Level II Mental Illness Preadmission and Resident Review Basics

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PASRR Level II MH Basics: Agenda

• History and Context of Preadmission Screening and Resident Review (PASRR)
• Goals of PASRR and OBRA ’87
• Level I and Level II DD/ID
• Level II MH
• Admission Categories
• Dementia
• Resident Review
• Resources
• Questions
• 1967 – Medicaid and Medicare

• IMD exclusion

• Nursing Facilities
  • Closer to family
  • More homelike
  • Federal Financial Participation (FFP)

• OBRA ‘87
All individuals who are preparing to be admitted to a Medicaid Licensed Nursing facility or boarding care home must be screened for Mental Illness and Developmental Disabilities.
Goals of Level II MH PASRR

• Provide care in most appropriate place

• Recommend mental health services when needed
• **Level I**
  
  • Someone (Hospital, Physician) refers a person
  
  • Senior Linkage Line triages
  
  • Sends to Screener for Level II
  
  • Bulletin #17-25-06
Level II MH PASRR: Three Questions

• Serious Mental Illness?
• Need support/services due to Mental Illness?
• Nursing Facility most appropriate place?
Mental Illnesses

• Schizophrenia
• Paranoid Disorders
• Severe Anxiety Disorders
• Another Mental Disorder Leading to Disability

• Mood Disorders
• Panic Disorders
• Psychotic Disorders
• Suicidal Ideation or Attempts
People unknown to the county or the tribe

• Level II MH PASRR assessors need to meet with the person face to face
  • Review available information
  • Meet with person/others who know their functioning
  • Make determinations
County Service Users

• Level II MH PASRR assessors may do a chart review
  • Review hospital information
  • Review County Records
  • Make determination
• The county where the person is at the time of the PASRR referral does the PASRR MH Level II screening
  • Less travel for all counties
  • Any county can provide the service and get paid
  • All Level II MH screens can be paid for
  • Up to $400 per screen
The Level II assessor has **SEVEN BUSINESS DAYS** to complete the Level II assessment.
Medicaid prohibits Medicaid certified nursing facilities (NFs) from admitting any person with a serious mental illness (SMI) unless the state mental health authority determined that the nursing facility is the most integrated setting for the person.
Admission Categories

• People who have a mental illness can be admitted to nursing facilities

• There are a number of categories of situations where this is possible

• The goal of the level II screener is to assure that the person receives care in the most appropriate place and that they receive mental health services if they need them
Admission Categories 1

• Rehabilitation
  • Less than 30 day stay
  • For an injury, illness or disorder that they were hospitalized for prior to nursing facility
  • Up to 30 day extension without new Level II
• Severe Physical Illness
  • Illness prevents the person from benefiting from mental health services
  • Examples: Coma, Severe ALS or Parkinson's Disease
Terminal Illness

- Some NFs provide hospice care
- May still benefit from mental health services
Emergency Admission

- Circumstances require protective services
- Impending hospital discharge not considered an emergency
<table>
<thead>
<tr>
<th>Provisional Admission</th>
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<td>Situations where the person would be placed in unsafe or vulnerable positions in the community unless admitted</td>
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<td>Have 7 - 10 working days after admission to complete Level II in both situations</td>
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<td>When a person is coming to a Minnesota Nursing home from another state.</td>
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Mental Illness Only

• Examples:
  • Severe unremitting psychosis or mood disorder that makes the person unable to care for themselves or puts them at risk.
  • Following ECT that puts the person at risk due to memory loss or impacted judgement

• Stay in a nursing facility is expected to be short term in most situations.
• Mental health services should be recommended
Respite Care

Planned short-term admission to a nursing facility.

For the purposes of keeping the person in another long-term setting by giving a break to the providers and the person.

Part of a treatment plan

Planned substantially in advance of the stay.
The Question of Dementia

• When the person has no additional diagnosis of mental illness

• Does not need a Level II Screen

• When the person has an additional mental illness diagnosis

• Needs Level II to determine if the person would benefit from mental health services
Resident Review

- Performed by County or Country contracted staff people

- Use the same form but indicate Resident Review.
Significant changes that trigger a Resident Review

a. Increase in behavioral, psychiatric or mood-related symptoms

b. Behavioral, psychiatric or mood related symptoms that have not responded to treatment

c. Improved medical condition that requires modification of the person’s plan of care or living situation

d. Significant decline in functioning of a person previously reviewed for PASRR Level II MI.

e. A decrease or clearing of dementia or delirium which may allow the person to benefit from mental health services.
f. Significant changes in physical condition that impacts the person’s mental health symptoms and may lead to an altered pattern of daily living

g. A preference to leave the facility

h. The person’s condition or treatment is or will be significantly different than described in the residents most recent PASRR Level II MI.

i. A change in the category of admission.
• Code of Federal Regulations (CFR) §483.100 - §483.138

• Level I and DD Bulletin: Bulletin #17-25-06

• Mental Health Bulletin: Bulletin #18-32-01

• DHS PASRR Level II MH Web Page
Questions

Questions?
Thank You!

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