

To: Illinois Nursing Home Safety Task Force

**From: Health & Medicine Policy Research Group - Center for Long-Term Care Reform
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Re: Pre-Admission Screening and Resident Review (PASRR); Home and Community Based Services

The Nursing Home Safety Task Force (Task Force) has identified the need to improve the pre-admission screening and assessment of people entering nursing homes (NH) as the first of three categories to improve the safety of all people in NH. According to the National Alliance on Mental Illness, Illinois, more than any other state, uses NH to warehouse people with mental illness (MI).¹ The PASRR process, mandated by the Federal government requires that “all (Medicaid) applicants (to NH) who have mental illness be screened for their need for nursing facility services and specialized services to treat their mental illness.”² However, the Federal regulations governing this program have been interpreted differently in each state. It appears that the intent of PASRR as currently being administered in Illinois is not as effective as it could or should be in diverting people from NH. Since PASRR is required for all people on Medicaid seeking NH placement, the Center researched how the process is being used in other states to identify ways in which to make the PASRR program more effective in Illinois.. If implemented as federally intended, PASRR offers an opportunity to screen individuals with MI for appropriate NH placement and assess individual mental health needs prior to, or shortly after, NH admission.

State Level PASRR programs (from National perspective)

The Federal regulations for PASRR mandate the program’s use in all states, but permit latitude to states in how to implement the program given each state’s unique resources and government structure. Federal regulations are designed to give states autonomy and freedom of implementation. However, with PASRR implementation left up to interpretation by each state, the legislative intent of the program is unevenly administered across the states:

- 1996 Bazelon Center for Mental Health Law national survey shows significant variation between state PASRR implementation programs and variation in availability of mental health services in NH
- 2001 Office of Inspector General report reveals significant levels of non-compliance with PASRR regulations in NH; also inadequate state and federal oversight
- 2001 Office of Inspector General reported that after elimination of the mandated annual resident review in 1996, replaced by a mandate to review if mental or physical condition changes, PASRR re-assessments were infrequently performed.

¹ NAMI Grading the States 2009: A report on America’s Health Care System for Adults with Serious Mental Illness. Referenced 1-13-10 at http://www.nami.org/gtsTemplate09.cfm?Section=Grading_the_States_2009.

² *Screening for Mental Illness in Nursing Facility Applicants: Understanding Federal Requirements*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. <http://mentalhealth.samhsa.gov/publications/allpubs/SMA01-3543/SMAO> Sec. V. Viewed 01/13/10

- PASRR does not ensure that NH residents receive mental health services, although the level II screen does include assessment of mental health needs; mental health service provision is the NH responsibility (Linkins et al., 2001)
- Per Surgeon General’s report (1999), “Medicaid policies discourage NH from providing specialized mental health services, and Medicaid reimbursements for NH patients have been too low to provide strong incentive for participation by highly trained providers.”

Other States PASRR Policies

Given the variability in PASRR implementation state by state, the Center was interested in whether there are states that use PASRR in ways that may be instructive to Illinois in meeting the Task Force goal to improve the pre-admission process of people with MI who may or may not need NH placement. Toward that end, we started by researching and making contacts with PASRR officials from Massachusetts which was identified by NAMI as taking innovative steps to improve their mental health care system. We also contacted Michigan which, while having difficulties in meeting the needs of its non-Medicaid population, takes the PASRR Federal mandate very seriously.

Massachusetts (MA) – interview with Karen Vautour, Health Education Services, Inc.

The MA Department of Mental Health (SMHA) contracts out for PASRR level II screening to a private community mental health agency: Health Education Services, Inc. (HES). 10-15% of Level I screens turn into Level II. All Level II screenings are reviewed by an RN. MA pays \$270/day for nursing home care so they are interested in keeping people in the community where care costs less.

