PENNSYLVANIA PREADMISSION SCREENING AND RESIDENT REVIEW

QUESTIONS & ANSWERS

1. *Who can complete the PASRR-ID (ID)?*

   Answer: The ID can be completed by anyone with knowledge of the applicant; the applicant, a family member, a physician, a nurse, a social worker, a hospital or a nursing facility (NF).

2. *What is the timeframe in which the PASRR-ID must be on the new admission record?*

   Answer: Nursing facilities must have a completed ID for every new admission (regardless of payment source) no later than the day of admission.

3. *If the nursing facility receives a PASRR-ID that is difficult to read, (i.e., poor copy quality or top of page is cut off due to faxing), how should we handle these situations?*

   Answer: You should contact the originator for a better copy, or as a nursing facility, you may complete a new PASRR-ID.

4. *Is the ID incorrect if there is not a Social Security Number and/or middle initial on the ID?*

   Answer: If you can determine that the ID belongs to the resident the absence of the Social Security Number does not make the ID incorrect. The ID does not require a middle initial.

5. *What if there is no PASRR- ID or the ID on the record is blank?*

   Answer: In these situations, you are out of compliance with Federal Regulations. It is your responsibility as the admitting nursing facility to have a PASRR-ID on each new admission's chart no later than the day of admission.

6. *When a patient at the hospital is a targeted individual and not an exceptional admission, what is the expected time frame for completion of the OBRA assessment process? Is the review process the role of the Area Agency on Aging (AAA) Preadmission Assessment Unit or Bureau of Provider Support (BPS) Field Operations Representative?*

   Answer: The AAA Preadmission Assessment Unit completes the OBRA assessment for an individual who is identified as a possible target group member prior to admission to a NF. The Preadmission Assessment Unit gathers pertinent information and forwards it, along with a recommendation, to the appropriate Program Office. Federal Regulations (§483.112(c)) require that the Department of Public Welfare (DPW) Program Office make a decision within an average of seven to nine working days from the date they receive the assessment packet. Some reviews may exceed the seven to nine-day time frames if the DPW Program Office determines that additional information is needed.

   The BPS Field Operations representative is responsible for completion of the OBRA assessment when:

- A target resident is admitted to the NF without being evaluated by the Preadmission Assessment Unit.
- The resident is an unreported target.
- A resident has a change in condition that affects their target status.

7. *What is the appeal process for the individual and/or providers concerning PASRR-ID decisions?*

   Answer: Appeal rights are in the Letter of Determination. The applicant/resident or his/her representative (which may be the NF) can appeal any adverse action.

8. *When a hospital completes the PASRR-ID (with information from the physician, nurse, patient and medical record), are there any consequences for the hospital if the AAA Preadmission Assessment Unit disagrees with the information on the PASRR-ID?*

   Answer: There are no consequences for the hospital. The hospital and AAA Preadmission Assessment Unit should work together to share information. The AAA Preadmission Assessment Unit can contact the appropriate DPW Program Office for guidance. The DPW Program Office makes the final decision.

9. *Do all NF admissions from a hospital need to be seen by the AAA Preadmission Assessment Unit prior to the NF accepting them?*

   Answer: The AAA Preadmission Assessment Unit does not need to see all admissions. The AAA Preadmission Assessment Unit <u>must</u> see all individuals who are OBRA Targets prior to a NF admission, regardless of payment source.

10. *Does a new PASRR- ID need to be completed every time an individual is readmitted to a NF, if there is no change in their target status?*

    Answer: No, the PASRR-ID is to follow the individual as long as the target status has not changed. At the time of the readmission, the ID is to be reviewed and signed. All closed records should include a copy of the ID.

11. *When is a new ID required?*

    Answer: A new ID is required when there is a change in condition that affects the resident's target status. The new ID is the responsibility of the NF. When there is a change in condition that affects an individual's target status, the facility has 48 hours to notify the DPW via the MA 408 process.

12. *Is the AAA Preadmission Assessment Unit allowed to correct an ID that is incorrect or incomplete?*

    Answer: Yes. The AAA Preadmission Assessment Unit is responsible to assure the PASRR-ID is correct.

