**Morning Agenda**

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<tr>
<td>9:00–9:10 AM</td>
<td>Introductions</td>
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<td>9:10–10:00 AM</td>
<td>PASRR Review</td>
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<tr>
<td>10:00–10:30 AM</td>
<td>Level I Review</td>
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<td>10:30–10:45 AM</td>
<td>Break</td>
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<td>10:45–11:30 AM</td>
<td>Level II Review</td>
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<td>11:30–12:00 PM</td>
<td>Q&amp;A</td>
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Afternoon Agenda

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<tr>
<td>1:00–2:00</td>
<td>Summary of Findings Review</td>
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<td>2:00–2:15</td>
<td>Break</td>
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<tr>
<td>2:15–2:45</td>
<td>PASRR-identified Services</td>
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<td>2:45–3:15</td>
<td>PathTracker Plus</td>
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<td>3:15–3:30</td>
<td>ServiceMatters</td>
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<td>3:30–4:00</td>
<td>Q&amp;A</td>
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Learning Objectives

1. Build a solid foundation of PASRR in Iowa
2. Understand how to ask the Level I questions for best results
3. Understand the purpose of PathTracker and how to submit notices
4. Know the purpose and structure of specialized services and how IA monitors the care planning and service delivery

PASRR Review
Risks for Persons with Disabilities

<table>
<thead>
<tr>
<th>Risks</th>
<th>Mitigation</th>
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<tr>
<td>Skill loss</td>
<td>Educating providers about service/support needs</td>
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<td>Increased risk of marginalization:</td>
<td>Divert/transition</td>
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<td>- Lack of symptom or communication understanding</td>
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<td>- Shrinking world/sense of loss/loss of control</td>
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<tr>
<td>- High rates of depression, suicide, “passive suicide”</td>
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Structure & Purpose of PASRR

- Preadmission Screening & Resident Review
- Administered by Centers for Medicare and Medicaid Services (CMS)
  - Created in 1987
  - Anyone in Medicaid-funded NF screened for:
    - Serious Mental Illness (SMI), Intellectual/Developmental Disability (ID/DD), or Related Condition (RC)
  - Known or suspected condition = evaluation
  - To ensure NF is most appropriate placement
  - To ensure receipt of needed services

Legal Responsibilities for PASRR

- State Medicaid Authority (DHS/IME):
  - Responsible for state PASRR compliance
  - Sets & approves state PASRR policy not specifically given to another entity
  - Level I

- State MH Authority (DHS/MHDS):
  - Oversight of Level II PASRR activity
  - Can do the evaluation themselves

- Ascend: Delegated PASRR entity
  - Level I Screens
  - Level II Evaluations
  - Level II Summary Reports
Optimize an individual's placement success, treatment success, and QUALITY OF LIFE

How do we reach that goal?

- Identify the Person
- Placement Meets Needs
- Provide Needed Services
Diagnosis (or suspicion of) a major mental illness

Dementia: If present, is it primary?

Duration

Disability

Mental Illness

- Any psychotropic
- Any Anxiolytic
- Any Antidepressant
- Any Mental Health Diagnosis

Serious Mental Illness

- Major diagnosis, not primary dementia
- Impairment in major life activities within past 3-6 months, from diagnosis
- Recent treatment more intensive than outpatient more than once within past 2 years or experience of episode of significant life disruption

#1 Does this individual have a PASRR condition?

THE FOUR Ds OF PASRR-MI

- Diagnosis (or suspicion of) a major mental illness
- Dementia: If present, is it primary?
- Duration
- Disability

Somewhere between MDS triggers & current national Level II evaluation volumes

- Anoxia at birth
- Arthrogryposis
- Autism
- Congenital Blindness
- Cerebral Palsy
- Congenital Deafness
- Down Syndrome
- Encephalitis
- Fetal Alcohol Syndrome
- Friedreich's Ataxia
- Hemiparesis

- Hemiplegia
- Hydrocephaly
- Klippel-Feil Syndrome
- Meningitis
- Multiple Sclerosis
- Muscular Dystrophy
- Paraparesis
- Paraplegia
- Polio
- PDD
- Prader-Willi syndrome

- Quadriplegia
- Seizure Disorder
- Spina Bifida
- Spinal Cord Injury
- Traumatic Brain Injury
- XXY Syndrome

Possible PASRR Related Conditions

Anoxia at birth
Arthrogryposis
Autism
Congenital Blindness
Cerebral Palsy
Congenital Deafness
Down Syndrome
Encephalitis
Fetal Alcohol Syndrome
Friedreich's Ataxia
Hemiparesis
Hemiplegia
Hydrocephaly
Klippel-Feil Syndrome
Meningitis
Multiple Sclerosis
Muscular Dystrophy
Paraparesis
Paraplegia
Polio
PDD
Prader-Willi syndrome
Quadriplegia
Seizure Disorder
Spina Bifida
Spinal Cord Injury
Traumatic Brain Injury
XXY Syndrome
#2: What is the most appropriate placement for this person?

