



# PASRR Intensive – Nuts & Bolts of Preadmission Screening & Resident Review

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# Objectives

Goal is to increase comfort level with PASRR, and enhance vision for what it can accomplish. Specifically:

1. Know resources to guide compliance with and flexibility in Federal PASRR requirements.
2. Identify issues in your PASRR program that need development or technical assistance.
3. Relate the purpose of PASRR to those policy issues and decisions in your state program.

# Big Picture — Significance

- ~ 1 million residents of Medicaid nursing facilities (NF)
  - NFs provide skilled acute and rehab care (like Medicare SNF) **and** LTC
  - LTC is very different. We need data.
- ~ 1 million recipients of home and community-based services (HCBS)
- Which population gets all the attention?

# Big Picture — Significance

- \$55 Billion annually in NF expenditures
- >\$75 million annually on 75% admin FFP for PASRR activities
  - Low. Not all states claim on PASRR lines 10 & 11 on form 64 admin claiming
- What is this expenditure buying?
- Who is it serving?
- What are the outcomes?

# Big Picture — Significance

- Data poor — mostly MDS, but:
- 16 – 27% of NF residents experience MI
- 3 – 12% of NF residents have serious MI (SMI)
- ?% of NF residents have MR or a related condition [note that this omits TBI etc > 22 y.o.]
- Is NF the setting of choice for this large population needing MI / MR services?

# NF: Reality

- NF model is direct descendant of:
  - County homes. The worthy poor.
  - Medical model
- Arguably NF is a reasonable and efficient model for rehabilitating a broken hip, or ventilator care.
- Unfortunately NF is also LTC: a home for many residents.

# NF: Reality

- NF as LTC (home)
  - Low reimbursement (limited services)
  - Not setting of choice for staff (quality of staff)
  - High turnover (impossible to train)
  - IMD exclusion punishes excellence in MI care. Almost no NFs have QMHPs.
- But — NF is Medicaid mandatory benefit
  - With room and board!
  - Other options limited, HCBS require housing

# NF: Reality

- NF is often inappropriate, but often the only available LTC benefit
- NF is easiest to arrange: available same day, one stop, powerful industry lobby
- Community supports (if available and sufficient) difficult, time consuming, and require advocacy & expertise to arrange
- Summary: the conveyor belt to NF

# What about PASRR?

- Right, this was supposed to be about PASRR . . .
- So, in the 1980s, Congress could not ignore the awful conditions in institutions
  - deinstitutionalization of huge state MI and MR “hospitals”
  - outrage over nursing homes and “custodial care” in intermediate care facilities (ICFs)
  - commissions Institute of Medicine Report

# History of PASRR & NF Reform

- IOM report recommends sweeping changes in nursing home care
- Congress adopts the changes in OBRA '87 — Nursing Home Reform
  - Medicaid SNF and ICF services combined into mandatory NF benefit
  - No more “custodial” care, must be skilled nursing available to all
  - But no community options

# PASRR to the Rescue?

- Buses filmed emptying state MI/MR hospitals into NFs
- To prevent this, OBRA '87 included PASRR
  - Identify MI/MR in all applicants & residents
  - Place in NF only if “needed” and “appropriate”
  - State must provide Specialized MI/MR Services

# PASRR to the Rescue?

- PASRR applied to existing NF residents
  - Enormous startup burden
  - Negotiations with CMS over regulations
  - Fears about evicting thousands
    - (State annual report deals only with this)
- Regulations
  - Several NPRMs, statute changes
  - Final Rule 1993

# PASSAR or PASRR?

- Statute changed Resident Review in 1995
  - From annual Resident Review (ARR or PASARR)
  - To Resident Review upon change in condition (RR or PASRR)
- Regulation never changed
  - Regulation is incorrect at 42 CFR 483.114(c)
  - Regulation still written throughout as PASARR
  - Statute correctly reads PASRR