13. *How should a correction to the information be documented on the PASRR-ID?*

    Answer: The correction should be made on the PASRR-Id and signed by the individual making the correction where the correction was made on the form. You need to indicate name, title, date and identify if you are with the NF, Preadmission Assessment Unit, or BPS Field Operations.

14. *What is the DPW Program Office's role when it reviews the OBRA Assessment packet Level of Care decision?*

    Answer: The DPW Program Office has the responsibility to make the final determination for the need for NF service and/or specialized services for the individual targeted under the OBRA assessment process. The Program Office may consult with the AAA Preadmission Assessment Unit or BPS Field Operations Representative if there are questions or concerns about the individual's needs.

15. *May a NF refuse to take an applicant who the AAA Preadmission Assessment Unit determines not to be a target, but the NF thinks that they are? Should this be referred to the BPS Field Operations representative?*

    Answer: Yes, a NF with legitimate reason can refuse to admit any individual. The Preadmission Assessment Unit should discuss the situation with the NF and consult with the DPW Program Office in order to resolve the situation.

16. *Who can receive verbal approval from the DPW Program Office?*

    Answer:
    The NF is to call the DPW Program Office and document the following information:
    - date
    - contact person
    - Yes/No for Nursing Facility Placement and Yes/No for Specialized Services

    This information is to be reported on the MA 408.

    If a hospital or other agency calls the DPW Program Office they should be referred to the NF. The DPW Program Office may tell them the outcome but they should call the NF for final approval and to set up discharge.

SECTION I – DIAGNOSES

17. *How does the NF or individual completing the PASRR-ID, determine what the primary, secondary or target diagnosis is?*

    Answer:
    1. Review current medical record.
    2. Discuss diagnosis with the attending physician.
    3. Discuss medical history with the individual, family or significant other.

18. *If tertiary diagnoses are pertinent, should they be listed as secondary or should they be ignored?*

    Answer: Any diagnosis that is pertinent (i.e. effects an individual's target status) must be addressed. As to whether it takes precedence over a primary or secondary diagnosis is a professional judgment call that the assessor must determine.

19. *If an applicant/resident has a primary diagnosis of cardiovascular accident, secondary urinary tract infection, and depression is listed as a 5th or 6th diagnosis, should this be put under target diagnosis?*

    Answer: Yes. The depression diagnosis could be a serious mental illness. Complete the ID, and if the individual does not meet all of the criteria for an individual with a Mental Illness (MI), the individual is a regular admission.

20. *What is a target diagnosis?*

    Answer: This is a diagnosis of Severe Mental Illness (MI), Mental Retardation (MR), and/or Other Related Condition (ORC) that would/could make an individual a target and the diagnosis needs to be entered on the Target Diagnosis line.

21. *If there is not a target diagnosis, do we have to write in "none" on the Target Diagnosis line?*

    Answer: Yes. The instructions for Section I states: "If there is not a target diagnosis, write 'None' or 'Not Applicable' on the target diagnosis line.

22. *Should the Target Diagnosis block be completed when a dementia diagnosis is primary and a MI diagnosis is tertiary?*

    Answer: Yes. Write in the MI diagnosis and complete Section II as appropriate.

23. *Can the target diagnosis for primary or secondary diagnosis be the same? Do you write it in both places?*

    Answer: Yes. The target diagnosis can be the same and must appear on the target diagnosis line as well the primary or secondary diagnosis line.

24. *Is there any difference between primary and secondary diagnoses and primary and secondary medical diagnoses. Sometimes the targeted diagnoses are listed as primary and secondary diagnoses. Is this okay?*

    Answer: The purpose of asking for medical diagnoses is because the PASRR is part of the admission process. An individual applying to a NF should have a medical reason(s) for considering this type of placement. If there is a legitimate primary or secondary diagnosis of MI, MR, or ORC, it should be entered on the appropriate line.

