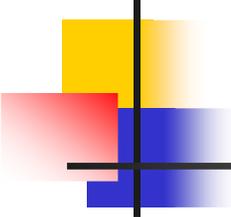


# The World of

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# PASRR

**Preadmission Screening and Resident Review**

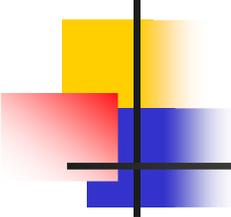


# ODMRDD's website

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**<http://mrdd.ohio.gov>**

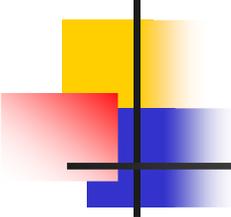
- Go to Medicaid Tab (top right)
- Go to PASRR link on the list on the left
- Email listserve address
  - [pasrr.support@odmrdd.state.oh.us](mailto:pasrr.support@odmrdd.state.oh.us)
  - Fax # 614.995.4877
  - Phone # 614.728.2556



# PASRR Training Objectives

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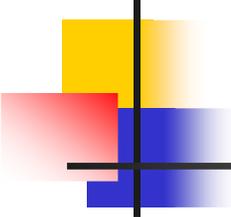
- Provide an understanding of Federal and State Laws and the necessary steps to comply with the laws.
- Provide an overview of Ohio Department of Mental Retardation and Developmental Disabilities role in the PASRR process.



# PASRR Training Objectives

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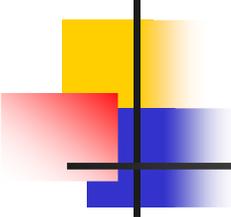
- Provide an understanding of the criteria for nursing facility admission and specialized services.
- Provide an understanding of the processes involved in completing a preadmission screen and a resident review.



# Brief History

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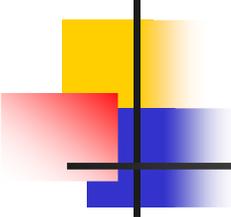
- Omnibus Reconciliation Act of '87
  - All NF applicants and Passport Home Care Waiver applicants are to be screened and evaluated to determine indications of MR/DD or related condition and/or SMI.
  - This requirement is `**regardless**' of payment source.



# Brief History

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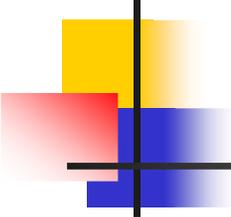
- Prohibits inappropriate admissions or the retention of individuals with MR/DD or SMI when there is no skilled level of care.
- Mandates NFs to have evidence of screenings for MR/DD and/or SMI in their nursing home charts.



# Brief History

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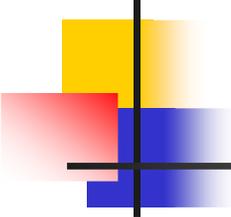
- Statutory Exceptions:
  - Persons going to Medicaid certified NF for convalescent stay.
  - Persons going to nursing home that is not Medicaid certified.
  - Persons who are transferring from another Medicaid certified NF.
  - Persons who were in the NF prior to current hospital stay.



# Preadmission Screen

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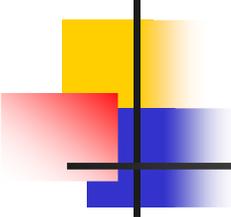
- Categorical Emergency PAS
  - Notice is received from Passport Administrative Agency.
  - Processed by ODMR/DD.
  - Admission: 7-day maximum.



# Preadmission Screen

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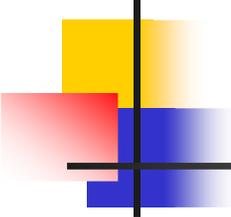
- Categorical Respite PAS
  - Notice is received from Passport Administrative Agency.
  - Processed by ODMR/DD.
  - Admission: 14-day maximum.