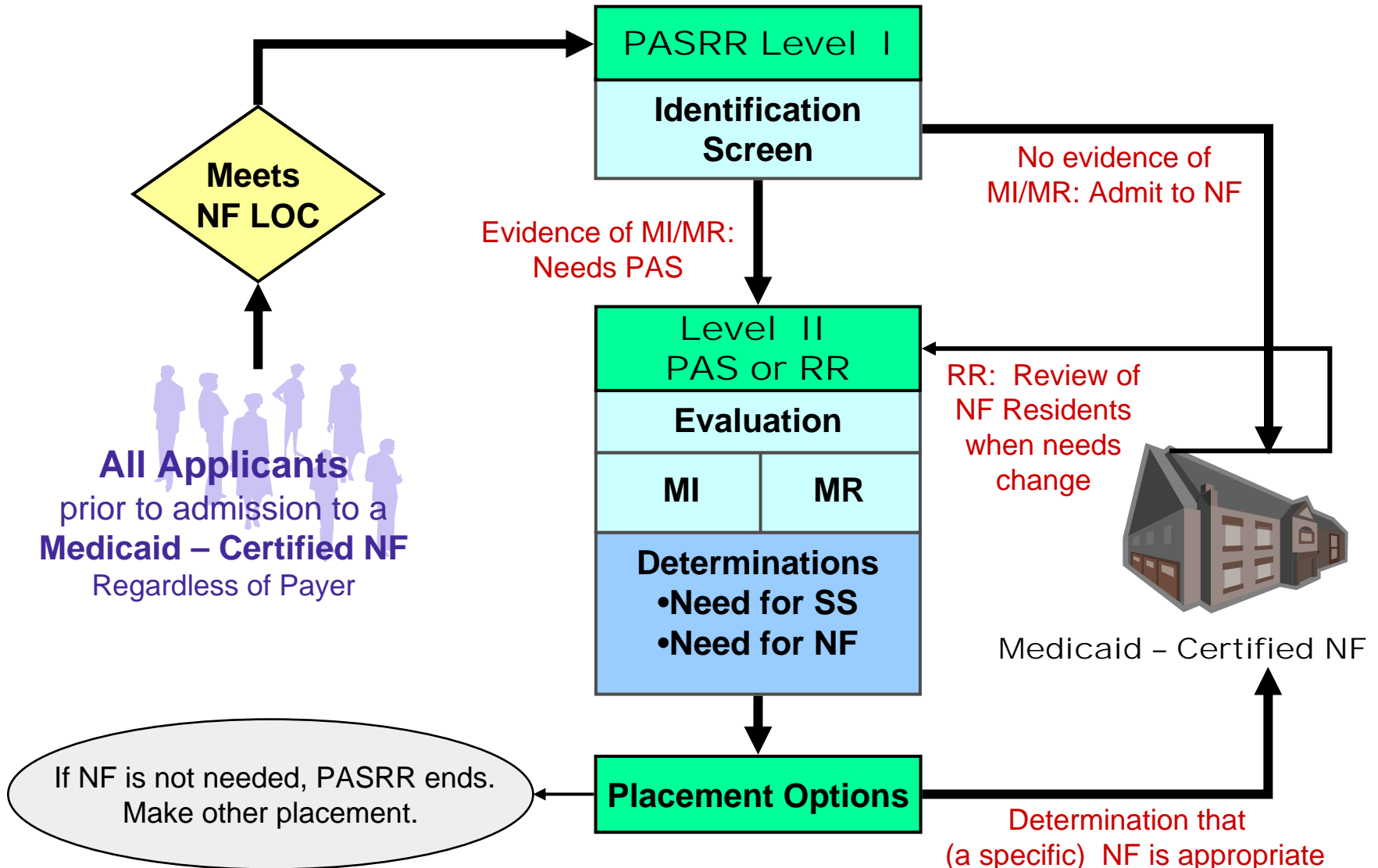
# PASRR to the Rescue?

- We will come back to the deficits in how PASRR, NF, and other placement options were constructed
- There are evolving opportunities to work around some of the structural deficits
- For now, lets look at the promise of PASRR. Yes, it has rescued thousands

# What is PASRR?

- **Purpose:** Ensure that Nursing Facility (NF) applicants & residents with Serious Mental Illness (SMI) or Mental Retardation (MR) are:
  - Identified
  - Placed Appropriately (least restrictively)
    - Evaluated, & admitted or retained in a NF only if they can be appropriately served in a NF
  - Provided with the MI/MR services they need, including Specialized Services (SS)
    - SS as defined by the state

# General PASRR Process



# PASRR

- PASRR is designed to prevent inappropriate NF placement.
- The present care system funnels hospital discharges to NFs, which is unfortunate.
- But PASRR should catch everyone w/ SMI/MR in that stream of discharges:
  - Placement must wait for PASRR evaluation & determination, slowing the conveyor belt
  - Community options must be considered and documented

