

PASRR Deficiencies

In Arkansas

OLTC REGULATIONS

- ▶ Procedures for Determination of Medical Need for Nursing Home Services
- ▶ I. Medical Need Assessments
 - A. Nursing Facility Procedures
 - B. OLTC Procedures
- II. Pre-Admission Screening for Mental Illness and/or Mental Retardation/Developmental Disability (PASRR)
 - A. Nursing Facility Procedures for PASRR
 - B. OLTC Procedures for PASRR

Medical Need Assessments

- ▶ Each Medicaid certified Nursing Facility will evaluate each nursing home applicant's need for nursing home services using the Form DHS-703.
- ▶ A thorough and complete evaluation must be conducted to ensure that individuals who do not require nursing home services are not admitted to nursing facilities.

Medical Need Assessments continued

- ▶ For Medicaid eligible recipients, the Office of Long Term Care cannot guarantee Medicaid reimbursement for any applicant admitted prior to approval by the Office of Long Term Care Medical Needs Determination section. No applicant with diagnoses or other indicators of mental illness and/or mental retardation may be admitted to nursing home care prior to evaluation and approval by the Office of Long Term Care.

Nursing Facility Procedures

- ▶ A. Nursing Facility Procedures for Medical Need Assessments
- ▶ 2. Complete Form DMS-787 (Pre-Admission Screening for Mental Illness/Mental Retardation, Level I Identification Screen) for all applicants. If the completed form indicates that the individual has a diagnosis or other indicators of mental illness and/or mental retardation/developmental disability follow the procedures outlined in Section II.

NF procedure if indication of MI/MR/DD

- ▶ 3. If the completed Form DMS-787 indicates the presence of MI and/or MR/DD, complete the Applicant Statement, Section III on page 2 of the DMS-787. The statement should be signed by the applicant and/or his/her guardian or legal representative.

Office of Long Term Care Procedures

- ▶ B. OLTC Procedures for Medical Need Assessments
- ▶ 1. On receipt of a complete medical need assessment packet OLTC will make a determination as to the individual's need for nursing home placement.

II. PRE-ADMISSION SCREENING FOR MENTAL ILLNESS AND/OR INTELLECTUAL DISABILITY/DEVELOPMENTAL DISABILITY

Federal regulations

- ▶ Under current Federal regulations, all nursing home applicants, including private pay applicants, must be screened for diagnoses or other indicators of mental illness and/or mental retardation/developmental disability (MI/MR) prior to admission to a Medicaid certified Nursing Facility.

Federal regulation/State twist

- ▶ Under current Federal regulations failure to conduct the full Pre-Admission Screening of persons identified as potentially MI or MR (Level I and Level II) prior to the applicant's admission to the Nursing Facility will result in denial of Medicaid coverage until the PASRR determination date is established. The Nursing Facility may not bill the resident or the resident's family for services received by the resident during this denial time period.

POTENTIAL PASRR DEFICIENCIES

F285

- ▶ Failure to conduct and document a Level I Screen as specified in these regulations
- ▶ Failure to notify OLTC of a PASRR Change in Condition resident that has a significant change of condition (within 2 weeks)
- ▶ Failure to obtain prior authorization for the NF's admission of an out-of-state applicant with an MI and/or ID/IDD diagnosis
- ▶ Failure to obtain continued stay for a Hospital Exempt Discharge Applicant

POTENTIAL PASRR DEFICIENCIES

continued F406

- ▶ Failure to meet the rehabilitation care needs for a PASRR resident.

Numbers of Applications reviewed

Year	Number of Level (I)s reviewed by OLTC	Number of Level (I)s reviewed by PASRR contractor	Number of applications that did not require a level (II)	Number of Level (II)s by category			Number of Resident Reviews by category		
				PAS MH	PAS ID	PAS Dual	RR MH	RR ID	RR Dual
2010	15,195	5410	4498	725	74	113	68	2	20
2011	16,089	5934	4962	778	98	96	66	2	22
2012	15,597	6635	5845	637	56	97	70	3	23
2013	15,345	7013	6143	690	70	110	790	2	38
*2014	2007	1001	873	101	10	17	18	0	7

*2014 = 1-1-14 to 2-19-14

Deficiency Statistics in Arkansas

- ▶ Deficiencies originated by Survey and Certification since 1-1-10 to 2-19-14
F285 = 3 and F406 = 2
- ▶ 1-1-10 to 2-19-14 Deficiencies referred to S & C by OLTC (Medicaid Authority)
F285 = 214

F tags

- ▶ F285 PASRR requirements for MI and MR
- ▶ F 406 Facility Provides Specialized Rehabilitation Services
- ▶ F tags falls in category of no actual harm with potential for more than minimal harm that is not immediate jeopardy. (also falls in category of widespread). F tags have the potential to affect more than 75% of a facility's population.

