

# LHA PASRR Boot Camp Webinar Series

## Part 2 of 3: Pre-Admission Screening Resident Review

3/8/2023

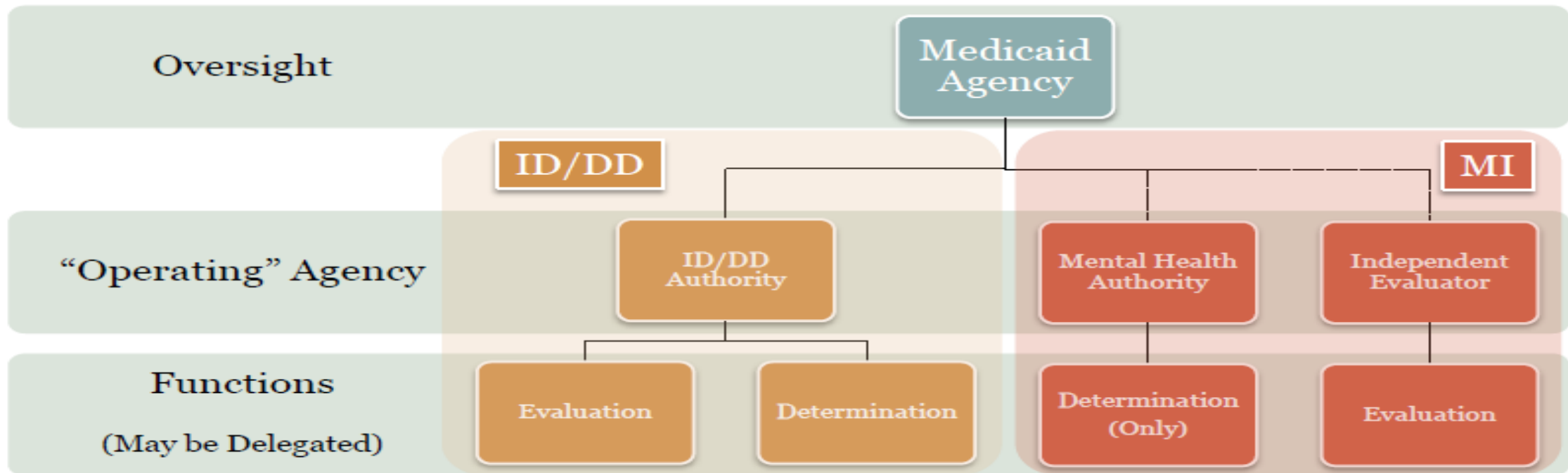
# Setting the Stage: PASRR Purpose and Role & DOJ Implications