- Least restrictive level of care
  - Too acute/not acute enough
- NF (meets LOC and this NF can meet needs)
  - NF MUST incorporate ALL PASRR identified services into care plan
- Specialized Services
  - Services specific to the person to meet required needs
- Alternative Placement or Community Services

#3: Might this person be a candidate for transition to the community? What supports or services would be necessary to return to the community?

- Community placement
  - With or without supports
    - Independent living
    - Group home
    - Assisted living
- Person directed care

#4: What unique disability supports and services are needed while a resident of an NF to ensure safety, health, and well-being?

- Specialized Services
- Highest practicable physical, mental, and psychosocial well-being
- Any needed service/support
  - Not limited to facility’s existing resources
Everyone receives a Level I

Researching Level I Information
- History and Physical (H&P)*
- MAR
- MDS
- Psych notes/eval*
- Physician’s orders
- Therapy notes
- Discharge summaries
- Individual
- Legal guardian*
- Support providers
- Case Manager
- Family members

How to Begin
- Prepare
- Acknowledge
- Explain
- Reinforce
Prepare

- "Pre-fill" Level I information from medical records
- Verify information with person and others who know him/her well

Explain Purpose

- Meaningful and reassuring language

"Part of the application process for nursing facility care is to gather information about any issues with mood, behavior, nerves, diagnoses—choose words that are meaningful and reassuring to the person you have experienced now or in the past. I will also ask about any services you receive now or have received in the past. This information is required under a federal law which was passed to protect you. It’s purpose is to make sure that you go to the best possible place for care and that you will receive the right/best services and supports for you."

Acknowledge

- Sensitivity of questions
- Confidentiality of process

"Some questions are personal. Please know they are important for us to ask, and only experts who will help identify the right/best services for you will receive this information."
Importance of accuracy

"Your honest, accurate responses are important to make sure that you are admitted to the most appropriate/right place and will receive any and all services that will meet your needs."

- Use full words and avoid acronyms
  - MI, IDD, PASRR, etc.
- Use judgment-free words
  - Say "recreational drugs" instead of "illicit drugs"
- Use close-ended questions with choices

Phrasing for Success

- Use a non-judgmental, non-condescending, matter-of-fact approach
- Assume the behavior is occurring
  - "How often do you think about suicide?"
    - Rather than, "do you think about suicide?"
  - "How often do you drink alcohol in a week"
    - Rather than "do you drink often?"
A prior attempt is the strongest predictor of future suicidal behavior.

- Always ask about previous suicide attempts, even with no evidence of recent suicidal thinking.

- People rarely spontaneously report suicidal ideation.

> 70% communicate suicidal intentions/wish to die to significant others.

**Never** ask leading questions like: “You’re not thinking of suicide, are you?”

Instead, ask:

1. “Over the past 6 months, have you felt down, depressed, or hopeless?”
2. “Have you had thoughts of killing yourself?”
   - If the person reports any current feelings about suicide, obtain immediate assistance and remain with the person until professional medical/psychiatric experts arrive.
3. “Have you ever attempted to kill yourself?”
   - If ‘yes,’ then when did this happen?”

**Resources for Asking Complex Questions**

- [https://www.qprinstitute.com/research-theory](https://www.qprinstitute.com/research-theory)
Section 2: Guardian/Interpreter
- Legal Guardian
- Primary Language
- Need for interpreter
- Verification of relationship

Section 3: Mental Health Diagnoses
- Mental Health Conditions
- Diagnosed or Suspected

Section 4: Substance-Related Diagnoses
- Substance-related disorder
- Most recent use
- NF admission related to substance use

Section 5: Dementia/Neurocognitive Disorders
- Diagnosis of disorder
- Severity of deficits
- Difficulty with:
  - Communication
  - Ambulation/motor tasks
  - Recognition of familiar people/objects
  - Short-term memory
  - Long-term memory
- Testing results
Section 6: Interpersonal Behaviors
- Difficulty interacting with others
- Altercations, evictions, or unstable employment
- Excessive isolation/avoidance of others

