PASRR Technical Assistance Center (PTAC) Learning Module 2
CFR Compliance PASRR: Part 2
Transcript

Opening Slide

Welcome. The PASRR Technical Assistance Center, more commonly known as PTAC, Truven Health Analytics, an IBM company, and Mission Analytics, with support from the Centers for Medicare and Medicaid Services (CMS) are pleased to offer this learning module. This is the second of three modules that provide an overview of the Code of Federal Regulations (CFR) requirements, specific to State responsibilities for Preadmission Screening and Annual Resident Review (PASRR) of individuals with a mental illness, intellectual disability, or a related condition. My name is Andrea Womack, a consultant with PTAC and I will be your guide for this module.

In this Learning Module we will be focusing on the Level I screening process, the exempted hospital discharge, and reviewing CFR requirements specific to provisional and categorical determinations

Slide #2

This is the second of three Learning Modules that address basic requirements that States must meet in order to be compliant with the CFR. Modules 1, 2, and 3 should be reviewed in order to have a full understanding of those requirements.

While these modules address the "*basic requirements*", PTAC is well aware of the work being done to move beyond just a "*compliance only*" approach to PASRR. We encourage you to access the additional modules that can help you:

- Better integrate person-centered practices into your PASRR system
- Learn more about Specialized Services and how they can help you support individuals, and
- Learn about state or national health initiatives that can align with your PASRR efforts.

Slide #3

So, what is PTAC? Hopefully, you are already familiar with PTAC, either through prior visits to our website, participation in our monthly webinars, or as a result of having reviewed other

Learning Modules. You can learn quite a lot about PTAC by further reviewing our website, at www.pasrrassist.org after you finish this module. Our contract with CMS, which began in 2009, places an emphasis on:

- Helping CMS better understand how state PASRR programs operate and where greater regulatory clarity is needed
- Conducting research or studies on key focus areas, such as our National Reports on Level I and Level II practices, and
- Helping states improve their PASRR Programs through individualized technical assistance, monthly webinars, and regional calls

The intent of this learning module, and the others you can access, is to help states improve their PASRR process, including the PASRR experience for those who do the work or who move through PASRR.

Slide #4

While this learning module, and modules 1 and 3 emphasize regulatory compliance, overall PTAC's training emphasis is on promoting development of a Holistic PASRR program. That holistic model is based on:

- CFR policies and regulations
- CMS guidance
- Lessons learned to date from the research and studies conducted
- Growing understanding of person-centered practices
- Increased awareness of how health care is changing, and
- Better understanding of what is needed to promote continuous quality improvement

Slide #5

This module is a continuation of our focus on what states are required to address in order to be compliant with federal regulations. This "compliance CFR" model is one of three approaches to PASRR that are reviewed over the full Learning Module, comprised of six distinct modules. PTAC encourages you to review all modules.

Slide #6

If you have already reviewed Leaning Module #1 you will be familiar with this graphic. We reviewed some of the factors that make PASRR important, beyond the fact that States are required to meet the CFR regulations. This module, and modules #1 and #3 address those requirements, but PTAC believes it is important for States to continually look for opportunities to move their PASRR system forward, reflecting the changes that have taken place over the years

in how we support person's with mental illness or intellectual disabilities, as well as the broader changes that are taking place in our health care system.

The steps for moving forward are reflected in this graphic, moving from a compliance only approach, to an approach that is grounded in person-centered practices, and to a PASRR system that is integrated with the broader healthcare system. As the PASRR system moves forward, the range of the person's needs, support options, and stakeholder engagement expand.

As you move through this module, and subsequent modules, it is important to think about where your PASRR system is today and where you want to be in the future.

The Slide #7

Level I screening process may be described as the "doorway to your PASRR system". It is the initial point of contact for individuals being considered for admission to a Medicaid certified nursing facility and the Level I screening is the fist point of quality control in the full PASRR process. The quality of the Level I process will affect the balance of a state's PASRR program.

Slide #8

Let's start by looking at the CFR requirements for the Level I screening and Level II evaluation.