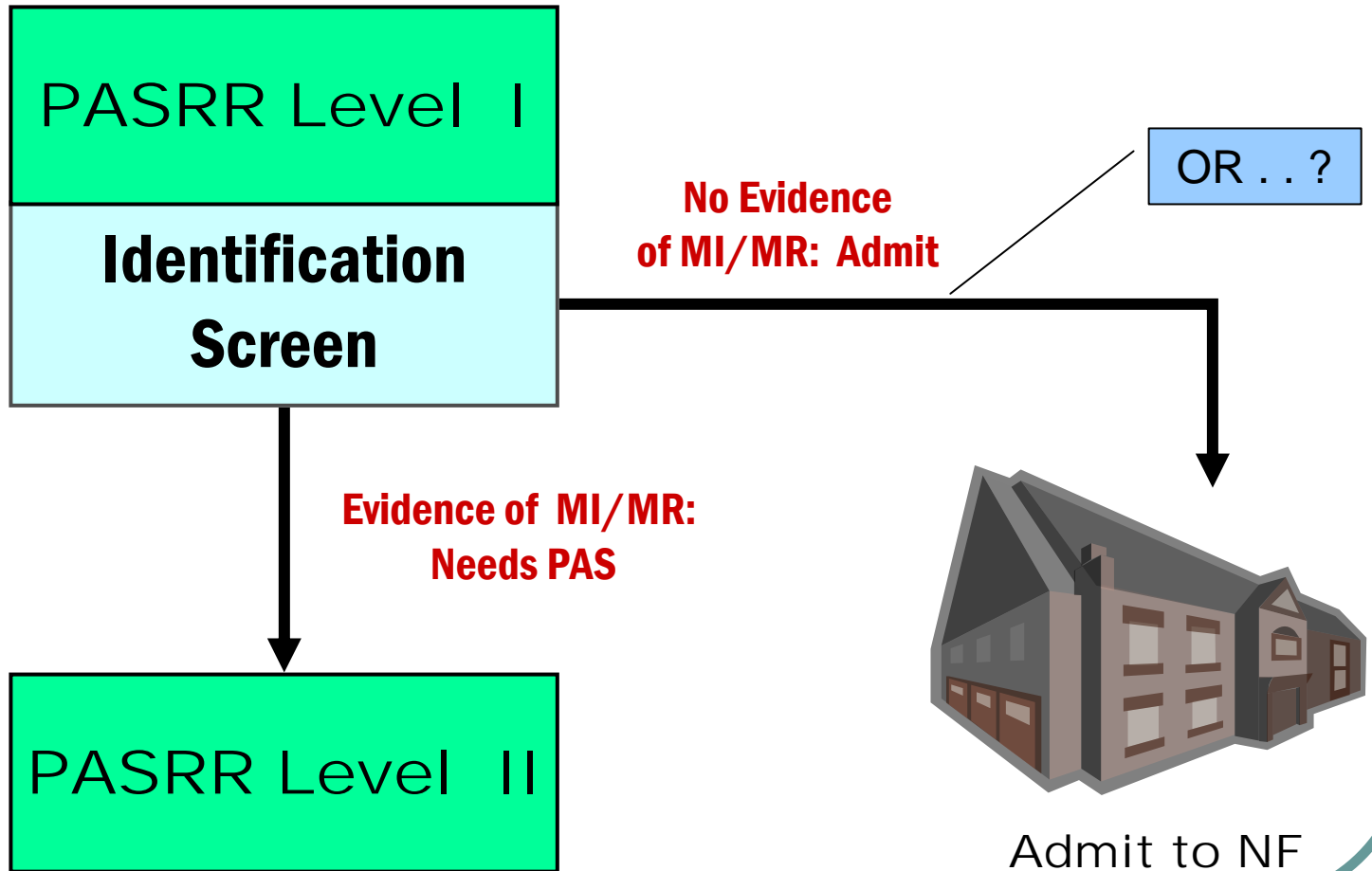
# Level I PASRR, to fulfill its purpose

- Approach zero false negatives — ALL SUSPECTED MI/MR is evaluated at Level II
- Judgments about MI/MR made only by qualified professionals —
  - Level II evaluators and determiners
  - Or, Level I screeners with professional qualifications &/or centralized guidance
- Categorical Determinations are real determinations, with reports (not “exemptions”)
- Prime Responsibility: State Medicaid Agency

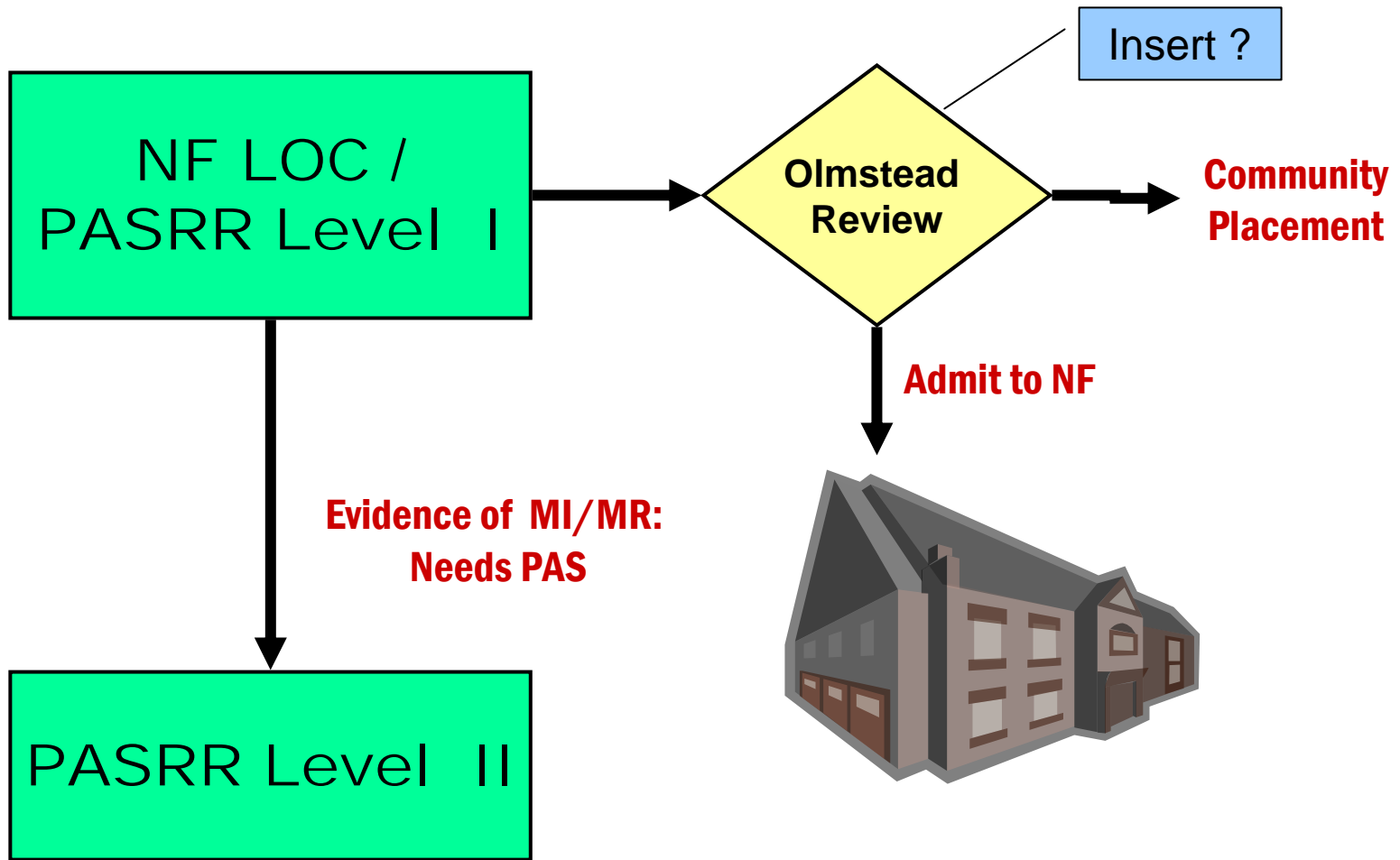
# Level I PASRR -- Opportunity

- Regulations require only screening for MI/MR in PASRR level I
- States could choose to connect the PASRR level I with any type of assessment it wishes (e.g., in many states, LoC. However, not at 75% PASRR match).
- As a condition of payment, NFs will be sure Level I is performed, and anything attached to it should be also.