25. *Should a diagnosis of MI, MR, or ORC be listed in Section I if the applicant/resident becomes a regular admission after the ID is completed?*

    Answer: Yes, all target diagnoses are to be listed on the Target Diagnosis line. This will let federal auditors, AAA Preadmission Assessment Unit and BPS Field Operations Representatives know the diagnosis was not ignored during the ID process. The ID is a worksheet where any pertinent information justifying or supporting the rationale for the decision can be noted; either attached or written where the information can be found in the resident's record.

26. *Is it okay to list symptoms (e.g. weakness, syncope, dehydration) for the primary diagnosis?*

    Answer: The ID may list symptoms as long as it is a medical diagnosis and it must properly identify if the individual is or is not, a target.

SECTION II – SERIOUS MENTAL ILLNESS

27. *How do you answer Section A "Diagnoses" – yes or no?*

    Answer: The "yes" or "no" boxes apply to the question about MI diagnoses. Answer "yes" if the individual has a severe MI. Answer "no" if the individual does not have a severe MI.

    Note: If there is a "no" in section A, do not answer Section B or C, go to II-D.

28. *When is a depression diagnosis considered to be a MI and when is it not?*

    Answer: The individual and their situation must be evaluated – not just their diagnosis. When Depression is a diagnosis, complete all of the questions on the ID under Section II. There are times when a diagnosis of "mild depression" could result in the correct targeting of an individual.

29. *If an applicant/resident has dual diagnoses of MI and drug/alcohol dependence and that individual has had recent inpatient treatment for drug/alcohol – is this considered recent treatment at II-C?*

    Answer: Inpatient treatment for drugs and/or alcohol is not considered psychiatric treatment.

30. *Can a licensed social worker make a diagnosis of a major depression?*

    Answer: No, a diagnosis of MI by anyone other than a physician has no legal validity.

31. *Can an individual have a MI primary diagnosis and be a regular admission?*

    Answer: Yes, an individual with a MI primary diagnosis could be a regular admission if the diagnosis of MI does not come under the Seriously Mentally ill category, and/or if the individual does not meet all the criteria for a MI target.

32. *Does the MI diagnosis itself make and individual a target?*

    Answer: No. The individual must meet all the criteria on the ID.

33. *An individual is referred for NF services after residing in an inpatient Psychiatric Hospital for several years. He/she has an ongoing diagnosis of MI but recently has been diagnosed with dementia. How should this be handled on the ID?*

    Answer: The MI Target diagnosis is to be documented in Section I on the "Target Diagnosis" line. The dementia diagnosis should be listed on the "Primary" or "Secondary" diagnosis line.

34. *Does partial hospitalization have to be everyday attendance? What length of time – two years?*

    Answer: Partial hospitalization does not have to be everyday attendance. Consider continuous services as one episode. There is no time limit. The individual could attend a partial hospitalization program three days per week for four years. This would be considered one episode.

35. *An individual is hospitalized in a short-term Mental Health Unit (MHU) two times for psychosis (listed as primary) and Alzheimer's for a second diagnosis. The MHU administrator indicates that the diagnoses are listed in this order for payment purposes. His/her primary diagnosis is Alzheimer's – the physician agrees. Is this a regular admission?*

    Answer: The documentation from the MHU must be examined. What is the documentation saying is the cause of the behavior – the dementia or the mental illness? If the behavior is because of the dementia, the individual is a regular admission. If the behavior is because of the mental illness, the individual may be a target.

36. *Is community counseling ever considered recent treatment for MI? What about injections of psychotropic medications?*

    Answer: Community counseling is not considered recent treatment for MI. An applicant/resident receiving injections of psychotropic medication is only a target if he/she meets all criteria in Section II – A, B, and C.

37. *Years of institutionalization can cause "level of impairment". Can this eliminate the applicant/resident as a target under item II-B?*

    Answer: No. If there is a history of institutionalization and all other criteria under Section II are met, the packet needs to be sent to the Program Office for review/decision.

