PASRR AND LEVEL OF CARE SCREENING PROCEDURES FOR LONG TERM CARE SERVICES

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The policies and procedures in this document are approved and signed by Operations Director prior to posting.

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840 Crescent Centre Drive, Suite 400 | Franklin, TN 37067 | www.ascendami.com

Table of Contents

I. Table of Contents 2
I. Introduction and Overview 3
II. Preadmission Screening and Resident Reviews (PASRR) 3
A. Federal Requirements for Individuals Subject to PASRR 3
B. Who is evaluated through PASRR? 4
B.1 Persons with Serious Mental Illness 4
B.2 Persons with Intellectual Disabilities/Intellectual disability (ID) 6
B.3 Persons with Related Conditions/Developmental Disabilities 7
C. Level I Process and Decisions 7
D. The Individualized Level II PASRR Process and Outcomes 8
E.1 Level II Process 8
E.2 Level II Outcomes 9
E. When a categorical decision concludes or a significant change in status occurs with a NF resident (also referred to as Resident Review/Status Change Level II Evaluation) 10
E.1 Federal MDS Criteria for Notifying Ascend of a PASRR Status Change 11
E.2 Method of Notifying Ascend when a Resident Review/Status Change evaluation is needed. 11
F. Notification Letters and Process 12
G. Obtaining Screening outcomes and reporting location changes for Level II residents 13
H. Provider Service Review Project 13
H.1 Specialized Services for residents with mental illness 13
H.2 Specialized Services for individuals with mental retardation/related conditions 16
H.3 Service Monitoring and Review Projects 17
III. General Information 17
A. Delayed Admissions 18
B. Readmissions 18
C. Transition and Diversion considerations 18
IV. Forms and Tools 20

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MANAGEMENT INNOVATIONS

Introduction and Overview

Return to table of contents

This manual serves as a reference for providers who facilitate placement for and deliver services to individuals in Medicaid certified nursing facilities (such as nursing home, hospital, and social service staff). The purpose is to describe state and federal requirements for: ***Preadmission Screening and Resident Review (PASRR)*** which applies to all applicants to and residents of Medicaid certified nursing homes, regardless of (the individual's) method of payment.

The following describes screening requirements and definitions that you will need to know in order to comply with federal and state regulations. PASRR requirements advocate for the individual, through promoting the least restrictive and most appropriate placement at the earliest possible time.

Ascend Management Innovations (d.b.a. *Ascend*) is a Nashville based utilization review firm that specializes in integrated disease management of both behavioral and medical health care. Our staff is well versed in Long Term Care review processes, and Ascend is a national leader in conducting PASRR screening/evaluations in a variety of states. Ascend's contact information is below:

Training, procedures, forms, Frequently Asked Questions, and other updates can be found at www.pasrr.com. Bookmark that site and visit it often.

Ascend Management Innovations (www.pasrr.com)
Mississipi Long Term Care Division
Seven Corporate Centre, 840 Crescent Centre Drive
Franklin, TN 37067
Phone: 877.431.1388 Facsimile: 877.431.9568

I. Preadmission Screening and Resident Reviews (PASRR)

A. Federal Requirements for Individuals Subject to PASRR

Return to table of contents

The PASRR Level II (Preadmission Screening and Resident Review) program is an advocacy program mandated by the federal Centers for Medicare and Medicaid Services (CMS) to ensure that nursing home applicants and residents with mental illness and intellectual/developmental disabilities are appropriately placed and receive necessary services to meet their needs.

PASRR Level II guidelines require that nursing homes address behavioral health needs of residents, including residents with Mental Illness (MI), Intellectual disability (ID), and conditions related to Intellectual disability (referred to in regulatory language as Related Conditions [RC]). These are the target conditions for PASRR. Behavioral health needs, when present, must be identified through a

comprehensive evaluation process referred to as Preadmission Screening and Resident Review (PASRR). PASRR evaluations assess:

> The term *PASRR* is used interchangeably with the term *Level II* evaluation. The Level I is the initial screen which *identifies* persons who are subject to Level II evaluations.

- **Whether the individual requires the level of care provided in an institutionally based setting** and, if so, whether an NF is the appropriate institution.

- **Presence of behavioral health treatment needs.** Routine and ongoing rehabilitative treatment needs are the responsibility of NF staff following the identification of those service needs through the PASRR process. For residents exhibiting active, or specialized, treatment needs, the state authority is responsible for providing that treatment.

PASRR evaluations are referred to as *Level II* evaluations to distinguish them from their counterpart *Level I* screens. The Level I screen is a brief screen used to identify persons applying to or residing in Medicaid certified nursing homes that are subject to the Level II process. In Mississippi, Level I elements are contained in the **Mississippi Division of Medicaid Pre-Admission (PAS) Application for LTC**. The **PAS application for LTC is a separate process from PASRR Level II evaluations.**

Once a person with a suspected or known diagnosis is identified through the Level I portion of the PAS Application for LTC, a Level II evaluation must be performed to determine whether the individual has special treatment needs associated with the MI and/or MR/RC.

The PASRR evaluation will be referred to as the Level II through the remainder of this document to distinguish it from the Mississippi Division of Medicaid Pre-Admission (PAS) Application for LTC.

