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Preadmission Screening & Resident Review (PASRR) – A Regulatory Perspective for Nursing Facility's (NF)

Long-Term Care Regulation

Objectives

- Identify and review basic PASRR processes
- Identify and describe PASRR specialized services and the process to deliver and coordinate
- Identify PASRR regulations, requirements and surveyor responsibilities

PASRR Basics

PASRR = Preadmission Screening and Resident Review

- Medicaid-certified nursing facilities are required to comply
- Screens all admissions for mental illness (MI), intellectual disability (ID), and developmental disability (DD)
- Helps ensure appropriate placement
- Helps ensure specialized services are provided

Approved Diagnostic Codes for Persons with Related Conditions: https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/icd10-codes.pdf

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What is a Referring Entity?

- Hospitals
- Family Members or legally authorized representative (LAR)
- Nursing Homes
- Hospice
- Physicians
- Assisted Living Communities
- Group Homes
- Adult Protective Services (APS)
- Law Enforcement

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Referring Entity's (RE)

RE Responsibility in the PASRR Process:

- RE is responsible for completing the PL1 form
- PASRR Level 1 (PL1) must be completed and received by the NF prior to admission

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What is the PL1? (1 of 2)

PL1 = PASRR Level 1 = Initial Screening

- PL1 is completed by the RE
- PL1 identifies a person suspected of having MI, ID, or DD/related condition (RC)
- PASRR evaluation (PE) is completed to confirm or deny this suspicion

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What is the PL1? (2 of 2)

NF staff may provide assistance with completing the PL1 if the RE is a:

- family member
- personal representative
- representative from an emergency placement source

A new PL1 is not required if the NF resident goes to an acute care hospital:

- for less than 30 days
- readmitted to the same NF

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Admission Processes

4 Types of Admission Processes:

- Negative
- Exempted
- Expedited
- Preadmission

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Negative Admission

PL1 Screening is Negative

- All fields in Section C are all “No”
- Negative PASRR Eligibility

RE sends the PL1 to the admitting NF with the person

- No suspicion of MI, ID or DD/RC
- No additional evaluation is needed prior to admission

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Exempted Hospital Discharge

Discharge from an Acute Care Hospital only

- Physician certifies that the person is likely to require less than 30 days of NF services

Medical record that goes with resident to the NF

- Certification is not recorded in the PL1
- Physician certification is recorded in the resident's record

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Expedited Admission

Admission from Acute Care Hospitals and NFs

- Convalescent Care
- Terminally Ill
- Severe Physical Illness
- Delirium
- Emergency Protective Services
- Respite
- Coma

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Preadmission (1 of 2)

Any admission from the community:

- Not expedited or exempted
- Not from Acute Care Hospital or Nursing Facility

Coming from:

- Psychiatric hospital
- Home
- Hospice
- Group home
- Assisted living
- Jail

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Preadmission (2 of 2)

If PL1 screening is positive:

RE faxes PL1 to local authority (LA)

- LIDDA: local intellectual and developmental disability authority
- LMHA: local mental health authority
- LBHA: local behavioral health authority

LA meets face-to-face with individual within 72 hours

LA submits the PL1 into the Long-Term Care (LTC) Online Portal

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Long Term Care Online Portal (LTCOP)

Negative PL1

- NF enters PL1 into the LTCOP PASRR process ends

Positive PL1

- NF or LA (in the case of a readmission) enters the PL1 into the LTCOP
- LA receives an alert to complete a PASRR Evaluation (PE)

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What are the uses of the LTCOP?

