

# **Nursing Facility Admissions**

## **A 1, 2, 3 Guide to Steps**



**CommCare Corporation**

# Step 1

## Pre-Admission Screen Resident Review (PASRR)

*Source: Maximus*

➤ LDH's Goal – To optimize an individual's placement, success & quality of life

### How to reach that goal?

Identify the  
Person

Placement  
Meets Needs

Provide  
Needed  
Service

# Step 1 - #1

## Does the individual have a PASRR condition?

### The Four Ds of PASRR - MI

- Diagnosis (or suspicion of) intellectual disability/related conditions
- Dementia. If present, is it primary?
- Duration
- Disability

# Possible PASRR Related Conditions

Anoxia at birth	Hydrocephaly	Spina Bifida
Arthrogryposis	Hemiparesis	PDD
Autism	Hemiplegia	Prader-Willi Syndrome
Congenital Blindness	Hydrocephaly	Quadraplegia
Cerebral Palsy	Klippel-Feil Syndrome	Seizure Disorder
Congenital Deafness	Meningitis	Spina Bifida
Down Syndrome	Multiple Sclerosis	Traumatic Brain Injury
Encephalitis	Muscular Dystrophy	XXY Syndrome
Fetal Alcohol Syndrome	Paraplegia	
Friedreich's Ataxia	Polio	

## Step 1 - #2

# What is the most appropriate placement?

- Least restrictive level of care
  - Too acute? Not acute enough?
- NF (meets LOC & this NF can meet needs)
  - NF must incorporate ALL PASRR identified services into care plan
- Specialized Service
  - Services specific to the person to meet required needs
- Alternative Placement or Community Services

## Step 1 - #3

**Might this person be a candidate for transition to the community?  
What supports or services would be necessary to return to the  
community?**

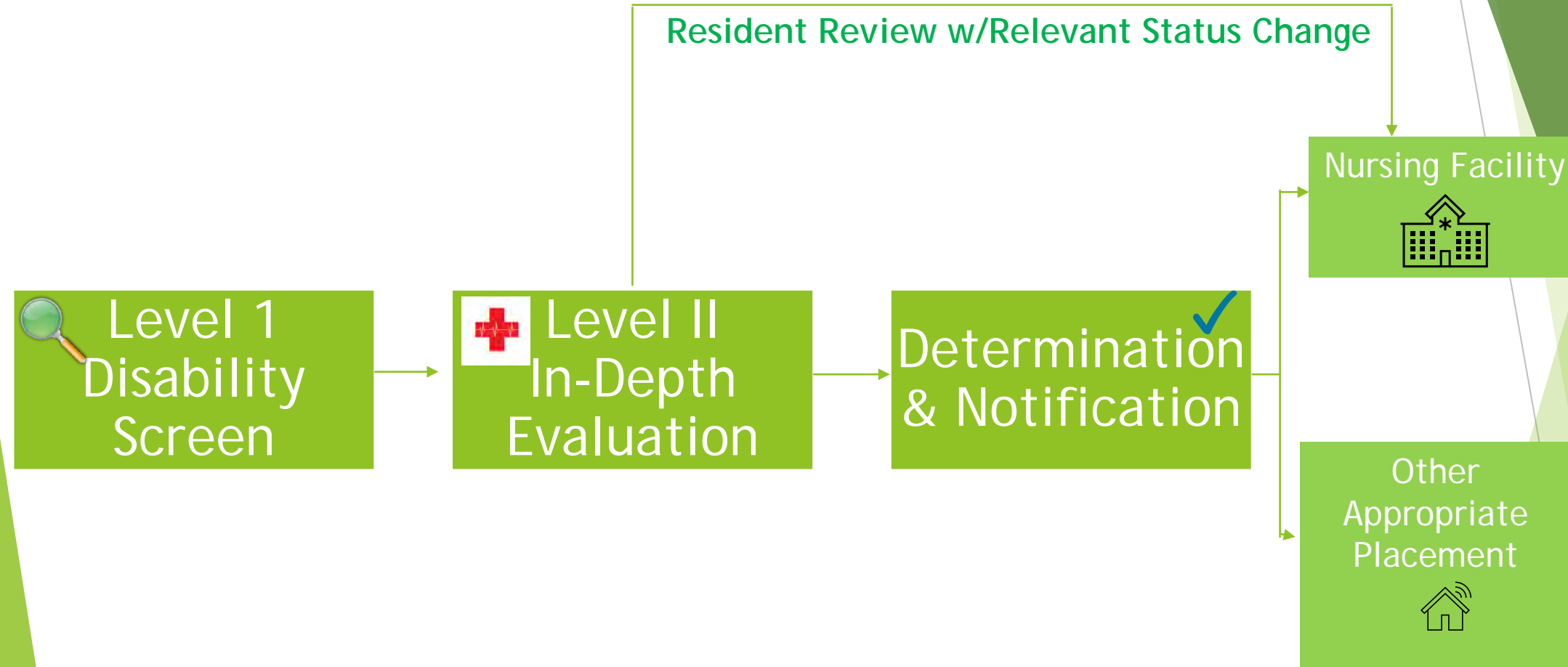
- Community placement
  - With or without supports
    - Independent living
    - Group home
    - Assisted Living
- Person directed care

