

OAAS Waivers and Nursing Facility Admissions

Louisiana Hospital Association Lunch and Learn

PASRR Level I: Process, Timeline, Documentation, Submission

Natalie Istre, LCSW-BACS, OAAS Deputy Assistant Secretary

Nursing Facility Admissions Overview

Nursing facilities provide 24-hour care for rehabilitative, restorative and ongoing skilled nursing care for residents in need of assistance with Activities of Daily Living (ADLs) such as bathing, dressing, transferring, toileting, and eating. Residents applying for Nursing Facility Admissions (NFA):

- Must meet level of care criteria for a Louisiana nursing facility (NF);
- Must meet income and resource limits;
- Must be screened prior to admission for a history or active treatment of mental illness and/or developmental disabilities according to federal regulations.

Preadmission Screening and Resident Review Overview

All individuals applying for admission to a Medicaid-certified NF must be screened via the federally mandated Preadmission Screening and Resident Review (PASRR) process. PASRR was established in 1987 to ensure people with disabilities (i.e., Serious Mental Illness, Intellectual Disability, Developmental Disability and/or a Related Condition (SMI/ID/DD/RC)):

- Are not inappropriately institutionalized in a NF,
- Receive services in the least restrictive setting, and that
- Needed services/supports are identified.

Nursing Facility Admissions Process



- Complete the Level of Care Eligibility Tool
- Submit the Level I PASRR
- Decision or Level II referral made

NFA Timeline



LOCET LOC Determination

Contact LTC Access Contractor to complete the Level of Care Eligibility Tool (15 - 20 minutes)

Day 1



PASRR Level I Determination

Submit the Level I PASRR via Assessment Pro. Decisions are normally processed same day, but may take up to 2 days.

Days 2 - 3



PASRR Level II Determination

Submit the Level II PASRR. Determinations normally take 4-5 days, but may take up to 9 days.

Days 4 - 13



Nursing Facility Admission

Typically must occur on a regular business day due to staffing availability

Days 14-15

Complete the Level of Care Eligibility Tool (LOCET)

- Call Louisiana Options in Long Term Care at 1-877-456-1146
- Lines are staffed from 8am – 5pm Monday – Friday, excluding state holidays
- During an emergency, OAAS recommends calling in the LOCET during normal business hours*
 - Completion of the Nursing Facility (NF) admissions process requires that there be someone at the NF available to admit the resident. NFs do not typically have staff available to admit new residents after hours or on weekends.

**Contractor and/or OAAS staff may be available after hours as needed to take LOCET calls from EOC staff*

What to Know About the LOCET

- Takes 15-20 minutes on average to complete
- Includes questions about Skilled Rehabilitation Therapies, Treatments and Conditions, Physician Involvement, ADLs and Cognitive Performance
- Should be completed by someone familiar with how much and the type of assistance the resident received within the specified look back period
- LOCET approvals are valid for 30 days

Submitting the Level I PASRR

- Qualified professional must submit electronically via Maximus Assessment Pro
- Takes approximately 7-10 minutes to complete
- Submitter provides identifying information, including SSN, for the admitting individual
- Knowledge of/access to the individual's clinical and behavioral health information is required to determine if the individual has a suspected or known SMI, DD, ID, or related condition

Level I PASRR – Information Required

- Include all MH/ID/RC diagnoses, including ICD10 codes, any related behaviors and symptoms, and psychiatric medications
- Confirm ALL demographic data (name, DOB, SSN) is correct
- H&P form within the last 365 days and MAR including PRNs must be submitted with a Level I
- If an Exempted Hospital Discharge is requested, a signed Physician Certification Form is required
- Supporting documents should be uploaded in AssessmentPro

Level I PASRR – Review Determinations

- If Nursing Facility Level of Care (NFLOC) is met on the Level I PASRR,
 - and there is no indication of SMI/ID/DD/RC, OAAS NFA issues the Medicaid Notice of Medical Certification (BHSF Form 142) via upload to Maximus
 - and there is an indication of SMI/ID/DD/RC, OAAS NFA refers to the appropriate Level II authority for a final decision
- If NFLOC is not met, applicant and referral source are notified (may appeal)

