Department of HUMAN SERVICES

Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO. 1040

DATE: August 17, 2011

TO: Iowa Medicaid Hospitals, Skilled Nursing Facilities, Intermediate Care Facilities and Nursing Facilities

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Changes to the Nursing Facility Admission Process: Preadmission Screening and Resident Reviews (PASRR)

EFFECTIVE: September 1, 2011

As you are likely aware, the Iowa Department of Human Services, Mental Health and Disability Services Division is implementing significant changes to the State's Pre-Admission Screening and Resident Review (PASRR) process in response to the recent Centers for Medicare and Medicaid Services (CMS) mandates. Within just the past two years, CMS has:

- Increased compliance analyses of state operating strategies;
- Directed increased Regional CMS oversight of PASRR processes;
- Provided specific requirements to states to modify their processes to comply with federal guidelines, including guidelines for conflict-free evaluations, and;
- Directed state Survey and Certification Directors to step up inclusion of PASRR in survey activity.

The Department of Justice in their Olmstead activity, has, likewise, become actively involved in enforcing the tenets of PASRR through ensuring that states use their PASRR process to place individuals in the most integrated settings appropriate to their needs.

Iowa is committed to revising its process to meet these mandates and beginning September 1, 2011 Ascend Management Innovations (Ascend) will assume responsibility for the following services under contract with the Iowa Department of Human Services, Mental Health and Developmental Disabilities Division:

- **Applying Exempted Hospital Discharge decisions** for individuals who have PASRR targeted conditions (suspected mental illness, mental retardation, and/or developmental disabilities). The *Exempted Hospital Discharge* (EHD) means the individual is being admitted to the nursing facility directly from an acute care stay and will require nursing facility services for the same condition and the attending physician certifies the stay is likely to be less than 30 days. This allows persons with PASRR targeted conditions to be admitted to Medicaid certified nursing facilities efficiently for short term specific reasons. This Exemption is limited to the 30 days; a Level II must be completed by Ascend on or before the 40th calendar day from the individual's admission to the nursing facility.

- **Applying Categorical decisions** for individuals who have PASRR targeted conditions (suspected mental illness, mental retardation, and/or developmental disabilities). Categorical decisions enable persons with PASRR targeted conditions to be admitted to Medicaid certified nursing facilities after an abbreviated PASRR Level II evaluation is conducted. Categorical decisions include terminal conditions, very serious medical conditions, 60 day convalescent care decisions, etc. Ascend will be responsible for conducting the abbreviated PASRR Level II evaluations for persons eligible for categorical decisions.

- **Conducting PASRR Level II evaluations for persons known or suspected of having serious mental illness that are residing in or applying to a Medicaid Certified nursing facility.**

- **Ensuring Level II Recommended Services are delivered.** CMS has indicated their commitment "to hold State Medicaid agencies accountable for ensuring compliance with federal requirements", including the requirement that states monitor the delivery of services required through the PASRR evaluation. Ascend will be responsible for conducting this oversight.

Ascend offers longstanding experience managing these services for a variety of states and Iowa looks forward to the efficiencies it will gain through the Ascend screening processes. We will issue additional communications through the Ascend website (http://www.ascendami.com/pasrr/Iowa/) to alert you and your staff of upcoming trainings, as well as changes to forms, procedures, and policies.

In order to prepare providers for these changes, Ascend will offer several training opportunities in the coming weeks. Ascend will post web-training sessions on their website (http://www.ascendami.com/pasrr/Iowa/) so that provider staff may view trainings at their convenience. In addition, Ascend representatives will conduct detailed live trainings in mid to late August 2011. Details will be posted on the Ascend website and circulated soon.

Please circulate this memo among staff at your facility.
Information about trainings, procedures, form revisions, and other updates about these processes will be posted on the Ascend website over the coming weeks:
http://www.ascendami.com/pasrr/Iowa/

Please bookmark this website and visit it frequently for postings and updates

If you have any questions, please feel free to contact Andrea Womack at awomack@ascendami.com or leave a message on the "Feedback" link at http://www.ascendami.com/pasrr/index4.asp.

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INFORMATIONAL LETTER NO.1660-MC

DATE: April 14, 2016

TO: Iowa Medicaid Skilled Nursing Facilities (SNF), Intermediate Care Facilities (NF), Nursing Facilities-Mental Ill (NF/MI) and Managed Care Organizations (MCOs)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Minimum Data Set (MDS) 3.0 Section "Q" Referral Process

EFFECTIVE: April 1, 2016

The MDS 3.0 is the NF resident assessment instrument used by all Medicaid certified NFs. The MDS 3.0 Section "Q" identifies NF residents who wish to learn about available community supports and services and the possibility of returning to the community.

The IA Health Link managed care program began on April 1, 2016. This letter provides updated instructions on the process for Section "Q" referrals to the local contact agencies (LCAs). The process will be as follows:

After completion of the MDS 3.0, the NF discharge planner should call the IME Medical Services Unit at 1-800-383-1173 or locally in Des Moines at 256-4623 between 8 am and 4:30 pm Monday through Friday and ask to speak to a reviewer about a Section "Q" referral.

