



Pre-Admission Screening and Resident Review

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PASARR Topics Covered

- Purpose
- Regulations
- MN PASARR Process
- Services
- Survey Process
- Resources

PASARR Purpose

- Why does the PASARR program exist?



Purpose

- Congress developed the Preadmission Screening and Resident Review (PASARR) program to ensure that admission and retention of people with serious mental illness in nursing and boarding care facilities is appropriate, as part of the Omnibus Budget Reconciliation Act (OBRA) 1987 commonly referred to as OBRA regulations. Federal Medicaid law and regulations require states to have a PASARR program to determine whether nursing facility applicants and residents meet nursing facility level of care and/or require specialized services for mental health care.

PASARR Related Regulations

- What does PASARR have to do with nursing home and nursing facility regulations?
- Are there regulations related to PASARR?



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

Coordination includes:

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

(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment.

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§483.20(k) Preadmission Screening for individuals *with a mental disorder* and individuals with *intellectual disability*.

(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with:

(i) Mental *disorder* as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission,

(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and

(B) If the individual requires such level of services, whether the individual requires specialized services; or

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(ii) Intellectual *disability*, as defined in paragraph *(k)(3)(ii)* of this section, unless the State intellectual *disability* or developmental disability authority has determined prior to admission—

(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and

(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual *disability*.

(2) Exceptions. For purposes of this section-

(i) The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.

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(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-
(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,

(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and

(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.

- *[Please refer to MN Statutes, MN Senior Linkage Line and MN DHS for MN allowed exceptions.]*

(3) Definition. For purposes of this section-

(i) An individual is considered to have *a* mental ***disorder*** if the individual has a serious mental ***disorder*** defined in 483.102(b)(1).

(ii) An individual is considered to ***have an intellectual disability*** if the individual ***has an intellectual disability*** as defined in §483.102(b)(3) or is a person with a related condition as described in ***435.1010*** of this chapter.

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§483.20(k)(4) A nursing facility must notify the state mental health authority or state intellectual disability authority, as applicable, promptly after a significant change in the mental or physical condition of a resident who has mental illness or intellectual disability for resident review.

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- F406
- §483.65 Specialized rehabilitative **services**.
- (a) Provision of services. If specialized rehabilitative services such as but not limited to physical therapy, speech-language pathology, occupational therapy, **respiratory therapy**, and rehabilitative services for mental illness and intellectual **disability or services of a lesser intensity as set forth at §483.120(c)**, are required in the resident's comprehensive plan of care, the facility must—
- (continued)

continued...

§483.65 Specialized rehabilitative services.

(1) Provide the required services; or

(2) *In accordance with §483.70(g)*, obtain the required services from an outside resource *that is* a provider of specialized rehabilitative *services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act.*

F279 Baseline Care Plan

§483.21(a) Baseline Care Plans

[§483.21(a) will be implemented beginning November 28, 2017 (Phase 2)]

(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must—

(i) Be developed within 48 hours of a resident's admission.

(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to—

...

(F) PASARR recommendation, if applicable.

F279 Comprehensive Care Plans

(§483.21(b) Comprehensive Care Plans

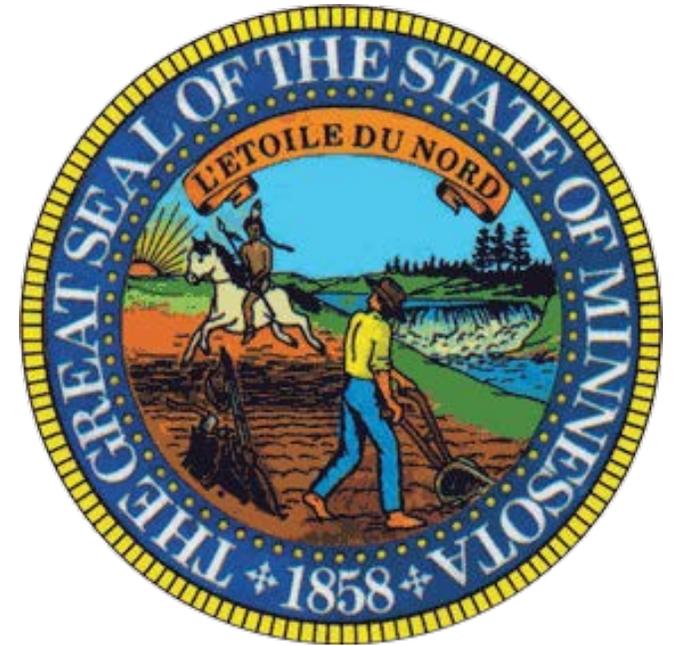
- 1) The facility must develop *and implement* a comprehensive *person-centered* care plan for each resident, *consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3)*, that includes measurable objectives and time*frames* to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following—

...

(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.

PASARR Process in Minnesota

- How is the PASARR process implemented in MN?



