

ANDREW M. CUOMO Governor **HOWARD A. ZUCKER, M.D., J.D.**Commissioner

**SALLY DRESLIN, M.S., R.N.** Executive Deputy Commissioner

November 29, 2018

DHDTC DAL 18-15
Nursing Facility Admission Requirements & PASRR

Dear Chief Executive Officer:

The purpose of this communication is to reinforce key provisions of the Pre-Admission Screen and Resident Review (PASRR) assessment process, and to describe new modifications to the referral process. *Please distribute this letter to all staff involved with Discharge Planning and/or the PASRR process.* 

PASRR is a federally-mandated process for individuals who are known or suspected of having mental illness (MI), developmental disability (DD), intellectual disability (ID), or a Related Condition (RC) such as autism, cerebral palsy, or epilepsy, and who are seeking nursing facility (NF) admission, or who already reside in a nursing facility and have been identified as having a significant change in condition. PASRR protections align with state obligations under the Americans with Disabilities Act (ADA) and the Supreme Court's decision in *Olmstead* to serve people in the most integrated setting appropriate.

Federal PASRR regulations require that persons with known or suspected MI, DD, ID or RC not be admitted to nursing facilities until an assessment is made, community alternatives are explored, and person-centered services are recommended to meet the individual's PASRR-related needs.

#### Level I Screening

A Level I SCREEN must be completed for **all** NF applicants to identify **possible** MI, DD, ID or RC, and to determine the individual's potential to be cared for in a setting other than a NF. Screeners completing a Level I SCREEN should have a low threshold for identification; for example, suspicion of an MI, DD, ID, or RC must result in a PASRR Level II referral. There are, however, exceptions to this requirement under certain circumstances known as categorical determinations.

### **Categorical Determinations**

Cases that fall under categorical determinations may not require a Level II PASRR assessment prior to NF admission. The following four (4) categories may be applicable to individuals identified by Level I SCREEN as *possibly* having MI and/or DD/ID when existing documentation on the individual are current and accurate and are sufficient to allow the reviewer to readily determine that the individual fits the category:

- Convalescent care a medically prescribed, time-limited period of post-acute hospital care recovery in a NF not to exceed one hundred and twenty (120) days as documented by the acute care physician in the medical record.
- Serious illness being comatose, ventilator dependent, or having a diagnosis of one or more chronic debilitating conditions at a severe level.<sup>1</sup>
- **Terminal illness** life expectancy of six (6) months or less with documentation by a physician in the medical record.
- Provisional Emergency Admission brief and finite stay.

The information must be clearly documented in the medical record and obtained prior to applying a categorical determination. Acute care facilities must provide this information to the receiving NF.

## **Significant Change in Physical or Mental Condition**

When a PASRR-identified nursing facility resident is admitted to an acute care facility, for either medical or psychiatric reasons, the acute care facility's discharge planning staff should initiate communication with the NF to determine if a Resident Review is required for a significant change in condition.

What constitutes a significant change in condition? Generally speaking, a significant change is one that:

- ✓ Will not normally resolve itself without interventions;
- ✓ Impacts more than one area of the individual's health status; and
- ✓ Requires an interdisciplinary review and/or revision of the current plan of care.

Acute care and nursing facility staff must work together to not only identify if an individual has experienced a significant change in condition, but also to determine the optimal time when a PASRR Level II referral would be most appropriate.

When a patient who previously resided in a NF prior to hospitalization receives a Level II Resident Review which recommends community placement as the most appropriate setting, the individual is to return to the NF, where discharge planning should commence immediately.

<sup>&</sup>lt;sup>1</sup> Chronic Obstructive Pulmonary Disease, Parkinson's Disease, Huntington's Disease, Amyotrophic Lateral Sclerosis or Congestive Heart Failure, as documented in the medical record, and whose PRI or H/C PRI responses are 3, 4, or 5 (see PRI or H/C PRI Part III, items 19-22)

#### How to Make a Level II Referral for Mental Illness

Ascend, a Department of Health (DOH) contractor, is responsible for completing PASRR Level II evaluations for individuals with MI. When submitting a referral to Ascend, current requirements include: 1) an Intake form; 2) H/C PRI; 3) SCREEN; and 4) a History and Physical.

However, to ensure a more comprehensive Level II determination, DOH strongly recommends that the following documents are included in the review, as needed:

- o If the individual being referred is currently located in a psychiatric facility or psychiatric unit, the referral source must provide a **comprehensive psychiatric evaluation**.
- Social services and discharge planning notes relevant to the current PASRR request, indicating any alternative community supports that have been explored.

Please note: By providing additional documents, when applicable and available, an acute care facility can help their patients to receive a more expedient evaluation. Examples include:

- ✓ Nursing Notes
- ✓ Medication Administration Records (MAR)
- ✓ Psychosocial history/evaluation
- ✓ Recent progress notes
- ✓ Neurological consultation/testing if completed
- ✓ Physical Therapy or Occupational Therapy notes

The Ascend Intake Form and the NY-specific fax cover sheet are available at <a href="https://www.ascendami.com/ami/Providers/YourState/NewYorkPASRRUserTools.aspx">https://www.ascendami.com/ami/Providers/YourState/NewYorkPASRRUserTools.aspx</a>.

Questions regarding PASRR Level II for persons with serious mental illness may be directed to Ascend by e-mailing <a href="mailto:Ascend-NYPASRR@maximus.com">Ascend-NYPASRR@maximus.com</a>, or by calling the Ascend New York PASRR Help Desk: 877-431-1388, ext. 3475.

# How to Make a Level II Referral for Developmental/Intellectual Disability/ Related Conditions

The NYS Office for People with Developmental Disabilities (OPWDD) is responsible for completing PASRR Level II evaluations for individuals with Developmental or Intellectual Disabilities, or Related Conditions.

When submitting a referral to OPWDD, the following documents are required:

- ✓ H/C PRI + Level I SCREEN
- ✓ Complete Medical History including results of most recent physical examination
- ✓ Psychosocial evaluation including current living arrangements, medical, support systems, and day program information (if available)
- ✓ Supportive documentation for diagnosis of intellectual and/or developmental disability
- ✓ List of current medications

The OPWDD referral form can be accessed at: https://opwdd.ny.gov/node/4650

For additional information on OPWDD's PASRR coordination, or questions, contact Barbara Fahey, Statewide Coordinator for PASRR and Aging Services at (518) 388-0694, or contact your OPWDD Regional PASRR Coordinator, who can be found through the link given above.

#### **Additional Guidance**

The Centers for Medicare and Medicaid Services (CMS) created the PASRR Technical Assistance Center to provide training and technical assistance regarding Level I and Level II PASRR processes, which can be complex and generate many questions. To access valuable resources that address many PASRR questions, visit the PTAC website at <a href="http://www.pasrrassist.org/">http://www.pasrrassist.org/</a>.

Thank you for your attention to this important issue. Should you have questions regarding the content of this letter, please contact the DOH by emailing <a href="mailto:passrg@health.ny.gov">passrg@health.ny.gov</a>.

Sincerely,

Ruth Leslie Director Division of Hospitals and Diagnostic & Treatment Centers