Preadmission Screening and Resident Review (PASRR) – 2019 Rule Changes Webinar

Norma Tirado, PASRR Policy Administrator, ODM
George Pelletier, PASRR Asst. Chief / Quality Manager, MHAS
Heidi Clarke, PASRR Manager, DODD
Agenda

- What is PASRR?

- Review of 2019 PASRR Rules

- Ohio Department of Medicaid

- Ohio Department of Mental Health and Addiction Services

- Ohio Department of Developmental Disability
What is PASRR?

- PASRR is a federally mandated program the Ohio Department of Medicaid (ODM) must oversee and administer in conjunction with the Ohio Department of Mental Health and Addiction Services (MHAS) and the Ohio Department of Developmental Disability (DoDD) to ensure that individuals with serious mental illness (SMI) or developmental disability (DD) entering or residing in a Medicaid-certified nursing facility (NF) are:

  - Identified
  - Appropriately placed in the least restrictive setting
  - Receive the services they require for their mental illness and/or developmental disability

- PASRR screen requirements apply to all individual’s seeking admission to a Medicaid-certified NF regardless of payer source
Preadmission Screening (PAS)

- PASRR consists of two parts (1) the Preadmission Screening (PAS) of NF applicants and (2) the Resident Review of current NF residents

- The PAS is made up of two components

1. **Level I Screen** - Identifies whether a person has or is suspected of having a SMI and/or DD
   - Usually completed by hospital discharge planners or NF social workers
   - AND

2. **Level II Evaluation** - When initial screening yields a positive result a comprehensive and individualized evaluation is conducted to confirm or disconfirm a PASRR condition
   - Completed by MHAS via contractor ASCEND and DoDD through the County Boards
Resident Review

- NFs are prohibited from retaining residents with SMI or DD unless a thorough evaluation indicates that such an admission is appropriate and adequate services can be provided.

- A resident review is required when there is a significant change in condition to ensure that NF residents' total needs are met for the purpose of:
  - identifying changes in the individuals' long term services and support needs;
  - recommending community alternatives to continued stays in NFs; and
  - coordinating transition planning back to the community.
ODM PASRR Rule Changes
ODM PASRR State Rules

- OAC 5160-3-15 Preadmission screening and resident review definitions

- OAC 5160-3-15.1 Preadmission screening requirements

- OAC 5160-3-15.2 Resident review requirements
Why Rule Changes?

- Changes to the rules were necessary in adherence to the five year rule review process
- To align the state rules with federal regulations
  - Clarity
  - Accuracy
  - Consistency
- Eliminate redundancies
- Grammatical and formatting changes were made throughout all three rules to improve readability
The following terms were revised:

<table>
<thead>
<tr>
<th>Current Term</th>
<th>Replaced with</th>
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<tbody>
<tr>
<td>preadmission screening identification (PAS/ID)</td>
<td>Level I</td>
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<tr>
<td>Preadmission screening for developmental disabilities (PAS-DD) and for serious mental illness (PAS-SMI)</td>
<td>Level II Evaluation</td>
</tr>
<tr>
<td>Resident review identification (RR/ID), resident review for developmental disabilities (RR-DD) and for serious mental illness (RR-SMI)</td>
<td>Resident Review</td>
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OAC 5160-3-15 Changes cont.

- The definition of categorical determination was revised to mean a preadmission level II determination which may be made for an individual with a SMI or DD without a face to face assessment (replaces language “without first completing a full PAS-DD or PAS-SMI evaluation”) when the individual's circumstances:

  (a) Requires an emergency NF stay; or

  (b) The individual is seeking admission to a NF for a respite NF stay
The definition of emergency NF stay was revised to apply in emergency situations requiring protective services as defined in OAC 5101:2-20-01.

