

# PASRR Technical Assistance Center

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*Please note that you **must** attend the entirety (90 minutes) of this webinar if you wish to receive Continuing Education credits.*

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# FIVE PASRR CONUNDRUMS

PASRR TECHNICAL ASSISTANCE CENTER'S POWER  
OF PASRR WEBINAR SERIES

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# Objectives

3

- Lay out 5 topics not often covered in major presentations but not uncommon in sidebar discussions
- Invite participants to take the discussion a step further; to identify what you need to know for your program or role
- Gauge next steps: Done? More discussion? Informal or formal guidance?

# Foreshadowing Next Year's Conundrum

4

## Review of State Preadmission Screening and Resident Review (PASRR) Policies and Procedures:

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Truven Health Analytics  
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Pages 21–26

# 2014 PTAC Review of State PASRR Programs

5

- PTAC has been working with CMS to identify additional aspects of PASRR programs to be analyzed...
- The 2014 report will include a more **detailed analysis of the content of Level I** screening tools and corresponding guidance... **including best practices for Level I** tools and quality monitoring.
- ...our analysis **will include the following five additional components** of an effective Level I program...

# Topic 1: Children in Nursing Homes

6

- DOJ has taken actions against states relating to children in nursing homes
- 1.4 million residents in nursing homes
- Estimate of 3,027 children under 21 years of age in nursing homes
  - ▣ (Nursing Home Data Compendium, 2012 Edition, Table 3.12)
- Nationally .2% of residents,
  - ▣ Individual state percentage of children range from 0 to .8%
- Nursing *homes* are really nursing *facilities*
  - ▣ Typically not home-like for a child
  - ▣ NF expertise is typically older adults versus developing children

# Who Are These Children?

7

Are these the three groups of children that get funneled to NFs?

- ❑ Children with long term serious medical needs, often early onset
- ❑ Children with serious medical needs in need of respite stay or emergency care
- ❑ Children with IDD plus chronic medical care needs
- ❑ Does SMI in children impact NF admission?

## Children in NFs:

- 70% with a feeding tube
- 13% have restraints used
- 80% with mod. to severe cognitive impairments
- 12% have antipsychotics used

# What is PASRR's Role?

8

- PASRR must assess NF applicants regardless of age if there is a suspicion of a PASRR condition
- Many children entering NFs have a credible suspicion of a related condition or ID
- PASRR must indicate whether NF is appropriate
  - ▣ Does the child have a medical necessity for NF?
  - ▣ Can *this* NF *appropriately* serve this child's total needs?

# Opinion Alert

9

- PASRR evaluations are *even more important* for children than adults because children's environment and interactions heavily impact their:
  - ▣ Physical, sensory and cognitive development
  - ▣ Social and emotional development
  - ▣ Receptive and expressive language development
- PASRR decisions for children should be facility specific
  - ▣ One NF might marshal the supports and services that are unique to a child with a disability while others could not
- PASRR recommendations should take into account the child's *developmental* needs and how those needs should be addressed while in an NF setting

# Opinion, Again: Children in an NF with ID, DD or MH Conditions Are:

10

- At risk of losing previously mastered ADL, IADL and life skills
- At risk of *not gaining skills* that would be age appropriate to gain
- At greater risk of having the need for developmentally tailored supports and/or disability specific supports overlooked in care planning
- At greater risk of the NF having difficulty locating an available, accessible and willing provider for delivery of needed services or supports
- *Losing skills, not gaining skills, and missing out on early intervention, all put children at risk of falling further behind, and more at risk for longer “out of community” placements*

# DOJ's Opinion

11

One DOJ lawsuit alleges that:

- Children with disabilities are unnecessarily segregated in nursing facilities when they could be served in their family homes or other community-based settings.
- The state's policies and practices place children with significant medical needs at serious risk of institutionalization in nursing facilities

# Are NFs Always Bad for Children?

12

Opinion, again.

- It depends.
- Does *this* particular NF have an ability to incorporate developmentally appropriate care practices?
- Is the NF placement occurring in the context of an overall care plan that includes ensuring developmentally appropriate services?
  - ▣ Is there an exit strategy? Will NF care goals support that exit strategy?
- Is the NF placement occurring because nothing else is available or accessible

# Does PASRR Have the Power to Make a Difference?

13

- Can PASRR prevent NF admissions of children?
  - ▣ Perhaps, by determining an NF inappropriate for the child's needs
  - ▣ But may be an option only if a state has developed and has accessible appropriate alternative care settings
- Can PASRR aid in the eventual transition of children to placements that are less restrictive, or more developmentally appropriate?
  - ▣ It can
  - ▣ By including thoughtful care recommendations that foster readiness for alternative placements
  - ▣ By linking transition programs to PASRR information about children who might benefit from transition assistance

# PASRR with Children: Practical Matters

14

- What kinds of recommendations can be made?
  - ▣ Services and supports to attain the highest practicable physical, mental, and psychosocial well-being
  - ▣ To translate to children: Highest practicable attainment of developmental functioning
- What professionals are suited to conduct evaluations with children?
- What if we have no “specialized services” applicable to children?
- What if the child is “too young” to diagnose with ID or DD?