# Preadmission Screen

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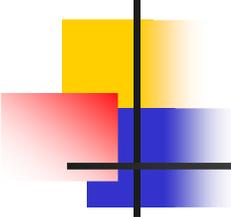
- Categorical Convalescent PAS
  - Notice is received from hospital.
  - Processed by Passport Administrative Agency.
  - Admission: 30-day maximum.



# Preadmission Screen

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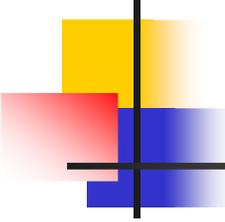
- Categorical Dementia PAS  
(Primary Dementia)
  - Notice is received from Passport Administrative Agency.
  - Processed by ODMR/DD Admission: not time limited.



# Preadmission Screen

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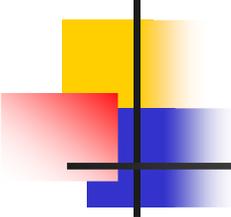
- Preadmission Screening (non-categorical)
  - Notice sent to CBMR/DD from Passport Administrative Agency.
  - CBMR/DD completes regular PAS.
  - CBMR/DD forwards findings to ODMR/DD.
  - Processed by ODMR/DD.



# Resident Reviews

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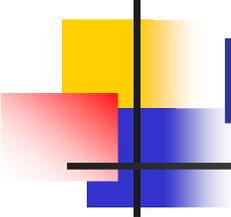
- Emergency Overstay
  - Exceeds 7 day maximum
- Respite Overstay
  - Exceeds 14 day maximum
- Convalescent Overstay
  - Exceeds 30 day maximum



# Resident Reviews

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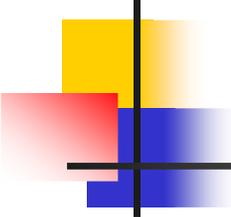
- Notice received from Nursing Facility
- Minimum documentation necessary for notifying ODMR/DD.
  - Agency fax cover sheet must include initial admission date.
  - Completed PASRR ID Screen (ODJFS #3622).
- ODMR/DD informs the CBMR/DD.
- CBMR/DD completes further review and forwards packet to ODMR/DD for determination review.



# Resident Reviews

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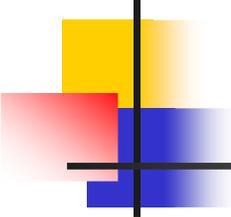
- ODMRDD should receive from County Board:
  - LOC Document (ODJFS 3697)
  - Social History & Personal Background
  - Psychological Assessment
  - Form for Eligibility Determination (FED)



# Resident Reviews

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- Medical Admitting History/Physical
- Current Physician's Orders
- Nursing Care Plan
- Current Medications
- Minimum Data Set (MDS)
  - Signed and dated by an RN
- Therapy information

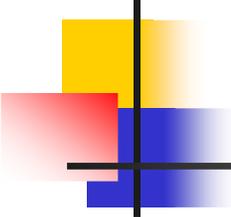


# OBRA Evaluation Summary Form

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## Preadmission Screening Documentation

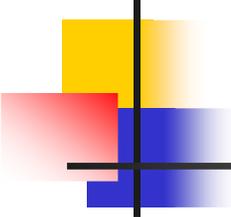
- Demographic Information regarding:
  - Applicant
  - Guardian
  - Service & Support Administrator
  - Nursing Facility
  - Prior county of residence, if different.



# OBRA Evaluation Summary Form

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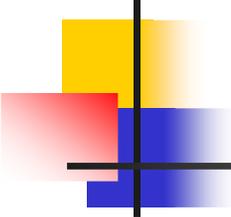
- Fax Cover Sheet
  - Identify facility name
  - Contact person & telephone number
- OBRA Preadmission Screening Evaluation Summary form
- PASRR ID Screen (ODJFS #3622)



# OBRA Evaluation Summary Form

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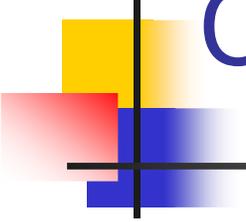
- Patient care & Plan of Treatment  
(ODJFS #3697 or #1028 )
  - Required for all Medicaid eligible recipients