SECTION III – MENTAL RETARDATION (MR)

38. *Under III-B, if the answers under Related Questions are no ("is intellectual functioning documented on a standardized general intelligence test?" and "Are impairments in adaptive behavior documented by a standardized test?"), what type of Sources and Findings are acceptable?*

    Answer: Under III-A and III-B the basis of the reviewer's finding may be information received:
    - From the County MH/MR
    - From the family
    - From a diagnosis found on a medical evaluation
    - From school records, etc.

    It is the responsibility of the AAA Preadmission Assessment Unit /BPS Field Operations Representative to review available information, and when necessary work with the Program Office to arrive at a conclusion as to whether or not an individual belongs in this target group.

39. *Does question III-C require an answer?*

    Answer: A "No" in question III-A indicates that the applicant does not have a MR diagnosis. Therefore, III-B and III-C should not be answered. You should only answer III-F and G. If the answer to question III-A is 'yes', answer all questions.

40. *If an individual was not tested prior to age 22 but appears to always have had mental retardation and is now treated at age 59, is this individual a target?*

    Answer: The target status is determined after the Program Office reviews all information in the packet.

41. *If the overall IQ score is less than 70, but an individual portion of testing was higher that 70, would this individual be excluded from target status?*

    Answer: No, the determination of MR is based on a standardized intelligence test and a standardized assessment of adaptive function that uses a combination of intellectual functioning and impairments in adaptive behavior. The Program Office will make this determination upon review of the packet.

42. *How is a MR Target decision made if the individual did not have a standardized intelligence test?*

    Answer: All information from family, schools or workshops he/she attended, or any other information that validates MR should be provided as part of the packet. The Program Office will make the final determination upon the review of the packet.

SECTION IV – OTHER RELATED CONDITIONS

43. *What type of documentation is necessary to validate an ORC Target?*

Answer: The following are resources to validate an ORC target criteria:

- Medical and social history
- School records
- Work history
- Family interviews
- Psychological (IQ Score) testing

The family is an important resource, but not the only one. IF a NF has questions they should contact either the AAA Preadmission Assessment Unit or BPS Field Operations representative.

44. *Explain Section IV-A of the ID – "Other Related Conditions."*

Answer: In order to be targeted for an Other Related Condition an applicant/resident must meet all of the criteria in Section IV.

- The ORC is attributable to one of the conditions listed or another similar condition that meets the criteria in this section.
- All the above must have occurred prior to the age of 22.
- The ORC is likely to continue indefinitely.
- The ORC resulted in functional limitations in three or more areas.

An individual needs to be diagnosed and have three functional limitations before the age of 22. A diagnosis prior to the age of 22 without symptoms being manifested does not make the individual a target.

45. *Who is supposed to answer question IV- E and what is it for?*

Answer: This is just an informational question and there is no wrong answer. The individual completing the form should answer the question.

46. *Can a Seizure disorder prior to the age of 22 be a target or must it state epilepsy?*

Answer: Seizure Disorder is sufficient but it must result in three substantial functional limitations to the major life activities prior to age 22.

47. *How does a Seizure disorder meet the criteria of an Other Related Condition target?*

Answer: Seizure disorder is identified as one of the examples of an ORC in the federal definition of Other Related Conditions. It is important to note that the seizure disorder must also have resulted in three substantial functional limitations prior to the age of 22, or the individual is not a target.

48. *Why must all people with an Other Related Condition have a psychological evaluation?*

    Answer: This is a federal requirement found in the Code of Federal Regulations (42 CFR §483.136c(1)) which states: "The state must ensure that a licensed psychologist identifies the intellectual functioning measurement of individuals with MR or an Other Related Condition."

49. *Why has the age of 22 been chosen for an ORC determination?*

    Answer: This is found in the Code of Federal Regulations. Birth to age 22 is considered the developmental period.

50. *Under the ORC category is it 'Blind and Deaf' or 'Blind or Deaf'?*

    Answer: It is 'Blind **and** Deaf' and must result in three substantial limitations to major life activities prior to age 22 as listed on the form.

SECTION V – EXCEPTIONAL ADMISSION

51. *Please clarify what is an Exceptional Admission (Section V)?*

    Answer: The Exceptional Admission Section allows individuals identified on the ID as a target group member to be admitted to a NF without further screening if they meet one of the four criteria listed in that section. The criteria are Exempted Hospital Discharge, Respite Care, Emergency Placement, or Coma.