# Level I PASRR, to fulfill its purpose:



# Review Placement Options?



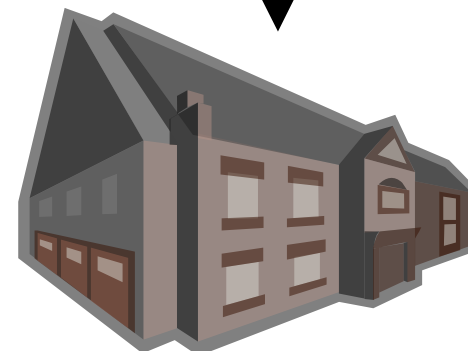
# Level II PASRR, to fulfill its purpose:

## Determinations

- Need for SS
- Need for NF

## Placement Options

If NF is not needed,  
PASRR ends. State makes  
other placement.



Admit to NF

## Level II PASRR, to fulfill its purpose:

- Identifies all SMI /MR in applicants (PAS)
- Notifies SMHA/SMRA of MDS change (RR)
- Identifies supports for community living; finds most independent placement possible
- Diverts from NF if cannot meet reported needs
- Reports all levels of services needed, to guide care plan — NF, other MH services, SS
- Assures that services are delivered & effective
- Responsibility: SMA, SMHA, & SMRA

# Example: PASRR MI Evaluation

- The PASRR MI evaluation must describe the supports this person would need in order to reside in the community — even if the recommendation is to admit to NF.
- The required elements can be used:
  - To begin a community placement plan
  - To ID NF residents for potential discharge
  - As part of State Olmstead planning
  - As a data source to ID service needs & gaps

# Example: PASRR MI Evaluation

## **42 CFR 483.134 Evaluating whether an individual with mental illness requires specialized services (PASARR/MI).**

(b) Data. Minimum data collected must include—

(5) A functional assessment of the individual's ability to engage in activities of daily living and **the level of support that would be needed to assist the individual to perform these activities while living in the community**. The assessment **must** determine whether this level of support can be provided to the individual in an **alternative community setting** or whether the level of support needed is such that NF placement is required.

# Example: PASRR MI Evaluation

## **42 CFR 483.134 Evaluating whether an individual with mental illness requires specialized services (PASRR/MI).**

(b) Data. Minimum data collected must include—  
(6) The **functional assessment** must address the following areas: Self-monitoring of health status, self-administering and scheduling of medical treatment, including medication compliance, or both, self-monitoring of nutritional status, handling money, dressing appropriately, and grooming.

# PASRR & MDS

- MDS 2.0 (Minimum Data Set, the required NF resident assessment tool) omits PASRR
- PASRR in MDS 3.0 will include:
  - New item in demographic section: “Has this resident been evaluated by PASRR Level II as having SMI, MR, or related condition?” Y/N
  - Significant Change in Status Assessment: instructions explain Federal PASRR requirements (referral for Resident Review upon significant change in condition) as related to the SCSSA

# Significant Change in Status Assessment

- MDS Significant Change in Status Assessment (SCSA)
  - Evaluation process required upon significant change in physical or mental condition
  - Well developed protocol and definition of significance
  - Established NF standard operating procedure
- PASRR Resident Review (RR) requirement in the law is parallel language

# Significant Change in Status Assessment

- PASRR RR requirement: NF must refer resident to the state mental health or mental retardation authority for RR upon significant change in mental or physical condition<sup>†</sup>
- States must define the triggers in the SCSA that are referable
  - referring literally all changes impractical
  - NF judgment is historically not reliable

<sup>†</sup> Law at §1919(e)(7)(B)(iii) of the SSA [http://www.ssa.gov/OP\\_Home/ssact/title19/1919.htm](http://www.ssa.gov/OP_Home/ssact/title19/1919.htm) supersedes “annual” resident review at 42 CFR 483.114

# Significant Change in Status Assessment

- RR performed as required will identify individuals in need of additional or different services in the NF, and identify individuals with less need for inpatient services.
- Transitioning efforts in states should incorporate RR in their strategy
  - MFP
  - Olmstead
  - Rebalancing
  - advocacy

# Opportunities

- Preadmission Screening (PAS) may block NF for persons who would otherwise be admitted
  - Individuals who meet NF LOC but whose MI/MR needs cannot be met in a NF
  - Unique authority in Medicaid — to block access to a mandatory service the individual would otherwise be qualified to receive
- Discourage NF placement if needs could be met in the community
- Resident Review (RR) can identify individuals for transition to the community.

# Opportunities

- Data and Outcomes
  - Level II PASRR evaluation reports and determinations could be a data source for:
    - the nature and scope of SMI/MR in NF population
    - reporting outcomes and measuring quality
    - service needs, by community, by population
    - Olmstead planning, waiver development, etc.
  - How much of this info is currently available? (You could lead the way!)
- PASRR can generate data to document need for resources

# Opportunities

- We should take PASRR from a rebalancing opportunity to a method for person-centered care
- The elements are there, for states that will take it up
- §1915(c) HCBS waivers for MI now possible
- §1915(i) state plan HCBS made for MI

# Sustainability

- Not a grant. Ongoing 75% admin match for PASRR activities
  - even for non-MA NF applicants
  - for PASRR activities of state mental health & mental retardation authorities, or others
  - note that PASRR evaluations and determinations are admin activities, not a service to the individual
- Required by Law

# PASRR has Achieved

- Prevention of an entire class of bad-actor institutions warehousing residents with MI/MR
- A means for state agencies that want to do the right thing, to better serve persons with MI/MR
- Better placements for some individuals
- More appropriate services for some individuals

# PASRR has Achieved

- Keeps pointing out the lack of appropriate alternatives
- Beginning to do more in some states
  - Rich data for treatment planning and policy
  - Identifies individuals for diversion and deinstitutionalization
  - Olmstead and rebalancing tool

