

Preadmission Screening and Annual Resident Review (PASARR)

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PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR)

PREFACE

This facility promotes and supports a resident centered approach to care. The purpose of this policy is to define and set expectations regarding the appropriate preadmission assessment of all individuals with a mental disorder and individuals with intellectual disability. It is the policy of the facility to coordinate the assessment process with the preadmission screening and annual resident review (PASARR) program under Medicaid in Subpart C to the extent practicable to avoid duplicative testing and effort. This includes incorporating the recommendations from the PASARR level II determination and evaluation in the residents' assessment, care plan, and transition of care; and referring all level II residents and all residents with new or evident conditions related to Level II review upon significant change in status assessment.

The facility will not admit any new residents with: Mental Disorder- unless the State mental health authority has determined, prior to admission that, because of the physical and mental condition of the individual, the individual requires the level of services provided by the facility and whether the individual requires specialized services: or Intellectual Disability - unless the State intellectual disability or developmental disability authority has determined, prior to admission that, because of the physical and mental condition of the individual, the individual requires the level of services provided by the facility; and if the individual requires such level of services, whether the individual requires specialized services for intellectual disability.

The PASARR process consists of the completion of a Level I screen per State and Federal requirements as well as the review and implementation of the Level II recommendations upon admission into the facility.

Definitions Applicable to the Preadmission Screening and Annual Resident Review (PASARR) Process

Mental Disorder/Serious Mental Disorder - An individual is considered to have a serious mental illness (MI) if the individual meets the following requirements on diagnosis, level of impairment and duration of illness:

Diagnosis. The individual has a major mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, revised in 1987.

1. A schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability; but

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2. Not a primary diagnosis of dementia, including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder
3. Level of impairment. The disorder results in functional limitations in major life activities within the past 3 to 6 months that would be appropriate for the individual's developmental stage. An individual typically has at least one of the following characteristics on a continuing or intermittent basis:
4. Interpersonal functioning. The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation;
5. Concentration, persistence, and pace. The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks; and
6. Adaptation to change. The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.
7. Recent treatment. The treatment history indicates that the individual has experienced at least one of the following:
 - i. Psychiatric treatment more intensive than outpatient care more than once in the past 2 years (e.g., partial hospitalization or inpatient hospitalization); or
 - ii. Within the last 2 years, due to the mental disorder, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials. (Reference – Subpart C – Preadmission and Annual Review of Mentally Ill and Mentally retarded Individuals – Applicability and Definitions -42 CFR 483.102 (b)(1))

Intellectual Disability - An individual is considered to have intellectual disability (IID) if he or she has -

1. A level of retardation (mild, moderate, severe or profound) described in the American Association on Intellectual Disability's Manual on Classification in Intellectual Disability (1983). Incorporation by reference of the 1983 edition of the American Association on Intellectual Disability's Manual on Classification in Intellectual Disability or
2. The American Association on Intellectual Disability's Manual on Classification in Intellectual Disability. (Reference – Subpart C – Preadmission and Annual Review of Mentally Ill and Mentally retarded Individuals – Applicability and Definitions -42 CFR 483.102 (b)(1))

Related Conditions - Persons with related conditions are those individuals who have a severe, chronic disability that may include the following conditions:

1. Attributable to cerebral palsy, epilepsy, or any other condition found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of people with ID and requires similar treatment or services;
2. Is present prior to age 22;
3. 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

Significant change in status assessment - Completed when there is a decline or improvement in a resident's status as defined in the MDS 3.0 Resident Assessment Instrument definitions.

Specialized Services – "...are differentiated from restorative services that are provided by nursing staff. Specialized rehabilitative services are provided by or coordinated by qualified personnel. Specialized rehabilitative services are considered a facility service and are, thus, included within the scope of facility services. They must be provided by or coordinated by qualified personnel. They must be provided to residents who need them even when the services are not specifically enumerated in the State plan. No fee can be charged a Medicaid recipient for specialized rehabilitative services because they are covered facility services. A facility is not obligated to provide specialized rehabilitative services if it does not have residents who require these services. If a resident develops a need for these services after admission, the facility must either provide the services or, where appropriate, obtain the services from an outside resource. For a resident with MI or ID to have his or her specialized needs met, the individual must receive all services necessary to assist the individual in maintaining or achieving as much independence and self-determination as possible". (Reference CMS PASARR Critical Element Pathway)



Determination of NF Services and Short Stays –State mental health or intellectual disability authority may make an advanced determination that NF services are needed for