F285 Citations of Deficiency referred by OLTC

Year	Number of Deficiencies	Number of facilities with deficiencies	Number of facilities with 1 deficiency	Number of facilities with 2 deficiencies	Number of facilities with 3 deficiencies	Number of facilities with > 3
2010	46	39	33	5	1	0
2011	54	43	33	9	1	0
2012	58	46	37	6	3	0
2013	47	37	29	6	2	0
*2014	9	9	9	0	0	0

Tag F285 PASRR referrals to S & C by OLTC

*2014... 1-1-14 to 2-19-14

Examples: Recertification survey 8/26/11 (F285)

Based on record review and interview, the facility failed to ensure a Level I Pre-Admission Screening and Resident Review (PASRR) was conducted prior to admission for of 4 (Residents #10, #11, #12 and #14) case mix residents with diagnoses of Mental Illness. This failed practice had the potential to affect 10 residents with a documented psychiatric diagnosis, as documented on the Resident Census and Conditions of Residents form dated 8/25/11. The findings are:

Recertification survey 8/26/11

continued F285

- ▶ 2. Resident #10 had diagnoses of Alcoholic Dementia, Anxiety Disorder, Delusions (Paranoid), Mood Swings and Depression with Anxiety. An Annual MDS with an Assessment Reference Date of 7/5/11 documented the resident scored 14 (13–15 indicates cognitively intact) on a BIMS, had delusions and rejected care.
- ▶ a. On 8/25/11 at 4:00 p.m., the resident's clinical record was reviewed. There was no documentation in the clinical record of a PASRR level I done prior to admission.

Recertification survey 8/26/11 continued – F285

- ▶ 4. Resident #14 had diagnoses of Bipolar Affective Disorder, Hallucinations, Alcohol Abuse, Depression and Schizophrenic Affective Psychosis. A Quarterly MDS with an assessment reference date of 8/4/11 documented the scored 12 (8–12 indicates moderately impaired) on a BIMS, had no psychosis, had verbal behavioral symptoms directed toward others and rejected care.
- ▶ On 8/25/11 at 4:30 p.m., the residents clinical record was reviewed. There was no documentation of a PASRR level I screening done prior to admission.

Recertification survey 8/26/11 continued – F285

- ▶ 5. On 8/25/11 at 11:00 a.m., the Administrator was asked for documentation of PASRR Level I screenings for Residents #10, #11, #12 and #14.
- ▶ 6. On 8/26/11 at 8:45 a.m., the Administrator stated they had searched for the requested PASRR screenings, "last night and again this morning" and could not locate them.

Survey and Certification F406

March 2010

- ▶ Based on observation, interview, and record review, the facility failed to ensure an evaluation was completed for psychiatric services for 4 (Resident #1, 3, 4 and 10) of 11 (Residents # 1, 3–10, 12, and 17) case mix residents who had diagnoses of Mental Illness or Mental Retardation. The facility failed to ensure an evaluation was completed for physical or occupational services for 4 (Resident #1, 2, 4 and 7) of 9 (Residents #1, 2, 4–6, 8–10, 16) case mix residents who had a decline in range of motion. This failed practice had the potential to affect 24 residents with a diagnosis of Mental Illness or Mental Retardation and 11 residents who had a decline in range of motion according to the lists provided by the Administrator/Director of Nursing (DON) on 3/27/10. The findings are:

Survey and Certification F406

March 2010 continued

- ▶ 1. Resident #10 had diagnoses of Depression with Anxiety, Cerebrovascular Accident with Trauma, Hemiplegia Right Side, Head Injury, Bipolar Affective Disorder, Organic Brain Syndrome, and Schizophrenia. The Minimum Data Set (MDS) dated 1/12/10 documented the resident had modified independence in cognitive skills for daily decision making, repetitive anxious complaints that were non-health related, no behavioral symptoms, functional limitation in range of motion with full loss of voluntary movement to one arm and hand, and functional limitation in range of motion with partial loss of voluntary movement to one leg and foot.

