

Pre - Admission Screening and Resident Review (PAS/RR)

A Review of Changes to Ohio
Administrative Code Rules

October 2009

Ohio

Department of
Job and Family Services

Objectives

- *Training attendees will REVIEW the basic Federal PAS/RR regulations and purpose.
- *Training attendees will UNDERSTAND the process leading to changes in the OAC rules and forms.
- *Training attendees will UNDERSTAND the OAC rule changes.
- *Training attendees will RECEIVE information on what to expect next regarding the effective date of the rules and quality evaluation.

Federal Laws and Regulations

A Review

- OBRA '87 (AKA The Nursing Home Reform Act): Prohibits a nursing facility (NF) from accepting new applicants (or retaining residents) with mental illness (SMI) or mental retardation (MR) unless the applicant requires the level of services provided by a NF.
 - Subsequent revisions occurred in 1990, 1992, and 1996
- Section 1919(e)(7) of the Social Security Act
- 42 U.S. Code (USC) 1396r
- 42 CFR sections 483.100 – 483.138

Federal Laws and Regulations

A Review

The federal intent of PAS/RR is to prevent inappropriate and/or long term nursing facility placement of individuals with serious mental illness (SMI) and/or mental retardation and developmental disabilities (MRDD).

State ORC and OAC

A Review

Ohio Revised Code:

- 5111.202
- 5111.203
- 5119.061
- 5123.021

Ohio Administrative Code:

- 5101:3-3-15.1 Preadmission Screening (PAS)
- 5101:3-3-15.2 Resident Review (RR)
- 5122-21-03 Serious Mental Illness (SMI)
- 5123:2-14-01 Mental Retardation (MRDD)

NEW: 5101:3-3-14

PAS/RR Definitions

Pre-Admission Screening

A Review

- Federal Law requires screening for individuals with indications of SMI and/or MRDD for all *individuals seeking admission to a NF (regardless of payer source).
 - *Exceptions:
 - Persons going to a non-Medicaid certified NF
 - Transfers from one Medicaid certified NF to another NF
 - Some readmissions
 - Persons going to a Medicaid certified NF following a hospital stay (30 days or less) if:
 - the person is admitted directly from a hospital after receiving acute inpatient care at the hospital AND
 - the person requires nursing facility services for the condition for which the person received care in the hospital AND
 - the attending physician has certified, before admission to the facility, that the person is likely to require less than 30 days of nursing facility services.
- (Note: The person entering the NF through the exemption must be from an Ohio hospital or be an Ohio resident. Out of State requests must go through PAS)

Pre-Admission Screening

A Review

Indications of SMI and/or MRDD: If there are indications of SMI and/or MR, the state authorities (ODMH) and/or (DODD) must make two (2) determinations:

1. If the individual has a need for the level of services provided by a NF
2. If the individual has a need for specialized services for either SMI or MRDD.

Resident Review

A Review

- NFs are prohibited from retaining any individual with SMI and/or MRDD unless they need the level of services provided in a NF.
- Resident Review is required for the following individuals:
 - Those admitted under the hospital exemption found to require more than 30 days of NF services.
 - NF transfers with no previous PASRR records.
 - Those experiencing a significant change in condition.
 - Those who received a categorical PAS and are found to require a NF stay that will exceed the 7 day (emergency) or 14 day (respite) time limit.

Understanding the Process leading to OAC rule change

Ohio proposed a comprehensive set of strategies to improve the PASRR program to serve Ohioans in the most appropriate setting. The policy work is one phase of a multi-phase strategy to modify the “front door” to long term services and supports.

Phase 1 includes short term changes to PASRR with the intent to use the data gathered through Phase 1 to inform future PASRR policy change.

