Preadmission Screening and Resident Review (PASRR)

Presented By:

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Strengthening and supporting individuals and families by promoting cost effective and comprehensive services in connection with our partners that foster independent and healthy families.
History of PASRR

The Omnibus Budget Reconciliation Act of 1987 mandated that all individuals, regardless of funding source, who are seeking admission to a Medicaid certified Swing Bed or Nursing Facility must be screened to determine if they have mental illness or intellectual and developmental disabilities.

In 1989 South Dakota Medicaid provided written notification to providers regarding what was then known as the preadmission screening annual resident review. Educational sessions were held throughout the state. In 1989 the state of South Dakota provided facilities with a pre-screening tool to utilize to determine if a referral to Adult Services & Aging was required. The general content in the pre-screening tool initiated in 1989 has not changed from the current tool in use today.
Mission and Vision of PASRR in South Dakota

Ensure that Swing Bed and Nursing Facility (NF) applicants & residents with Serious Mental Illness (SMI) or Intellectual and Developmental Disability (ID/DD) are:

- Identified and evaluated;
- Placed in the most appropriate and least restrictive setting available;
- Transitioned to an appropriate community setting when they no longer meet criteria for NF placement;
- Provided with the MI/ID/DD services they need, including Specialized Services (SS).
Why is completing PASRR Important?

To the Client

- Ensures least restrictive, most appropriate setting.
- Helps to identify client's needs.

Medicaid/Medicare

- Failing to complete the PASRR process can result in non-payment for clients served by Medicaid.
- Can put Medicaid/Medicare Certification in jeopardy.

PASRR Manual 2014 Reference: The central issue for the critical access hospital is whether the swing bed is Medicaid-certified. If they are, the hospital must comply with PASRR. The State cannot pay providers for services provided to occupants in a Medicaid-certified swing bed of a critical access hospital if PASRR was not completed prior to admission to the swing bed. In addition, the state cannot receive federal financial participation monies for services provided to occupants of these beds. PASRR applies to all individuals in the Medicaid-certified swing beds, regardless of the acuity of the individual in the swing bed (i.e. skilled, intermediate etc.).
In 2012, a collaborative effort was initiated between the Departments of Social Services and Human Services to review and update PASRR rules.

The main goal was to streamline admissions and to eliminate unnecessary reviews.

During the 2014 Legislative Session changes to ARSD 46:20:34:03(4) & ARSD 46:20:34:05(4) were approved and on June 30, 2014 the new rules became effective.
2014 Rules PASRR Rules Changes

- **ARSD 46:20:34:02(4) Level II review exemptions**-
The physician identifies the need for convalescent care following hospitalization for a duration less than 100 days.

- **ARSD 46:20:34:05(4) Categorical Determinations for Level I-A**
A diagnosis of dementia, including Alzheimer’s disease.

- Any person with a dementia diagnosis must be referred to ASA for Level I PASRR (PASRR Screening tool Q3).

- Language changed from rehabilitation to convalescent care (includes skilled nursing services such as IV antibiotics and wound care).
The PASRR Manual was recently updated can be viewed/printed off the DSS website below.

Forms

The updated forms have been sent out via email and are also available at this training. If you would like the documents electronically please let your Medical Review Team (MRT) Nurse know. The forms are also available on the DSS website.

https://dss.sd.gov/elderlyservices/resources/
Follow Up Information

Short-term PASRRs are typically approved for 30 days up to 180 days by monthly intervals; there are some exceptions (less and more) determined on individual needs.

Follow-up on Short-term PASRRs are the Nursing Facility/Swing Bed’s responsibility to track.

- The Division of Behavioral Health tracks and provides courtesy calls reminding the facility of an upcoming PASRR expiration.
- If a PASRR is within 2 weeks of expiring please fax (605-773-7076) or email the following documents to Michelle.
  - Nursing/Physician Progress Notes
  - Skilled Therapy Notes (PT, ST, OT)
  - Condensed Medication List
  - If necessary – Behavioral Health Progress Notes
  - Consolidated Physician Orders
  - ADL’s
Follow Up Information Cont.

- If you have a client that has a Level I or Level II PASRR that has discharged, passed away, or had a significant change in status - please let your local MRT know.

- In house bi-annual Long Term PASRR file updates in February and August each year:

  When you receive this request, it is important to complete and return it in a timely manner. To ensure records are accurate and reduce unneeded calls and emails.
Common Errors: Nursing Facility Responsibility

- The NF is responsible for ensuring a PASRR screen is complete and accurate.
  - Date of Birth
  - Social Security Number
  - Diagnosis
- If there is a change in status you will need to send-
  - The old all “no” PASRR screen
  - The new PASRR screen

***Remember you have 14 days to report a change.***

- If you have not heard back about a Level I request, please follow up with your local MRT Nurse. Sometimes faxes don’t go through.
Common Errors

- When sending in a PASRR make sure that it is completely filled out with the email address of the referral source and when/where the individual is transitioning to.

- Do not need to do an initial PASRR if hospital exemption is used. Ensure you track and follow up within the 30 day limit.

- If you have any questions completing the PASRR screen contact your local MRT or any of the other presenters. This will prevent inaccurate screens and the need to redo them.
Common Errors

Out of state PASRRs

- If there is a client coming from a different state, the SD PASRR will still need to be completed.

Dementia

- All dementia clients need to be sent in for Level I PASRR.

- When doing MDS check for Dementia diagnosis and update.
Common Questions

Hospice

- If a client is going to hospice a PASRR does NOT need to be done until there is a medication or diagnosis that triggers a change in status.