Survey and Certification F406

March 2010 continued

- ▶ a. The PASRR (Pre-Admission Screening and Resident Review) assessment dated 5/24/06 performed for admission to the nursing home documented, "Section 5: Psychiatrist's Recommendations... 6. Outpatient Consultative Services/Programs: 1. Mental Health Professionals to provide diagnostic assessment, treatment, and/or treatment recommendations and follow up care. 2. Medication Management..."

Survey and Certification F406

March 2010 continued

- ▶ b. The Plan of Care dated 1/12/10 documented,
"Problem: At risk for depression, related to very young to be in long term care facility and permanent brain damage R/T [related to] trauma. Approaches: Arrange for psychological therapy. Monitor results. Keep physician informed... Problem: Alteration in behavior, manifested by: easily agitated if cannot smoke immediately. Manipulative at times. Hides cigarettes/meds and tries to sell or give to others. Hx [history] of masturbation at other facility. Approaches:... Assess. Intervene if necessary to decrease episodes of anxiety/agitation... Arrange for psychological therapy if indicated. Monitor results. Keep physician informed."

Survey and Certification F406

March 2010 continued

- ▶ As of 3/27/10, there was no psychological therapy, evaluation or evaluation with recommendations by a psychologist or mental health professional documented in the clinical record. There were no specific interventions **developed** to address aggressive or manipulative behavior.

Survey and Certification F406

March 2010 continued

- ▶ c. On 3/27/10 at 11:50 a.m., the Administrator/DON was asked, "Didn't the Level II assessment document that the resident needed outpatient psychiatric services?" The Administrator/DON stated, "That was when he was at [another nursing home]." The Administrator/DON was asked, "Did he cease to need them [the psychiatric services]?" The Administrator/DON stated, "Evidently. He hasn't had any outpatient psychiatric services."

Survey and Certification F406

March 2010 continued

- ▶ 5. Resident #3 had diagnoses of Mental Retardation, Anxiety and Depression. The Quarterly MDS dated 2/16/10 documented the resident was independent in cognitive skills for daily decision making, had repetitive anxious complaints up to five days a week, had verbally abusive behavioral symptoms 1 to 3 days out of 7 days that was easily altered, and received antipsychotic and antidepressant medications 7 days a week.

Survey and Certification F406

March 2010 continued

- ▶ a. The Care Plan dated 2/16/10 documented the following:
 - ▶ "Observe for episodes of combative/cursing/agitated behavior and record per policy. Arrange for psychological therapy as indicated by increased anxiety episodes...
 - ▶ Arrange for psychological therapy as indicated by increase in S/S [signs and symptoms] depression...
 - ▶ Arrange for psychological therapy if indicated by increase in episodes of inappropriate behavior...
 - ▶ Assess medication for dose reduction or alteration and consult appropriate health professional (s). Monitor for S.E. [side effects] of antipsychotic med [medication] therapy: hypotension, muscular rigidity, akinesia, dystonia, akathisia, tardive dyskinesia, abnormal limb movements. Document effects of psychoactive medication as per facility policy. Notify physician if side effect noted. Monitor for S.E. of antipsychotic med: acute confusion, depression, hallucinations/delusions, differences in am/pm performance/decline in cognition. Monitor for S.E. of antipsychotic medication: decline in mood/ADL status, constipation, urinary retention, dry mouth. Review psychoactive medication therapy for need and benefit...

Survey and Certification F406

March 2010 continued

- ▶ Document behavior that substantiates use of psychoactive medication. Document effects of psychoactive medication as per facility...Review drug profile with physician. Assess medication for dose reduction or alteration and consult appropriate health professional (s). Monitor for S.E. of antidepressant: dry mouth, confusion, syncope, anxiety, nasal congestion, constipation, urinary retention, blurred vision, HA [head ache]. Observe for S/S side effects Q [every] shift & record on MAR [Medication Administration Record...]

