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# ***PASRR Training to Hospitals***

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Tara R. DeLee, LCSW & Marissa Wilson

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# Overview

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- The purpose and regulations of PASRR (Preadmission Screening and Resident Review)
- Louisiana specific process
- Specific information for OBH
- Tips for Hospitals
- Resources

# The Purposes of PASRR

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- 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, developmental disabilities and related conditions (ID/DD/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.

# A Few Preliminaries

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- Medicaid is a partnership between States and the Federal government.
- PASRR is part of Medicaid.
- PASRR is a required part of the Medicaid State Plan.

# Who does PASRR apply to?

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All persons seeking admission to Medicaid certified NF including:

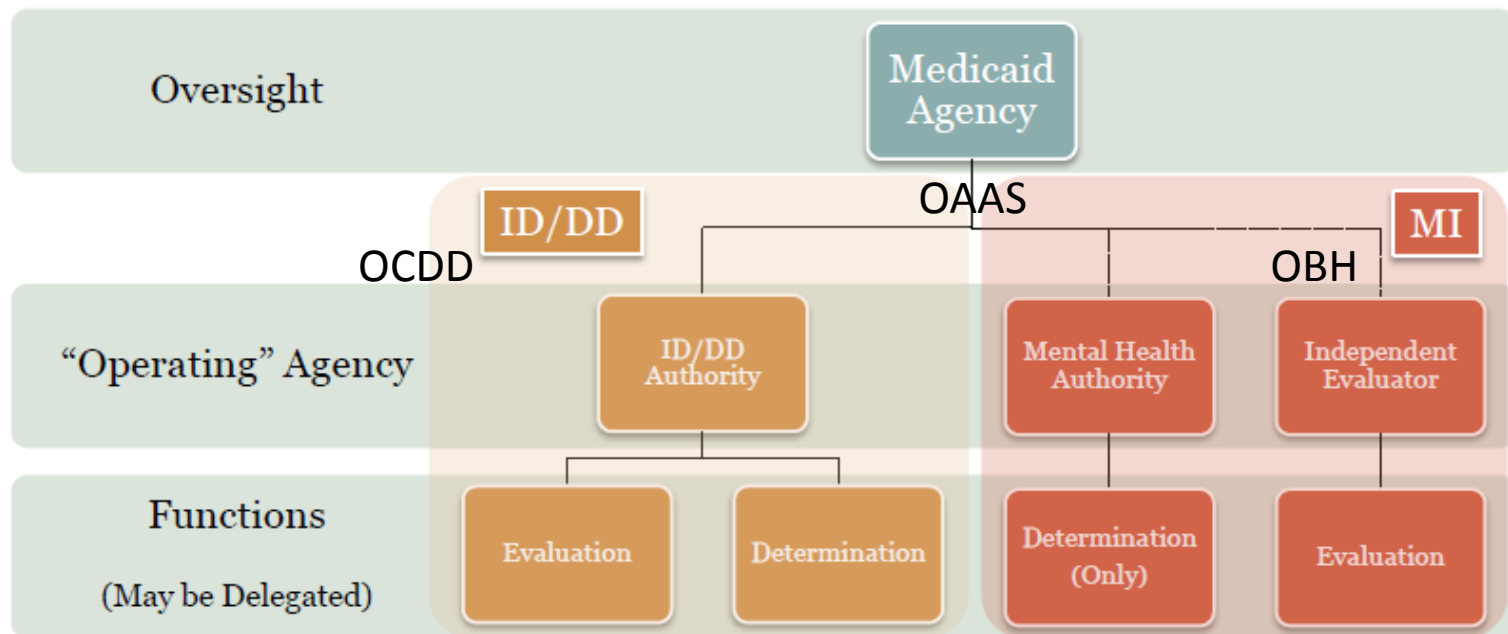
- Individuals who are private pay
- Individuals whose stay will be paid by private insurance
- Individuals whose stay will be paid by Medicare
- Individuals whose stay will be paid by Medicaid

