

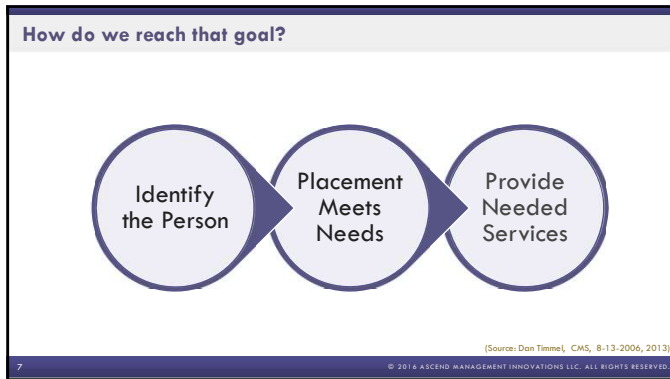
Risks for Persons with Disabilities	
Risks	Mitigation
<ul style="list-style-type: none"> • Skill loss • Increased risk of marginalization <ul style="list-style-type: none"> ◦ Lack of symptom or communication understanding • Shrinking world/sense of loss/loss of control • High rates of depression, suicide, passive suicide 	<ul style="list-style-type: none"> • Educating providers about service/support needs • Divert/transition • Ensure admitting facility can meet the individual's needs • Demystify the disability • Build relationships

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#1. Does this individual have a PASRR condition?

THE FOUR Ds OF PASRR—MI

- Diagnosis (or suspicion of) intellectual disability/related condition
- Dementia: If present, is it primary?
- Duration
- Disability

Anoxia at birth	Hydrocephaly	Spina Bifida
Arthrogryposis	Klippel-Feil Syndrome	Spinal Cord Injury
Autism	Meningitis	Traumatic Brain Injury
Congenital Blindness	Multiple Sclerosis	XXY Syndrome
Cerebral Palsy	Muscular Dystrophy	
Congenital Deafness	Paraparesis	
Down Syndrome	Paraplegia	
Encephalitis	Polio	
Fetal Alcohol Syndrome	PDD	
Fredreich's Ataxia	Prader-Willi syndrome	
Hemiparesis	Quadraplegia	
Hemiplegia	Seizure Disorder	

Possible PASRR Related Conditions

#2: What is the most appropriate placement for this person?

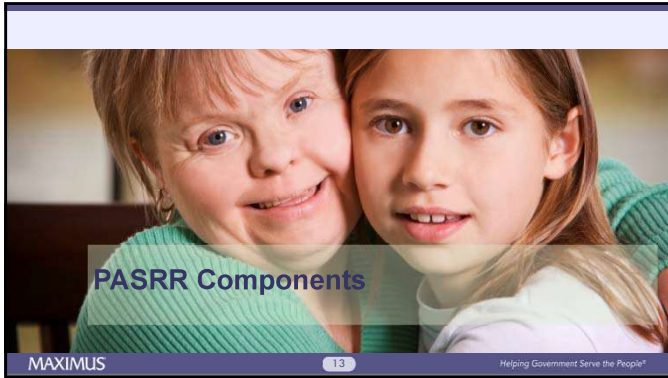
- Least restrictive level of care
 - Too acute/not acute enough
- NF (meets LOC and this NF can meet needs)
 - NF MUST incorporate ALL PASRR identified services into care plan
- Specialized Services
 - Services specific to the person to meet required needs
- Alternative Placement or Community Services

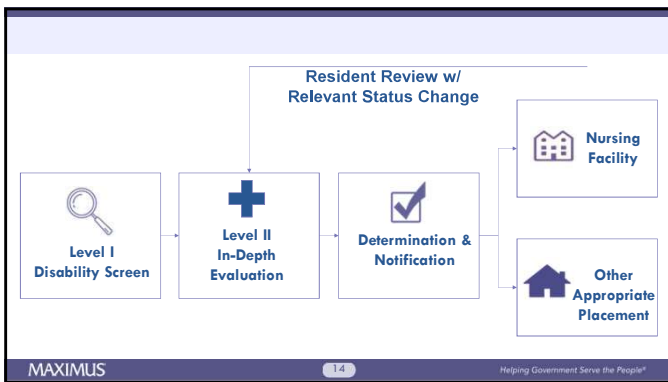
#3: Might this person be a candidate for transition to the community? What supports or services would be necessary to return to the community?

- Community placement
 - With or without supports
 - Independent living
 - Group home
 - Assisted living
- Person directed care

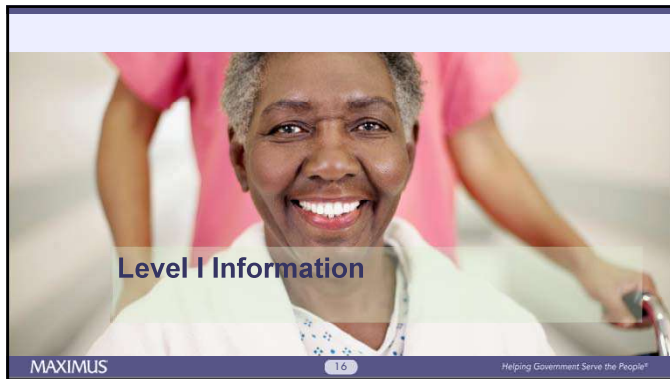
#4: What unique disability supports and services are needed while a resident of an NF to ensure safety, health, and well-being?