# OBRA Evaluation Summary Form

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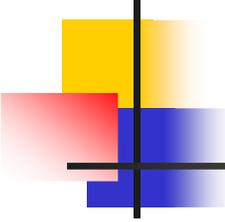
- Social History (include current situation)
- Disability Assessment
  - Psychological Assessment (MR Diagnosis)
  - Medical Report (DD Diagnosis)
- MR/DD CB Eligibility Verification (i.e. FED)



# OBRA Evaluation Summary Form

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- Medical Reports
- Current Physician's Orders
- List of medications
- Ongoing Therapy Reports

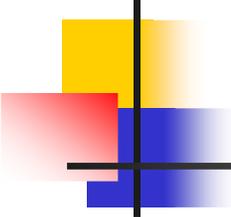


# OBRA Evaluation Summary Form

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## Resident Review Documentation

- Same as the Preadmission Screening except there is no Patient Care & Plan of Treatment (ODJFS 03697 or ODJFS 1028) but rather there should be a Minimum Data Set (MDS) Report completed by the nursing facility.

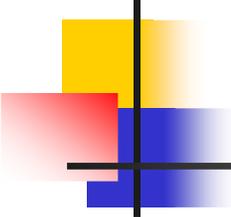


# OBRA Evaluation Summary Form

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County Board of MR/DD supports:

- Needs level of NF Services
  - Identify Level of Care Medical Needs
- Does Not Needs level of NF Services
- Specialized Services



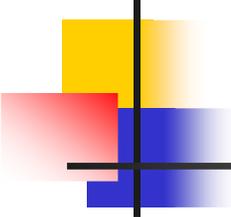
# OBRA Evaluation Summary Form

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County Board of MR/DD Specialized Services  
recommendation (if NF needed):

- Yes
- Identify (Check appropriate areas)

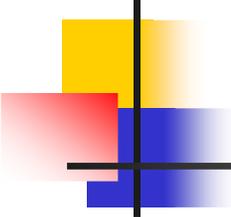
(NOTE: CB make these selections, not  
ODMR/DD unless it's an out-of-state PAS)



# OBRA Evaluation Summary Form

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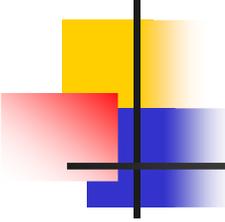
- Rule Out
  - Applicants that have no diagnosis of MR/DD.
  - County Board's role



# Appropriate Settings

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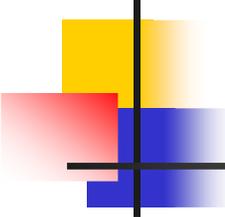
- Skilled Level of Care (SLOC):
  - If one has a skilled level of care, the appropriate setting is a nursing facility.
  - Yes NF.



# Appropriate Settings

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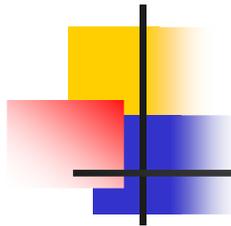
- Intermediate Level of Care: (5101:3-3-06)
  - Meets one of the following:
    - Needs assistance with 2 ADL's; OR
    - Needs assistance with 1 ADL and Meds; OR
    - Needs at least 1 skilled nursing or rehab service at less than skilled care level; OR
    - Needs 24 hour supervision to prevent harm due to a cognitive impairment
  - Could be Yes NF



# Appropriate Settings

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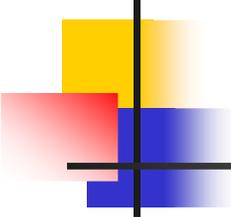
- If individual is identified as MRDD and has ongoing medical needs which do not result in a skilled level of care, then the appropriate setting could be an ICF/MR facility or waiver.
- An Intermediate Level of Care (ILOC) is **not** the same as an ICF-MR/DD.



