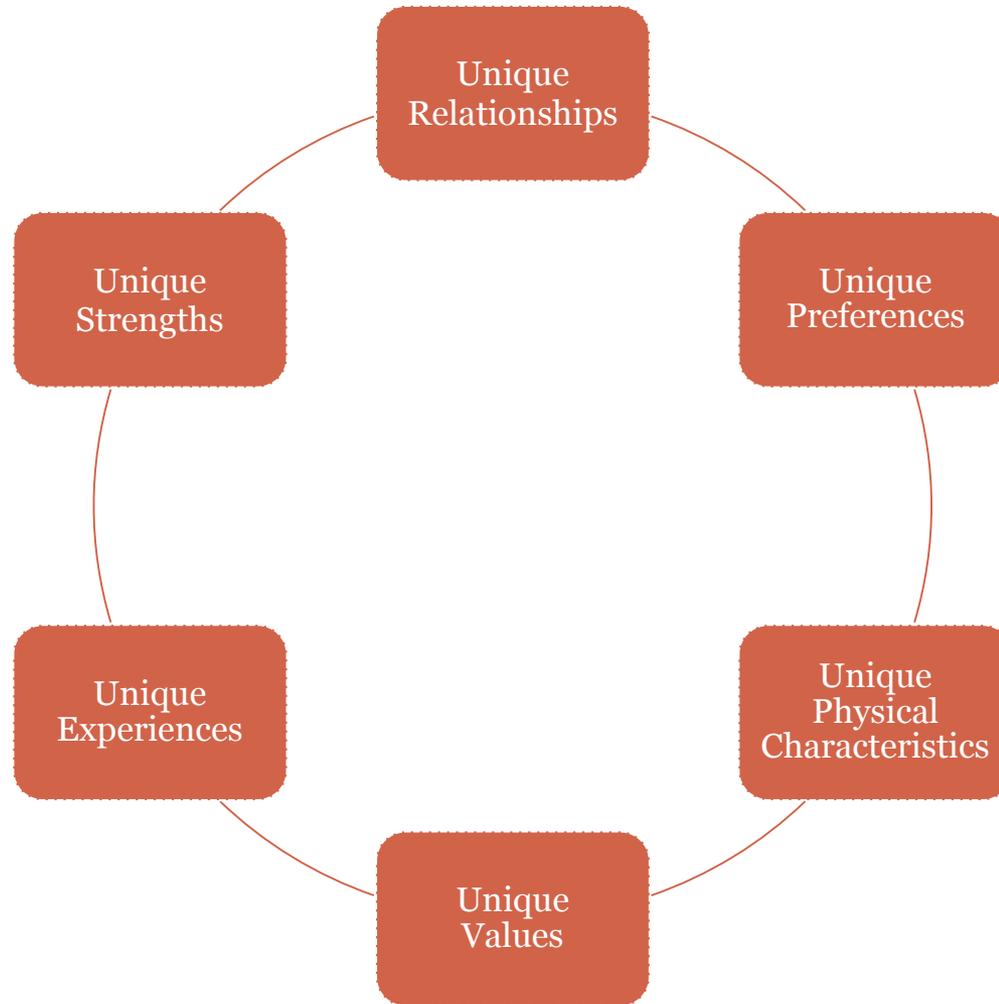
- Coordinate plan of care with the PASRR to ensure continuity of care and to reduce gaps/duplications in care/services
- Provide for identification of significant change and notification to state PASRR authorities
- Integrate PASRR evaluation into the plan of care, with documentation of how the services will be provided and by whom
- Enhance and provide training to effectively response to individuals with disability-specific needs
- Promote coordination/collaboration with PASRR

# Individualized Plans of Care/Elements of Person-Centered Practices

Person-Centered Practices ensure people with disabilities:

- Have the same rights and responsibilities as other people
- Participate in the development of his/her plan of care
- Express what they want in their everyday lives
- Have control of their lives and make their own choices
- Connect and continue to contribute to the community
- Continue to see family & friends as often as they like
- Manage their own money & other resources

# Elements of Person-Centered Practices



# Appropriateness of Service Recommendations

Most Restrictive/ Inclusive	Needs can only be met in an acute, inpatient setting such as an acute medical or hospital for treatment of persons with mental illness or intellectual disabilities (IMD or ICFIID)
	Needs can be met in a nursing facility (NF), with additional specialized services
	Needs can be met in a NF, with only NF services and specialized rehabilitative services
Least Restrictive/ Inclusive	Needs can be met in an appropriate community-based setting via waivers, grant-funded or other funded programs, etc.

