



Preadmission Screening and Resident Review (PASRR) - Notice of Proposed Rulemaking (NPRM)

Takeaways from this Presentation

- The major statutory PASRR requirements
- Overview of proposed changes in the NPRM:
 - Definitions of mental illness and intellectual disability
 - Preadmission Screening requirements
 - Resident Review requirements
 - Specialized services and FFP
 - Distinction between PASRR evaluations and NF level of care
 - The identification and evaluation (Level I and Level II) process
 - Annual reporting
- Implications for HCBS programs

Purpose of PASRR

- PASRR requires the state to determine whether applicants or residents of Medicaid-certified Nursing Facilities (NFs):
 - Have a mental illness (MI) or intellectual disability or related condition (ID/RC); and if so, whether they
 - Have a “need for NF level of services” and
 - Require “specialized services” if admitted or retained in the NF
- Intended to avoid:
 - Placing individuals with MI or ID/RC in NFs unnecessarily (i.e., if they would be better served in another setting, including HCBS)
 - Placing individuals with MI or ID/RC in NFs without appropriate supports



Major Statutory Requirements of PASRR

PASRR Statute

Sections 1919(e)(7) and (b)(3)(F) of the Social Security Act – passed in 1987 as part of OBRA '87, and amended in BBA '96.

- States were required to have a program in place by 1989

Major Statutory Requirements

Preadmission Screening: NFs cannot admit an applicant with MI or ID/RC to a Medicaid-certified NF until the state mental health authority (SMHA) or state intellectual disability authority (SIDA), as appropriate, has determined whether the individual needs NF level of services and, if so, needs specialized services. The state must have a Preadmission Screening program to make these determinations.

Major Statutory Requirements, Continued

- Exceptions to Preadmission Screening requirement:
Readmissions and people entering the NF for an “exempted hospital discharge” do not require Preadmission Screening
- Exempted hospital discharge means the person was:
 - (A) Admitted to any NF directly from a hospital after receiving acute inpatient care;
 - (B) Admitted to NF for the condition for which he or she received care in the hospital; and
 - (C) Certified by the attending physician to likely to require less than 30 days of NF care

Major Statutory Requirements, Continued

Resident Review: The SMHA or SIDA must review residents with MI or ID/RC (as appropriate) after the resident experiences a significant change in physical or mental condition for the need for NF level of services and specialized services. NF must notify SMHA or SIDA of the need for Resident Review.

- This is the *amended* requirement for Resident Review (changed in 1996)
- When it was originally passed, the statute required *annual* Resident Review

Major Statutory Requirements, Continued

Restrictions: SMHA and SIDA cannot delegate their determination responsibilities to NFs. SMHA must base its determination on an independent evaluation.

Reporting: States are required to report annually on how many people were discharged from NFs because they did not need NF level of services.

FFP: FFP is not available for NF services for individuals who have not been appropriately screened through PASRR.

Definitions required to be provided in regulation:

- Mental illness (which cannot include a primary diagnosis of dementia)
- Specialized services (which cannot duplicate NF services)

Statutory Requirements for Applicants/Residents Based on Determinations

Determined to be Appropriate for NF

- Can be admitted/retained in NF
- If specialized services are needed, state must arrange for those

Determined Not to be Appropriate for NF

- Applicants/residents who don't need NF level of services OR specialized services should be diverted/discharged to an appropriate setting
- Short-term residents who don't need NF level of services but still need specialized services must be discharged
- Long-term NF residents (in NF 30+ months) can choose to stay in NF or to be discharged if they no longer need NF level of services but still need specialized services
- The state is still responsible for providing specialized services to discharged residents who need them

NPRM: Proposed Updates to PASRR Regulatory Requirements

Definition of Mental Illness (MI) for PASRR Purposes

In current regulations, MI was defined as:

- Diagnosis of major mental disorder per DSM-III-R (published in 1987) that is not secondary to dementia;
- Impact on major life activities within the past 3-6 months; and
- Required significant treatment/support within the past 2 years

Proposed updates resulting in removal of criteria related to treatment:

- Diagnosis of a serious and persistent mental disorder in DSM-5; (2013) that is not secondary to dementia;
- Condition is acute or in partial remission; moderate to severe (if applicable): and
- Has caused functional impairment (or would have had impact, if not treated)

Definition of Intellectual Disability

In current regulations, intellectual disability is defined as:

- Limitations in intellectual functioning and adaptive behavior, onset before age 18
- Uses AAIDD (former AAMD) Classification Manual from 1983
- Includes “related conditions” as defined in 42 CFR 435.1010 (commonly used as a definition of developmental disability)

Proposed updates:

- Use the current AAIDD definition and the AAIDD manual “Intellectual Disability: Definition, Classification and System of Supports” published in 2010

Preadmission Identification (Level I) Requirements

Before Preadmission Screening can occur, every applicant to a Medicaid-certified NF (regardless of payment source) must be screened for possible mental illness (MI) and intellectual disabilities or related conditions (ID/RC) prior to admission.