Over the past few years the PASRR program has emerged as an important method for flagging persons who exhibit high risk symptoms and behaviors to ensure appropriate placement and services. ***The Power of PASRR* is increasingly being identified as a critical and important way for addressing a growing need among an exponentially growing population.**

B. Who is evaluated through PASRR?

Return to table of contents

The following describes the criteria used to determine whether an individual is subject to a Level II. Remember **that Level II criteria apply whenever an individual is *suspected* of having a PASRR target condition (as defined on page 3)*,* even though the individual may not have been formally diagnosed.** Level II evaluations are mandated regardless of whether or not an individual is a recipient of Medicaid benefits. The **Medicaid certification of the nursing facility, not the payment method of the individual,** determines whether Level II evaluation is required. The Level II evaluation must occur **prior to admission** and **whenever a resident experiences a significant change in status.**

B.1 Persons with Serious Mental Illness

A person with *known* or *suspected* serious Mental Illness (MI) who is requesting admission to a Medicaid Certified nursing facility must be evaluated through the PASRR process. The following is the federal definition for serious MI:

- ***Diagnosis*** of a major mental illness, such as schizophrenia, schizoaffective disorder, bipolar disorder, major depression, panic disorders, obsessive compulsive disorder and **any other disorder which could lead to a chronic disability which is not a primary diagnosis of dementia**. If the individual has a sole diagnosis of dementia, s/he is excluded from further PASRR evaluations. If the person has both a dementia diagnosis and another psychiatric condition, the dementia must be confirmed as *primary. Primary* means that the symptoms of dementia must be significantly more progressed than symptoms of the co-occurring psychiatric condition.

- ***Duration:*** significant life disruption or major treatment episodes within the past two years and due to the disorder. **This does not necessarily mean that the individual was hospitalized.** This might include, for example, a person whose mental illness exacerbated to the extent that critical resource adjustments (such as increased case management services, increased monitoring, etc.) would have been indicated (**regardless of whether they were identified or delivered**). Examples of the types of intervention needs which may have occurred, regardless of whether or not services were delivered, include (but are not limited to):

  - Psychiatric treatment more intensive than outpatient care (e.g., partial hospitalization, inpatient psychiatric hospitalization, crisis unit placement) within the past two years; or
  - A major psychiatric episode; or
  - A suicide attempts or gestures; or
  - Other concerns related to maintaining safety.

How would a person with a first time episode of serious depression be assessed under these criteria?

To answer that, let's first look at the data. Current studies identify a range of anywhere from 19%-55% of persons in NF populations who experience mental disorders. Data also tells us that elders are the most likely to attempt suicide and to use lethal means to accomplish suicide than any other population. Although persons living in NFs are less likely to attempt suicide through violent means, they have high levels of suicidal ideation. Moreover, many of these persons die from indirect suicide than from direct suicidal behavior (through self-destructive behaviors such as refusing to eat or refusing life-sustaining medications).

While PASRR does not target persons who have a transient depression, if the depression is more severe than or lasts longer than a typical grief reaction, it is important that Ascend be provided information sufficient to determine whether treatments should be identified through the PASRR process to address and ameliorate the individual's symptoms.

- ***Disability:*** referred to as *Level of Impairment* in regulatory language, is characterized by active behavioral health symptoms within the preceding six month period which significantly interfere with the individual's ability to interact interpersonally, concentrate, follow through with goals or needs, and/or adapt effectively to change. Simply, this means that the individual has experienced chronic or intermittent symptoms over the preceding 6 months which have impacted his or her life.

The Dementia Exclusion for Persons with MI

Certain persons with dementia are *excluded* from PASRR when a dementia condition is present. The **dementia exclusion** applies to:

- **People with a sole diagnosis of dementia** or

- **People with a primary dementia with a secondary mental illness diagnosis**

Where co-morbid dementia and mental illness are present, the decision as to whether dementia is *primary* is more complex than simply deciding if the dementia is *currently* the most prominent diagnosis. The complexity occurs in ensuring that the symptoms of dementia are clearly more *advanced than* those of the co-occurring behavioral health condition. That is, the dementia is advanced to the degree that the co-occurring mental illness is not likely ever again to be the primary focus of treatment. Because both major mental illnesses and dementia exhibit similar types of executive functioning impairments and personality change, the *progression of the dementia* is a key focus of the screening processes. As a part of the Level I process, Ascend will be determining if dementia is the sole diagnosis or primary over a secondary mental illness diagnosis. For the latter of the situations, it is important that the Level I referral source provide information which clearly supports that the dementia is primary over the mental health diagnosis.

A note about individuals who have symptoms or diagnoses of dementia A person with dementia who has no other mental health conditions is not subject to PASRR. However, the federal law requires that the PASRR evaluation be conducted if information does not conclusively support that dementia is **progressed** and **primary** over any other mental health condition. When co-occurring diagnoses are present, Federal guidelines are very strict that an exemption cannot occur unless sufficient evidence is present which clearly confirms the progression of the dementia as primary.

On October 6, 2010 *Rosa's Law* changed references in federal law from *intellectual disability* to *intellectual disability*. Because regulations have not yet been modified, the term *intellectual disability* is used in this section to conform to current regulatory language.

B.2 Persons with Intellectual Disabilities/Intellectual disability (ID)

The definition for ID is provided in the Diagnostic and Statistical Manual, Fourth Edition Revised (DSM). Criteria includes a measure of intelligence that indicates performance at least two standard deviations below the mean (IQ of approx. 70 or less) with concurrent impairments in adaptive functioning and an onset before age 18.

Sometimes persons applying for nursing home care may be suspected of currently functioning in the ID range of intellectual abilities, but may not meet criteria to be diagnosed as a person with ID. This is because the definition of ID includes evidence that the adaptive and intellectual deficits began before age 18. Some persons may have a long but undocumented history of adaptive and intellectual disabilities. It is not uncommon that elderly persons do not have a record of school age diagnostic intelligence and adaptive behavior testing. In such situations, one of the key challenges is confirming that lowered cognitive levels occurred during the developmental period (prior to age 18) and are not a result of other medical causes (e.g., stroke, TIA, accidents or injuries) experienced during adulthood. It is important to remember that federal law **requires PASRR evaluation** if the individual is *known* to have or *suspected* of having ID, even when testing or documentation is not available to confirm conclusively the diagnosis. It is important to obtain as much information as possible to help determine the age of onset.