- If life expectancy is less than 6 months, a Level I categorical determination will be made.
Common Questions

Resources for Difficult Placements:

➢ There is potential for add-pay.
➢ Specific requirements for skilled therapy add-pay approval.
➢ Contact Beth Dokken as soon as possible to give ample time to review.

Remember-
Discharge planning is the responsibility of the discharging facility. We are happy to be of assistance when needed and will provide available resource options.
Add-pay process available:

If a resident does not qualify for hospice or chooses not to elect hospice, but would still benefit from palliative care services, they may be eligible for add pay if they meet all requirements for the multiple complex medical conditions. Reimbursement is available up to the cost of services provided under the State plan.
Potential Future Considerations

MDS
- Reporting Mental Health Services in Section S.

PTAC- PASRR Technical Assistance Center
- Onsite visit planned for next year. Some Nursing Facilities may be asked to participate.
- An email will be sent out letting you know where we will be visiting.

Communication
- With any new change a group email alert will be sent. Please read all new messages as they may affect processes or payments. If your facility is not using the most current documents or processes, you may be required to resubmit.
Clinical Review and HSC Geriatric Program

Clinical Review Purposes

- To maintain nursing and assisted living residents in the least restrictive environment.

- To provide nursing and assisted living facilities with resources and interventions which will allow the resident to remain in their current setting.

- To support appropriate admissions to the South Dakota Human Services Center.
How do I request a Clinical Review?

- Contact intake staff at HSC before initiating a MI Hold.
- The patient must be residing in a nursing or assisted living facility.
- Numbers:
  
  HSC Operator/Main Desk: 605-668-3100
  HSC Admissions Office: 605-668-3138
  HSC Admissions Fax: 605-668-3429
- Intake staff requests records to be faxed to:
  SDHSC @ 605-668-3429.
- The nursing or assisted living facility is informed that the Admission Nurse will get back to them within 24 to 48 hours with the Clinical Review team suggestions.
What information should I gather?

- History and Physical
- Psychiatric records, if available
- Treatment Plan
- Medication Administration Record
- Medication History
- Most updated labs
- Physician Progress Notes
- Social History and Updates
- Fax to HSC Admissions: 605-668-3429
What happens with this information?

- The records and summary is sent to HSC’s Clinical Review Team.

- The Clinical Review Team consists of: staff psychiatrists, family practice medical provider, nursing staff, social work staff, and therapeutic recreation specialists.
What happens with this information? cont.

- The Clinical Review Team makes suggestions and this is collected by the Admission Nurse. These are then forwarded to the nursing facility within 24 to 48 hours.

- The Admissions Nurse will follow up 2 weeks later to inquire about the patient’s status.
Clinical Review and HSC Geriatric Program

- 295 bed capacity
- State of the art treatment for mental illness and/or chemical dependency
- SDAHO
- WPSHA
Clinical Review and HSC Geriatric Program

- Programs:
  - Adult Acute Psychiatric
  - Adult Psychiatric Rehabilitation and Recovery
  - Intensive Treatment
  - Adolescents
  - Chemical Dependency
  - Geriatrics
Clinical Review and HSC Geriatric Program

- Licensed Nursing Facility
- 69 bed capacity
- Provide multidisciplinary team approach to care
- Family Medicine MD
- Consultant Psychiatry and Psychology
Clinical Review and HSC Geriatric Program

- 3 units: Spruce 1, Spruce 2, Willow 1
- Spruce 1 and Spruce 2 are long term units
- Willow 1 has 5 beds being used for short stay residents.
- Short stay residents receive bi-weekly visits from a consulting psychiatrist.
Admission from Community Nursing Facilities to HSC Geriatric Program (Mon-Fri 8a to 4:30p)

Call from Community Nursing Facility to HSC Admissions

HSC Clinical Review Offered. Accepted?
- NO
  - Facility initiates: Emergency 5-day, 30-day, or 90-day commitment?
    - YES
      - HSC Admission staff requests:
        - Medical Clearance Information - resident medically cleared?
          - YES
            - Does the resident have a PASRR Letter? (Level I or II)
              - NO
                - Admit to HSC Adult Acute
              - YES
                - Does HSC Geriatric Program have beds available?
                  - NO
                    - Admit to HSC Adult Acute
                  - YES
                    - HSC Admissions notifies Stefanie Auch, MSW

MSWCoordinates admission with HSC Admissions and Community NF

- PASRR submitted (Level II Spec. Serv.)
- Psychiatric Evaluation (48 hours)
- History and Physical (24 hours)
- Psychosocial Assessment (72 hours)
- MDS Initiated
- RN Admission Checklist
- SW Checklist

Resident is admitted to HSC Geriatric Program

Resident seen 2x a week for psychiatric Rounds for 30 days, then 1x weekly for 60 days.

Treatment Complete

Resident returns to Community Nursing Facility
Clinical Review and HSC Geriatric Program

Goals of Short Stay Treatment

- Admit/Assess
- Treat
- Return to community nursing home
Clinical Review and HSC Geriatric Program

Objectives of Short Stay Treatment

- Support appropriate admissions.
- Promote the use of the clinical review prior to the individual being placed on a 5 Day MI Hold.
- Ensure that medical interventions are sought first.
- Involve the family/personal supports throughout the process.
- Once treatment is complete, the resident returns to home community nursing facility.
Contacts

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Thank-you for attending and your commitment to improving South Dakota’s PASRR Process!