

**MENTAL ILLNESS IN NURSING FACILITIES**

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**CMS Multimedia Broadcast**

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**1. PASRR evaluation must include:**

**-Complete physical and mental work-up**

**Based on data collected, two determinations are made:**

**-Whether NF services are required**

**-Whether specialized services are needed.**

**2. PASRR applies to:**

**-Medicaid-certified NFs &**

**-Distinct Parts**

**3. PASRR applies to:**

**All applicants & residents with serious mental illness (MI) or  
Mental retardation or a related condition (MR)**

**4. PASRR applies to:**

**People who are private pay &  
People whose stay will be paid by..  
Insurance,  
Medicaid, &  
Medicare**

**5. NFs are prohibited from admitting any new resident with MI  
Or MR unless PASRR determines NF services are needed.**

**6. OBRA '90 added new NF requirement**

**Now NFs must provide all needed mental health and mental  
retardation services that are not specialized services.**

**7. Law prevents Federal Medicaid funding for  
NF services furnished to residents with MI/MR  
Unless required PASRR determination is made.**

**8. Only exemption from PASRR is ---  
For certain hospital discharges that meet three conditions.**

9.
  1. Person was hospitalized for acute inpatient care;
  2. Needs NF care for the same condition;
  3. Physician certifies (before admission) that 30-day stay (or less) is likely.

10. Level I identification screen

Required for every nursing facility applicant

11. When resident with MI has significant change of condition---

NF must promptly notify

-state mental health authority or

-state mental retardation authority

-(or, both, when person has both MI and MR)

12. PASRR Report must list each MI service person needs:

- nursing facility services

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- specialized services

13. State mental health authority makes the two determinations

14. The nursing facility determination is facility-specific

15. Four possible categorical determinations that specialized services are not needed:

-Delirium

-Emergency

-Respite

-Dual diagnosis of MR & Dementia

16. Can never make a categorical determination that specialized services are needed.

## **Preadmission Screening and Resident Review (PASRR)**

### **Applicability and definitions.** [Information found in 42 CFR 483.102]

Preadmission screening and resident review applies to all individuals with mental illness or mental retardation (or a related condition) who apply to or reside in Medicaid-certified nursing facilities, regardless of the source of payment for the NF services, and regardless of the person's known diagnosis.

**Mental Illness** - An individual is considered to have a serious mental illness (MI) if the individual meets all of the three following requirements on diagnosis, level of impairment, and duration of illness:

- 1. Diagnosis.** The person has a major mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders, 3<sup>rd</sup> edition, revised in 1987 (DSM-III-R).

[Incorporation of the DSM-III-R was approved by the Director of the Federal Register in accordance with 5 U.S.C. 52(a) and 1 CFR part 51 that govern the use of incorporation by reference.]

This mental disorder is--

- a. A schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability; but
  - b. Not a primary diagnosis of dementia, including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder, as defined above.
- 2. Level of Impairment.** The disorder results in functional limitations in major life activities within the past 3 to 6 months that would be appropriate for the individual's developmental stage. An individual typically has at least one of the following characteristics on a continuing or intermittent basis:
    - a. Interpersonal functioning. The person has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation;

- b. Concentration, persistence, and pace. The person has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks; and
  - c. Adaptation to change. The person has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction; manifests agitation, exacerbated signs and symptoms associated with the illness; or withdrawal from the situation; or requires intervention by the mental health or judicial system.
- 3. Recent treatment.** The treatment history indicates that the person has experienced at least one of the following:
- a. Psychiatric treatment more intensive than outpatient care more than once in the past 2 years (e.g., partial hospitalization or inpatient hospitalization); or
  - b. Within the last 2 years, due to the mental disorder, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

**Note:** A person with dementia is not considered to have a mental illness--

- If he or she has a primary diagnosis of dementia;
- If he or she has a secondary diagnosis of dementia and does not have a primary diagnosis of a major mental disorder. (A person with a primary diagnosis of a major mental disorder must have a preadmission screen or resident review, even if he/she has a secondary diagnosis of dementia.)

**Mental Retardation.** An individual is considered to have mental retardation (MR) if he or she has--

1. A level of retardation (mild, moderate, severe or profound) described in the American Association on Mental Retardation's Manual on Classification in Mental Retardation (1983); or
2. A related condition, as defined by 42 CFR 435.1009.