B.3 Persons with Related Conditions/Developmental Disabilities

Related Condition (RC) refers to individuals with service or treatment needs similar to individuals with ID. RC is a federal term with a definition that is very similar to developmental disability. Persons with related conditions are those individuals who have a severe, chronic disability that meets all of the following conditions:

- Is attributable to cerebral palsy, epilepsy, ***<u>or any other condition</u>* found to be closely related to mental retardation** because this condition results in impairment of general intellectual functioning **<u>or</u>** adaptive behavior similar to that of people with ID and requires similar treatment or services;
- It is present ***prior to age 22;***
- Is expected to ***continue indefinitely;***
- Results in ***substantial functional limitations in three or more of the following major life activities:*** self-care; understanding and use of language; learning; mobility; self-direction; capacity for independent living.

C. Level I Process and Decisions

Return to table of contents

The purpose of the Level I screen is to identify individuals intended for evaluation through the PASRR Level II process – those individuals with *known* **or** *suspected* MI and ID/RC. In Mississippi, the Level I screen is contained within the Mississippi Division of Medicaid (DOM) PAS Application for LTC, which is completed before NF admission. The full PAS Application for LTC is submitted for persons who are Medicaid-eligible, and the Level I portion is submitted for persons who are not using Medicaid as a payer source.

DOM indicates they do not require a Level I screen for individuals who will remain in the NF 20 days or fewer. Discharge must occur on or before day 20 of admission or the facility must complete a Level I screen.

Once a Level I screen indicates a Level II condition is present, DOM notifies an Ascend clinician to review the individual's LTC Nursing Facility PAS application within the Envision Web Portal. Ascend clinicians will also review screens that contained triggers (such as intensive psychiatric histories) as well as screens that were approved by the completing physician for exemptions or categorical decisions (e.g., terminal illness, serious medical conditions, etc.) for quality purposes.

Once Ascend is notified to review a positive screen (a screen that suggests a Level II evaluation is needed), any one of the following outcomes may occur:

1. **<u>The individual will be determined not to need a Level II evaluation</u>**. If this occurs, Ascend will issue a written notice to the provider indicating that the Level II process is not required for that individual.

2. **<u>The individual will be determined to be eligible for an abbreviated Level II evaluation</u>**. Either one of the conditions listed in the Level I (Section IX of the PAS application) or another state option for a categorical decision may apply. If this occurs, Ascend will issue a written notice to the provider with an abbreviated PASRR report that describes the individual's care needs.

3. **<u>The individual will be determined to require an onsite Level II evaluation</u>**. If this occurs, Ascend will issue a written notice to the individual to explain the Level II process.

D. Level II PASRR Process and Outcomes

Return to table of contents

If an applicant with known or suspected MI and/or MR/RC is not eligible for an abbreviated categorical decision, a Level II evaluation is required. Ascend is responsible for conducting Level II evaluations for persons with known or suspected mental illness. **The Department of Mental Health reviews all PASRR Level II MI evaluations, summarizes those, and makes all final determinations. The Department of Mental Health, Bureau of Intellectual and Developmental Disabilities Services conducts all Level II evaluations for persons with MR/RC and reviews, summarizes, and makes all final determinations**.

When information indicates that a *Level II on-site MI evaluation* is required, Ascend will request copies of the following from the individual's records, if available:

- A current ***history and physical*** (performed within the past 12 months) that includes a complete medical history with review of all body systems;
- Current ***physician's orders*** and treatments;
- Current ***medications***;
- ***Contact information/names and addresses for family, guardian***, and Primary Care Physician
- ***Admitting NF*** if known;
- Other information which may ***clarify the individual's mental or physical state***.

Level II evaluations are required under federal law to occur prior to NF admission. It is the goal of the DOM to move toward pre-admission evaluations in order to meet federal guidelines.

D.1 Level II Process

The Level II process is typically conducted on-site and involves an interview with the individual and his/her guardian, interviews with family members if available and permitted by the individual, interviews with other caregivers, and a review of any available medical records.

Ascend fully credentials and trains all Level II evaluators. All evaluators are licensed in the State of Mississippi. The evaluator will review any available medical records, interview caregivers, and interview the individual. The evaluator will collect all Level II information using a structured interview protocol. The evaluation and any supplemental medical records will be forwarded to Ascend for a quality review.

Federal requirements specify information which must be collected as part of the Level II process. The evaluation can be significantly expedited if the referral source assists in notifying relevant parties of the time of the scheduled evaluation. If a legal guardian has been appointed, the guardian must be given the option to participate in the evaluation. The patient must also be given the choice of whether s/he would like family to be involved. If so, the provider should also make the family aware of the time and location of the scheduled evaluation. The referral source will be contacted by an Ascend evaluator soon after the referral for evaluation. Once an evaluation is completed, it is securely transmitted to Ascend for quality review and then to the Mental Health Authority for development of the final Summary of Findings Report.

As a part of the Level II process, Ascend evaluators will obtain a Release of Information to obtain records from third-party sources such as a physician's office, family members, etc. However, because Level II evaluations are a federally mandated process, a Release of Information is not required for hospitals and nursing facilities to provide patient information and medical records to Ascend. When a Level II individualized evaluation is required, the following occurs:

D.1-a Required action for Level II decisions which require an onsite evaluation:

The discharging hospital/provider:

1) Submits the forms specified under Section D.
2) Ascend will contact the provider to schedule an evaluation.
3) If the individual was approved for admission, the discharging provider will receive an approval along with an authorization letter once the approval is determined.
4) Must provide a copy of the Ascend authorization letter to the admitting NF.

The admitting facility

1) Must submit **a Tracking form** (a copy is posted under www.PASRR.com, Mississippi PASRR) to Ascend when an admission of an individual with MI and/or MR/RC occurs.
2) Must submit: **a PASRR Level II Change in Status Request Form** (a copy is posted under www.PASRR.com, Mississippi PASRR) **only if** a **significant change in status** occurs as described in Section II.E of this manual.

Ascend will conduct Level II evaluations within 5 business days. The Department of Mental Health, in turn, will review all PASRR Level II MI evaluations, summarizes those, and makes all final determinations within business 2 days. The Department of Mental Health, Bureau of Intellectual and Developmental Disabilities Services conducts all Level II evaluations for persons with MR/RC and reviews, summarizes, and makes all final determinations.

