Level I Review

Over the next few slides, we will discuss needed information to make a LI determination, with as few requests for additional information as possible.
Ascend Level I staff are nurses with combined medical and behavioral health experience. They will complete the screening process and provide outcome determinations, which can range from a Negative – No LII to Refer for Level II. In addition, they can apply a categorical determination or exemption, when appropriate. This means a person is not required to have a face to face Level II evaluation at this time. As you can see on the screen, we have 3 designated Level I reviewers for TN in addition to a Lead, SV and Manager. Over the course of time and depending on review volumes, all reviewers eventually cross train for additional contracts, so there will be others completing reviews for TN.
In Section 1, we will require information about who the person is: Name, DOB, SSN, etc., as well as pay source information, current location and what is their typical living situation. Do they live alone, with a spouse, independent living, etc.

Before completing a LI, keep in mind that a new LI is not required if there is a prior valid LI or LII PASRR approval, unless there has been a change in mental health status. This would apply for persons who are current NF residents, transferred to hospital for a medical condition and returning to the same or different NF. Valid means not expired, no discharge to community, remains an accurate clinical representation of the person.

As in the previous slides, please provide psychiatric evaluation/consultation and statement of psychiatric stability if the person has received an evaluation. It will also be important to receive a statement of psychiatric stability.
If the person has a legal guardian. Medical POA, legal POA etc. please provide documentation with submission of the LI. Ascend will also need to know if a person the person has any language barriers or needs for interpreter.

What is the person’s primary language? If it’s Spanish, but they are fluent in English, an interpreter is not needed.

Are they hearing impaired? If so, to what degree. Do they use a hearing aid and it’s sufficient or are they deaf and require someone to sign.

These questions are very important if the person has a LII condition and will require a face to face LII.
These next slide will identify the areas of information you will be required to complete on the LI screening referral. The first question asks about mental illness diagnoses. There will be a comprehensive list which includes serious mental illnesses, such as Schizophrenia, Bipolar DO, Psychotic DO, etc. It will also include diagnoses such as PTSD. Depression (mild/situational), Anxiety DO, etc.

Another question will inquire about substance use/hx. and when was the last know use. If the person is unable to give a time frame for the last time they used alcohol or drugs, you can mark unknown.
The LI screening tool will ask about Dementia or what is now included under Neurocognitive DO. If this diagnosis is indicated on the LI screen, there will be additional questions, as noted in the slide.

When a person is noted to have dementia, it is very important to provide supporting documentation for that dx. Documentation might include an H&P with documented hx of cognitive decline, neurocognitive testing, MRI, CT, a series of MMSEs, etc. This documentation is especially important for person with a co-occurring serious mental illness or intellectual disability/related condition. Documentation will assist the Ascend clinical reviewers in determining the stage of dementia, whether they would or would not benefit from a LII evaluation. If there are associated behaviors, further evaluation may be required to determine if related to their PASRR condition or dementia.
The LI will also ask questions related to interpersonal behaviors and concentration/tasks, as in the slide. These questions are designed to get at the stability of the person’s mental illness. These questions might also apply to things that are going on related to a current, recent, acute medical condition, but if the person does not have a MI or ID/RC diagnosis, please provide this information in the Comments to Ascend. Although important to know, unless the person has a new onset of mental illness, we don’t want to delay the review by unnecessarily researching a medical condition. However, when in doubt, complete this section and the reviewers will assist in figuring it out.
These questions are also about current or historical mental health symptoms and will assist in identifying a person’s mental/behavioral health status and what services they may have received. If yes is marked, additional fields will open to identify how recent the symptoms have occurred or services have been provided.
This question is to identify interventions which have occurred due to the individual’s mental illness, ID/RC or dual diagnosis. Has their illness, instability led to behaviors resulting in incarceration, police called to the home, evictions, suicidal ideation or attempts, homelessness. Again, these questions will ask how recent the impact occurred if yes is selected.
The next section of the LI will ask if Psychotropic Medications are prescribed or have been in the past 6 months. As the slide states, do not include medications prescribed for medical conditions. Some examples are Trazadone for sleep, Remeron for appetite, Depakote for seizures. If the medication is prescribed for a mental illness, it must be included.

### Psychotropic Medications

- Psychoactive medications used for mental health conditions
- Do not include medications used for medical diagnoses
- Will need:
  - Name
  - Dosage
  - Route
  - Diagnosis
This section of the LI asks about known or suspected diagnoses of intellectual, developmental or related disabilities. Was the individual diagnosed with an intellectual disability prior to age 18; a Related Condition prior to age 22? How does the disability impact the person’s day to day living/ functioning? Have they or do they receive serves for their disability from a agency servicing persons with ID/RC disabilities? Does the person have substantial limitations in at least 3 life domains?

