



Regulatory Roundup

Weekly Webinar for Long-Term Care Professionals

 [IHCA.org/regulatory-roundup](https://ihca.org/regulatory-roundup)

PRESENTERS

Lori Davenport

Indiana Health Care Association

Team Members from

Indiana Department of Health

September 14, 2023



Today's Agenda



- PASRR Delay Contact – Vanessa Convard, Adult Protective Services (APS) Director & Services Enrichment and Advancement Director
- Indiana State Ombudsman Program – Lynn Clough, State LTC Ombudsman Director
- Q&A



Assisted Living Symposium

SEPTEMBER 28-29, 2023

8:30 a.m. - 4:30 p.m.

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PASRR in Indiana

Presented By: Vanessa Convard, SEA & APS Director
Tammy Heisler, LOC Manager
Division of Aging



Purpose

- The purpose of this presentation is to give a high-level overview of the PASRR system.
- For more detailed information, please refer to the Indiana PASRR Provider Manual offered at the end of the presentation.



What We Will Review



- Contact Information
- Overview of the PASRR Process
 - Assessments
- Provider Roles & Expectations



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Overview of Process



History

PASRR was created in 1987 through language in the Omnibus Budget Reconciliation Act (OBRA). It has three goals:

1. to identify individuals with mental illness (MI) and/or intellectual disability (ID)
2. to ensure they are placed appropriately, whether in the community or in a NF; *and*
3. to ensure that they receive the services they require for their MI or ID (wherever they are placed).



PASRR Purpose

The most appropriate
service



In the most
appropriate place



At the most
appropriate time

Assessments

- *Level 1*
- *Level 2*
- *Level of Care*



Important Note

- All assessments must be completed **PRIOR** to entering a nursing facility
- *Currently operating under the 1135 waiver, which allows for a person to enter NF before assessments are complete*
 - *NF has 30 days to complete assessments*



Level 1

The purpose of a Level I screen, given to all NF applicants, is to determine whether an individual *might* have MI and/or ID. This screen should yield a positive result if the individual *might* have MI and/or ID or related condition (i.e., it should produce no false negatives).



Level 2

- The Level II evaluation is meant to "look behind" the diagnosis of record.
- If an individual "tests positive" at Level I, the subsequent Level II screen will:
 - Confirm or disconfirm the results of the Level I screen, and
 - For individuals who have MI or ID, determine where they should be placed - whether in a NF or in the community - and identify the set of services they require to maintain and improve their functioning.
 - to enumerate the MI/ID services the individual needs, including services the NF can provide under its per diem and services that must be arranged separately (so-called "specialized services").



Level of Care (LOC)

- The LOC screen is an evaluation to determine the most appropriate setting to meet an individual's medical & behavioral needs. The LOC screen identifies whether a person requires the level of care provided in a skilled or intermediate nursing facility, and if appropriate for NF admission, how much time the individual is expected to need.
 - Only required for:
 - residents who have (or who will have) Medicaid as a payer
 - Out of State NF applicants
 - Anyone who triggers a Level II



Exemptions to Level 2

Exempted Hospital Discharge

- This exemption is limited to stays of up to 30 days. It is allowed only when all the following circumstances exist:
- 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.

Dementia Exemption

- Applies to 1) people with a sole diagnosis of dementia, or 2) people with dementia & MI diagnosis
- Level 1 must include documentation that supports dementia as primary diagnosis.
- Cannot occur unless sufficient evidence confirms the progression of dementia as primary.



Level 2 Categorical Decisions

Provisional Emergency Situations

- Sudden, unexpected & urgent need for placement
- Individual meets APS or DCS criteria
- A lower level of care is not available
- Up to 7 calendar days

Respite Care

- Respite care concerns individuals admitted to an NF from home for short-term respite care. To qualify for respite care, on admission, there 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 15 days or more in-between stays





Level 2 Categorical Decisions

Terminal Illness Categorical

- The Terminal Illness categorical is available when a person has a medical condition, when running its normal course, that would have a life expectancy of 6 months or less.

Convalescent Categorical

- Received acute inpatient treatment in a medical hospital and is discharging from the hospital to a NF after receiving medical services
- Between 31-60 days per calendar days
- *Like EHD, but for up to an extra 30 days.*



Note Regarding Exemptions/Categorical Decisions

- *Exemptions may be applied only to individuals who do not pose a threat to themselves or others and whose behavioral symptoms are stable.*

~Policy Manual 1.4, page 16



Possible Outcomes

- *Level 1*
- *Level 2*
- *Level of Care*



Possible Outcomes of Level 1

- No Level II Required
- Level II Required
 - ID/DD
 - MHI
- Exemption or Categorical