The IME reviewer will gather the necessary information from the facility. The IME reviewer will then determine if the member is assigned to an MCO. If the member is enrolled in an MCO, the member's contact information will be forwarded to the MCO's care coordination team. The MCO care coordination team will respond to the individual's request for information and provide additional outreach to further assess the member's needs related to transition into the community.

If the member is with Medicaid Fee-for-Service (FFS) and is not enrolled with an MCO or is not Medicaid eligible, the member's contact information will be forwarded to a Money Follows the Person (MFP) transition specialist who will perform additional outreach to further assess the member's needs related to transition to the community.

Within the Preadmission Screening and Resident Review (PASRR) there is a similar process to follow whenever an individual has 1) been approved by PASRR for a short-term period of approval NF care, with a goal of placement in a lower level of care, or 2) self-disclosed through a process other than via the MDS 3.0 Section "Q", that they wish to seek transition to a lower level of care. In these cases, the NF will be expected to make appropriate referrals following the guidance offered within the PASRR Summary of Findings and PASRR training.

If you have any questions regarding the MDS 3.0 Section “Q” referral process, please contact Sally Oudekerk, Program Manager, at soudeke@dhs.state.ia.us.

If you have any questions regarding the PASRR program or process, please contact Lila Starr, PASRR Program Manager, at lstarr@dhs.state.ia.us, or Ascend Management Innovations, at iowapasrr@ascendami.com.

INFORMATIONAL LETTER NO.1760-MC-FFS

DATE: January 31, 2017

TO: Iowa Medicaid Nursing Facilities (NFs), Skilled Nursing Facilities (SNF) and Nursing Facilities for Individuals with Mental Illness (NF/MIs)

APPLIES TO: Fee-for-Service and Managed Care

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Care Planning For Preadmission Screening and Resident Review (PASRR) Level II Identified Services

EFFECTIVE: Immediately

This informational letter clarifies concerns raised by NF providers related to care planning for individuals identified by PASRR Level II as being in need of PASRR identified services.

The goal of PASRR is to ensure that individuals with mental health, intellectual/developmental disabilities and related conditions live in the most appropriate setting and receive the services they need in that setting. To achieve this goal, the PASRR process must identify the services and supports that an individual may need in the NF or community and identify whether an individual meets the level of care criteria for a NF. This includes all rehabilitative services, specialized services and any services that may relate to short-term approval and/or preparation for discharge to a lower level of care.

If the NF setting is found to be the most appropriate setting for an individual, PASRR identified services and supports must be delivered in the NF through a combination of state, NF and other resources.

The Code of Federal Regulations (42 CFR § 483) and the PASRR Final Rule clarify the expectation for PASRR identified services and supports to be incorporated into the individual's care plan at the NF.

The IME, the Department of Inspections and Appeals (DIA), DHS Mental Health and Disabilities Services Division (MHDS), and Ascend, the PASRR contractor, have worked together to determine the basic requirements needed for a compliant individual care plan. The results of this collaboration concluded:

- A care plan must be developed for a resident of a NF upon admission and reviewed quarterly or when there is a significant change in need.
- NFs must obtain and retain, in the individual's file, a copy of the PASRR which identifies the services and supports that the NF is required to provide for the resident.
- The PASRR identified services must be incorporated into the individual's care plan and address the following four criteria:
    1. Start Date – the date the services started or will start
    2. Expected Duration – how long will the services be provided
    3. Anticipated Frequency – how often will the services be provided
    4. Provider – credentials of the individual or profession that will be providing the service

- If the service is a specialized service, the credentials of the provider need to be identified. If available, the name of the specific provider should be provided.
- If the resident refuses a specialized service, PASRR requires that the NF address, in the care plan, how they intend to meet the need that the PASRR identified service was intended to address and how they will monitor the resident's continued willingness to accept or decline the services.
- If a PASRR identified specialized service is declined or cannot be arranged for other reasons, the individual's care plan must include how the NF plans to address the identified need in the absence of those services.

The IME and the MHDS would also like to provide clarification on the following concerns:

Specialized Services:

For the purposes of PASRR, the term "specialized services" means any service or support identified by an individualized Level II determination that a particular NF resident requires due to mental illness, intellectual disability or related condition, which exceeds the scope of services that the facility must provide under reimbursement as NF services.

The PASRR identified specialized services need to be addressed in the individual's care plan along with all other PASRR identified services.

Community Placement Supports:

Community placement supports are those supports and services that an individual needs when they are living in the community. It is a federal requirement for every PASRR Level II to have community placement supports identified in the PASRR Summary of Findings. The NF must address these in the individualized care plan if the resident:

1. receives a short term approval from PASRR,
2. has a goal to return to a lower level of care, or
3. has identified in the Minimum Data Set (MDS) Section Q, that they wish to pursue the possibility of return to a lower level of care.

The NF may not know specifically who the provider of community placement supports will be so they should address who will be contacted to deliver those services at the time they are needed.

PASRR Care Planning Tool:

A PASRR Care Planning Tool has been created to assist NFs in writing a care plan. The use of this tool is **NOT** required. As long as the care plan thoroughly addresses the four criteria above, it will meet the requirements of a compliant care plan.

