

LHA PASRR Boot Camp Webinar Series

Part 3: Level II Processes and Documentation

3/22/2023

PASRR Level II Process: OCDD

For Individuals with Intellectual/Developmental
Disabilities and/or Related Conditions

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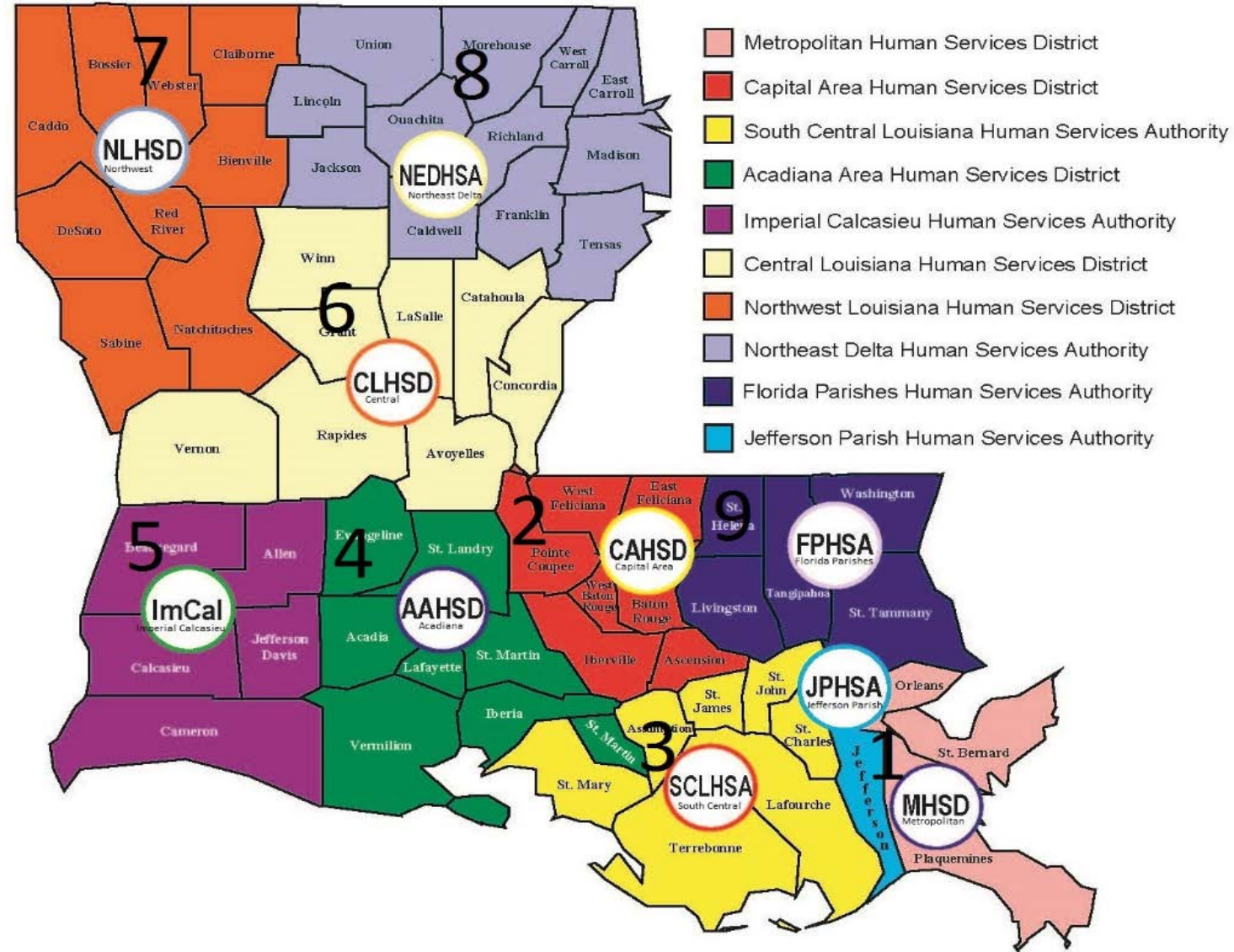
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OCDD PASRR Level II Screening/Evaluation Overview

