



Iowa Department of Human Services

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DATE: January 12, 2012

TO: General Hospital, Nursing Facility and Skilled Nursing Facility Providers

FROM: DHS, Mental Health and Disability Services Division (MHDS)
DHS, Iowa Medicaid Enterprise (IME)

RE: Level I Web-based Screening Process for Preadmission Screening and Resident Review (PASRR)

Iowa DHS encourages providers using the PASRR Level I web-based system to learn about the purpose and logistics of the system through viewing the videotaped PASRR Training video by logging in at www.pasrr.com (Iowa PASRR), reading the PASRR Provider Manual located at www.pasrr.com (Iowa PASRR), or attending one of the Provider Q&A sessions to be held in upcoming weeks.

As frequently asked questions from system users are identified, DHS and Ascend will develop responses and publish answers to the FAQs on the website. The following questions are helpful to get a sense of the issues that arise as providers first interact with the new electronic Level I system. These responses will be posted to the website as part of the FAQ document.

1. User was kicked out of the system when completing a form.

This appears to have been an isolated issue on Monday, January 9th, specifically regarding the functioning of the LOC form. IT has fixed the LOC form issue. Please continue to report such issues to the Ascend helpdesk at 877-431-1388 extension 3403. The PASRR Level I team will research and rectify reported issues. Thank you for reporting this issue.

2. Someone with anxiety gets put in to the same category as someone with Anxiety Disorder, or medication, which triggers obtaining a Physician Statement.

Anxiety and Anxiety Disorder: Although on the Level I form both “anxiety” and “anxiety disorder” are entered within question #2 on the *Mental Illness* page, it is important to know that the user is not required to understand what may be very subtle differences between the two. Neither term is intended to *automatically* trigger review by a clinician or a referral for a Level II evaluation. This information is considered in context with other reported symptoms, history and medications to determine whether further review is needed.

On Monday evening Ascend published an update to the system that streamlined the number of Level I screens triggered to be reviewed by a clinician. This adjustment should increase the number of automated approvals of Level I screens. DHS and Ascend continue to monitor and adjust the system to achieve the best balance of federal compliance and user efficiency.

Practitioner’s Certification: The Practitioner’s certification is not triggered every time a person is referred for a Level II evaluation. The Practitioner’s Certification is *federally*

required whenever the submitter requests one of the following three abbreviated Level II activities: a 30-day hospital exemption, a 60-day convalescent approval, or a terminal illness approval.

Whenever it is believed that a person needs Level II activity, the submitter has a choice to make: “Do I think that this person might qualify for abbreviated Level II activity, or do I think that this person requires the full onsite evaluation?” The submitter indicates their choice on the Categorical/Exemption page that appears whenever a Level I screen indicates a possible Level II condition. Only when the Level I submitter requests a 30-day hospital exemption, a 60-day convalescent or a terminal illness categorical decision will the Practitioner Certification form be necessary. On the Level I entry form, the link to the Practitioner Certification link is available only under the descriptions for one of these three abbreviated Level II activities. (No link to the Practitioner Certification form is available under the other Level II activity descriptions.)

3a. Combining the Level 1 with a lot of the Level 2 questions is time consuming for people.

The current PASRR Level I process asks all submitters to answer disability screening questions regarding all persons potentially seeking NF placement. The electronic Level I screen includes all basic disability screening questions required for every individual admitting to a Medicaid-certified nursing facility. These disability screening questions were chosen to ensure that Iowa is federally compliant with PASRR regulations.

The Level I electronic forms are structured such that *additional federally required* information (guardian and PCP address) is gathered only when a Level I screen indicates a person may have a PASRR condition. Thus the additional questions will not need to be filled out for the majority of screens submitted. When the additional questions are required, this should also reduce the amount of time that would later be spent providing information for the Level II evaluation.

3b. It is offensive to ask mental health questions to someone going to NF skilled care for a brief recuperative stay (e.g. for someone who had knee replacement and plans to return home). The questions related to previous mental health treatment over the past 2 years seem invasive.

Typical hospital discharge planning involves an assessment of the patient’s *total* needs to ensure that discharge placement/plans are sufficient to meet each individual’s needs picture. Persons with PASRR conditions often have additional challenges associated with physical recovery and with their return to former or maximal quality of life. These challenges often require additional supports to assure recovery to best possible functioning. This is a key reason that assessing both a person’s physical, disability and mental health status is important when planning post-hospital discharge placement to a nursing facility. The ability of health care providers to identify, treat, and appropriately refer patients is of utmost importance to ensure that patients receive support and interventions needed.

