**Adult Mental Health Preadmission Screening and Resident Review (PASRR)**

for persons with serious mental illness who are seeking admission to a nursing facility or boarding care facility

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August 2011

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**What is PASRR?**

- PASRR was enacted by Congress as part of the Omnibus Budget Reconciliation Act (OBRA) of 1987; Federal Medicaid law and regulations require states to have a PASRR program
- PASRR determines whether nursing facility applicants and residents meet NF level of care and require specialized services

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**Omnibus Budget Reconciliation Act (OBRA) of 1987**

- Language codified under CFR Title 42, Public Health, Chapter IV, Part 483, Requirements for State and Long Term Care Facilities
- OBRA acronym is used informally to designate the Preadmission Screening process

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**PASRR prohibitions**

- Medicaid certified nursing facilities (NFs) are prohibited from admitting a person with a serious mental illness (SMI) unless the state mental health authority (SMHA) or state Medicaid agency has determined that the person requires the level of care (LOC) and services the facility provides and whether the person requires specialized services to treat mental illness

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**PASRR requirements**

- SMHA must review the needs of NF residents with SMI for NF services and specialized care
- States must complete specific procedures for preadmission screening to identify people who have or are suspected of having a mental illness
- SMHA may delegate or contract admission and determination decisions to any entity without ties to any nursing facility

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**Minnesota PASRR structure**

- SMHA has delegated PASRR responsibilities to the county human service agency as the local mental health authority (LMHA) where person is seeking admission; this may not be the county of financial responsibility
PASRR regulations

- All applicants to a Medicaid certified NF or boarding care facility must receive a Preadmission Screen (PAS) and Level I screening prior to admission regardless of income, assets, or funding sources.

Nursing facility prohibitions

- Nursing facilities must not admit any new resident with a serious mental illness who has not received a PASRR determination that the person requires NF services and whether the person needs specialized services.
- No federal payment may be made for NF services for a person with SMI who has not been screened and approved for admission.

PASRR processes

- Preadmission Screening/Community Assessment staff at each county perform tasks related to NF admissions, including determining the need for NF level of care and screening for mental illness.
- Local mental health authority (LMHA) has responsibility for authorizing NF care and identifying the routine and/or specialized mental health services that are needed.

PAS process

- Three components:
  - Preadmission Screening Assessment (PAS) as completed under the Long Term Care Consultation (LTCC)
  - Level I Screening
  - Level II Evaluation and Determination

Preadmission Screening (PAS)

- Conducted by county social worker and/or public health nurse.
- Determination of NF LOC decision based on information about the person’s:
  - Health status
  - Independence in activities of daily living
  - Availability of supports and services that could meet needs either in the community or a nursing facility

Level I Screening

- Identifies whether the applicant has or might have a serious mental illness.
- Conducted by the LTCC intake team, county worker, or public health nurse.
- Must be completed for all referrals independent of and prior to an NF admission.
Federal PASRR guidelines for SMI

All three criteria must be met related to diagnosis, level of impairment and duration of illness:
- Diagnosis of a major mental illness as listed in the DSM, current edition, excluding primary diagnosis of Dementia
- Disorder has resulted in significant impairment in major life activities in past 3 to 6 months
- Intensive mental health services more than once within past 2 years, i.e. hospitalization, daily community based treatment and supervision OR episode of significant disruption requiring supportive services to maintain functioning at home or residential treatment center, or intervention by housing or law enforcement officials due to mental illness and within past two years

Mental illness

- If Level I results indicates possibility of mental illness, referral must be made to the LMHA
- LMHA has responsibility to see that a Level II evaluation and determination is completed

Exclusions for Level II Process

- A Level II form does not need to be completed for the following persons:
  - Seeking a waiver or other community-based services
  - Primary diagnosis of Dementia
    - However, even a primary diagnosis of Dementia, along with a secondary diagnosis of mental illness, may require a Level II if the person has been determined to be able to benefit from mental health services and treatment

Dementia exclusion

- A primary diagnosis of Dementia is considered an exemption/exclusion from completion of a Level II

Dual diagnosis of mental illness and developmental disability

- If Level I screening indicates a possibility of a dual diagnosis of mental illness and developmental disability, both the LMHA and developmental disability authority must be notified to conduct a Level II evaluation and determination
- County social service department is responsible for coordinating this process for persons who have or who are suspected of having MI and DD

