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Preadmission Screening and Resident Review (PASRR): A Powerful Tool for Rebalancing

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Today's Presentation Will Cover:

- Contextualizing the importance of community living in light of the public health emergency
- History and overview of PASRR
- The role of PASRR in diversion
- The role of PASRR in transition
- PASRR specialized services

The COVID-19 Pandemic: Challenges for Institutional Settings

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The COVID-19 Pandemic in Nursing Homes

- Nationally, there are over 1.3 million people residing in nursing facilities[1]
- CMS reports, as of November 1, 2020, 451,367 confirmed and suspected COVID-19 cases and 65,446 deaths[2]
- Older individuals, people with underlying conditions, and individuals living in institutional settings are at higher risk of contracting and/or having serious complications due to COVID[3]

1. MDS Frequency Report 2019 Fourth Quarter; Centers for Medicare and Medicaid Services (CMS)
2. CMS COVID-19 Nursing Home Data retrieved from data.CMS.gov; last accessed November 16, 2020.
3. Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency Interim Final Rule, CMS; July 14, 2020.

Current Risks in Nursing Homes

- Certain conditions at nursing homes can exacerbate the spread of the disease[1]:
  - large size of nursing homes
  - frequent physical contact between residents and staff
  - residents sharing rooms
  - transfers of residents from hospitals and other settings
  - shortages of personal protective equipment (PPE) such as masks and gowns
  - employees who work in multiple facilities
  - turnaround time in COVID-19 testing

1. AARP Answers: Nursing Homes and the Coronavirus; Andy Markowitz, AARP, October 20, 2020.

Additional Challenges

- During the pandemic, other challenges of nursing facility living have been highlighted
  - impacts on social wellbeing because of isolation, disrupted routines, and social distancing for infection control[1]
  - increased depression, anxiety, worsening dementia, and failure to thrive[2]
  - use of technology for medical or social supports doesn't work for everyone[3]

1. Social Isolation – the Other COVID-19 Threat in Nursing Homes; Abbasi, July 16, 2020.
2. The Mental Health Consequences of COVID-19 and Physical Distancing, Galea, Merchant and Lurie, April 10, 2020.
3. Telehealth and Disability: Challenges and Opportunities for Care; Young and Edwards, May 6, 2020.

History and Overview of PASRR

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Moving Away from Institutions

- The efficacy of institutional placement has been in question long before the COVID-19 public health emergency.
- In the not too distant past, people with disabilities were unnecessarily placed in institutional settings.
- Much of the system transformation beginning in the 1980s has focused on community-based options and de-institutionalization.

Creation of PASRR

Preadmission Screening and Resident Review (PASRR) was added to Section 1919 of the Social Security Act in 1987 by the Nursing Home Reform Act.

- Preadmission Screening has three goals:
  - to identify nursing facility (NF) applicants with mental illness (MI) and/or intellectual disability (ID) or a related condition (RC);
  - to ensure NF applicants with MI, ID or RC truly need NF placement (versus being served in the community); and
  - If the applicants are placed in a NF, to ensure they receive the services they require for their MI, ID or RC.
- Resident Review:
  - to identify NF residents with MI or ID/RC who may need new/additional services or who do not need NF placement

Updates to PASRR

- PASRR regulations were promulgated in 1992.
- CMS released a Notice of Proposed Rulemaking (NPRM) to modernize the regulations on February 20, 2020; public comment closed May 20, 2020.
- The Final Rule is forthcoming.

Note that all regulations quoted in this presentation are from the current regulations, not the NPRM.

State Partnerships

- PASRR is unique within Medicaid in that the statute obligates the state ID and MI agencies as well as the state Medicaid agency to perform certain functions. This represents an important recognition of the role and partnership these agencies have in the delivery of services through the Medicaid program.

- These agencies share a similar partnership in developing and delivering LTSS.

PASRR has a key role in state realignment efforts.

PASRR's Rebalancing Features

- No individual can be admitted to a NF until PASRR has been completed.
  - *Diversion:* Additional considerations granted to individuals with MI, ID, or a RC to receive LTSS in the most integrated setting.
- PASRR-identified NF residents are eligible for specialized services.
  - *Transition:* These services can aid the resident to maintain or develop the skills they will need to live in the community.
- PASRR-identified NF residents must receive reviews when their status changes or when they request to transition.
  - *Transition:* PASRR programs must identify changes in LTSS needs and recommend/support transition to the community when the resident is no longer appropriate for NF placement.

PASRR and Diversion

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Preadmission Screening - Overview

- Level I – Identify NF applicants who may be PASRR-eligible
- Level II – For individuals who are positively identified at the Level I screen as having possible MI, ID or RC, trained evaluators must:
  - confirm the individual meets PASRR's definition of MI, ID, or RC
  - identify whether the individual is appropriate for NF placement**; and if so,**
  - Identify what specialized services the individual may need in the NF

Level I Identification

Level I identification screening is required at § 483.128(a) in Title 42 of the Code of Federal Regulations (CFR). The purpose is to identify people with possible MI, ID or RC.

