

Process and System Use

# Topics

- End of the Public Health Emergency
- Review of PASRR Process
- Digital Forms
- AssessmentPro Overview
- Registration, Roles, and Logging In
- Submitting a Level I
- Accessing Outcomes and Letters
- i Resources and Support

# **Public Health Emergency**

- Resuming ALL PASRR activity in a state- and federally-compliant process
- Preadmission MUST BE COMPLETE BEFORE admission to a NF
  - -Includes completion of all Level I and Level II activity
  - Hospitals are responsible for completing the PASRR process for their patients transferring to the NF
  - -NFs remain responsible for ensuring completion prior to admission

# PHE/1135 Waiver ends May 11

### **Structure and Purpose of PASRR**

### Preadmission Screening & Resident Review

- Administered by Centers for Medicare and Medicaid Services (CMS)
  - -Created in 1987
- Anyone in Medicaid-funded NF screened for:
  - -Serious Mental Illness (SMI), Intellectual Disability (ID), or Related Condition (RC)
- Known or suspected condition = evaluation
  - To ensure NF is most appropriate placement
  - To ensure receipt of needed services

# PASRR Process Overview

Level I Identification screen

Level II Individualized assessment

Level of Care (LOC)

Medical Necessity screen Determination & Needs Placement Needed services and supports

# Purpose of the Level I



#### Identification screen

- Known or suspected diagnoses
  - MI, ID, RC
  - Substance use
  - Dementia
  - Symptoms
  - Medications



First step in process



Completed no more than 6 hours from the time we receive all needed information

Some are instant!

### Who receives a PASRR?

# **EVERYONE**

Entering/residing in a Medicaid-certified NF

- Regardless of payer source
- Regardless of diagnoses
- Regardless of current location

# When to Submit a Level I

#### **PREADMISSION**

Before NF Admission

#### RESIDENT REVIEW

Expiration of a time-limited staySubmit 7 days before end date

Significant change in status

#### **Level I Determinations**

**No Level II Required** = No PASRR condition, can admit to with no additional screen

**Level II Negative, No Status Change** = No PASRR condition, can remain in NF with no additional screen

**No Level II Required, Resolved Symptoms** = Behavioral health symptoms have resolved, and no Level II needed at this time

**No Level II Required, Situational Symptoms =** Behavioral health symptoms are related to a specific event or medical condition, no level II needed at this time

**Level II Positive, No Status Change** = PASRR condition that does not require a new Level II, can remain in NF with no additional screen

Refer for Level II = PASRR condition known or suspected. A full Level II needed for NF care

Withdrawn or Cancelled = person is not going to/remaining in NF

### **Intent of Categorical Options**

- Opportunity for a person to go to NF without full Level II
- Person cannot participate in assessment or services/supports
- Person won't be in NF long enough to receive services/supports

Remember:

Not designed to be a shortcut around a Level II assessment

# Basic Requirements for Application of Categorical Determinations

- Must have a known/suspected PASRR condition
- Must be psych stable and NOT a danger to self or others
- Each outcome has specific criteria

## **Exemption & Categoricals**

### Primary Dementia/Secondary Mental Illness

- Level I must include documentation that supports dementia as primary diagnosis
- Cannot occur unless sufficient evidence confirms the progression of dementia as primary

## Exempted Hospital Discharge (30 days)

- Requires current history & physical, psych consult, if completed
- The resident has been hospitalized for acute inpatient care
- The resident requires NF services for the condition for which care was received in the hospital
- The attending physician certifies before admission to the facility that the resident is expected to require fewer than 30 days of NF services

#### Convalescent

- The person will be in the NF for 60 days or less, as verified by physician
- Admitting to a NF from a hospital medical unit for treatment of the same condition for which the person was in the hospital.
- Emergency Room and Observation NOT included
- Like EHD, except 60-day time limit

# **Documentation requirements:**

Nothing additional beyond the typical (e.g., H&P, MAR, LOC)

## **Categoricals**

## Provisional Emergency

- Sudden, unexpected & urgent need for placement
- A lower level of care is not available
- Up to 7 calendar days

### Respite Care

- Individuals admitted to an NF from community for short-term respite care
- Must be an expressed intention of leaving the NF by the expiration of the approved respite time period.
- Up to 30 days per calendar quarter, with 30 calendar days between stays of 15 calendar days or more

#### **Terminal Illness**

- Individual has documented support of end stage illness
- Life expectancy of 6 months or less
- This categorical is not time limited

### Documentation requirements:

- Physician's documentation of life expectancy <6 months.</li>
- LOC/Medical necessity standards ARE applied as part of the categorical decision-making process
- H&P

# LEVEL II ASSESSMENTS

# Next Steps:



#### **In-depth Assessment**

- Meet the person for bio/psycho/social interview
- Interview support/care providers
- Review medical records



#### Tells who the person is

- Likes/dislikes
- History
- Needs
- Diagnoses



State and Federally required

# Level II & LOC Determinations

Approved for Short-Term Nursing Facility = 0-29, 30, 60, 90, or 120 calendar days

Approved for Long-Term Nursing Facility = no specified timeframe Denied for
Nursing Facility
= referred to
AAA for onsite
assessment

#### **After the Assessment**

- Determination
- Summary of Findings report
- Consideration of placement options
- PASRR-identified service delivery assurances

The Level II Summary Report has critical information NF providers need to determine if they can provide the needed services to the person

# LEVEL OF CARE

#### **Level of Care**



Determine the most appropriate setting to meet an individual's needs



Level of care provided in a skilled or intermediate nursing facility



Required for those who have (or who will have) Medicaid as a payer OR who have a Level II condition