Level II Evaluation and Determination

- Implemented by the LMHA in the county where the person is seeking admission
- Determines whether the person has a mental illness
- If primary or secondary MI diagnosis, determine whether it is covered under OBRA
- Evaluation and determination of MI based on current assessments and severity of MI
### How are Level II determinations made?
- Based not only on known diagnoses but also on behaviors or other presenting evidence that might indicate serious mental illness
- Additional supporting information may be obtained from all relevant sources to confirm the presence of a serious mental illness

### When further evaluation is needed
- Included as part of the Level II process
- A diagnostic assessment must be completed by an independent mental health professional if there is a suspected MI and there is insufficient current diagnostic information or information is older than 90 days
- Independent MH professional cannot be staff of the LMHA or the NF

### Purpose of the diagnostic assessment
- To confirm the diagnosis and determine if specialized services are needed or, if not, which routine mental health services would be beneficial

### Level II timelines
- Level II evaluations and determinations must be made within an annual average of 7 to 9 working days after persons are identified as suspected of having a MI and referred to the LMHA and prior to admission to a NF
- Results of diagnostic assessment must be completed before the Level II determination can be completed

### When diagnostic information exists
- If sufficient and current within 90 days prior to referral and is documented or available to determine whether MI exists, further evaluation may not be needed; may also be updated by the MH professional if older than 90 days
- LMHA can use all current and known information from relevant and independent sources for purposes of diagnostic and functional assessment information but not limited to case management records

### Planning for services
- LMHA must develop a plan to provide for any identified or prescribed services if:
  - Level II determines a SMI exists
  - Person requires specialized services, and
  - Meets criteria to admitted to an NF
What is a Resident Review?
- When a person is residing in a NF and a significant change of condition is identified in the person's mental condition whether a dx of MI exists or symptoms indicate a possible MI
- NFs must promptly report changes in MH condition to the LMHA, which must then promptly conduct a Level II review and determination

What about an annual review?
- Annual Resident Reviews are no longer required for NF residents who meet the definition of SMI

Exceptions to PAS requirements
- Two types of exceptions:
  - Categorical Determinations
  - Readmissions or Transfers

Categorical Determinations
- Admission to a NF may occur without further evaluation if the LMHA determines that the person meets a categorical determination
- Also true for person suspected of having a SMI; however, referral to an independent MH professional required when length of stay expected to exceed established times limits or person's condition changes to a level where routine or specialized MH services may be beneficial

Types of Categorical Determinations
- Convalescent Care/30 Day Exclusion
  - Period of recovery from an acute physical illness or surgery that requires hospitalization
  - Admission to NF must:
    - Directly follow inpatient care, and
    - Require convalescence for same condition that required hospitalization, and
    - Be ordered by the treating physician in writing with estimated length of stay less than 30 days

- Terminal Illness
  - Defined as a health condition that, due to its nature, can be expected to cause the person to die
  - A signed statement from a physician that the person’s life expectancy is six months or less must be in the person’s active file
Severe Physical Illness
- Illness must result in a level of impairment so severe that, in the judgment of the LMHA, the person could not be expected to benefit from specialized services
- This category includes but is not limited to coma, ventilator dependence, functioning at a brain stem level, advanced chronic obstructive pulmonary disease, Parkinson’s disease, Huntington’s, amyotrophic lateral sclerosis, end stage congestive heart failure and acute CVA

Brief Emergency Stay
- Emergency situation exists when the person is in a potentially harmful environment or the caregiver is suddenly incapacitated and cannot provide for the person’s care
- The limit for the stay is 7 days

Respite Care
- Brief and time-limited stay to provide respite to in-home caregivers may occur if the person requires the level of care provided by an NF
- Each stay limited to a maximum of 30 days in any 12 month period
- Placement in community-based alternatives for respite is preferred

Delirium
- Person is temporarily incapacitated such that an adequate evaluation cannot be made. Admission is considered provisional and limited to a time in which the delirium remains clinically evident

Readmissions or Transfers
- A person being readmitted to a NF or transferred from another NF is not required to have a PAS since not considered a new admit
- Person is subject to resident review requirements
- If no documented Level I in place, NF is responsible to initiate and see that Level I is completed and that Level II completed if needed

The LMHA receiving the initial intake call for a NF admission must conduct the Level I screening
- If results indicate need for a Level II, screening must be completed before person leaves state of residence
- Level I and II conducted and paid by state where person currently residing

Out-of-State Arrangements
- The LMHA receiving the initial intake call for a NF admission must conduct the Level I screening
- If results indicate need for a Level II, screening must be completed before person leaves state of residence
- Level I and II conducted and paid by state where person currently residing
More on out-of-state arrangements

