

PASRR

Preadmission
Screening Resident
Review



PASRR Overview

- PASRR came out of OBRA legislation in 1987
- Preadmission requirement implemented 1/1/89
- Final rules published in November of 1992
- 3 components to PASRR
 - Level I Screen
 - Level of Care Evaluation
 - Level II evaluation
- Requires that all persons entering a nursing facility that accepts Medicaid payment be screened (Level I screen) to determine if there is a potential serious mental illness, mental retardation or related condition

PASRR Overview continued

- Health screens (Level of Care Determination) were required for all persons who were 65 or older, Medicaid active, eligible or pending as well as anyone of any age for whom the Level I screen indicated may have a Level II condition either MI or MR to determine NF Level of Care
- If the Level I screen suggests the presence of MI or MR/DD then a Level of Care and Level II evaluation must be completed prior to admission to the NF
- Categorical Decisions and Exemptions

Previous PASRR Process

- Collaboration between DSS, DMHAS and DDS
- DSS processed 2 page Level I screens via fax
- Processed 4,000 Level I screens per month
- Health screens (Level of Care Determinations) were required for all persons who were 65 or older, Medicaid active, eligible or pending as well as anyone who the Level I screen indicated may have a Level II condition either MI or MR
- DSS determined the need for a Level II evaluation/determination and referred to the DMHAS contractor or DDS

Level II Process

- Level II evaluation is required if the Level I screen suggests the possible presence of MI or MR/DD
- The purpose of the evaluation is to assess the appropriateness of nursing home placement and make recommendations for care planning in the nursing home addressing mental health, medical, nursing and social needs
- Could also deny nursing home placement if the person is gravely disabled or a risk to themselves or others
- DDS does Level II evaluations on their population

Level II Process continued

- Hospital staff did the Level II evaluation on hospitalized patients
- DMHAS contractor did evaluations on clients in the community seeking NF placement
- DMHAS contractor did a paper review of the completed Level II and made the determination regarding placements from hospitals to nursing homes. Turnaround time varied but depending on time of day, approval could be given the same day or the next day

Why the Process Changed

- Paper and fax process was antiquated
- Level I screen did not seem effective in identifying the target population for PASRR
- LOC was done twice using two different tools, one preadmission as part of the PASRR process and again when Medicaid payment was being sought often presenting a very different picture of the resident
- Level II evaluation lacked depth and did not address community options to nursing home placement to the extent necessary

CMS Expectations

- Increased auditing of state's PASRR compliance
- Level I screen needs to be sensitive enough to identify the potential existence of MI or MR without being overly inclusive
- CFR clearly states the determination function cannot be done by an entity that has a direct or indirect affiliation or relationship with a NF
- Hospital staff doing Level II evaluation might not stand up to CMS requirements
- LOC is to have clear criteria and be consistently applied

Other Factors

- OP&A Lawsuit
- Clients entering and/ or remaining in Nursing Homes who did not meet the medical necessity criteria as specified in the Public Health Code and CT regulations
- Institutions for Mental Disease

Ascend Management Innovations

- DSS issued an RFP in April of 2009
- Ascend was awarded the contract as a result of the competitive procurement
- Contract for PASRR and LOC functions now handled by Ascend
- Ascend has experience in 8 other states
- Contract began in November 2009 with a 3 month implementation
- Began assuming PASRR functions in February of 2010

New features of PASRR

- The Level I screen was expanded and is now web based
- Allows for automated approvals for exemptions and categorical decisions to be approved more quickly
- Level of Care tool is now consistent and done preadmission and is also web based
- Level of Care approvals may authorize either long or short term nursing home care

New Features of PASRR continued

- Level II evaluations are now done by an independent clinician, face to face, is more comprehensive and includes alternatives for community based services
- Nursing homes have reported the summary of findings provides helpful data for their care planning process
- PASRR will be linked with the New MDS 3.0 as a quality measure
- New data available to us for service planning purposes
- More compliant with CMS expectations

Turnaround Times

- Level I screens - .8 hours
- LOC reviews- 2.8 hours
- Level II determinations-3.85 days
- Contract requirements are 5 hours for Level I and Level of Care screen and 5 business days for the Level II determination