

PASRR Change in Status and Resident Review

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<https://www.pasrassist.org>

Resident Review: A Critical Component to Achieving PASRR's Vision

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Objectives

- ▶ Understand Preadmission Screening and Resident Review (PASRR) and Status Change requirements
- ▶ Understand when to notify the State Mental Health Authority (DMH BH) and State Intellectual Disability Authority (IDD) of a change in status
- ▶ Understand the ways Nursing Facility (NF) residents can be assessed through PASRR

**MH -Mental Health*

IDD -Intellectual and Development Disability

PASRR: The Big Picture Goal

Per PTAC, PASRR is achieving its federal purpose when:

- ▶ All NF residents with PASRR disabilities are identified,
- ▶ Their disability-related needs are evaluated,
- ▶ The full array of needed disability services and supports are detailed in written recommendations,
- ▶ Recommended services and supports are delivered to them,
- ▶ PTAC states that the Level II evaluation and report is **NOT** a one-and-done event.

PASRR Disability - Definition of Mental Illness

<https://www.pasrrassist.org/resources/mental-illness/what-pasrr-definition-mental-illness>

According to [42 CFR 483.102\(b\)](#), a disorder qualifies as a mental illness (MI) for PASRR purposes if it satisfies three major criteria:

- (1) It appears as a major mental disorder in the Diagnostic and Statistical Manual of Mental Disorders, revised (DSM-III-R), published in 1987. This mental disorder is:
 - (A) A schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability; but
 - (B) Not a primary diagnosis of dementia, including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder as defined in paragraph (b)(1)(i)(A) of this section.

PASRR Disability - Definition of Mental Illness

- (2) It has resulted in functional impairments in major life activities in the last 3-6 months, including interpersonal functioning, concentration, and adaptation to change; and the individual has a recent history of treatment, which means at least one of the following:
 - (A) Psychiatric treatment more intensive than outpatient care more than once in the past 2 years (e.g., partial hospitalization or inpatient hospitalization);
 - (B) Or within the last 2 years, due to the mental disorder, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

PASRR Disability - Definition of Intellectual Disability

- (3) An individual is considered to have intellectual disability (ID) if he or she has:
- (i) A level of retardation (mild, moderate, severe or profound) described in the American Association on Intellectual Disability's Manual on Classification in Intellectual Disability (1983). Incorporation by reference of the 1983 edition of the American Association on Intellectual Disability's Manual on Classification in Intellectual Disability was approved by the Director of the Federal Register in accordance with [5 U.S.C. 552\(a\)](#) and [1 CFR part 51](#) that govern the use of incorporations by reference; or
 - (ii) A related condition as defined by [§435.1010](#) of this chapter.

PASRR - Definition of a Related Condition

A related condition, which is defined by [42 CFR 435.1010](#) as a disability that:

- ▶ a) Is attributable to:
 - i) Cerebral palsy or epilepsy; or
 - ii) Any other condition, other than mental illness, found to be closely related to intellectual disability because it impairs intellectual functioning *or* would require services normally delivered to an individual with impaired intellectual functioning;
- ▶ b) Manifests before the age of 22;
- ▶ c) Is likely to continue indefinitely; and
- ▶ d) Results in substantial functional limitations in three or more of the following life activities:
 - ▶ i) Self-care;
 - ▶ ii) Understanding and use of language;
 - ▶ iii) Learning;
 - ▶ iv) Mobility;
 - ▶ v) Self-direction; or
 - ▶ vi) Capacity for independent living

Resident Review and Status Change Regulations

- ▶ **§483.104 State plan requirement.** As a condition of approval of the State plan, the State must operate a preadmission screening and annual resident review program that meets the requirements of §483.100 through 483.138.
- ▶ **§483.106 Basic rule. (a) Requirement. (3)** At least annual review, as of April 1, 1990, of all residents with mental illness or mental retardation, regardless of whether they were first screened under the preadmission screening or annual resident review requirements.
- ▶ **§483.106 Basic rule. (c) Purpose.** The preadmission screening and annual resident review process must result in determinations based on a physical and mental evaluation of each individual with mental illness or mental retardation, that are described in §483.112 and 483.114.

Resident Review and Status Change Regulations

The 1996 Nursing Home Facility Resident Act, P.L. 104-315 amended Title XIX of the Social Security Act, repealing the mandate to do *annual* Resident Reviews for every PASRR identified resident.

Section 1919(e)(7)(B)(iii) of the Social Security Act (iii) **REVIEW REQUIRED UPON CHANGE IN RESIDENT'S CONDITION** - A resident review and determination under clause (i) or (ii) must be conducted promptly after a nursing facility has notified the State mental health authority or State intellectual or developmental disability authority, as applicable, under subsection (b)(3)(E) with respect to a resident with mental illness or IDD, that there has been a significant change in the resident's physical or mental condition.

