Preadmission Screening and Resident Review (PASRR)
Level I Screening

Achieve Nursing Facility Diversion & Community Placement
Reflection

Please take a couple minutes and write a few sentences about who you are.

Imagine, also, that you are a person with a specific disability.
Goals

You are unique.
Your role is important.
You make a difference.

After today, you will better understand:

Where We’ve Been: Reforms and services for people with disabilities

Where We Are Now: PASRR requirements and importance

Where We’re Heading: Maximizing PASRR to tell the person’s story and achieve the highest quality outcomes
Objectives

During our time today, we will:

1. Explore the history of reforms and services for people with disabilities and how it set the stage for services and supports today
2. Enhance our knowledge of PASRR
3. Optimize understanding of the Level I Screening and PASRR evaluation, and learn about new strategies we can use to promote Nursing Facility (NF) Diversion and Community Placement
4. Engage in group activities to apply strategies and share knowledge and experiences
Where We’ve Been

- Historical Landscape
- Early Policy Reforms
- Unintended Consequences

Knowing the past can help us to:

- Better understand today
- Foresee and even shape the future

Where We Are Now

- PASRR
  - Requirements
  - Your Role

Where We’re Heading

- Telling the Story
- Achieving NF Diversion & Community Placement
Reforms and Services for People with Disabilities: Historical Landscape

Large Scale Asylums

1800s

Dorothea Lynde Dix

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Reforms and Services for People with Disabilities: Historical Landscape

Early 1900s

Overcrowding
Early Policy Reforms

Community Integration
Good Intentions: Early Policy Reforms

Vocational Rehabilitation Amendments – 1954

Mid 1900s

Mary Elizabeth Switzer
Social Reformer

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Good Intentions: Early Policy Reforms

Changing Tide of Public Policy

1960s
Good Intentions: Early Policy Reforms

Presidential Panel Established

1962

1965

Social Security Act of 1965

Medicare (Title XVIII)
- Hospital and medical insurance for Americans age 65 and older
- 1972 – Amended to extend coverage to people with disabilities under age 65

Medicaid (Title XIX)
- State and federal program for certain low income people
- 1971 – Coverage of nursing facilities
Good Intentions: Early Policy Reforms

Early Reform Efforts For People with Disabilities

1970s-1980s

1971 – Intermediate Care Facilities of people with Intellectual Disabilities (ID)

1973 – Vocational Rehabilitation Act

1981 – Home and Community-Based Waivers
Unintended Consequences: Setting the Stage for Sweeping Legislative Reform

To ensure that residents of NFs receive quality of care that results in highest practicable physical, mental and psychosocial well being.

- **1986 Institute of Medicine study:** 47 Recommendations
- **Set of national minimum standards of care and rights** for people living in NFs
- **PASRR**

Emphasis on:
Quality of Life and Quality of Care

Expectations of highest level of function and independence

Omnibus Budget Reconciliation Act (OBRA-87 & Nursing Home Reform Act)
Unintended Consequences:
Setting the Stage for Sweeping Legislative Reform

Americans with Disabilities Act (ADA)

“This act is powerful in its simplicity. It will ensure that people with disabilities are given the basic guarantees for which they have worked for so long and so hard: Independence, freedom of choice, control of their lives, the opportunity to blend fully and equally into the rich mosaic of the American mainstream.”

President George H. W. Bush, 41st President
ADA Signing, July 26, 1990
Purpose of ADA 1990

Provide protections against discrimination

Address absence of protections from discrimination in all services

End practices that segregate & treat differently people with disabilities

Assure equality of opportunity, full participation, independent living and economic self-sufficiency
I. Employment
Prohibits employers from discrimination in employment processes

II. Public Services
Prohibits public entities from excluding people from services and activities

III. Public Accommodations
Prohibits discrimination in activities of places of public accommodations (restaurants, theaters, schools, etc.) and requires new construction to comply with ADA rules

IV. Telecommunications

V. Miscellaneous Provisions

Titles of the ADA
Early Policy Reforms

Olmstead Decision

Community Integration

OBRA 1987 & PASRR

ADA
Residents of Georgia:
Lois Curtis & Elaine Wilson
Both with diagnoses of mental illness and intellectual disabilities
Their Story

Lois Curtis & Elaine Wilson
Olmstead Decision 1999

Judgment 1

Institutional placement perpetuates unwarranted assumptions that persons so isolated are incapable of or unworthy of participating in community life.