# Changes

- CMS response to 2007 OIG PASRR reports<sup>†</sup>:
  - Provide more specific guidance including
    - Recouping FFP from NFs if PASRR missing
    - State monitoring of PASRR in plans of care
    - Considering community placement
  - Require QM & annual reporting to CMS
  - Examine each State level II Process
  - QIS will require PASRR resident in every NF survey sample, & check for PASRR in PoC

<sup>†</sup> <http://oig.hhs.gov/oei/reports/oei-05-05-00220.pdf>  
<http://oig.hhs.gov/oei/reports/oei-07-05-00230.pdf>

# Changes

- CO staff and budget for PASRR
- RO / Consortium commitment to PASRR
- Breaking News —:
  - a national PASRR TA Center
  - SAMHSA and CMS will cooperate to provide TA on alternative MI services in the community
  - National PASRR conferences for training and development
- National Association of PASRR Professionals (NAPP) [www.pasrr.org](http://www.pasrr.org)

# PASRR Current Issues

- Hospital exemption -- the only “exemption” in PASRR; abused
- Effect of Dementia on Dx of MI & MR
- Personnel requirements
- Definitions and use of SS
- Definitions and use of Categorical Determinations

# PASRR Challenges

- Inherently, multiple agencies & responsibilities
- LOC vs PASRR NF determination
- Lack of alternative placements
- Quality of Level I, esp with broad range of evaluators, including NF staff
- Building effective RR procedure
- Converting to electronic process & data

# Resources

## Where to find what you need

- Regs and statute
  - Use Word doc, Find feature
- Self Assessment Tool & flow charts
- SAMHSA and other PASRR documents
- [www.PASRR.org](http://www.PASRR.org) and NAPP
- (Google)
- More coming: website; TA Center

# Self Evaluation Tool

- Is a TA resource for states
- Not a compliance tool for CMS
  - Although it will tell you what CMS thinks it takes to comply
  - CMS does not expect to receive any back
- A working document
  - Revised (in fits and starts) in response to comments, and to incorporate new issues
  - Will never be “Final”

# Self Evaluation Tool

- Organization is programmatic (or close to it), rather than per the regulation.
- Background emphasizes frequently asked questions, or problem areas where there have been lapses or misunderstandings.
- Please call if puzzled.
- Particularly call if a difficult change in state program seems to be indicated.

# PASRR Flow Chart

- The following slides are meant to be printed (color helps) full page. They are too detailed to project as a slide.
- While these diagrams have been in use for some time, it is possible that a permitted State practice is not accurately depicted. (This is Medicaid, after all — 51 states . . .)
- Contact CMS if you have questions.

# General PASRR Process

Simplified for illustration.  
Full program requirements  
at 42 CFR 483.100 -138



## Purpose

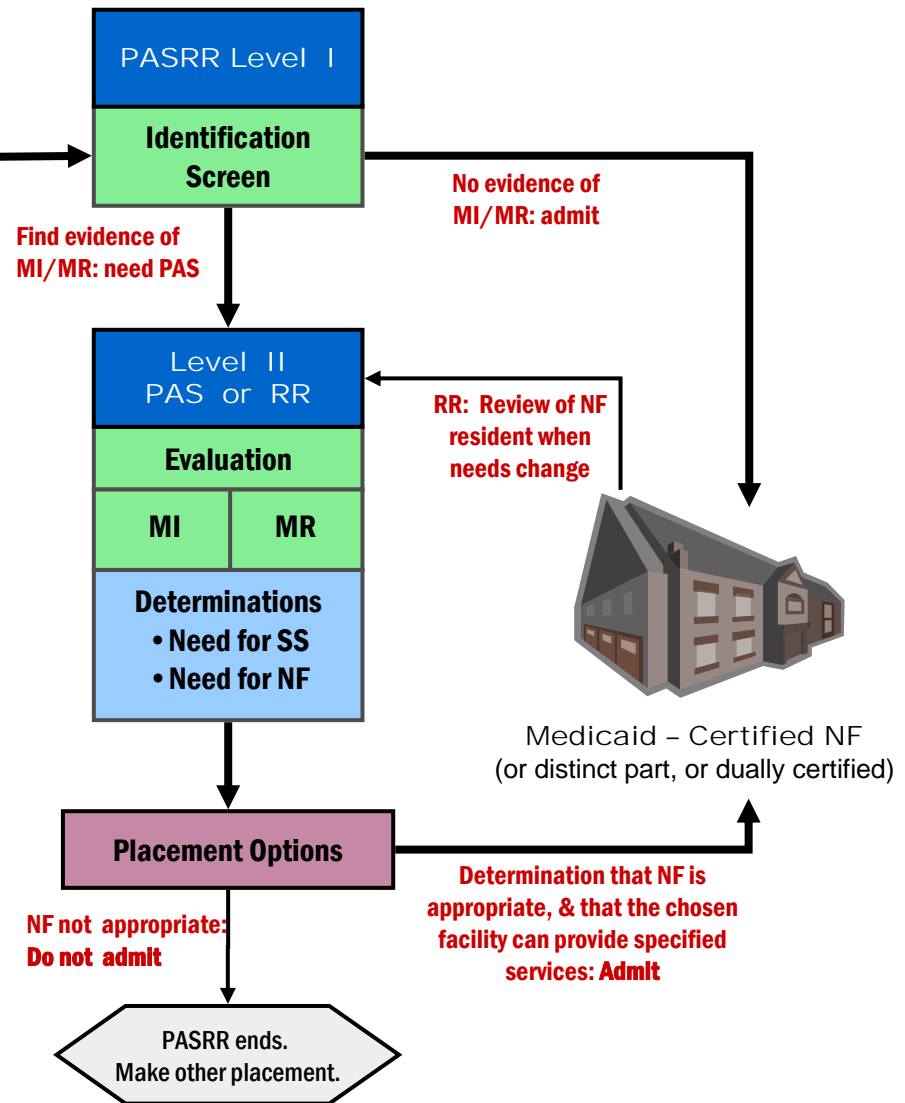
To ensure that nursing facility (NF) applicants and residents with mental illness and/or mental retardation are:

- Identified
- Admitted or remain in a NF only if they can be appropriately served in the NF
- Provided with needed MI/MR services, including Specialized Services (SS), if needed

The PASRR regulations are complex.