The screening and evaluation phases of PASRR ensure that individuals are evaluated for possible evidence of mental illness and/or intellectual-developmental disability or a related condition.

The Level I screening is the process that determines which individuals will receive the more in depth Level II evaluation, thus the initial screening serves as the gatekeeper for state PASRR system.

The Level II evaluates and confirms, or disconfirms the diagnosis and PASRR applicability, based on a more comprehensive evaluation and related documentation, but this only occurs based on the decision made at the Level I stage.

Slide #9

While the CFR provides little guidance on what a Level I screening tool or process looks like, it is clear about the goals of the Level I screening.

The Level I should capture all persons with suspected or known, serious mental illness, intellectual / developmental disability or related condition. Special attention needs to be given to the CFR inclusion of the word "suspected". We will discuss this distinction later in the module.

The Level I should be sensitive – identifying everybody it was mean to identify.

It should be specific – meaning that it will likely target some individuals for a Level II that don't need the evaluation. This is referred to as a "false positive".

A good Level I will help use Level II evaluator resources effectively, meaning the evaluator will be evaluating individuals that may indeed need to have service needs identified that are specific to their PASRR disability.

Slide #10

While the CFR does not provide detailed recommendations for the Level I screening instrument, studies that PTAC has done in recent years, focusing on state Level I instruments, has highlighted a number of key factors that should be considered:

Questions should be included that seek to identify possible PASRR conditions that have not been reported previously. The PASRR Level I may be the individual's first encounter with a person that seeks to identify a mental illness, intellectual disability or related condition.

Questions should seek to *look beyond* reported diagnosis of MI/ID/RC. An old reference to a diagnosis may not have been appropriate, the condition may have changed, or another condition may now be present.

It is important to look beyond reported dementia diagnosis. Often that diagnosis is assigned without supporting documentation.

When dementia and mental illness are both present, the Level 1 should gather sufficient information to help the Level II evaluator determine which condition is primary.

Slide #11

Let's look at this graphic to get a better perspective on how the Level I screening can work. In this instance we are looking at a Level I for an individual that may have a mental illness.

You will see that the horizontal side of the table references the REALTIY – meaning there is or is not a mental illness present.

The vertical side of the table refers to the "decision" being made by the Level I screener. It is important to note that this decision is not a determination, just the outcome of the screening.

First view: Ideally, the Level I screening will be sensitive (meaning it leads to a correct decision about the presence of a mental illness) and specific (meaning it will be correct about the absence of a mental illness)

Next views:

- A PASRR system is at risk if the Level I screening leads to “false negatives” (meaning the person with mental illness was not targeted for a Level II evaluation)
- A PASRR system can face high demand if the Level I results in a high number of “false positive” (meaning they did not have a mental illness)

It is important for states to have a process in place that allows them to track the quality of their Level I process as this will lead to the best use of Level II resources and improve the overall quality of the PASRR process.

Slide #12:

While not addressed in the CFR, this may a good point to highlight one of the more recent concerns to arise about the Level I process related to its sensitivity to individuals with mental illness that are in recovery.

Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual’s recovery.

The concept of recovery was largely advanced as a result of the 2002 Freedom Commission Report, thus recovery was not considered when the Final PASRR rule was released in 1992.

A full reliance of the CFR “timing” and “disability” criteria for diagnosing mental illness may lead to overlooking people in recovery.

Let’s look at those two criteria more closely.

Slide #13

The CFR “timing criteria” for diagnosing mental illness suggests that treatments more intensive than outpatient treatment that results in partial or inpatient hospitalization OR significant disruption due to mental illness within the past two years that requires supportive services.

Individuals in recovery are likely to be receiving an array of community-based services that minimize the need for more intensive services and they may have had no significant disruption over the two years.

Slide #14

The CFR “disability criteria” for diagnosing mental illness emphasizes the need to look for active symptoms within the past six months that result in functional limitations in major life activities.

Here again, an individual in recovery may have no recent history of functional limitations, or have personal illness management plans in place that minimizes those limitations.