- PASRR-specific definition of MI at § 483.102(b)(1) – focuses on individuals with severe, persistent MI as identified using the Diagnostic and Statistical Manual of Mental Disorders
- PASRR-specific definition of ID at § 483.102(b)(2) – aligns with the American Association on Intellectual and Developmental Disabilities definition of ID with age of onset before age 18
- RC definition at § 485.1010 – aligns with the common understanding of "developmental disability" with age of onset before age 22

Level II - Need for NF Placement

§ 483.112(a) - Preadmission screening of applicants for admission to NFs

- *"Determination of need for NF services. For each NF applicant with MI or ID, the state mental health or intellectual disability authority (as appropriate) must determine, in accordance with §483.130, whether, because of the resident's physical and mental condition, the individual requires the level of services provided by a NF."*

Level II – Appropriate Placement 1/3

§ 483.132(a) Evaluating the need for NF services

"Basic rule. For each applicant for admission to a NF and each NF resident who has MI or ID, the evaluator must assess whether -

(1) The individual's total needs are such that his or her needs can be met in an appropriate community setting;

(2) The individual's total needs are such that they can be met only on an inpatient basis, ***which may include the option of placement in a home and community-based services waiver program****, but for which the inpatient care would be required;*

(3) If inpatient care is appropriate and desired, the NF is an appropriate institutional setting for meeting those needs in accordance with § 483.126; or

(4) If the inpatient care is appropriate and desired but the NF is not the appropriate setting for meeting the individual's needs in accordance with § 483.126, another setting such as an ICF/IID (including small, community-based facilities), an IMD providing services to individuals aged 65 or older, or a psychiatric hospital is an appropriate institutional setting for meeting those needs."

Level II – Appropriate Placement 2/3

§ 483.126 - Appropriate placement

- *" Placement of an individual with MI or ID in a NF may be considered appropriate only when the individual's needs are such that he or she meets the minimum standards for admission, and;*
- *"The individual's needs for treatment do not exceed the level of services which can be delivered in the NF to which the individual is admitted either through NF services alone or, where necessary, through NF services supplemented by specialized services provided by or arranged for by the state."*

Level II – Appropriate Placement 3/3

It is important that evaluators have full familiarity with LTSS resources

- Individuals may not be aware of community-based alternatives
- Educating individuals on alternatives to NF care and connecting them to resources can be a critical function of the PASRR process
- While NF placement is sometimes the only immediate option for an individual requiring post-acute care, placing people in long-term NF placements when there are community alternatives may violate the Americans with Disabilities Act

Olmstead v. L.C.

Supreme Court case decided1999[1]

Holding: The Court then found that the Americans with Disabilities Act required the placement of individuals with disabilities in "integrated settings" when they are medically cleared for such settings, they themselves express a desire for such settings, and the resources for such a transfer are available. The Court added that financial constraints might be significant if the state can show that allocation of resources to one patient will cause harm to others.

1. *Olmstead v. L.C.* 527 US 581 (1999)

PASRR and Transition

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Resident Reviews - Overview

Section 1919(e)(7)(B) of the Social Security Act requires that Resident Reviews must be performed when a person with MI, ID or RC experiences a "significant change in physical or mental condition".

Significant change can include:

- decline in condition (which may suggest that additional services are needed)
  or
- improvement in condition suggesting the resident no longer needs NF placement (or that NF placement was never appropriate)

PASRR-Initiated Discharge Requirements

In some instances, the Social Security Act at Section 1919(e)(7)(C) requires that residents be discharged if they are found to not need NF level of services; the rules vary depending on how long the resident has been living in the NF.

PASRR-Initiated Discharge: Short-Term Residents

§ 483.118 - Short term residents

*"….any resident **who requires only specialized services…** and who **has not continuously resided in a NF for at least 30 months before the date of the determination**, the state must, in consultation with the resident's family or legal representative and caregivers—*

- *(i) Arrange for the safe and orderly discharge of the resident from the facility….;*
- *(ii) Prepare and orient the resident for discharge; and*
- *(iii) Provide for, or arrange for the provision of, specialized services for the mental illness or intellectual disability."*

PASRR-Initiated Discharge: Long-Term Residents

§ 483.118 – Long-term Residents

"... any resident who has continuously ***resided in a NF for at least 30 months before the date of the determination, and who requires only specialized services*** *....the state must...*

- *(i) Offer the resident the choice of remaining in the facility or of receiving services in an alternative appropriate setting;*
- *(ii) Inform the resident of the institutional and non-institutional alternatives covered under the state Medicaid plan for the resident;*
- *(iv) Regardless of the resident's choice, provide for, or arrange for the provision of specialized services for the mental illness or intellectual disability."*

PASRR and Specialized Services

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Discharge Planning in NFs

- Person-centered discharge planning is essentially supposed to begin for all NF admissions (with or without PASRR identification) upon admission (see requirements at § 483.21).
- Individuals who enter NFs should receive services that preserve and improve function which supports timely discharge.
- For individuals with MI, ID, or RC, those services include *specialized services*.