Resident Review and Status Change Regulations

- ▶ ii) Resident review.—The nursing facility must examine each resident no less frequently than once every 3 months and, as appropriate, revise the resident's assessment to assure the continuing accuracy of the assessment.
- ▶ (D) Use.—The results of such an assessment shall be used in developing, reviewing, and revising the resident's plan of care under paragraph (2).
- ▶ (E) Coordination.—**Such assessments shall be coordinated with any State-required preadmission screening program to the maximum extent practicable** in order to avoid duplicative testing and effort. In addition, a nursing facility shall notify the State mental health authority or State mental retardation or developmental disability authority, as applicable, promptly after a significant change in the physical or mental condition of a resident who is mentally ill or mentally retarded.

Resident Review and Status Change Regulations

The Final Rule was published in November 2016 (80 FR 42168). Under this rule, nursing facilities (NFs) must notify the state mental health authority (SMHA) or state intellectual disability authority (SIDA) promptly after a resident experiences a significant change in status of any kind [\[CFR 483.20\(k\)\(4\)\]](#).

Resident care plans must include Specialized Services or Specialized Rehabilitative Services that the NF will provide as a result of the Level II recommendations made by PASRR. If the NF disagrees, it must indicate its rationale for disagreeing in the resident's medical record [\[CFR 483.21\(a\)\]](#).

Electronic Code of Federal Regulations

e-CFR data is current as of August 26, 2019

- ▶ (e) *Coordination*. A facility must coordinate assessments with the preadmission screening and resident review (PASRR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes:
 - ▶ (1) Incorporating the recommendations from the PASRR Level II determination and the PASRR evaluation report into a resident's assessment, care planning, and transitions of care.
 - ▶ (2) Referring all Level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for Level II resident review upon a significant change in status assessment.

The 1996 Nursing Home Facility Resident Act, Public Law 104-315

- ▶ The amendment requires nursing facilities to promptly notify the designated PASRR entity whenever any resident may require a new or additional PASRR Level II evaluation.
- ▶ NFs' responsibility to report status changes has always been part of PASRR. With the repeal of mandatory annual resident reviews (RR), states' compliance with PASRR relies very heavily on NF compliance with status change reporting.

Referral for Level II Resident Review Evaluations are Required for Individuals Previously Identified by PASRR to Have Mental Illness, Intellectual Disability, or a Related Condition

- ▶ A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.
- ▶ A resident with behavioral, psychiatric, or mood related symptoms that have not responded to ongoing treatment.
- ▶ A resident who experiences an improved medical condition—such that the resident’s plan of care or placement recommendations may require modifications.
- ▶ A 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.
- ▶ A resident who indicates a preference (may be communicated verbally or through other forms of communication, including behavior) to leave the facility.
- ▶ A 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.)

Reference: CMS’s RAI Version 3.0 Manual -Note: this is not an exhaustive list

Referral for Level II Resident Review Evaluations Required for Individuals Not Previously Identified by PASRR to Have Mental Illness, Intellectual Disability, or a Related Condition*

A 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).

- ▶ A resident whose intellectual disability as defined under 42 CFR 483.100, or related condition as defined under 42 CFR 435.1010 was not previously identified and evaluated through PASRR.
- ▶ A resident transferred, admitted, or readmitted to a NF following an inpatient psychiatric stay or equally intensive treatment.

Reference: CMS’s RAI Version 3.0 Manual

Note: this is not an exhaustive list

Additional Potential Indicators of Need for Status Change Referral

- ▶ Addition of, or continued increase in, antipsychotic medications to the treatment regimen.
- ▶ Addition of, or significant or continuing increases in, psychotropic medications to the treatment regimen.
- ▶ Red flags indicated by the MDS Resident Assessment Protocol related to:
 - Behavior or mood, mental health or IDD diagnoses and/or a decline in functioning in a PASRR Level II resident.

NF Reported Change of Status Evaluations

PTAC's 2016 National PASRR Report indicates large numbers of NF residents have significant indicators of PASRR conditions but no evidence of a PASRR Level II completed.

NFs are required to refer any resident experiencing a significant status change indicating or impacting disability needs to the designated PASRR entity for possible Level II activity.

The PASRR entity or designee reviews the referral and determines if a Level II evaluation must occur.

How does the Nursing Facility notify the State Mental Health Authority?

Via email: Kathy.Schafer@dmh.mo.gov

Include the name of the individual, the DOB, the Medicaid DCN number, a summary of the change, how it affects the individual's ID/MI condition, and note if a new Level I (DA124 c form) has been submitted to DHSS.

Via telephone: 573-751-8070

Department of Mental Health can discuss cases and provide technical assistance to Nursing Facilities to determine if a resident review is required.

Via mail: 1706 East Elm Street, P.O. Box 687 Jefferson City , Mo 65102

Include the name of the individual, the DOB, the Medicaid DCN number, a summary of the change, how it affects the individual's ID/MI condition, and note if a new Level I (DA124 c form) has been submitted to DHSS.

Summary

- ▶ Nursing Facilities are required to promptly notify the designated PASRR entity whenever any resident may require a new or additional PASRR Level II evaluation.
- ▶ The NFs' responsibility to report status changes has always been part of PASRR. With the repeal of mandatory annual resident reviews (RR), states' compliance with PASRR relies very heavily on NF compliance with status change reporting.
- ▶ It is the State Medicaid Authority's responsibility to ensure NFs request status change evaluations as required.

Questions??