Survey and Certification F406

March 2010 continued

- ▶ b. The February 2010 Antipsychotic Monthly Flow Record documented the following:
- ▶ "Sits stares @ floor" was initialed by a nurse 6 times on day shift, 26 times on the evening shift and 9 times on the night shift between 2/1/10 and 2/28/10.
- ▶ "Hits @ other residents" was initialed by a nurse on the day shift 2/1/10 through 2/3/10, 3 times on the evening shift 2/4/10 through 2/6/10 and 2 times on the night shift 2/5/10 and 2/6/10.
- ▶ "Easily agitated" was initialed by a nurse 19 times on the day shift, 26 times on the evening shift and 9 times on the night shift between 2/1/10 and 2/28/10.

Survey and Certification F406

March 2010 continued

- ▶ c. The March 2010 Antipsychotic Monthly Flow Record documented the following:
- ▶ "Sits stares @ floor" initialed by a nurse 22 times on the evening shift between 3/1/10 through 3/23/10. It was initial by a nurse 3 times on the night shift: 3/12/10, 3/18/10 and 3/19/10.
- ▶ "Hits @ other residents" was not initialed by a nurse as occurring 3/1/10 through 3/23/10.
- ▶ "Easily agitated" was initial by a nurse 11 times on day shift, 22 times on the evening shift and 4 times on the night shift between 3/1/10 and 3/24/10.

Survey and Certification F406

March 2010 continued

- ▶ d. As of 3/27/10, a Psychiatric Evaluation dated 7/29/08 was the only documentation in the clinical record of a psychiatric evaluation. This report was faxed to the facility on 8/15/08. The resident was admitted to the facility on 8/16/08.

Recertification Survey 8/27/10

F406

Based on observation, record review and interview, the facility failed to provide specialized mental health rehabilitative services as planned through the Level II Pre-Admission Screening and Resident Review (PASRR) assessment for 1 (Resident #1) of 3 (Residents #1 through #3) case mix residents with diagnoses of mental illness. This failed practice had the potential to affect 65 residents in the facility with diagnoses of mental illness, according to the Resident Census and Conditions of Residents form dated 8/24/10. The findings are:

Recertification Survey 8/27/10

F406 continued

Based on observation, record review and interview, the facility failed to provide specialized mental health rehabilitative services as planned through the Level II Pre-Admission Screening and Resident Review (PASRR) assessment for 1 (Resident #1) of 3 (Residents #1 through #3) case mix residents with diagnoses of mental illness. This failed practice had the potential to affect 65 residents in the facility with diagnoses of mental illness, according to the Resident Census and Conditions of Residents form dated 8/24/10. The findings are:

Recertification Survey 8/27/10

F406 continued

a. The Level II PASRR Assessment dated 8/20/2008 documented: "...Part E: Type of Facility Services Needed: ...2. NF [Nursing Facility] / Health Rehabilitation Services: 1. Systematic Behavior Management. 2. Medication Management. 3. Structured Environment. 4. Daily Living Skills Training. 5. Crisis Intervention. 6. Psychotherapy. 7. Develop Support Network. 10. Services Ordered. ...Section 5: Psychiatrist's Recommendations: 1. Periodic Crisis Intervention. 2. Behavior Management. 3. Outpatient Psychiatric Care. 5. Medication Management / Monitoring. 9. Individual or Group Therapy..."



Recertification Survey 8/27/10

F406 continued

b. A Telephone Order dated 9/22/08 documented: "[Mental Health Provider 1] Consult. Dx [diagnosis] Bipolar Manic d/o [Disorder] [with] psychotic features." As of 8/25/10, there was no documentation in the clinical record that the consult had been done. There were no progress notes or documentation in the clinical record that any mental health evaluation or treatment plan had ever been performed for the resident.

Recertification Survey 8/27/10

F406 continued

c. A Social Service Progress Note dated 9/23/08 was provided by the Administrator on 8/26/10 at 3:20 p.m. and documented: "9/23/08: Received call from [Mental Health Provider 1] staff stating this resident could not have services provided due to payment/payer source being Medicaid. ...9/23/08: Made call to [Mental Health Provider 2] to seek psychological services and was told that due to Medicaid being "long term" as primary pay source they could not provide services. ...9/23/08: Notified Resident's sister [name] to inform her that local mental health providers could not see [Resident #1] due to Medicaid would not provide payment. She stated: "Well, I just hope [Resident] stays in decent spirits because he's too smart to shut the world out."