Additional/specific questions you may be asked are: Dis this person graduate from or attend regular high school or special education? Is or has this person ever been married? Do they have children? Have they lived independently; with or without service providers? Have they held a job? Example: bagging groceries, attorney

These questions are important, because we don’t want to insult a person who has a disability but has been functioning independently or with minimal assistance by referring for a face to face assessment. Keep in mind, there are differing degrees of some disabilities. Example: CP can be very debilitating, but some individual’s minimally impacted. Some are very minimally impacted; able to marry, go to college, have high level jobs, etc.
After completing the clinical portion of the LI, you will be able to request an Exemption or Categorical for persons with a LII PASRR condition; Serious Mental Illness, Intellectual/Developmental Disability or Related Condition. This allows the person admission to a NF for a short period of time, without having a face to face LI evaluation. Please review the criteria within the specific requested categorical or exemption request. Specifics for each are little different, as you will see. Please do not request one of these outcomes for persons with a medical condition, only. This will delay your outcome, when the person may receive a Negative LI approval.

**Categorical/Exemption Decisions**

If the person has a known/suspected SMI and/or ID/RC
- Mentally/behaviorally stable
- Medically admitted in need of ST continued rehab/treatment
- Seeking SNF admission for same medical condition for which they are hospitalized
- Respite needed for caregiver
- Primary Dementia dx
- Severe illness and unable to participate in a interview
- Terminal – 6 months or less to live

What is required?
- Current H&P
- MD Certification; signed by MD
Once all sections of the LI referral are completed, you will mark the box next to the attestation confirming you are aware that all of the information provided is true and accurate to the best of your knowledge. Doing otherwise is considered Medicaid fraud. It’s important to mention, if someone, other than yourself, completed the referral and you are the submitter, be sure you review for accuracy, as your name will be the one entered on the referral.
Some common questions and problems for Level I are:

- When to submit a status change/resident review as well as provide a comment in the additional information field to clarify why status change/resident review has been submitted

- How to complete the general information page correctly

- if client is taking a medication for a mental health diagnosis it is imperative that they also provide a diagnosis above this field in the diagnoses list. We have a lot of reviews where medications are entered with diagnosis beside it, but nothing is shown under the diagnoses list; to not click that a medication is for mood disorder if there is not a diagnosis of this. Just because the MAR says a medication is prescribed for mood, it does not mean they have a mood disorder diagnosis; could be mood disorder related to medical condition.

- We have a lot of repeated reviews come in because the hospital missed a medication and/or a diagnosis. It is important to double check before submitting, as this creates extra workload on the provider and Ascend side. We ask you to be proactive in submitting referrals in order to d/c from hospital, but doing so too soon can result in
inaccuracies and the need for a Status Change review.

- Finally, double check the SS# - we tend to have a lot of duplicate ID’s which has increased IT tickets and will result in delays.

- What will constitute as a 30/60 day exemption, when the exemption will apply and when to send a practitioner certification; What would classify as an ID/RC condition – (do not mark suspected ID/RC unless you have evidence to support why it is suspected); differences between major mental illness and mental illnesses.

- If Major Depression is given due to a ICD-10 coding change when a person previously had a diagnosis of depression 311 (mild/situational), provide MD clarification to determine the correct depression diagnosis. More than likely the person does not have Major Depression, but if unable to clarify, Ascend will have to refer for a LII.

- Review the Exemption and Categorical request criteria within this section on the L1 referral form, as well as within this presentation.
TN Helpdesk and Independent Contractors
Ascend Project Support staff who work with TN. Project support are the people you speak with when you have system or status questions.
IC Scheduling Attestation

- Must schedule time for interview prior to arrival
- Will call the referral source to do schedule
- Notify staff and individual that IC will be coming by
- IC will ask staff to sign attestation acknowledging process completed appropriately
<table>
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<th>The Independent Contractor Role</th>
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<tr>
<td>— Qualified assessors—Licensed MI or IDD professionals</td>
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<tr>
<td>— Conduct clinical interview with individual</td>
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<td>— Speak with legal guardian, family, and support staff</td>
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<td>— Review clinical record</td>
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<td>— Document interview and give impression of interaction</td>
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IC Scheduling Attestation

TENNESSEE PASRR IC SCHEDULING ATTESTATION

As part of scheduling for the completion of the assigned PASRR evaluation, please complete the following scheduling attestation. This form confirms that the referring agency has been contacted prior to arrival and was involved in confirming the availability of the individual being contacted and was notified that the Independent Contractor scheduled arrival time. Please complete all sections and have a facility representative sign this attestation at the time of your departure. Please submit this attestation with the completed PASRR evaluation and supporting document.

<p>| Facility Evaluation Scheduling | | |</p>
<table>
<thead>
<tr>
<th>Name &amp; Title</th>
<th>Date Contacted</th>
<th>Time Contacted</th>
<th>Date and Time Evaluation Scheduled</th>
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Onsite assessment Start: Date _________ Time _________

Onsite assessment End: Date _________ Time _________

<p>| Facility Representatives consulted during as a part of assessment: | |</p>
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Tennessee/PASRR Independent Contractor

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Person Signature

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Person Title

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A level II is an in-depth assessment. Ascend conducts both MI and IDD assessments in Iowa. To conduct a Level II, the interviewer must meet and interview the person, review the medical record, and interview support staff. Ascend clinicians interview the person for about 45 minutes to an hour and ask questions on everything from the number of children the person has to what things/situations cause the person to experience an increase in psychiatric symptoms. We find out information about who the person is, what he likes or dislikes, what makes her happy or sad. We find out about the person’s needs, diagnoses, and what the person wants for his or her life. Where she wants to live, who his support network is, and what will help her be successful in the NF and in a community setting.

