



OFFICE OF LONG TERM SERVICES AND SUPPORTS

PASRR IN MARYLAND: WHAT HOSPITALS NEED TO KNOW

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GOALS OF PASRR IN MARYLAND: WHAT HOSPITALS NEED TO KNOW

By the end of this training, participants will have a greater understanding of the basic PASRR requirements and how hospitals can be in better compliance with these requirements, including the following:

- What is PASRR and why we do it
- Level I screening process and criteria
- Level II evaluation and determination process
- Helpful tips for achieving PASRR compliance
- Resources for information and assistance

Basic Definitions and Acronyms

PASRR – Preadmission Screening and Resident Review

NF – Nursing facility

ID – Intellectual disability

RC – Related condition

SMI – Serious mental illness

SUD – Substance use disorder

DDA – Developmental Disabilities Administration

BHA – Behavioral Health Administration

LHD – local health department

PASRR Disability – Intellectual disability, related condition, or serious mental illness

WHAT IS PASRR?

PreAdmission Screen and Resident Review

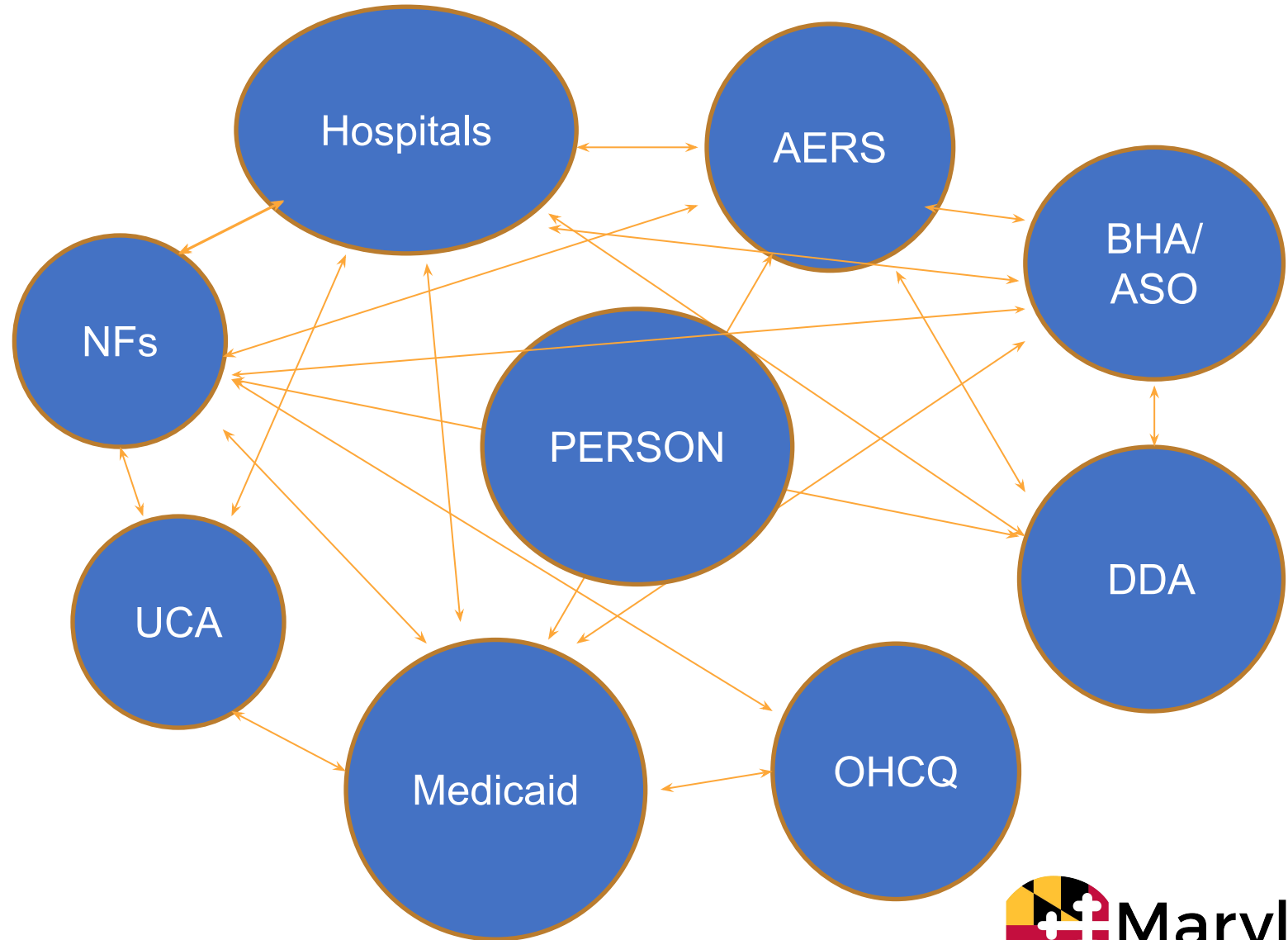
In plain English - A State's PASRR program should ensure that individuals with PASRR disabilities are:

- Properly identified
- Undergo State review prior to admission
- Admitted only if the State (either DDA or BHA/ASO) determines that a NF is the best placement to meet the person's needs
- Followed post-admission to ensure that
 - NF continues to be the most appropriate placement, and
 - The person receives needed services while in the NF

WHY DO WE DO PASRR

- Ensure that individuals with PASRR disabilities are not unnecessarily institutionalized, but can live in the least restrictive environment where their needs may be met.
- If a NF is the least restrictive environment that can meet their needs, identify the services they need for optimal functioning.
- When appropriate, PASRR can be a key component in identifying residents who may be discharged back to the community.
- IT'S THE LAW!!
 - Social Security Act, Section 1919(e)(7)
 - Code of Federal Regulations 42 CFR PART 483 Subpart C
 - COMAR 10.09.10.03
 - Nursing Home Transmittals 159 and 239

Partners in PASRR



WHY DO HOSPITALS NEED TO BE INVOLVED WITH PASRR?

- Most first time NF admissions come from hospitals, including acute general, psychiatric, and chronic hospitals
- Hospitals are required to arrange appropriate discharges.
- Federal PASRR regulations require that basic PASRR screening and follow-up evaluations if necessary be completed before the person is admitted to a NF.
- Thus, for a person anticipating admission to a NF, PASRR screening and evaluation is an essential component of the hospital discharge process.

LEVEL I

Level I – identification of individuals who are suspected of having a PASRR disability

Required for all new admissions and residents who have undergone a significant change in status

Determines whether the person is:

- “Negative” – no indication of SMI/ID/RC and can be admitted
- “Positive” – suspected of having SMI/ID/RC and needs further review under PASRR
- “Exempt” – anticipating a very short NF stay

A fillable Level I Screen may be found [here](#).

EXEMPTED HOSPITAL DISCHARGE (EHD)

An individual may be exempted from full Level I screening if **all** the following requirements are met:

- Person is admitted to a NF directly from a hospital after receiving acute non-psychiatric inpatient care (does not include emergency room or admission for observation)
- Person requires NF services for the condition for which he was hospitalized
- Physician has certified before NF admission that person is likely to require less than 30 days NF care

INTELLECTUAL DISABILITY/RELATED CONDITION

Intellectual Disability - A significantly sub-average intellectual functioning existing concurrently with deficiencies in adaptive behavior and manifested during the developmental period.

Related Condition - a severe, chronic disability that meets all of the following:

- a. Attributable to condition closely related to ID (e.g., cerebral palsy or autism)
- b. Manifested before age 22;
- c. Likely to continue indefinitely; and
- d. Results in substantial functional limitations in 3 or more major life activities:
 - self-care mobility learning
 - understanding and use of language
 - self-direction capacity for independent living.

Is This a “Related Condition?”