- a. Convalescent care from an acute physical illness which—
 - i. Required hospitalization; and
 - ii. Does not meet all the criteria for an exempt hospital discharge, which is not subject to preadmission screening,
 - b. Terminal illness, as defined for hospice purposes in §418.3 of this chapter;
 - c. Severe physical illnesses such as coma, ventilator dependence, functioning at a brain stem level, or diagnoses such as chronic obstructive pulmonary disease, Parkinson’s disease, Huntington’s disease, amyotrophic lateral sclerosis, and congestive heart failure which result in a level of impairment so severe that the individual could not be expected to benefit from specialized services;
 - d. Provisional admissions pending further assessment in cases of delirium where an accurate diagnosis cannot be made until the delirium clears;
 - e. Provisional admissions pending further assessment in emergency situations requiring protective services, with placement in a nursing facility not to exceed 7 days; and
 - f. Very brief and finite stays of up to a fixed number of days to provide respite to in-home caregivers to whom the individual with MI or IID is expected to return following the brief NF stay. (Reference – Subpart C – Preadmission and Annual Review of Mentally Ill and Mentally retarded Individuals – Applicability and Definitions -42 CFR 483.102 (b)(1)) <https://www.gpo.gov/fdsys/pkg/CFR-2015-title42-vol5/pdf/CFR-2015-title42-vol5-sec483-130.pdf>
2. Time limits. The State may specify time limits for categorical determinations that NF services are needed and, must specify a time limit which is appropriate for provisional admissions pending further assessment and for emergency situations and respite care. If an individual is later determined to need a longer stay than the State’s limit allows, the individual must be subjected to an annual resident review before continuation of the stay may be permitted and payment made for days of NF care beyond the State’s time limit. (Reference – Subpart C – Preadmission and Annual Review of Mentally Ill and Mentally retarded Individuals – Applicability and Definitions -42 CFR 483.102 (b)(1)) <https://www.gpo.gov/fdsys/pkg/CFR-2015-title42-vol5/pdf/CFR-2015-title42-vol5-sec483-130.pdf>) (****Insert State Specific requirements here***)

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Level I and Level II Screen - In brief, the PASRR process requires that all applicants to Medicaid-certified Nursing Facilities be given a preliminary assessment to determine whether they *might* have SMI/SMD or ID. This is called a "Level I screen." Those individuals who test positive at Level I are then evaluated in depth, called "Level II" PASRR. The results of this evaluation result in a determination of need, determination of appropriate setting, and a set of recommendations for services to inform the individual's plan of care. (Reference Medicaid.gov/pasrr) <https://www.medicaid.gov/medicaid/ltss/institutional/pasrr/index.html>)

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PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) POLICY

It is the policy to screen all potential admissions on an individualized basis. As part of the preadmission process, the facility participates in the Preadmission Screening and Resident Review (PASRR) screening process (Level I) **(*Insert State and facility Specific requirements here)** for all new and readmissions per requirement to determine if the individual meets the criterion for mental disorder (SMI/SMD), intellectual disability (ID) or related condition. Based upon the Level I screen, the facility will not admit an individual with a mental disorder or intellectual disability until the Level II screening process has been completed and the recommendations allow for a nursing facility admission and the facility's ability to provide the specialized services determined in the Level II screen. If a provisional admission to the facility is approved via the Level II screen process, the facility will coordinate with the State PASARR representative related to the individual needs of the resident as indicated.

Annually and with any significant change of status, the facility will complete the PASARR Level I screen for those individuals identified per the Level II screen requiring specialized services. The facility will report any changes as identified via the screen to the state mental health authority or state intellectual disability authority promptly.

OBJECTIVE PASARR POLICY

The objective of the PASARR policy is to ensure that individuals with mental illness and intellectual disabilities receive the care and services that they need in the most appropriate setting. The PASARR will be evaluated annually and upon any significant change for those individuals identified. **(*Insert State and facility Specific requirements here)**

PROCEDURE

1. Admission and Readmission
 - a. The facility will participate in or complete the Level I screen **(*Insert State and facility Specific requirements here)** for all potential admissions regardless of payer source to determine if the individual meets the criterion for mental disorder (SMI/SMD), intellectual disability (ID) or related condition.
 - b. *Illinois*

In order to facilitate the orderly transition of aged patients and patients with disabilities from hospitals to post-hospital care, whenever a patient who qualifies for the federal Medicare program is hospitalized, the patient shall be notified of discharge at least 24 hours prior to discharge from the hospital. With regard to pending discharges to a skilled nursing facility, the hospital must notify the case