# What Could a Summary Say?

15

- During the first years of a child's life, she will grow trillions of brain-cell connections, called neural synapses. Therefore, providing her with opportunities to explore and interact with the world around her through interactions, toys, sights, sounds and play will encourage those brain-cells to connect and “wire” her brain as she develops.
- Providing time to play with toys and to play one-on-one in interaction with another person during toy time may improve social and communication skills , physical strength and provide additional cognitive improvement and development. Being interactive and responsive to her actions and verbalizations is beneficial to aid in developing social-emotional connectedness, receptive and expressive communication and cognitive functioning.
- Toys that capture her attention, such as rattle toys, encourage many other developmental milestones such as auditory attention, sensory stimulation, and grasping. Bright and Beyond cards can promote cognitive skills, motor skills, language skills, self-esteem and sensory awareness using simple, everyday items found in everyday life.

# Topic 1: PASRR and Children in NFs

16

Is this an issue for your state?

Does your state have a solution that might benefit other states?

Do you want more discussion or guidance?

# Topic 2: PASRR and Private Pay

17

- There are many issues that could be discussed.
- Only two focused on today.
- Left out: Quality assurance of PASRR programs for private pay:
  - Ensuring your Level I screening program reliably screens *all* private pay individuals
  - What means does a state have to enforce pre-admission compliance?
  - Who audits NF compliance with PASRR recommendations for disability supports and services?

# PASRR and Private Pay— Medical Necessity

18

The basics:

- PASRR must determine whether, because of the resident's physical and mental condition, the individual requires the “*level of services provided by a NF*” or “*meets the minimum standards for NF admission*”

**Typical interpretation/practice:**

- PASRR is “blind” to the payer source of the individual
- PASRR applies the state’s Medicaid NF Level of Care criteria (medical necessity decision rules) to all PASRR persons

# PASRR for Non-Medicaid Persons: An NF Medical Necessity Quandary

19

What can be done when a non-Medicaid individual could have NF services approved for payment but does not meet the State's Medicaid criteria for NF placement?

- Deny NF placement?
  - ▣ The understanding across multiple states
  - ▣ Difficult appeal process, doesn't feel person centered
- Apply a separate “bar” for nursing facility medical necessity according to payer source?
  - ▣ Apply “the minimum standards” for NF care according to each payer source
  - ▣ More complex determination process

# Appropriate PASRR Strategy, Cautiously Offered

20

- It could be appropriate to make a different medical necessity decision based on an individual's NF payment source
- The payment source, in this sense, determines the set of services an individual has access to
  - ▣ Which determines whether it's appropriate to place that person in an NF
- E.g., an insurance beneficiary has access to different sets of services than a Medicaid beneficiary
  - ▣ Including conditions for access to NF level of care itself
  - ▣ Including conditions for access to the array of services within a nursing facility that the individual would need

# PASRR Specialized Services and Private Pay Individuals

## The basics:

- Some private pay persons with PASRR conditions admitted to NFs will need more care for their disability than what nursing homes usually do
- “Specialized Service” means any type of supplemental care or support Level II recommends as necessary for an individual to be appropriately admitted to NF
- A Specialized Service recommended in Level II is not necessarily a specific “service”, billable to a particular payer, it is a *type* of needed care.

Presentation: *Services and supports required for NF residents with MI and ID: Meaning of PASRR “Specialized Services* , National HCBS Conference, September 9–12, 2013, Mindy Morrell and Dan Timmel, CMS Edward Kako and Nancy Shanley, PTAC .