D.2 Level II Outcomes

Return to table of contents

Once a Level II evaluation is completed, one of the following outcomes will occur:

1) **Approval Decisions.** The individual is approved for admission to a Medicaid-certified NF.
2) **Adverse (Denial) Decisions. There are two types:**
    a. The individual is denied admission to a Medicaid-certified NF because of his/her behavioral health status.
    b. The individual is denied admission to a Medicaid-certified NF because s/he does not meet NF level of care criteria.
3) **Decision that Level II Requirements do not apply.** The individual's Level II evaluation was halted or stopped (the evaluation indicates that the individual does not have MI and/or MR/DD as defined under federal requirements).

When an approval decision is provided, the process will occur as described in the D.1-a box above. When an adverse (denial) decision occurs, the following steps occur:

D.2-a Adverse (Denial) Decision:

1) **Appeal option for the individual**: If the individual was denied NF admission due to absence of medical needs and/or presence of behavioral concerns, the individual/legal guardian will be provided information about how to appeal this decision through the fair hearing process.
2) **Reconsideration option for the provider:** The discharging provider will receive a written notification containing the procedure for reconsideration. The provider may request a reconsideration if it can be demonstrated that new information or clarifications can be provided which could potentially reverse the denial decision.

If the decision is not reversed thorough either appeal or reconsideration, the individual cannot be admitted to a Medicaid-certified NF. If the individual is a current resident of the facility, transfer and discharge requirements apply.

An evaluation may also be *halted.* If an evaluation is *halted,* Level II requirements do not apply for that individual.

D.2-b Required action for Halted decisions:

1) The individual does not require further screening through the Level II process, unless in the future a change in status occurs suggesting that the individual has a mental illness and/or MR/RC. If such as a change occurs, the admitting NF **must submit** a **PASRR Level II Change in Status Request Form** (a copy is posted under www.PASRR.com, Mississippi PASRR) to Ascend.

E. When a categorical decision concludes or a significant change in status occurs with a NF resident (also referred to as Resident Review/Status Change Level II Evaluation)

Return to table of contents

When an abbreviated (categorical) Level II decision authorizes a short term stay, if the resident is expected to remain in the NF beyond the authorized period, then federal law requires a subsequent Level II evaluation.

Likewise, a *significant change in status* is federally-required to trigger a Level II Resident Review. Federal guidelines mandate that nursing home providers continually evaluate their *Minimum Data Set* data to identify significant change. Providers are required to consider a Status Change Level II evaluation whenever the Minimum Data Set (MDS) determines that a change is present in at least two areas of an individual's functioning or behavior. In the event that such a *significant change* is supported through the MDS, the nursing facility is responsible for completing and submitting a **PASRR Level II Change in Status Request Form** (a copy is posted under www.PASRR.com, Mississippi PASRR) to Ascend. The guidelines for determining when a Status Change is significant are provided in MDS 3.0, *Chapter 2*.

In Mississippi, Ascend should be contacted in such instances. Status changes are explained in detail below, but in sum, those instances are as follows:

1) **Whenever a person with MI and/or MR/DD was admitted because of a short-term exemption or a categorical decision and whose stay is likely to exceed the authorized timeframe**. Those decisions are listed under Section IX, Part A of the PAS form and include:

    a. Respite care for 10 days

    b. Person exempted because of need for short-term convalescent care (likely to be less than 30 days)

    c. Persons for whom Ascend approved a because of need for short-term convalescent care (likely to be less than 60 days)

    d. Person needs provisional admission pending further assessment in an emergency situation requiring protective services with placement not to exceed 7 days

2) **Whenever Ascend authorized a person with MI and/or MR/DD to be admitted because of a short-term exemption or a categorical decision and whose stay is likely to exceed the authorized timeframe**. The state has requested federal approval for a categorical option that

permits another abbreviated decision. Once approved by the federal government, Ascend will apply those decisions.

3) **Whenever an NF resident experiences a significant status change** as defined below:

> *Level I/II Screening results remain valid for the individual's NF stay, unless a change in status occurs.*

E.1 Federal MDS Criteria for Notifying Ascend of a PASRR Status Change

The MDS 3.0 for the first time clarified "significant change," as including the following two groups:

1. **Group 1: Individuals previously identified through the Level I/II process to have mental illness, mental retardation, or a condition related to mental retardation in the following circumstances:** (Please note this is not an exhaustive list.)

   a) A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.
   b) A resident whose behavioral, psychiatric, or mood-related symptoms have not responded to ongoing treatment.
   c) A resident who experiences an improved medical condition, such that the plan of care or placement recommendations may require modifications.
   d) A resident whose significant change is physical, but whose behavioral, psychiatric or mood-related symptoms, or cognitive abilities, may influence adjustment to an altered pattern of daily living.
   e) A resident who indicates a preference (may be communicated verbally or through other forms of communication, including behavior) to leave the facility.
   f) A resident whose condition or treatment is or will be significantly different than described in the resident's most recent Level II evaluation and determination. (Note that a referral for a possible new Level II evaluation is required whenever such a disparity is discovered, whether or not associated with a significant change in status assessment.)

2. **Group 2: Individuals who may not have previously been identified by the Level I/II process to have mental illness, mental retardation, or a condition related to mental retardation in the following circumstances:** (Please note this is not an exhaustive list.)

   a) A resident who exhibits behavioral, psychiatric, or mood-related symptoms suggesting the presence of a diagnosis of mental illness as defined under 42 CFR 483.100 (where dementia is not the primary diagnosis).
   b) A resident whose mental retardation as defined under 42 CFR 483.100, or condition related to mental retardation as defined under 42 CFR 435.1010 was not previously identified and evaluated through the Level II process.
   c) A resident transferred, admitted, or readmitted to an NF following an inpatient psychiatric stay or equally intensive treatment.

