

PASRR and Behavioral Health

PASRR Level II: We hear you, It's complicated!

4/30/2024

WE HEAR YOU — IT'S COMPLICATED!

**Who are we
communicating
with and what
are their roles?**

- **Merakey** – Level II evaluators identify needs and make preliminary recommendations
- **Managed Care Organizations (MCOs)** – Verify member needs placement and services
- **OBH PASRR Level II** – Issues final Level II determinations for placement and services

PASRR SERVICES & RECOMMENDATIONS

There are six (6) MCOs affiliated with the Healthy Louisiana program:

- Aetna Better Health (ABH)
- AmeriHealth Caritas of Louisiana (ACLA)
- Healthy Blue
- Humana Healthy Horizons
- Louisiana Healthcare Connections (LHCC)
- United Healthcare (UHC)

Contact information: <https://www.myplan.healthy.la.gov/en/contacting-your-health-or-dental-plan>

More Healthy Louisiana information: <https://www.myplan.healthy.la.gov/>

PASRR SERVICES & RECOMMENDATIONS

Local Governing Entity (LGE): non-Medicaid/indigent population

LGE	PARISHES COVERED
Acadiana Area Human Services District	Evangeline, St. Landry, Acadia, Lafayette, St. Martin, Vermillion, Iberia
Capital Area Human Services District	Ascension, Iberville, East Baton Rouge, West Baton Rouge, Pointe Coupee, West Feliciana, East Feliciana
Central Louisiana Human Services District	Vernon, Rapides, Avoyelles, Grant, Winn, LaSalle, Catahoula, Concordia
Florida Parishes Human Services District	Livingston, St. Helena, Tangipahoa, Washington, St. Tammany
Imperial Calcasieu Human Services Authority	Cameron, Calcasieu, Jefferson Davis, Beauregard, Allen
Jefferson Parish Human Services Authority	Jefferson Parish
Metropolitan Human Services District	Plaquemines, Orleans, St. Bernard
Northeast Delta Human Services Authority	Union, Lincoln, Jackson, Ouachita, Caldwell, Franklin, Tensas, Richland, Madison, Morehouse, East Carroll, West Carroll
Northwest Louisiana Human Services District	Caddo, DeSoto, Sabine, Natchitoches, Red River, Bienville, Bossier, Webster, Claiborne
South Central Louisiana Human Services Authority	St. Mary, Terrebonne, LaFourche, Assumption, St. James, St. John, St. Charles

LGE contact information: <https://ldh.la.gov/index.cfm/directory/category/100>

PASRR SERVICES & RECOMMENDATIONS

- **Navigating Medicaid MH services in the NF**

- What are they?

- Inpatient psychiatric hospital services
- Outpatient treatment by a Licensed Mental Health Practitioner
- Substance use treatment (Outpatient, Intensive Outpatient/IOP, Detox)
- Psychiatric Medicaid management
- Mental health rehabilitation (PSR, CPST, CI)
- Assertive community treatment (short stays or as a bridge to transition)
- Crisis services through the Louisiana Crisis Response System/LA-CRS (MCR, BHCC, CBCS, CS)

- How do residents get linked to these services?

- Medicaid Managed Care Organization (MCO): Medicaid population
- Local Governing Entity (LGE): non-Medicaid/indigent population

PASRR SERVICES & RECOMMENDATIONS

Federal and State expectations around provision of specialized services in NF

- State expanded where Home and Community Based Services can be rendered
- PASRR recommends
- MCO and NF make referrals for recommended services
- NF and State to ensure services are provided

(42 CFR 438.116 & 42 CFR 438.120)

*****Coordination of these services is a PROCESS, not a one and done discussion*****

LDH expectations around dementia evaluation and testing recommendations

- LDH legal memo regarding required documentation for dementia cases (*resource attached*)
- Dementia vs SMI questions (*resource attached*)
- Coordinating with MCO

HOW TO NAVIGATE THE PASRR PROCESS

Documentation

- Not knowing what documents are really needed for a review and having to track down documentation
- What specific documents do we need?
 - OBH fax cover sheet (*resource attached*)
 - LDH legal memo regarding required documentation for dementia (*resource attached*)
- Why do we need this?
 - *PASRR Evaluation Criteria (42 CFR 438.132 & 42 CFR 438.134)*
 - *What is the least restrictive setting for the individual's needs to be met?*
 - *Is there a serious mental illness (SMI)?*
 - *What specialized services and nursing facility services are needed to address the total needs of the individual?*

