PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR) SIGNIFICANT CHANGE IN STATUS (RESIDENT REVIEW) CONSIDERATIONS

June 9, 2020
Purpose of this presentation

- To give context to the Pre-Admission Screening and Resident Review (PASRR) approach used in Iowa with emphasis on Resident Review (Significant Change in Status) Evaluations

- To provide an opportunity for discussion and collaboration around the approach and guidance for Resident Reviews/Status Change
Before we Begin

✓ Rosa’s Law (PL 111-256 replaces in law the term mental retardation with the term intellectual disabilities. Though those changes have not been made in their entirety in federal code, federal language is changed in this presentation in accordance with Rosa’s Law.
To evaluate applicants and residents to Medicaid certified nursing facilities who have known or suspected serious mental illness or Intellectual/Developmental disability to identify:

- The most appropriate placement
- Any needed disability related services and supports
**Federal Compliance**

*Accuracy*—don’t under-refer

Understand clinical symptoms that suggest a serious disability

Use sensitive approaches

Sensitivity—Do not miss anyone who has a serious mental illness or IDD

**Fiscal Responsibility**

*Efficiency*—don’t over-refer

Understand how to differentiate serious from non-serious mental health conditions

Employ processes for collecting information that supports that differentiation

Specificity—Do not pay for costly Level II if the need (or appropriateness) for evaluation can be ruled out

**Balance Accuracy and Efficiency**

Federal Compliance

- Accuracy—don’t under-refer

- Use sensitive approaches

- Sensitivity—Do not miss anyone who has a serious mental illness or IDD

Fiscal Responsibility

- Efficiency—don’t over-refer

- Understand how to differentiate serious from non-serious mental health conditions

- Employ processes for collecting information that supports that differentiation

- Specificity—Do not pay for costly Level II if the need (or appropriateness) for evaluation can be ruled out
Who should be referred? Federal Changes to the PASRR Mental Illness Definition

✅ 1987:
- Any mental illness
- Any psychotropic
- A primary or secondary diagnosis of a mental disorder

✅ 1990:
- A “serious mental illness” (efforts to narrow) that is not a primary dementia
- A psychotropic that may mask a mental illness
- Instructions for CMS to consult NIMH

✅ 1992:
- Borrowed NIMH Serious and Persistent Mental Illness (SPMI) definition to define Serious Mental Illness
- Diagnosis, Duration, Disability (Next slide)
- Must evaluate known or suspected serious mental illness
Federal language changes narrowed focus of the PASRR target population
Serious Mental Illness (§483.102)

The following are indicators of a serious mental illness. When those indicators are known or suspected, the person requires a PASRR Level II evaluation.

**Diagnosis**
- ...any mental disorder that may lead to a chronic disability;
- But not a primary diagnosis of dementia

**Disability**
- Results in functional limitations in major life activities (past 6 months)...e.g., difficulty interacting, communicating, sustaining attention, adapting to change, etc.

**Duration**
- Within the past 2 years—received intensive treatment or experienced a significant disruption (e.g., psychiatric symptoms exacerbated).
Federal Language regarding Diagnosis: ...mental disorder that may lead to a chronic disability; but not a primary diagnosis of dementia

- If the **both** a dementia and a mental health condition are present, the Level I process will determine whether a Level II is needed depending on which is primary.
- Mental illness is primary if it is likely to be the focus of treatment now or in the future.

- Some dementia behaviors “look like” other mental illness (psychosis, depression, etc.).
- The Level I process will determine if a Level II is needed.