- Modify OAC rules to provide clarity and “real time” data to assist in post-acute care and drive future policy decisions.
- Create a data/analytical component to better understand the needs of Ohioans entering NF’s through a convalescent admission.
- Develop a training matrix to inform and educate hospital discharge planners, nursing facilities, local entities and other interested stakeholders on federal and state PASRR requirements.
- Employ the HOME Choice (MFP) Transition Program as a mechanism to assist Ohioans in movement back into community settings and to evaluate the barriers to community placement.

Understanding the Process leading to OAC rule change

A group of stakeholders known as “The Front Door Stakeholder Group” has met 13 times since the inception of the group on March 5, 2008 to modify the “Preadmission Screening and Resident Review (PASRR)” policy and operations. This group has worked diligently to craft policy changes that;

- 1) enable Ohioans flexibility and choice as well as placement in the most appropriate settings and
- 2) clarify and simplify PASRR processes for providers, local, and state administrators.

Understanding the Process leading to OAC rule change

- County Boards of Developmental Disabilities (CBDD)
 - Ohio Home Care Association
 - Ohio Health Care Association (OHCA)
 - Ohio Hospital Association (OHA)
- Ohio Association of County Behavioral Health Authorities (OACBHA)
 - Ohio Council of Behavioral Health Care Providers (OCBHP)
 - Long-Term Care Ombudsman Program (LTCOP)
 - The Ohio Academy of Nursing Homes (OANH)
 - Centers for Independent Living (CIL)
 - Ohio Olmstead Task Force (OOTF)
 - Area Agencies on Aging (AAA)
 - Ohio Legal Rights Services (OLRS)
- State Agencies include ODJFS, ODMH, ODA, DODD, OBM, ODH, EMMA

Questions?

Understanding the OAC Rule Changes

Definition Rule 5101:3-3-14

NEW * NEW * NEW * NEW * NEW * NEW

Includes all current definitions from all 4 OAC rules with the following changes:

- The definition of a “categorical determination” provides clarity to the reader that a categorical does not include hospital exemptions.
- New definitions of a categorical “emergency nursing facility (NF) stay” and a categorical “respite NF stay” added to clarify approval timelines.
- The definition of “adverse determination” allows additional qualifications for personnel to perform face to face assessments – not an increase in number of assessments, just a broader pool of qualified providers.

Understanding the OAC Rule Changes

Definition Rule 5101:3-3-14

Includes all current definitions from all 4 OAC rules with the following changes:

- The definition of “new admission” adds clarity to the PASRR process related to discharges and returns to the same NF, transfers between NF’s, and cases of initial Medicaid certification.
- The definition of “specialized services for serious mental illness” clarifies that such services are distinct from those available in NF’s.
- Clarifies that a significant change in condition includes a major decline OR IMPROVEMENT in condition.

Questions?

Understanding the OAC Rule Changes

Preadmission screening rule 5101:3-3-15.1

PLEASE NOTE: The rule was re-organized so section titles refer to the section title in the recently passed rule with changes noted when compared to the previous rule.

Section A: Purpose

- PASSPORT Waiver removed from PAS and RR process.
- Language added to meet federal intent of PAS/RR – that nursing facilities are prohibited from admitting individuals with SMI and/or MRDD unless a thorough evaluation indicates that such placement is appropriate and adequate services will be provided.

Understanding the OAC Rule Changes

Preadmission screening rule 5101:3-3-15.1

Section B – PAS requirements:

- De-links 3622 from Level of Care and requires supporting documentation instead of the 3697.

PASRR: to assure appropriate NF placement and to assure that if individuals need certain services, they either receive them in the NF or go to the appropriate setting. Although an individual may technically meet a NF LOC as defined by the state Medicaid authority, they are not to be admitted nor retained by a NF if their total needs cannot be met in a NF. Therefore, any PASRR requirements must be met before a level of care determination can be issued for an individual seeking Medicaid as their primary payment source. Only the individual and/or their guardian may seek due process in accordance with OAC 5101:6-3-01.