- Check daily for PASRR communications
- Download PE and review all recommended specialized services
- Certify that a resident's needs can be met
- Document the interdisciplinary team (IDT) meeting
- Request specialized services and durable medical equipment
- Annually document specialized services being provided to the resident

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PASRR Evaluation

Meet Face-to-face with LIDDA or LMHA/LHBA

- Determine if ID, DD, and/or MI
- Assess need for nursing home care
- Identify alternate placement options
- Assess need for specialized services
- Identify specialized services to recommend

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Resident Review

Face-to-face re-evaluation due to significant change in status

- Re-assess the resident's need for nursing home care
- Identify alternate placement options
- Assess need for new/different specialized services

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NF Actions After the PE

- LA completes the PASRR Evaluation (PE) - submits the PE into the LTC portal within 7 days
- NF reviews PE - reviews list of specialized services recommended
- NF certifies on the PL1 if they are “Able” or “Unable” to serve individual - Medical Necessity must be met for admission

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If Unable to Serve

- If the NF is unable provide or support specialized services - cannot admit the individual (if a Preadmission)
- If already admitted, NF needs to contact the local authority and assist in finding alternate placement

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If Able to Serve

Interdisciplinary Team Meeting (IDT)

- Schedule IDT
- Ensure mandatory participation
- Review recommendations
- Identify specialized services resident wants to receive
- Determine if resident is best served in the NF or community setting

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After the IDT Meeting

Documentation:

- IDT meeting
- Identified specialized services
- On the PASRR Comprehensive Service Plan (PCSP)
- Within 3 business days and annually

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What needs to be documented from the IDT meeting?

- Date of the IDT meeting
- Names of the participants in the meeting
- NF, LMHA/LBHA, or LIDDA specialized services agreed to in the meeting
- Determination of whether the resident is best served in the facility or a community setting

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Specialized Services

Types based on who administers

- NF specialized services are for individuals with ID/DD
- LIDDA specialized services are for individuals with ID/DD
- LMHA/LBHA specialized services are for individuals with MI

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NF Specialized Services – ID/DD

- Physical therapy (PT), Occupational therapy (OT), Speech therapy (ST) habilitative therapy
- Customized manual wheelchair
- Durable or adaptive medical equipment such as:
  - gait trainer;
  - standing board;
  - special needs car seat or travel restraint;
  - specialized or treated pressure reducing support mattress;
  - prosthetic or orthotic device; or
  - a positioning wedge.

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Habilitative vs Rehabilitative Therapy

Habilitative

- PT, OT, ST
- Attain new skills
- Maintain/prevent loss

Rehabilitative

- Regain or improve skills lost or declined
- PT, OT, ST

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How do surveyors ensure specialized services are being provided?

Review – Ensure - Verify

- Current PCSP
- NFSS forms completed within 20 days
- Authorization obtained from HHSC
- Habilitative therapies (PT, OT, ST) initiated within 3 days of approval
- Durable Medical Equipment (DME)/Customized manual wheelchair (CMWC) ordered within 5 days of approval

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LIDDA Specialized Services – ID/DD

- Service coordination (alternate placement assistance)
- Employment assistance
- Supported employment
- Day habilitation
- Independent living skills training
- Behavioral support

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LMHA/LBHA Specialized Services – MI

- Skills training
- Medication training
- Psychosocial rehabilitation
- Case management
- Psychiatric diagnostic examination
- Others (see PCSP Form)

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Dual Eligibility

Residents with ID or DD and MI

- May receive all three types of specialized services
- NF responsible for coordination with LIDDA and LMHA/LBHA

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MI Diagnoses

- Schizophrenia
- Mood disorder
- Paranoid disorder
- Panic/severe anxiety disorder
- Somatoform disorder
- Personality disorder
- Other psychotic disorder
- Other MI that may lead to chronic disability (PTSD)

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What MI is NOT

- Alzheimer's disease
- Other dementias
- Parkinson's disease
- Huntington's
- Depression (unless Major Depression)
- Generalized anxiety

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Dementia and PASRR

- Personality Changes
- Depression
- Inappropriate behavior
- Anxiety
- Paranoia
- Agitation
- Hallucinations

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Form 1012: MI vs Dementia

Current PL1 is negative:

✓ Is further evaluation for MI needed?

✓ Primary diagnosis of dementia or MI?