PASRR authorizations

- Resident reviews
 - Not realizing OBH has overturned a permanent 142
 - Having accurate FAX numbers on documents
 - Have a facility wide awareness of PASRR documents
 - Mental health conditions identified on admit to NF

RESIDENT REVIEW RUN DOWN

- https://ldh.la.gov/assets/docs/BehavioralHealth/PASRR/8_23_2021/PASRR_Level_II_Resident_Review_Request_Packet.pdf
- OBH PASRR Fax Coversheet
- Resident Review Form

OBH FAX COVER SHEET

OBH/PASRR Level II
Fax Cover Sheet
Fax to OBH ONLY:
877-652-4995

Date Faxed:

Facility Name:

Facility Contact for PASRR Level 2:

Contact Phone:

Contact Fax:

Contact Email:

Individual Name:

9-Digit SSN (000-00-0000):

DOB (MM/DD/YYYY):

Documents Included (check off what was submitted):

- CURRENT **Face Sheet** from requesting facility
- CURRENT **MDS (resident reviews)**
- CURRENT **Comprehensive history and physical** with **complete medical history**, and in the case of abnormal findings which are the basis of NF placement, **additional evaluations conducted by appropriate specialists.**
- CURRENT **comprehensive medication history/record**
- CURRENT **comprehensive psychiatric evaluation** with **complete psychiatric history**, intellectual functioning, memory functioning, and orientation, description of current attitudes and overt behaviors, affect, suicidal or homicidal ideation, paranoia, and degree of reality testing (presence of content of delusions) and hallucinations.
- Current **Psychosocial Assessment** (includes inpatient and outpatient treatment history for MH and SA issues and social history)
- CURRENT Documentation that supports the **need for nursing facility placement (i.e. physician letter, progress notes)**
- Corroborative testing or other information available to verify the presence of and progression of dementia (ie. CT Scan, MRI, testing results...)**
- Any additional documentation to support presence of SMI (social work notes, etc...)**
- Any additional documentation that supports presence of functional needs that necessitate NF placement (PT, OT, ST notes, assessments, other unit notes...)**

***OBH may not be able to process your request without the required Level 2 documents.

CHECK YOUR 142!!!

II. If item G, H, or I is marked, disregard Section I decision. (Section II is completed by OBH or OCDD Level 2 authorities)

- F. Level II decision is not required. Refer to Section 1 for decision.
- G. Approved for admission by Level II Authority effective _____.
- H. Approved for admission by Level II Authority for a temporary period effective _____ through _____.
- I. Not Approved – Admission Denied by Level II Authority.

Agency Representative _____ Date: _____
OCDD/OBH Office Address _____

If nothing is checked in Section II, you did NOT have a Level II Review.

If F, G, H, or I is checked, you DID have a Level II Review.

***If there is a signature and date in Section II, you had a Level II Review.

***Even when F is checked, we did a Level II Review and determined the individual is not a part of the Level II population (does not meet federal definition for serious mental illness)

OBH RESIDENT REVIEW FORM: Pathway to RR Submission

Has the resident received a Level II evaluation by the Office of Behavioral Health (OBH)? Yes No

If Yes, please respond to question #1 only. If No, please skip to question #2.

1. If a resident *has received a Level II evaluation* by OBH (*do not include those residents who have received a determination of a Level II not required due to dementia*); please check which of the following applies:
 - The resident experienced *Inpatient Psychiatric Stay* due to *increased behavioral, psychiatric, or mood-related symptoms that have not responded to ongoing treatment*
 - The resident has a *new mental health diagnosis, which will not normally resolve itself* once the condition stabilizes
 - The resident has *changes to their physical health, which negatively affects* their behavioral, psychiatric, or mood-related symptoms, or cognitive abilities impacting their *daily living*
 - The resident has experienced a *substantial increase to their psychiatric medication regimen to manage increasing psychiatric symptomology*
 - The resident has experienced *substantial improvement or decline in functioning that might trigger a significant change on the MDS*
 - A Resident Review is NOT required if NONE of the boxes above are checked
 - Nothing needs to be submitted to OBH though a copy of this form should be maintained on the resident's chart.
 - A Resident Review IS required if ANY of the boxes above are checked
 - Please follow the instructions on page two (2) for submitting the Resident Review.