# Recommendations-If Community

- Always consider the least restrictive setting first
- Consider availability of services, i.e., Medicaid waiver services, state plan option services, or other programs supported with state general funds
- If NF, consider “community-based services” in the NF (i.e., specialized services)
- If NF, provide for a transition plan from the NF, involving community services and providers, to ensure continuity of care
- Identify “gaps” for future service development

# Recommendations-If Inpatient Hospital

- Individual's needs require treatment in acute setting
  - Inpatient Psychiatric Hospital
  - Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), formerly ICF/MR
  - Other inpatient hospital or acute treatment setting
- PASRR is applicable again if NF is considered at a later point

*\* Acute Inpatient is NOT considered a specialized service and does not meet the intent of PASRR*

\*

# Recommendations-If Nursing Facility

- Is based on the state's level of care (LOC) definitions
- Applicants/residents must meet the state's LOC for NF admission: MI, ID or RC alone is not enough
- Provides for a “package of basic benefits”, which typically range from minimum needs (i.e., supervision and monitoring) to very complex needs (i.e., RN services required 24/7)
- Provides for a wide range of service needs: 24 hours nursing care and specialized rehabilitative services, by qualified NF staff or outside providers

*\*Admitting individual with MI, ID or RC whose needs do not rise to the level of NF LOC violates Olmstead*

# Can the NF Meet the Individual's Needs?

- One size does not fit all
- The NF must be able to meet the individual's NF needs (including special rehabilitative service needs) and disability-specific needs, with appropriately trained staff
- The NF should review the Level I/Level II PASRR information prior to admission
- Survey & Licensure monitors and ensures provision of services

*\*The PASRR Final Rule (1992) contemplated that LOC would be integrated with PASRR*

# Residents & Applicants Determined to Require NF Level of Services

(42 CFR 483.116, Determined to Require NF Level of Services)

- The NF may admit or retain the individual if:
  - SDS LTC determines a resident or applicant for admission to a NF requires NF level of services
- The state must provide/arrange for the provision of specialized services (SS) needed by the individual while s/he resides in the NF if:
  - SDS LTC determines the individual requires both NF LOC and SS for MI, ID or RC

# State of Alaska 7 AAC 140.510 Intermediate Care Facility Services

## ICF Services

For treatment of stable conditions ordered by/under direction of a physician for an individual who does not require skilled NF services

Includes observation, assessment and treatment for long-term illness/disability whose condition is relatively stable and where the emphasis is on maintenance rather than rehabilitation or where the condition is relatively stable and the individual is nearing recovery/discharge but continues to require professional medical/nursing supervision

May include OT, PT, S-L therapy provided by an aide/orderly under supervision of licensed nursing personnel/licensed OT/PT/S-L therapist

# State of Alaska 7 AAC 140.515 Skilled Nursing Facility Services

## SNF Services

For treatment of unstable conditions ordered by/under the direction of a physician and provided directly by/under supervision of qualified technical/professional personnel authorized by state law to provide that services and on the premises at the time services is rendered (e.g., RN, LPN, licensed therapists-physician, occupational, speech-language; certified assistants; audiologists)

Includes observation, assessment, treatment of unstable conditions requiring the care of licensed nursing personnel to identify/evaluate the need for possible modification of treatment and/or initiation of ordered medical procedures until the condition stabilizes

Includes structural rehabilitation services required by physician orders and provided at least 5 days/week until condition fails to show continued improvement through objective evidence (ongoing assessment of rehabilitative needs/potentials, concurrent with the care plan-tests, range of motion, strength, balance, coordination, endurance, functional ability, ADLs, perceptual deficiencies, S-L or hearing disorders)

# State of Alaska 7 AAC 140.515 Skilled Nursing Facility Services continued...

## SNF Service

Includes therapeutic exercise/activities that must be performed by/under supervision of a qualified PT/OT to ensure safety and effectiveness of treatment

Includes gait evaluation/treatment

Includes range-of-motion exercises as part of active treatment of a specific disease resulting in a loss of/restriction of mobility

Includes maintenance OT/PT if specialized knowledge/judgment of a qualified O/P therapist to design/establish a maintenance therapy program based on an initial evaluation/periodic reassessment of needs consistent and individual's capacity and tolerance

