



NEWS & VIEWS

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Preadmission Assessment and Resident Review (PASARR): Important Evaluation of Potential Residents' Needs

By:
Louise Lindsey, Editor

For as long as written records have existed, mental illness has been observed. Hippocrates began treating mental illness as physiological diseases rather than demonic possession or a signal of displeasure from the gods in 400 B.C. Muslim Arabs established asylums for the mentally ill as early as the 8th century.

In Europe during the Middle Ages, mentally ill persons who demonstrated that they were not "dangerous" were allowed the freedom to roam about in some places. However, in other locations, they were treated badly and accused of being witches.

During the 1600s, the mentally ill in Europe were often isolated, treated inhumanly, kept in dungeons, or housed with the disabled, and vagrants. Concern about how the mentally ill were being treated emerged during the 1700s and resulted in some positive reforms.

A number of states in the U.S. began building asylums for the mentally ill who had health issues and other disabilities in the 1800s. Unfortunately, by the 1900s many of those institutions were greatly overcrowded, and the residents were maltreated. The growth of psychiatric institutions continued until a mounting awareness of the need for deinstitutionalizing treatment of the mentally ill changed public policy in the 1960s.

It was during this time that nursing homes became the primary residences for elder adults and persons with physical disabilities in America. The creation of Medicare and Medicaid also encouraged the growth of these facilities, and by the end of 2011, the nursing home population had reached 1.4 million.

Preadmission Screening and Resident Review (PASARR also referred to as PASRR) became part of the Social Security Act in 1987 as a component of the Nursing Home Reform Act. PASARR's role under Medicaid

regulations is to make sure that individuals with serious mental illness (SMI), intellectual disability (ID), or a related condition (RC) are not unsuitably placed in long-term care facilities instead of settings that are based more appropriately on their care needs.

1999 Supreme Court Decision Supports Use of PASARR

The Supreme Court Decision, *Olmstead vs L.C.* (1999), is considered one of the most significant civil rights decisions for people with disabilities in U.S. history. It supports the Medicaid requirement for states to use PASARR to help determine how to best meet the care needs of persons with mental illness.

In this decision, two women from Georgia—both with diagnoses of mental health conditions and intellectual disabilities—had been experiencing a recurring cycle that involved being placed in the state's mental hospitals dozens of times, and after each hospital stay, they would be sent back to their homes. Unfortunately, they had no one to help them at home, so their conditions would begin to decline, until they could not function, would seek help, and again be sent back to the hospital for treatment.

The women finally petitioned the state of Georgia for help in getting treatment in the community to stop the constant off and on stays in the mental hospital. The doctors treating the two women concurred that with appropriate support, both women were capable of living in the community. However, it took years, a lawsuit filed against the Commissioner of the Georgia Department of Human Resources, and a decision by the U.S. Supreme Court before they were able to obtain the support that would allow them to live in the community.

The Supreme Court held that, under the American's with Disabilities Act, people with disabilities have a qualified right to receive state funded supports and services in the community rather than in an institution based upon their meeting this three-point test:

1. The individual's treatment professionals determine that community supports are appropriate;
2. The individual does not object to living in the community; and
3. The provision of services in the community would be a reasonable accommodation when balanced with other similarly situated individuals with disabilities.

Medicaid Regulations Require States to Administer PASARR

A state must have its Medicaid plan approved by the Centers for Medicare & Medicaid Services (CMS), including a Preadmission Screening and Resident Review (PASARR) program that is compliant with federal laws and regulations.

PASARR is a tool used by states to transition and balance services away from institutions in the direction of the most appropriate setting for meeting an individual's needs.

According to the PASRR Technical Assistance Center, the general intent of PASARR/PASRR "is to ensure that all nursing facility (NF) applicants are thoroughly evaluated, are placed in nursing facilities only when appropriate, and that they receive all necessary services while they are there."

Every individual seeking admission into a nursing facility (NF) must be "screened" for evidence of serious mental illness (MI) and/or intellectual disabilities (ID), developmental disabilities (DD), or related conditions.

NFs must not admit anyone who has MI and/or ID without a determination from the state's agency indicating that the person seeking admission needs the level of services a NF provides and that this individual also needs high-intensity "specialized services."

There are two levels involved in the PASARR screening process. The Level I screen determines whether an individual has MI and/or ID. If the Level I screen indicates that a person "tests positive," the individual will proceed to the Level II screen which will do the following:

- Either confirm or disconfirm the Level I screen results, and
- For those persons with MI or ID, determine where they should receive care:
 - In a NF or in the community and
 - Identify the set of services they need to maintain and improve their functioning.

<https://www.pasrrassist.org/resources/federal-regulations/pasrr-plain-english>

PASARR Level II must not merely rubber stamp the outcome of the Level I. Rather, it must "look behind" the diagnosis of record to identify the "true" diagnosis. The Level II must include the following elements:

- A history and physical performed by a physician;
- A functional assessment, including activities of daily living and instrumental activities of daily living;
- A history of medication and drug use;
- An assessment of IQ (for PASARR/ID) performed by a PhD psychologist, or an assessment of

psychiatric history (for PASARR/MI) performed by a qualified assessor (e.g., a psychiatrist, a psychiatric social worker, or a nurse with substantial psychiatric experience).