Slide #15

Here are some recovery focused considerations for the Level I process, given the risk of missing individuals in recovery based on the Timing / Duration criteria not being met:

- Ask, do you have a personal plan that helps you manage your illness?
- Ask are you receiving any services and supports that would need to be continued if you are admitted to the NF?
- Consider referral for Level 1.5 review by MH Clinician

Slide #16

We have looked at the Level I screening process in PASRR, but of course the Level II evaluation is where the most extensive PASRR work takes place, with the more in depth evaluation taking place, recommendations are made about alternatives to nursing facility admission, and recommended services for those being admitted are identified. We will now discuss the CFR requirements related to the Level II. First, let’s review some “up stream” factors that must be considered within the Level II process.

Slide #17

One of the more important factors is the Exempted Hospital Discharge. The Exempted Hospital Discharge, which is an option for states to include in their PASRR system, is the only true exemption from PASRR. What does this mean?

First, let’s understand what the exempted hospital discharge is and who does it apply to. The EHD applies to individuals who:

- Are in a hospital for acute medical care

- Are being admitted directly to the NF for treatment of the same acute medical condition
- Are expected to reside in the NF for less than 30 calendar days

An EHD cannot be applied to someone who is entering a NF from home, a health home, or any other setting distinct from a hospital.

Let's look at other requirements for the ESH.

Slide #18

The EHD requires that a physician certify prior to admission that:

- The individual has a medical condition and requires NF services
- The individual is likely to require less than 30 days of in the NF

The CFR makes it clear that when the EHD is applied, a full Level II evaluation must be completed within 40 calendar days of admission if the stay is going to exceed the 30-day period.

The "certification" requirement is important as it conveys understanding of the EHD criteria. While there is no CFR requirement for how this is addressed, some states include the physician name and contact information and in some instances, the certification requires the physician signature.

Slide #19

The individual, or their legal representative, the NF and the physician must be notified of the EHD being applied and the potential for the Level II evaluation if the stay is beyond the 30 day.

Notice is not required for the discharging hospital.

While the EHD allows for by-passing the PASRR process, including the full Level I screening, best practice is to have the Level I completed as a way to track the number of EHD. A separate form for applying the EHD can be used as well, but it must contain all the certification statements noted on the prior slide.

Since the EHD creates a by-pass of PASRR, there is a risk of it being used in excess. This is particularly true if hospitals perceive the PASRR process as being overly cumbersome to use or if the time period for completing the full PASRR process is overly lengthy.

Slide #20

This table provides a quick overview of all the factors to consider related to the Exempted Hospital Discharge.

Moving from left to right, the Level I screen is not required, but it is good practice recommends a Level I be completed for tracking purposes and documenting the application of the ESD.

A Level of Care determination is still required and the physician is certifying the need for medical need for the 30-day stay.

There is no determination of the need for specialized services required during the 30-day stay and a Level II report is not required. Some states do choose to start the Level II evaluation, just in case the stay is going to exceed the 30-day limit. This would be particularly relevant if a state found that individuals admitted under the EHD were frequently exceeding the 30-day period.

The 30-day limit applies to calendar days and a notice is required.

Finally, the Level II evaluation is required on or before the 40th day of admission if the stay is going to be longer than the initial 30 days.

Slide #21

This table provides a quick overview of all the factors to consider related to the Dementia Exclusion and Mental Illness.

Moving from left to right, the Level I screening is required to identify the diagnosis and any evidence of dementia, and establish that the individual does not have a mental illness.

Here again, the LOC determination is required, but there is not requirement for determination of the need for specialized services.

A Level II report is not required, if the Level II evaluator determines that dementia is indeed primary.

There is no time limit associated with the Dementia Exclusion and Mental Illness.

A notice is required, confirming the use of the exclusion or informing parties of the decision to complete a full Level II evaluation.

It is important to note that the Level II evaluation is still required, although the evaluator can stop the evaluation if it is determined that the dementia is indeed primary. If the dementia is not primary the full evaluation is required and a full evaluation is required if the dementia improves to a point where it is no longer the primary treatment issue.