Includes ultrasound, short-wave, and microwave therapy treatments

Includes hot pack, infrared treatments and paraffin baths for a condition complicated by circulatory deficiencies, areas of desensitization, open wounds, fractures or other complications

Includes services of a communication specialist, a speech-language pathologist, or an audiologist for restoration of function in speech or hearing

# Recommendations: Nursing Facility plus Specialized Services

- To preserve and improve functions towards independent living
- Are “individualized disability-unique services” as identified by a PASRR Level II Evaluation
- Are more than simply a list of services that are familiar to the state
- Are provided by appropriately qualified professionals

*\*Moving an individual to an IMD or ICF/IID to avoid providing SS in a NF is **not** an option*

# The PASRR Pyramid

SRS are in the NF Per Diem or provided as an ancillary service, and to only those residents who need these services

Specialized Services

SS are recommended, arranged or provided by the State and based on a PASRR or similar assessment

Specialized Rehabilitative Services

PT, OT, Speech, Social/Recreation Activities

Basic NF Services

ADLs, IADLs, behavior management, medical treatment/nursing care, supervision/monitoring, memory care/cognition, etc.

## Specialized Services (42 CFR 483.120, Specialized Services)

Specialized Services, when combined with NF services, result in a continuous and aggressive individualized plan of care that:

- Is developed and supervised by an interdisciplinary team
- Prescribes specific therapies and activities provided by trained/qualified MI, ID or RC personnel
- Is directed towards outcomes that increase functional level and reduce the need for SS and institutionalization
- Provides ample opportunities for use of person-centered practices; coordination and collaboration with PASRR processes
- Is provided/arranged for individuals whose needs are such that continuous supervision, treatment and training by qualified personnel is necessary

# HISTORICALLY

## Specialized Services: Two Definitions

- Definition 1: Admit to NF
  - Services related to MI, ID or RC beyond what nursing facility (NF) provides under its per diem (e.g., day program, behavioral support)
  - State must arrange for or provide
- Definition 2: Do Not Admit to NF
  - MI, ID or RC services provided elsewhere
    - Community programs, including waiver programs
    - In-patient psychiatric care
    - ICF/IIID (formerly ICF/MR)

*\*The CFR is not necessarily clear; however, Definition 1 is what was/is intended*

## Specialized “Add-On” Services

- Is any service or support recommended by the individual’s Level II determination that the individual requires due to the individual’s MI, ID or RC
- Is “pre-authorized” by the Level II Evaluation, addressed in the plan of care and delivered
- Is what the individual “uniquely” needs and is person-centered; not just a PASRR-related service
- Creates a system of care; provides continuity of care

# “Waiver-Like” Services

- Additional services, such as psychotherapy, group therapy, art/pet therapies, etc.
- Training/habilitation (e.g., skill development, self-management, etc.)
- Specialized assessments to determine strengths/needs and areas of skill development
- Positive behavior support/safety plans, e.g., wandering, pacing, hitting, personal space, etc.
- Day or vocational services
- 1:1 additional support to maintain independence, choice, community integration, etc.

# Washington State SPA, Approved 6/2015

<http://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/WA/WA-15-0012.pdf>

- Assistive technology
- Habilitative behavior support and consultation
- Community access services
- Community guide
- Habilitative therapy service
- Staff/family consultation and training
- Supported employment services
- Transportation Services
- Other habilitative services and supplies

# Alaska's P&P Manual #13-2 Preadmission Screening/Resident Review: Definition of Specialized Services

“Specialized Services” means services which, when combined with nursing facility services or those of other providers, provide a continuum of care that for mental illness, meets the requirements for a continuous and aggressive implementation of an individual plan of care, 42 CFR 483.120 (a)(1); and for intellectual disability and related conditions, meets the requirements for active treatment, 42 CFR 483.440 (a)(1).

## Services already Familiar to Alaska

Alaskans Living Independently Waiver, Adults with Physical/Developmental Disabilities Waiver, Children with Complex Medical Conditions Waiver, Intellectual/Developmental Waiver

- Care Coordination (a care coordinator who works to identify the individual's needs)
- In-home supports (up to 18 to improve self-help and social skills)
- Family habilitation (help to get, keep or improve self-help and social skills)
- Day habilitation (recreational, other activities to improve self-help and social skills)
- Adult Day Services (group activities)
- Supported Employment (training, support and supervision to get job skills and to help find and keep a job)
- Specialized medical equipment (how to use)
- Intensive active treatment (treatment/therapy to prevent behavior regression or to address a family, personal, social, mental, behavior, or SA problem.)
- Supported employment, transportation/escort, intensive supports