# The Purposes of PASRR

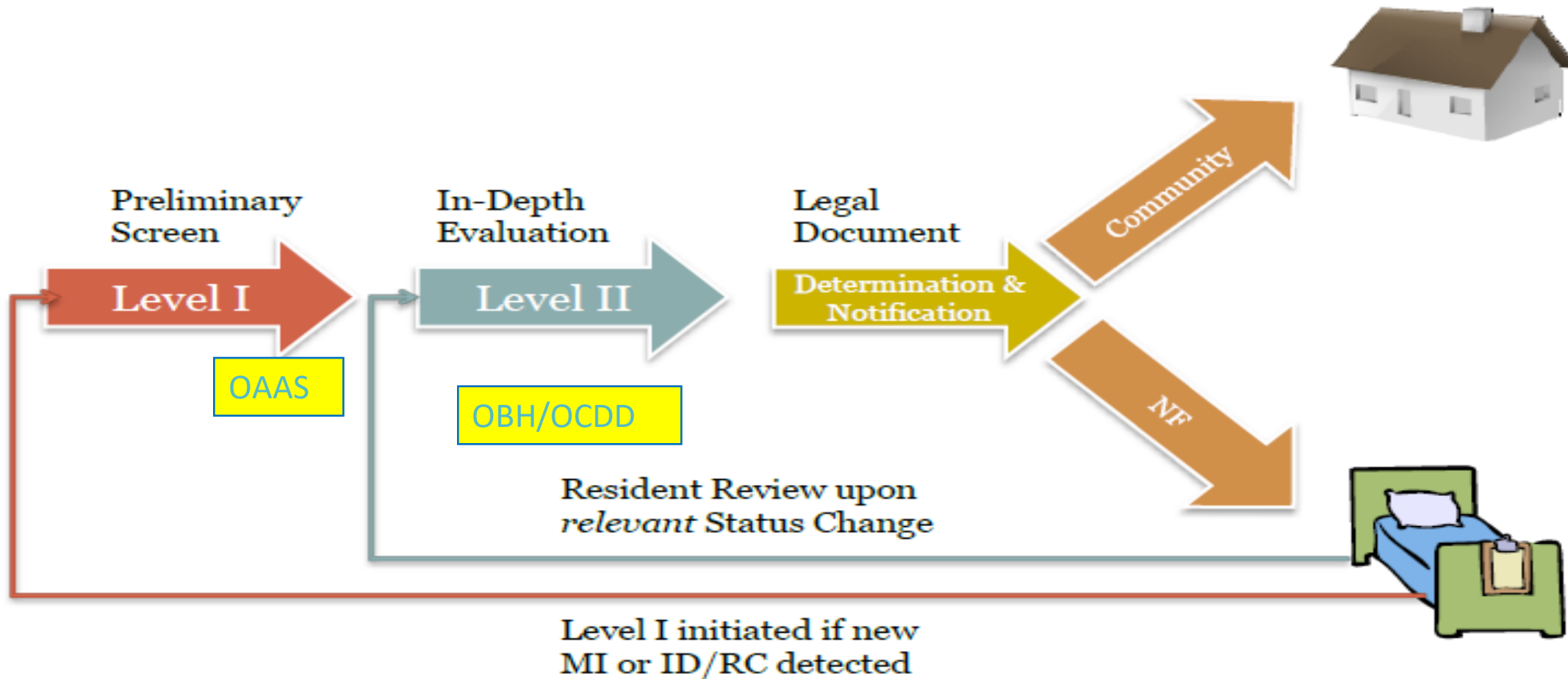
PASRR was created in 1987 through language in the Omnibus Budget Reconciliation Act (OBRA). It has three goals

- To ensure that individuals are evaluated for evidence of possible mental illness (MI) and/or intellectual disabilities and related conditions (ID/RC).
- To see that they are placed appropriately, in the least restrictive setting possible.
- To recommend that they receive the services they need, wherever they are placed.

# Roles & Responsibilities



# The PASRR Process: A Basic Sketch



# DOJ AGREEMENT & PASRR

The State shall develop and implement a plan for a **diversion system that has the capability to promptly identify individuals in the Target Population seeking admission to nursing facilities and provide intervention and services to prevent unnecessary institutionalization.**

LDH shall also implement improvements to its existing processes for screening individuals prior to approving nursing facility placement.

**All screenings and evaluations shall begin with the presumption that individuals can live in community-based residences.**

For each individual identified through the Level I screen, LDH will promptly provide a comprehensive PASRR Level II evaluation that complies with federal requirements. **It shall be conducted by an evaluator independent of the proposed nursing facility and the State.**

**These have resulted in improvements in the PASRR processes including Level II evaluation tools / trainings.**

# DOJ AGREEMENT & PASRR

LDH shall refer all persons screened as having suspected SMI but also suspected of having a primary diagnosis of dementia, including Alzheimer's disease or a related disorder, for PASRR Level II evaluation, including those aged 65 or older. LDH shall strengthen documentation requirements used to establish a primary diagnosis of dementia relative to the PASRR screening process.