OBH RESIDENT REVIEW FORM: Pathway to RR Submission

2. **If the resident has not received an OBH PASRR Level II evaluation** (*include residents regardless of whether or not they were previously identified by the Level I Screen and Determination as having primary dementia*); please check which of the following apply:
- ❑ **DIAGNOSIS (tier 1)**: The resident has a diagnosis of *Schizophrenia, Bi-Polar d/o, Major Depressive d/o, Schizoaffective or Other Psychotic d/o*
 - ❑ **DIAGNOSIS (tier 2)**: The resident has a diagnosis of *Depression, Anxiety/Panic d/o, Obsessive Compulsive d/o, Delusional d/o, Trauma-related disorder/PTSD, Somatoform or Personality d/o*

OBH RESIDENT REVIEW FORM: Pathway to RR Submission

- **DURATION/LEVEL OF DISABILITY:** Psychiatric diagnosis/symptomology is **not episodic or situational** and the resident has experienced **one of the following** as a result of their psychiatric condition:
 - **Level of Impairment** – disorder resulted in functional impairment of life activities **within the past 3 – 6 months resulting in limitations in one of the following:**
 - ***interpersonal functioning*** (e.g. serious difficulty interacting appropriately and communicating effectively, violent outbursts, unable to control behaviors)
 - ***concentration, persistence, and pace*** (e.g. inability to complete tasks independently, needs assistance to complete tasks, unable to maintain focus and follow directions)
 - ***adaptation to change*** (e.g. difficulty in adapting to changes which negatively impact ability to function independently)
 - **Recent Treatment** – **within the past 2 years**, the disorder has resulted in one of the following:
 - ***inpatient psychiatric hospitalization, partial hospitalization, or intense psychiatric care***
 - ***significant psychiatric episode*** which resulted in legal intervention, loss of housing/normal living situation, or the need for in home supports to remain in the community

OBH RESIDENT REVIEW FORM: Pathway to RR Submission

- **A Resident Review is NOT REQUIRED** if the following apply:
 - The resident **does not have either a Tier 1 or Tier 2 Diagnosis**
 - The resident **has a Tier 2 Diagnosis BUT NO BOX in the Duration/Level of Disability Section was checked** Note: If Resident Review is NOT required, then nothing needs to be submitted to OBH though a copy of this form should be maintained on the resident's chart

- **A Resident Review is REQUIRED** if the following apply:
 - The resident **has a Tier 1 Diagnosis**
 - The resident **has a Tier 2 Diagnosis AND** any box in the **Duration/Level of Disability Section was checked**

Note: If Resident Review is REQUIRED, then please follow the instructions below for submitting the Resident Review

CMS: Significant Change in Status

03. Significant Change in Status Assessment (SCSA) (A0310A = 04)

The SCSA is a comprehensive assessment for a resident that must be completed when the IDT has determined that a resident meets the significant change guidelines for either major improvement or decline. It can be performed at any time after the completion of an Admission assessment, and its completion dates (MDS/CAA(s)/care plan) depend on the date that the IDT's determination was made that the resident had a significant change.

A **“significant change”** is a major decline or improvement in a resident's status that:

1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered “self-limiting”;
2. Impacts more than one area of the resident's health status; and
3. Requires interdisciplinary review and/or revision of the care plan.

A significant change differs from a significant error because it reflects an actual significant change in the resident's health status and NOT incorrect coding of the MDS.

A significant change may require referral for a Preadmission Screening and Resident Review (PASRR) evaluation if a mental illness, intellectual disability (ID), or related condition is present or is suspected to be present.

OBH RESIDENT REVIEWS: Significant Change in Status

- NOTE: The WHY or REASON and the NF INTERVENTION is what is important

1. Significant Change in Medication

- Significant Increase or Change in Psychiatric Medication to manage increase in psychiatric related behaviors symptoms
Ex. Put on injectable psych med
*Ex. Addition of a major psychotropic medication to **avoid a hospitalization** or due need to manage new or increasing current behaviors that could result in a hospitalization*

2. Significant Change in Behavior

- New behaviors related to psychiatric diagnosis that require intervention (medical/behavioral) and change in plan of care
- Changes in current behaviors related to psychiatric diagnosis that require intervention (medical/behavioral) and change in plan of care

3. New Behavioral Health Diagnosis (Follow instructions on OBH Resident Review Form)

- New Tier I diagnosis= SEND OBH RESIDENT REVIEW
- New Tier II diagnosis
 - Level of Impairment and/or Recent Treatment=CHECKED= SEND OBH RESIDENT REVIEW
 - Level of Impairment and/or Recent Treatment=NOT CHECKED=No Resident Review Needed

DEMENTIA DOCUMENTATION-WHY WE NEED IT

483.102 Applicability and definitions

(b) Definitions. As used in this subpart--

(1) 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:

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

(A) 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

(B) **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 as defined in paragraph (b)(1)(i)(A) of this section.

§ 483.128 PASARR evaluation criteria.