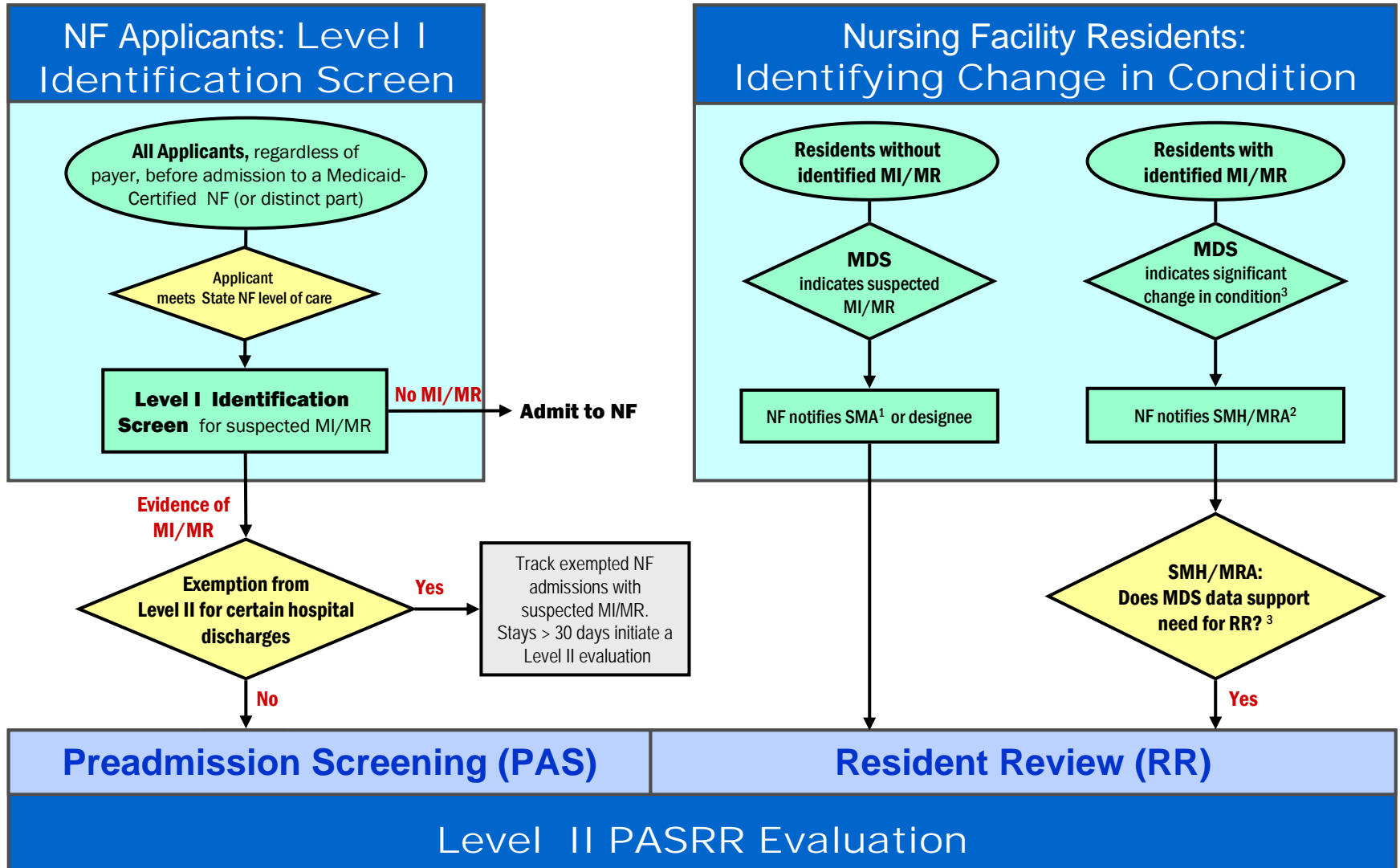
However, some of the complexity arises from provisions to reduce unnecessary evaluations in certain circumstances, (shown in diamond decision boxes in following figures), e.g., categorical determinations.

In most cases PASRR consists of a Level I screen, and if indicated, Level II evaluation and determinations, as shown here.



# Level I

State PASRR program screens for possible mental illness (MI) or mental retardation (MR) in nursing facility (NF) applicants. This is referred to as Level I, and precedes Preadmission Screening (PAS) or Resident Review (RR).