May* be a related condition

- Cerebral palsy
- Brain injury before age 22
- Autism
- Down's Syndrome
- Traumatic injury prior to age 22
- Global Developmental Delay
- Intellectual Disability
- Fetal alcohol Syndrome

Is not a related condition

Brain injury age 22 or older
Dementia

*must meet all requirements listed on previous slide

SERIOUS MENTAL ILLNESS CRITERIA

- 42 CFR 483.134
- **Diagnosis** - major mental disorder
- The disorder has resulted in **serious functional limitations** in major life activities within the past 3 – 6 months.
- In the past 2 years, the individual has required
 - **psychiatric treatment** more intensive than outpatient care more than once;
or
 - Experienced an episode of **significant disruption** to the normal living situation for which supportive services were required to remain in their living situation.
or required intervention by housing or law enforcement officials

DIAGNOSIS

This criterion applies if the person has a diagnosis of a major mental disorder (MMD) such as:

schizophrenia

major depression

paranoia

severe anxiety disorder

somatoform disorder

personality disorder

post-traumatic stress disorder

other psychotic disorder

NOTE: Dementia itself is not considered to be a MMD, however if the person has both dementia and MMD, he or she should be identified in the Level I process as having MMD.

FUNCTIONAL LIMITATIONS

The person should be identified as having functional limitations in major life activities if he or she has experienced behaviors, including but not limited to the following, during the past 6 months as a result of the mental illness:

- Serious difficulty interacting with others (e.g., altercations)
- Hallucinations or delusions
- Serious difficulty completing routine tasks that one would normally be capable of completing
- Physical threats for potential for harm
- Suicidal ideation, gesture, or attempt
- Severe appetite or sleep disturbance
- Excessive tearfulness or irritability

TREATMENT/SIGNIFICANT DISRUPTION/INTERVENTION

The person should be identified as having a recent need for treatment if, due to the mental illness, the person has experienced one or more of the following during the past two years:

- Partial hospitalization or day treatment (e.g., MADC, psych rehab)
- Residential treatment (e.g. psychiatric group home)
- Substance use treatment at ASAM Level 2.1 or higher
- Mobile treatment or other behavioral health services more intensive than routine outpatient mental health services

TREATMENT/SIGNIFICANT DISRUPTION/INTERVENTION (cont'd)

- Multiple emergency department visits
- Homelessness or eviction
- Change in housing situation (e.g., eviction, need to move in with caregiver or have caregiver move in, move to group housing situation)
- Multiple legal/law enforcement interventions
- Inpatient psychiatric hospitalization (even if only once)

LEVEL I INFORMATION SOURCES/ASK YOURSELF THESE QUESTIONS

Sources of information for completing the Level I Screen

- Current chart
- Records of previous hospital encounters
- Family members or other informants
- Patient

When assessing a patient's PASRR status, take a step back and ask yourself the following:

- Why is a nursing facility being sought for this person?
- Why can't the person return to his or her previous placement?

If the reasons have to do with significant functional or cognitive limitations and/or behavioral issues (as opposed to skilled nursing or rehab), this is a **RED FLAG**.

LEVEL II

For all who screen “positive”, cannot claim EHD, and require further evaluation:

Determine whether:

- NF placement is appropriate, and
- Specialized services are required

May be done individually or by category (CAGD-more on this later)

CATEGORICAL ADVANCE GROUP DETERMINATIONS (CAGD)

Deemed appropriate for NF care (and may be deemed not to require Specialized Services).

1. Post-hospital convalescent care up to 120 days due to acute physical illness
2. Terminal illness with life expectancy of less than six months
3. Severe physical illness resulting in severe impairment and inability to benefit from Specialized Services
4. Provisional emergency admission up to seven days
5. Respite care, up to 30 days

CATEGORICAL ADVANCE GROUP DETERMINATIONS (cont'd)

Convalescent Care

- Person was hospitalized for an acute physical condition and requires further treatment, such as:
 - Daily therapy - PT, OT, SLP, RT
 - Daily wound care by a licensed nurse
 - Care for unstable diabetes
- The NF stay is not expected to last more than 120 days.
- Level II referral for need for Specialized Services is still required
- Level II referral must be made prior to admission to the NF, however NF placement may take place pending the outcome of this evaluation.

CATEGORICAL ADVANCE GROUP DETERMINATIONS (cont'd)

Terminal Illness

- The physician has determined life expectancy is less than six months
- Person must either be enrolled in Hospice or have refused Hospice care in writing
- Level II referral for need for Specialized Services is still required
- Level II referral must be made prior to admission to the NF, however NF placement may take place pending the outcome of this evaluation.