**Dementia + Mental Health Condition**

**Unclear whether symptoms are dementia or mental illness**
Methods states use to decide who has SMI and who should get referred to PASRR Level II
Provider Decides

- Highest risk
- Effectiveness depends on provider insights about disability
- High provider disincentive to accurately report disability
- Fraught with conflict of interest
- Until recent years, this was the most common approach

Level I screen **submitter decides** whether the person has a PASRR disability

- Provider (hospital or NF)
  - Completess Level I
- Provider (hospital or NF) decides action
  - Do you think there's a disability? Yes
    - Sends triggered Level I to the MH/IDD authority
  - No trigger
    - (generally short screen with 4-5 checkbox questions)
    - Stop
- State authority or designee
  - Conducts PASRR evaluation
State Decides

- Effectiveness depends on the comprehensiveness of the tool and the clinical skills of the state decision maker
- Typically short tools enable providers to limit information reported about people with disability—reinforces disincentive to report accurately
- Fraught with conflict of interest
- Increasingly common approach
State designated, trained clinician decides:

- Addressed by CMS as a “Level 1.5” or a clinical decision to balance efficiency and accuracy.
- Matching a more robust tool to a more clinically trained disability expert is critical to achieve the efficiency and accuracy balance.
- Used now in about 1/3 of the states.

Level 1 screen trained disability clinician decides whether the person has a PASRR disability.
Personnel Qualifications: States determine the personnel qualifications for conducting the Level I identification screens, and for deciding whether an advance determination by category applies (which is a Level II Function, see Categorical Determinations page 3). For example, some states permit hospital and NF staff to perform Level I screens, while other states require the same level of qualified mental health professional for Level I as Level II. Studies indicate that in some states, Level I screeners are not capable of discovering previously undiagnosed individuals, understanding the role of dementia, distinguishing potentially serious mental illness from lower level conditions, and so on. Note that flexibility in Federal requirements re Level I screener qualifications does not reduce the SMA’s responsibility for accurate screens. Training requirements are not a substitute for state evidence of monitoring for accurate screens.

As with any wide screening process, the goal of Level I is to identify all individuals who have, or might have, the target conditions, (i.e., for the well being of beneficiaries, there should be no false negatives), while keeping to a minimum the number of individuals who are subsequently ruled out by the more expensive Level II evaluation process (i.e., for efficiency and economy, and to speed placements, the state will wish to reduce false positives). Most states choose to achieve this balance by specifying a low level of professional qualification for Level I screeners, who will be more widely available than Level II evaluators. Some states address both efficiency and accuracy by using a centralized process in which screeners submit their findings to more highly qualified persons for a decision.

CMS PASRR Self Assessment (2008) acknowledges:

✔ Weakness of processes that permit providers to decide if a Level II is needed

✔ Strength of Iowa’s process of using trained clinicians to balance efficiency and accuracy
MDS 3.0 GUIDELINES FOR STATUS CHANGE

The following addresses the relationship between MDS 3.0 guidelines for Significant Change in Status and PASRR Level I and II

MDS 3.0 identifies two types of Significant Change in Status:
1) Significant Change in Status Assessment (SCSA) –and-
2) PASRR Significant Change in Status

**SCSA (A0310A=04)**

MDS 3.0 language says that a nursing home must update their MDS assessment in response to a significant change:

A comprehensive assessment for a resident that must be completed when the IDT has determined that a resident meets the significant change guidelines for either improvement or decline.

A “significant change” is a decline or improvement in a resident’s status that:

1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not “self-limiting” (for declines only);
2. Impacts more than one area of the resident’s health status; and
3. Requires interdisciplinary review and/or revision of the care plan.

**Guidelines for when a PASRR Level II is needed**

MDS 3.0 language says that sometimes those assessments will trigger a PASRR Level II

- A significant change may require referral for a Preadmission Screening and Resident Review (PASRR) evaluation if a mental illness, intellectual disability*, or condition related to intellectual disability is present or is suspected to be present.

- The nursing facility must provide the SMH/MR/DDA authority with referrals…as soon as the criteria indicating such are evident — (see criteria in the following slides)
MDS 3.0 identifies two types of criteria for understanding when a PASRR Level II is needed.

- **Residents who have not had prior PASRR Level II**
  - Mental health condition or intellectual disability was not known
  - Mental health condition or intellectual disability developed

- **Residents who have had previous PASRR Level II**
  - Disability service needs change
  - Placement needs change
Residents who have not had a prior Level II MDS 3.0 Guidance provides criteria for

For residents who have not had a previous Level II (when to submit a status change Level I)

These may or may not result in a Level II evaluation but gives a trained clinical expert (the Level I Clinical Reviewer) the opportunity to assess the information and make that determination.
MDS 3.0 Guidelines for identifying need for PASRR for an individual NOT PREVIOUSLY IDENTIFIED as having a PASRR condition

Note: this is not an exhaustive list

1. Resident who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a diagnosis of mental illness as defined under 42 CFR 483.100 (where dementia is not the primary diagnosis).