E.2 Method of Notifying Ascend when a Resident Review/Status Change evaluation is needed

When a resident experiences a significant status change, a PASRR Level II Change in Status Request form must be completed by the provider and faxed to Ascend. This form is provided on www.pasrr.com (click Mississippi PASRR):

Form	**Submitted by Provider when:**	**Purpose**

PASRR Level II Change in Status Request	1)An authorized short term stay has concluded –or- 2)When a change in status occurs	Federal requirement that a significant status change and/or a concluded categorical stay be reviewed via the Level II process.

E.2-a Required action for a significant change in status or when a categorical authorization concludes:

The NF must submit a ***PASRR Level II Change in Status Request Form*** to Ascend via fax. Ascend will work with the NF to determine further action.

If an onsite evaluation is determined to be required, the provider will be asked to complete an abbreviated Level of Care form which is based upon the PAS Application for Long-Term Care.

F. Notification Letters and Process

Return to table of contents

Notifications of Level II decisions will be provided to the individual/guardian and the individual's physician upon completion of the final decision by the Mental Health authority. The discharging and current NF will also receive a copy. For applicants with Level II conditions, a copy of the Level II Summary of Findings Report must be forwarded from the discharging facility to the admitting NF before admission occurs, to ensure that the admitting facility can meet the needs of that individual.

The admitting NF must notify Ascend of the individual's admission through submission of a **Tracking Form** (a copy is posted under www.PASRR.com > Mississippi PASRR) to Ascend. If the provider did not receive a copy of the notification letter and Level II report from the discharging provider, the admitting NF may request a copy from Ascend through submission of a **Tracking Form.**

Federal regulations require that the NF maintain a copy of the notification letter and the *Summary of Findings Report* in the resident's medical record at all times. This report identifies any behavioral health treatment and service needs that are the responsibility of the NF staff, as well as any specialized treatment needs. These determination reports are to be used in conjunction with the facility's resident assessment process to define a complete care plan for the resident.

The individual with a Level II condition may transfer to another NF as long as the admitting facility reviews the Level II report and agrees that it can provide those PASRR required services which are identified as the responsibility of the NF. When such a transfer occurs, a copy of the Level II letter and report must be transferred with the individual.

E.2-a Required action for Level II Notices and Reports:

The screening form(s) and associated outcome letter(s) must be maintained in the resident's NF medical record at all times. If service recommendations are included in the Level II report, those services must be incorporated in the individual's plan of care. **Level II forms should not be shifted to an administrative file or removed as part of the chart thinning process.** A copy must be transferred with the individual if she or he moves to another NF.

To obtain a copy of a MI Level II summary report for an evaluation completed by Ascend:

The admitting NF must submit a completed **Tracking Form** (a copy is posted under www.PASRR.com > Mississippi PASRR) to Ascend.

G. Obtaining Screening outcomes and reporting location changes for Level II residents

Under federal law, the state authority is required to maintain location information for all NF residents who have been evaluated through the Level II process. As Ascend is operating on behalf of the state, the following information should be reported to Ascend on a **Tracking form**:

- Resident admissions
- Resident transfers
- Residents who expire

The NF may also use this form to request a copy of a PASRR summary report and notification letter.

F-a Steps for updating location information for a NF resident who has MI and/or MR/DD.

Whenever an individual with MI and/or MR/RC is admitted to an NF, NF staff must:
Submit a **Tracking form** (a copy is posted under www.PASRR.com > Mississippi PASRR) to Ascend. If the provider did not receive a copy of the notification letter and Level II report from the discharging provider, the admitting NF may request a copy from Ascend through that same form.

Temporary transfers to a hospital or other treating facility do not need to be reported to Ascend, as long as the individual is expected to return to the facility and a bed is being held for the individual.

H. Provider Service Review Project

Return to table of contents

The DOM has contracted with Ascend to implement a Service Review project for all individuals currently receiving PASRR specialized services. Specialized services, under federal rule, are services that typically exceed the level of services that can be provided by a NF. Rehabilitative services include any services less intensive than the state's definition of *specialized.*

The DOM has modified the definition of specialized services to include the following.

H.1 Specialized Services for residents with mental illness

Specialized services include services beyond the normal scope and intensity of NF responsibility. Services include treatment other than routine nursing care, supportive therapies, and supportive counseling by NF staff and including services which, combined with services provided by the NF, results in the continuous and aggressive implementation of an individualized plan of care that:

i. Is developed and supervised by an interdisciplinary team, which includes a physician, qualified mental health professionals and, as appropriate, other professionals.
ii. Prescribes specific therapies and activities for the treatment of persons experiencing an acute episode of serious mental illness, which necessitates supervision by trained mental health personnel; and
iii. Is directed toward diagnosing and reducing the resident's behavioral symptoms that necessitated institutionalization, improving his or her level of independent functioning, and

achieving a functioning level **that permits reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time**.

Specialized services will be provided for individuals needing:

1) **Short-term intensive intervention as a result of acute and/or sub-acute phase of a psychiatric condition until such time that psychiatric stability is restored**. For purposes of this definition, sub-acute refers to a state of mental illness that is characterized by:
   - Symptoms of sudden onset which represent a change in clinical status from the patient's typical or usual psychiatric status, and;
   - Symptoms which significantly interfere with a patient's ability to participate in Activities of Daily Living (ADLs) and which exceed normal, transient responses to psychosocial stressors, e.g., grief reactions that do not resolve within generally accepted timeframes.

   Services include short-term provision of any one or a combination of the following services for the individual during the temporary acute and/or sub-acute need: inpatient psychiatric services; medication evaluation and monitoring by a psychiatrist to evaluate patient response to psychotropic medications and to modify medication orders; and individual, family, and/or group therapy services, and time-limited psychosocial rehabilitation services.