ServiceMatters Care Plan Reviews:

Federal regulations require that NF residents receive all services identified by PASRR Level II. Ascend is contracted to conduct ServiceMatters Reviews (ServiceMatters) of the provider's delivery of PASRR identified specialized services for residents with specialized service needs.

ServiceMatters is an intensive review, technical assistance, and coaching process to assist NFs with development of PASRR compliant care plans. When reviewing an individual's care plan for ServiceMatters, the reviewer is looking to make sure the care plan identifies the PASRR identified services and the documentation provided by the NF supports the delivery of the specialized services.

Documentation that supports the delivery of specialized services can vary based on how the NF tracks the information. Some examples of documentation include:

- Detailed electronic health record documents that shows treatment occurred with dates and providers indicated.
- A form utilized by the NF and completed by the specialized service provider outlining when the individual was seen, medications, what kind of review occurred at the appointment, and next appointment, if applicable.
- Copies of the individual's actual treatment records

The ServiceMatters review process will identify compliance or noncompliance of care plans and whether PASRR identified services are being delivered. NFs determined to be noncompliant for individual care planning and service delivery through ServiceMatters will be referred to the IME Program Integrity (PI) Unit for additional review. The IME PI Unit will evaluate each referral and follow their standard operating procedures based on the specifics of the noncompliant referral. Continuous non-compliance of individual care planning and service delivery by a NF may result in sanctions including probation, recoupment, payment suspension and suspension from participation.

Health Insurance Portability and Accountability Act (HIPAA) Concerns:
Please be assured that the Ascend system is secure and fully HIPAA compliant. Sensitive information that is requested by Ascend may be directly uploaded into their secure PASRR database when logging into the PASRR web page. If and when you are asked to send documents to DHS/MHDS, please be assured that the email system is also secure. If sensitive information is being sent to DHS/MHDS, please mail or fax to the address specified in the correspondence you receive.

Managed Care Organization (MCO) Community Based Case Management:
With the transition to managed care on April 1, 2016, the MCOs are required to assign community-based case managers (CBCMs) to residents of NFs. CBCMs should be included in the care planning process and utilized for assistance in locating or arranging services when needed. CBCMs may assist with the identification and coordination of services needed for those members who need PASRR identified services.

PASRR Resources:
Provider tools, frequently asked questions and training opportunities are available on the PASRR web page[1]

[1] http://www.pasrr.com/IowaDefault.aspx

Iowa Department of Human Services

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INFORMATIONAL LETTER NO. 1939-MC-FFS

DATE: August 21, 2018

TO: Iowa Medicaid Intermediate Care Facilities (NF), and Nursing Facilities-Mental Ill (NF/MI), and Skilled Nursing Facilities (SNF)

APPLIES TO: Managed Care (MC) and Fee-For-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Reminder of Minimum Data Set (MDS) 3.0 Section Q Referral Process

EFFECTIVE: Immediately

On April 14, 2016, Informational Letter 1660[1], *Minimum Data Set (MDS) 3.0 Sections Q Referral Process*, was issued. This Informational Letter is a reminder to providers of the current process for MDS Section "Q" referrals to IME. The process is as follows:

After completion of the MDS 3.0, the NF discharge planner should call the IME Medical Services Unit at 1-800-383-1173 or locally in Des Moines at 256-4623 between 8 am and 4:30 pm Monday through Friday and ask to speak to a reviewer about a Section Q referral.

The IME reviewer will gather the necessary information from the facility. The IME reviewer will then determine if the member is assigned to a Managed Care Organization (MCO). If the member is enrolled in an MCO, the member's contact information will be forwarded to the MCO's care coordination team. The MCO care coordination team will respond to the individual's request for information and provide additional outreach to further assess the member's needs related to transition into the community. The MCOs will report the outcome of the Section Q referral to the IME on a quarterly basis.

If the member is with Medicaid FFS and is not enrolled with an MCO or is not Medicaid eligible, the member's contact information will be forwarded to a Money Follows the Person (MFP) transition specialist who will perform additional outreach to further assess the member's needs related to transition to the community.

Within the Preadmission Screening and Resident Review (PASRR) process, there is a similar process to follow whenever an individual has 1) been approved by PASRR for a short-term period of approval for nursing facility care, with a goal of placement in a lower level of care, or 2) self-disclosed through a process other than via the MDS 3.0 Section Q, that they wish to seek transition to a lower level of care. In these cases, the nursing facility will be expected to

[1] https://dhs.iowa.gov/sites/default/files/1660-MC_MinimumDataSet3.0SectionQReferralProcessSO.pdf

care plan for all community placement supports and make appropriate referrals following the guidance offered within the PASRR Summary of Findings and PASRR training.

If you have any questions regarding the MDS 3.0 Section Q referral process, please contact Sally Oudekerk, Program Manager, at soudeke@dhs.state.ia.us.

If you have any questions regarding the PASRR program or process, please contact Lila Starr, PASRR Program Manager, at lstarr@dhs.state.ia.us, or Ascend Management Innovations, at iowapasrr@ascendami.com.