## Level of Care Hints

#### **ARD**

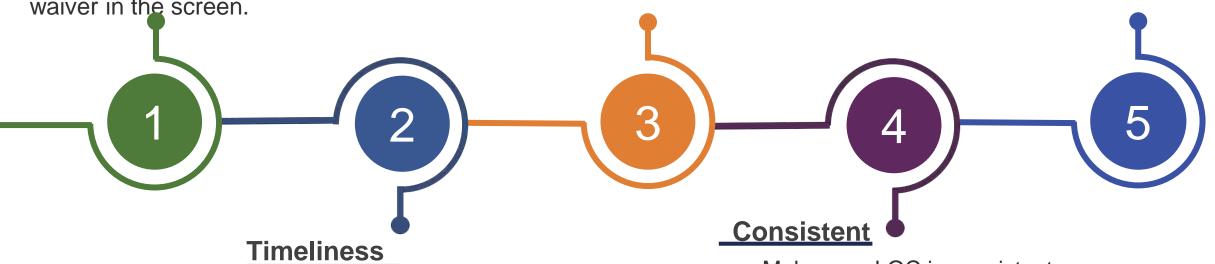
- Tied to payment
- Note date of assessment
- Do not withdraw LOC: Use the DBR process if the person has discharged. If they have a waiver, complete the LOC and upload the waiver in the screen.

#### **Medicaid Pending**

- Medicaid anticipated, submit at admission
- Use + as the Medicaid number

#### Medicaid Conversions

ARD = Date Medicaidbecame effective(think billing start date)



ARD = First day of the "approval period"  Make sure LOC is consistent with dates and information entered

# Digital Forms

## **Digital Tools**

#### **Release of Information**

#### FORMS-IC-P-PAS-IN-3250 (Ray 0) maximus maximus RELEASE OF INFORMATION SCHEDULING ATTESTATION Praedmission Screening and Resident Review (PASRR) Program. individual's States does, freely Start PURPOSE France and time the regions had the Units of Lance complete a property to present the principal and complete of manager by Mrs. aggicults are readed, with relegions of series mental study, bibliotive disabilities, and makes confidence in order to have decisioned This form must be completed to document scheduling efforts for onsite Level II essessments conducted alout your advision or inclosed day in a narring home, the Debote of Dealeth, and Residentials Denotes DOSCHARDANA or Developmental Dealettes Survivas (IDDIS), Assess, A Well-Mills Company, Jackson, and the local transported custod ting resident need to revelop, Season information about your glycular and the transportation. This Residence of behaviors in extending this or experience global. at facilities (e.g. Nospitals, nursing facilities). The form confirms that the referring facility has been contacted prior to arrival, was involved in confirming the availability of the individual being assessed, The extension requested and the total confidenced and will be count to connected with a substrated in country additional to be confidenced. and was notified of the Independent Contractor's scheduled arrival time. In addition, the form identifies the facility representatives? that were consulted during or as a part of the onuite assessment, FASRS. The Notice of Promotion must be agreed any detect but may be revised at any time sensel in the advert action for from being your to resocution. This cultural will signly resulty (50), days effor you have signed and classiffer form, or sussee, if you chapse. Independent Contractors must complete all sections of the form and have a facility representative signin addition to allowing on to colors interruption alread year recept from agriculous or restricted, who have been received to year feath care in the this attentation before leaving the facility. Submit this attentation to Ascend. pret, your appalant on this ham also allows DDFSHDOS, Account, and the local neighbolest continuing tradealer to provide a rigge of a right configuration about your physical and modifies and the quitament of the center province to you, your right goarden of **Onsite Assessment Scheduling** aggregati, user physician. The admitting of intenting number (nature), and, if you are receiving admission in a naturing facility from a Posping flori doctoraging facilities finding and filled space register that are cored from the information and not described on the information. You consist is remain elements in cost for the purpose. The elements and the circum from hair been proposed in accordance with the author's specified in 186 (2 of the Cultrulf Federal Regulation at Section 2 R1, Fig. 1, Adapter C, as involved Colober 1 1961, and in STATEMENT OF RELEASE Februar (CREACES), and Second and the year, and Those material bettow from all lugal responsibility and 6. that understaggered, femality gives any permissions for **PASRR Independent Contractor** to presume information from my medical instead for C Date authoritation excludes between of information concern including post-billiance of prachasis: impartment, dru Syndrome (RESS), and the results of any tools for writte Kristen Sawyer 01/10/2023 The hitpung interrutor may be returned at mensed Decharge Summary Controllator Reputs Facility Representative Date Honey and Flyansel Proposition. I glow that you partitioned to the Assertal and the local of mental condition and the outcomes of time date If I are seeking admission to a number builty from a his I have read and fully understand the above statement 1 If the LII is conducted at a NF, ICs must contact the NF Administrator, DON, or Social Worker to schedule the assessment date/fime. inducted is unable to supp. provide a reserv lang. In a re-If the LII is conducted at a hospital, ICs must contact the referral source. Enthelial carest ups, signature of cheest intake or trip PORTE ASCEND MANNAGEMENT INNOVATIONS HE ALL DIGUTE DESERVED. By signing, I agree to this agreement, the Consumer Disclosure and to do business Click to Sign electronically with Maximus-Digital.

**Scheduling Attestation** 

# AssessmentPro

# Registration and Access

- Determine who will be your AssessmentPro Access
   Coordinator
  - Can have as many as you want, no fewer than 2 per facility/agency
  - No restrictions on who
- EVERYONE must register for access
  - No one will be automatically enrolled
  - Registration for Access Coordinator available now
- Training on how to complete registration available as a handout
  - Also on website
- Roles
  - Access Coordinator
  - Clinical User
  - Non-Clinical User

# www.AssessmentPro.com