Recertification Survey 8/27/10

F406 continued

d. The computerized Plan of Care dated 3/3/10 documented: "Problem: Requires set up to total assistance with ADLs [activities of daily living] R/T [related to] DX [diagnosis] of severe Bipolar I D/O Manic with Psychotic Features, Deconditioning, BLE [bilateral lower extremities] Weakness [and] Behaviors. Approaches: HX [History] of violent outburst, psychosis, suicidal thoughts, [and] refusal of self care, EX. [example] urinating on himself, not exhibited recently. ...Ambulation: 9/3/09: Res. Is refusing to get OOB [out of bed]. Is not ambulating at this time. ...Mobility: 9/3/09 – Resident is refusing to get OOB at this time and has not been transferring to his w/c. ...Dressing: 9/3/09: Res is refusing getting dressed in street clothes at this time. He is choosing to wear a gown. ...Psych [Psychiatric] consult PRN [as needed]. ...Problem: Has a HX of Violent / Aggressive outburst, suicidal ideation, Psychotic episodes, [and] episodes of lethargic [and] self neglecting behaviors R/T DX of Severe Bipolar D/O Manic W/ [with] Psychotic Features. ...Approaches: Observe for any of the behaviors listed, notify charge nurse immediately. Psych [Psychiatric] consult PRN..."

Recertification Survey 8/27/10

F406 continued

e. On 8/24/10 at 2:22 p.m., the resident was observed to be in a dark room in the bed with the television on. The blinds and curtain between the beds in the room were closed. The resident's feet were drawn up underneath the buttocks; the resident was thin, unshaven and his hair was disheveled.

Recertification Survey 8/27/10

F406 continued

f. On 8/25/10 at 11:45 p.m., the case manager hired by the resident's Special Needs Trust was asked: "Are you here [at the facility] as part of a plan for psychotherapy?" The case manager stated: "No. I am not performing psychotherapy on him."

Recertification Survey 8/27/10

F406 continued

g. On 8/26/10 at 10:30 a.m., the Social Services Director was asked: "What is the process for making referrals to [Mental Health Provider 1]?" The Social Services Director stated: "When I get an order, I get the papers signed and get the family together and get their consent. Then I fill out the form and fax it to [Mental Health Provider 1]." The Social Services Director was asked: "Where is that documented?" The Social Services Director stated: "I keep a record of that and all referrals in here (pointed to ring binder on a shelf.)"

Recertification Survey 8/27/10

F406 continued

h. On 8/26/10 at 11:45 a.m., the Director of Nursing (DON) and Administrator produced a copy of the information faxed to Mental Health Provider 1. The DON was asked: "What has the facility done to provide mental health services to this resident?" The DON stated: "We don't have any providers that accept Medicaid." The Administrator was asked: "What actions has the facility taken to provide the psychiatric services planned on the PASRR?" The Administrator stated: "Nobody in this area will accept Medicaid." A copy of any documentation of actions taken to provide mental health services was requested.

Recertification Survey 8/27/10

F406 continued

i. On 8/27/10 at 11:05 a.m., the resident's Physician was asked whether psychological counseling was appropriate for this resident. The resident's Physician stated: "That's great and a reasonable approach to take care of his needs. I think I ordered it this morning." The resident's Physician was asked: "Would you say that the resident's refusal to get out of bed, weight loss and refusal to eat was related to his psychiatric diagnosis?" The resident's Physician stated: "I couldn't say that. It might be personality, could be he just prefers to stay in bed. But I agree that psychological counseling would benefit him."

F285 Statement of Deficiency

- ▶ Based on the DHS-703 received by this office on 4-30-13, your facility admitted a resident with a diagnosis of Bipolar Disorder. This resident did not have a PASRR evaluation to determine the need for nursing facility placement prior to admission on 4-3-13.