LDH will implement changes to its Level of Care determination process to assure that individuals meeting on a temporary pathway eligibility for nursing facility services receive only temporary approval and must reapply for a continued stay.

LDH eliminated the behavioral pathway as an eligibility pathway for new admissions to nursing facilities.

These have resulted in a newly implemented Dementia Protocol, documentation requirements for individuals suspected of having dementia, and additional efforts to ensure individuals are appropriately identified and assessed.

# DOJ AGREEMENT & PASRR

LDH, following approval of a Level II determination that in accordance with 42 CFR 483.132(a)(1) includes assessment of whether the individual's total needs are such that they can be met in an appropriate community setting, will initially approve nursing facility stays for no more than 90 days (or 100 days for persons approved for convalescent care by LDH).

In addition, LDH will ensure that each individual with SMI who has been admitted to a nursing facility receives a new PASRR Level II evaluation conducted by a qualified professional independent of the nursing facility and the State annually, and upon knowledge of any significant change in the resident's physical or mental condition, to determine whether the individual's needs can be met in a community-based setting.

**These requirements have resulted 100% temporary authorizations through OBH PASRR Level II in order to ensure individuals needs are re-evaluated at least annually.**



# Important PASRR Developments

- CMS, HHS, and DOJ have emphasized
  - PASRR is a diversionary tool
  - PASRR drives transitions into community settings
  - PASRR Level II must recommend community alternatives
- CMS has clarified that Specialized Services must not block nursing facility residents with MI/ID from needed services
  - PASRR is about individualized supports for nursing facility residents

# Nursing Facility Admissions

## Office of Aging and Adult Services

Sheri Reed, Medical Certification Manger

Tammy Chaisson, Medical Certification Manager

5/8/2023

# Office of Aging and Adult Services (OAAS) Responsibility for Admissions

- OAAS determines medical eligibility for nursing facility placement. This initial process consist of two key components.
  - Level Of Care Eligibility Tool (LOCET)
  - Level 1 Pre- Admission Screening Resident Review (PASRR) Form

# LOCET

- An admission request begins with the LOCET
- The LOCET is an algorithm-based screening tool used by OAAS to determine medical necessity for nursing facility admission.
- The LOCET can be called in via telephone by the individual or someone acting on his/her behalf. Anyone can call in a LOCET, it does not have to be medical personnel.
  - Contact Louisiana Options in Long-Term Care @ 1-877-456-1146 to complete the LOCET
- Contracted staff will ask a series of questions in reference to the individuals medical status and his/her everyday living.

# Pre-admission Screening Resident Review (PASRR)

- The Level 1 PASRR form must also be submitted to OAAS
- PASRR is a federal requirement to help ensure that individuals are not inappropriately placed in nursing facilities for long term care.
- The PASRR ensures individuals are screened for evidence of possible mental illness (MI) and/or intellectual disabilities and related conditions (ID/RC)

# Who does PASRR apply to?

- PASRR applies to all persons seeking admission to a Medicaid certified NF regardless of payer source. This includes:
  - Individuals who are private pay. An individual must undergo the initial screening process, but a continued stay request is not necessary if the individual remains in an NF and is private pay. Once the individual becomes financially eligible for Medicaid, the NF must submit a Continued Stay Request to OAAS if they were initially approved for a temporary stay via the BHSF Form 142.
  - Individuals whose stay will be paid by insurance
  - Individuals whose stay will be paid by Medicare
  - Individuals whose stay will be paid by Medicaid

# Roles of Agencies

- Medicaid has ultimate authority over PASRR
- The Level I review is the responsibility of OAAS
- The Level II evaluation is the responsibility of
  - Office of Behavioral Health (OBH) or
  - Office for Citizens with Developmental Disabilities (OCDD)

# Level 1 PASRR Process

- After the LOCET is called in, the PASRR is received via OAAS RightFax system. OAAS normally receives approximately 300 to 500 PASRRs a day. It fluctuates weekly.
- Typically the PASRR is done by hospital or health care entity referring the person
- The PASRR must be completed by a qualified health care professional as defined by OAAS. Enclosed at the bottom of the page is a link for instructions for the Level I PASRR. It also list the qualified Health care Professionals accepted to complete the PASRR.
- OAAS screens the PASRR for any signs of MI, ID or related condition (RC). If there is a suspicion of MI, ID, or RD, it is referred to the Level 2 authorities. The PASRR is dated 30 days prior to admission
- OAAS has 2 days to complete a referral for admission. The referral must be correct and complete.

