



## LTSS Lunch & Learn – Preadmission Screening and Resident Review (PASRR)

### Date

Friday, July 23, 2021, virtual meeting

### Presenters

Dan Rusyniak

Vanessa Convard

### Learning Topics

PASRR in Indiana

### Agenda

1. Overview of PASRR
2. Process and Assessments
3. Provider Roles and Expectations
4. Contact Information and Resources
5. Q&A

*The presentation slides will be shared along with the minutes.*

### Summary of important facts from the presentation

Vanessa Convard, FSSA, Division of Aging, PASRR Director

PASRR is the Preadmission Screening and Resident Review. It is used before an individual enters a nursing facility to identify individuals with intellectual disabilities (ID) or mental illness (MI), ensure they are placed in an appropriate setting, and receive the services they require for their diagnosis. It was developed in 1987 as part of the Omnibus Reconciliation Act to prevent institutionalization. Indiana is currently a leader in the modernization of PASRR. The process is more person-centered, more conflict-free, and more accurate which leads to a decreased risk of institutionalization, and more ability to gather data.

PASRR is designed to ensure an individual receives the most appropriate service in the most appropriate place, at the most appropriate time. There are up to three assessments that an individual may receive. All assessments should be completed before an individual enters a nursing facility (NF). The 1135 waiver currently allows someone to enter a facility before they have all assessments completed, but the NF has 30 days to complete the assessments.

All applicants to Medicaid certified facilities receive a Level I assessment. This determines if an



individual might have an ID or MI diagnosis. This assessment does not diagnose an individual; only reviews documentation from medical professionals. If the Level I shows there might be a diagnosis, the individual would then receive a Level II assessment. The Level II assessment verifies the results of the Level I, and then determines if an individual should be placed in an NF or if a home or community setting is more appropriate. It also identifies the set of services an individual requires to maintain and improve their functioning. The Level of Care (LOC) assessment is required for anyone receiving a Level II assessment, individuals for whom Medicaid is or will be the payor, and any out-of-state NF applicants. This assessment further identifies if an individual requires the level of care provided in a skilled or intermediate NF and how much time they are expected to need.

There are three possible outcomes from a Level I assessment. An individual may not require a Level II assessment, but they may still require a LOC assessment before placement into a NF; a Level II (and LOC) assessment is required due to ID, MI, or a dual diagnosis; or there will be an exemption or categorical decision. Exemptions to Level II assessments are typically for rehabilitative stays and are for stays up to 30 days. Exemptions are only applicable when an individual does not pose a threat to themselves or others, and if their behavioral symptoms are stable. There is also an exemption for individuals with dementia. The individual must have a sole or primary diagnosis of dementia, and the Level I assessment supports this diagnosis. There are categorical decisions to Level II assessments as well. One is for a provisional emergency situation, usually the result of Adult Protective Services (APS) or Department of Child Services (DCS) placement. This is a short-term stay of up to seven calendar days. Respite care is also a categorical decision for Level II assessments used for individuals who are admitted on a short-term basis to a NF. Indiana added two new categorical decisions recently including for those with a terminal illness and those needing a convalescent stay. Convalescent decisions are similar to exempted hospital discharges, but stays in a NF may be between 31-60 days.

A Level II assessment may result in an approval for short-term NF care for between 30-120 days, approval for long-term care of 120 days or more, or an individual may be denied for NF care, and referred to their local Area Agency on Aging (AAA) for options counseling. If an individual is approved for long-term care, it is expected that if they do become independent enough, they will be discharged to an appropriate home or community setting, and there are protocols in place to ensure that transition. While a contractor is typically responsible for the assessments, they are not allowed to deny a NF placement. At that time, the individual would be referred to their local AAA for an on-site assessment. Indiana currently only has one specialized service of psychiatric services, however, additional specialized service may be added in the future.

Three main providers are responsible for assessments: hospitals, nursing facilities, and AAAs. If the hospital is providing the assessment, the assessment is conducted by the contractor, Maximus Ascend, or a BDDS caseworker.

Vanessa Convard ([Vanessa.Convard@fssa.in.gov](mailto:Vanessa.Convard@fssa.in.gov) or (317)232-4355) or the PASRR Help Desk ([PASRR@fssa.in.gov](mailto:PASRR@fssa.in.gov)) are available for specific questions.

PASRR Resources include:

- PASRR Technical Assistance (<http://www.pasrrassist.org>)



- Indiana PASRR User Tools from Ascend (<https://www.ascendami.com/ami/Providers/YourState/IndianaPASRRUserTools.aspx>)
- Indiana Medicaid website (<https://www.in.gov/medicaid/providers/clinical-services/preadmission-screening-and-resident-review-pasrr/>)
- Division of Aging PASRR website (<https://www.in.gov/fssa/da/projects/pre-admission-screening-resident-review/>)
- The PASRR newsletter (<https://conta.cc/2ZFVFWw~>)

## Questions/Answers

**FSSA:** There are a few questions in the chat asking for the slides to be sent out after this presentation. We will send out the slides.

**ARC of Indiana:** (*question in chat, read aloud*) How do you define “dual diagnosis” (each division defines differently)?

**FSSA:** We use a very simplistic definition. If an individual has both an ID and MI diagnosis, based on the rule, the MI diagnosis is the primary diagnosis automatically.