## Step 1- #4

# What unique disability supports & services are needed while a resident of an NF to ensure safety, health & well-being?

- Specialized Services
- Highest practicable physical, mental & psychosocial well-being
- Any needed service/support
  - Not limited to facility's existing resources

# PASRR Components





**Everyone  
Receives a  
Level I**

# Researching Level I Information

Tools	
H&P	Discharge Summaries
MAR	Individual
MDS	Legal guardian
Psych notes	Support providers/physicians
Physician orders	Case Manager
Therapy notes	Family members

# Psychotropic Medications

- Current & recent history
- Psychotropic Medications
  - Include list of psychotropic medications if individual will likely need a Level II
  - Identify why the individual is taking the medication
    - Reason for prescription & how long they have been taking the medication

# Level I Screen Completion Best Practices

- Complete & submit screen with enough time to prevent discharge delays
- Consider:
  - Potential for Level II
  - Current Placement
    - Emergency Department
    - Observation
    - Community
    - Medical

Discharge Planning  
Starts at Admission

42 CFR 483.112©:  
Level II PAS timeliness  
requirements - annual  
average of 7 - 9  
working days

# PASRR – Section I: Referral Source Information

Referral Facility Name	Name, Title, Credentials
Date	Signature
Fax Number	Email Address
Phone Number	

# PASRR – Section II: Applicant Information

Name	Partial Address
Social Security Number	Date of Birth
Medical Number, if applicable	Identify Primary Payor Source at Time of Admission
Legal Guardian Name & Contact Info	

# PASRR – Section III: Mental Illness

## Mental Health Conditions

- Diagnosed or Suspended
- May Lead to Chronic Disability

# PASRR – Mental Health Symptoms

- Self-injurious/self-mutilation
- Suicidal talk
- History of suicide attempt/gestures
- Physical Violence
- Physical threats
  - With or without potential for harm
- Serious loss of interest

# PASRR – Behaviors

Interpersonal Behaviors	Concentration, Pace, Persistence
▪ Difficulty interacting w/others	▪ Thinking through & completing tasks
▪ Altercations, evictions or unstable employment	
▪ Excessive isolation/avoidance of others	

## PASRR – Behavioral Health Service

- Inpatient psychiatric hospitalization
- Partial hospitalization/day treatment
- Law enforcement intervention

# PASRR – Discussion: Serious Mental Illness

Episodic/Situational/Mild	Serious
<ul style="list-style-type: none"><li>▪ Limited impact on life functioning</li></ul>	<ul style="list-style-type: none"><li>▪ Profound impact on life functioning</li></ul>
<ul style="list-style-type: none"><li>▪ Often surrounds major life event</li></ul>	<ul style="list-style-type: none"><li>▪ Typically requires intensive behavioral health professional involvement to stabilize/manage symptoms &amp; behaviors</li></ul>
<ul style="list-style-type: none"><li>▪ Typically requires little to no behavioral health professional involvement<ul style="list-style-type: none"><li>○ PCP oversight</li><li>• Low dose medication management</li></ul></li></ul>	<ul style="list-style-type: none"><li>○ Psychiatrist oversight</li><li>○ High dose/cocktail medication management</li></ul>
<ul style="list-style-type: none"><li>▪ Individual therapy/support groups</li></ul>	<ul style="list-style-type: none"><li>○ Legal involvement</li><li>○ Homelessness</li><li>○ Intensive therapy</li></ul>