**Called “Level I” in the current and proposed regulations.*

The NPRM proposes to clarify and reinforce who needs Level I screening.

NPRM Proposed Clarification of Preadmission Level I Requirements

Every NF applicant gets a Level I identification screen prior to NF admission to identify applicants with possible MI or ID/RC.

- NF readmissions still excluded from Level I and Level II
- Inter-facility transfers still excluded from Level I/II unless they have an intervening psychiatric hospitalization

Preadmission Screening Exception: Exempted Hospital Discharge

- Current regulations require that Resident Review be performed if the person stays in the NF for longer than 30 days
- Current regulations did not make it clear that the statute only exempts individuals under the exempted hospital discharge from Level II Preadmission Screening (evaluation and determination)
- NPRM proposes to clarify that Level I identification is needed for everyone, including people admitted under an exempted hospital discharge
- Purpose of clarification – to ensure that:
 - People with MI or ID/RC admitted to the NF under this exception (without a Level II) meet the statutory requirements for exempted hospital discharge
 - The PASRR program is able to track who will need possible Resident Review

Preadmission Screening (Level II) Requirements

Anyone identified as “positive” on Level I screen (has possible MI or ID/RC) must receive Preadmission Screening prior to admission (with limited exceptions), consisting of an evaluation and the required determinations regarding need for NF level of services and specialized services.

**Called “Level II” in the current and proposed regulations.*

The NPRM proposes to expand exceptions to preadmission Level II.

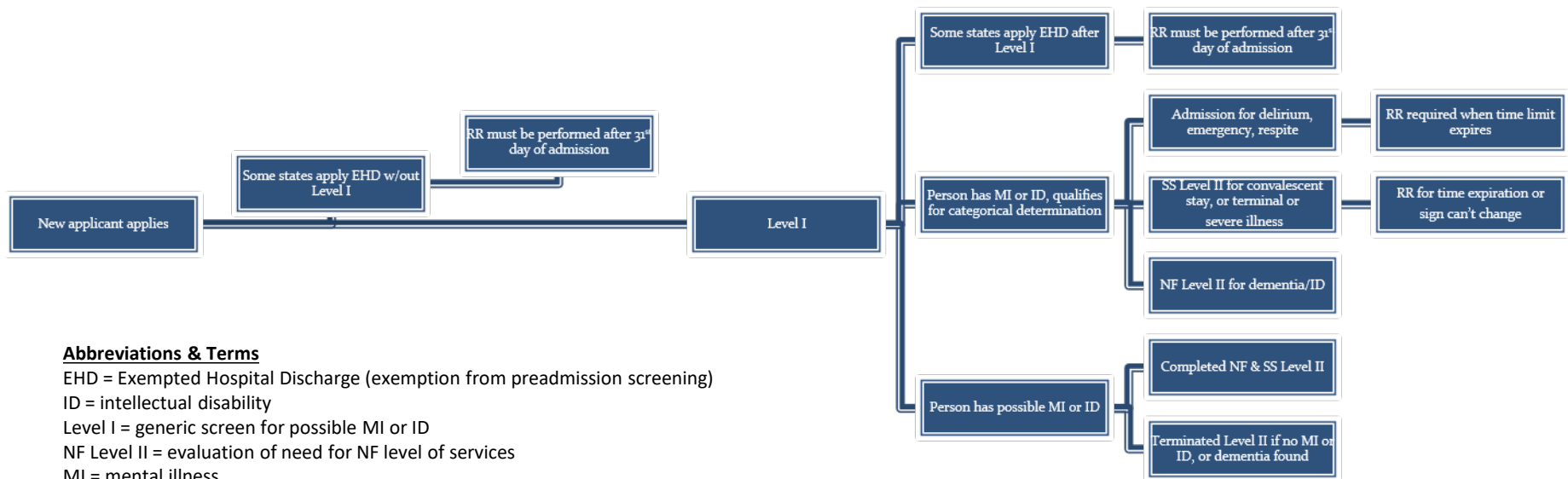
Categorical Determinations

- Current regulations created categories for expedited Level IIs (called “categorical determinations”) for people with:
 - Terminal illness
 - Severe illness
 - Co-occurring dementia and ID/RC
 - Delirium
 - Time-limited convalescent stays (state-defined)
 - Time-limited admissions for respite (state-defined), APS placements (7 days)
- NPRM proposes to replace categorical determinations with “provisional admissions” in order to avoid unnecessary Level II Preadmission Screening for NF applicants going into the NF for short, time-limited stays