Applies to individuals’:
- Living in conditions which present a substantial risk of immediate and irreparable physical harm or death to self or any other person
- Known or suspected to be suffering from abuse, neglect, or exploitation to an extent that either life is endangered or physical harm, mental anguish or mental illness results or is likely to result

The change to the definition was necessary to align with federal PASRR regulations.
The following definitions were added to the rule

- **Attending Physician** - means the physician to whom a person, or the family of a person, has assigned primary responsibility for the treatment or care of the person or, if the person or the person's family has not assigned that responsibility, the physician who has accepted that responsibility.

- **Community** - For PASRR purposes means a new admission from a setting other than a NF, Ohio hospital or a unit of a hospital that is not operated by or licensed by the MHAS.
New Level I definition - Replaces previous definition of PAS-ID and now refers to the initial screening that must be given to all individuals seeking new admission to a Medicaid-certified NF, regardless of payor source, for the purpose of identifying individuals who may have or are suspected to have indications of a DD and/or a SMI

NF level of service - means a determination made by the DODD and/or MHAS that an individual’s need for treatment does not exceed the level of service which can be delivered by the NF
New Level II definition - Replaces previous definition of PAS-DD and PAS-SMI and refers to the in-depth evaluation of an individual that has been identified as having indications or suspected of having indications of a DD or an SMI by the level I screening outcome. The level II entity must confirm or disconfirm the existence of a DD and/or a SMI and make a written determination of the following:

(a) The individual's need or continued need for NF services;

(b) If the NF is or continues to be the most appropriate setting to meet the individual's long-term care needs; and

(c) Identification and recommendation for specialized services, if any, that would be needed for the individual during the individual’s NF stay.
OAC 5160-3-15 Changes cont.

- The definition of ICF/IID was removed from the rule

- The definition of dementia was removed and incorporated within OhioMHAS PASRR rule OAC 5122-21-03

- The definition and criteria for DD and SMI were removed and incorporated within the DoDD and OhioMHAS PASRR rules respectively

- The definition of new admission was reformatted and revised for clarity and readability

- The term hospital exemption was replaced with hospital discharge exemption in alignment with federal PASRR regulations
The definition of specialized services for SMI was revised to mean those services specified by the level II or the resident review determination for an individual with an SMI which are arranged by MHAS and may be provided under the behavioral health services as described in OAC 5160-8-05 and 5160-27-02, which when combined with NF services, results in the continuous and aggressive implementation of an individualized plan of care.
The definition of **significant change of condition** – was revised to clarify that a significant change means any major decline or improvement in the individual's physical or mental condition **AND** when:

(a) There is a change in the individual's current diagnosis(es), mental health treatment, functional capacity, or behavior and as a result of the change, individuals’ who did not previously have indications of a PASRR condition now have indications **OR**

(b) The change may impact the mental health treatment or placement options of individuals’ who were previously identified as having an SMI or results in a change in the specialized services needs of an individual previously identified as having a DD
OAC 5160-3-15.1 Changes

- **Level I** – Beginning December 30, 2019 all preadmission level I screens (ODM 3622) must be submitted via the Healthcare Electronic Notification System (HENS)

- Throughout the rule, paragraphs were rearranged and moved under different sections within the rule for clarity, accuracy, readability and consistency with federal regulations

- A new *categorical determination requirements* section was added to the rule to provide extended guidance and clarity

- Adverse Determination requirements added “Qualified Mental Health professional” as an individual who can conduct a face to face assessment
OAC 5160-3-15.1 Changes cont.

- The term “receiving NF” found in the previous NF to NF transfer provisions were replaced with “admitting NF” in the new rule

- NF to NF transfer requirements in the new rule were revised to clarify that the admitting NF is:
  - Responsible for ensuring that all individuals’ have met the PAS requirements prior to NF admission
  - Will initiate a resident review for any individual transferred to its facility upon the discovery of a significant change in condition
  - Responsible for ensuring that copies of the resident's most recent PASRR results and if applicable determination accompany the transferring resident
  - Expected to retain PASRR records received from the transferring NF in the individual’s record at the facility
OAC 5160-3-15.1 Changes cont.

- Adds the provision that PASRR level I screens and level II determinations will not be backdated.