[Instructions for Completing the PASRR Level I Screen](#)



**LEVEL 1 PRE-ADMISSION SCREENING AND RESIDENT REVIEW**

**Instructions:** This screening must be completed for all persons applying for admission to a Medicaid certified nursing facility regardless of payment source. Fax the completed, signed form to 225-389-8198 or 225-389-8197. The Level of Care Eligibility Tool (LOCET) must also be called in to 877-456-1146 in order for the Office of Aging and Adult Services to process admission requests.

*Illegible or incomplete forms will be rejected.*

Section I: Referral Source Information					
Name of Hospital/ Nursing Facility/ Other Source Completing Level I Screen:					
Date:	Fax:	Phone:			
Printed Name, Title and Credentials* of Preparer:			Preparer Signature:		
Preparer's Email:					
Email for Receipt of 142 if different:					
SECTION II: Applicant Information					
Applicant Name	First and Middle				
	Last				
Applicant Address (Partial)	Town/ City:			State:	
Social Security #:	Date of Birth:	Medicaid # (If Applicable):			
Will the individual be admitted to the nursing facility using their Medicare Skilled Nursing Facility benefit?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Legally Authorized Representative/ Guardian?  Limit to curator, tutor, guardian or agent under a health care power of attorney.	<input type="checkbox"/> Not applicable. Applicant does not have a known legal representative of the type listed.				
	Name				
	Street				
	City	State			
	Zip	Phone			
E-mail					

\*Note: The list of individuals deemed to have the proper credentials to complete the Level I Screen are listed in the *Instructions for Completing the PASRR Level I Screen* (located on the OAAS website).

SECTION III: Mental Illness	
1.	<p>Do you suspect the applicant has, or has the applicant ever been diagnosed as having a mental illness? Include mental disorders that may lead to chronic disability. If yes, please check the diagnosis below.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Schizophrenia    <input type="checkbox"/> Schizoaffective disorder    <input type="checkbox"/> Delusional Disorder    <input type="checkbox"/> Other Psychotic Disorder  <input type="checkbox"/> Bipolar Disorder    <input type="checkbox"/> Major Depressive Disorder    <input type="checkbox"/> Obsessive Compulsive Disorder    <input type="checkbox"/> Panic Disorder  <input type="checkbox"/> Posttraumatic Stress Disorder    <input type="checkbox"/> Personality Disorder (specify): _____  <input type="checkbox"/> Other mental health diagnosis/disorder that may lead to chronic disability (specify): _____</p>
2.	<p>Has the applicant shown any of the following symptoms? (Do not include symptoms that are caused only by dementia or acute illnesses related to medical conditions or temporary situations.) If yes, check all that apply:</p> <p><input type="checkbox"/> Self-injurious or self-mutilating behaviors    <input type="checkbox"/> Danger to others, aggressive, assaultive  <input type="checkbox"/> Danger to self, suicidal ideation, threats, or attempts  <input type="checkbox"/> Serious loss of interest in things that used to be pleasurable  <input type="checkbox"/> Interpersonal functioning (check all that apply):  <input type="checkbox"/> Serious difficulty interacting appropriately and communicating effectively  <input type="checkbox"/> History of altercations    <input type="checkbox"/> History of evictions    <input type="checkbox"/> History of job loss    <input type="checkbox"/> Fear of strangers  <input type="checkbox"/> Avoidance of interpersonal relationships/social isolation  <input type="checkbox"/> Concentration, persistence and pace (check all that apply):  <input type="checkbox"/> Serious difficulty in sustaining focused attention    <input type="checkbox"/> Serious difficulty in maintaining concentration  <input type="checkbox"/> Inability to complete simple tasks  <input type="checkbox"/> Serious difficulty in adapting to changes (agitation, exacerbated symptomology, requires intervention)  <input type="checkbox"/> Other (specify): _____</p>
3.	<p>Has the applicant had any of the following DUE TO A MENTAL ILLNESS? If yes, please provide as much of the information below as is known to you.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Inpatient psychiatric treatment. Date(s): _____</p> <p><input type="checkbox"/> Partial hospitalization / day treatment. Date(s): _____</p> <p><input type="checkbox"/> Law enforcement intervention. Date(s): _____</p>