MN Process-Level 1

- Effective November 1, 2013, statewide responsibility for PAS was assigned to the Minnesota Board on Aging, in partnership with the Area Agencies on Aging, through the Senior LinkAge Line[®]. A PAS request is submitted by a health care professional seeking NF admission through a single online site and forwarded electronically to the Senior LinkAge Line[®] contact center that serves the county where the health care professional or provider who submits the information is located. These are commonly referred to as Level 1 activities.

MN Process-Level 2

- Some prospective residents, identified with a mental illness or intellectual disability/developmental disability, will be referred to for further screening by a mental health professional or qualified intellectual disability professional for further assessment of the need for specialized services.
- The responsibility for such assessment may be referred to the local mental health authority: county, tribe or managed care organization.
- These are commonly referred to as Level 2 assessments.
- Sometimes the Level 2 assessment refers to other documents such as individual service plan or diagnostic assessment.

Services for Residents

- What services are offered to residents with mental health and intellectual disabilities?
- Who is responsible for providing services?

Specialized Rehabilitative Services

“Specialized rehabilitative services”

- Differentiated from restorative services that are provided by nursing staff
- Provided by or coordinated by qualified personnel
- Within the scope of facility services
- Must be provided to residents who need them even when the services are not specifically enumerated in the State plan
- Not obligated to provide for or arrange for services, unless a resident needs them-Must provide when resident admitted who needs them

Specialized Rehabilitative Services

For a resident with MI or ID to have his or her specialized needs met, the individual must receive all services necessary to assist the individual in maintaining or achieving as much independence and self-determination as possible. They are:

Mental health rehabilitative services for MI and ID

AND

Specialized services for MI or ID

Mental health rehabilitative services for MI and ID

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- **“Mental health rehabilitative services for MI and ID”**
- **Responsibility of the Nursing Facility**
- Lesser frequency or intensity to be implemented by all levels of nursing facility staff
- Necessary regardless of whether or not they are required to be subject to the PASARR process and whether or not they require additional services to be provided or arranged for by the State as specialized services

Rehabilitative services for MI and ID

- Examples could include:
- Participating in facility recreation groups or 1:1s
- Medically related social services
- Medication management or training to self administer medications
- Health education
- Maintaining a consistent routine
- Behavior management strategies
- Coordinating appointments with mental health or developmental disability professionals

Specialized services for MI or ID

“Specialized services for MI or ID”

- **Responsibility of the State**
- The State is required to list those services in the report, as well as provide or arrange for the provision of the services.
- Overall level of NF services is not as intense as necessary to meet the individual’s needs.
- The Preadmission Screening and Resident Review (PASARR) report indicates specialized services required by the resident.
- If the State determines that the resident does not require specialized services, the facility is responsible to provide all services necessary to meet the resident’s mental health or intellectual disability needs.

Specialized services for MI or ID

- Examples:
- Day treatment
- Supported employment
- Case Management
- Outpatient Groups
- Adult Rehabilitative Mental Health Services (ARMHS)-basic living and social skills, community intervention, medication education, and transitioning to community living.

Specialized services for MI or ID

- Examples of facility responsibilities could include:
- Making sure resident is dressed, groomed and ready for services
- Providing a bag meal or arranging for meal time adjustments if a resident will be absent during meal times
- Ensuring resident has any necessary supplies or medications while away from facility
- Assisting as needed with transportation
- Communicating and coordinating with service providers
- Coordinating care plans

Concerns About Services

- Consider the following if concerns about services arise:
- Refer questions or disputes to the local/state mental health authority responsible
- Review concerns as an interdisciplinary team
- Review concerns with resident/resident representative
- Develop a plan with input of interdisciplinary team and resident/resident representative

Concerns About Services

- Use available resources to attempt to obtain needed services e.g.: county, linkage lines, internet, social services
- Determine a schedule to regularly review concerns and plan
- Develop and implement a facility policy to address concerns regarding services
- Utilize the ombudsman office as a resource and advocate for residents
- Document! Document! Document!

Survey Process-PASARR

- How does the PASARR process relate to the survey process?
- What do surveyors review related to PASARR?

Entrance Conference

- *During the entrance conference, the team coordinator will request that the facility provide within four hours a list of residents who receive Preadmission Screening and Resident Review (PASARR) Level II services. Surveyors will select one resident, as available, from the list and initiate and complete the care area review for Preadmission Screening and Resident Review.*

Medical Record Review: Assessments

- Assessments:
 - MDS
 - Related CAAs
 - Any Significant Change MDS
 - Incorporation of information related to MI, ID and PASARR into the comprehensive assessment

Medical Record Review: PASARR Documents

- PASARR Level 1
- PASARR Level 2
- Documents referred to in the PASARR Level 1 or Level 2
- What recommendations are identified in the PASARR Level 1, Level 2 and related documents?

Medical Record Review: Care Plan

- Care Plan:
- Is the care plan consistent with the resident's specific conditions, risks, needs, behaviors, preferences, and current standards of practice, and include measurable objectives and timetables with specific interventions?
- How does the care plan incorporate the resident's MI, ID and/or PASARR needs?
- How are behavioral concerns and interventions addressed?

