

## **680-C PRE-ADMISSION SCREENING AND RESIDENT REVIEW**

EFFECTIVE DATE: October 1, 2019

REFERENCES: CFR 42-483.100-483.138, 42-483.112(c), 42-483.112 (c-2), 42-483.12 (a) 1-7, 42-431 (E), and, 42- 447.

Federal nursing home reform legislation enacted through the 1987 Omnibus Reconciliation Act (OBRA) established the Pre-Admission Screening and Resident Review (PASRR) Program. The PASRR regulations mandate that all members entering a Title XIX (Medicaid) certified nursing facility be screened for a cognitive/intellectual disability or a related diagnosis and/or mental illness to avoid inappropriate placement. In addition, the OBRA specifies that placement for members with a cognitive/intellectual disability or mental illness are made based on their needs for nursing facility services and for specialized services.

State Medicaid agencies are required to develop a two-stage identification and evaluation process, which accomplishes the following:

- A. *PASRR Level I* – Identification of potential cognitive/intellectual disability or mental illness - Determines whether the member has any diagnosis or other presenting evidence that suggests the potential of a cognitive/intellectual disability or mental illness.
- B. *PASRR Level II (Determination)* – Determines whether the member does indeed have a cognitive/intellectual disability or mental illness. If the member has been determined to have a cognitive/intellectual disability or mental illness, this stage of the evaluation process determines whether the member requires the level of services provided by a nursing facility and/or specialized services.

### Service Description

The procedures described in this section will apply to all members seeking admission of a 30-day or longer stay in a Title XIX or Medicaid certified nursing facility.

### State Agreement Requirements

Referrals for a PASRR Level II determination of cognitive/intellectual disability are handled by the Arizona Department of Economic Security (DES) through the Division of Developmental Disabilities (DDD). Interagency agreements between the Arizona Health Care Cost Containment System(AHCCCS) Administration and the Division have been established to develop and maintain the Level II process to determine whether each member referred by primary care providers, nursing facilities or the AHCCCS/Arizona Long Term Care System (ALTCS) Administration (Pre-Admission Screening Assessors) requires the level of services provided by a nursing facility and/or specialized services for a cognitive/intellectual disability.

### Cognitive/intellectual disability

Developmental disability is defined as a chronic disability which is attributable to a cognitive/intellectual disability, cerebral palsy, epilepsy, autism, and any related condition. The disability results in the impairment of general intellectual functioning or adaptive behavior and requires medical treatment or services. The impairment must be manifested before the age of 22. The impairment must be likely to continue indefinitely and result in substantial functional limitations in major life activities. When determined by a medical

professional the range of intellectual functioning (mild, moderate, severe, or profound) will be documented on the PASRR Level II Evaluation.

#### Specialized Services (as pertaining to cognitive/intellectual disability)

The services specified by the cognitive/intellectual disability authority which, when combined with services provided by the nursing facility or other service providers, result in treatment which includes aggressive, consistent implementation of a program of specialized, and/or generic services, and related services that are directed toward the following:

- A. The acquisition of behaviors necessary for the member to function with as much self-determination and independence as possible; and
- B. The prevention or deceleration of regression or loss of current optimal functional status.

If there are indications of a cognitive/intellectual disability or a related diagnosis, the completed PASRR Level I and all supporting documentation should be forwarded to the Division. Supporting documentation may include the Minimum Data Set (MDS), health and progress notes, assessments, or other documentation by a medical professional that suggests the presence of a cognitive/intellectual disability. Specialized services include aggressive, consistent implementation of a program of specialized and/or generic services, and related services that are directed toward the acquisition of behaviors necessary for the member to function with as much self-determination and independence as possible, and the prevention or declaration of regression or loss of current optimal functional status.

The PASRR Level I is reviewed by the PASRR Coordinator who then determines if a Level II is necessary. If so:

- A. The PASRR Coordinator will contact the facility and speak to the referring member to confirm the current placement and that the medical files for the resident will be reviewed.
- B. The MDS in the member's file will also be reviewed for information concerning the member's functioning level and medical problems. The information gathered from the MDS and the member's resident's medical files will assist in completing the Level II. PASRR Level II determinations must be completed within an average of seven to nine working days of receipt of referral.