SECTION IV: Intellectual Disability, Developmental Disability and Related Conditions		
4.	Does the applicant have a diagnosis of an intellectual disability (formerly referred to as mental retardation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Does the applicant have a diagnosis of a developmental disability or related condition other than an intellectual disability?  <ul style="list-style-type: none"> <li>A developmental disability is a severe, chronic disability that is attributable to an intellectual or physical impairment (or combination), occurs prior to age 22, is likely to continue indefinitely, is not solely attributable to mental illness, and results in substantial functional limitations in major life areas (e.g., learning, language, mobility, self-care, independent living, etc.).</li> <li>A related condition is a disability that manifested prior to age 22, is not solely attributable to mental illness, and impairs intellectual functioning or adaptive functioning and requires services normally delivered to individuals with intellectual disabilities.</li> </ul> If yes, please specify all that apply: <input type="checkbox"/> Autism <input type="checkbox"/> Genetic Syndrome Associated with Delay <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Closed Head Injury/TBI <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the applicant have presenting evidence of intellectual disability, developmental disability or a related condition that has not been diagnosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	If "yes" was marked for questions 4, 5, and/or 6, is there any information available to the preparer that this condition began before age 22?  Age at which the condition began? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
8.	If "yes" was marked for questions 4, 5, and/or 6, are there substantial functional limitations attributable to the suspected intellectual disability, developmental disability or a related condition that are not attributable to a medical condition, dementia or mental illness? If yes, please specify all that apply:  <input type="checkbox"/> Mobility <input type="checkbox"/> Self-Direction <input type="checkbox"/> Self-Care <input type="checkbox"/> Learning <input type="checkbox"/> Understanding/ Use of Language <input type="checkbox"/> Capacity for Living Independently <input type="checkbox"/> Economic Self-Sufficiency (if the applicant is 18 years or older)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
9.	Is the applicant currently receiving services, ever in the past received services, or been referred from an agency that serves people with intellectual and developmental disabilities?  If yes, please provide as much of the information below as is known to you: Agency: _____ Dates: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR RESEARCH PURPOSES: Information provided here does not affect the determination of need for a Level II review.