Although we believe this information is the only way to help the person live the life they choose to live, these are also state and federally required elements for a good PASRR assessment.
Not the Independent Contractor’s Role

- Cannot identify final PASRR Identified services
- Cannot determine length of Nursing Facility placement
- Cannot determine Nursing Facility denial
Just as the first phase is called a Level I, the second phase is called a Level II.
Ascend Level II staff who work with IA. L2 staff are the people who...

Keisha Scott – Supervisor
Krystle Raglin
Aundrea Epps
Monica Buford
Taylor Dove
Brad Goodin
Gerogette Harris-Watts
Atria
A level II is an in-depth assessment. Ascend conducts both MI and IDD assessments in TN. To conduct a Level II, the interviewer must meet and interview the person, review the medical record, and interview support staff. Ascend clinicians interview the person for about 45 minutes to an hour and ask questions on everything from the number of children the person has to what things/situations cause the person to experience an increase in psychiatric symptoms. We find out information about who the person is, what he likes or dislikes, what makes her happy or sad. We find out about the person’s needs, diagnoses, and what the person wants for his or her life. Where she wants to live, who his support network is, and what will help her be successful in the NF and in a community setting. In addition to speaking with the person, we require our ICs to speak with the person’s legal guardian/Desigee, and ask staff specific questions about missing or vague information. We know your time is limited, so these conversations should not typically last more than a few minutes.

Although we believe this information is the only way to help the person live the life they choose to live, these are also state and federally required elements for a good PASRR assessment.
After the Assessment

**Determination**

**Summary of Findings report**

**Consideration of placement options**
- Level of Care

**PASRR-identified services**
- NF must know they can deliver all

The Level II Summary of Findings Report has critical information NF providers must review to determine if they can deliver the identified services to the person.

After Ascend receives the completed Level II assessment, we review all of the information, including the medical record and supporting interviews, and our clinicians make a determination about the individual’s psychiatric and medical stability, the need for NF care (meaning does the person meet medical necessity & LOC for NF placement), and what type of the services a person needs to be successful. We write all of that up in a summary of findings report and send a copy to the LI submitter. This means the Level I submitter must share this with the accepting NF BEFORE the person goes to that facility.

The NFs need to review this in detail before the person can go to their facility—otherwise, how will they know if they can deliver the identified services and meet the person’s needs?

Federal regulations suggest an average of 7-9 days for the completion of the entire PASRR process, although contractually, Ascend has 5 calendar days. Providers can greatly influence the timeliness of LII reports by responding to questions promptly and submitting requested information at the time of submission of the LI screen.
Common Problems for Level II

- Understanding the outcomes
  - Long-term vs. Short-term determinations
- Incorporation of identified services into the care plan
  - Reviewing & understanding the needed PASRR services
- Knowing when to submit a new Level I
  - Resident Review/Status Change
  - Expiration of a time limited stay
  - Preadmission
Next, let’s talk a bit about what PASRR Identified services are and the difference between rehab and SS.
PASRR Rehabilitative services, or Rehab services, are those services that the NF is responsible for providing as part of their rate. Often referred to as services of lesser intensity, these are services that are general to individuals with MI/ID/RC.

They are called “lesser intensity” because they are services less intense than those of specialized services. Although they are less intense, they must still be incorporated into the individual’s plan of care.
Some examples of common Rehab services. These services do not require delivery by a specific type of professional—anyone can record symptoms and help keep everyone safe.
Specialized services play a critical role in PASRR. These services are unique to the person and serve to meet “this” person’s specific disability needs. They must be delivered by a disability expert and are above and beyond what the NF typically provides. The state is responsible for any associated cost, although the NF must coordinate, arrange, and ensure service delivery.
## Specialized Services & Transitions

PASRR is a component of community-based system of supports
- Tool for ensuring individuals receive services to meet their needs in the most integrated setting
- When individuals must receive services in a NF due to their needs, states are using PASRR as a critical transition component

Specialized services can include building skills needed for successful community living

Providers may include HCBS providers, who can build an effective bridge between NF and community
- Excellent continuity of care at discharge

Use information from MDS and other data sources to identify current residents of NFs who may be better served in the community

States are increasingly viewing PASRR as a component of their overall community-based system of supports, a tool for ensuring that individuals are receiving the services appropriate to meet their needs in the least restrictive, most integrated setting.

When individuals must receive services in a NF due to their needs, states are using PASRR as a critical transition component.

Specialized services can include services that build skills needed for successful community living. Provider resources may include Home and Community Based Services (HCBS) providers, which can build an extremely effective bridge between the NF and community and potentially excellent continuity of care at and after discharge.

States are also beginning to use information available through MDS and other data sources to identify current residents of NFs who may be better served in the community. In thinking of PASRR as an integrated component of the service delivery system, states are exploring how to create bridges to more seamless transitions.