Judgment 2

Confinement in an institution severely diminishes the everyday life activities of individuals.
Olmstead Decision 1999

Basis of Decision

• Segregation is discrimination and a violation of Title II of ADA

• Unjustified institutionalization and failure to provide community-based services to people with disabilities violates the "integration mandate" of the ADA

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Olmstead Decision 1999

Findings

- Public entities must provide community-based services
- Under the ADA it is unlawful to discriminate based on disability
- The state discriminated against plaintiffs by requiring institutionalized setting
- State has an obligation to provide community-based services
- Confinement was seen as segregation
- People with disabilities have the right to receive the treatment and services they need in the most integrated setting of their choosing
The Olmstead ruling was a critical step forward for our nation, articulating one of the most fundamental rights of Americans with disabilities: Having the choice to live independently. I am proud to launch this initiative…ensuring the fullest inclusion of all people in the life of our nation.

President Barack H. Obama, 44th President
June 22, 2009
Community Integration

Early Policy Reforms

Olmstead Decision

OBRA 1987 & PASRR

ADA
Where We Are Now

- PASRR
  - Requirements
  - Your Role
PASRR: Requirements

- **PASRR Program**
- **Have or may have:**
  - Serious Mental Illness (SMI)
  - Intellectual Disability (ID)
  - Developmental Disability/Related Condition (DD/RC)
- **PASRR process completed for anyone seeking admission to a Medicaid-certified NF:**
  - Level I Identification Screening
  - Level II Whole Person Evaluation (if applicable)
- **Provide Specialized Services (SS)**
PASRR: Serious Mental Illness Defined

Conditions known as the 4 Ds

• **Diagnosis or suspicion**
• **Absence of dementia**
  If dementia co-exists with Mental Illness (MI), it cannot be more serious than the MI

• **Level of disability**
  – Functional limitations in major life activities within the past 3 to 6 months
  – Severity of impairment is what matters

• **Duration (Recent Treatment)**
  Intensive psychiatric treatment for MI must have taken place within the past two years
PASRR: Intellectual Disability Defined

Wide variety of conditions and level of impairments

• Onset before age 18

• IQ
  Requires an IQ score of less than 70 measured by a standardized and reliable test of intellectual functioning

• Concurrent impairments in adaptive functioning
  Individual’s effectiveness in meeting standards expected for his/her age or culture

• Expected to persist throughout a person’s life
Conditions that are not a form of ID but result in functional limitations

• Emerge before age 22

• Expected to persist throughout a person’s life

• Functional limitations in 3 or more areas of life activities:
  – Self-care
  – Understanding/use of language
  – Learning
  – Mobility
  – Self-direction
  – Capacity for independent living
PASRR: DD/RC Examples

This is a partial list:

- Autism
- Cerebral Palsy
- Muscular Dystrophy
- Multiple Sclerosis
- Seizure Disorder
- Spina Bifida
- Spinal Cord Injury
- Traumatic Brain Injury
State Roles

Oversight Agency

Operating Agency

Responsibilities

Medicaid

Mental Health PASRR Authority

ID DD/RC PASRR Authority

Determination (Only)