2) **A short-term intensive intervention to promote successful NF discharge/community reintegration for individuals with a capacity for community reintegration within the ensuing 3–6 month period**. These services are provided to promote the mission of Olmstead and other similar reintegration and diversion initiatives to promote successful community reintegration through aggressive, time-limited, and goal directed services for residents with mental illness who have the capacity for such transition. Services will include psychosocial rehabilitation services.

Descriptions of those services and their admission/continued stay criteria are below.

Psychosocial Rehabilitation Services: is an active treatment program designed to support and restore community functioning and well-being of an adult Medicaid consumer who has been diagnosed with a serious and persistent mental disorder. Psychosocial rehabilitation programs must use systematic, curriculum-based interventions for skills development. Its purpose is to promote recovery in the individual's community by alleviating psychiatric decompensation, confusion, anxiety, feelings of low self-worth, isolation, and withdrawal.
Psychosocial Services Admission Criteria
a. Consumer age is 18 years of age or older; **AND**
b. The consumer exhibits the presence or history of a serious and persistent mental illness (SPMI) diagnosed by a psychiatrist: schizophrenia, major mood disorder, psychotic disorder NOS, schizoaffective disorder, or borderline personality disorder; **AND**
c. Any other mental health diagnosis must be reviewed and approved on an exception basis (See Exclusions); **AND**
d. His/her medical conditions and/or support needs could be met in the community within the subsequent 3–6 month period **only** if the individual is provided an intensive intervention to promote successful community reintegration plan; **AND/OR** e. **The individual requires short-term intensive intervention as a result of acute and/or sub-acute phase of a psychiatric condition until such time that psychiatric stability is restored**. For purposes of this definition, sub-acute refers to a state of mental illness that is characterized by: • Symptoms of sudden onset which represent a change in clinical status from the patient's typical or usual psychiatric status, and; Symptomatology which significantly interferes with a patient's ability to participate in Activities of Daily Living

(ADLs) and which exceed normal, transient responses to psychosocial stressors, e.g., grief reactions that do not resolve within generally accepted timeframes. Recommendations for specialized services in the NF are preferred in lieu of inpatient psychiatric recommendations, where possible, in cases where it is felt that inpatient psychiatric services can be prevented through such services; **AND**
The provided model is aggressive, short-term, and demonstrates successful reintegration and/or stabilization, as appropriate; **AND**
f. One of the following occurs depending upon the basis for the services: I. **For transition candidates**, an effective transition plan is established between the behavioral health provider and the NF to transition the individual to the community, including an intensive behavioral health monitoring plan to facilitate transition and monitor and address the individual's needs following community transition. II. **For stabilization candidates**, an effective transition plan is established between the behavioral health provider and the NF to transition responsibility for maintaining the individual's behavioral health stability to the NF provider.
Psychosocial Services Continued Stay Criteria
1. Admission criteria met; **AND**
2. An assessment by the PSR documents indicates **either a or b** of the following:
a) The individual is a transition candidate and demonstrates a medical likelihood for transition within an ensuing 6 month period, and: i. Transition initiatives are the focus of the care plan, including provisions by the behavioral health provider of development of an active support plan following community transition. ii. The period of PSR services has not exceeded 6 months. **OR** b) The individual continues to present with acute and/or sub-acute symptoms requiring short-term intensive intervention until such time that psychiatric stability is restored and: i. An effective transition plan is established between the behavioral health provider and the NF to transition the individual's behavioral health needs to the NF provider. ii. The period of PSR services has not exceeded 6 months. **AND**
c) The consumer chooses to continue to participate in the program

Brief Mental Health Services. The primary objective of these services is to provide a time-limited increase in the level of intensity of behavioral health services provided to NF residents with mental illness until such time that the acute and/or sub-acute phase of a psychiatric condition is resolved and psychiatric stability is restored, and the NF may resume provision of any routine behavioral health needs. To be eligible, all of the following must be met:	
Specialized Service criteria – All Services	a. **The individual requires short-term intensive intervention as a result of acute and/or sub-acute phase of a psychiatric condition until such time that psychiatric stability is restored**. For purposes of this definition, sub-acute refers to a state of mental illness that is characterized by: • Symptoms of sudden onset which represent a change in clinical status from the patient's typical or usual psychiatric status, and; • Symptomatology which significantly interferes with a patient's ability to participate in Activities of Daily Living (ADLs) and which exceed normal, transient responses to psychosocial stressors, e.g., grief reactions that do not resolve within generally accepted timeframes. Recommendations for specialized services in the NF are preferred in lieu of inpatient psychiatric recommendations, where possible, in cases where it is felt that inpatient psychiatric services can be prevented through such services. **AND**
	b. The provided model is aggressive, short-term, and demonstrates successful stabilization, as appropriate. **AND**
	c. An effective transition plan is established between the behavioral health provider and

<table>
<tr><td rowspan="2"></td><td>the NF provider for the NF provider to resume provision of routine behavioral health services to address the individual's needs; AND</td></tr>
<tr><td>d. Individual service criteria is also met as identified below.</td></tr>
<tr><td>Additional criteria for Medication evaluation and monitoring</td><td>Short-term treatment and monitoring provided by a psychiatrist and/or PNP to establish a diagnoses and stabilize the individual. Typically such services shall be provided: during a decompensation episode to allay need for treatment in a more intensive setting and/or during the adjustment period following an inpatient psychiatric episode. Once stabilization has been achieved, the individual's behavioral health services remain the responsibility of the NF.</td></tr>
<tr><td>Additional criteria for Individual and/or Family therapy</td><td rowspan="2">Short term therapy provided by a licensed behavioral health clinician to promote, establish, and/or restore resident wellbeing for the purpose of stabilization. Typically such services shall be provided: during a decompensation episode to allay need for treatment in a more intensive setting and/or during the adjustment period following an inpatient psychiatric episode. Once stabilization has been achieved, the individual's behavioral health services remain the responsibility of the NF.</td></tr>
<tr><td>Additional criteria for Group Therapy</td></tr>
</table>

H.2 Specialized Services for individuals with mental retardation/related conditions

Specialized services for individuals with mental retardation and related conditions include those services which constitute a continuous active treatment program, including aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services, directed toward—

(i) The acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible; and
(ii) The prevention or deceleration of regression or loss of current optimal functional status.