Section 7: Concentration/Task Completion
- Thinking through and completing tasks

Section 8: Mental Health Symptoms
- Self-injurious/self-mutilation
- Suicidal talk
- History of suicide attempt/gestures
- Physical violence
- Physical threats (with/without potential for harm)
- Severe appetite disturbance
- Hallucinations/delusions
- Serious loss of interest
- Excessive tearfulness
- Excessive irritability
- Other symptoms, describe

Section 9: Behavioral Health Symptoms
- Inpatient psychiatric hospitalization
- Partial hospitalization
- Residential treatment
- Mental health crisis services
- Other intensive services
Section 10: Behavioral Health Impact
- Legal Intervention
- Housing change
- Suicide attempt
- Homelessness
- Life disruption
- Psychiatric stability

Section 11: Psychotropic Medications
Current and recent history
Psychoactive
Medications

Section 12: Intellectual & Developmental Disabilities
- Known or suspected diagnosis
  - Impairment prior to age 18
  - Receipt of agency services
- Diagnosis that affects intellectual or adaptive functioning
  - Condition present prior to age 22
  - Substantial functional limitations
Level I Determinations

Negative screen = no PASRR condition
✓ Can admit to NF
✓ LI may include service identification

Refer for Level II = known/suspected PASRR condition
✓ Requires onsite Level II

Categories:
- Exempted Hospital Discharge (30 days)
- Terminal Illness (up to 6 months)
- Provisional Emergency
- Provisional Delirium
- 60 day Convalescent Care
Submitter Attestation/Signature

By checking this box, I attest that I have reviewed all information contained herein and that I take responsibility for the completeness and accuracy of information reported throughout this submission. I attest that I am a healthcare professional working in a clinical capacity for this provider. I understand that approved submitters include clinical professionals such as nurses, LPNs, social workers (with a B.S. degree or higher), physicians, or home health agency clinical staff. Social service staff are not required to be licensed to submit information. I understand that administrative staff are not permitted to submit clinical information to Ascend. I understand that Iowa Medicaid Enterprise considers knowingly submitting inaccurate, incomplete or misleading Level I information to be Medicaid fraud, and I have completed this form to the best of my knowledge.

Level I Volumes

- Instant Approval: 59%
- Categorical/Exemption: 35%
- Refer for Level II: 6%
- Specialized Services: 3%
- No Specialized Services: 3%

Jan-Aug 2017

Pop Quiz
Independent Contractors' Role:

**Must:**
- Schedule time for interview prior to arrival
- Ask staff to sign attestation acknowledging process completed appropriately

Qualified assessors
Licensed MI or IDD professionals

- Conduct clinical interview with person
- Speak with legal guardian, family, and support staff
- Review clinical record

Not the Independent Contractor's Role:

- Cannot identify final PASRR identified services
- Cannot determine Level II Outcome
- Cannot determine length of NF approval

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<td>Reason for the PASRR</td>
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<td>Communication Needs, Primary Language</td>
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<td>Psychosocial Information</td>
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<td>Employment/Vocational Training</td>
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<td>Current Mental Status and Presentation</td>
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Section Content

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<td>PASRR-Identified Services</td>
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**Consistency & Accuracy**
- Ensure each area matches
- Discrepancies explained
- Documentation support
- Interview verification

**Identify Services & Supports**
- What unique services does THIS person need (Specialized Services)
- What general services does THIS person need (Rehab Services)
- Does the person require community placement supports?

**Make Determination**
- Is the setting the most appropriate for this person?
- Is it acute enough?
- Is it too acute?
- Does the person require time-limited or ongoing services?
- What is the person's expected rehab period?
Pop Quiz

Resident Review Upon Relevant Status Change

Level I Disability Screen
Level II In-Depth Evaluation
Determinative
Other Appropriate Placement

Nursing Facility

PASARR
**Status Change—With Presence of a PASRR Condition**

- Increased behavioral, psychiatric, or mood-related symptoms
- Behavioral, psychiatric, or mood related symptoms that have not responded to ongoing treatment
- Improved medical condition such that the plan of care or NF approval decisions may require modifications
- Physical change with behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, that may influence adjustment to an altered pattern of daily living
- Individual indicates a preference to leave the facility
- Condition or treatment is or will be significantly different than described in the resident’s most recent PASRR Level II evaluation and determination

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**Status Change—With No Existing PASRR Condition**

- Exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of MI
- ID/RC not previously identified and evaluated through PASRR
- For NF residents who are psychiatrically hospitalized and plan to return to NF

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**Status Change Process**

- Submit a new Level I to initiate the process
- Level II completed
  - Level II not always required; only if PASRR condition exists or suspected
- New summary of findings generated
- Revise care plan based on findings and arrange/discontinue identified services, as appropriate

*Determination of no PASRR status change means you must continue using the previous PASRR-identified services*