# Options for Payment for Specialized Services (SS)

- Option #1: Payment paid directly to the Medicaid provider of service
- Option #2: Payment as an “add-on” to the NF benefit
  - Reimbursement for SS (as defined by the state) as a separate reimbursement from the NF standard reimbursement and Specialized Rehabilitation Services
  - As contracted by the NF with the provider of service
  - As paid to the NF and then reimbursed by the NF to the provider of service

## Option #2 continued...

- Funding under the NF benefit means that the state defines the NF benefit as including SS for those who require them, and the state claims FFP for the cost of these SS on the CMS Form 64 lines 3A and 3B, Nursing Facility Services.
- Both options provide SS only to NF residents, creating no liability for the state to provide equivalent services to the general Medicaid population.
- Both options require a State plan amendment to the 4.19 NF reimbursement pages, and possibly coverage pages at 3.1.
- Medicaid agencies and the CMS National Institutional Reimbursement Team (NIRT) are familiar with how to set up additional payments in a rate methodology.

# Frequently Asked Questions

- What are the state's alternatives services, and what actions is the state taking to develop services where "gaps" exist?
- How does the state address "person-centered" planning?
- What is the state's interpretation of specialized services, and how has this been applied?
- What is the status of the state's SPA and appropriate funding for SS?

# **Quality/Outcomes**

**2:30-3:30**



## **Continued Improvement Coordination & Collaborations The Harmony System Q&A**

# Continued Improvement

- Does the system (practice) fulfill the three main goals of PASRR?
  - To ensure that individuals are evaluated for evidence of possible MI, ID or RC
  - To see that the individual is placed appropriately, in the least restrictive setting possible
  - To ensure the individual receives the services that s/he needs, wherever the individual is placed
- Is the system (practice) person-centered?
- Does the system (practice) lead to better outcomes for individuals?

# 1992 PASRR: Cutting Edge in Requiring Certain Person-Centered Practices

- Adaptation to individual's culture, language, ethnic origin & means of communication
- Participation by individual in the evaluation
- Individual's choice whether to involve family members
- Specialized services and "individualized plan of care"
- Level II findings include positive traits or developmental strengths in addition to weaknesses or developmental needs of the individual
- Level II findings are interpreted/explained to individual

# Where More May Be Needed

- Do individuals know they are being screened and why?
- Are individuals consulted during the Level I screening?
- Are Level I screeners trained in person-centered practices?
- What impact does the timeliness requirement (“annual average of 7-9 days”) have on the individual?
- Is notice of the need for a Level II evaluation clear to the individual? Is a written notice sufficient for the person to understand what is happening?
- Are Level II evaluators trained in person-centered practices?
- To what degree is the individual involved in the evaluation?
- To what degree are the individual’s strengths considered and preferences honored?

# Do You Have Access to Meaningful Data?

Are you able to:

- Measure low rate of false positive Level I's, Diversion and transition rates, Provision of specialized services, Length of stay at NF, Community integration, Increased independence/satisfaction
- Collect a variety of measures, including quality measures and longitudinal data, to detect trends in improvements/declines
- Collect and use “qualitative signals”
- Use trending/tracking applications to help staff monitor their progress, compliance, and quality assurance
- Take Advantage of Technical Assistance and results of PTAC/CMS studies

# PTAC National Reports

Year	Focus
2012	First systematic, empirical effort to document the design of PASRR systems in all States and the District of Columbia
2013	Updated 2012 Report with primary focus on comprehensiveness of Level II tools
2014	Primary focus on comprehensiveness of Level I tools and an analysis of Minimum Data Set (MDS) data with detailed Level 1 state fact sheets sent to each state
2015	Updates the findings of 2014 Report on MDS data and state Level I preliminary screening tools, with detailed Level I state fact sheets sent to each state
2017	2012, 2013, 2014 and 2015 PASRR and MDS Data; state and national #s of NF residents; ID/RC and MI #s; #s of residents identified by Level II PASRR (A1510A); #s of residents as having MI or ID/RC based on information in other MDS sections/ICD codes (narrow v broad); national comparison data