- Who is involved in the OCDD PASRR Level II Screening/ Evaluation and Determination Process?
 - The 10 statewide Human Services Districts/Authorities (also referred to as Local Governing Entities or LGEs) receive and complete the Level II PASRR for individuals who are suspected of having an intellectual disability and/or a related condition. Which LGE is determined by the geographical area they are designated to serve (see next slide)
- If the Level I does not indicate ID/RC why is it still referred to Level II?
 - Sometimes the person filling out the Level I is not aware that the patient is already in the OCDD Database. If the patient is found in the OCDD Database with a Statement of Approval to receive OCDD services they are forwarded for a Level II



OCDD PASRR Level II Screening/Evaluation Overview

- LGE tasks after receiving the Level II
 - The LGEs must first determine if the patient has an Intellectual/Developmental Disability (I/DD)
 - If the patient does not already have a Statement of Approval (SOA) the LGE must complete the System Entry process. For individuals who are not part of the PASRR Level II the System Entry process can take as long as 45 days to complete. System Entry is expedited in PASRR Level II cases
 - If the patient is determined to NOT meet criteria for services in the I/DD system they receive a Statement of Denial (SOD) with appeal rights and the Level II is returned to OAAS indicating the Level II is not required

OCDD PASRR Level II Screening/Evaluation Overview

- If the patient has an SOA or receives an SOA in the course of the Level II what happens next?
 - The LGE reviews documentation provided, requests additional documentation when needed, interviews the patient, their family when possible and other involved individuals to gather a picture of the patient's situation.
 - The LGE makes a determination if the NF is the most appropriate placement for the patient.
 - If the LGE determines NF is NOT the most appropriate placement for the individual they will assist in securing the alternative placement recommended. The LGE also completes the denial documentation with appeal rights
 - If the LGE determines NF is an appropriate placement they must determine if Specialized Services are needed
 - The LGE then completes the Notice of Determination (NOD), the Form 142 and a PASRR Evaluation Report

When SMI and ID/RC are Identified

- When the Level 1 Form indicates SMI, & ID/RC:
 - Referral is made to both Level II authorities and evaluations occur concurrently
 - OCDD and OBH coordinate on all PASRRs where there is suspected SMI and ID/RC conditions present to determine if NF is the least restrictive setting and if specialized services are needed to support SMI conditions.
 - If OCDD determines the applicant does not meet criteria for their services, then it will be OBH's decision for placement.
 - If both determine the applicant doesn't meet criteria for either service the decision is referred back to OAAS.
 - To remain compliant with the DOJ Agreement, only temporary 142s will be issued when SMI is found to be present

Questions & Answers/Contact Information

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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

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PASRR Review

- PASRR is a diversionary tool
- PASRR drives transitions into community settings
- PASRR Level II must recommend community alternatives
- Medicaid is oversight agency
- OAAS=Level I Authority
- OBH=MH Level II Authority and OCDD=DD/RC Level II Authority
- All screenings and evaluations begin with the presumption that individuals can live in community-based residences.
- 100% temporary authorizations through OBH PASRR Level II in order to ensure individuals needs are re-evaluated at least annually.
- Level II is a COMPREHENSIVE review

PASRR Level II Screening/Evaluation Overview

- Who is involved in the PASRR Level II Screening/ Evaluation and Determination Process?
 - **Level II Evaluator** (Independent of Referral Source and State): Trained Licensed Mental Health Professional (LMHP)
 - **Managed Care Organization:** Review for and recommend service and support needs
 - **OBH PASRR Determination Specialists:** Review documentation to determine if NF is least restrictive setting and SMI is present.
 - If documentation is lacking, they are unable to determine if NF is the least restrictive setting, or they are unable to determine if primary condition of treatment is related to SMI, they will refer to OBH Psychiatrist for MD review and final determination.
 - **OBH Psychiatrist:** Reviews documentation to determine if primary condition of treatment is related to SMI and if NF is the least restrictive setting. Will rule out medical conditions that may mimic dementia or related conditions.

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

PASRR Turnaround Time Data

July 1, 2022 – December 31, 2022

- Total Pre-Admissions= **1736**
 - Average **Working Days** = **4.882**
 - Median= **5**

 - Average **Calendar Days** =**7.196**
 - Median= **7**

- 53 Pre-Admission cases processed out of Federal PASRR turn around time= **96.9% Federal Compliance Rate**

January 1, 2023 to Present

- Total Pre-Admissions= **827**
 - Average **Working Days** = **4.674**
 - Median= **5**

 - Average **Calendar Days** =**7.066**
 - Median= **7**

- 827 Pre-Admission cases processed out of Federal PASRR turn around time= **98.7% Federal Compliance Rate**

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

Level II Documentation

Required Supporting Documentation

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Federal Requirements for Level II Documentation