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*coordination unit, as defined in 89 Ill. Adm. Code 240.260, at least 24 hours prior to discharge. When the assessment is completed in the hospital, the case coordination unit shall provide a copy of the required assessment documentation directly to the nursing home to which the patient is being discharged prior to discharge. The Department on Aging shall provide notice of this requirement to case coordination units. When a case coordination unit is unable to complete an assessment in a hospital prior to the discharge of a patient, 60 years of age or older, to a nursing home, the case coordination unit shall notify the Department on Aging which shall notify the Department of Healthcare and Family Services. The Department of Healthcare and Family Services and the Department on Aging shall adopt rules to address these instances to ensure that the patient is able to access nursing home care, the nursing home is not penalized for accepting admission, and the patient's timely discharge from the hospital is not delayed, to the extent permitted under federal law or regulation. Nothing in this subsection shall preclude federal requirements for a pre-admission screening/mental health (PAS/MH) as required under Section 2-201.5 of the Nursing Home Care Act or State or federal law or regulation. **Effective Date: 1/1/2017***

- c. Based upon the Level I screen, if an individual is determined to meet the above criterion, the facility will not admit an individual, the facility will refer the potential admission to the State PASARR representative (****Insert State and facility Specific requirements here***) for the Level II screening process
- d. Upon completion of the Level II screen, the facility will review the screen recommendations and determine the facility's ability to provide the specialized services outlined. Admission decision will be determined and notification to the State PASARR representative, resident and resident representative will be completed.
- e. Readmission
 - i. The PASARR screening process will not apply to those identified individuals, who after being admitted to the facility, were transferred for an acute care stay.
- f. Exceptions
 - i. Provisional Admission/Short Stay Admission (****Insert State and facility Specific requirements here***)
 - 1. Based upon the PASARR screen process, an individual may receive an exception for admission into the facility from the State PASARR

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representative if the individual meets the following:

- a. Admission directly from a hospital after receiving acute inpatient care
- b. Primary care physician has certified, before admission to the facility, that the individual likely will require less than 30 days of nursing facility services
- c. Convalescent care from an acute physical illness which—
 - i. Required hospitalization; and
 - ii. Does not meet all the criteria for an exempt hospital discharge, which is not subject to preadmission screening,
- d. Terminal illness, as defined for hospice
- e. Severe physical illnesses such as coma, ventilator dependence, functioning at a brain stem level, or diagnoses such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, and congestive heart failure which result in a level of impairment so severe that the individual could not be expected to benefit from specialized services;
- f. Provisional admissions pending further assessment in cases of delirium where an accurate diagnosis cannot be made until the delirium clears;
- g. Provisional admissions pending further assessment in emergency situations requiring protective services, with placement in a nursing facility not to exceed 7 days; and
- h. Very brief and finite stays of up to a fixed number of days to provide respite to in-home caregivers to whom the individual with MI or IID is expected to return following the brief facility

g. Coordination of Care

- i. Upon admission, the facility will include the PASARR level II determination and evaluation report into the residents' assessment, comprehensive care plan and transitions of care plan. *(See the facility comprehensive care plan and individualized assessment policies)*
- ii. The facility will care plan and provide the specialized services as indicated in the level II determination. The services will be provided under the direction of the qualified personnel indicated.

- iii. If the facility disagrees with the specialized services and PASARR recommendations, it will document the rationale in the medical record. The facility may apply for level II reconsideration.
- iv. The facility will refer all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or related condition for a level II review upon a significant change in status assessment to the State PASARR representative (****Insert State and facility Specific requirements here***)
 1. The resident individualized person centered care plan will be adjusted to reflect the identified changes evident in the signification change in status assessment and information obtained through the level II determination

References

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities 10/04/16:

- <https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities>

CMS Memo Ref: S&C 17-07-NH: Advance Copy – Revisions to State Operations Manual (SOM), Appendix PP- Revised Regulations and Tags, 11/09/16:

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-07.pdf>

Centers for Medicare and Medicaid Services, HHS Applicability and Definitions 483.102(b)

- <https://www.gpo.gov/fdsys/pkg/CFR-2009-title42-vol5/pdf/CFR-2009-title42-vol5-sec483-100.pdf>

Subpart C – Preadmission and Annual Review of Mentally Ill and Mentally retarded Individuals – Applicability and Definitions -42 CFR 483.102 (b)(1))

- <https://www.gpo.gov/fdsys/pkg/CFR-2015-title42-vol5/pdf/CFR-2015-title42-vol5-sec483-130.pdf>

Illinois General Assembly Public Act 099-0857

<http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=099-0857>