- Clarifies that ODM has authority to ensure NF compliance with PASRR requirements and may:
  
  (a) Send official notice to the NF of PASRR noncompliance;
  
  (b) Develop a corrective action plan for the NF;
  
  (c) Require PASRR training;
  
  (d) Conduct NF site visits;
  
  (e) Recoup funds for number of days PASRR requirements were not met for the resident.

- Compliance language was also added to OAC 5160-3-15.2.
OAC 5160-3-15.2 Changes

- Beginning December 30, 2019, the NF is required to initiate and submit a resident review via the HENS system.

- Extension requests will be reviewed and determined by the appropriate level II entity.

- A resident review placement determination section was added to the rule to distinguish specified determinations from unspecified determinations.

- An extension request requirements section was added to the rule that specifies:
OAC 5160-3-15.2 Changes cont.

✓ Extension requests submitted after the expiration of the determination are considered out of compliance with PASRR requirements

✓ The NF must include supporting documentation of the individual's current condition including evidence of the individual’s continued need for services in a NF when submitting a request for an extension

✓ The NF is required to maintain a copy of the resident review extension approval and supporting documentation in the resident's record at the NF
OhioMHAS PASRR Rule Changes
MHAS PASRR Rule Changes

**OAC 5122-21-03:** Preadmission screening and resident review for nursing facility applicants and residents with serious mental illness

- Changes to the overall organization of the rule were made for clarity and were necessary for consistency with ODM PASRR rule changes and federal PASRR regulations

- A list of definitions was added to the rule for clarity and consistency with ODM PASRR rule format

- The definition for specialized services was revised to reflect the updated definition of specialized services found in OAC 5160-3-15
Old Rule

5160-3-15 (B) (34)

'Specialized services for serious mental illness' means those services which are distinct from those available in NFs and results in the continuous and aggressive implementation of an individualized plan of care approved by the medical director of ODMH or designee.

New Rule

5122-21-03 (C)(28)

‘Specialized services for mental illness’ mean those services specified by the PASRR determination for an individual diagnosed with SMI, which are arranged by OhioMHAS the department and may be provided under the behavioral health services as described in OAC 5160-8-05 and 5160-27-02, which combined with services by the NF, results in the continuous and aggressive implementation of an individualized plan of care.
The criteria for specialized services was revised as follows:

**Old Rule**

5160-3-15 (B)(34)

(a) Is developed and supervised by an interdisciplinary team which includes a physician, trained mental health professionals and, as appropriate, other professionals;

(b) Prescribes specific therapies and treatment activities for an individual experiencing an acute episode of SMI which necessitates supervision by trained mental health personnel in **an inpatient setting** licensed and/or operated by ODMH; and

(c) Is time limited and directed toward diagnosing and reducing the individual's behavioral symptoms that necessitated intensive and aggressive intervention, improving the individual's level of independent functioning, and achieving a functioning level that permitting reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time.

**New Rule**

5122-21-03(H)

(1) Is developed and supervised by an interdisciplinary team which includes a physician, trained mental health professionals and, as appropriate, other professionals;

(2) Prescribes specific therapies and treatment activities for an individual exhibiting symptom of SMI which necessitates supervision by trained mental health personnel;

(3) **Is available in the community**; and is time limited and directed toward diagnosing and reducing the individual's behavioral symptoms that necessitated intervention, improving the individual's level of independent functioning, and achieving a functioning level that permits an optimal quality of life.
Specialized Services cont.

OAC 5122-21-03 (H):
“A determination that an individual needs specialized services for mental illness shall result in the aggressive implementation of an individualized plan of care approved by the medical director of the department or designee…”

OAC 5160-8-05 (referenced in the definition of Specialized Services [5122-21-03 (C)(28)])

• Identifies the types of behavioral health services that can be provided, who can provide them and limits of service.
• It specifically separates these services from similar services provided within an inpatient setting.
OhioMHAS Contracted Vendor

effective July 1, 2019

The PASRR Vendor for MHAS

- Receives and processes Level I applications (form 3622) for PASRR evaluation*
- Schedules and conducts face-to-face Level II assessments
- Provides an assessment report to MHAS to be considered in the review process
- Sends determination notices once a decision has been rendered by MHAS