2. Resident whose intellectual disability as defined under 42 CFR 483.100, or condition related to intellectual disability as defined under 42 CFR 435.1010 was not previously identified and evaluated through PASRR.

3. Resident transferred, admitted, or readmitted to a NF following an inpatient psychiatric stay or equally intensive treatment.
Historic provider instructions for Residents who have NOT previously been evaluated through PASRR

1. IDD suspected
   + Age of onset is unknown or prior to 18/22
   = Refer to clinical expert

2. MH behaviors, diagnoses or symptoms (or psychiatric hospitalizations)
   + It’s not situational
   = Refer to clinical expert

3. MH prescription or prescription change
   + It’s not situational (e.g., COPD and anxiety, situational depression) or dementia
   = Refer to clinical expert
Historic provider instructions for Residents who have NOT previously been evaluated through PASRR

1. IDD suspected
   - Age of onset is unknown or prior to 18/22

2. MH behaviors, diagnoses or symptoms (or psychiatric hospitalizations)
   - It's not situational

3. MH prescription or prescription change
   - It's not situational (e.g., COPD and anxiety, situational depression) or dementia

Clinical expert reviews medical records and reports

= Refer to clinical expert

Referral to Level II or rule out of Level II need

- Is it likely to resolve?
- Is it a transient reaction to a situational stressor?
MDS 3.0 NF Provider Guidance

About individuals who **have had** a previous Level II

(when to submit a status change Level I)

Residents who have had a prior Level II

These may or may not result in a Level II evaluation but gives a trained clinical expert (the Level I Clinical Reviewer) the opportunity to assess the information and make that determination
PASRR decisions for residents who have and have not been previously evaluated through PASRR (MDS 3.0 guidelines)

Guidelines for identifying need for PASRR for an individual PREVIOUSLY IDENTIFIED as having a PASRR condition

Note: this is not an exhaustive list
1. Resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.

2. Resident with behavioral, psychiatric, or mood related symptoms that have not responded to ongoing treatment.

3. Resident who experiences an improved medical condition—such that the resident’s plan of care or placement recommendations may require modifications.

4. Resident whose significant change is physical, but with behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, that may influence adjustment to an altered pattern of daily living.

5. Resident who indicates a preference (may be communicated verbally or through other forms of communication, including behavior) to leave the facility.

6. Resident whose condition or treatment is or will be significantly different than described in the resident’s most recent PASRR Level II evaluation and determination. (Note that a referral for a possible new Level II PASRR evaluation is required whenever such a disparity is discovered, whether or not associated with a SCSA.)

7. Previous authorization for a time-limited stay has ended
Historic provider instructions for Residents who HAVE previously been evaluated through PASRR

1. New or increased symptoms or behaviors or diagnosis (including psych hospitalization)
   + Significant to the extent that Plan of Care will require change

2. Medical condition improving
   + Plan of Care requires change; or chooses community and needs discharge plan

3. Short term stay ending
   + Needs to remain in NF beyond authorization period

4. Not responding to the PASRR Plan of Care
   + Plan of Care requires change
Historic provider instructions for Residents who HAVE previously been evaluated through PASRR

1. New or increased symptoms or behaviors or diagnosis (including psych hospitalization)
   + Significant to the extent that Plan of Care will require change

2. Short term stay ending
   + Needs to remain in NF beyond authorization period

3. Not responding to the PASRR Plan of Care
   + Plan of Care requires change

4. Medical condition improving
   + Plan of Care requires change; or chooses community and needs discharge plan

Can the need for Level II Status Change evaluation conclusively be ruled out?
- Are the person’s disability needs met under the current treatment plan?
- Is the change clearly due to a medical condition (e.g., B12, TSH, UTI, etc.)
QUESTIONS