Evaluation conducted by an Independent Evaluator

Evaluation & Determination

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# State Responsibilities

<table>
<thead>
<tr>
<th>Medicaid</th>
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<tbody>
<tr>
<td>Establish and oversee PASRR Program</td>
</tr>
<tr>
<td>Ensure compliance with all federal requirements</td>
</tr>
<tr>
<td>Ensure that all responsibilities are fulfilled</td>
</tr>
<tr>
<td>Require no person be admitted to a Medicaid-certified NF without a PASRR</td>
</tr>
<tr>
<td>Level I screening and Level II evaluation (if applicable)</td>
</tr>
<tr>
<td>Does not countermand PASRR determinations made by PASRR authorities</td>
</tr>
<tr>
<td>Provide a system of appeals for persons affected by any PASRR determination</td>
</tr>
<tr>
<td>Withhold Medicaid payment to a NF for any person with a PASRR-related</td>
</tr>
<tr>
<td>disability who is admitted to a NF without a Level II evaluation and</td>
</tr>
<tr>
<td>determination</td>
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</table>
# State Responsibilities

<table>
<thead>
<tr>
<th>PASRR Authorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete timely face-to-face Level II evaluations</td>
</tr>
<tr>
<td>Make determinations using criteria that are consistent with federal law and the Medicaid agency</td>
</tr>
<tr>
<td>Issue evaluation and determination report</td>
</tr>
<tr>
<td>Provide written notice of determination that contains:</td>
</tr>
<tr>
<td>• If NF services are needed</td>
</tr>
<tr>
<td>• If specialized services are needed</td>
</tr>
<tr>
<td>• Placement options consistent with determination</td>
</tr>
<tr>
<td>• Appeal rights</td>
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</tbody>
</table>
Components of PASRR

Level I Screening
Detection System

Resident Review
Assurance Feature for New or Repeat Level II Evaluation

Level II Evaluation
Tells the Person’s Story
### Level I Screening: Detection System

**Level I Screen finds:**

<table>
<thead>
<tr>
<th>PASRR disabilities are absent</th>
<th>PASRR disabilities are present</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does not have nor is suspected of having a PASRR disability</strong></td>
<td>True</td>
</tr>
<tr>
<td><strong>Does have or may have PASRR disability</strong></td>
<td>False</td>
</tr>
</tbody>
</table>

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[Level I Screening: Detection System diagram]

[Level I Screen findings table]

[Level II review process]

[Resident review process]
Level II Evaluation: Tells the Person’s Story

• Types of Evaluations
  – Individual
  – Advanced by group

• Types of Determinations
  – Individual
  – Categorical
Federal Options: NF Admission without Level II

- One Exemption
- One Exclusion
- Seven Categorical Determinations
Exempted Hospital Discharge
(30 calendar days)

Admitted to NF directly if:

1. Admitted directly from acute hospital after acute medical care

2. Applicant needs NF services to treat same medical condition treated in hospital

3. Applicant is not a current risk to self or others and behavioral symptoms are stable

4. Stay is likely to be less than 30 calendar days as certified by MD BEFORE admission
Exclusion: Advanced Dementia and SMI

Exclusion applies if:

1. Applicant has or may have SMI that co-occurs with a confirmed diagnosis of dementia including Alzheimer’s Disease or Related Disorder (ADRD)

2. The dementia is both the primary diagnosis and is so advanced that the applicant would be unable to benefit from treatment
Categorical Determinations

• Determinations for the need for NF services and/or SS are made in advance by category