- Level II PASRR's must address the following to determine the need for nursing facility:
 - Evaluation of **Physical Status**
 - Evaluation of **Mental Status**
 - **Functional Assessment (ADL)**
- **Placement:** “In determining appropriate placement, the evaluator must prioritize the physical and mental needs of the individual being evaluated, taking into account the severity of each condition.”
[483.132(b)]

Level II Documentation Requirements

- **CURRENT Face Sheet** from requesting facility
- **CURRENT MDS (resident reviews only)**
- **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**
- Any additional documentation that supports presence of functional needs that necessitate NF placement (PT, OT, ST notes, assessments, other unit notes...)

Level II Documentation Requirements

- **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 serious mental illness (social work notes, etc...)

Dementia Documentation

Verifying the Presence of Dementia

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DOJ Agreement and Dementia

35. 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. For individuals without sufficient documentation to establish the validity of a primary dementia diagnosis,

LDH shall provide an additional professional evaluation to ensure appropriate diagnosis and differentiation. The evaluation shall rule out external causes of the symptoms of dementia such as overmedication and neglect.

Individuals with a primary diagnosis of dementia shall be provided with information regarding community-based service options but shall not be included within the Target Population for the purposes of this Agreement.

Dementia Review Process

- OBH Level II staff review all submitted documentation from Managed Care Organization and requesting facilities, then refer cases with suspected dementia to OBH Psychiatrist.
- OBH Psychiatrist reviews **all cases** where there is a suspected dementia or related condition
- Conditions that may mimic dementia
 - Metabolic encephalopathy
 - Stroke / TIA
 - Anyone recently in ICU (last few months)
 - Drug / Alcohol Abuse
 - Post-Surgical Delirium

Strengthening Documentation Requirements

- In 2017 LDH Legal distributed a memo defining what documentation is required to establish a primary diagnosis of dementia
 - Neurologic consult or a complete Neurological exam conducted by a Neurologist or Psychiatrist;
 - Labs to include CBC, Chemistry/electrolyte profiles, TSH, B12, drug levels;
 - Any additional history to assist in confirming a diagnosis of dementia
 - Mini Mental Status Exam (MMSE) or Montreal Cognitive Assessment (MoCA) alone is not sufficient to verify dementia or Alzheimer's diagnoses
- At minimum, the documentation must reflect the following:
 - Impact on **social, daily functioning, mental** and **physical** health,
 - **History**, and
 - **Progression** of the dementing condition over time

Strengthening Documentation Requirements

- Documentation to include info on the following (current and historical for comparison):
 - History and Physical
 - Medication List
 - Psychiatric Evaluation or Psychiatric Consult
 - Functional, Social, Mental Health statues (Progress notes and assessments)
 - **Completed Dementia Addendum (embedded in Comprehensive Level II Evaluation)**
 - **Completed Dementia vs Serious Mental Illness Questionnaire**

Resources

- OBH PASRR Phone: 225.342.4827
- OBH PASRR Fax: 1.877.652.4995
- OBH PASRR Email: obh.pasrr@la.gov (not for PASRR requests)
- OBH PASRR Website: <https://ldh.la.gov/page/2467>

Scenario Discussion

Examples from Chat

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Why did this trigger a Level II?

- Admission to acute physical health facility for severe complex medical conditions, some anxiety and trouble sleeping, and significant decline ability to function in environment on own after having a fall 6 months ago (unsteady gait, frequent pain complaints, has to have help getting in and out of bed, transferring from toilet, and dressing). Individual was living in own home with spouse. Individual presents with no visible psychiatric symptoms and denies any upon admission but is taking an anti-anxiety medication that has been managed by their PCP. After interview, individual states they have recent anxiety about spouse being able to continue caring for them. and spouse confirms individual is not receiving any behavioral health services and has never been in the hospital for psych issues. Spouse assists with medication needs and ADL support but is also having own issues with mobility decline.
- Inpatient facility is recommending nursing facility placement for continued treatment of medical conditions and ADL support.

Why did this trigger a Level II?

- Admission to acute physical health facility for recent fall resulting in hip fracture. Individual was living in own home and plans on returning home after rehab is completed. Individual presents with no visible psychiatric symptoms and denies any upon admission. She has a diagnosis of depression and is taking medication managed by their PCP. Prior to the fall she was fully independent.
- Inpatient facility is recommending nursing facility placement for continued skilled rehab.

Questions?

THANK YOU

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