



PASRR Training for LGEs

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Overview

- BH Needs of Older Adults
- The Purpose & Importance of PASRR
(Preadmission Screening and Resident Review)
- Role of OBH in PASRR
- Role of LGE in PASRR
- OBH-PASRR Contact Information

BH Needs of Older Adults

- 1 in 4 persons aged 55 and over will experience behavioral health disorders that are not part of the normal aging process.
- Older adults are less likely to receive mental health treatment when compared to younger adults.
- Older adults may not recognize the benefits of treatment or do not seek treatment because of stigma.
- Behavioral Health problems such as depression, anxiety, and medication and alcohol misuse are associated with higher health care use, lower quality of life, and increased complexity of illnesses, disability and impairment, caregiver stress, mortality, and risk of suicide.
- There are a large number of individuals in nursing homes with behavioral health needs *(sometimes 3-5Xs greater than the general population)*

Older Americans Behavioral Health Issue Brief (AoA/SAMSHA) 2012

Behavioral Health in Nursing Homes

- Over 500,000 persons with mental illness (schizophrenia, bipolar, anxiety & depression, excluding dementia) reside in US Nursing Homes on a given day, significantly exceeding the # in all other health care institutions combined. (2005 MDS Data)
- 65-91% of residents in nursing homes have a mental disorder (including dementia)
- Recent trends have also noted that mental health admissions are exceeding those with dementia and ~24% of “first-time” nursing home admissions have diagnosis of schizophrenia, bipolar disorder, depression and anxiety
- Persons with mental illness are more likely to remain in the nursing home longer than those without a mental illness.
- Admissions with schizophrenia or bipolar had relatively lower activities of daily living scores and higher levels of cognitive impairment than individuals with depression, anxiety, or neither mental illness nor dementia. Those with schizophrenia and dementia were less likely to receive training in skills to return to the community and more likely to be physically or chemically restrained.
- While most have a diagnosis of dementia (52%), there are a large number of individuals in nursing homes with depression or depressive symptoms (36%), mood symptoms 42%), anxiety disorders (11.7%), schizophrenia (3.6%), bipolar disorder (1.5%), and alcohol dependency/abuse (1%) . *(2004 National Nursing Home Survey: Prevalence of Psychiatric Disorders)*

Quality of Mental Health Care in NH

- Despite high #s of individuals in NHs with BH conditions, NH staff are often ill equipped to serve residents with mental illness.
- Most nursing homes did not have access to adequate psychiatric consultation. (some studies suggest ½)
- ¾ were unable to obtain consultation and educational services for behavioral health problems.

Barriers to Receiving Behavioral Health Services

- Geographic Unavailability, Stigma, Refusal by Families, Refusal to Order Needed Services by Attending Physician, Lack of Awareness of Mental Health Problems by Staff, Under-diagnosis, and Misdiagnosis.
- Additional reasons for unmet needs include not being referred for evaluations when needed, MH specialist resistant to serve NH residents, difficulty obtaining psychiatric services, training and capacity of NH staff to serve the population.

The Importance 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.

Key Milestones in PASRR & Related Efforts

Legal/Regulatory Milestone	Act	Year
Establishment of Title XIX (Medicaid)	SSA	1965
Creation of 1915(c) waivers	SSA	1981
Establishment of PASARR	OBRA	1987
Required start of PASARR	OBRA	1989
Americans with Disabilities Act (ADA)	ADA	1990
Publication of PASARR Final Rule	--	1992
Incorporation at 42 CFR 483.100-138	--	1994
Elimination of Annual Resident Review (now PASRR)	BBA	1997
<i>Olmstead v. L.C.</i>	--	1999
Establishment of 1915(j), 1915(i), MFP	DRA	2005
Changes to 1915(i), creation of 1915(k), more MFP	ACA	2010
Roll-out of MDS 3.0 with Q.A1500 and new Section Q	--	2010

A Few Preliminaries

- PASRR is part of Medicaid & Federal Requirements for states.
- PASRR agencies are making determinations and authorizations for Medicaid nursing facility payment and services.

Who does PASRR apply to?