# Appropriate Settings

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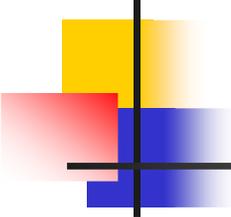
When there are medical needs or other issues (i.e. retirement, some TBI cases, refusal in participation) other than the MR/DD disability that takes precedence in the individual's long-term care, then a NF may be more appropriate.



# Specialized Services

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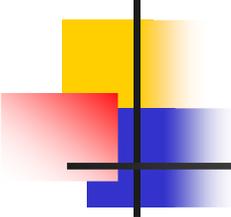
- An array of services deemed necessary to address limitations resulting from MR/DD conditions.
- Provided or arranged by the State/County, in conjunction with the services provided by the nursing facility or other service providers.



# Specialized Services

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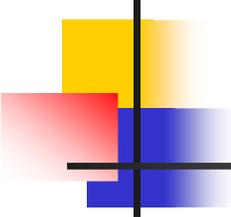
- Occur as:
  - Vocational activities
  - Behavior intervention
  - Habilitation activities
  - Ancillary services
  - Other



# Specialized Services

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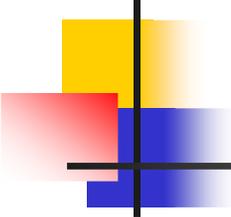
- Within the:
  - Nursing facility
  - County board of MR/DD
  - Community



# Must Moves

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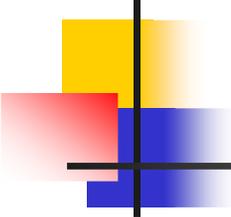
- Adverse Determinations
  - Applicant has been determined through the PASRR review process to not require the level of services provided by a nursing facility.



# Must Moves

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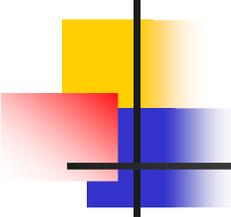
- **No NF** determination equals **NO** Medicaid vendor payment.
- Copies of all such determinations are forwarded to CDJFS
- CDJFS is responsible for the termination of vendor payment.



# Appeals

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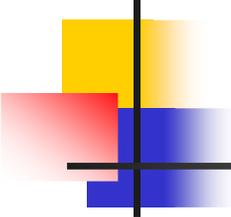
- Provides hearing rights to individuals receiving or requesting Medicaid covered services.
- For those in the must move status, there is a 90-day time frame to appeal adverse determination.



# Appeals

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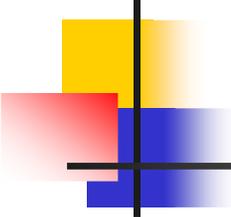
- Notice of Determination letter indicates:
  - Right to a state hearing
  - How to request a state hearing
  - Authorized representative
    - Legal or natural guardian
    - Legal counsel
    - Relative
    - Friend
    - Other



# How Life Can Be Made Easier

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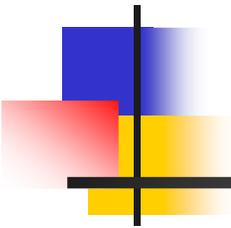
- CBMR/DD submits a complete packet with all fields in the OBRA Evaluation Summary completed.
- CBMR/DD needs to write legibly.
- CBMR/DD ensure signatures are included.
- CBMR/DD notify ODMR/DD of withdrawals, discharges & deaths via the PASRR Movement Form.



# Rule References

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- Federal Register Citations Volume 57, No. 230, 42 CFR Part 483, Subpart C – 483102 through 483.206.
- Ohio Administrative Code 5101:3-3-05 through 07 and 5101:3-3-151 through 152 (Ohio Department of Jobs and Family Services).
- Ohio Administrative Code 5123:2-14-01 (Ohio Department of Mental Retardation and Developmental Disabilities).



QUESTIONS ?

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ANSWERS!!!