In the past 12 months, has the applicant had to stay in a place not meant for human habitation (such as the streets, a car, an abandoned building); stay in a homeless shelter; or live doubled up with family or friends because he/she didn't have housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Has the applicant been diagnosed with a substance use or addictive disorder? If yes, please specify type(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SECTION V. Hospital Exemption and Categorical Determinations		
Complete this section if any item was checked "yes" in the Sections III or IV <u>AND</u> the applicant meets the criteria for one of the conditions described below. If any item is selected, this page must be signed by the attending physician and supporting documentation must be attached.		
<input type="checkbox"/> Not applicable: No item was checked "yes" in previous sections.		
		<b>SELECT ONE</b>
10.	The applicant meets <u>all</u> of the following criteria for a HOSPITAL EXEMPTION. <ul style="list-style-type: none"> <li>The individual is being admitted directly to a nursing facility after receiving acute inpatient care in a hospital;</li> <li>AND the individual needs nursing facility services for the condition for which the individual was admitted to the hospital;</li> <li>AND the attending physician certifies by signing this form that the individual will require 30 days or less of nursing facility services.</li> </ul> What is the condition for which nursing facility care is needed? _____ <b>NOTE: Applications without a current H&amp;P will not be processed.</b>	<input type="checkbox"/>
11.	The applicant cannot be assessed because of DELIRIUM.	<input type="checkbox"/>
12.	The applicant requires RESPITE care for up to 30 calendar days.	<input type="checkbox"/>
13.	The applicant has a TERMINAL ILLNESS with a prognosis of a life expectancy of less than 6 months AND needs nursing care associated with the condition.	<input type="checkbox"/>
14.	The applicant has a PHYSICAL ILLNESS SO SEVERE (such as coma, ventilator dependence, functioning at a brain stem level, or diagnoses such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, or congestive heart failure) that the individual would be unable to participate in a program of specialized services. What is the condition? _____	<input type="checkbox"/>
15.	The applicant needs CONVALESCENT CARE for no more than 100 days for an acute physical illness that: <ul style="list-style-type: none"> <li>Required hospitalization for a serious illness and needs time to convalesce</li> <li>AND does not meet all the criteria for an exempt hospital discharge.</li> </ul> What is the condition that requires convalescent care, and how long will the applicant need convalescent care? _____	<input type="checkbox"/>
16.	The applicant has a diagnosis of DEMENTIA or Alzheimer's disease that has progressed to the point that the individual would be unable to participate in a program of specialized services. How was the diagnosis determined? _____ <b>NOTE: Applications without records supporting this diagnosis will not be processed.</b>	<input type="checkbox"/>
Physician Name: MD only. (Please print) _____		Physician Signature: _____

# PASRR Determinations

- Hospital Exemptions
- Advanced Group/Categorical Determinations
  - **To be determined by the Level II authorities**

*\*\*\* It should be noted that when a categorical request is made on the PASRR, supporting documentation should be submitted with the PASRR or the PASRR will not be processed*

# Hospital Exemptions

- A hospital exemption is **ONLY** acceptable when:
  - Applicant is being admitted directly to a nursing facility after receiving acute inpatient care in a hospital for a physical health condition; **AND**
  - Applicant needs nursing facility care for the same condition for which they were admitted to the hospital; **AND**
  - The attending physician certifies that the applicant will require nursing facility care for 30 calendar days or less
    - Note: Must be signed by licensed physician in Louisiana

# Serious Mental Illness (SMI) & Intellectual Disabilities and Related Conditions (ID/RC)

- When the Level 1 Form indicates SMI, the referral is made to OBH
- When the Level 1 Form indicates ID/RC, the referral is made to OCDD
- When the Level 1 Form indicates SMI, & ID/RC:
  - Referral is made to both Level II authorities and evaluations occur concurrently
    - Both Level II Authorities coordinate for placement determinations and service recommendations. OCDD and OBH will discuss this later in the presentation.

# BHSF Form 142

- The completion of the application process will result in a BHSF Form 142. This form will contain the decision for placement
  - Identifies what Level of Care an applicant has met, if any
  - Confirms Medicaid Payment
- It is sent via secure fax/email to the referral source, and or the applicant
- It must be noted that an individual should not be admitted to a nursing facility prior to the completion of the application process. OAAS will not back date a decision/142, so it is important that the individual is not admitted to a NF until the completion of the decision/142.

Louisiana Department of Health and Hospitals  
Medicaid Program  
Notice of Medical Certification

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Medicaid No: \_\_\_\_\_  
To: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Facility/Provider/Support Coordination Agency Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_ Parish: \_\_\_\_\_

**Nursing Facility or Intermediate Care Facility**

Eligibility must be approved prior to admission to Nursing Facility. Prior approval is valid for 30 days for Nursing Facility Admission. If admitted within 30 days, decision is valid until discharged. If not admitted within 30 days of decision, a new decision is needed.