Working together to de-stigmatize the identification and treatment of disability and mental health conditions contributes greatly to the persons we serve. Consider that more than 25% of Americans experience a diagnosable mental illness every year yet nearly two-thirds of all

people with diagnosable mental disorders do not seek treatment or find it difficult to report symptoms to their healthcare provider unless supported to do so. The National Mental Health Association (NMHA) states that only 49% of patients with clinical depression and 52% of patients with generalized anxiety disorder are receiving treatment. One in three patients who go to the emergency department with acute chest pain is suffering from either panic disorder or depression. Eighty percent of patients with depression present initially with physical symptoms such as pain or fatigue or worsening symptoms of a chronic medical illness. The cost of unidentified mental health conditions is great on both personal and financial terms. In the United States, psychiatric disorders have now surpassed other disorders such as cardiovascular diseases and malignant neoplasms as the number one cause of disability as expressed as disability-adjusted life years. Mental health must be considered as a part of any individual's *total* health.

The PASRR Technical Assistance Center will present a webinar by Jackie Birmingham, RN, BSN, MS, CMAC on February 14th, 2012 at 12:00 Central time. The webinar is entitled: *PASRR: Partnering with Hospitals in Meeting Patient's Needs*. Ms. Birmingham has been a director of discharge planning in a large urban hospital is a published author regarding hospital discharge planning and has been involved in PASRR regulations as they apply to hospitals and compliance for more than 30 states.

In Iowa, providers may find a wide variety of useful and geographically specific information about older adults, their mental health needs, and ways to meet those needs on the website of the Iowa Coalition on Mental Health and Aging, www.icmha.org.

4. Hospitals believe that nursing facilities are more hesitant to accept a patient.

Nursing facilities should be mindful of the total needs of each person they admit, and thoughtfully consider their ability to fully meet each resident's needs. As such, PASRR is intended to ensure that nursing facilities serving persons with mental health issues and other disabilities are prepared to meet each individual's total needs.

DHS wants to ensure that nursing facilities have accurate information regarding the PASRR process and do not use PASRR information to discriminate against persons with disabilities whom they could serve. DHS would like to encourage reports of these concerns as they arise so that discussions and education of all stakeholders continues to occur.

5. Obtaining all the required information and statements delays discharge from the hospital.

PASRR federal regulations require that all PASRR activities be complete prior to an individual's admission to a nursing facility. Federal law allows up to 7 to 9 days for these activities to occur. DHS has worked diligently to develop a useful and compliant PASRR process that is much quicker than the federal guidelines allow. Simply put, PASRR is an integral part of discharge planning for all persons discharging from a hospital to a nursing facility. The PASRR structure put in place by DHS is designed to be as streamlined as can be, while ensuring that PASRR identifies and evaluates all persons with PASRR conditions.

6. When the form is printed off we are getting copies for the PCP, legal representative, and spouse.

When a user clicks “Print Outcome” from the two-week history or “Print” when an automatic approval is granted, a PDF with copies of the outcomes for all parties will appear. Submitters should utilize their computers’ printing software to identify which pages they wish to print.

7. Some submitters would like more information as to WHY Level I screens must be completed for every person admitting to a Medicaid Certified nursing facility.

PASRR federal law requires that states address the behavioral health needs of nursing facility *applicants* and residents, including residents with mental illness, intellectual disability, and conditions related to Intellectual or developmental disability. These are the target conditions for PASRR. These needs, when present, must be clarified through a comprehensive evaluation process referred to as Preadmission Screening and Resident Review (PASRR). Persons admitted to a NF benefit from having a comprehensive evaluation of their disability needs, from recommendations generated by the evaluation, and by state and federal oversight of the delivery of needed services throughout the time the individual remains a resident of the NF.

8. Clarification regarding the submission’s status would be helpful.

If a user submits a review and does not get an automatic approval, the Level I had indications that caused it to require further review by Ascend’s clinicians. This will be indicated in the user’s two-week history under Active Reviews with a status of “Pending.” An Ascend clinician will review the Level I and decide if further information is needed. If so, the clinician will note the additional information needed under “Additional Information Requested.” The status will change to “Hold for Info.” Users can submit additional information by clicking “Add/Edit Info.” Once the additional information is received and reviewed, or if additional information was not required, and an outcome can be provided the review will move into the Completed Reviews table and the outcome will appear under the status column. If the person requires an onsite Level II evaluation, the review will also move to the Completed Reviews table and the status will indicate “Refer for Level II – Level I Positive.”

9. Providers were not aware they could upload documents to the web system.

Users can upload Word (Microsoft Word 2003 or earlier) and Adobe documents to a Level I by clicking on “Upload Documents.” Follow the instructions on the upload page.

10. The “Date of Admission” and “Reason for Admission” under the question “Why are you here?” only activate for certain answer choices.

The validation for this question will be changed to allow users to submit a “Date of Admission” and “Reason for Admission” for all answer choices to the question “Why are you here?”