# Roles of Agencies

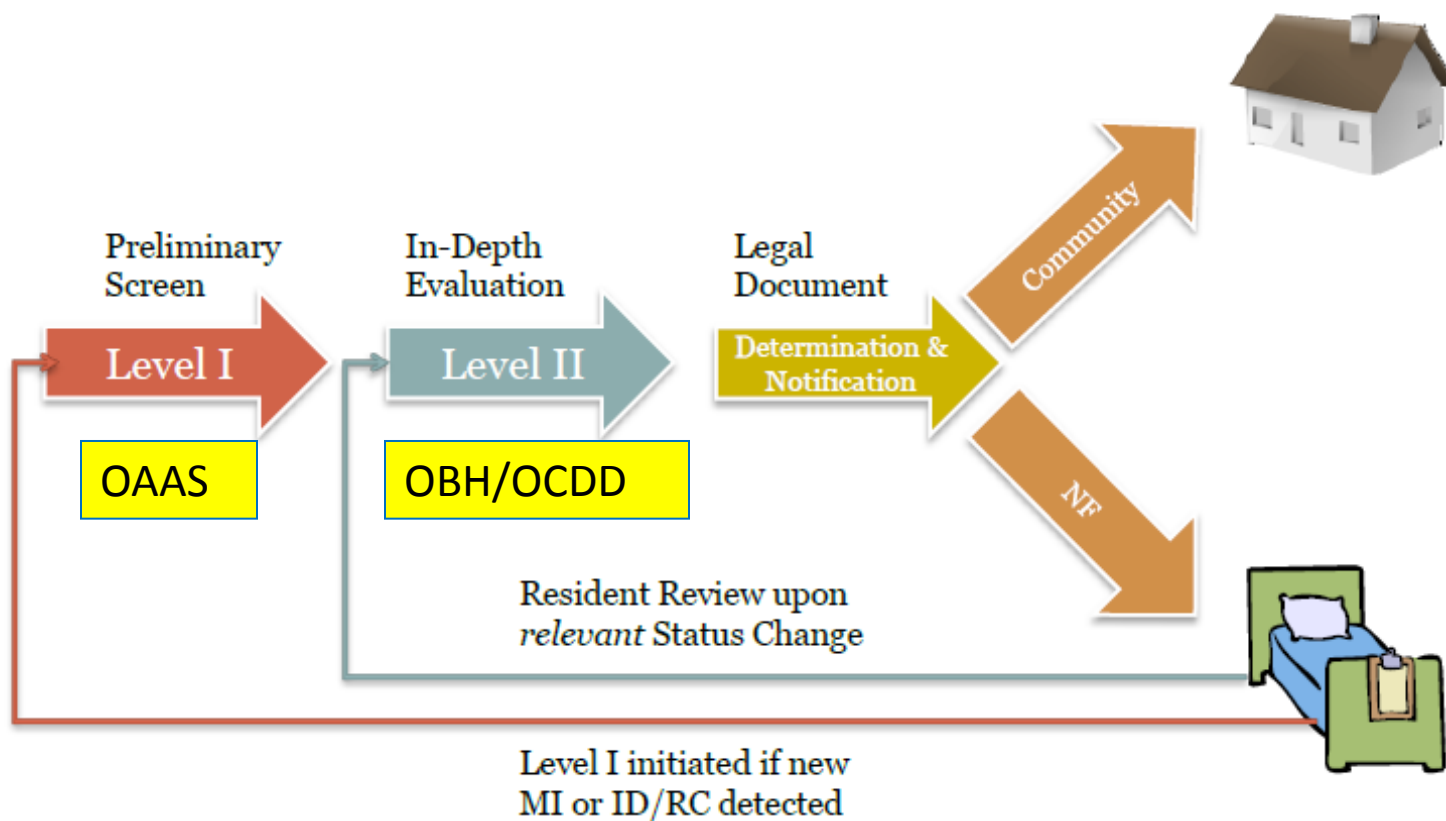
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- Medicaid has ultimate authority over PASRR
  - LA-Medicaid has dedicated Level I review to OAAS.
  - Level II is the responsibility of the State Mental Health Authority (SMHA) or State Mental Retardation Authority (SMRA).
    - However, Medicaid can't countermand determinations made by Level II authorities.

# Roles & Responsibilities



# The PASRR Process: A Basic Sketch



# Nursing Home Admission

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- PASRR is a part of the nursing home admission process.
  1. Step One: Level I Process
    - PASRR Level I faxed to OAAS **225-389-8198**
    - Level of Care Eligibility Tool (LOCET) called into **1-877-456-1146**
  2. Step Two: Level II Process

# Level I (broad screening of eligibility)

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- Applies to **every** admission to **every** Medicaid certified NF
- Screen person for any/all signs of MI, ID/DD/RC
- Typically done by hospital/health care entity who is referring the person (e.g., NF, referring hospital or MD, or contracted health services agencies)
- Must be signed by Louisiana licensed MD
- PASRR Level I is good for 30 days from the date signed by the MD. Therefore, an individual must be admitted within these 30 days or a new PASRR Level I must be completed.

## Level I PASRR Screen and Determination

Failure to accurately complete this form prior to admission to a nursing facility (NF) may result in disallowance of Medicaid payment.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### SECTION I: MI/MR

Answers to the questions on page 3 of this form will assist in making a determination as to whether the individual has indications of, or a diagnosis of mental illness and/or mental retardation.

Please circle either **Yes** or **No** for the following:

#### Part A – Mental Illness (MI)

Does the individual have indications of, or a diagnosis of a major mental illness as defined in the DSM-IV R, limited to schizophrenia, mood disorder, severe anxiety disorder, somatoform disorder, personality disorder, other psychotic disorder, or another mental disorder that may lead to a chronic disability?

YES NO

If the answer is YES, please answer all the questions on Page 3 to determine major/serious MI.

#### Part B – Mental Retardation (MR)

Does the individual have indications of, or a diagnosis of mental retardation as defined in the AAMR Manual or Classification in Mental Retardation or other related conditions such as cerebral palsy, epilepsy, or any other conditions, including autistic disorders, that are closely related to mental retardation because it results in impairment of general intellectual functioning or adaptive behavior (42 CFR 435.1010) which manifested prior to the age of 22.

YES NO

If the answer is YES, please answer all the questions on Page 3 to determine MR or related condition.

If **BOTH** answers are **NO, STOP!** This evaluation is complete and no Level II Evaluation is needed. Physician should sign and date Level I Screen.

Physician Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Print Physician Name: \_\_\_\_\_ Agency: \_\_\_\_\_

→ If any answer in SECTION I is YES, proceed to SECTION II ←

### SECTION II: CATEGORICAL DETERMINATION OF DEMENTIA/RELATED DISORDER

Does the individual have a primary diagnosis of dementia (including Alzheimer's Disease or a related condition) or a non-primary diagnosis of dementia with a primary diagnosis that is not a major mental illness?