- Prior to admission:
  - Completed Level I and II materials must be faxed to the NF intake worker and the LTCC or LMHA contact person in the county where the NF is located
  - The LTCC or LMHA contact person must sign off prior to admission

Reciprocal agreement

- A reciprocal agreement is in place between Wisconsin and Minnesota that exempts this process for residents of these states seeking admission in the other state
- LMHAs are expected to use Minnesota’s procedures for Wisconsin residents seeking admission to a MN Medicaid certified NF

Appeals process

- Level I determination or finding is not subject to appeal
- Level II determinations may be appealed, and Level I findings are subject to review and consideration as part of a Level II appeal

Who can initiate an appeal?

- An appeal may be initiated by any person who is:
  - A potential NF resident
  - Already a resident of a NF
  - Adversely affected by a PASRR preadmission screening or resident review
- Appeals Division
  Department of Human Services
  (651) 431-3596 or (800) 657-3510

Non-compliance penalties

- NF is responsible for having a copy of the Level I and Level II on file in the active resident care record
- Reimbursement to a NF for resident days of service for a person with a primary or secondary dx of MI is authorized by the LMHA through the Level II determination process

Medicaid funding and certification

- Failure to comply with the preadmission screening process may result in non-payment and disallowance of Medicaid reimbursement for NF services
- Penalty will be applied retroactively from the time non-compliance is discovered
- Repeated non-compliance could result in loss of Medicaid certification
Review, correct and complete
- Counties and facilities are strongly encouraged to systematically and regularly review the status of NF residents who may have a primary or secondary MH dx and correct and complete process as needed
- Review process and subsequent completion of required screenings and documentation does not prevent disallowance of MA funds if PAS non-compliance identified through an audit

Routine Mental Health Services
- Provided or arranged by a nursing facility include facilitating access to routine mental health appointments, such as access to outpatient treatment, providing medication management and offering regular group activities

Specialized Services
- Include services specified by the State, which combined with services provided by a NF, result in the continuous and aggressive implementation of an individualized plan of care for a person with a serious mental illness

Plan of Care
- Is developed and supervised by an interdisciplinary team which includes a physician, qualified MH professional, and other professionals as appropriate
- Prescribes specific therapies and activities for the treatment of a person experiencing an acute episode of a serious mental illness that necessitates supervision by trained mental health personnel

More about Plan of Care
- Directed toward diagnosing and reducing the person’s behavioral symptoms that necessitated institutionalization, improving person’s 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

Individualized Specialized Services
- Examples include but are not limited to:
  - Partial hospitalization
  - Vocational rehabilitation
  - Community support
  - Independent living skills program
  - Assertive community treatment (ACT)
  - Enhanced housing support
  - Crisis/emergency services
Notification Process

- LMHA must notify in writing the following entities of its PASRR determination
  - Evaluated individual and legal representative
  - Admitting or retaining nursing facility
  - Individual or resident's attending physician
  - Discharging hospital

More on Notification Process

- Each notice of the PASRR determination made by the LMHA must include:
  - Whether an NF level of services is needed
  - Whether specialized services are needed
  - Placement options available to the individual consistent with determinations
  - Right of individual to appeal the determination

Distribution Process

- Referral, Level I and Level II must be sent to local PAS office upon completion
- Copy of all Level II documents must be kept on file with the LMHA
- Copies must be sent to SMHA
- Level I and II and all relevant material must be kept on file in active care record at the NF

Who can I contact if I have a question?

Until September 1, 2011 and after 9/1/12
- Maria L. Anderson
  - Mental Health Program Consultant
  - Adult Mental Health Division
  - Department of Human Services
  - (651) 431-2241
  - maria.l.anderson@state.mn.us
  - DHS.MH.PASRR@state.mn.us

From 9/1/11 to 9/1/12
- Adult Mental Health Division
  - Michael Landgren
    - (651) 431-2251
    - michael.landgren@state.mn.us
  - Hannah Letofsky
    - (651) 431-2235
    - hannah.letofsky@state.mn.us

Other DHS Contacts

- Aging and Adult Services Division
  - Jolene Kohn
    - (651) 431-2579
    - jolene.kohn@state.mn.us

- Disability Services Division
  - John Fillbrandt
    - (651) 431-2441
    - john.fillbrandt@state.mn.us
Other PASRR Resources

- The DHS Adult Mental Health web pages now house the PASRR information and links to edocs form and is the current source of information.
- No update will be published for bulletin #10-53-02.