This decision relates to medical eligibility only and is separate from a decision on financial eligibility for Medicaid.

- I.  A. Approved for Medicaid/Private medical eligibility services effective \_\_\_\_\_  
 Level II decision pending.
- B. Approved for Medicaid medical eligibility services for a temporary period effective \_\_\_\_\_ through \_\_\_\_\_  
Please check:  
 MD/Physician Involvement  TDC  
 Treatment/Conditions  N RTP  
 Skilled Therapies  Other: \_\_\_\_\_  
 Hospital Exemption
- C. Not Approved/Denied – Does not meet Medicaid medical eligibility requirement.
- D. Medicaid payment for your current nursing facility services will end on: \_\_\_\_\_
- E. ICF/DD decision pending-additional information needed: \_\_\_\_\_

Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
OCDD/OAAS Office Address: \_\_\_\_\_

- 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 I 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: \_\_\_\_\_

**III. WAIVER/PACE (Section III is completed by OAAS or OCDD)**

- A. Approved Medicaid waiver criteria for \_\_\_\_\_ Waiver services effective \_\_\_\_\_
- B. Not Approved - Does not meet Medicaid medical eligibility.
- C. Vendor Payment May Begin Date: \_\_\_\_\_

Agency Representative/Support Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
OAAS or OCDD Regional Office or OBH State Office: \_\_\_\_\_

CC:  Facility/Provider  Office of Behavioral Health  OAAS  OCDD  
 Medicaid Long Term Care Unit (specify Parish): \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

Upon receiving the BHSF form 142 it is important to note:

Section I is completed by OAAS

Section II is completed by the Level II Authority and clearly states that if G, H, or I is marked disregard section I

\*If an applicant meets on a temporary pathway on the LOCET, a 100 day 142 will be issued.

\*If an applicant meets on a permanent pathway, a permanent 142 will be issued.

\*It is important to review the decision 142 and note if there is an expiration date.



# Denials

- Receipt of the LOCET and Level 1 PASRR initiates the application process
  - If applicant **does not meet LOC** on the LOCET, **OAAS will issue a denial.**
  - Applicant will be issued appeal rights and appeal request forms. The applicant has the right to appeal any decision. If there has been a change in applicant's condition in the LOCET that was denied then a new LOCET can be completed at that time.



# Questions

- This is an overview of what we do on a daily basis and the core of what we do when processing the Level I PASRR.
- Questions?

# THANK YOU

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# PASRR Level II Design and Processes

## Office of Behavioral Health (OBH)

Summer Chaves, LPC-S, OBH PASRR Level II Program Manager

5/8/2023

# PASRR Level II Screening/Evaluation Overview

- Who gets a PASRR Level II?
  - Individuals suspected of having a serious mental illness (SMI) and those suspected of having an SMI AND a primary diagnosis of dementia, including Alzheimer's disease or a related disorder are referred to the OBH PASRR Level II office for a comprehensive evaluation regardless of age (including those individuals aged 65 or older).
  - Anyone seeking admission or continued stay in a nursing facility, regardless of the individual's payer source is subject to the PASRR Level II process.
    - Exception: Those seeking admission or residing in nursing facilities that do NOT accept federal Medicaid dollars, are NOT subject to the PASRR process.