YES NO

If **Mental Illness only** and answer is **YES, STOP!** This evaluation is complete and no Level II Evaluation is needed. Physician should sign and date Level I Screen.

Physician Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Print Physician Name: \_\_\_\_\_

→ If **Mental Illness ONLY** and answer is **NO**, Proceed to SECTION III ←

If Mental Illness and Mental Retardation or Mental Retardation only, proceed to next question.

Does the individual have a dementia diagnosis that exists in combination with mental retardation or a related condition (i.e., Epilepsy, Cerebral Palsy, Prader-Willi Syndrome, Autism, Spina Bifida)?

YES NO

If **MR ONLY** and answer is **YES, STOP!** This individual can be admitted or retained in a NF.

A Level II Evaluation is not needed. Physician should sign and date Level I Screen.

Physician Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Print Physician Name: \_\_\_\_\_

→ If **MI and MR OR MR ONLY** and answer is **NO**, proceed to SECTION III ←

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### SECTION III: EXEMPTED HOSPITAL DISCHARGE

Is the individual being admitted from a hospital after receiving acute inpatient care and requires NF services for the condition which he or she received care in the hospital and whose attending physician has certified before admission that the individual is likely to require less than 30 days NF services?

YES NO

If **YES, STOP!** This individual can be admitted to a NF. A Level II Evaluation is not needed. Physician should sign and date Level I Screen. If the individual is later found to require more than 30 days of NF care, a resident review must be conducted within 40 calendar days of admission.

Physician Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Print Physician Name: \_\_\_\_\_

→ If **NO**, proceed to SECTION IV ←

### SECTION IV: ADVANCE GROUP DETERMINATIONS

A Provisional admission to a nursing facility can be made under the following time limited categories:

1	Pending further assessment of delirium where an accurate diagnosis cannot be made until the delirium clears, <b>not to exceed 30 days</b> .	YES	NO
2	Pending further assessment in emergency situations requiring protective services with placement in a nursing facility, <b>not to exceed 7 days</b> .	YES	NO
3	Brief respite care for in-home caregivers, with placement in a nursing facility twice a year, <b>not to exceed 30 days</b> .	YES	NO

If any answer is **YES, STOP!** This individual can be admitted to a NF. Physician should sign and date Level I Screen. If the individual is later determined to need a longer stay, identified through a resident review, a Level II Evaluation and Determination must be conducted before continuation of the stay may be permitted and payment made for days of NF care beyond the State's time limit.

Physician Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Print Physician Name: \_\_\_\_\_

### SECTION V: INDIVIDUALIZED EVALUATION DETERMINATION

\*\*\*\*\*This Section is to be completed by OMH and/or OCDD\*\*\*\*\*

A Level II Evaluation is required for individuals with MI or MR who meet one of the following advanced group determinations of the need for NF services or for those who do not meet one of the categorical or advanced group determinations in Sections III, IV or V. The Level II Evaluation and Determination must be received prior to NF admission.

Does the individual require convalescent care from an acute physical illness that required hospitalization and does not meet all the criteria for an exempt hospital discharge?

YES NO

Does the individual have a terminal illness as defined for hospice purposes?

YES NO

Does the individual have a severe physical illness 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 and Congestive Heart Failure, which result in a level of impairment so severe that the individual could not be expected to benefit from Specialized Services?

YES NO

OMH/OCDD Staff Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Mental Health Determination: \_\_\_\_\_ Date Referred for Independent Level II Evaluation, if applicable: \_\_\_\_\_

Level II Independent Evaluator Referred to: \_\_\_\_\_

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## Level I PASRR to Determine a Diagnosis or Possible Diagnosis of a Serious Mental Illness, Mental Retardation or a Related Condition

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please answer all questions on this guide. If any item under number one is checked AND any item under numbers 2-4 is circled yes, the individual is suspected to have an indication of, or a diagnosis of a serious mental illness, mental retardation, or a related condition.

1. Does the Level I Screen indicate the individual has a diagnosis or indication of (check those that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Severe Anxiety/Panic Disorder               | <input type="checkbox"/> Bipolar Disorder                                      |
| <input type="checkbox"/> Schizoaffective Disorder                    | <input type="checkbox"/> Major Depression                                      |
| <input type="checkbox"/> Psychotic Disorder                          | <input type="checkbox"/> Somatoform Disorder                                   |
| <input type="checkbox"/> Dysthymia                                   | <input type="checkbox"/> Cyclothymia   |
| <input type="checkbox"/> Schizophrenia                               | <input type="checkbox"/> Personality Disorder (specify)                        |
| <input type="checkbox"/> Prader-Willi Syndrome                       | <input type="checkbox"/> Spina Bifida  |
| <input type="checkbox"/> Autism                                      | <input type="checkbox"/> Cerebral Palsy  |
| <input type="checkbox"/> Epilepsy                                    | <input type="checkbox"/> Mental Retardation with an IQ lower than 70 (specify) |
| <input type="checkbox"/> Childhood and Adolescent Disorder (specify) |  |
| <input type="checkbox"/> Other                                       |  |

2. Does the Level I Screen indicate that this disorder results in functional limitations in major life activities within the past 3 to 6 months that would be appropriate for the individual's developmental stage?

YES	NO
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3. Does the individual typically have at least one of the following characteristics on a continuing or intermittent basis?

A. **Interpersonal functioning:** The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation.

YES	NO
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B. **Concentration, persistence, and pace:** The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.