## **Persons with related conditions.**

Persons with related conditions means individuals who have a severe, chronic disability that meets all of the following conditions:

1. It is attributable to--
  - a. Cerebral palsy or epilepsy; or
  - b. Any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons.
2. It is manifested before the person reaches age 22.
3. It is likely to continue indefinitely.
4. It results in substantial functional limitations in three or more of the following areas of major life activity:
  - a. Self-care.
  - b. Understanding and use of language.
  - c. Learning.
  - d. Mobility.
  - e. Self-direction.
  - f. Capacity for independent living.

## **Preadmission Screening and Resident Review (PASRR)**

Note: If a person has both MI and MR, he/she must be referred to **both** the mental health authority and the mental retardation authority.

### **Evaluation Data Requirement - for determination, whether person with mental illness (MI) requires specialized services (PASRR/MI)**

Minimum data collected must be current and include--

1. A comprehensive history and physical examination of the person and must include the following:
  - a. Complete medical history;
  - b. Review of all body systems;
  - c. Specific evaluation of the person's neurological system in the areas of motor functioning, sensory functioning, gait, deep tendon reflexes, cranial nerves, and abnormal reflexes; and
  - d. In the case of abnormal findings which are the basis for a NF placement, additional evaluations conducted by appropriate specialists.
2. A comprehensive drug history, including current or immediate past use of medications that could mask symptoms or mimic mental illness.
3. A psychosocial evaluation of the person, including current living arrangements and medical and support systems.
4. A comprehensive psychiatric evaluation, including a complete psychiatric history, evaluation of intellectual functioning, memory functioning, and orientation, description of current attitudes and overt behaviors, affect, suicidal or homicidal ideation, paranoia, and degree of reality testing (presence and content of delusions) and hallucinations.
5. A functional assessment of the individual's ability to engage in activities of daily living and the level of support that would be needed to assist the individual to perform these activities while living in the community. The assessment must determine whether this level of support can be provided to the individual in an alternative community setting or whether the level of support needed is such that NF placement is required.
6. The functional assessment must address the following areas:
  - a. Self-monitoring of health status;

- b. Self-administering and scheduling of medical treatment, including medication compliance, or both, self-monitoring of nutritional status;
- c. Handling money;
- d. Dressing appropriately; and
- e. Grooming

**Evaluation data Requirement - For determination, whether an individual with mental retardation (MR) requires specialized services (PASRR/MR)**

Minimum data collected must be current and include the person's comprehensive history and physical examination results to identify the following information or, in the absence of data, must include information that permits a reviewer specifically to assess the following:

1. The individual's medical problems;
2. The level of impact these problems have on the individual's independent functioning;
3. All current medications used by the individual and the current response of the individual to any prescribed medications in the following drug groups:
  - a. Hypnotics;
  - b. Antipsychotics (neuroleptics);
  - c. Mood stabilizers and antidepressants;
  - d. Antianxiety-sedative agents; and
  - e. Anti-Parkinson agents.
4. Self-monitoring of health status;
5. Self-administering and scheduling of medical treatments;
6. Self-monitoring of nutritional status;
7. Self-help development, such as toileting, dressing, grooming, and eating;
8. Sensorimotor development, such as ambulation, positioning, transfer skills, gross motor dexterity, visual motor perception, fine motor dexterity, eye-hand coordination, and extent to which prosthetic,

orthotic, corrective or mechanical supportive devices can improve the individual's functional capacity;

9. Speech and language (communication) development, such as expressive language (verbal and nonverbal), receptive language (verbal and nonverbal), extent to which non-oral communication systems can improve the individual's function capacity, auditory functioning, and extent to which amplification devices (for example, hearing aid) or a program of amplification can improve the individual's functional capacity;
10. Social development, such as interpersonal skills, recreation-leisure skills, and relationships with others;
11. Academic/educational development, including functional learning skills;
12. Independent living development, such as meal preparation, budgeting and personal finances, survival skills, mobility skills (orientation to the neighborhood, town, city), laundry, housekeeping, shopping, bedmaking, care of clothing, and orientation skills (for individuals with visual impairments);
13. Vocational development, including present vocational skills;
14. Affective development, such as interests, skills involved with expressing emotions, making judgments, and making independent decisions; and
15. The presence of identifiable maladaptive or inappropriate behaviors of the individual based on systematic observation (including, but not limited to, the frequency and intensity of identified maladaptive or inappropriate behaviors).