Specialized services are not services provided to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program. Specialized services are provided by Regional Centers and can include, but are not limited to:

- Training targeted toward amelioration of identified basic skill deficits and/or maladaptive behavior;
- Priority training needed to achieve greater levels of independence and self-determination; and
- Aggressive implementation of a systematic program of formal and informal techniques and competent interactions continuously targeted toward achieving a measurable level of skill competency specified in written objectives (based on a comprehensive interdisciplinary evaluation) and conducted in all client settings and by all personnel involved with the individual.
- **A short-term intervention to promote successful adaptation to the NF and/or to improve the individual's quality of life during the NF stay.**
- **A short-term intensive intervention to promote successful NF discharge/community reintegration for individuals with a capacity for community reintegration within the ensuing 3–6 month period**. These services are provided to promote the mission of Olmstead and other similar reintegration and diversion initiatives to promote successful community reintegration through targeted, time-limited, and goal-directed services for residents with intellectual and developmental disabilities who have the capacity for such transition.

Rehabilitative services are those services that are the responsibility of the nursing home. Rehabilitative services include all services that are no longer considered specialized, as well as any additional services needed to meet the needs of the individual.

H.3 Service Monitoring and Review Projects

Federal regulations have placed increased emphasis on ensuring that states develop systems of managing and monitoring PASRR recommendations for specialized and rehabilitative services. Quality monitoring processes are designed to ensure adherence to federal Level II requirements, while also determining ongoing need for those services. These monitoring processes will occur through two projects. Those are described below:

Service Monitoring

Service monitoring is a process whereby Ascend will conduct follow-up interviews with providers to determine whether recommended services are provided. Ascend will contact the provider and request that specific documents be completed and forwarded along with portions of the medical record (MAR, care plan, MDS, any psychiatric notes) to Ascend. Service monitoring will occur ongoing. Residents shall be randomly selected as follows:

1. **Specialized services** – Initially a sample size of up to 50% of residents whose prior PASRR indicated the need for specialized services will be selected for follow up monitoring activities.
2. **Rehabilitative services** – Initially a sample size of up to 10% of residents whose prior PASRR indicated the need for rehabilitative services will be selected for follow up monitoring activities.

Service Review Project

Service review is a process to determine continued service needs of residents. This is a one-time, time-limited process containing three steps:

1. **A phone contact from an Ascend representative** to pre-screen NF residents who have been evaluated by PASRR. This will consist of an approximate 10-minute phone conversation with an NF staff member to confirm the current residence of any individuals in the facility selected for review. An Ascend representative will ask brief level of care and service questions to determine whether a brief document-based/phone review or an extended onsite assessment will occur.
2. **Subsequent steps** will include one of the following, either:

   (i) **A brief-document based/phone review**. When a brief review is determined to be needed, the provider will be instructed to complete two brief documents describing the individual's service and placement needs and to fax (877-431-9568) those forms along with select medical records (MDS, MAR, care plan, and any relevant psychiatric notes) to Ascend by or before a specified date. An appointment will be scheduled for an Ascend clinician to review those with the provider and to conduct a brief interview; **or**

   (ii) **An extended onsite assessment**. When an extended assessment is needed, the provider will be instructed to fax (877-431-9568) select medical records (MDS, MAR, care plan, and any relevant psychiatric notes) to Ascend by or before a specified date. An Ascend Mississippi-based clinician will schedule an appointment to meet onsite with the individual/legal guardian and a provider staff member to conduct a brief interview. The Ascend clinician will also need to review the resident's medical record.

As part of both processes, the provider will be asked to complete an abbreviated Level of Care form which is based upon the PAS Application for Long-Term Care.

3. **A notification letter** will be issued to describe the outcome of that process.

II. General Information

A. Delayed Admissions

If an admission is delayed, the Level I screen remains valid for 30 days from the date of the physician's signature on the PAS. Likewise, a Level II evaluation remains valid for 30 days from Level II completion date as long as the circumstances for the individual have not significantly changed from those identified in the Level II report.

B. Readmissions

There are certain rules associated with Level II requirements for individuals who are readmitted to an NF. The general rule of thumb is that a person who has been admitted to an NF and then is transferred to a **higher level of care** (e.g., a hospital) may be readmitted to the NF without further screening or evaluations as long as the bed is held at the NF; however, for those same individuals, a new screen and/or **evaluation may be required once the readmission occurs**, as follows:

- **If a prior Level II evaluation was time-limited.** The nursing facility is responsible for completing and submitting a **PASRR Level II Change in Status Request Form** (a copy is posted under www.PASRR.com > Mississippi PASRR) to Ascend before the conclusion of the authorization period.
- **If a significant change in status occurred:** an updated Level II may be conducted after the readmission occurs. The NF may, however, request a new Level II evaluation before the readmission occurs if there are concerns about the individual's stability in returning to the NF setting. When a NF resident experiences a significant change, the nursing facility is responsible for completing and submitting a **PASRR Level II Change in Status Request Form** (a copy is posted under www.PASRR.com, Mississippi PASRR) to Ascend.

When an individual was transferred/discharged to a lower level of care (e.g., community setting), the individual is considered a new admission, and a new Level I (and, as appropriate, a Level II evaluation) is required.

However, if an individual is absent from the facility for 15 days or longer, the period of the state bedhold, then reapplication (a new PAS) is required for individuals transferring to an alternate NF or who have discharged from the hospital to a lower level of care. For individuals who are returning to the original NF from the hospital, no new Level I screen is required.

C. Transition and Diversion considerations

The federal objective of PASRR is to ensure that individuals with disabilities are placed in the least restrictive, most appropriate level of care to meet their needs. Some individuals may meet nursing home criteria but may demonstrate the capacity to successfully live in the community.