- HES subcontracts out to a single agency that employs mental health professionals who are responsible for doing the level II screen on a fee-for-service basis.
 - All professionals are master-level, licensed professionals. Ex: Psychology, Social Work, Nursing, Mental Health Counselor
- HES screens 2,500-2,600 individuals annually with the PASRR level II
 - HES maintains all level II data (records for 33,000 individuals; 60,000 records)
 - HES sends the PASRR II forms to the nursing facilities via fax
- While there is a page of the MA PASRR level II screen that addresses the individual’s mental health needs, implementing a care plan addressing these needs is the NH responsibility. Neither HES nor the subcontractors follow-up on how NH’s utilize the PASRR level II screen.
 - There are no state recommended mental health services to be utilized in NH
 - NH’s contract out to fee-for-service, private, for-profit psych organizations for mental health service provision
 - While the NH are technically not required to use the information, the ‘best homes’ do use it. Regardless of whether the information is used, it must be stored in the resident’s record.
- As the central administrative body for the PASRR level II screen, HES is responsible for initiating Resident Reviews when there is a significant change in an individual’s mental or physical health; the most common reasons for a Resident Review are:
 - HES is notified by psychiatric hospitals when a person from a NH is admitted for an acute episode. If this individual is admitted back into the NH, HES subcontractors perform a Resident Review screen

- After a person with MI moves from a NH back to the community and then back to a NH, the NH calls HES to initiate a Resident Review
- Nursing homes rarely contact HES to initiate a Resident Review except in the above mentioned situations
- HES provides 4 trainings per year for any facility involved with the PASRR level II process
- MA defines “specialized services” as 24-hour in-patient psychiatric care; about 1% of PASRR level II screens result in specialized services (~25-26 people per year)
- RN auditors from SMHA go into each nursing home quarterly to review new admissions charts for their PASRR documentation
- MA has two locked facilities for people with MI who are criminally aggressive. They have no IMD’s – they have all been closed down.

Michigan (MICH) – interview with David Verseput, Michigan Department for Community Mental Health

According to Mr. Verseput, MICH Department for Community Mental Health (DCMH) (SMHA) is firmly committed to meeting the Federal intent of PASRR.

- Level I screenings are required to be kept in the nursing home files. If a NH admits a person prior to completion of the PASRR level I screen, DCMH holds the NH responsible for reimbursing the state for that individuals care until a level I screen is performed.
- DCMH contracts PASRR level II screenings to local Community Mental Health agencies (CMH). The CMH may subcontract out for PASRR level II screenings.
- PASRR level II screens are performed by Registered Nurses (not necessarily master level), licensed Master level Social Workers, and possibly a psychiatrist. A physician signs off on the screening.
- PASRR level II screenings performed by CMH or CMH subcontractors are returned to DCMH; DCMH decides upon the plan of action for the individual:
 - NH with no MI
 - NH with MI services provided by NH
 - NH with MI services provided by NF and specialized services arranged by state
 - No NH with arrangement for MI services in HCBS
 - No NH with arrangement for MI services in HCBS and specialized services arranged for by state
 - No NH, no MI

Note: DCMH makes the final decision as to how the PASRR level II screen is implemented

 - PASRR level II screen copies go to the NH, DCMH and to the individual
- DCMH prides itself on encouraging non-institutional care
 - MICH performs 1,000 PASRR level II screens annually; average age = 75 years old

- CMH triage PASRR level II screens: it may not be necessary to even do a level II screen—professional judgment utilized
- MICH PASRR level II defines “specialized services” as services provided by DCMH and services provided by the NH
 - DCMH determines their mental health service provision on an individualized basis, to supplement the NH services provided
 - CMH provide services in NH; ex: individual or group psychotherapy
 - *If Level II identifies a need for specialized services, this usually indicates the individual is not NH appropriate and needs 24-hour inpatient psychiatric services. This level of need is rarely identified on the Level II screens in MICH
- MICH annually screens persons with MI with the PASRR level II and as needed.
 - Annual Resident Reviews are an opportunity for DCMH to find out what services people with MI utilize in the NH
 - 3,500 Resident Reviews are done per year
- MICH bills Medicaid for training, triage and all related activities under the Federal cost allocation for PASRR – 75% reimbursement.

CMS Funded PASRR Technical Assistance Center

Given the variation in implementation of the PASRR program, there are naturally some state PASRR programs and policies that are more effective than others in meeting the Congressional intent for the program. The Center for Medicare and Medicaid Services (CMS) funds a PASRR Technical Assistance Center (TAC) through **Acumen, LLC** in Burlingame, California. This PASRR TAC is available to help states improve their PASRR implementation.

- The PASRR TAC offers consultation to state departments to help them understand the rules and regulations of PASRR, and to implement PASRR as intended with best policies and practices
- TAC is creating an inventory of the states’ best PASRR policies and procedures
- TAC consultants have experience implementing PASRR at the state level and can work with the State Mental Health Authority (Illinois: Department of Human Services, Division of Mental Health) and/or the State Medicaid Agency (Illinois: Department of Health Care and Family Services)
 - Services can be delivered via face to face meetings and/or conference call. They can provide state specific research analysis.