# The Basics: Who is Responsible for Specialized Services?

- ...The State must provide or arrange for the provision of the Specialized Services needed by the individual while he or she resides in the NF. [§ 483.116(b)]
- After admission, NF care planning process develop the recommended type of supplemental care into a specific, billable service.
- MI and ID agencies either identify practically available types of services that will meet the Level II individual's needs, or not admit that person to NF

# Funding for PASRR Specialized Services and Supports

## **PASRR recommended services and supports:**

- **May be covered by Medicare or other insurance**
- For Medicaid beneficiaries with no other third party payer, supplemental services and supports above and beyond NF services can be covered under Medicaid:
  - As certain State Plan services (e.g., rehabilitation)
  - Under NF benefit, as supplemental payments to NF
- **If no third party payment or Medicaid payment exists, state-only funding may be required.**

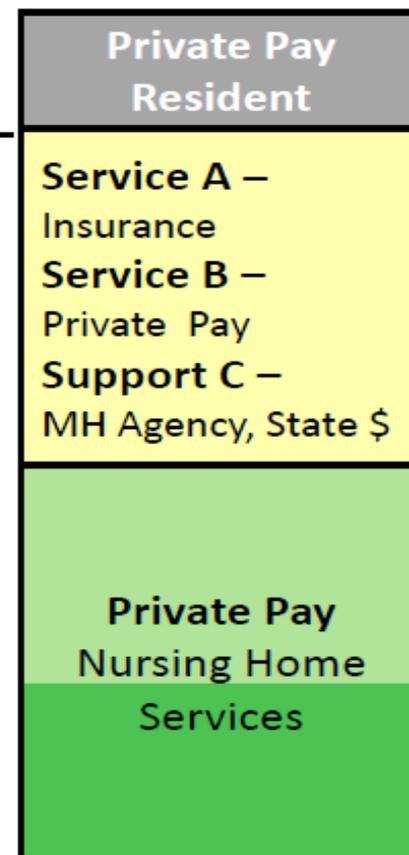
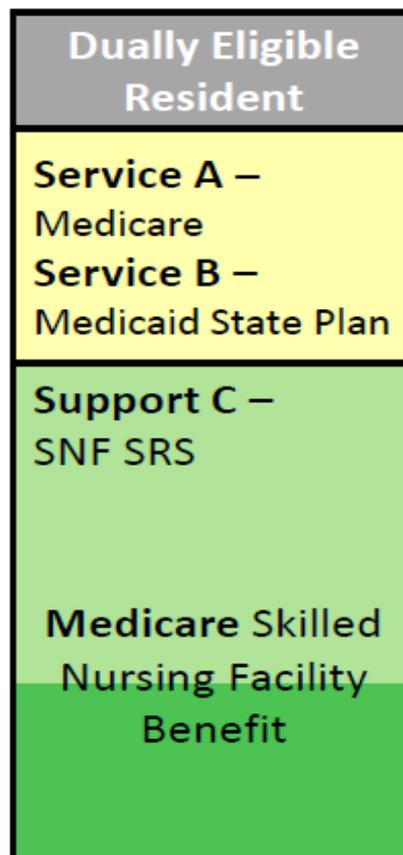
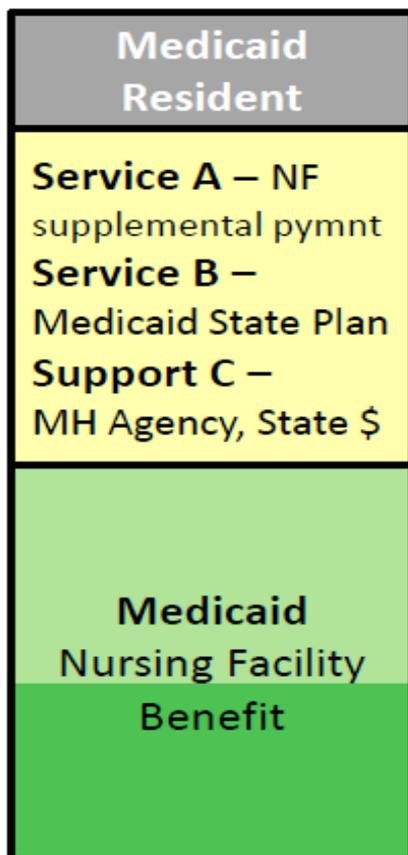
# Payment Sources: example for equivalent needs, varying eligibility and payer

*Needs are the same. Each receives needed services, whatever they are called and however reimbursed.*

Specialized Services

Specialized Rehabilitative Services

NF Services



# An Extra Conundrum: What if the Individual *Refuses* Recommended Services?

- The NF should do due diligence to help the individual understand the benefits of receiving the recommended care and to overcome perceived barriers to accepting care
- If the individual remains appropriate for NF care in the absence of the recommended intervention, and the NF has documented due diligence, the individual can refuse PASRR recommended care

## Topic 2: PASRR and Private Pay

Is this an issue for your state?