# What Will Your Data Tell You? How Effective Is Your PASRR?



# PASRR – Basic Measures

- Level I (grouped by MI, ID/RC, Dual Diagnoses)
  - # of Level I Screens completed annually
  - # and % of positive Level I Screens completed annually
  - # and % of negative Level I Screens completed annually
- Level II (grouped by MI, ID/RC, Dual Diagnoses)
  - Total # of Preadmission Evaluations and Resident Reviews completed annually
  - # and % of positive LII Evaluations
  - # and % of negative LII Evaluations

# PASRR – Intermediate Measures

- Average time (days) between Level I Screens and Level II Evaluation/Determinations
- Average time (days) for Resident Review determinations
- For Preadmission and Resident Reviews –
  - # and % of positive Level II Evaluations/Determinations leading to institutional placement
  - # and % of positive Level II Evaluations/Determinations leading to community placement
  - # and % of positive Level II Evaluations/Determinations leading to nursing facility placement – with and without specialized services
- # and % of Exempted Hospital Discharge that exceed the 30 day allowance
- # and % of Dementia/MI Exclusions
- # and % of Categorical Determinations

# PASRR – Advanced Measures

- Provision of specialized services and Olmstead planning
- Individual Satisfaction Surveys/Quality Outcomes
- Comparison of Minimum Data Set (MDS) & PASRR data to ensure PASRR efficiencies and effectiveness
  - MDS data uploaded to a national database (CMSNet) and available to the state via data usage agreements
  - MDS provides information about NF residents that may not be available elsewhere
  - MDS assessments are completed by NF for ALL residents (within 14 days of admission, at quarterly/yearly intervals and upon significant change) in Medicare/Medicaid-certified NFs, regardless of insurance type

# MDS

- Assesses nursing home quality and helps monitor the health and welfare of NF residents
- Generates quality improvement measurements that NFs use internally and that state surveyors use in the survey and certification process
- Helps states assess the cost effectiveness of care protocols
- Sets long-term nursing home reimbursement rates
- Allow prospective residents and families to compare nursing home quality measures (Nursing Home Compare)

•1987: MDS created as part of Nursing Home Reform Act (Social Security Act: 1819(f)(6)(A-B) for Medicare; 1919(f)(6)(A-B) for Medicaid; 42 CFR 483.20 and 42 CFR 483.315)

- Early 1990s v1.0 tested in 10 states
- January 1996: v2.0 goes live nationally
- October 2010: v3.0 goes live

# PASRR Specific Questions in MDS

- MDS 3.0 (October 2010) added **A1500**: Asks whether the individual has been identified by PASRR as having MI, ID or RC
- Subsequent update (April 2012) added **A1510**: Requires respondents to indicate the diagnosis of any individual for whom A1500 is "yes" (MI or ID/RC)
- A “yes” response in A1500 directs the MDS Coordinator to A1510, where the specific PASRR conditions are listed. A “no” response directs the MDS Coordinator to A1550

# MDS PASRR Questions: A1500/A1510

## A1500. Preadmission Screening and Resident Review (PASRR)

Complete only if A0310A = 01, 03, 04, or 05

Enter Code

**Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability ("mental retardation" in federal regulation) or a related condition?**

- 0. **No** → Skip to A1550, Conditions Related to ID/DD Status
- 1. **Yes** → Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions
- 9. **Not a Medicaid-certified unit** → Skip to A1550, Conditions Related to ID/DD Status

## A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions

Complete only if A0310A = 01, 03, 04, or 05

↓ **Check all that apply**

- A. Serious mental illness**
- B. Intellectual Disability ("mental retardation" in federal regulation)**
- C. Other related conditions**

# MDS Section A: PASRR Diagnostic Question A1550

## Section A

## Identification Information

### A1550. Conditions Related to ID/DD Status

If the resident is 22 years of age or older, complete only if A0310A = 01

If the resident is 21 years of age or younger, complete only if A0310A = 01, 03, 04, or 05

↓ Check all conditions that are related to ID/DD status that were manifested before age 22, and are likely to continue indefinitely

#### ID/DD With Organic Condition

A. Down syndrome

B. Autism

C. Epilepsy

D. Other organic condition related to ID/DD

#### ID/DD Without Organic Condition

E. ID/DD with no organic condition

#### No ID/DD

Z. None of the above

# MDS/ PASRR Sections that Interface with PASRR: Specifically Sections A/I: A broader perspective

Section	Topic	Includes
A	Identification Information	Demographics; PASRR; ID/DD conditions
C	Cognitive Patterns	Brief Interview for Mental Status (BIMS) and self assessment
D	Mood	PHQ-9 mood interview
E	Behavior	Behavior Indicators of psychosis and other behaviors
G	Functional Status	ADLs
I	Active Diagnoses	Ongoing Dx in several areas; includes psychiatric mood disorders (anxiety, depression, bipolar, schizophrenia, psychosis, PTSD) and other Dx assessors can list with ICD-9 codes
N	Medications	Psychotropic Rx
Q	Participation in Assessment and Goal Setting	Interest in talking to someone about returning to the community