YES	NO
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C. **Adaptation to change:** The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.

YES	NO
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4. Does the Level 1 Screen indicate the individual has received recent treatment for a mental illness? Does the treatment history indicate that the individual has experienced at least one of the following:

A. Psychiatric treatment more intensive than outpatient care more than once in the past two years (e.g., partial hospitalization or inpatient hospitalization).

YES	NO
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B. Within the last two years, due to the mental illness, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

YES	NO
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Physician Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

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## REMINDERS

- MD signs each section that is completed.
- If MI is noted, complete the 3<sup>rd</sup> page in its entirety.
- If MI/ID/DD/RC, send required documents to OAAS when submitting Level I to expedite the process..
- Provide documentation/evidence of primary dementia and or categorical admissions.

# Level II (in-depth evaluation of eligibility)

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- Individuals identified by the Level I authority as possibly having MI/ID/DD/RC are referred for a Level II evaluation.
- Level II evaluation is conducted by the state's Mental Health Authority (SMHA) if MI and by the state's Mental Retardation Authority (SMRA) if ID/DD/RC. For LA-PASRR, this is the Office of Behavioral Health (OBH) and Office for Citizens with Developmental Disabilities (OCDD) respectively.
- Applicants who show signs of MI, ID/DD/RC in Level I, and who do not have previous evaluations that can render determination, must undergo Level II Pre-Admission Screening
- If, at any time during the Level II, the SMHA/SMRA finds the individual being evaluated does not meet criteria for MI/ID/DD/RC, the evaluation ends.

# Level II Screening

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- **Determines the need for NF** services based on physical and mental condition.
- **Determines the need for specialized services.**
- **Timeliness:** Must be made in writing within an annual average of 7-9 working days of referral to MI or ID/DD/RC.

**Pre-Admission Screening must be completed  
PRIOR to Nursing Home admission**



# Required Information for Level II Review-MI

- **Comprehensive history and physical**
  - complete medical history, review of all body systems, specific evaluation of the person's neurological system in the areas of motor functioning, sensory functioning, gait, deep tendon reflexes, cranial nerves, abnormal reflexes, and in the case of abnormal finding that are the basis for NF placement, additional evaluations conducted by appropriate specialists.
- **Comprehensive drug history** including current and immediate-past use of medications that could mask or mimic mental illness, side-effects and adverse drug reactions.
- **Psychosocial evaluation**, including current living arrangements and medical and social supports.
- **Comprehensive psychiatric evaluation**
  - Evaluation of 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.
- **Functional Assessment**
- **Primary Dementia:** Corroborative testing or other information available to verify the presence of progression of dementia (Dementia work up, comprehensive mental status exam, CT scan, etc.).
- **Records that speak to the reason for NF placement**, including documentation of categoricals.

Submitting with Level I will expedite the process

# How to expedite the process of discharge to a NF

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- Submit all required documentation with the Level I PASRR.
- Ensure documentation is consistent with diagnosis and disability.
- Submit for NH admission in a timely manner taking into consideration:
  - Hospital discharge timelines
  - Timelines for PASRR Level II completion and 30 day timeline for Level I.
- Include correct fax # and contact person

# Forms the hospital will receive from OBH

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*Forms are faxed by OBH PASRR to the Hospital*

- Form 142: Authorization authenticating Medicaid payment and decision for NF
- OBH Level II Evaluation Summary & Determination Notice
- PASRR Level II Independent Behavioral Health Comprehensive Evaluation
- Specialized Services Tracking form

**ALL FORMS SHOULD BE SENT TO THE  
NURSING HOME BY HOSPITAL**

# What will the forms include?

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- Recommendations for Nursing Home placement
- Length of time for Nursing Home placement
- Recommendations for Services
- Explanation of decisions
- Appeals Process

## OBH-PASRR Level II Evaluation Summary & Determination Notice

### Date

Date 05/23/2014

### Demographic Information

Name PASRR Template

Medicaid # \_\_\_\_\_

DOB 01/01/1901

Medicare # \_\_\_\_\_

Social Security # 001-01-0001

### Type of Referral

Type of Referral Pre-Admission

### Medical Eligibility Determination

The individual meets medical eligibility for nursing home placement Yes

### Evaluation Placement Recommendations

The individual does not have a serious mental illness and a level II is not required. No

The individual has a serious mental illness and requires specialized services in an acute setting Select

The individual has a serious mental illness and an alternative setting is recommended Select

The individual has a serious mental illness and meets criteria for nursing home admission Yes

### Categorical Determination

Categorical Decision No

Type of Categorical Determination \_\_\_\_\_

### Recommendations for Services

Lesser services are recommended Yes

Specialized services are recommended Yes

Additional services are recommended Yes

The recommendations for specialized services are only recommendations. The individual must contact their insurance provider for services. For individuals with Medicaid, please contact Magellan Health Services at 1-800-424-4399 or go to [www.magellanoflouisiana.com](http://www.magellanoflouisiana.com). The individual is not required to accept the services recommended and is free to choose providers and the type of services.