NOTE: Level II evaluators cannot be employed in any way by a nursing facility. That is considered to be a conflict of interest.

Need for Nursing Facility Services

Determining if a person has MI or ID is not enough to indicate a need to be admitted into a nursing facility (NF). The person's MI/ID must be severe enough to justify a NF level of care, considering either alone or in combination with other complex medical needs. Admitting individuals due to MI/ID determinations that do not merit NF level of care is what the Supreme Court's Olmstead decision prohibits and would put the state at risk of CMS sanctions and/or potential risk of a U.S. Department of Justice (DOJ) lawsuit.

Additionally, when determining if an individual needs a NF level of care, it must also be determined whether the NF can meet the individual's total needs-medical needs and MI/ID needs.

Some Reasons Preadmission Assessments Are Important for Nursing Homes

Although PASARR process is time-consuming, in the long run it can be time well-spent for the following reasons:

- Once a person becomes a resident in a facility, that facility is fully responsible for providing the person's care. Consequently, being aware of what those care needs are is not only a good idea, it is a must.
- For the protection of a resident's overall care and well-being, CMS regulations make it very difficult to involuntarily discharge a resident. Thus, even if things don't go well or the resident has a high level of needs that were not known, the facility can't just send them somewhere else.
- PASARRs are helpful risk management tools, and being aware of potential concerns allows for planning and avoiding potential risk.
- Admission of a resident has an associated financial impact on the facility and PASARRs can identify potential issues that might threaten a facility's financial ability to provide services.
- PASARRs relate to CMS phase two requirements regarding the Facility Assessment (F838) and the medical needs of residents the facility's staff is competent to meet.

<https://www.verywellhealth.com/what-is-a-nursing-home-preadmission-assessment-4153274>

Resident Review

States are required to periodically review the MI/ID status of NF residents to ensure that their total needs are being met. Initially, this review was done on at least an annual basis, but after the Balanced Budget Act of 1996, the annual requirement was removed. Some states have kept the annual requirement because states are free to exceed minimum federal requirements.

A resident review (RR) is triggered when an individual experiences significant changes in status that has a material impact on the person's functioning in relation to their MI/ID status. What constitutes a "significant change" is determined by the responses to the Minimum Data Set (MDS) survey. The MDS is a survey that must be administered to all residents of Medicaid-certified NFs, regardless of insurance type. The MDS is first administered within 14 days of a person's admission into the NF. A short-form of the MDS survey is then completed quarterly followed by an annual long-form survey. The upgraded version of the MDS survey now being used has PASARR questions. One of them asks, "Has the resident been evaluated by Level II PASARR and determined to have serious mental illness and/or intellectual disability or a related condition?" If the response is "yes," and the resident has undergone significant change in status, the NF must decide whether to refer the resident to the state mental health authority (SMHA) or the state intellectual disability authority (SIDA) for a Level II resident review. Most often, NFs should refer residents who have undergone a significant change to ensure the continuation of the best care for the resident.

Care Planning and the PASARR

A Baseline Care Plan must be developed within 48 hours of a resident's admission and must include PASARR recommendations (if applicable). Development of a Person-Centered Care Plan should include the recommendations of a Level II determination. This Care Plan should have approaches and interventions that follow the Level II determination, including resident preferences. When specialized services are combined with services provided by the nursing facility, the result is a continuous implementation of an individualized plan of care for individuals with MD or ID. The resident's Level II PASARR identifies the specialized services required by the resident.

The ultimate goal, according to CMS, is that each resident will have a person-centered comprehensive care plan developed and implemented to meet his or her preferences and goals, while addressing the resident's medical, physical, mental, and psychosocial needs.

Resources:

1. 2018 PASRR National Report
2. Components of a Nursing Home Preadmission Assessment
3. Olmstead Rights
4. PTAC: PASRR in Plain English
5. PASRR The Door to Mental Health Continuity of Care and Engagement in Care
6. PASRR DMH
7. Preadmission Screening and Resident Review
8. Subpart C-Preadmission Screening and Annual Review of Mentally Ill and Mentally Retarded Individuals http://www.hpm.umn.edu/nhregsplus/Federal_regs/Subpart%20C.pdf

"Med-Net Compliance's NAB Approved Course Provide Insight on How to Avoid Fraud Pitfalls"

Jo Ann Halberstadter, Esq

ADMINISTRATORS TAKE NOTE

Med-Net Compliance, LLC now offers two series of fraud modules with NAB/NCERS CEs on our website. Modules 1-8 offers 3 NAB CEs and modules 9-16 offer 3.75 CEs. All modules provide education on fraud, waste and abuse prevention and offer a combined total of 6.75 CEs for successful completion.

To review the NAB Approved courses visit our website:

<https://www.mednetcompliance.com/med-net-academy/nab-approved-courses/>

All 16 courses on fraud, waste and abuse were developed by Betty Frandsen, our Vice President of Professional Development and her staff.

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