Slide #22

Now let's take a moment to review categorical determinations. Categories must be identified in the State Plan Amendment and approved by CMS. It should be noted that some states do not have categorical determinations.

While the Level I screener can apply the categorical based on the information collected through the Level I screening, it is important to note that the determination is made by a Level II evaluator. The evaluator can complete an abbreviated report.

Slide #23

It is essential that the documentation in the Level I screening and Level II abbreviated report show that the individual fits the category, otherwise the full Level II evaluation is required. It is also important to remember that a full Level II is required at the conclusion of any time limited category, or if the basis of category changes. We will look at this further on a upcoming table.

Slide #24

Given the importance of specialized services in the PASRR process, it is important that we look at how categorical determinations interface with specialized services.

The most important point is that there can be no positive recommendation for specialized services when making a categorical determination. A recommendation for specialized services most be based on a more extensive and individualized evaluation.

Slide #25

This table provides an overview of time limited provisional categorical determinations. These are categories that are likely to resolve over time.

For delirium, an accurate evaluation cannot be made until the delirium clears. The state specifies the time limits associated with delirium.

The emergency categorical involves situations that require protective services and the time limit may not exceed 7 calendar days.

Respite will be brief and finite stays to provide relief to in-home caregivers. Here again, the state specifies the time limits associated with respite.

The key point to remember is that in all instances the Level II evaluation must be completed once the time period concludes.

Slide #26

We can also look at the Categorical or Advanced Group Determinations that are not likely to resolve over a specific time period.

For the categories of Terminal Illness, Severe Physical Illness, and Dementia and Intellectual Disability / Related Condition there is a need for ongoing monitoring for improvement, at which point the full Level II evaluation may be appropriate.

Terminal Illness is defined by hospice regulations, located in the 42 CFR at 418.30.

Severe Physical Illness is an illness that is so severe that the individual is unable to benefit from specialized services. Examples include a coma, being ventilator dependent, or severe brain stem functioning.

The one distinction in this table is for Convalescent Care, which is not the same as the Exempted Hospital Discharge, although the admission is from a hospital for the same medical condition as treated in the hospital. The Level II evaluation must be completed at the end of the time period the state establishes for this categorical.

Slide #27

As with prior tables, this one provides a quick summary of all factors to consider for Provisional time limited categorical determinations, such as delirium, emergency admissions, and respite admissions.

In all instances a Level I screening is required and the Nursing Facility Level of Care determination may be based on the category. It is permissible to have decision that specialized services are not needed, based on the category, which removes the requirement for a determination of specialized services.

In all instances a Level II report is required, that includes the name and professional title of the persons applying the categorical, as well as the data that supports and explains the categorical.

Each provisional categorical is time limited and a full Level II evaluation is required when the delirium clears or when the specified time period concludes.

Slide #28

In this table we will review the CFR guidance specific to the advanced group categorical that are not time limited. Once again, the Level I screening is required in all instances and the Nursing Facility Level of Care determination may be based on the category.

Unlike the time-limited categories we reviewed, there is a need for an individual determination about the need for specialized services. Here again, a Level II report is required, including the name of the person applying the categorical determination, the data on which the application was made, provides a description of any other screening, identifies needed nursing facility services, and includes the basis for the reports conclusion. Notice is also required.

Since there is no time lime to these advanced categories, there is a need for ongoing monitoring to determine if a Level II evaluation is required at a later point. In instances of convalescent care admissions, the Level II must be completed at the end of the time period the stated establishes, if the individual is going to remain in the nursing facility.

Slide #29

This table reviews the CFR requirements specific to the Categorical Determination for an individual with Dementia and an Intellectual Disability or Related Condition.

The most important requirement that distinguishes this categorical from others is the Level II evaluation is required in all instance. Of course this necessitates a Level II report and notice. A nursing facility Level of Care determination is also required.

It is permissible for a decision about specialized services not being needed to be based on the category.

Slide #30

This concludes Learning Module #2 – CFR Compliance. Please be sure to review Learning Modules #1 & #3 for a full summary of CFR regulations for PASRR.