When an individual is self-identified or is identified through the PASRR process as a candidate for community placement, that information will be provided to the DOM by Ascend. Providers are encouraged to consider resources for community placement, including:

1. **Money Follows the Person program, *Bridges to Independence (B2I)***. B2I focuses on transitioning individuals who are in institutional settings through one of the Medicaid home and community based waiver services (combined with additional B2I specific services). Some of the transition services offered through B2I include utility and security deposits, extended pharmacy benefits, safety planning, transition care management, caregiver and peer supports, life skills training, safety planning, and other services to qualified individuals who wish to explore community-living options.

B2I is a statewide program specifically designed for residents of NFs and ICF/MR facilities who have lived in those settings for at least 90 days and who wish to return to the community. The program serves individuals 65 and older and persons with physical, mental, or intellectual disabilities. Individuals may qualify if they are Medicaid eligible and qualify for Medicaid home and community-based services. A Community Navigator will lead a team chosen by the beneficiary to help locate housing, plan employment and meaningful day activities, learn new skills, and build natural supports. Transition services are available 365 days from the date of discharge. After that qualified individuals will continue to receive regular Medicaid services. To learn more, contact the DOM at 1-800-421-2408 or locally (Jackson area) at 601-359-5241 or by email at B2I@medicaid.ms.gov.

2. **Assisted Living Waiver.** The Assisted Living Waiver is a home and community-based waiver that provides services to beneficiaries who, without those services, would otherwise require nursing facility level of care. Qualified beneficiaries are allowed to reside in a Personal Care Home-Assisted Living (PCH-AL) facility that is licensed as a PCH-AL Facility by the Mississippi State Department of Health and is approved as a Medicaid provider for Assisted Living services. Medicaid reimburses for the services received in the facility. Eligibility for the Assisted Living is limited to individuals twenty-one (21) years of age and up and who meet clinical eligibility requirements determined through screening the following areas: activities of daily living, instrumental activities of daily living, sensory deficits, cognitive deficits, client behaviors, medical conditions, and medical services. Beneficiaries of this waiver must be Medicaid-eligible as either an SSI recipient or through meeting the income level up to 300% of the SSI Federal benefit rate. Services provided under the Assisted Living Waiver are case management, personal care, homemaker services, chore services, attendant care, medication oversight, medication administration, therapeutic social recreational programming, intermittent skilled nursing services, transportation, and attendant call system. Refer to the HCBS Assisted Living Waiver Provider Manual for additional information. **Click here to download an Assisted Living Waiver Program Informational Pamphlet**

3. **Elderly and Disabled Waiver.** The Elderly and Disabled Waiver program provides home- and community-based services to individuals 21 and over who, without those services, would otherwise require nursing facility level of care. Beneficiaries of this waiver must qualify for Medicaid as Supplemental Security Income (SSI) beneficiaries or meet the income and resource eligibility requirements for income level up to 300% of the SSI Federal Benefit Rate and meet medical criteria of the program. The Elderly and Disabled Waiver program is administered directly by the Home and Community Based Services Division (HCBS). Case Management services are provided by the Planning and Development Districts. The case management team is composed of a registered nurse and a licensed social worker who are responsible for identifying, screening and completing an assessment on individuals in need of at-home services. Upon approval of the HCBS, the case managers can refer qualified individuals to the following services: adult day health care, home-delivered meals, homemaker services, escorted transportation, institutional respite services, in-home respite, and expanded home health visits. Please refer to the Home and Community-Based Services Provider Manual. **Click here to download an Elderly and Disabled Waiver Program Informational Pamphlet**

4. **Independent Living Waiver.** Independent Living Waiver is a home- and community-based waiver that provides services to beneficiaries who, but for the provision of such services would require the level of care found in a nursing facility. This statewide waiver is administered jointly by the DOM and the Department of Rehabilitation Services. Eligibility for the Independent Living Wavier is limited to individuals age sixteen (16) or older who have severe orthopedic and/or neurological impairments and possess maximum medical improvement. Individuals must also be medically stable and be able to effectively communicate in order to direct their own care. Beneficiaries of this waiver must be

Medicaid eligible either as SSI recipient or meet the income level up to 300% of the SSI Federal benefit rate. Services provided under the Independent Living Waiver are case management, personal care attendant, specialized medical equipment and supplies, transition assistance, and environmental accessibility adaptations. Refer to the Home and Community-Based Services Provider Manual . **Click here to download an Independent Living Waiver Program Informational Pamphlet**

5. **Traumatic Brain Injury/Spinal Cord Injury Waiver (TBI/SCI).** The TBI/SCI Waiver is a home- and community-based waiver that provides services to beneficiaries who, but for the provision of such services would require the level of care found in a nursing facility. This statewide waiver is administered jointly by the DOM and the Department of Rehabilitation Services.

   Eligibility for the TBI/SCI Waiver is limited to individuals who have a traumatic brain injury or a spinal cord injury and are medically stable. The extent of the injury must be certified by the individual's physician. Brain or spinal cord injury that is due to a degenerative condition, congenital condition, or that resulted from medical intervention is excluded. Beneficiaries of this waiver must be Medicaid-eligible in one of the following Categories of Eligibility: SSI, Low Income Families and Children Program, Disabled Child Living at Home, Working Disabled, Children Under Age 19 Under 100% of Poverty, Disabled Adult Child, Protected Foster Care Adolescents, CWS Foster Children and Adoption Assistance Children, IV-E Foster Children and Adoption Assistance Children, or income level up to 300% of the SSI Federal Benefit Rate. Services provided under the TBI/SCI Waiver are case management, attendant care, respite, environmental accessibility adaptations, specialized medical equipment and supplies, and transition assistance. Refer to the HCBS Traumatic Brain Injury/Spinal Cord Injury Provider Manual for additional information.

III. Forms and Tools

All forms and tools discussed in this manual are posted at www.pasrr.com (Mississippi PASRR).