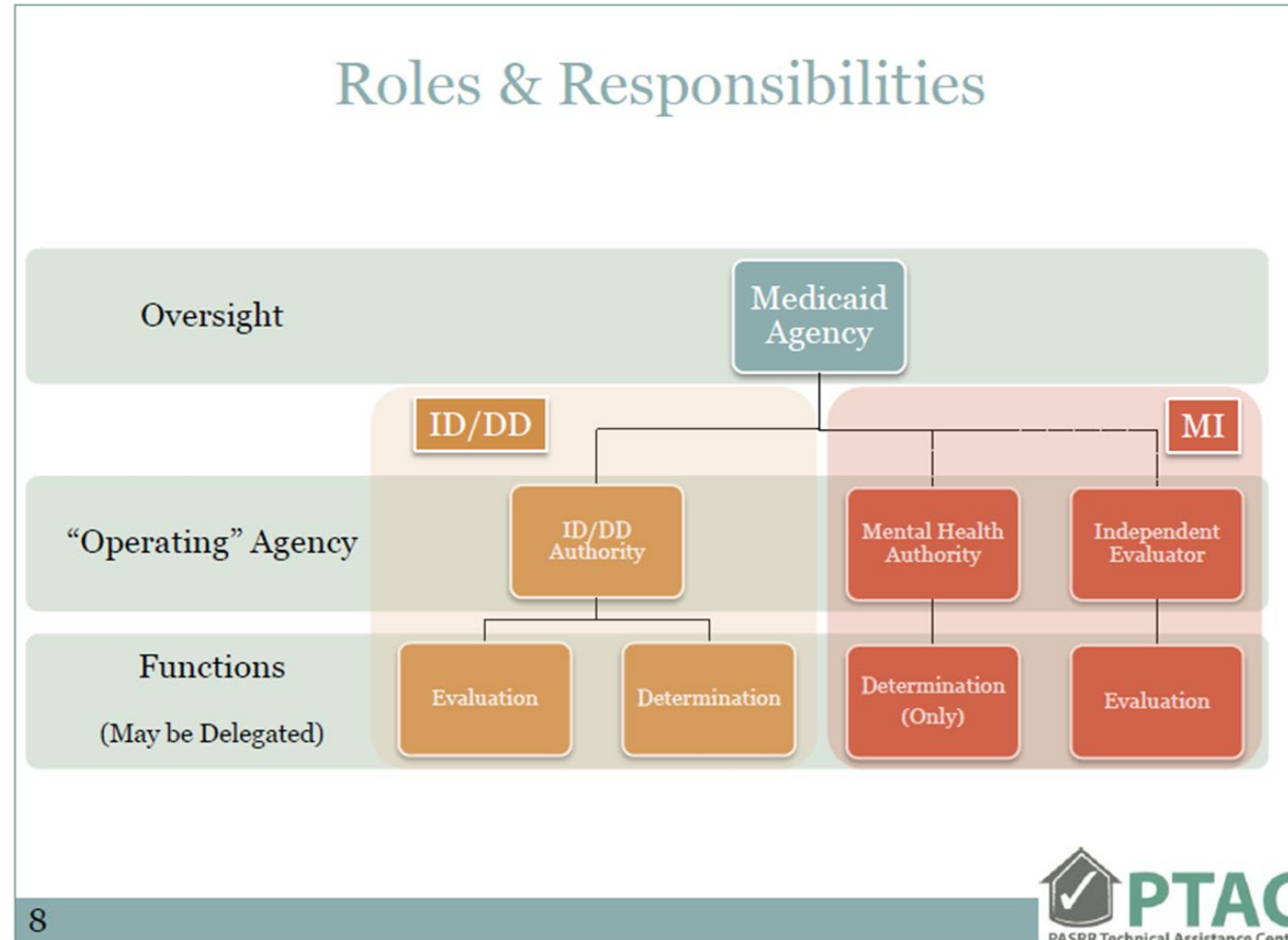
PASRR Level II

Process, Documentation, Timelines

Level II Process and Documentation

Summer Chaves, LPC-S, OBH PASRR Program Manager

Submitting the Level II PASRR



PASRR Level II: What drives the process?