(m) The evaluation may be terminated if the evaluator finds at any time during the evaluation that the individual being evaluated--

(1) **Does not have MI or MR**; or

(2) Has--

(i) A **primary diagnosis of dementia** (including Alzheimer's Disease or a related disorder); or

(ii) A **non-primary diagnosis of dementia without a primary diagnosis that is a serious mental illness**, and does not have a diagnosis of MR or a related condition.

DEMENTIA DOCUMENTATION:WHAT WE NEED

In an effort to ensure accurate diagnosis of dementia or Alzheimer's, the referring provider should provide documentation supporting the assertion the dementia symptoms cited in the PASRR request are not due to comorbid mental illness, medication use, or another medical condition. At a minimum, this includes documentation reflecting the impact, history, and progression of the dementing illness. A PASRR-affiliated physician will review all Level II requests including dementia or Alzheimer's diagnoses. Upon review, it may be determined additional documentation is required to rule out differential diagnosis possibilities in applicants without a clear and well-documented history of a chronic dementing illness. While every effort will be made to ensure less invasive and costly resources and tests are sought, these documents *may* include the following:

1. Additional history/documentation;
2. Neurologic consult or a complete Neurological exam conducted by a Neurologist or Psychiatrist;
3. Labs to include CBC, Chemistry/electrolyte profiles, TSH, B₁₂, drug levels;
4. CT brain (non-contrasted) unless MRI warranted

Please note a Mini Mental Status Exam (MMSE) or Montreal Cognitive Assessment (MoCA) alone is not sufficient to verify dementia or Alzheimer's diagnoses.

For additional information about Dementia and PASRR, please visit the PASRR Technical Assistance Center (PTAC) website: <http://www.pasrrassist.org/events/webinar/dementia-and-pasrr>. Please contact OBH PASRR at (225) 342-4827 or OBH_PASRR@la.gov with any additional questions.

Dementia vs Serious Mental Illness Questionnaire

Gathering a picture of functional and mental status decline

- Best if family/caregiver/collateral answers are sought or
- Someone with knowledge of how the individual previously functioned vs how they do now
- Describe functioning prior to the decline in mental status and functioning.
 - Provide Examples
 - Provide Timeframe
- What could individual do then that they cannot do now?
- What behaviors were not present then that are present now?
- What behaviors were present then that are not present now?
- What other changes do you notice now that were not present in the past when the individual was “doing better” but are present now and are a concern? –social, mood, hobbies, ability to manage emotions...

Dementia vs Serious Mental Illness Questionnaire

- To better understand Mental Illness (MI):
 - How long has individual had a MI diagnosis?
 - What occurred that brought on this diagnosis?
 - What types of treatment for MI has individual had?
 - List Hospital stays related to individual's MI?
 - Any legal involvement related to individual's MI?
 - Is individual at risk of harm to self or others?
 - Has individual been at risk of harm to self or others?
 - Describe the progression of the individual's MI.
 - What was it like early on when individual was diagnosed?
 - What is it like now?
 - How has it impacted individual's functioning over time-social, mood, hobbies, etc?
- Dementia/Alzheimer's Diagnosis
 - What led to individual's Dx of Dementia/Alzheimer's?
 - When was this diagnosis given by a physician?
 - Who diagnosed and what type of testing was done?
 - What was the physician's recommendation for treatment?

HEALTH STANDARDS IS HERE!

New admissions

- Review ALL intake PASRRs for mental health conditions
- Check 142 for Level II involvement
 - No Level II involvement = Green Light
- Follow Resident Review Form
 - Tier 1 Dx = Green Light
 - Tier 2 Dx = Check level of impairment/recent treatment
 - Yes to level of impairment/recent treatment = Green Light

Current residents

- Sent out for inpatient psych = Green Light
- Significant change in status (behavior/medications/diagnoses)

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TRANSITIONS AND MY CHOICE LOUISIANA

Recommend someone to transition/My Choice Louisiana when:

- They indicate a desire to live in the community, and/or
- It appears their needs can be met in the community with appropriate services
- Who is involved in a transition?

Who is involved in a transition?

- My Choice Louisiana staffs transition coordinators throughout the state through OBH and the Office of Aging and Adult Services (OAAS)
- Conducts transition assessments with feedback from NF, member and supporters
- Convenes transition teams comprised of member, MCOs, NF staff, service providers, supporters and other pertinent stakeholders
- Links to housing and needed resources/services including case management
- Follows post transition for 365 days

MCL wants the collaboration of NF staff during this process!

THANK YOU

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OBH PASRR Main Contacts

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