# Design of PASRR Level II

- Designed to be a **COMPREHENSIVE**
  - Verify presence of serious mental illness and/or intellectual disability/related condition
  - Assessment of total needs
  - Least restrictive setting

# Types of Level II Requests

- **Pre-Admissions** (those seeking nursing facility placement from the community)
  - Where Serious Mental Illness is present **only temporary approvals are issued**
  - 142s will be for 90 to 100 days
  - 100 day authorizations are only given for Convalescent Care of the individual
- **Continued Stay Requests** (those with an expiring 142 seeking continued nursing facility placement)
  - Where Serious Mental Illness is present **only temporary approvals are issued**
  - All timeframes will be based on individual needs, not to exceed 365 days
  - DOJ requires the “at least annual” re-evaluation of all individuals with SMI in a nursing facility. This is tied to the existing 142.
  - Require Level I and Level II reviews
- **Resident Review Requests** (those currently in a nursing facility who are identified as needing a Level II review, not tied to expiring 142)
  - Significant change in status
  - Requested by OAAS due to recent Level of Care assessments
  - Requested by transition coordinators
  - Requested by Level II Authority
  - If SMI is determined to be present **only temporary approvals are issued**, authorization timeframe will be based on individual needs and not to exceed 365 days
  - Level II review only

# PASRR Turnaround Time

- Per Federal Code of Regulation [483.112 (c)(1)]: Must be completed within 7 to 9 working days.
- Turnaround Time Allows for comprehensive Level II Review:
  - Coordination of Level II Independent Evaluation
  - Coordination to collect Level II documentation with facility and any support agencies
  - Managed Care review of Level II Independent Evaluation, Claims Data, and Service Authorizations
  - OBH review of all documentation and Level II Independent Evaluation and ensures all required documentation is present. If not present, coordinates with facility for needed documentation
  - OBH Psychiatrist review for all cases where dementia is suspected, where SMI is unable to be determined, and when NF may not be the least restrictive setting

# Steps in Level II Comprehensive Review Process

- Level I Authority has identified suspected MI and/or ID/RC and sends PASRR to Level II Authority (OBH=MI, OCDD=ID/RC)
- Level II Authority verifies
  - Medicaid Status
  - Louisiana Managed Care Organization (MCO)
  - My Choice Louisiana for participation in transition
- Case is assigned to appropriate Level II staff
- Level II Staff review for required Level II documentation and request required documentation that is not present
- Level II Staff refer case to MCO for Comprehensive Level II Evaluation to be scheduled and completed by third party contractor and completed by Independent Level II Evaluator.
- MCO has four calendar days to complete Comprehensive Level II Evaluation review and return to Level II Authority with all required documentation.



# Steps in Level II Comprehensive Review Process

- Level II Staff receives and reviews completed Level II Evaluation for all required documentation, timeliness, completion, ensures there is no contradictory information, and that placement and service recommendations are appropriate for total needs of the individual.
- If there is contradictory information in records or between Independent Level II Evaluator and Managed Care Organization (MCO), Level II Staff return evaluation to MCO for resolution with correction of incongruent information.
- Level II Staff completes clinical review of all records for presence of SMI, presence of Dementia, total needs of individual, least restrictive setting, and services to address total needs of individual.
- Level II Staff make determination on cases where all documentation is present, there is no dementia, and nursing facility placement is the least restrictive setting.
- IF there is suspected dementia, Level II Staff is unable to verify nursing facility is the least restrictive setting, or there is not enough documentation for Level II Staff to definitively verify if SMI is present or not, the PASRR will be sent to the OBH Psychiatrist for review and determination to be made.

# Level II Determination Results

- Approvals

- All will be temporary

- Pre-Admissions: 90 to 100 days (100 days for Convalescent Care)
    - Continued Stay Requests: based on individual needs, not to exceed 365 days
    - Resident Reviews: based on individual needs, not to exceed 365 days

- Denials

- Nursing Facility is not the least restrictive setting and community options are more appropriate

- Pre-Admissions: will result in referral to Community Case Management
    - Continued Stay Requests and Resident Reviews: Level II Authority may issue a denial in these instances, but is prone to issue a temporary approval to allow for proper coordination and safe transition with My Choice Louisiana.

- Higher Level of Care is required

- Not Enough Information to Make a Determination

Questions?

# THANK YOU

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