CATEGORICAL ADVANCE GROUP DETERMINATIONS (cont'd)

Severe Physical Illness

- Examples of physical conditions that may qualify for this category include:
 - Ventilator dependent
 - Coma
 - Other condition that would preclude Specialized Services
- Presumed not to need or benefit from Specialized Services, so no Level II referral is required. Admission to the NF may take place

CATEGORICAL ADVANCE GROUP DETERMINATIONS (cont'd)

Provisional Emergency Admission

- Allows NF admissions on an emergency basis when a person needs to be removed from his or her usual living situation without delay
- Limited to seven days
- Local Adult Protective Services agency must be involved in the placement

CATEGORICAL ADVANCE GROUP DETERMINATIONS (cont'd)

Respite Care

- Less than 30 days to provide respite for family
- Presumed not to need or benefit from Specialized Services, so no Level II referral is required. Admission to the NF may take place

CAGD REPORT - REQUIRED INFORMATION

- Identifying information
- Admitting NF, if known
- Admission date (actual or anticipated)
- Check all applicable categories and provide category-specific information as needed
- Brief description of the services to be provided, including frequency and anticipated duration
- Information about the screener

The fillable CAGD Report may be found [here](#).

CAGD - IMPORTANT POINTS TO REMEMBER

- CAGD is not an exemption from PASRR, but a Level II process where certain determinations were made in advance.
- If evaluation for Specialized Services is required, hospitals must make the referral prior to discharge, however NF admission may take place pending the outcome of this evaluation.
- Application of CAGD does not automatically mean that Medicaid will cover the stay. NF level of care criteria must be met.

LEVEL II EVALUATION

- Determines if an individual considered to have SMI and/or ID/RC under Level I of the evaluation criteria, needs NF and specialized services
- In Maryland, the Level II is completed by licensed registered nurses or licensed social workers from the [24 Local Health Departments \(LHD\)](#) (known historically as “AERS”)

LEVEL II EVALUATION

- The Level II Evaluation includes the following required elements:
 - STEPS assessment (also known as the 4286)
 - Supporting medical documentation (if available)
 - Level II Evaluation Report
- Level II Evaluations for individuals with SMI must also include a psychiatric evaluation.
- Level II Evaluations for individuals with ID/RC must also include a psychological evaluation completed by a psychologist
- If the evaluation is not completed by a physician, a physician must sign off indicating agreement with the assessment and recommendations.

LEVEL II EVALUATION

- The LHD shares the completed Level II with either DDA or BHA/ASO, which renders the determination and returns to AERS
- AERS provides a copy of the *Level II Evaluation Report* and PASRR determination to:
 - The individual or legal representative)
 - Admitting or retaining NF
 - Attending physician (if applicable) and
 - Discharging hospital (if applicable)
- If the NF admission is approved, or if it is found that the person is not subject to PASRR, admission may take place (but not before!)

BEST PRACTICES FOR ACHIEVING PASRR COMPLIANCE - HOSPITALS

- Begin the screening process as early as practicable
- Use the Exempted Hospital Discharge category only when reasonably certain the patient can be discharged to the community within the 30-day period.
- When in doubt, complete the full Level I screen.
- Make use of the CAGD to the extent permissible.
- Call AERS as soon as you suspect that the patient is a positive screen.
- When uncertain as to PASRR status, err on the side of caution and refer to AERS.

RESOURCES

PASRR in Maryland (including FAQs and contact information)

<https://health.maryland.gov/mmcp/longtermcare/Pages/Pasrr.aspx>

PASRR Technical Assistance Center

<https://www.pasrrassist.org/>

Centers for Medicare and Medicaid Services

<https://www.medicare.gov/medicaid/long-term-services-supports/institutional-long-term-care/preadmission-screening-and-resident-review/index.html>

Questions/PASRR Contacts

Medicaid – Jarrod Terry
jarrod.terry@maryland.gov

AERS – contact the [AERS representative](#) in
your jurisdiction

Behavioral Health – Karen Gauvin
karen.gauvin@optum.com
Stefani O'Dea stefani.odea@maryland.gov

ID/DD - contact the DDA [PASRR
Coordinator](#) in your region