**ARC of Indiana:** Each division does define it differently. As a follow up, what is the impact of the MI diagnosis being the primary diagnosis?

**FSSA:** It will change the service recommendations. Indiana does not have any required services, only recommended, but there may be requirements in the future. The MI services will take priority.

**IAAAA:** From the AAA perspective, the LOC assessment is an opportunity to divert the individual to home and community-based services. How do you see this contributing to mLTSS?

**FSSA:** We use the same LOC assessment for PASRR as we do for Waiver. So, that means, if someone is eligible for a nursing home, they may be eligible for HCBS. There is a disclaimer telling the individual that they may have options besides a nursing home, as well as contact information for the local AAA.

**IAAAA:** The AAAs would like to see more options counseling, in addition to the disclaimer so that the individual has someone to talk to. From a PASRR perspective, are there ways to get more information to people who are going through this process?

**FSSA:** We have had conversations and are exploring hospitals. We are looking at embedding Options Counselors in hospitals, as well as how to reach people who are already in nursing homes, and general information campaigns. We are still looking at what is most effective and realistic. Ideally, we would do all of these things, but we are still researching the best direction.



**IHCA:** *(Question in chat, read aloud)* For the Level 2 that Maximus/Ascend completes, what does that entail? Is it a software program with an algorithm that spits out an assessment? Or is there an interview process? Or both?

**FSSA:** Typically, it is a face-to-face interview, but this is not required due to the pandemic. The assessment must be submitted within five business days for timely results.

**Megan Garwood, Unknown:** *(Question in chat that was not read aloud)* When is that happening? When will they need to start being done before they come to us in the NF again? *(This question was in reference to the 1135 waiver suspending the requirement for assessments to be completed prior to admission to a NF).*

**IHCA:** *(response in chat)* Megan - For what it is worth, I have not heard anything specific yet on when that particular waiver may end. Certain other waivers in the federal 1135 have ended, so it's completely possible that this would end before the federal PHE is terminated.

**FSSA:** *(Follow-up response as this question was not responded to during the meeting)* We are not planning for a change in the current process until after the end of the federal public health emergency. We will, however, keep people informed when we hear of a date. If you are not currently signed up for Ascend e-newsletters, we recommend you subscribe to those. It is the communication stream we use to announce all PASRR changes, including changes to the 1135 waiver that affect PASRR. You can sign up at <https://conta.cc/2ZFVFWw~>.

## Closing comments

### Dan Rusyniak, FSSA

Thank you for joining. There will be another in August, and we will send out that invitation and topic soon, and we will send out the slides from this presentation.

## Follow-up

Stakeholders are welcome to contact [backhome.indiana@fssa.in.gov](mailto:backhome.indiana@fssa.in.gov) with comments.

## Stakeholder Attendees

Ambre Marr, AARP Indiana  
Andy Kirby, The Arc of Indiana  
Anne Knouse, Healthwin  
Beth Skinner, CICOA Aging & In-Home Solutions  
Deborah Lake, BKD  
Don Gatlin, Health Management Advisors, Inc



Elisia Staver, Saint Anne Communities  
Elizabeth Eichhorn, Indiana Health Care Association  
Ellen Burton, University of Indianapolis  
Eric Essley, LeadingAge Indiana  
Evan Reinhardt, IAHHC  
Jessica Keyes, Indiana Disability Rights  
JoAnn Burke, Aging Board  
Judy Pippin, Kopka Pinkus Dolin  
Karly Sciortino-Poulter, The Arc of Indiana  
Kayla Shelton, Blue & Co.  
Kelli Tungate, Caregiver Homes from Seniorlink  
Kristen LaEace, Indiana Association of Area Agencies on Aging (IAAAA)  
Lisa Imlay, Hendricks Regional Health  
Lisa Reed, American Senior Communities  
Lori Miller, Health Systems  
Mark Lindenlaub, Thrive Alliance  
Mary Ann Maroon, Suburban Health Organization  
Matt Booher, Unknown  
Megan Garwood, Unknown  
Megan Hartman, Bashor Children's Home  
Michelle Stein Ordonez, IAHHC  
Ryan Claxton, Major Hospital  
Sarah Starcher-Lane, Byron Health  
Sarah Waddle, AARP Indiana  
Sherri Hampton, American Senior Communities  
Tauhric Brown, CICOA Aging & In-Home Solutions  
Teresa Lorenz, Thrive Alliance.  
Terry Miller, Hoosier Owners & Providers for the Elderly  
Zach Cattell, Indiana Health Care Association

## State Attendees

Allison Taylor, Amy Rapp, Andrew Bean, Bill Martin, Brenda Buroker, Dan Rusyniak, Darcy Tower, David Simpson, Elizabeth Peyton, Erica Ng, Gus Habig, Jesse Wyatt, Jessica Murdock, Jim Gavin, Kamilah Harruna, Katie Hunter, Kevin Hancock, Kim Opsahl, Leslie Huckleberry, Lindsey Weaver, Lynn Clough, Maggie Novak, Maria Finnell, Meredith Edwards, Michael Gargano, Mindy Flowers, Natalie Angel, Nonnis Spinner, Peggy Welch, Rebecca McClaren, Roxanne Alpha Manzi, Shannon Effler, Steve Counsell, Tom Betlach, Tyson Runkle, and Vanessa Convard.