Do NOT use Form 1012:

- Current PL1 is positive with a negative PE
- Positive PE with primary diagnosis of dementia
- Negative PL1 but suspected of having ID/DD

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Service Planning Team (SPT) – ID/DD

SPT meets 90 days after the IDT to develop a HSP

The SPT members:

- Resident and LAR (if any)
- LIDDS Service coordinator (MCO SC if returning to community)
- NF staff familiar with the resident's needs
- Persons providing NF and LIDDA specialized services
- Community representative if selected
- LMHA/LBHA rep if resident has MI
- Others

SPT meets:

- Quarterly
- If requested
- Change in service needs

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SPT Members Responsible for NF Specialized Services

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Must:

- Attend and participate in SPT meetings
- Assist the SPT in its responsibilities and required activities
- Contribute to the ISP, including NF PASRR support activities

NF PASRR Support Activities:

- ✓ Arrange transportation for specialized service outside the NF
- ✓ Send required food and medications
- ✓ Agree to avoid conflicts with LIDDA or LMHA/LBHA specialized services

The NF and the SPT

Members of the SPT assist by:

- Monitoring to ensure needs are met
- Making referrals, service changes, and amendments
- Coordinating specialized services and NF support activities
- Developing a transition plan
- Reviewing and discussing information with key nursing staff

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Providing Habilatative Therapy

Before providing therapy, the NF must ensure:

- Resident's care plan include required therapy service
- Resident has a relevant diagnosis
- Therapy service was ordered by a physician
- Assessment was completed within 30 days before the requested authorization

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Providing DME or CMWC

Assessment must be completed within 30 days before the requested authorization including:

- Relevant diagnosis
- Specific DME or CMWC, including any adaptations
- Description of how the DME or CMWC meets the specific needs of the resident

The authorization request to HHSC must include:

✓ The assessment (a qualified rehabilitation specialist must be part of the assessment for fitting of a CMWC)

✓ Statement of medical necessity signed by the physician

✓ Detailed specifications of the equipment from a supplier

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Payment Claims

Before submitting a claim for payment:

- DME or CMWC original specifications must be verified
- Resident needs must be met
- Verification must document in the LTCOP

Submit a complete and accurate claim:

- ✓ Within 12 months after the last day of an authorization for habilitative therapy
- ✓ Within 12 months after the DME or CMWC is purchased

*After a CMWC has been delivered, a NF will need to submit the qualified rehabilitation specialist certification form along with the CMWC receipt certification on the TMHP LTCOP.

DME and CMWC: Personal Property

DME or Custom Manual Wheelchair:

- Personal property of the designated resident
- NF must ensure that only the designated resident uses the equipment
- NF must maintain and repair all medically necessary equipment

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PASRR Federal Regulations

Code of Federal Regulations (CFR), Title 42, Part 483,and Subpart C:

https://www.ecfr.gov/cgi-bin/text-idx?SID=5f0e3ebd3db182417102de9b4c0207bb&mc=true&node=sp42.5.483.c&rgn=div6

State Operations Manual (SOM), Appendix PP, *Guidance to Surveyors for Long Term Care Facilities:*

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

PASRR State Regulations

NF responsibilities related to PASRR: TAC, Title 26, Part 1, Chapter 554, Subchapter BB:

https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=554&sch=BB

LIDDA/LMHA/LBHA responsibilities related to PASRR: TAC, Title 26, Part 1, Chapter 303:

https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=26&pt=1&ch=303

Surveyor Responsibilities

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Check compliance with state and federal requirements during:

- Standard/Annual survey
- PASRR focused survey
- PASRR complaint investigation

Utilize the PASRR Critical Element Pathway to:

- Guide them through the key federal tags
- Determine compliance

Resources

PASRR for Nursing Facilities

https://www.hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-nursing-facilities

PASRR Unit

Phone: 855-435-7180

Email: PASRR.support@hhsc.state.tx.us

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Thank you

Joint Training

LTCRJointTraining@hhs.texas.gov

https://apps.hhs.texas.gov/providers/training/jointtraining.cfm