NPRM Proposed Updates to Preadmission Screening (Level II) Requirements

- Applicants with positive Level I (i.e. possible MI or ID/RC) may be admitted to NF without a Level II if:
 - Exempted hospital discharge (up to 30 days)
 - Provisional admission
 - Convalescent stay for up to 30 days
 - Respite stay for up to 30 days
 - Emergency placement from APS or as part of an evacuation (for up to 14 days)
 - Admission with delirium (up to 14 days)
- Level II Resident Review must be performed for people with a positive Level I (possible MI or ID/RC) if they stay in the NF past the allowed time limit

Preadmission Process Under Current Regulations



Abbreviations & Terms

EHD = Exempted Hospital Discharge (exemption from preadmission screening)

ID = intellectual disability

Level I = generic screen for possible MI or ID

NF Level II = evaluation of need for NF level of services

MI = mental illness

RR = Resident Review (post-admission evaluation of need for NF level of services and specialized services)

SS Level II = evaluation of need for specialized services

Preadmission Process Under Proposed Revised Regulations

Abbreviations & Terms

EHD = Exempted Hospital Discharge (exemption from Preadmission Screening)

ID = intellectual disability

Level I = Generic screen for possible MI or ID

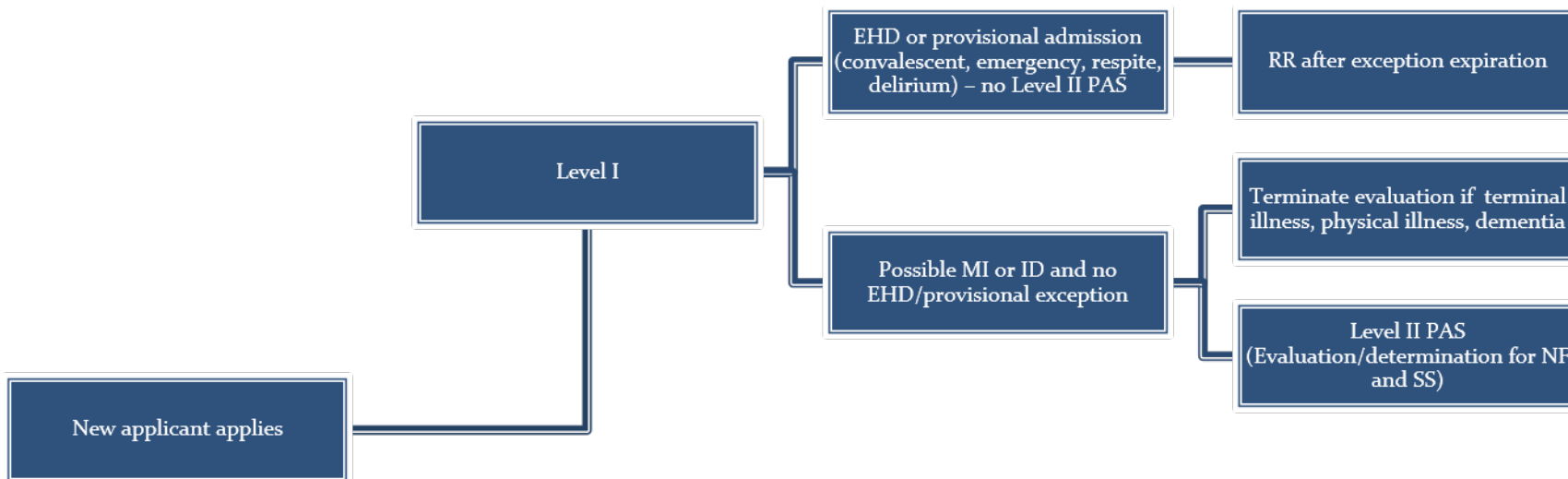
Level II = Evaluation and determination

MI = Mental illness

PAS = Preadmission Screening (Level II done prior to NF admission)

RR = Resident Review (Level II done post-NF admission)

SS = Specialized services



Resident Review Requirements

- PASRR regulations were never changed after the “annual” Resident Review requirement was removed from statute in 1996
 - As a result, there were no regulations explaining how states should implement Resident Review – all guidance was sub-regulatory
- NPRM proposes to:
 - Remove mention of “annual Resident Review” where it appears in regulations (and replace with “Resident Review”)
 - Add regulatory guidance on when Resident Review is required

NPRM Proposed Implementation of Resident Review Requirements

- Adding criteria for when Resident Review is required:
 - “Significant change in status” definition – align with Survey & Certification definition (42 CFR 483.20)
 - NF staff must make referral if they discover someone has a previously unidentified MI or ID/RC
 - State can create additional criteria/circumstances requiring Resident Review
- Adding definitive timeframes for when NF must make Resident Review request:
 - Within 72 hours of new identification or significant change
 - Within 24 hours of when an exempted hospital discharge or provisional admission timeframe expires