## **Evaluating the need for NF services and NF level of care (PASRR/NF).**

Please note the following:

- When assessing a person's need for NF services, the evaluator is considering the specific nursing facility to which the person has applied or in which he/she resides.
- The person's total needs, which include the person's need for specialized services, must be considered.
- If the person requires specialized services, the evaluator must verify that the state has provided assurances that it will provide all needed specialized services to the person while residing in the nursing facility.

For each applicant for admission to a NF and each resident who has mental illness or mental retardation, the evaluator must assess--

1. Whether all of the person's needs can be met in the community. For example, could the person live at home and get outpatient mental health services?
2. Whether the person's total needs are such that they can only be met on an inpatient basis. If the answer is "yes," the evaluator would then consider whether there is a home and community-based services waiver available that would be appropriate. If one is available and appropriate, then the person would be given this option.
3. If inpatient care is appropriate and the person has chosen inpatient care, then the evaluator starts to consider the kinds of inpatient care that might be appropriate.

The evaluator checks to see whether the person meets the state's NF admission criteria. The same medical necessity criteria must be used for PASRR as is used for someone who does not have MI or MR. If the person meets the NF level of care, then the evaluator considers whether this particular nursing facility can meet this person's needs.

4. If inpatient care is appropriate, but the person does not meet the state NF admissions criteria, then the evaluator considers what inpatient care setting would best meet the person's total needs.

When determining appropriate placement, the evaluator must prioritize the physical and mental needs of the individual and consider the severity of each condition.

**Based on all of these considerations, the mental health or mental retardation authority will make the determination that the person does or does not need NF services. If he/she does, then the person can be admitted. If he/she does not, then the state mental health or mental retardation authority is still involved in the placement of this person.**

The PASRR Evaluation Report (PASRR Report)

For Individualized Determinations :

Findings of individualized determinations must be issued in a written report which:

1. Identifies the name and professional title of the person(s) who performed the evaluation(s) and the date on which each portion of the evaluation was administered;
2. Provides a summary of the medical and social history, including the positive traits or developmental strengths and weaknesses or developmental needs of the individual who was evaluated;
3. When NF services are recommended, identifies the and lists the specific services which are required to meet the person's needs;
4. Identifies and lists any specific mental retardation or mental health services which are of a lesser intensity than specialized services that he person needs;
5. When specialized services are recommended, identifies the specific mental health or mental retardation services required to meet the evaluated person's needs; and
6. Includes the basis for each of the report's conclusions.

For Categorical Determinations :

Please Note:

Advance group determinations by category (also called categorical determinations) are developed by the state mental health or mental retardation authority; submitted to the Centers for Medicare and Medicaid (formerly the Health Care Financing Administration) for approval and inclusion in the state plan.

- Categorical determinations primarily apply to whether the person needs nursing facility services because the person has a certain diagnosis, level of severity of illness, or need for a particular service that clearly indicates a need for NF services;
- Determinations that specialized services are needed must always be based upon an individualized evaluation.
- Determinations that specialized services are not needed can be made categorically only in limited situations--  
When the person received one of the following categorical determinations:
  - A person has MR and dementia;
  - A provisional admission, pending further assessment in cases of delirium where an accurate diagnosis cannot be made until the delirium clears;
  - provisional admission in emergency situations requiring protective services, with placement in a NF not to exceed 7 days; and
  - Very brief and finite stays of up to a fixed number of days to provide respite to in-home caregivers to whom the individual with MI or MR is expected to return following the brief NF stay.

All other specialized services determinations must be based upon an individualized evaluation.

Findings for categorical determinations must be issued in a written report which--

1. Identifies the name and professional title of the person who applied the categorical determination;
2. Identifies the up-to-date and applicable data upon which the categorical determination was based;
3. Explains the categorical determination(s) that was (were) made;
4. If only one of the two required determinations can be made categorically, describes the nature of any further individualized evaluations that are required;

5. Identifies and lists, to the extent possible, based on the available data, the NF services the person needs (including mental health and mental retardation services of lesser intensity than specialized services, such as specialized psychiatric rehabilitative services); and
6. The basis for each of the report's conclusions.