LOC: Level of care (LOC) is a utilization management tool used by Medicaid to determine an individual's level of disability and the appropriate level of care/services they require. A LOC assessment is required when a person is seeking Medicaid payment for certain services. In order for Medicaid to pay for NF services, the individual must meet at least an Intermediate Level of Care (ILOC) as defined by the state. NF's may seek due process in accordance with OAC 5101:6-3-01.

Understanding the OAC Rule Changes

Preadmission screening rule 5101:3-3-15.1

Section B – PAS requirements:

- Adds clarity that a PAS-ID be completed prior to categorical determinations AND references the new hospital exemption process.
- Requires out of state residents to go through the PAS process even if entering a NF from a hospital.
- Allows PAS-ID to be initiated by the state agency or designee, the applicant, or another entity on behalf of the applicant.

Understanding the OAC Rule Changes

Preadmission screening rule 5101:3-3-15.1

Section B -PAS Requirements:

- Adds language stating that a PAS for individuals with no indications of MRDD or SMI is considered to have met PAS requirements on the date an accurate and complete record was submitted to the ODJFS designee even if not reviewed until a later date.
- Adds language reflecting “rule-outs” from PAS. “Rule-outs” are determinations that can only be made by the ODMH and DODD.
- Clarifies that only ODJFS (and their designee), ODMH and DODD have authority to render PAS determinations.
- Clarifies that it is a violation of the provider agreement to admit, re-admit, or receive a NF transfer of a person prior to the PAS determination and this is true regardless of the payment source.

Understanding the OAC Rule Changes

Preadmission screening rule 5101:3-3-15.1

Section C – PAS-SMI and PAS-MRDD Determination Requirements:

- Clarifies requirements regarding hospital exemptions. Hospital exemptions fall OUTSIDE OF the PAS process.
- The term “hospital exemption” was referred to as “convalescent stay” in the former OAC rules.

Understanding the OAC Rule Changes

Preadmission screening rule 5101:3-3-15.1

Section D – PAS-ID, PAS-SMI, PAS-MRDD Requests for Additional Information:

- Adds a new section specifying a 14 day time period for receipt of missing information. Cases will be closed if the information is not received.

Section E - PAS-ID, PAS-SMI, PAS-MRDD Notification and Record Maintenance:

- Clarifies the process for notification and the entities that must be notified – adds ODJFS, CDJFS, MCP, and other local entities to the list.

Understanding the OAC Rule Changes

Preadmission screening rule 5101:3-3-15.1

Section F – PAS Determination Approval Time Periods:

- Sets forth an expiration time period for how soon the individual must be admitted to the NF after a categorical (respite or emergency) determination (as specified by DODD and/or ODMH) has been issued and after a regular PAS determination (180 days) is made.

Understanding the OAC Rule Changes

Preadmission screening rule 5101:3-3-15.1

Former OAC Rule

- Convalescent Stay is the title
- No form to fill out.
- No data gathered.
- No process to assure appropriate placement from a hospital.

NEW Section G

- Convalescent stay known as a hospital exemption consistent with federal law.
- New Form 07000 completed on all hospital exemptions.
- New form will lead to statewide data on persons admitted to NF's and discharge potential.

Understanding the OAC Rule Changes

Preadmission screening rule 5101:3-3-15.1

Section G – Hospital Exemption from PAS also states that:

- The PAS exemption continues up to 30 days regardless of a hospitalization prior to the end of the PAS exemption – a new PAS exemption is not granted during an existing hospital exemption time period.
- A PAS is required, instead of a hospital exemption, when persons have adverse determinations within a 60 day window prior to the admission.

Understanding the OAC Rule Changes

Preadmission screening rule 5101:3-3-15.1

Sections H (Medicaid Payment), I (Due Process) and J (Compliance) changes also include clarity that:

- Medicaid payment is not available until the date the PAS requirements are met.
- ODJFS has authority to assure compliance.

Questions?