Definition of Specialized Services

- Current definition:
 - State-defined services
 - Services are of greater customization or intensity than nursing facility services
- Proposed definition clarifies that specialized services must also be:
 - Person-centered
 - Aimed at maintaining/developing functional abilities
 - Designed to “support the individual’s goals of transition to the most integrated setting”
- Purpose of the proposed change is to clarify that these services can be HCBS-like rather than institutional services

NPRM Proposed Update to Specialized Services Delivery

- NPRM proposes to add a requirement that state must periodically review specialized services to ensure the individual still needs them and that they are still effective
- Purpose of proposed update:
 - Periodic review is consistent with the person-centered planning process
 - Supports focus on person-centered services

Specialized Services and FFP

- Current regulations leave the perception that FFP is not available for “specialized services furnished to NF residents as NF services”
- NPRM proposes to clarify FFP is available for specialized services provided to NF residents with MI or ID/RC if:
 - The services have been described by the state in an approved State Plan;
AND
 - The services do not duplicate NF services

NF Level of Services

- Current regulations do not clearly define “NF level of services” - resulting in confusion with “NF level of care”
- Current regulations require that evaluators assess “NF level of services” by looking at whether:
 - An individual has the option (and wants) a non-institutional placement, or
 - The individual’s needs would be better met on an inpatient basis (and if so, if they can be met in the NF or is a different institutional setting is better)
- NPRM proposes to clarify:
 - The distinction between NF level of services and NF level of care
 - The importance of informed choice of settings

NPRM Proposed Clarification of NF Level of Services

- NPRM clarifies that needing “NF level of services” is more than meeting “NF level of care.” Individuals needing NF level of services are those who:
 - Meet state’s criteria for NF admission (including level of care); AND
 - Have needs that can be met in the NF (with or without the help of specialized services); AND
 - Do not want placement in an HCBS program (or an HCBS placement is not immediately available to the individual)
- NPRM proposes to clarify that evaluators must include individual’s informed choice as to where to receive long term services in this assessment

FFP for NF Services

- Current regulations are ambiguous as to whether FFP is only available for NF services for individuals who are determined to meet NF level of care or to need NF level of services
- NPRM proposes to clarify that FFP for NF services is not available for individuals with MI or ID/RC who have not been determined to need NF level of services

NPRM Proposed Updates to Level II Evaluation

- Level II evaluations may be conducted via telehealth if necessary
- Streamlining list of data that must be collected during the evaluations for NF level of services and specialized services
- Evaluation may be terminated without inquiry into need for NF level of services/specialized services if the individual is unable to participate in these evaluations due to:
 - A terminal illness;
 - A severe illness; and/or
 - Advanced dementia

NPRM Proposed Clarification of Annual Reporting Requirements

- Report annually on timeliness of Level II determination:
 - For both Preadmission Screening and Resident Review – annual average of 9 calendar days
- Report annually on disposition of PASRR-identified applicants/residents who were diverted or discharged because the PASRR program determined they did not need NF level of services because they:
 - Do not meet NF admission criteria
 - Need services offered in a different setting, or
 - Elect to move into community/HCBS



Connection to HCBS

NPRM Proposals Intended to Support Community Transition – Accountability

- Greater consistency and accountability for Resident Reviews:
 - Ensure PASRR programs know when people with MI or ID/RC are going into NFs
 - Avoid having individuals with MI or ID/RC become long-term NF residents unnecessarily
- Greater emphasis on meaningful outcomes through standardized reporting requirements:
 - States will be clearly required to track how many people with MI or ID/RC are diverted or discharged, including into the community

Community Transition – Need for NF Level of Services

- Providing clarification that a determination of “need for NF level of services” is more than simply meeting NF level of care criteria
- Greater emphasis on individual’s informed choice of where to receive treatment reinforces:
 - Individual’s preference and available options are part of the proposed “NF level of services” definition
- Potential withholding of FFP if individuals are retained in NFs even though they could be supported in the community, want to be in the community, and there is an immediately available placement

Community Transition – Specialized Services

- Continue to provide states with the flexibility of defining specialized services
- Allow states to determine the qualifications of the service provider
- Emphasize that specialized services are designed to promote transition to the most integrated setting
- Clarify that FFP is available for specialized services delivered to NF residents
- States have been providing, and can continue to provide, specialized services to NF residents using existing HCBS providers which can facilitate transition to community settings/services

In Memoriam

We'd like to recognize and remember Dan Timmel, whose belief in PASRR's potential to support community integration and improve individuals' lives formed the foundation of this NPRM.

Questions?

Contact:

Anne Blackfield

Health Insurance Specialist, Division of Long Term Services and Supports

Anne.Blackfield@cms.hhs.gov

Lynell Sanderson

Health Insurance Specialist, Division of Long Term Services and Supports

Lynell.Sanderson@cms.hhs.gov