# Section IV: Intellectual Disability, Developmental Disability & Related Conditions

- ID = Known or suspected diagnosis
  - Impairment prior to age 22
  - Receipt of agency services
- DD/RC = Diagnosis that affects intellectual or adaptive functioning
  - Condition present prior to age 22
  - Substantial functional limitations
    - Autism
    - Genetic Syndrome
    - Cerebral Palsy
    - Closed head injury/TBI
    - Other (specify

# ID/DD limitations & Services Receipt

- Mobility
- Self Direction
- Self – Care
- Learning
- Understanding/Use of Language
- Capacity for Independent Living
- Economic Self-Sufficiency (18+)

# Questions

## ➤ Homelessness:

In the past 12 months, has applicant had to stay in a place not meant for human habitation (such as the streets, a car, an abandoned building): stay in a homeless shelter; or live doubled up with family or friends because he/she didn't have housing?

## ➤ Substance Use

Has the applicant been diagnosed with a substance use or addictive disorder? If yes, please specify type(s)

## **Section V: Hospital Exemption & Categorical Determinations**

- Complete if YES in Section III: MI and/or Section IV: ID/DD/RC
- The person meets criteria for the condition
- Physician must sign for hospital exemption or categorical determinations
- Attach supporting records

## **Section V: Categorical & Hospital Exemption**

- Hospital Exemption (30 days)
- Delirium
- Respite (30 days)
- Terminal Illness
- Convalescent Care (100 days)
- Dementia

# Hospital Exemption

- Must meet ALL criteria
- Admitted to NF after receiving acute care in a medical hospital
- Requires NF for treatment of same condition
- Attending physician certification of care for 30 days or less

**Current H & P is REQUIRED**

**& Supporting Documentation**

# Hospital Exemption Practice

1. Mrs. Smith has bipolar disorder & was admitted to the hospital following a heart attack & bypass surgery. She developed an infection & needs 14 days of antibiotics. Her doctor certifies she will be ready for discharge within the first 30 days. Is Mrs. Smith appropriate for EHD?
2. Yes: She had a hospital admission before NF admission & will need less than 30 days of NF
3. Mr. Jones had Major Depressive Disorder. He had surgery after fracturing his hip in an accident. He will need 3 months of non-weight bearing status & needs NF placement to help with ADLs & PT. Is he appropriate for EHC
4. No. His anticipated NF care timeframe is more than 30 days
5. Mrs. Johnson has anxiety disorder & lives at home with her family. She has COPD & went to the emergency room following a fall. She needs NF placement for treatment of her progressing COPD. Is she appropriate for EHD?
  - o No. She didn't have a hospital admission, only an emergency department visit for her fall. She needs NF care for COPD, for which she is likely not to recover or discharge from the NF within 30 days.

# Delirium

- Caused by infection
  - Typically UTI or fever
- Symptoms mirroring mental illness
- Valid for up to 30 days
  - Opportunity for infection to clear before making PASRR determination

# Respite

- Short term for caregiver break
- Up to 30 calendar days

# Terminal Illness

- Documented life expectancy of six months or less, **AND**
- Needs nursing care associated with condition

## Severe Physical Illness

- Physical illness so severe cannot participate in specialized services
- Consider:
  - Coma
  - Ventilator dependence
  - Functioning at brain stem level
  - Diagnoses of:

COPD	Parkinson's Disease	Huntington's Disease
ALS	Congestive Heart Failure	



# Convalescent Care

- No more than 100 days
- Acute physical illness
- Require hospitalization for illness & needs to convalesce **AND**
- Does not meet the criteria for exempted hospital discharge

# Dementia

- Progressed dementia
  - Advance & unable to participate in specialized services
- Report method of diagnosis
- Must include documentation supporting diagnosis & state of disease

# Physician Signature

- Only required IF exemption/categoricals selected
  - Include printed name & signature