### Recommendations for Lesser Services

Medical Management ✓

Speech/Language therapy \_\_\_\_\_

A minimum of a yearly comprehensive psychiatric evaluation to clarify the current diagnosis and appropriate treat-

Supportive Counseling from NF staff ✓

Neurological evaluation \_\_\_\_\_

Training in ADLs <u>✓</u>	Dental evaluation _____	ments _____
Training in community living skills _____	Foreign language services _____	Ongoing evaluation of the effectiveness of current psychotropic medications to target symptoms <u>✓</u>
Training in communication skills _____	Referral to other agencies or community programs _____	A behaviorally-based treatment plan _____
Medication education _____	Assistance in obtaining medical appliances and devices _____	A guardian/conservator for decisions regarding health and safety _____
Structured work and leisure activities <u>✓</u>	Case management services to explore community living needs _____	Crisis intervention plan/safety plan <u>✓</u>
Occupational therapy evaluation _____	Family involvement <u>✓</u>	Substance use recovery support group (AA, NA, etc.) _____
Physical therapy evaluation _____	Obtain archive psychiatric records to clarify history _____	Other: _____
Audiological evaluation _____	Evaluation for a diagnosis of dementia (Alzheimer's or other organic mental disorder) _____	

### Specialized Services Recommendations

Psychiatric, psychosocial, psychological evaluation is recommended \_\_\_\_\_

Physician services (i.e. Psychiatrist) ✓

Individual/Group therapy ✓

Family Therapy ✓

Other specialized services \_\_\_\_\_

Intensive outpatient treatment program for substance use \_\_\_\_\_

Individual/Group therapy for substance use \_\_\_\_\_

Substance use detoxification services \_\_\_\_\_

Residential treatment services for substance use \_\_\_\_\_

### Additional services if returning to the community

Care management/service coordination \_\_\_\_\_

Vocational services \_\_\_\_\_

Referral to Louisiana Behavioral Health Partnership, Statewide Managed Care Organization \_\_\_\_\_

Other services \_\_\_\_\_

### Evaluation Comments

Evaluation Comments

### DETERMINATION RESULTS

Determination Admit, retain, or readmit to a Medicaid certified NF, if the individual's specified treatment needs do not exceed the level of services available at the selected NF on a long-term basis.

Authorization Date 5/23/14

Determination Reviewer Comments

dR. White's recommendations. Additional recommendations. Please ensure applicant is reevaluated for medical issues that seem to com-

uplicate his behavioral health.

Determination Reviewer Tara DeLee

Determination reviewer credentials LCSW

### Notice Distribution

Individual PASRR Template

Discharging hospital \_\_\_\_\_

OCDD Select

Individual's legal representative

Admitting nursing facility

Other distribution \_\_\_\_\_

### FAIR HEARING RIGHTS

If you wish to appeal the decision, you can ask the Division of Administrative Law-Health and Hospital Section for a fair hearing. A request for a hearing may be made in writing to the Division of Administrative Law-Health and Hospitals Section P.O. Box 4189; Baton Rouge, LA; 70821-4189 or online at <http://www.adminlaw.state.la.us/HH.htm>. The request must be made within 30 days of receiving this determination.

### OBH PASRR PROGRAM CONTACT INFORMATION

Should you have additional questions regarding this notice you may contact OBH-PASRR program at 225-342-4827 or by email at [OBH.PASRR@la.gov](mailto:OBH.PASRR@la.gov).

# Louisiana 142 Form for NF Authorization

BHSF Form 142  
Rev. 07/12  
Prior Issue Obsolete

**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:
- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> MD/Physician involvement | <input type="checkbox"/> TDC          |
| <input type="checkbox"/> Treatment/Conditions     | <input type="checkbox"/> NRT/P        |
| <input type="checkbox"/> Skilled Therapies        | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 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 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 \_\_\_\_\_

**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): \_\_\_\_\_

# Diagnoses: Serious Mental Illness

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- Make or confirm a diagnosis of major mental illness diagnosed by DSM, 3<sup>rd</sup> Edition, revised 1987.
  - Ex: schizophrenia, mood, paranoid, panic, or other severe anxiety disorder.
  - Not primary diagnosis of dementia.
  - Not episodic/situational
- Timing
  - Recent major treatment episodes or significant disruption within the past 2 years.
- Disability
  - Functional limitations in major life activities within the last 6 months. One of the following characteristics on a continuing or intermittent basis:
    - Interpersonal functioning
    - Concentration, persistence, and pace
    - Adaption to change

# Diagnoses: Serious Mental Illness

## Cont'd

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- (ii) *Level of impairment.* The disorder results in functional limitations in major life activities within the past 3 to 6 months that would be appropriate for the individual's developmental stage. An individual typically has at least one of the following characteristics on a continuing or intermittent basis:
  - (A) *Interpersonal functioning.* The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation;
  - (B) *Concentration, persistence, and pace.* The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks; and
  - (C) *Adaptation to change.* The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system

# SMHA Evaluations & Determinations

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- PASRR determinations are made by the SMHA & based on independent physical and mental evaluations performed by a person or entity other than the SMHA.
  - LA may utilize evaluations on pre-existing data to make determinations (information within the past 1yr if representative of person's condition).

# Types PASRR Determinations

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- Individualized determinations
- Exemptions/Exclusions
- Advanced Group/Categorical Determinations
  - Developed by the states and included in the state plan.
  - Applies to people with Level II conditions as a way to expedite decisions regarding a person's needs when a full Level II assessment may not be necessary.

# Individualized Determinations

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- Based on more extensive assessment information and will be required unless the person meets the criteria for a categorical determination.
- A Full Level II evaluation and Determination is done.
- Permanent Approvals or Time-limited Approvals.