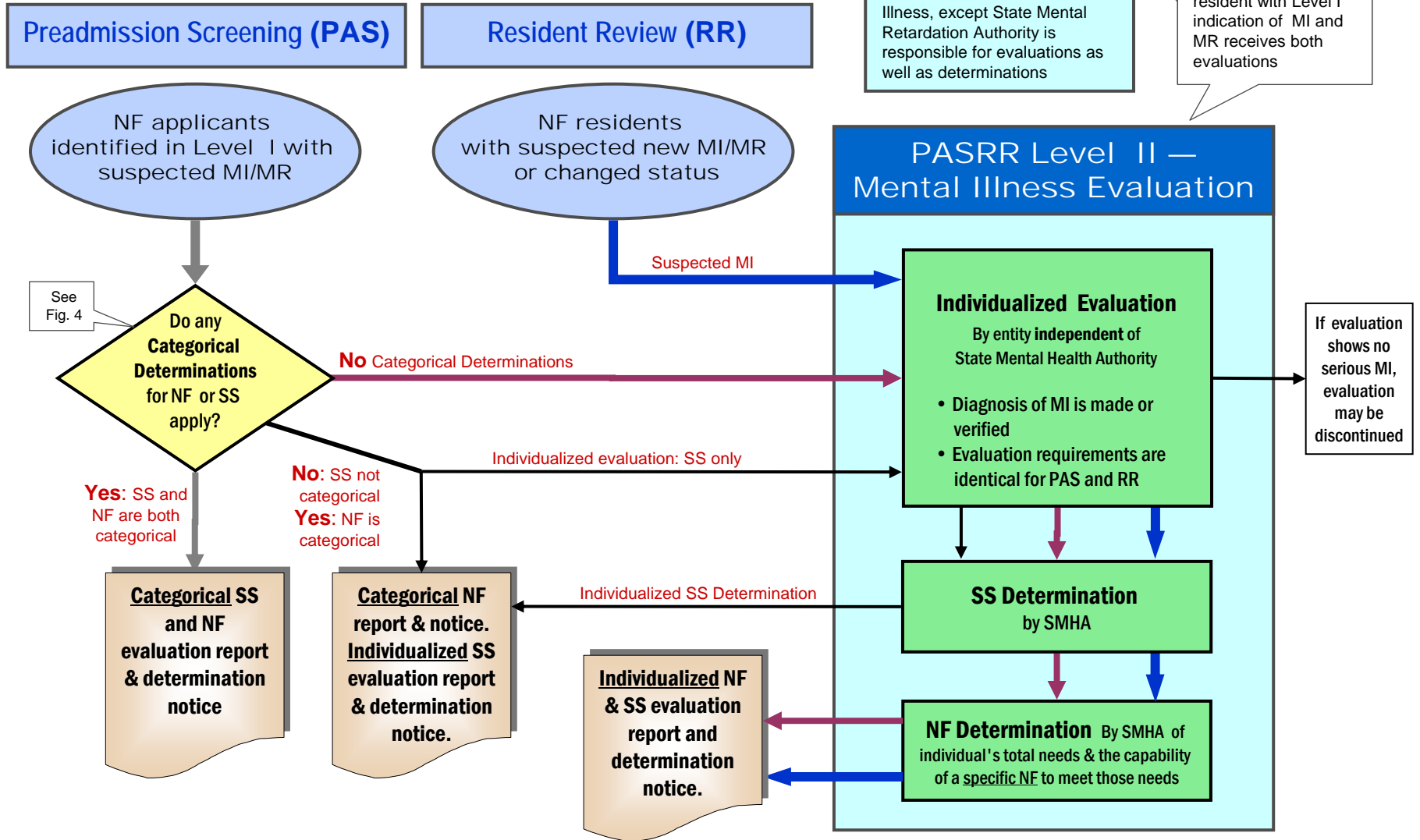
<sup>1</sup> SMA (State Medicaid Agency)

<sup>2</sup> SMHA (State Mental Health Authority), SMRA (State Mental Retardation Authority)

<sup>3</sup> Any MDS change in condition is reported. Therefore, SMH/MRA or designee (not the NF) determines whether the change is relevant to MI/MR and whether Level II evaluation is needed.

# Level II:

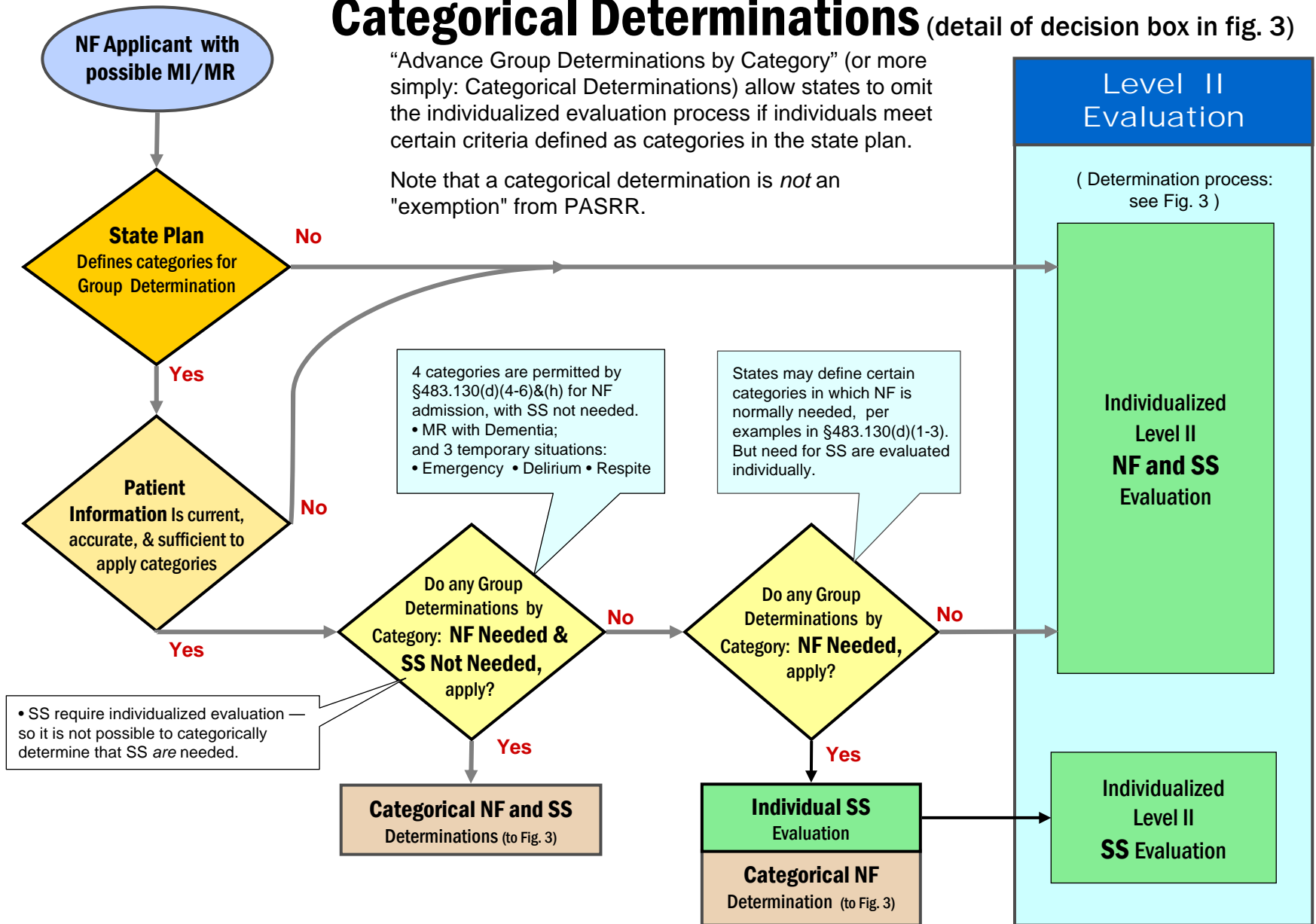
A comprehensive evaluation and 2 determinations — need for specialized services and need for NF. MI and MR are evaluated separately.