Does your state have a solution that might benefit other states?

Do you want more discussion or guidance?

## Topic 3: Linking PASRR with NF Diversion and Transition Activities

1. PASRR has the capacity to *halt NF admission* until the Level II evaluation and determination are complete
2. PASRR considers community services first
3. PASRR can identify candidates for transition to the community after a recuperative or stabilizing NF stay

# Halting NF Admission Until PASRR is Complete: Advantages?

- PASRR in most states takes 3 to 9 days
  - Are there services which can prevent NF placement which can be accessed within 3 to 9 days?
  - Could such services be developed?
  - Can this time be leveraged to identify and “triage” persons able to be readily diverted?
- The best “halting” may be preventing
  - Will easily accessible BIP screening, evaluation and referral programs help divert from NF admission?
  - Would outreach to educate NF “feeder” entities, help make NF placement an option of *second* choice?

# PASRR Considers Community Services

- Each PASRR evaluation must identify the types and intensities of supports and services that would help the individual remain in the community
- Why identify supports to stay in the community if an individual is going to the NF anyway?
  1. Knowledge can focus NF plan of care and discharge planning toward transition readiness
  2. In aggregate this information can highlight needed services by demographic or jurisdiction
  3. The information can help target residents for transition services

# Identify Candidates for Transition

- PASRR recommendations must name the specialized and support services necessary to prepare the resident for transition back to the community
- And ensure supports are received...
- PASRR information should be integrated with all available mechanisms or programs for assisting NF transitions to the community

# Identify Candidates for Transition

- Consider short-term versus long-term stay approvals, after recuperative period re-evaluate:
  - To ensure continuing appropriateness for NF placement
  - To ensure plan of care addresses readiness-for-transition skills
- Target individuals for services to facilitate transition back to the community
- PASRR information systems should be integrated with diversion and transition information systems
- Track length of stays, discharge outcomes, identify NF high performers who successfully transition target persons back to the community

## Topic 3: PASRR and Diversion and Transition From NFs

Is this an issue for your state?

Does your state have a solution  
that might benefit other states?

Do you want more discussion or  
guidance?

## Topic 4: Preadmission Level II Evaluations for Persons with IDD

- **Task of ID PASRR evaluations: to confirm or disconfirm the presence of a PASRR diagnosis**
- **PASRR IDD diagnoses are not equivalent to Waiver eligibility, or “persons for whom we have services”**
- **PASRR diagnosis of ID in PASRR is, in part, tied to a valid measure of IQ:**
  - Score two standard deviations below the mean on a standardized IQ test (usually  $\leq 70$ )
  - Concurrent impairments in adaptive functioning in two or more skill areas (communication, self-care, home living, social skills, work)
  - Onset before age 18 and condition likely to be lifelong

## Many Persons Who Come to PASRR's Attention:

1. Do not have historical IQ testing
2. Have had IQ testing, though results are not available
3. Have not had testing, and, at the time of the PASRR evaluation, are in no shape to give a “typical” performance on an IQ test

# What States Worry About

- If PASRR finds a person to have IDD, based on an assessment circumstance that may not have been ideal, the individual may have a leg up on an appeal if the individual is later found to NOT meet Waiver eligibility
- Can create a pull for states to set a high bar for concluding an individual has a PASRR defined ID condition
- Opinion: Serves persons better to either:
  - Lower the “proof” bar for PASRR, or
  - Conduct a resident review at a later time, when better historical information can be sleuthed out, and the individual can be assessed when not as medically or emotionally fragile

## Topic 4: PASRR and Level II IDD Evaluations

Is this an issue for your state?

Does your state have a solution that might benefit other states?

Do you want more discussion or guidance?

## Topic 5: PASRR, NFs and Institutes of Mental Disease

- Small number, big impact
- Knowing whether a Medicaid Certified NF is at risk of becoming an IMD is important because it can significantly impact FFP for all persons being served in the NF/IMD
- Current Olmstead action and litigation environment makes NF/IMD issue relevant
- PASRR Level I and Level II information, in combination with an NF bed Census, can be an efficient way to monitor NFs with a potential risk of becoming an IMD