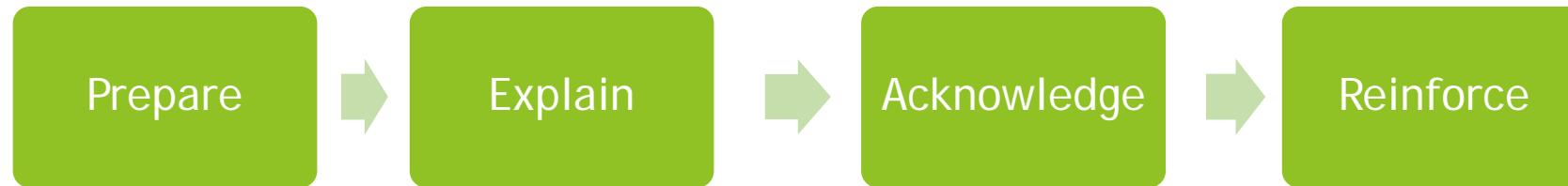
## What happens next?

- Confirm completion & accuracy
- Gather documentation
  - Send as much information as you have
  - Include required documentation:

HIP	Neurocognitive Testing
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  - Feel free to provide written summaries/addendums to explain important behavioral health information
- Return via fax
- Complete the LOCET
- Receive a 142
- Submit 148 upon admission

# Asking Difficult Questions

## How to Begin



# Prepare

- Pre-fill Level I information from medical records
- Verify information with person & others who know the individual well

# Explain

- Purpose
- Meaningful & reassuring language

*“Part of the application process for nursing facility care is to gather information about any issues with (mood, behavior, nerves, diagnoses-choose words that are meaningful & reassuring to the person) you have experienced in the past. I will also ask about any services you receive now or have received in the past.*

*This information is required under a federal law which was passed to protect you. It’s purpose is to make sure that you go to the right place for care & that you will receive the right services & supports for you.*

# Acknowledge

- Sensitivity of questions
- Confidentiality of process

*“Some questions are personal. Know they are very important for us to ask, & only experts who will help identify the right services will receive this information.”*

# Reinforce

- Importance of accuracy

*“Your honest, accurate responses are very important to make sure that you are admitted to the right place & will receive the right services to meet your needs.”*

# Phrasing for Success

- Use full words & avoid acronyms
  - MI, IDD, PASRR, etc.
- Use judgement free words
  - Say “street or recreational drugs” instead of “illicit drugs”
- Use close-ended questions with choices
- Use a non-judgmental, non-condescending, matter-of-fact approach
- Assume the behavior is occurring
  - “How often do you drink in a week?”
    - Rather than “do you drink often?”

# Asking about Suicide & Suicidal History

- Never ask leading questions
- Instead ask:
  - Over the past 6 months, have you felt down, depressed or hopeless?
  - Have you had thoughts of killing yourself?”
    - If the person reports current feelings about suicide, obtain immediate assistance & remain with the person until professional medical/psychiatric experts arrive
  - “Have you ever attempted to kill yourself?”
    - If ‘yes’, then when did this happen?

## Abbreviations/ Terms

<b>DD:</b>	Developmental disability
<b>ID:</b>	Intellectual disability
<b>Form 142:</b>	Reference for <i>Notice of Medical Certification</i> form completed by OAAS, OBH, or OCDD
<b>Form 148:</b>	<i>Notification of Admission, Status Change, or Discharge for Nursing Facility Care</i>
<b>LGE:</b>	Local Governing Entity, often also referred to as District and Authority. OCDD subcontractor for Level II determinations.
<b>Level I Screen:</b>	Screen required by federal law to determine if an individual has suspected or known MI/ID/DD/RC conditions
<b>Level II Authority:</b>	Entity responsible for final approval for nursing facility admission for individuals determined or suspected to have MI/ID/DD/RC (OBH and/or OCDD)
<b>LOCET:</b>	Level of Care Evaluation Tool
<b>MI:</b>	Mental illness
<b>NF:</b>	Nursing Facility
<b>NFA:</b>	Nursing Facility Admissions
<b>Letter of Consideration:</b>	Notice to applicant and applicant's legal representative that the application is being referred to the Level II Authority (OBH and/or OCDD)
<b>NF LOC:</b>	Nursing Facility Level of Care
<b>NVRA:</b>	National Voter Registration Act
<b>OAAS:</b>	Office of Aging and Adult Services
<b>OBH:</b>	Office of Behavioral Health
<b>OCDD:</b>	Office for Citizens with Developmental Disabilities
<b>PASRR:</b>	Pre-Admission Screening and Resident Review. Process required by federal law that consists of Level I and Level II screening and review.