**FAX REFERRALS:**
1-877-431-9568*

**HELPDESK SUPPORT:**
1-877-431-1388
DoDD PASRR Rule Changes and Clarifications
Current rule: OAC 5123:2-14-01 Preadmission screening and resident review for nursing facility applicants and residents with developmental disabilities

Effective December 30, 2019, the rule will be referred to as OAC 5123-14-01

Terms have been updated throughout the rule to reflect the changes made in OAC 5160-3-15

The term and definition of emergency categorical was revised to reflect the updated definition of emergency NF stay in OAC 5160-3-15
OAC 5123-14-01 Changes cont.

- New language added to rule to clarify that the PAA will no longer be permitted to forward manually submitted ODM 3622 directly to the county board of developmental disabilities (CBDD), instead the ODM 3622 will be directed to DoDD for review. Once reviewed, DoDD will distribute the ODM 3622 to the CBDD for an evaluation.
DoDD PASRR Clarifications

- Expedited review request from hospitals
- Request for copies of previous determinations
- NFs submitting 3622s for people who have resided in the NF with no previous determination
- Requests for a list of Developmental Disabilities and Related Conditions (DD/RC)
Resources
Helpful Contacts

- PASRR and level of care policy and procedure questions should be directed to ODM at PASRR@medicaid.ohio.gov

- Users should direct HENS system questions to the PASSPORT Administrative Agencies (PAAs)

- Technical issues with HENS should be reported to ODA_ISD_Helpdesk@age.ohio.gov
Helpful Information regarding ODM 03622 Submission

- The web address for HENS 2.0 is [http://www.hens.age.ohio.gov](http://www.hens.age.ohio.gov)

- Information about the system, user guides and training modules for HENS are available in the HELP section of the HENS website listed above

- The Ohio Department of Aging (ODA) works with the HENS administrator at each PAA to set up a HENS administrator at each participating hospital and nursing facility in their region

- If an individual requires a login account, please contact the facility’s HENS administrator

- If an individual requires assistance to re-establish an existing login, please contact the ODA help desk at: 
  (ODA_ISD_HelpDesk@age.ohio.gov)
PASRR Resources

- HENS User Guides:

- Nursing Facility Admissions: Most Common Scenarios for Preadmission Screening and Resident Review (PASRR) and Level of Care (LOC) Reference Sheet:
  http://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/LongTermCare/IICF/MostCommonScenarios.pdf

- PASRR review 101 Presentation:
  http://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/LongTermCare/PASRR/PASSR-101.pdf
OhioMHAS Level II: New Vendor

ASCEND
- Fax referrals: 1-877-431-9568

OhioMHAS Technical Assistance: Protocol
- For inquiries, complaints, assessments, decisions: Call the Ascend HelpDesk Support at
  1-877-431-1388 ext. 3402
You should receive a return call within 24 hours, 365 days a year
If no response after 24 hours, contact OhioMHAS PASRR Bureau at
  1-614-466-1063
Return call guaranteed within 24 business hours
OhioMHAS Bureau of PASRR Contacts

General Office Number: 614-466-1063

Terry Watts
PASRR Bureau Chief
terry.watts@mha.ohio.gov

George Pelletier
Quality Manager, Assistant Chief
george.pelletier@mha.ohio.gov

Jeff Ryan
Clinical Supervisor, Assistant Chief
jeff.ryan@mha.ohio.gov

Rebecca Grimm
Hearing and Appeals Coordinator
rebecca.grimm@mha.ohio.gov

Kathryn Smigielski
Community Transition and Compliance Coordinator
kathryn.smigielski@mha.ohio.gov
DoDD PASRR Contacts

General Office Number: 800-617-6733

Heidi Clarke
PASRR Manager
Heidi.Clarke@dodd.ohio.gov

Jessica Summit
PASRR Customer Service Assistant
PASRRDOC@dodd.ohio.gov
Questions