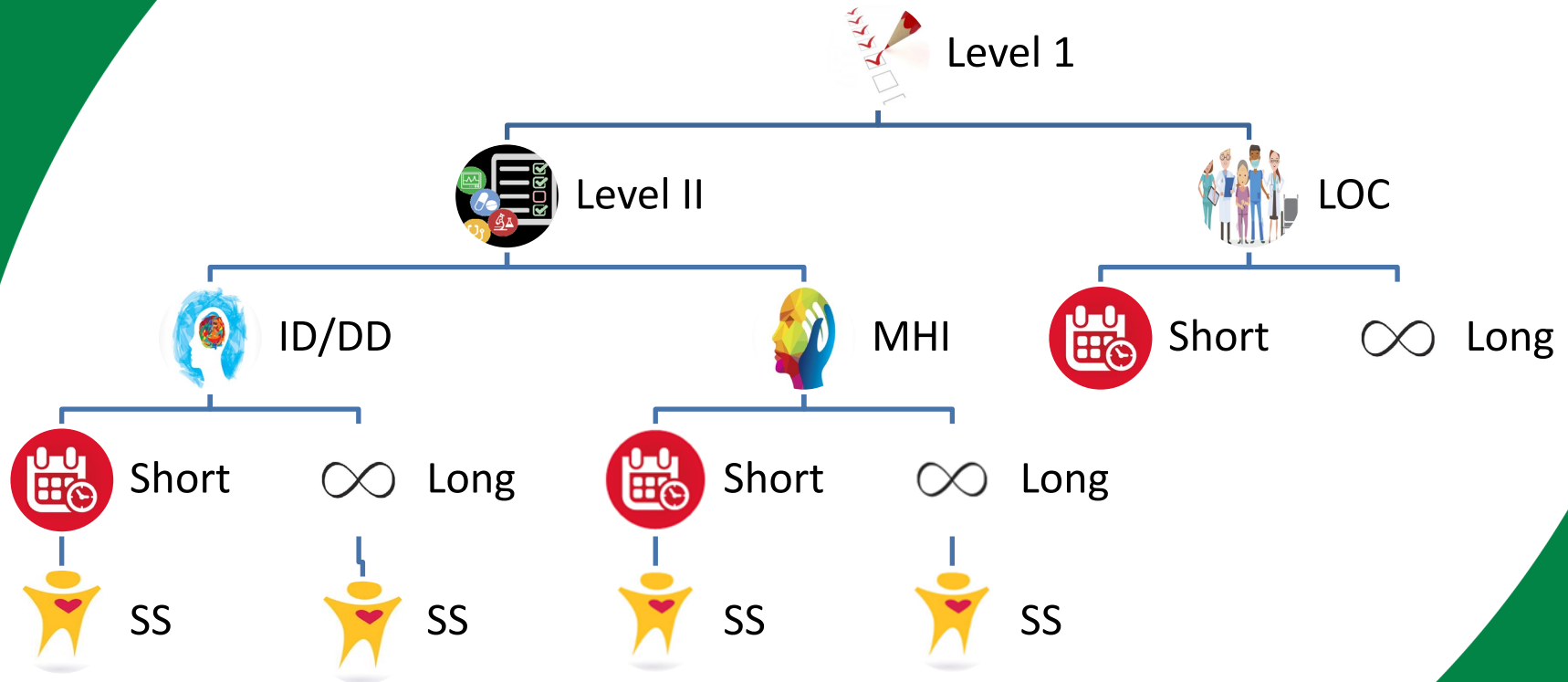
Possible Outcomes of LOC & Level 2

- Approved for Short-Term Nursing Facility Care
 - 30, 60, 90, or 120 calendar days
- Approved for Long-Term NF Care
 - 120+ days
- Denied for NF Care
 - referred to AAA for onsite assessment



PASRR PROCESS













As of July 2019



Provider Roles

- *Hospitals*
- *Nursing Facilities*
- *Area Agencies on Aging*



Scenario:	Submitting Entity:	Complete in AssessmentPro:		Upload* to AssessmentPro:	Process Changes:
 <p>Individual seeking nursing facility admission from hospital (80%)</p>	 <p>Hospital</p>		PASRR Level I Complete for all	Required: <ul style="list-style-type: none"> H&P MAR If Applicable: <ul style="list-style-type: none"> Psychiatric Evaluation Cognitive Testing 	<ul style="list-style-type: none"> No 450B No submission to AAA No paper to pass on to nursing facility Data entry by discharge planner Quicker turnaround times
		 <p>SHORT</p>	LOC Short Form Complete for Medicaid recipients (and anyone who triggers a PASRR Level II)		
<ul style="list-style-type: none"> Continued stay requests (LOC only) Resident becomes Medicaid eligible (LOC only) Change in Status <ul style="list-style-type: none"> Emergency admission Out of state admission Respite admission 	 <p>Nursing Facility</p>		PASRR Level I Complete for change in status, emergency admits, & out of states	Required: <ul style="list-style-type: none"> H&P MAR MDS (Resident Review Only) Helpful if Available: <ul style="list-style-type: none"> Psychiatric Evaluation Cognitive Testing Nursing/Progress Notes 	<ul style="list-style-type: none"> No 450B No submission to AAA Less paper to maintain <u>No e-450B system needed</u> Data entry in system by nursing facility staff Quicker turnaround times No LOC decision required for non-Medicaid stays unless a Level II is triggered
		 <p>LONG</p>	LOC Long Form Complete for Medicaid recipients		
			PathTracker Complete for notice of admission and transfer to another nursing facility		
 <p>Individual seeking nursing facility admission from home</p>	 <p>Area Agency on Aging (AAA)</p>		PASRR Level I Complete for all	Required: <ul style="list-style-type: none"> H&P MAR If Applicable: <ul style="list-style-type: none"> Psychiatric Evaluation Cognitive Testing 	<ul style="list-style-type: none"> New LOC tool Standardized definition of options counseling that should be part of an at-home PASRR screening No paper to pass on to nursing facility
		 <p>LONG</p>	LOC Long Form Complete for all		

Thank
you





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