Center Recommendations to Task Force

The following is based on the Task Force’s preliminary recommendations introduced at the last Task Force meeting Thursday January 14, 2010. The Center recommends that the Task Force utilize the mandated Pre-Admission Screening, PASRR, as one tool to address several of its preliminary recommendations. In addition, the Center strongly recommends consultation with the CMS funded PASRR Technical Assistance Center (TAC) to implement PASRR as federally intended. The Task

Force's preliminary recommendations are listed in quotations, with the Center's explanation on how PASRR may be utilized to achieve these recommendations in bullet points.

"1. Ensure that individuals have a care plan that facilitates their highest level of independent functioning in the setting most appropriate for that plan."

- If implemented as federally intended, PASRR Level II screens individuals as to whether they need NH-level care. Further, the level II screen should determine the individual's mental health needs prior to, or shortly after, NH admission. Thus, through PASRR, if the person is determined to need NH-level care, the level II screen also outlines mental health needs for the NH to provide or arrange for provision of.

"2. Improve existing training curricula that will prepare staff to conduct better client assessments and that will expand their knowledge base of community resource alternatives and the recovery philosophy."

- If used according to Federal intent, the PASRR level II agent could work with a PASRR transition and diversion planner to assess the client for mental health needs and to explore alternative community resources, prior to NH admission; this can be used for any original level II screen, and also for any PASRR Resident Review.

"3. Include a component identifying "risk of harm" to others for inclusion in the pre-admission assessment process."

- A PASRR level I screen is required for all individuals seeking NH admission. This level I screen is used to preliminarily identify an individual as having a mental illness. It is possible to incorporate another component of the level I to assess a persons' "risk of harm". This would streamline admission procedures, thus making the "risk of harm" assessment a part of the necessary pre-screen prior to NH admission.

"4. Reassess nursing home residents' clinical needs early in their stay and when there is a status change, to ensure that they are in the most community integrated setting."

- If PASRR is implemented according to Federal intent, a level II screen will be done prior to, or shortly after, NH admission. This screen includes an assessment of mental health needs. Also, per Federal intent, PASRR mandates re-screening in the case of significant mental or physical health change.

"13. Create a web-based data information system to allow nursing homes and state agencies to exchange information, including identified offender data on residents."

- Other states already utilize PASRR electronically, allowing for enhanced communication and exchange of information. It is possible to incorporate identified offender data into an Illinois electronic PASRR program.

Additionally, the Center recommends:

- Annual Resident Review
 - At minimum those who are screened using PASRR level II should be screened once a year
 - Michigan utilizes the Annual Resident Review, giving the state an opportunity to see what mental health services the individual has received, or still needs, at the NH

In regards to the Task Force’s recommendations under the heading, “Expanding Home and Community Based Housing Options for People with Serious Mental Illness”, the Center is available to provide research and policy analysis. Please see the Task Force recommendations, in quotations, and the Center’s response in bullet points.

“1.) Expand transitional therapeutic models to serve as a step-down from nursing facility level of care, to help individuals prepare for transition to more independence.”

- The Center is aware of programs in other states that utilize models based on this concept. We are available to do research and policy analysis on other states’ programs and models.

“2.) Maximize federal financial resources for home and community-based options, using supported living waiver and/or Medicaid home and community based services waiver.”

- The Center is available to do research and policy analysis on existing supported living, and home and community based service waiver programs in other states.

Finally, the Center recommends partnering with community-based mental health agencies, which utilize evidence based practices such as Assertive Community Treatment (ACT), to enable people with mental illness to live in the community. Only through the use of evidence based practices can we know what works and what doesn’t work.

Resources

Linkins, K.W., Lucca, A.M., Housman, M., & Smith, S.A. (2006). Use of PASRR programs to assess serious mental illness and service access in nursing homes. *Psychiatric Services*, 57(3): 325-332.

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Mental Disability Law and the Elderly: The Impact of PASRR. Washington, D.C., Bazelon Center for Mental Health Law, 1996.

Mental Health: A Report of the Surgeon General. Rockville, MD, Center for Mental Health Services, National Institute of Mental Health, 1999.

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