# Approvals (Time-Limited/Short-Term)

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- OBH & OCDD may approve an individual for a specified time frame rather than a permanent status.
- This is typically done when the Level II authority determines after review that an individual's condition is expected to improve to the point where transition to the community is likely.

# Hospital Exemptions

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- The only true exemption from PASRR.
- For post-acute stays for acute illness lasting less than 30 days.
- If longer, a PASRR must be completed by day 40.
- It is the nursing facility's responsibility to notify the Level II authority by day 30 if they are requesting an extension of the hospital exemption.
- Any request after day 40 and the expiration of the 142 will be treated as a new admission and must re-start the process.

**NOT USED TO BYPASS LEVEL II PROCESS**

# PASRR Exclusion & Primary Dementia

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- Invoked only when dementia co-occurs with serious mental illness and:
  - Dementia is primary and advanced such that the mental illness will not likely be the primary focus of treatment attention again for the individual.
  - The burden is on the referral source to clearly support and document that the dementia is both advanced and will remain primary over the mental health diagnosis.
  - If any doubt, a Level II evaluation must be conducted

# Louisiana Advanced Group/Categorical Determinations

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CATEGORICAL DETERMINATION	Specialized Services
Convalescent care from an acute physical illness (not exemption)	Are SS needed?
Terminal illness (42 CFR 418.3)	Are SS needed?
Severe Physical Illness	Are SS needed?
Delirium (30 days)	Not needed
Emergency Situations/Protective services (7 days)	Not needed
Respite (30 days)	Not needed
Dementia & MR	Not needed. Is NF needed?

# Categorical Definitions

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1. Convalescent care from an acute physical illness which--
  - i. Required hospitalization; and
  - ii. Does not meet all the criteria for an exempt hospital discharge, which is not subject to preadmission screening, as specified in § 483.106(b)(2).
2. Terminal illness: must be a documented terminal illness. If condition improves to the point where the individual may benefit from specialized services then a request for Level II review must be submitted;
3. Severe physical illnesses 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, and congestive heart failure which result in a level of impairment so severe that the individual could not be expected to benefit from specialized services;

# Categorical Definitions Cont'd...

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4. Provisional admissions pending further assessment in cases of delirium where an accurate diagnosis cannot be made until the delirium clears;
5. Provisional admissions pending further assessment in emergency situations requiring protective services, with placement in a nursing facility not to exceed 7 days; and
6. Very brief and finite stays of up to a fixed number of days to provide respite to in-home caregivers to whom the individual with MI or ID/DD/RC is expected to return following the brief NF stay.

# NH Responsibility

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- NFs have ultimate responsibility within PASRR and NF regulations regarding resident's in NF.
- For individuals entering hospital from NH placement, NH responsible for providing most recent PASRR determinations
- NFs coordinate with hospital if a resident review is needed for Level II.
- NF responsible for notifying Level II authority if requesting extension of the 30 day hospital exemption
  - Any request made after day 40 and the expiration of the 142 will be treated as a new admission and must re-start the process

# Hospital Responsibility

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- Submitting Level I form within specified timeline along with necessary documents, fax # and contact person to ensure expedited decision
  - Submitting comprehensive information with Level I will expedite the process if Level II is needed
- Forwarding documents received from OBH regarding Medicaid payment and Level II determination to NH

# Resident Review

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- Triggered when there is a “significant change” in resident’s status while residing in a nursing facility.
  - occurs when there is a physical or mental change in the condition of a resident who has MI or ID/DD/RC. This condition would not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions. This change would have an impact on more than one area of the resident’s health status and would require interdisciplinary review or revision of the plan of care, or both.
- The nursing facility is responsible for reporting any significant change in the resident’s condition to the Level II authority (OBH and/or OCDD).

# Office of Behavioral Health Contact Information

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- OBH Level II PASRR Program  
225-342-4827
- Fax# 1-877-652-4995
- DHH Office of Behavioral Health  
<http://new.dhh.louisiana.gov/index.cfm/subhome/10/n/328>

# Both MI & ID/DD/RC

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- When Level I screening indicates both MI and ID/DD/RC (ID/DD/RC):
  - Concurrent evaluations occur (OBH/OCDD)
  - OBH defers to OCDD for placement if it is determined MI and ID/DD/RC are both appropriate



# ***RESOURCES***

# Behavioral Health Services Available in Louisiana

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- LBHP/Magellan Health Services
- Local Governing Entities (Also known as Districts & Authorities)

# Louisiana Behavioral Health Partnership (LBHP)

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A new way of delivering behavioral health services in Louisiana that increases access & coordination of services to Medicaid-funding for behavioral healthcare

- Basic package of behavioral health services for most Medicaid recipients
- Enhanced package of services for eligible recipients with Serious Mental Illness
- Uses Magellan as Statewide Management Organization (SMO) and point of access

# Basic Package

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Benefits for all LBHP members *including NF residents*

- Mental Health
  - Inpatient psychiatric hospitalization
  - Physician services (Medication Management visits with a Psychiatrist)
  - Outpatient therapy or counseling appointments
- Substance Use
  - Intensive outpatient treatment programs
  - Individual Counseling and Group therapy
  - Detoxification services
  - Residential treatment services

# Additional Services for SMI in the community

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- State plan services often referred to as “1915i” or “1915i waiver-like”
- Requires an Independent Assessment (IA) to determine eligibility
- Services:
  - Community Psychiatric Supports & Treatment (CPST)
  - Psychosocial Rehabilitation (PSR)
  - Assertive Community Treatment (ACT)
  - Crisis Intervention Services