52. *Is it appropriate for the hospitals and/or NFs to use the 30-day Exceptional Admission for terminally ill individuals who are targets?*

    Answer: Terminal illness itself does not meet the criteria of an Exceptional Admission. The following is the criteria for a 30-day Exceptional Admission: The 42 CFR § 483.106 (b) (2) says *"Exempted hospital discharge"* says: "An exempted hospital discharge means an individual (A) Who is admitted to any NF directly from a hospital after receiving acute inpatient care at the hospital; (B) who requires NF services for the condition for which he or she received care in the hospital; and (C) Who's attending physician has certified before admission to the facility that the individual is likely to require less than 30 days nursing facility services."

53. *How long must a client be in a coma to meet criteria as an Exceptional Admission?*

    Answer: There is no specified time frame.

54. *For an individual who is meets Target criteria, can an ID be completed by the NF if being admitted for an Exceptional Admission as opposed to delaying a hospital discharge for further follow-up as long as the patient is not considered to be a harm to self or to others?*

Answer: On a new admission, the acute care hospital or the NF can fill out the ID. However, the NF is ultimately responsible for the completeness and accuracy of the ID. If the hospital or NF is unsure as to how long a period of NF services is needed for a targeted individual or if the period of NF services will definitely be longer than 30 days, the 30-day Exceptional Admission cannot be used.

Note: The 30-day Exceptional Admission only applies to new admissions to the NF. It does not apply to NF residents who are transferred to an acute care facility and later readmitted to the NF.

55. *Can a visit to an emergency room or outpatient procedure at a hospital, qualify as a hospital discharge exceptional admission?*

    Answer: No. The 42 CFR § 483.106 (b) (2) states: an exempted hospital discharge means an individual "who is admitted to any NF directly from a hospital after receiving acute inpatient care at the hospital."

56. *Do we need a written statement to prove brain stem level functioning?*

    Answer: A diagnosis by the attending physician is sufficient. However, there should be supporting evidence in the applicant/resident record.

57. *Can there be "back to back" 14-day respite care exceptional admissions?*

    Answer: No.

60. *Can any one be an Exceptional Admission if they meet the criteria in the category?*

    Answer: No. If the individual has had a recent suicide attempt or ideation with a plan in the past 2 years they cannot be an Exceptional Admission.

SECTION VI – COMMUNICATION

61. *What is the purpose of Section VI on the PASRR-ID? If we answer 'yes', how do we proceed and what type of description should be provided?*

    Answer:

    1. Regulations require that the applicant/resident understand and participate in the process to the fullest extent possible. Section VI refers to individuals with communication problems that can be corrected with an interpreter; examples: language interpreter, individual who signs for hearing impaired, converting the PASRR information to Braille, etc.

       NOTE: This question does not refer to individuals who are cognitively impaired.

2. If you answer ‘yes” you must provide the resources to assist the person in understanding the process. On the ‘Describe’ line list the reason for communication barrier.

62. Does Section VI of the ID apply to all applicants/residents or just individuals who are targeted?

Answer: This question is to be answered for every applicant/resident. An individual who needs an interpreter or other assistance needs to be fully aware of the ID process so that he or she can participate in the process. In addition, an interpreter may enable the reviewer to discover information that may not otherwise be discovered.

SECTION VIII – CERTIFICATIONS

63. If a physician fails to sign the ID for an exceptional admission ID, can the AAA Preadmission Assessment Unit review and sign with a note indicating physician completed and a Preadmission Assessment Unit concurred?

Answer: No. Physicians are required to sign Section VIII-D. The ID should be sent back to the physician for their signature.

64. If only one signature/date is present (Section A), should this ID be considered incomplete?

Answer: Yes. There needs to be a second signature (in addition to Section A).
- Section VIII-A and VIII-B – Regular
- Section VIII-A and VIII-C – Target Group
- Section VIII-A and VIII-D – Exceptional Admission