PASRR is a diversionary tool

- A NF must not admit an applicant who has MI and/or ID unless the appropriate state agency has:
 - ✓ Confirmed whether the applicant has MI/ID.
 - ✓ Assessed and verified the need for NF Services.
 - ✓ Assessed and verified identified total needs of individual
 - ✓ Provided Recommendations
 - Services to support total needs regardless of where individual is placed
 - Least restrictive placement setting

PASRR Level II must include the following elements:

- ✓ **Independent Evaluation** of the individuals
 - Functional Status
 - Medical/Physical Health Status
 - Psychiatric/Mental Status
- ✓ Comprehensive review of all documentation by the Level II Authority
- ✓ Determination for least restrictive placement

How to Navigate the PASRR Level II Process

Documentation

- Not knowing what documents are really needed for a review and having to track down documentation
- What specific documents do we need?
 - OBH fax cover sheet (*resource attached*)
 - LDH legal memo regarding required documentation for dementia (*resource attached*)
- Why do we need this?
 - **PASRR Evaluation Criteria (42 CFR 438.132 & 42 CFR 438.134)**
 - *What is the least restrictive setting for the individual's needs to be met?*
 - *Is there a serious mental illness (SMI)?*
 - *What specialized services and nursing facility services are needed to address the total needs of the individual?*

PASRR Referral & Documentation Considerations

Make Your Case for NF Placement

- What shows the progression of treatment?
- Why did they come into your facility?
- How did they present medically, psychiatrically, functionally on admit and how are they presenting now?
- What interventions were used and how did they respond? Prognosis?
- Give the whole picture.

Useful Documents (not all inclusive)

- H&P and any additional updates
- Physician Progress Notes over past 72 hours, up to most recent
- Medication List (do NOT need whole MAR)
- Labs/Scans-on admit and most current for comparison
- Specialists Consults and Notes-especially when documentation says they are ordered (Psych, Neuro, Nephrology, Cardio...)
- PT/OT/ST assessment and notes to show progression and prognosis
- Psych Eval and Updates
- Social Work Assessment and Notes

***Maximus only requires a H&P and Med List for any Level I submission that flags for their Level 1.5 review.

[This documentation alone is not sufficient for further Level II review.](#)

TIPS

- ✓ Evaluate medications-if there is a psychotropic med listed, this **may** trigger a Level II review
- ✓ Evaluate current and **historical** diagnoses for mental health, substance use, or dementia (F codes)
- ✓ Provide diagnoses and dates of onset
- ✓ Consider the following consults
 - ✓ If there is a psych med, any behavioral health or substance use history=Psych Consult
 - ✓ If there is a potential dementia dx=Neuro Consult
- ✓ Provide results of requested consults
- ✓ **Always seek to provide some type of documentation related to functioning/ADLs**
- ✓ Historical information as well as current info is most beneficial
- ✓ Include documentation regarding the MD prognosis on the condition
- ✓ Provide documentation of most recent 72 hours, not just admit info
- ✓ Provide original Lab work and most recent re-run labs for context

PASRR Level II Timeline

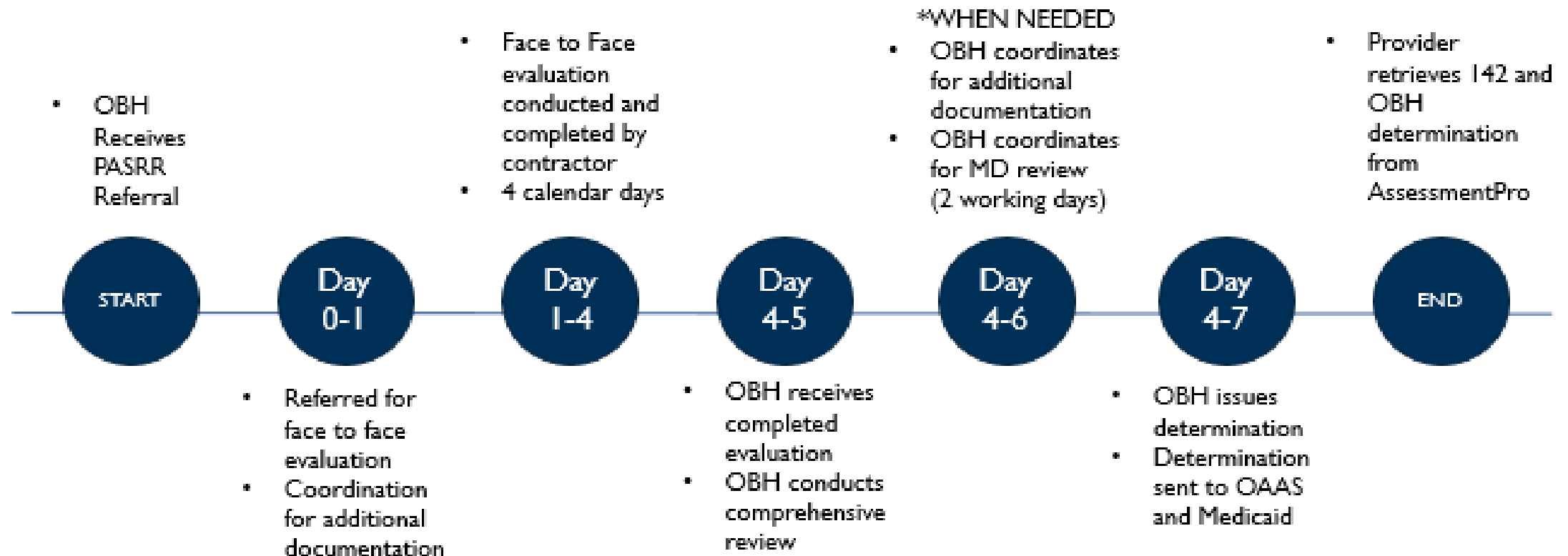
Summer Chaves, LPC-S, OBH PASRR Program Manager