# 1915i Services Explained

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## **Community Psychiatric Supports & Treatment (CPST)**

- Goal-directed & solution-focused interventions.
- It is a face-to-face intervention with the individual with a minimum of 51% CPST contact must occur in the community locations where person lives, works, attends school, and/or socializes.
- All aspects of CPST can be provided by practitioners with master's degrees in human services field
- Other aspects, except counseling, can be provided by BA level human service workers

## **Psychosocial Rehabilitation (PSR)**

- Assists individuals with compensating for/or eliminating functional deficits and interpersonal and/or environmental barriers associated with their mental illness to restore community integration to the fullest extent possible.
- Services may be individually or group setting.
- 51% of time must occur in the community where the person lives, works, attends school and/or socializes.
- Provided by qualified paraprofessionals under the supervision of a LMHP.

# 1915i Services Explained Cont'd

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## **Assertive Community Treatment (ACT)**

- Therapeutic interventions that address the functional problems of individuals who have the most complex and/or pervasive conditions associated with a major mental illness or co-occurring addictions disorder. The interventions focus on prompting symptom stability, increasing the individual's ability to cope and relate to other and enhancing the highest level of functioning in the community.
- Services provided by an interdisciplinary team.
- At least 90% are delivered as community-based outreach services. At least 6 encounters per month. Must have 24 hour a day availability.

## **Crisis Intervention Services (Can be provided by all 1915i providers)**

- Short-term & provided to a person who is experiencing a psychiatric crisis and are designed to interrupt and/or ameliorate a crisis experience, immediate crisis resolution, de-escalation and referral and linkage to appropriate community services to avoid more restrictive levels of care. Goals are symptom reduction, stabilization, and restoration to a previous level of functioning.
- Under consultation with a physician or other qualified provider who can assist with specific crisis.

# For Dual-Eligibles

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- Dual-eligibles are also eligible for Mental Health Intensive Outpatient (IOP) services and Partial Hospitalization. This is not managed by Magellan, but Medicare pays the bulk and Magellan covers the co-payment after Medicare.

# Accessing Services through Magellan

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- Accessing services
  - Go to [www.magellanoflouisiana.com](http://www.magellanoflouisiana.com)
  - Call Magellan at **1-800-424-4399** and talk to a member service representative
  - Discuss available options with an **outpatient support specialist** to find and make an appointment with a provider that is right for the resident.

# Magellan Provider Search

<http://www.magellanoflouisiana.com/magellan-of-louisiana-en.aspx>

The screenshot displays the Magellan website interface. At the top, a navigation bar includes links for Welcome, For Providers, Find a Provider, For Members, Library, and About Magellan in Louisiana. Below this, a banner image shows a person's hands holding a smartphone. A red callout box with the text "Enter zip code to locate providers in your area." points to the "ZIP Code:" input field in the "Provider Search" section. The "Provider Search" section also includes a "Go" button. To the left of the search section, there is a "For Members" header and a "Louisiana Behavioral Health Partnership" logo. Below the logo, a welcome message states: "Welcome to the Magellan website. This site is for Magellan members in Louisiana, their families and friends, and providers. We serve thousands of members across the state." To the right of the search section, there are links for "Getting Care" and "Member Handbook". Further right, there is a section for "Upcoming Events/Training" and a link for "For All Stakeholders" with the text "Now it's easier than ever to find a provider on our website!". At the bottom right, there is a link for "Transforming Behavioral Health Care".

Welcome

For Providers

Find a Provider

For Members

Library

About Magellan in Louisiana

1 2 3 4 5

Enter zip code to locate providers in your area.

For Members

Provider Search

Getting Care

Member Handbook

Provider Search

ZIP Code:

Go

Louisiana Behavioral Health Partnership

Welcome to the Magellan website. This site is for Magellan members in Louisiana, their families and friends, and providers. We serve thousands of members across the state.

Read about -

Upcoming Events/Training

For All Stakeholders

Now it's easier than ever to find a provider on our website!