Deficiency Letter

- ▶ We have enclosed form "Isolated Deficiencies Which Cause No Harm With Only Potential for Minimal Harm for SNFs and NFs" regarding the DHS-703 received from your facility.
- ▶ Submission of a Plan of Correction for deficiencies listed on this form is not required.

Rescind the deficiency

- ▶ This letter is in response to your request for reconsideration of the finding from the 4-4-13 survey, in which your facility received a deficiency. Based on our review of the documentation submitted, the following was determined:

Tag F285 was rescinded

Informal Dispute Resolution

In accordance with 42 CFR § 488.331, you have one opportunity to question deficiencies through an informal dispute resolution (IDR) process. To obtain an IDR, you must send your written request to Health Facility Services, Arkansas Department of Health within ten (10) calendar days from receipt of the Statement of Deficiencies. The request must state the specific deficiencies the facility wishes to challenge. The request should also state whether the facility wants the IDR to be performed by a telephone conference call, record review, or a face-to-face meeting.

How OLTC Finds Deficiencies

- ▶ Review of the 703, 787, 780 (level I documents)
- ▶ Dx or indicators of MI/ID/IDD
- ▶ Medications – allergies to medication
- ▶ Previous psychiatric treatment
- ▶ Previous hospitalizations
- ▶ H & P's
- ▶ Nurses Notes

What is the best resource for determining if the applicant should be referred for a level II?

- ▶ The nursing facility staff
- ▶ The hospital discharge planners
- ▶ Examples

Contact Information

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The Indiana Family and Social Services Administration

IPAS and PASRR: Indiana's Overview

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April 8, 2014





IPAS

- Indiana's Pre-Admission Screening program
 - Effective 4/30/83
 - All Indiana licensed NFs
- Goals
 - LOC Review for NF placement
 - Options Counseling to assure all options are identified



Area Agencies on Aging

- Perform the duties of the PAS assessor and determine NF LOC
 - Independent assessments performed by AAA staff (social workers, nurses, case managers)
 - Work closely with hospitals and nursing facilities to assure compliance



PASRR

- Pre-Admission Screening Resident Review
 - Effective 1/1/89
 - All Medicaid-certified NFs
- Goal
 - Identify those with mental health conditions
 - Identify the least restrictive environment which can meet the individual's needs
 - NFs are required to provide or arrange for provision of all needed services

*Indiana added the PASRR process to the existing IPAS process



Resident Review

- Effective 1/1/89
- All Medicaid-certified NFs
- Goal
 - Provide ongoing assessment/evaluation for meeting needs



Process

- Types of Level IIs
 - Initial Level II
 - Yearly reviews
 - Significant change
 - Missed Level II



Collaborative efforts:

- AAA-Area Agency on Aging (LOC and options)
- Level II Assessors
- DMHA-Division of Mental Health and Addiction
- DDRS-Division of Disability and Rehab. Services
- HP-contractor (MDS and Level II auditors)
- ISDH-Indiana State Department of Health (licensure/regulatory)
- DA-Division of Aging (day to day operations)
- OMPP-Office of Medicaid Policy and Planning (Medicaid State agency)



Oversight

- DA quarterly QA reviews
 - Appropriate decisions
 - Timelines met
- HP
 - Verify Level II status
 - Services delivered
- ISDH
 - Needs/services met



Trainings / Outreach Provided

- Training for new PASRR/Level II assessors sponsored by DA and DMHA
- AAA provides training to NF/Hospitals
- New CM orientation training for new AAA staff
- HP yearly training for nursing facilities and Level II entities



Ongoing efforts between sister state agencies

The goal is to maintain compliance with the federal and state regulations while assuring a person first approach in all we do.

Working together as a team:

- OMPP
- DMHA
- DDRS
- DA
- ISDH



Challenges

- Constant training
 - Staff turn over in hospitals, nursing facilities, Level II assessors
 - Train...train...train
- Discharge planning starts on the day of admission
 - Decrease un-necessary hospital days
 - Prevent un-necessary nursing facility stays



Q&A





Contact information

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Networking with NAPP

(National Association of PASRR Professionals)

<http://www.pasrr.org/about.aspx>



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

Tuesday, April 22nd, 2014
1 PM EST

Call 1-866-906-0040

Passcode: 5042759