Understanding the OAC Rule Changes

Resident Review rule 5101:3-3-15.2

PLEASE NOTE: The rule was re-organized so section titles refer to the section title in the recently passed rule with changes noted when compared to the previous rule.

Section A: Purpose

- PASSPORT Waiver removed from PAS and RR process.
- Language added to meet federal intent of PAS/RR – that nursing facilities are prohibited from retaining individuals with SMI and/or MRDD unless a thorough evaluation indicates that such placement is appropriate and adequate services are provided.

Understanding the OAC Rule Changes

Resident Review rule 5101:3-3-15.2

Section B – RR Identification Requirements:

Previous Rule required:

- Expired hospital exemption
- NF transfer or NF readmission with no records
- Significant change in condition
- Expired categorical determination

Amended Section requires:

- Expired hospital exemption
- NF transfer or NF readmission with no records
- Significant change in condition
- Expired categorical determination
- Request for an initial, or an extension of an RR determination, approved for a specified period of time

Understanding the OAC Rule Changes

Resident Review rule 5101:3-3-15.2

Section C - RR/ID Requirements:

- Requires an RR to be submitted to DODD and/or ODMH within 72 hours following NF identification of a significant change in condition (improvement and deterioration).
- Clarifies that it is a violation of the provider agreement to accept a readmission, transfer or retain a person in violation of rule and this is true regardless of the payment source.
- Adds the opportunity for the individual or another entity on behalf of the individual or an entity with responsibility for PAS/RR to request a resident review.

Understanding the OAC Rule Changes

Resident Review rule 5101:3-3-15.2

Section D – RR-SMI and RR-MRDD Requirements

- Adds language specifying the requirements of RR approvals for specified periods of time.
 - Initial determinations are made up to 180 days.
 - Extensions shall not exceed 90 days.
 - Extensions shall not be approved by ODMH and DODD without ODJFS approval.
 - The nursing facility is required to keep a written record of discharge planning activities throughout the time period of an RR approval and to support an extension.
 - In order to receive consideration for an extension, the nursing facility shall initiate an RR/ID at least 30 days prior to the expiration of the determination.

Understanding the OAC Rule Changes

Resident Review rule 5101:3-3-15.2

Section E – RR-ID, RR-SMI, RR-MRDD Requests for Additional Information

- Adds a new section specifying a 14 day time period for receipt of missing information.

Section F - PAS-ID, PAS-SMI, PAS-MRDD Notification and Record Maintenance:

- Adds MCP's to the list of entities notified when applicable and when adverse or when approved for a specified period of time.
- Requires the nursing facility to provide notice of the intent to discharge if adverse. Also requires that the nursing facility maintain a written record of discharge planning activities including alternative settings and services explored and steps taken to ensure a safe and orderly discharge occurs.

Understanding the OAC Rule Changes

Resident Review rule 5101:3-3-15.2

Sections G (Medicaid Payment), H (Due Process) and I (Compliance) changes also include clarity that:

- Payment is only available through the time period specified in the notice or during the period an appeal is in progress.
- ODJFS has authority to assure compliance.

Questions?

Understanding the OAC Rule Changes

PAS/RR for Persons with SMI: Rule 5122-21-03

PLEASE NOTE: The rule was re-organized so section titles refer to the section title in the recently passed rule with changes noted when compared to the previous rule.

Section A (Purpose) and Section B (Review and Determination Requirements):

- No change.

Section C – Data for Individualized Determinations:

- Simplifies the listing of data by referencing (C)(1) and adds new language that requires the PASRR Reviewer to validate the primary diagnosis of dementia. If unable to validate, the applicant is referred for a Level 2 evaluation by ODMH and DODD.

Understanding the OAC Rule Changes

PAS/RR for Persons with SMI: Rule 5122-21-03

Section D – Evaluation Reports:

- Specifies who receives copies of written evaluations and adds the CDJFS, ADAMH/CMH Board, and ODJFS, when applicable, to the list of entities receiving a copy of the evaluation report.