CMS Guidelines for Level II Turnaround Times

Federal Code of Regulations Requirements for States and Long Term Care Facilities, Subpart C-Preadmission Screening and Annual Resident Review: CFR 483.112 (c)(1)

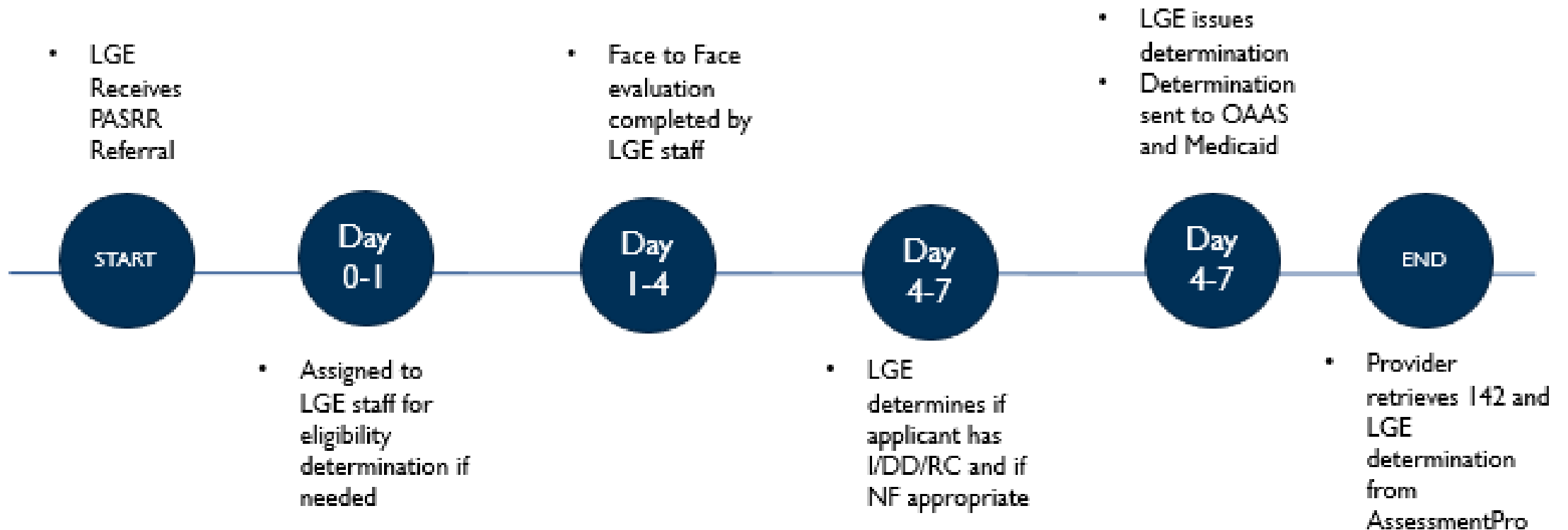
(c) Timeliness--(1) Except as specified in paragraph (c)(4) of this section, a **preadmission screening determination must be made in writing within an annual average of 7 to 9 working days** of referral of the individual with MI or MR by whatever agent performs the Level I identification, under § 483.128(a) of this part, to the State mental health or mental retardation authority for screening. (See § 483.128(a) for discussion of Level I evaluation.)