Defining Specialized Services

"Specialized services" are defined a § 483.120.

Are any service or support recommended by an individualized 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.

They are more customized and intensive than what the NF would be otherwise expected to provide.

Specialized Services – Preadmission Screening

§ 483.112(b) Preadmission screening of applicants for admission to NFs.

- *"Determination of need for specialized services. If the individual with mental illness or intellectual disability is determined to require a NF level of care, the state mental health or intellectual disability authority (as appropriate) must also determine, in accordance with § 483.130, whether the individual requires specialized services for the mental illness or intellectual disability, as defined in § 483.120."*

Specialized Services – Resident Review

Section 1919(e)(7)(B) of the Social Security Act – Resident Review

When a resident with MI, ID or RC has experienced a significant change in physical or mental condition, the PASRR program must review whether the resident needs specialized services (if not already receiving them).

Evaluating the Need for Specialized Services

§ 483.134 – Criteria for identifying specialized service needs for NF applicants or residents with MI

§ 483.136 – Criteria for identifying specialized service needs for NF applicants or residents with ID or RC

Evaluators look at a variety of data, including physical, psychiatric, and functional needs, as well as the individual's goals and what services would be required to support the individual in the community.

Specialized Services Examples

Examples of specialized services include:

- Assistive technology
- Employment and/or day support
- Community transition case management
- Community integration
- Behavioral health supports, including peer supports

Promoting Continuity of Care and Initiating Services

- Specialized services may *resemble* services provided in the community in order to promote continuity of care.
- Specialized services can ensure that individuals using HCBS prior to NF admission maintain readiness to return to those programs.[1]
- Specialized services may be opportunities to introduce individuals to the types of services they can receive in the community.
- When states use HCBS providers as specialized services providers, it is another way for NF residents to make connections with HCBS and their options for community supports.

1. Report to the President and Congress: The Money Follows the Person (MFP) Rebalancing Demonstration; retrieved from Medicaid.gov,

FFP and Specialized Services

- In order to be eligible for Federal Financial Participation (FFP), specialized services must be included in the Medicaid State Plan. They are considered "specialized add-on services" for the NF benefit.
- States may add specialized add-on services to their state plan at any time through the State Plan Amendment process.
- Related Resources
  - What Should States Consider When Including Specialized Services in State Plans? – PASRR Technical Assistance Center FAQ
  - Additional resources on specialized services are available on the PTAC website.

Responsibility for Specialized Services

§ 483.120(b) - Provision of specialized services

"The state must provide or arrange for the provision of specialized services… *to all NF residents with MI or ID whose needs are such that continuous supervision, treatment and training by qualified mental health or intellectual disability personnel is necessary…"*

Provision of Specialized Services After Discharge

§ 483.118(c) – For residents who are discharged from the NF after they have been determined to need specialized services (but not to need NF level of services), the state must *"provide for, or arrange for the provision of specialized services for the mental illness or intellectual disability."*

Services delivered in HCBS programs to discharged NF residents will satisfy this requirement.

- Individuals must receive comparable services to the specialized services they received in the NF.
- Individuals cannot be discharged into the community without supports.

Putting it All Together: PASRR and Rebalancing

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PASRR as a Rebalancing Tool

Diversion

- Avoidance of NF placement when alternatives exist

Transition

- Shortened length of stay resulting from awareness of HCBS alternatives
- Timely transition through engagement in services and supports that mirror existing HCBS services in a community setting

PASRR as a Rebalancing Tool (cont'd)

- PASRR can support state **community first and self- determination** initiatives**.**
- PASRR can make individuals with MI, ID, or RC **aware of alternatives** to the NF.
- PASRR can foster **continuity of care** for individuals with MI, ID, or RC who were being supported with community-based services prior to seeking NF admission, or who will need those services when transitioning back to a community setting.
- PASRR can **promote engagement** of MI, ID, or RC individuals with needed services, if those services were not active at the time of their seeking NF admission.
- CMS includes PASRR as an institutional tool to support rebalancing strategies in the recently released Long-Term Services and Support Rebalancing Toolkit found on Medicaid.gov.

For Further Information

Free technical assistance for state Medicaid agencies and PASRR programs is available through:

PASRR Technical Assistance Center (PTAC)

PASRR@pasrrassist.org

Questions?