Section E – Personnel Requirements:

- Rule now names the entities who can perform evaluations.

Understanding the OAC Rule Changes

PAS/RR for Persons with SMI: Rule 5122-21-03

Section F – Determinations:

- Adds language that specifies an approved respite stay must be used within 60 days of the approval and an emergency stay must be used within 24 hours of an approval.
- Clarifies that specialized services are not available during a categorical stay consistent with federal law.
- Clarifies that specialized services are provided in a hospital licensed and/or operated by ODMH. A long term resident may choose to return to a nursing facility following receipt of specialized services provided in a hospital licensed and/or operated by ODMH and is subject to a new RR.

Understanding the OAC Rule Changes

PAS/RR for Persons with SMI: Rule 5122-21-03

Section F – Determinations:

- Requires that the ADAMH/CMH Board be notified of adverse determinations who will in turn notify the nursing facility and other entities to begin discharge planning.
- The ADAMH/CMH board is required to connect the individual to the providing agency prior to admission to work in coordination with the NF on discharge planning. If there is no providing agency of record, the ADAMH/CMH board will identify one to work with the NF.
- Requires determinations to include recommendations for services to address serious mental illness.
- Adds language requiring ODMH to determine PASRR within 7 to 9 business days of referral for a Level 2 review.

Understanding the OAC Rule Changes

PAS/RR for Persons with SMI: Rule 5122-21-03

Section G – Notification:

- No Change.

Section H – Exempted Hospital Admissions:

- Adds language requiring ODMH to monitor admissions from hospitals and notify the ADAMH/CMH Board to begin discharge planning in conjunction with the nursing facility.
- Requires the nursing facility to request a resident review if more than 30 days are needed.

Understanding the OAC Rule Changes

PAS/RR for Persons with SMI: Rule 5122-21-03

Section I – Appeals:

- Adds language requiring discharge planning in accordance with Chapter 3721 of the ORC.

Questions?

Understanding the OAC Rule Changes

PAS/RR for Persons with MRDD: Rule 5123:2-14-01

PLEASE NOTE: The rule was re-organized so section titles refer to the section title in the recently passed rule with changes noted when compared to the previous rule.

Section A – Purpose:

- No Change.

Section B – Applicability:

- Added to specify that the rule is applicable to individuals with indications of MR/DD seeking admission to a nursing facility.

Understanding the OAC Rule Changes

PAS/RR for Persons with MRDD: Rule 5123:2-14-01

Section C – Definitions:

- Maintains some definitions consistent with those outlined in OAC 5101:3-3-14.

Section D – Referral for Pre-Admission Screening for Mental Retardation/Developmental Disabilities (PAS-MRDD):

- Specifies that the screen is forwarded to DODD for out of state requests and to county boards of DD for regular requests.
- Clarifies that an individual shall not be admitted without a determination.

Understanding the OAC Rule Changes

PAS/RR for Persons with MRDD: Rule 5123:2-14-01

Section E – PAS-MRDD conducted by County Boards:

- Specifies that the county board of DD has 10 business days to gather data, complete an evaluation and submit a recommendation to DODD.
- Requires that the person completing the evaluation not have a direct or indirect affiliation with the nursing facility.
- Clarifies that PAS/RR has three components: MRDD assessment, NF needs assessment, and specialized services assessment.

Understanding the OAC Rule Changes

PAS/RR for Persons with MRDD: Rule 5123:2-14-01

Section E – PAS-MRDD conducted by County Boards:

- Adds language to address “rule-outs” or “no need for further review”.
- Specifies the content of the written evaluation report completed by the county board and specifies that DODD will issue the report within 10 business days of receipt of the county board evaluation.
- Adds a component for requesting additional information.