PASRR Level II OBH Timeline in *Working* Days



NOTE: During emergencies, the process is expedited, however, PASRR referrals and Level II reviews are still required unless stipulations of an emergency waiver state otherwise.

PASRR Level II OCDD/LGE Timeline in *Working* Days



Level II PASRR – Emergency Waivers

- Possible waiver in declared disaster
 - No change in process – LOCET – Level I – Referral to Level II
 - Can circumvent Level II process prior to admission, allowing temporary authorization from Level I for 90 days with the expectation that Level II occurs ASAP
 - Tracking authorizations issued during the period is needed.
 - Facilities need to have Level II documentation pulled together to allow completion of Level II post admission

No exceptions to the PASRR process may be made until or unless a waiver is in place.

Waivers require federal approval and are issued by LDH leadership with strict parameters guiding their implementation.

Additional Considerations: Planning Emergency Discharges

Natalie Istre, LCSW-BACS, OAAS Deputy Assistant Secretary

Placement Considerations

- Nursing facilities are not the least restrictive environment for all residents, so plans for residents should include community reintegration
 - Physical limitations (i.e. use of a walker or wheelchair) do not necessarily indicate a need for Nursing Facility placement
- Utilize community resources when evaluating resident needs and determining ways to reintegrate into the community safely
- Utilize case management and other services available via MCOs

Timeline Considerations

- Arranging for community resources will take time and services may not be in place immediately upon discharge
- If NF placement will be requested, start the process as soon as possible
 - Processes and timelines around NF admissions are federally mandated and MUST be followed.
 - 142s are valid for up to 30 days.
 - Provide accurate information timely. Incomplete requests and/or documentation will result in delays.