Medical Record Review: Care Plan

- How does the care plan address specialized rehabilitative services: Mental health rehabilitative services for MI and ID and Specialized services for MI or ID
- How is the care plan coordinated with other service providers?
- How are recommendations from professionals addressed in the care plan?
- Are revisions done in a timely fashion?

Medical Record Review: Supporting Documents

- Facility interdisciplinary progress notes
- Physician and physician extender orders and progress notes
- Consultant progress notes and recommendations: e.g. mental health professionals, intellectual disability professionals, OT/PT/ST
- MAR/TARs
- Activity attendance records
- Care conference notes

****COORDINATION IS KEY****

Interviews: Resident or Resident Representative

- Involvement in the development of the care plan, goals, and if interventions reflect choices and preferences;
- Awareness of care plan approaches and if treatment(s) was refused, whether counseling on alternatives, risks and benefits of interventions, or other interventions were offered;
- Awareness of the current condition(s) or history of the condition(s) or diagnosis/diagnoses;
- Knowledge of who to talk to when a problem or need arises, or what he/she does if there are concerns with moods, such as sadness or problems sleeping; and
- Frequency and type of activities involved.

Interviews with Direct Care Staff

- Knowledge of specific interventions for the resident;
- Whether staff identified and implemented appropriate measures as related to specific conditions and/or diagnoses;
- Whether direct care staff: (1) know what, when, and to whom to report changes in condition; and (2) are aware of care plan interventions needed to meet the resident's needs; and
- How the interdisciplinary team monitors for the implementation of the care plan and changes in condition.

Interviews with Health Care Practitioners and Professionals

- Interviews may be conducted with: physician, physician extenders, charge nurse, director of nursing, social worker, therapist or activity staff, depending on the situation or concern.
- How it was determined that chosen interventions were appropriate;
- Risks identified for which there were no interventions;
- Changes in condition that may justify additional or different interventions;
- How staff validated the effectiveness of current interventions;

Interviews with Health Care Practitioners and Professionals

- If there were concerns regarding inappropriate behaviors, what interventions are in place to decrease incidents of inappropriate behaviors for individuals with ID, behavioral symptoms for persons with MI, or to increase appropriate behavior;
- Whether staff have identified and treated underlying factors, as appropriate, behind tendencies toward isolation and withdrawal;
- How staff has modified training strategies, as necessary, to account for the special learning needs of the resident with MI or ID;

Interviews with Health Care Practitioners and Professionals

- How staff assure the consistent implementation during the resident's daily routine and across settings, of systematic plans which are designed to change inappropriate behaviors;
- How staff review and monitor medication therapy, if any, and monitor for the effectiveness and potential for adverse consequences of medications which have been prescribed to change inappropriate behavior or to alter manifestations of psychiatric illness;
- How staff assure the provision of a structured environment for those individuals who are determined to need such structure (e.g., structured socialization activities to diminish tendencies toward isolation and withdrawal);

Interviews with Health Care Practitioners and Professionals

- How staff assure the development, maintenance, and consistent implementation across settings of those programs designed to teach individuals the daily living skills they need to be more independent and self-determining including, but not limited to, grooming, personal hygiene, mobility, nutrition, vocational skills, health, drug therapy, mental health education, money management, and maintenance of the living environment;
- How staff has arranged for the necessary direct or staff training services to be provided if the facility does not employ professional staff who have experience working directly with or designing training or treatment programs to meet the needs of individuals with MI or ID;

Interviews with Health Care Practitioners and Professionals

- How staff determine, as appropriate, the need for mental health rehabilitative services for MI and ID, which may include, but are not limited to:
 - Crisis intervention service;
 - Individual, group, and family psychotherapy;
 - Development of appropriate personal support networks; and
 - Formal behavior modification programs.

Observations

- Whether staff consistently implement the care plan over time and across various shifts. Staff are expected to assess and provide appropriate care from the day of admission.
 - Communication between resident and care staff
 - Resident appearance
 - Activities resident is engaged in
 - Resident interaction with other residents
 - Daily routine
 - Resident behaviors and staff management of resident behaviors
 - Resident room

Resources

- What resources are available to answer questions related to PASARR?

Resources

- DHS PASARR: <https://mn.gov/dhs/partners-and-providers/policies-procedures/adult-mental-health/pre-admission-screening-and-resident-review/>
- MN Statutes: <https://www.revisor.mn.gov/statutes/?id=256B.0911> and <https://www.revisor.mn.gov/statutes/?id=256.975>
- PASARR Referral: <https://mnhelpreferral.revation.com/>
- MN Senior Linkage Line <http://www.mnaging.net/en/Advisor/PASRR.aspx>
- PASARR Policy Lead, 651-431-2225 or dhs.mh.pasrr@state.mn.us

THANK YOU!

- Thank you for all you do in ensuring the success of the PASARR program!
- Have a wonderful week!
- Enjoy summer!