Understanding the OAC Rule Changes

PAS/RR for Persons with MRDD: Rule 5123:2-14-01

Section F – PAS-MRDD for Categorical Determinations:

- Adds language addressing the process for review of categorical requests.
- Specifies that an approved respite stay must be used within 60 days of the approval and an emergency stay must be used within 24 hours of approval.
- Clarifies that categorical determinations are determinations of nursing facility need and do not include specialized services consistent with federal law.

Understanding the OAC Rule Changes

PAS/RR for Persons with MRDD: Rule 5123:2-14-01

Section G – Process for Resident Review:

- Specifies that the county board of DD has 10 business days to gather data, complete an evaluation and submit a recommendation to DODD. DODD then has 10 business days to determine whether the individual requires the level of services provided in a nursing facility.
- Clarifies that the DODD shall notify the long term resident of institutional and non-institutional alternatives covered.
- Adds language to clarify the possible outcomes of an RR determination.

Understanding the OAC Rule Changes

PAS/RR for Persons with MRDD: Rule 5123:2-14-01

Section H – Coordination with ODMH, when applicable:

- No change.

Section I – Notification of PAS-MRDD or RR-MRDD:

- Adds language to include ODJFS and the county boards of DD if the determination is adverse.

Understanding the OAC Rule Changes

PAS/RR for Persons with MRDD: Rule 5123:2-14-01

Section J – Hospital Exemption:

- Adds language requiring DODD to monitor admissions from hospitals and notify the County Board of DD to begin discharge planning in conjunction with the nursing facility.
- Requires the nursing facility to request a resident review if more than 30 days are needed.

Section K – Appeals:

- No change.

Understanding the OAC Rule Changes Form 03622 and 07000

Form 03622 – Pre-Admission Screening and Resident Review Identification Screen – This is a revised form.

Form 07000 – Hospital (Convalescent) Exemption from Pre-Admission Screening Notification – This is a NEW form.

What to Expect Next

Quality Evaluation

We are using the data on the forms to answer some of the following questions and drive future policy change in later phases of “front door” system reform:

- What is the volume of Convalescent PAS Exemption Notification”?
- What is the breakdown by living arrangement prior to hospital admission?
- What is the disposition of those individuals exempted on day 30? How many remain in NF? How many with an adverse RR? How many approved on day 30?
- What is the length of stay in the NF following an adverse RR?
- What MH services are used while in NF and upon discharge?
- Was housing a barrier during discharge planning?
- What other barriers existed to discharge planning?
- How many are able to return to the previous place of residence prior to hospital/NF admission (returning to the place the person lived before admission to the hospital)?
- How many individuals benefited from a long term care consultation?

What to Expect Next

Key Events

Training Webinar Series:

- PAS/RR “A Review of Changes to Ohio Administrative Code Rules” – This is the one you are receiving today☺
- PAS/RR Level 1 and Level 2 Screens – the nuts and bolts of PAS/RR
 - Level 1 scheduled for November 2, 9 to 11am
 - Level 2 scheduled for November 6, 1 to 3pm
- Discharge Planning
 - scheduled for November 17, 1 to 3

Effective date of forms = November 2009

Effective date of the rules = December 1, 2009.

What to Expect Next

Key Events

You can find the OAC rule package, the forms and this presentation on the ODMH webpage at:

<http://mentalhealth.ohio.gov/>

You can find information on the HOME Choice Transition Program by visiting:

<http://jfs.ohio.gov/OHP/consumers/homechoice.stm>

If Seeking CEU's.....

Go to: <http://mentalhealth.ohio.gov/>

- Click on the tab **Providers, Boards, and Hospitals**
 - Click on link for **Pre-Admission Screening and Resident Reviews** (*bottom of page*)
 - Under **Webinar Materials** (*bottom of page*), click on **materials in this section**
- Print desired sign-in sheet and corresponding evaluation
- Complete and fax to 614-466-9653
- Remember:
 - Subject: PASRR Webinar CEU
 - Include mailing address, clinical discipline, and license number

Questions?