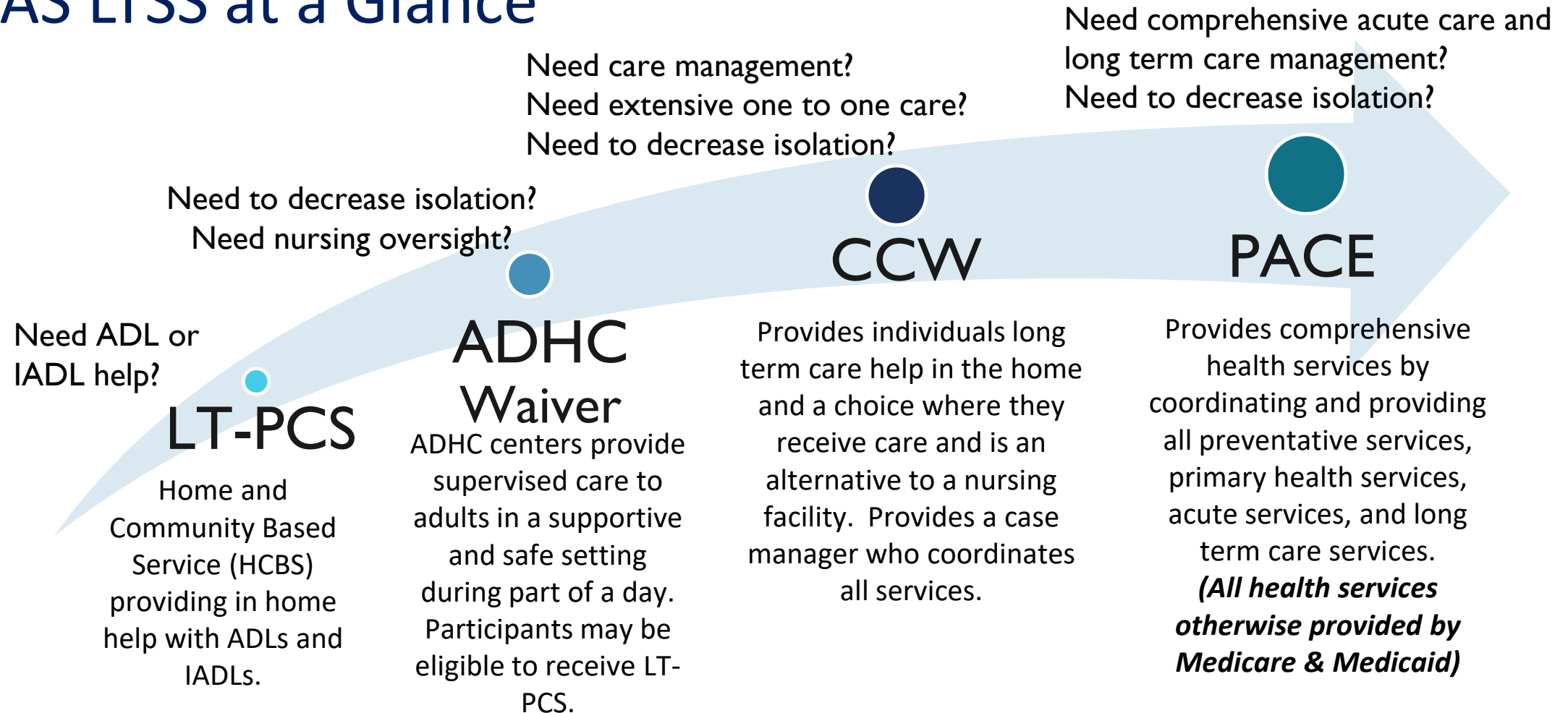
Additional Considerations

- Complete the LOCET for all programs the individual might be eligible for (and not just NFA)
 - May provide additional options for resources if unable to admit to a NF
- Request assistance with determining Medicaid eligibility, if needed
 - Processes and timelines around NF admissions are federally mandated and MUST be followed
- Ensure OAAS/OBH/OCDD staff have good contact info in case follow-up is needed

OAAS Program Overview: Waivers, Home & Community Based Services

Natalie Istre, LCSW-BACS, OAAS Deputy Assistant Secretary

OAAS LTSS at a Glance



OAAS Waiver Programs

Community Choices Waiver

- Services offered include support coordination, personal assistance services, ADHC service, environmental accessibility adaptations, therapy and nursing services
- Waitlist (currently wait time of approximately 1 year)
- Average time from linkage to services is 137 days

Adult Day Health Care Waiver

- Services offered include ADHC center services, support coordination, home-delivered meals, personal emergency
- No Waitlist
- Average time from linkage to services is 120 days

Call Louisiana Options in Long Term Care at 1-877-456-1146 to apply for services.

OAAS State Plan Service Programs

Long Term-Personal Care Services

- LT-PCS provides help with activities of daily living via in-home personal care services
- No Waitlist
- Average time from request to services is 15 – 45 days

Program of All-Inclusive Care for the Elderly

- Services offered include doctor visits, in-home personal assistance services, home health care, emergency care, and all other care and services needed as determined by care team
- May provide help up to 24 hours per day as determined by care team
- No Waitlist
- Average time from request to services is 60 days

Call Louisiana Options in Long Term Care at 1-877-456-1146 to apply for services.

Other OAAS Programs

Permanent Supportive Housing Program

- Combines permanent subsidized rental housing with flexible, individualized housing support to people with disabilities.
- PSH is not an emergency or temporary housing program.
- Call the Permanent Supportive Housing Help Line at 1-844-698-9075 for information on services

Adult Protective Services

- Investigates reports and arranges for services to protect vulnerable adults ages 18-59 and emancipated minors who are at risk of abuse, neglect, exploitation, or extortion.
- Reports of abuse may be made 24 hours per day, 7 days per week by calling 1-800-898-4910.

Resources

LDH and OAAS Resources

Maximus Resources

- [PASRR Provider Tools and Resources](#)

LDH Resources

- [LDH OAAS Website](#)
- LDH OBH Website - <https://ldh.la.gov/PASRR>
- LDH OCDD Website – <https://ldh.la.gov/microsite/11>

OAAS Program Fact Sheets

- [Nursing Facility Services Fact Sheet](#)
- [Community Choices Waiver Fact Sheet](#)
- [Adult Day Health Care Waiver Fact Sheet](#)
- [Long Term-Personal Care Services Fact Sheet](#)
- [Program of All-Inclusive Care for the Elderly Fact Sheet](#)
- [Permanent Supportive Housing Program Fact Sheet](#)



OBH PASRR Resources

- OBH PASRR Phone: 225.342.4827
- OBH PASRR Fax: 1.877.652.4995
- OBH PASRR Email: obh.pasrr@la.gov
- [OBH PASRR Website](#)

- OBH Documentation Resources
 - [OBH Fax Coversheet](#)
 - [Memo on Required Level II Documents](#)
 - [Memo on Dementia Documentation](#)
 - [Questions to Assess Dementia vs Serious Mental Illness](#)



THANK YOU