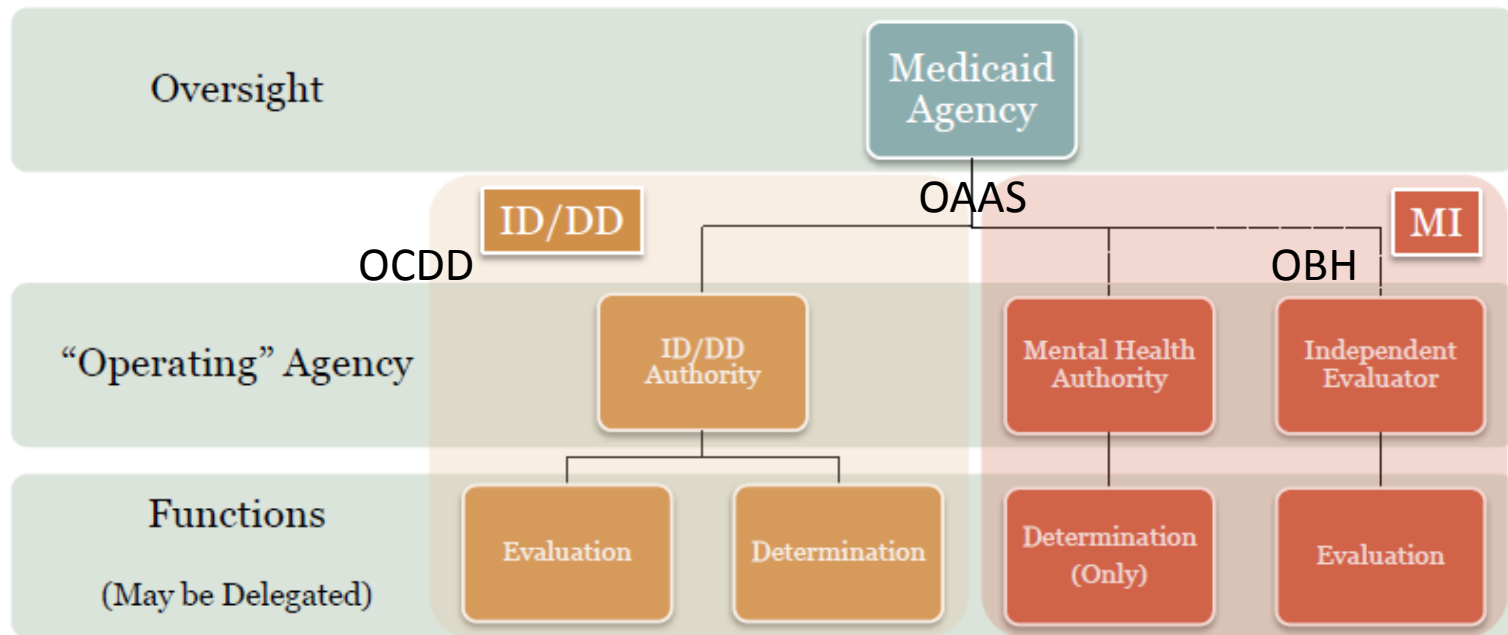
All persons seeking admission to Medicaid certified NF including:

- Individuals who are private pay
- 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
 - 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 (ID/DD).
 - However, Medicaid can't countermand determinations made by Level II authorities.

Roles & Responsibilities



Level I (broad screening by OAAS)

- Applies to every admission to every Medicaid certified NF
- Screen person for any/all signs of MI, ID or related condition (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
- Applicants who show signs of MI, ID/RC in Level I, and who do not have previous evaluations that can render determination, must undergo Level II PAS
- Dated 30 days prior to date of admission.

Level II

(in-depth evaluation by OBH & OCDD)

- Individuals identified by the Level I authority as possibly having MI/ID/DD are referred for a Level II evaluation.
- Level II evaluation are conducted by an independent entity of the state's Mental Health Authority (MHA) if MI and by the state's Mental Retardation Authority (ID/DDA) if ID/DD/RC.
- Level II determinations are conducted by the state's MHA and ID/DDA .
- If, at any time during the level II, the SMHA/SID/DDA finds the individual being evaluated does not have MI/ID/DD/RC, the evaluation ends.

Level II Preadmission Screening

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

**Preadmission Screening must be completed
PRIOR to Nursing Home admission**

Types of Level II Requests

- **Preadmission Screening (PAS)**-prior to Nursing facility placement
- **Resident Reviews (RR)**-for individuals already in nursing facilities who have a change in condition.
- **Extension Requests**-treated like a RR when a nursing facility is requesting to extend a temporary nursing facility authorization.