IF THE MEMBER IS AWAITING DISCHARGE FROM A HOSPITAL, THE LEVEL II WILL BE COMPLETED AS SOON AS POSSIBLE, AND IF NECESSARY BEFORE THE FEDERALLY MANDATED SEVEN TO NINE WORKING DAYS TIMEFRAME.

#### Pre-Admission Screening And Resident Review Determination

The PASRR Level II evaluation instrument and necessary procedures developed by the Division gather pertinent information needed to determine and recommend appropriate levels of care and services and when applicable in the least restrictive environment that could continue to provide the needed medical treatment. The criteria used in making a decision about appropriate placement will not be affected by the availability of placement alternatives.

### Evaluation Requirements

PASRR reviews will be adapted to the member's cultural background, language, ethnic origin, and means of communication. Current and relevant assessment information obtained prior to the initiation of the PASRR process may be used. Findings must be accurate and correspond to the members' current functional level and must be descriptive.

The Division may convey the determinations verbally to the referring agency and the member and then confirm them in writing in accordance with 42 CFR 483.112 (c-2).

Copies of the completed PASRR Level II are forwarded to the referring agency, facility, AHCCCS and if dually diagnosed (cognitive/intellectual disability and mental illness) to Arizona Department of Health Services, the primary care physician and the member and/or representative, with a notice of the member's right to appeal the determinations.

The Division is responsible for ensuring that appropriate level of care and medical services are provided to those members who have been diagnosed prior to their 22nd birthday to have a cognitive/intellectual disability or a related diagnosis.

The Division's PASRR Coordinator is responsible for interpretation of the PASRR findings to the person or designated family member and/or representative if the applicant for admission or resident is incapable of understanding the PASRR findings.

ANNUAL REVIEWS ARE NOW REVISED REVIEWS AND WILL BE CONDUCTED WHEN: A significant change has occurred in the member's physical or mental condition. It is a federal requirement for a nursing facility to notify the state authority promptly when and if a significant change has occurred utilizing the Minimum Data Sets (MDS) guidelines for significant change requirements to ensure that all members with a cognitive/intellectual disability or related diagnosis continue to require nursing facility services and or specialized services. The Division's PASRR Coordinator also will search the data base every month and contact the facility to inquire if any significant changes have occurred to warrant a revised PASRR Level II. If no change has occurred, a letter is sent to confirm the conversation and is placed in the resident's file. If a significant change has occurred, pertinent information is gathered again, and the resident is scheduled for a Revised Review.

A REVISED PASRR LEVEL II IS NOT NEEDED FOR RE-ADMISSIONS FROM THE HOSPITAL OR INTER-FACILITY TRANSFERS.

### Cease Process and Documentation Situation

If, at any time during this process it is found that the member does not have a cognitive/intellectual disability or related diagnosis or has a principal/primary diagnosis of Dementia, Alzheimer's Disease, or any related disorder or has any condition identified in section B of the PASRR Level I, that situation will be documented and the process will be stopped. If the illness results in a level of impairment so severe the member could not be expected to benefit from specialized services the process will be stopped.

THE DIVISION WILL RE-ASSESS THE MEMBER WHEN NOTIFIED BY THE NURSING FACILITY OF AN IMPROVEMENT IN HIS/HER CONDITION.

### Nursing Facility Level of Care Inappropriate

The nursing facility in accordance with the state authority must provide or arrange for the

safe and orderly discharge of the resident in accordance with 42 CFR 483.12 (a) 1-7, the member shall be prepared and oriented for discharge.

Any members who are currently enrolled with the Division of Developmental Disabilities Division who have been found to be unsuitable for a Skilled Nursing Facility should be informed of less restrictive placement options and when in agreement, discharged to a less restrictive setting. Their Support Coordinator must ensure that the Member Support Plan process is followed, including participation by the member or responsible representative, primary care physician, nursing facility staff, District discharge planning team and other relevant members.

#### Appeal Mechanism

The Division will ensure that the person or their designee is informed of the appeals process available to them: appeal of determination for members who are adversely affected (members for whom the screening process indicated that admission to nursing facility would not be appropriate) the appeals process must follow the guidelines contained in 42 CFR 431 Subpart E. The Division will also recommend appropriate placement alternatives.

#### Referral Designation

The Division will maintain case records for all Level II evaluations for a period of five years in accordance with 42 CFR parts 447.