# How Do You Know if a Facility is an IMD?

18

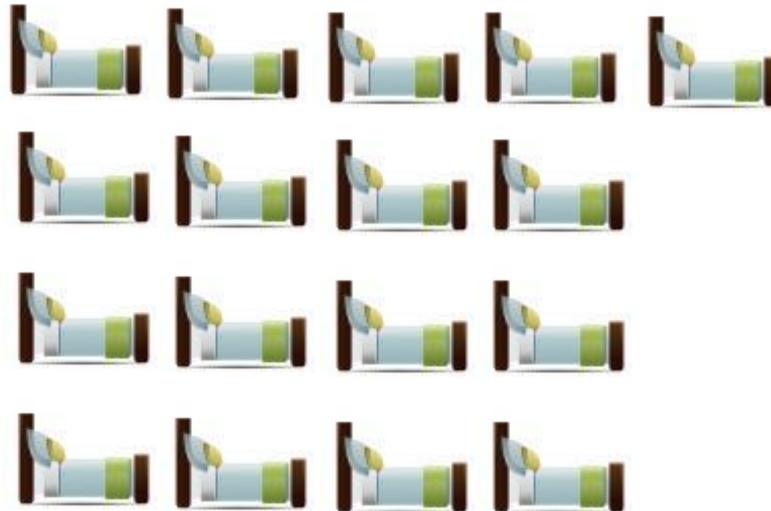
- How do auditors determine IMD status of a NF?
- Federal definition
- Number of beds
- 10 overall character criteria

# The Federal Definition of an IMD is:

- ***Institution for mental diseases*** means a hospital, nursing facility, or other institution of **more than 16 beds** that is **primarily** engaged in providing **diagnosis, treatment or care of persons with mental diseases**, including medical attention, nursing care and related services. [42 CFR 435.1010]
- The Social Security Act 1950(i), 1950(a) provides that Federal Financial Participation is **not available** for **any** medical assistance under Title XIX (Medicaid) for individuals who are patients in an IMD, **including per diem** or any other costs
- Unless the payments are for optional benefits expressly elected by the state through the state plan to individuals 65 or older or 21 and younger

# First IMD Criterion:

**1. The facility has a minimum of 17 beds.**



# IMD Criteria: Overall Character

- *Whether a facility is an institution for mental diseases is determined by its **overall character** as that of a facility established and maintained primarily for the **care and treatment of individuals with mental diseases**, whether or not it is licensed as such.”*
- *...**every indication of any significance** that a given facility is primarily engaged in an IMD activity **needs to be marshaled...***
- *A final determination on the institution’s status is based on its **overall character**.*

# How Do Regulators Test the *Overall Character* of a Facility?

1. The facility is licensed as a psychiatric facility for the care and treatment of mental diseases
2. The facility is accredited as a psychiatric facility
3. The facility is under the jurisdiction of the State's MH authority
4. The facility advertises or holds itself out as a facility for the care and treatment of individuals with mental diseases
5. The facility specializes in providing psychiatric care and treatment
6. More than 50 percent of the residents have serious mental illness
7. A large proportion of the residents in the facility has been transferred from a State mental institution for continuing treatment of their mental disorders
8. The average age in the facility is significantly lower than that of a typical nursing facility
9. Part or all of the facility consists of locked wards
10. Any other common sense indicator

# Determining IMD Overall Character

5. Does the facility specialize in providing psychiatric care and treatment ?
  - Atypical proportion of staff with specialized psychiatric or psychological training
  - Large proportion of the residents receiving psychopharmacologic drugs
  
6. Do more than 50 percent of residents have serious mental illness or substance abuse diagnoses?
  - Excludes persons with primary or sole dementia

# How to Determine 51% Census

51% of the **FILLED** beds are occupied by a person with a substance abuse or MH diagnosis



## Example Diagnoses

- Substance related
- Schizophrenia & other psychotic disorders
- Mood disorders
- Anxiety disorders
- Dissociative disorders
- Sexual & gender identity disorders

# Determining IMD Overall Character

7. Are a large proportion of residents transferred from a psychiatric hospital or institution for continuing treatment of their mental disorders?
8. Is the average age of residents in the facility significantly lower than that of a typical nursing facility?
9. Are part or all areas of the facility locked?

# Determining IMD Overall Character

## 10. Any other common sense indicator

Remember: Auditors are told that ***every*** indication of any significance that a nursing facility is an IMD *needs to be marshaled...*

## Topic 4: PASRR and NFs Who Might be IMDs

Is this an issue for your state?

Does your state have a solution  
that might benefit other states?

Do you want more discussion or  
guidance?

# Questions?

## Five PASRR Conundrums

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Q&A

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# Networking with NAPP

(National Association of PASRR Professionals)

[www.pasrr.org](http://www.pasrr.org)



- Networking with NAPP is a follow up discussion on the webinar.
- The next Networking with NAPP session is:

**Tuesday, November 19<sup>th</sup>, 2013**

**1 PM EST**

Call 1-866-906-0040

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