PASRR Determinations

- **Individualized determinations** —the majority of determinations where the individual undergoes a complete Level II.
- **Exemptions/Exclusions**—used when physician feels someone leaving a hospital only needs 30 days in NF for rehabilitation for the acute condition they are being treated. A Level II would not be needed at this time.
- **Advanced Group/Categorical Determinations**
 - Developed by the states and included in the state plan.
 - Apply 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 or the person would not benefit from specialized services.
 - Ex. Convalescent care from an acute physical illness, Terminal Illness, Severe Physical Illness, Delirium, Emergency Situation, Respite, Primary Dementia

Specialized Services

Any service or support recommended by an individual Level II determination that a particular nursing facility resident requires due to mental illness, intellectual disability or related condition, that supplements the scope of services that the facility must provide under reimbursement as nursing facility services.

The “States” Responsibility in Specialized Services

...The State must provide or arrange for the provision of the Specialized Services needed by the individual while he or she resides in the NF. [§ 483.116(b)]

- OBH/OCDD PASRR act as resource experts, recommending supplemental services and supports that match evaluated individual needs.
- The state must identify practically available types of services that will meet the Level II individual’s needs or not admit that person to NF.

PASRR Specialized Services Guidance for Level II Recommendations

- Must be provided to residents of NFs or individuals residing in the community (not individuals in acute care psychiatric hospitals or ICF/IIDs).
- Not limited to what a particular payer will cover (i.e. not just Medicaid services); and
- Can't be a finite set, but must include whatever disability specific services an individual needs.
- The state sets up the mechanism to pay for these services and see that needs are met. *(Part of NF services, NF SRS, or defined as Specialized Services)*

LGE role/responsibility in Specialized Behavioral Health Services

- Providers of Specialized Services (This includes the basic package of services under LBHP)
 - May include LMHP services to individuals authorized under 1915i and transitioning to the community.
 - LGEs are not required to go into NFs to provide services. Transportation to appointments is the NF responsibility
- Consultants to NFs on behavioral health issues.
- Resources to NFs in discharge planning.

LBHP-Behavioral Health Services for Residents in Nursing Facilities

- Benefits for all Medicaid members under the Louisiana Behavioral Health Partnership (LBHP)
 - Inpatient psychiatric hospitalization
 - Physician services (Medication Management visits with a Psychiatrist)
 - Outpatient therapy or counseling appointments
- Substance abuse services for all LBHP members
 - Intensive outpatient treatment programs
 - Individual Counseling and Group therapy
 - Detoxification services
 - Residential treatment services
- Dual-eligibles are also eligible for Mental Health 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
 - Go to 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.

LBHP-Behavioral Health Services in the Community

Community Services for All LBHP Members	State Plan Services (Requires IA for 1915i eligibility; can be done 30 days prior to discharge)
Inpatient Psychiatric Hospitalization	Community Psychiatric Supports & Treatment (CPST)
Physician Services (medication management)	Psychosocial Rehabilitation (PSR)
Substance Use Services <ul style="list-style-type: none"> • Detoxification Services (in/out patient) • Residential Treatment Services • Intensive Outpatient treatment services • Individual Counseling and Group therapy 	Assertive Community Treatment (ACT)
	Crisis Intervention Services
<i>*This list is not inclusive of all services provided. Please contact Magellan for additional services.</i>	




NF responsibility for Specialized Services

- The NF specifies in the POC, prescribes, and arranges for all other needed services (NF services & NF SRS), including SS, which are variously funded and reimbursed. If NF cannot arrange for a needed service, it must either provide the service at its own expense, or transfer the resident.
- Notification to Level II PASRR when there is a significant change in status.
- We also ask that NF verify the specialized services an individual is receiving as quality assurance for the PASRR program.



PASRR Contacts

PASRR Contacts

- Mary Norris, Medicaid 225-342-1796
- OBH Level II PASRR Program
 -  Main # 225-342-4827
 - Tara DeLee 225-342-8705
 -  Fax# 1-877-652-4995
 -  obh.pasrr@la.gov
- Herman Bignar, OCDD 342-8538
- Mary Perino, OAAS 219-1150

PASRR Websites and Information

- CMS PASRR technical assistance center
 - www.pasrrassist.org
- *LA Medicaid and PASRR*
 - <http://new.dhh.louisiana.gov/index.cfm/page/713>
- *LOCET Training & Info-OAAS*
 - <http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/2327>



QUESTIONS AND COMMENTS