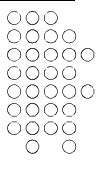



PASRR

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Objectives for Training

- Understand PASRR regulations
- Identify PASRR responsibilities for state staff and providers
- Describe the current PASRR process
- Explain new PASRR requirements
- Accurately screen and complete a Level I
- Identify individuals for Categorical Determinations
- Identify individuals for Exempted Hospital Discharge



What is PASRR?

- **PreAdmission Screening and Resident Review**
- Part of the Federal Nursing Home Reform Act of 1987.
- Federal Requirement as set forth in 42 CFR 483 et seq.
- Requires states to ensure all individuals entering a Medicaid certified NF are screened for Serious Mental Illness (SMI) and/or Mental Retardation (MR)/Related Condition (RC).



Purpose of PASRR



Ensure that all NF applicants and residents with SMI and/or MR are:

- Identified
- Placed Appropriately (least restrictive setting)
- Provided with the MI/MR services they need including Specialized Services

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PASRR Responsibilities



- DHSS staff administer the Preadmission Screening (PAS) process . **Level I.** Nursing facility level of care is also evaluated and determined.
- DHS staff administer the evaluation and determination process . **Level II.** The Division of Mental Health Services is responsible for the MI beneficiaries while the Division of Developmental Disabilities is responsible for the MR beneficiaries.

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Exceptions to PASRR



- Assisted Living
- Fully private pay NF
- Transitional Care Units in hospitals
- New Jersey Veteran Homes

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Current PASRR Process



- DHSS staff perform a PAS on each Medicaid or Medicaid eligible (spend down) applicant prior to entering NF which includes a Level I screen.
- If applicant is positive for SMI and/or MR/RC then they are referred to DMHS or DDD for a Level II evaluation of need for Specialized Services and determination.

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PASRR Process Continued



- Individual cannot be admitted to NF until Level II Evaluation and Determination is completed.
- DMHS and/or DDD may apply Categorical Determinations and temporarily suspend Level II.
- DMHS and/or DDD will complete a Level II Evaluation and Determination.

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Hospital Discharges to NF



- Hospital discharge planners must complete a Level I Screening Tool (LTC-26) on all discharges to a Medicaid certified NF.
- All positive screens must be referred to either DDD or DMHS for a Level II Evaluation.
- All positive screens must have a LOC assessment (PAS) completed by DHSS staff.
- CMS regulations allow for an suspension of the Level II for short term (30 days or less) rehab admissions with physicians certification . **Exempted Hospital Discharge.**
- Original Level I must be go with individual to NF.

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Community NF Admissions



- NF personnel must complete a Level I Screening Tool on each admission from the community.
- All positive screens must be referred to DDD and/or DMHS for a Level II Evaluation.
- Original Level I must be placed on active NF chart.

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Who can complete a Level I?



These are the minimum credentials for an medical professional completing a Level I Screening Tool.

- Certified Social Worker (CSW)
- Registered Nurse (RN)

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Level I Screening Tool: LTC 26



- Complete Individual's identifying information.
- MI Screen: Answer questions 1 . 4 with available information.
- MR/DD Screen: Answer questions 5 . 9 with available information.
- Scoring: positive or negative screen?
- Does patient qualify for Exempted Hospital Discharge?

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Scoring the LTC-26



- If **ALL** questions 1 through 9 are answered **NO** = **Negative Screen**.
- If Question 1 is **YES** but 2 through 9 are **NO** = **Negative Screen**.
- If Question 1 is **YES** but if any questions 2 through 4 are **YES** = **Negative Screen**.
- If Question 1 is **YES** and if any question 5 through 9 are **YES** = **Positive Screen**. Refer to **DDD**

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Scoring the LTC-26



- If Question 1 is **NO** but **ANY** questions 2 through 9 are answered **YES** = **Positive Screen**. Refer to **DMHS** for ANY questions 2 through 4 that were answered **YES**. Refer to **DDD** for ANY questions 5 through 9 that were answered **YES**. Refer to both **DMHS** and **DDD** simultaneously for any questions 2 through 4 AND any questions 5 through 9 that are answered **YES**.
- All Positive Screens must be referred to **OCCO** for a nursing facility Level of Care assessment.

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NF residents without Level I



- NF residents who are in a Medicaid certified NF after October 1, 2010 and never had a Level I will need one completed by the NF social worker.
- NF staff must complete a new Level I (LTC-26) on those residents without one by March 31, 2011.

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Categorical Determinations



There are several populations that do not require a Level II, or can be temporarily suspended, if they fall into one of the following categories:

- Dementia with MR/DD
- Terminal Illness
- Severe Physical Illness
- Respite Care
- Protective Services

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Exempted Hospital Discharge



- If a patient screened positive on the Level I and is being discharged to a NF for sub acute care and a physician certifies that it is likely to be 30 days or less, a Level II Evaluation can be suspended.
- If the NF resident remains in the NF past day 30, the Level II must be completed prior to day 40.

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Level II



May block NF admission of individuals who may otherwise be admitted

- May meet LOC but MI/MR needs cannot be met in NF.
- Or whose needs could be better met in the community.
- Determination that individual requires Specialized Services.

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Specialized Services



- Not permitted in a NF by the New Jersey Administrative Code.
- No FFP for Specialized Services if provided to a NF resident as NF services.
- States can provide SS as services over and above NF services.
- The NF must provide mental health or mental retardation services which are of a lesser intensity than specialized services to all residents who need such services.

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Resident Review



- CMS no longer requires annual resident reviews.
- However, PASRR requires evaluation process for significant change in physical or mental condition.
- NF must use the Significant Change in Status Assessment in MDS to trigger resident review.

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Resident Review (cont'd)



- NF must refer resident to Division of Mental Health Services or Division of Developmental Disabilities upon SCSA.
- Resident Review by respective division will determine if individuals need additional or different services in the NF, or if Specialized Services are required.

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Questions

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- LTC-26 can be found here
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