• Allows states to delay preadmission comprehensive individual Level II for:
  – Circumstances that are time limited; or
  – When the need for the NF is evident and due to the individual’s clinical profile the individual is unlikely to benefit from SS
### Federal Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Severe Physical Illness:</strong></td>
<td>Applicant has one of the medical conditions listed that due to the severity, the Applicant would be unable to benefit from SS – e.g. Huntington's and Parkinson's would not benefit from SS</td>
</tr>
<tr>
<td><strong>Terminal Illness:</strong></td>
<td>Applicant has a terminal illness and the prognosis is 6 months or less, as certified by a MD</td>
</tr>
<tr>
<td><strong>Convalescent Care:</strong></td>
<td>Direct admission from a hospital to treat an acute medical condition that required hospitalization (excluding psychiatric care), but the admission does not meet Exempted Hospital Discharge (EHD)</td>
</tr>
<tr>
<td><strong>Delirium (Provisional):</strong></td>
<td>Evaluation cannot be conducted until the delirium clears</td>
</tr>
<tr>
<td><strong>Provisional Emergency:</strong></td>
<td>Applicant requires protective services – limited to 7 calendar days.</td>
</tr>
<tr>
<td><strong>Respite:</strong></td>
<td>Admission is to provide relief to the family and/or in-home caregiver</td>
</tr>
<tr>
<td><strong>MR(ID) Dementia:</strong></td>
<td>Applicant’s primary diagnosis is dementia</td>
</tr>
<tr>
<td><strong>Other:</strong></td>
<td>Allows state to define and obtain approval</td>
</tr>
</tbody>
</table>
## Texas Categories

<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>Severe Physical Illness</td>
</tr>
<tr>
<td>Terminal Illness</td>
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<tr>
<td>Convalescent Care</td>
</tr>
<tr>
<td>Delirium</td>
</tr>
<tr>
<td>Emergency Protective Services</td>
</tr>
<tr>
<td>Respite</td>
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<tr>
<td>(Other) Coma</td>
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Specialized Services (SS) and Specialized Habilitative Services (SHS)

A set of services when combined with regular NF services result in a “continuous active treatment program.”

LIDDA: Local ID/DD Authority
LMHA: Local Mental Health Authority
# Texas Specialized and Specialized Habilitative Services

<table>
<thead>
<tr>
<th>NF</th>
<th>LIDDA</th>
<th>LMHA</th>
</tr>
</thead>
</table>
| • Specialized Assessment  
  • Specialized Therapies  
  - Occupational Therapy  
  - Physical Therapy  
  - Speech  
  • Durable Medical Equipment | • Service Coordination  
  • Alternative Placement Assistance  
  • Vocational and Prevocational Activities  
  • Supported Employment  
  • Day Habilitation  
  • Independent Living (IL) Skills Training  
  • Behavioral Supports | • Group and Individual Skills Training  
  • Intensive Care Management  
  • Medication Training and Support Services  
  • Psychiatric Diagnostic Interview Exam  
  • Group and Individual Psychosocial Rehabilitation  
  • Routine Case Management |

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Reflection

At the beginning, we asked you to describe yourself. Now, please take a few minutes to list the decisions you have made today.
Goal: To promote, plan and implement person-centered planning

Roles and Responsibilities

Roles

1. Individual
2. Family
3. Legally Authorized Representative
4. Interdisciplinary Team (IDT)
5. Nursing Facility

Referring Entities

LIDDA/LMHA
Responsibilities:
1. Share information/be open
2. Partner with your team members
3. Forthcoming needs and preferences
4. Access appeal if needed
5. Drive the IDT (if applicable)
Roles and Responsibilities

Goal: To promote, plan and implement person-centered planning

Roles

1. Individual
2. Family
3. Legally Authorized Representative
4. Interdisciplinary Team (IDT)
5. Nursing Facility

Referring Entities: LIDDA/LMHA
Responsibilities:
Conduct the Level I Screening to:

1. Focus on the individuals needs/preferences when conducting the Level I screening

2. Identify SMI, ID or DD/RC

3. Route for Level II evaluation (if applicable)

4. Assess for diversion opportunities

Referring Entities

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Roles and Responsibilities

Goal: To promote, plan and implement person-centered planning
Responsibilities:

Conduct a face-to-face individualized comprehensive Level II evaluation to:

1. Focus on the individual’s needs/preferences as identified via the Level I and face-to-face Level II evaluation
2. Deliver the person’s story
3. Identify family and community supports
4. Determine need for NF, SS and SHS
5. Outline community placement options and supports
Goal: To promote, plan and implement person-centered planning

Roles and Responsibilities

1. Individual
2. Family
3. Legally Authorized Representative
4. Interdisciplinary Team (IDT)
5. Nursing Facility

Referring Entities

LIDDA/LMHA
Responsibilities:

1. Focus on the individual’s needs and preferences
2. Do not admit
3. Review and provide SS and SHS
4. Develop comprehensive Plan of Care (POC) including PASRR
5. Determine need and request Resident Review timely
6. Identify and execute discharge plan
Goal: To promote, plan and implement person-centered planning
Responsibilities:

1. Focus on the individual’s needs and preferences

2. Meet within 14 days of NF admission or referral, quarterly thereafter

3. Assess Level II recommendation

4. Order SS and SHS

5. Assist in development of the individual’s discharge plan
Where We’re Heading

• Telling the Story
• Achieving NF & Community Placement
PASRR in Diversion & Transition

- Encourages working with community partners
- Provides strong linkages
- Opportunity to tell the person’s story
- Promotes holistic view
- Key to ADA and Olmstead compliance
PASRR Level I: Diversion Tool

1. Identifying disability specific needs
2. Evaluating appropriate placement
Level II Evaluation: Telling the Story

1. Delays or prevents NF placement
2. Avoids long stay
3. Places control in the hands of individual and evaluators
4. Identifies supports and services
5. Prepares the NF
6. Prepares the individual
Linkages and Strategies

- PASRR and MDS
  - A1500 Questions
  - Section Q

- Collaboration
• **A1500 Questions**

Has the resident been evaluated by Level II PASRR and determined to have a serious mental illness and/or intellectual disability or a related condition?
Linkages and Strategies: PASRR and MDS

• **Section Q**
  - Supports least restricted most integrated setting
  - Engages residents and families in discharge planning
  - Provides residents and families opportunity for questions on Long-Term Services and Supports (LTSS)
  - Promotes and strengthens discharge planning collaboration
Linkages and Strategies: Collaboration

- Consultation with specialists
- Team approach
- Information and education to screener, NF and the individuals what services and resources can support them
- Individuals should know what services and resources can support them, e.g. state plan, waivers, ADRC
Collaboration: Who Are Your Community Partners?

- Aging and Disability Resources Centers
- Medicaid Managed Care Organization
- HHSC Regional Office (RO) HHCS Access & Intake Interest List (A&I IL)
- Local Authorities (LA)
- HHSC STAR+ Program Supports (PSU)
- Local Mental Health Authorities (LMHA)
- Local I/DD Authority (LIDDA)
- Outreach Screening, Assessment and Referral Centers (OSAR)

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## Texas Community LTSS Options

<table>
<thead>
<tr>
<th>Waiver Programs</th>
<th>State Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>• State of TX Reform (STAR)+ PLUS Home and Community Based Services [21+]</td>
<td>• Community Attendance Services (CAS) [all ages]</td>
</tr>
<tr>
<td>• Medically Dependent Children Program (MDCP) [&lt;20]</td>
<td>• Community First Choice (CFC) [all ages]</td>
</tr>
<tr>
<td>• Home and Community-Based Services (HCS)</td>
<td>• Day Activity and Health Services (DAHS) [18+]</td>
</tr>
<tr>
<td>• Texas Home Living (TxHmL)</td>
<td>• Primary Home Care [21+]</td>
</tr>
<tr>
<td>• Community Living Assistance and Support Services (CLASS)</td>
<td>• Programs of All Inclusive for the Elderly [55+]</td>
</tr>
<tr>
<td>• Deaf-Blind Multiple Disabilities Waiver (DBMD)</td>
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</tbody>
</table>

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Group Exercise
Takeaways

Your role is an opportunity to change someone’s life

- Share educational & support opportunities
- Work together to develop tools
- Cultivate partnerships
- Strengthen relationships
- Build better communication
- Leverage data
- Transform to integrated care
- Be person-focused
- Cross-continuum collaboration
Reflection

Now that we are closing the session, please take a look at how you defined yourself at the beginning.

Would you change anything? If so, what and why?

Why do you think we asked you to list the decisions you made today?