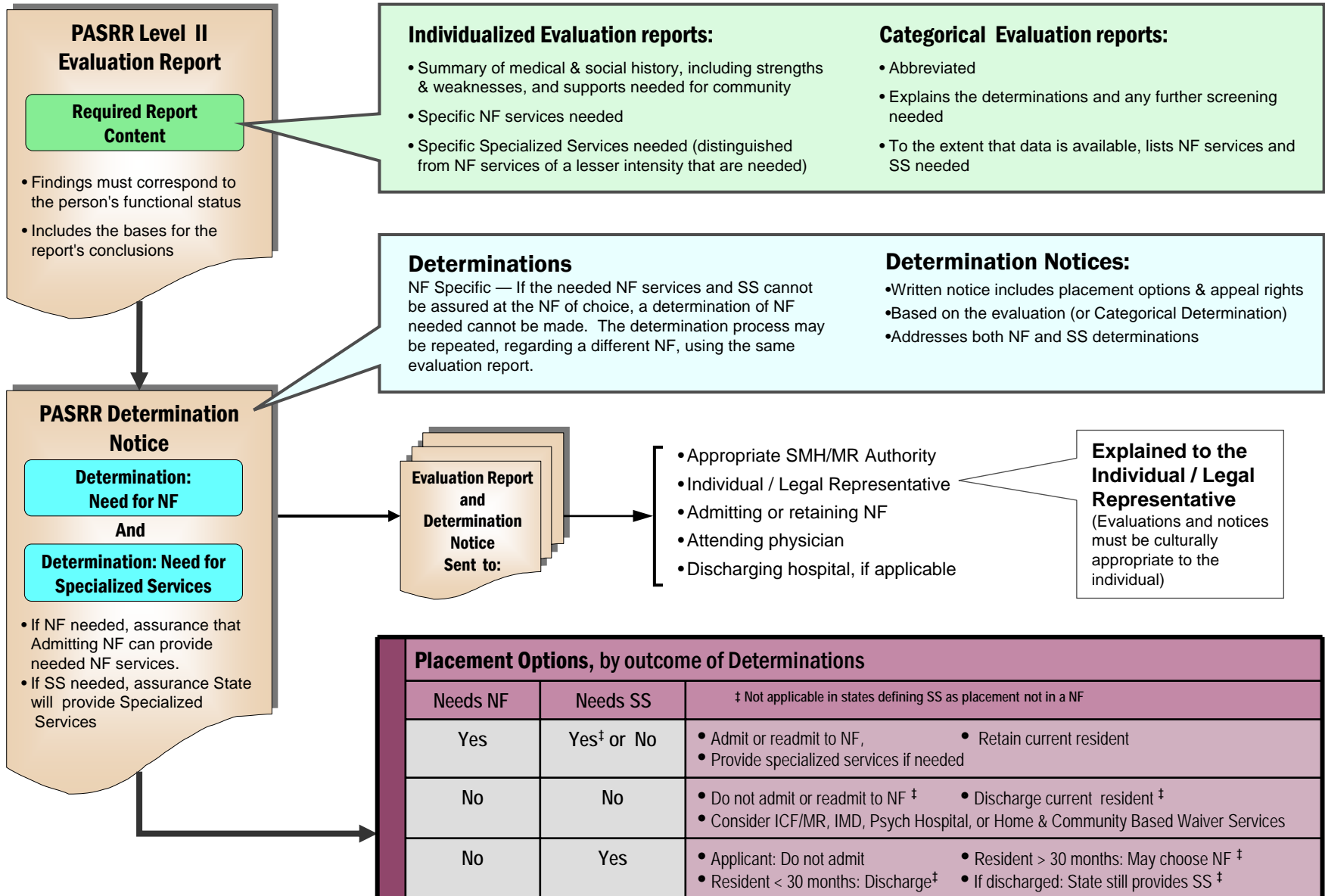
# Categorical Determinations (detail of decision box in fig. 3)

“Advance Group Determinations by Category” (or more simply: Categorical Determinations) allow states to omit the individualized evaluation process if individuals meet certain criteria defined as categories in the state plan.

Note that a categorical determination is *not* an "exemption" from PASRR.



# Evaluation Reports, Notices of Determination, and Placement Options



# Contact us

- CMS Central Office

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- CMS Regional Offices

Contact your RO, ask for the PASRR analyst.

Or, contact the Central Office for a current list.