# MDS Section I Diagnostic Question: Active Psychiatric/Mood Present in Last 7 Days

## Section I

## Active Diagnoses

### Active Diagnoses in the last 7 days - Check all that apply

Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

#### Psychiatric/Mood Disorder

- I5700. Anxiety Disorder
- I5800. Depression (other than bipolar)
- I5900. Manic Depression (bipolar disease)
- I5950. Psychotic Disorder (other than schizophrenia)
- I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)
- I6100. Post Traumatic Stress Disorder (PTSD)

# MDS ICD9 Codes

For ID/RC:

- 317-319: intellectual disabilities
- 758: chromosomal abnormalities associated with ID/RC
- V79: certain special screenings for I/DD

For MI:

Narrow:

- Schizophrenia
- Bipolar Disorder
- Other psychotic disorder

Broad:

- Types of MI in Narrow definition
- *Plus* all other types in Section I and ICD codes: 295-302 and 306-314

# Rates of ID/RC in Nursing Homes (Year-End Census) in 2015 PTAC National Report

Year	Number of Nursing Home Residents (Census)	A1510 B/C (PASRR)	A1510 B/C or At Least One A1550 (PASRR or Other Dx)	A1510B/C or At Least One A1550 or At Least One I8000 (ICD) (PASRR or Other Dx)
2012	1,112,560	2.1% (22,918)	2.3% (25,540)	3.1% (34,065)
2013	1,296,579	2.2% (28,454)	2.4% (31,502)	3.2% (42,015)
2014	1,288,598	2.2% (28,531)	2.5% (31,734)	3.3% (42,134)

# Rates of SMI in Nursing Homes (Year-End Census) in 2015 PTAC National Report

Year	Number of Nursing Home Residents (Census)	A1510 A (PASRR)	A1510A or At Least One I5700- I6100 (PASRR or Other Dx)	A1510A or At Least One I5700-I6100 or At Least One I8000 (ICD) (PASRR or Other Dx)
2012	1,112,560	3.6% (39,522)	19.4% (215,517)	36.4% (404,780)
2013	1,296,579	4.1% (53,016)	20.3% (263,561)	35.2% (456,625)
2014	1,288,598	4.4% (56,906)	20.2% (259,656)	32.9% (424,308)

# PTAC National Data Studies

- Recent Findings from the Minimum Data Set (MDS) and PASRR Level I Screens indicate that:
  - PASRR Level I Screen is identifying about 2/3 of individuals with ID/RC
  - PASRR Level I Screen is identifying less than 20% of individuals with narrow MI
  - PASRR Level I Screen is identifying about 5% of individuals with broad MI
- Preliminary review suggests most state PASRR programs are missing eligible individuals in the Level I Screening

<http://pasrrassist.org/events/webinar/recent-findings-analyses-level-i-screens-and-minimum-data-set-mds>

# The PASRR Agenda

- Looks for ways to have consistent data collection and measuring efforts across all the participants and use data to help each entity succeed in their unique efforts
- Maintains continuous engagement and open dialogue that creates a mutual support culture for all PASRR partners
- Maintains a core of knowledgeable and skilled people to help us maintain our focus on continuous improvement in our PASRR process

# A Final Note about the PASRR Regulations

- Several things are still out of date
  - *Annual Resident Review* (removed by law in 1990s)
  - Definitions of mental illness and ID/DD tied to 1980s diagnostic criteria
  - Use of the phrase “mental retardation” instead of “intellectual disability”
- Revisions are intended but no date has been set
- States are encouraged to participate with PTAC/CMS  
Regional PASRR calls to discuss “challenges”

**Wrap-Up & Next Steps  
Sign-Up for 1:1 TA Sessions  
Q&A**

**3:30-4:30**



**Dr. Ed Kako**

**[ekako@mission-ag.com](mailto:ekako@mission-ag.com)**

**Betty Ferdinand**

**[Betty.ferdinand@pasrrassist.org](mailto:Betty.ferdinand@pasrrassist.org)**

**(402-560-9074)**

**www.pasrrassist.org**