Transforming Behavioral Health Care

# Helpful Magellan Resources

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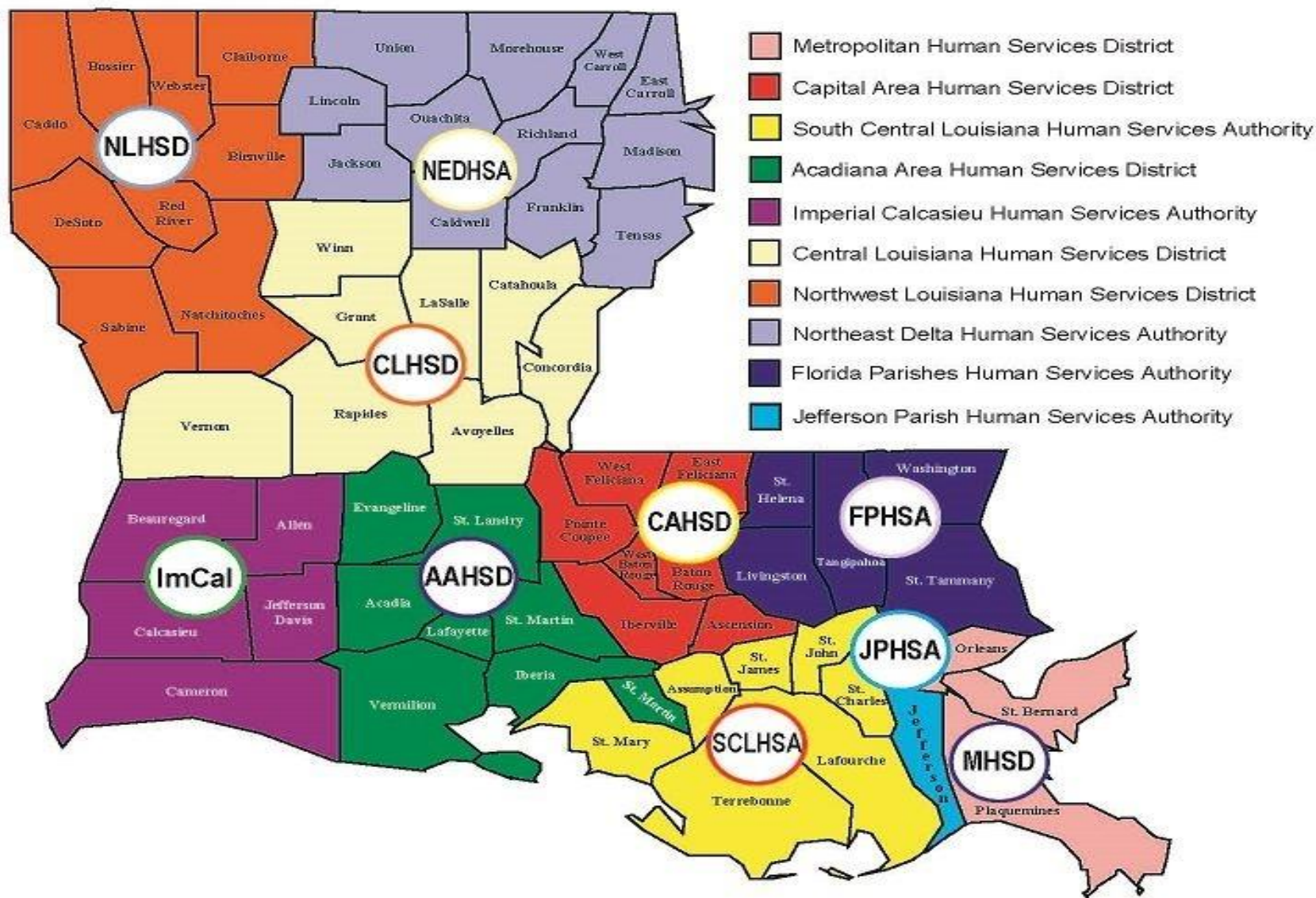
- LBHP Service Manual
  - <http://new.dhh.louisiana.gov/index.cfm/page/538>
- Member Handbook
  - <http://www.magellanoflouisiana.com/for-members-la-en/member-handbook.aspx>
- Library of Resources
  - <http://www.magellanoflouisiana.com/library-la-en.aspx>

# Accessing Services through LGEs

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- Regional behavioral health services are established in 10 regions across the state.
- They may also be known as Districts and Authorities.
- LGEs are providers under Magellan but may also have services specific to their area.

<http://new.dhh.louisiana.gov/index.cfm/directory/category/100>





# Housing & Other Resources

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- **Magellan Health Services**

- Statewide Management Organization for Behavioral Health Services: 1-800-424-4399

[www.magellanoflouisiana.com](http://www.magellanoflouisiana.com)

- Permanent Supportive Housing: Independent living with in-home supports: 1-800-424-4461

<http://www.magellanoflouisiana.com/about-magellan-of-louisiana-la-en/permanent-supportive-housing.aspx>

- **Louisiana Governor's Office of Elderly Affairs**

- Aging and Disability Resource Centers: Housing & Aging/Disability Resources

<http://goea.louisiana.gov/index.cfm?md=pagebuilder&tmp=home&pid=94&pnid=1&nid=67>

- Louisiana Answers: [www.louisianaanswers.com](http://www.louisianaanswers.com)

- **Louisiana Housing Search:** <http://www.lahousingsearch.org/>

- **Public Housing Authorities in Louisiana:**

<http://www.hud.gov/offices/pih/pha/contacts/states/la.cfm>

- **USDA Rural Development Multi-Family Housing Rentals:**

[http://rdmfhrentals.sc.egov.usda.gov/RDMFHRentals/select\\_county.jsp?st=LA&state\\_name=Louisiana&st\\_cd=22](http://rdmfhrentals.sc.egov.usda.gov/RDMFHRentals/select_county.jsp?st=LA&state_name=Louisiana&st_cd=22)

- **Licensed Adult Residential Facilities:**

<http://new.dhh.louisiana.gov/index.cfm/directory/category/161>

# Sources of Information

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- CMS PASRR technical assistance center
  - [www.pasrrassist.org](http://www.pasrrassist.org)
- *PASRR 101*. PASRR Technical Assistance Center (PTAC), State Staff Training. September 2012.
- *Understanding PASRR Categorical Decisions Webinar*. PTAC/NAPP. May, 2011.
- *LA Medicaid and PASRR*
  - <http://new.dhh.louisiana.gov/index.cfm/page/713>
- *Services and Supports required for NF residents with MI and ID: Meaning of PASRR “specialized services”*. CMS Guidance. September 9-12, 2013.
- 42 CFR 483 Sec 100-138 outlines states’ responsibilities for PASRR.  
<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Institutional-Care/Preadmission-Screening-and-Resident-Review-PASRR.html>



# ***QUESTIONS AND COMMENTS***