- Specialized Services
- Highest practicable physical, mental, and psychosocial well-being
- Any needed service/support
 - Not limited to facility's existing resources









New Level I

- Purpose: CMS contractor's research indicates that LA's Level I screening tool under-identifies individuals who should get a Level II evaluation
- Lafayette pilot feedback
 - Simple to use!
 - More sensitive
- Still in draft form until May 31, 2018
- Timeline: final implementation June 1, 2018

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New Level I

What's changing?	What's not changing?
Longer, simpler	Submitted by RightFax to the NF Admissions Unit
Can be completed by specific professionals other than a physician (except for HE, categoricals)	Has much of the same information—differently organized
Allows users to request consideration for a categorical determination	
Adds research questions	

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Researching Level I Information

- History and Physical (H&P)
- MAR
- MDS
- Psych notes
- Physician's orders
- Therapy notes
- Discharge summaries
- Individual
- Legal guardian
- Support providers/physicians
- Case Manager
- Family members

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Psychotropic Medications

- Current and recent history
- Psychotropic Medications
 - Include list of psychotropic medications if individual will likely need a Level II
 - Identify why the individual is taking the medication
 - Reason for prescription and how long they have been taking the medication

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Level I Screen Completion Best Practices

- Complete and submit screen with enough time to prevent discharge delays
- Consider:
 - Potential for Level II
 - Current Placement:
 - Emergency Department
 - Observation
 - Community
 - Medical Unit

DISCHARGE PLANNING STARTS AT ADMISSION

42 CFR 483.112(c): Level II PAS
timeliness requirements—**annual**
average of 7-9 working days

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Section 1: Referral Source Information

- Referral Facility Name
- Name, Title, & Credentials
- Date
- Signature
- Fax number
- Email Address
- Phone number

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Section II: Applicant Information

- Name
- Partial Address
- Social Security Number
- Date of Birth
- Medicaid Number, if applicable
- Identify the primary source of payment at the time of admission
- Legal Guardian name and contact information

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Section III: Mental Illness

- Mental Health Conditions
 - Diagnosed or Suspected
 - May lead to chronic disability

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Mental Health Symptoms

- Self-injurious/self-mutilation
- Suicidal talk
- History of suicide attempt/gestures
- Physical violence
- Physical threats
 - With/without potential for harm
- Serious loss of interest

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Behaviors

Interpersonal Behaviors

- Difficulty interacting with others
- Altercations, evictions, or unstable employment
- Excessive isolation/avoidance of others

Concentration, Pace, Persistence

- Thinking through and completing tasks

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Behavioral Health Services

- Inpatient psychiatric hospitalization
- Partial hospitalization/day treatment
- Law enforcement intervention

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Discussion: Serious Mental Illness

Episodic/Situational/Mild

- Limited impact on life functioning
- Often surrounds major life event
- Typically requires little to no behavioral health professional involvement
 - PCP oversight
 - Low dose medication management
 - Individual therapy/support groups

Serious

- Profound impact on life functioning
- Typically requires intensive behavioral health professional involvement to stabilize/manage symptoms and behaviors
 - Psychiatrist oversight
 - High dose/cocktail Medication management
 - Case management
 - Inpatient hospitalization
 - Legal involvement
 - Homelessness
 - Intensive therapy

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Section IV: Intellectual Disability, Developmental Disability and Related Conditions

- ID = Known or suspected diagnosis
 - Impairment prior to age 22
 - Receipt of agency services
- DD/RC = Diagnosis that affects intellectual or adaptive functioning
 - Condition present prior to age 22
 - Substantial functional limitations
 - Autism
 - Genetic Syndrome
 - Cerebral Palsy
 - Closed head injury/TBI
 - Other (specify)

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ID/RC Limitations and Service Receipt

- Mobility
- Self-Direction
- Self-Care
- Learning
- Understanding/Use of Language
- Capacity for Independent Living
- Economic Self-Sufficiency (18+)

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New Questions

- Homelessness:

*In the past 12 months, has the applicant had to stay in a place not meant for human habitation (such as the streets, a car, and abandoned building); stay in a homeless shelter; or live doubled up with family or friends **because he/she didn't have housing?***

- Substance Use:

Has the applicant been diagnosed with a substance use or addictive disorder? If yes, please specify type(s):

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Section V: Hospital Exemption and Categorical Determinations

- Complete if **Yes** in Section III: MI and/or Section IV: ID/DD/RC

AND

- The person meets criteria for the condition
- Physician must sign for hospital exemption or categorical
- Attach supporting records

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Categoricals and Hospital Exemption

- Hospital Exemption (30 days)
- Delirium
- Respite (30 days)
- Terminal Illness (6 months)
- Severe Physical Illness
- Convalescent Care (100 days)
- Dementia

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Hospital Exemption

- Must meet ALL criteria
- Admitted to NF after receiving acute care in a medical hospital
- Requires NF for treatment of the same condition
- Attending Physician certification of care for 30 days or less

Current H&P is REQUIRED

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Hospital Exemption Practice

1. Ms. Smith has bipolar disorder and was admitted to the hospital following a heart attack and bypass surgery. She developed an infection and needs 14 days of antibiotics. Her doctor certifies she will be ready for discharge within the first 30 days. Is Ms. Smith appropriate for the EHD?
 - Yes: She had a hospital admission before NF admission and will need less than 30 days of NF
2. Mr. Jones has MDD. He had surgery after fracturing his hip in an accident. He will need 3 months of non-weight bearing status and needs NF placement to help with ADLs and PT. Is he appropriate for EHD?
 - No. His anticipated NF care timeframe is more than 30 days
3. Ms. Johnson has Anxiety disorder and lives at home with her family. She has COPD and went to the Emergency room following a fall. She needs NF placement for treatment of her progressing COPD. Is she appropriate for EHD?
 - No. She didn't have a hospital admission, only an emergency department visit for her fall. She needs NF care for COPD, for which she is likely not to recover or discharge from the NF within 30 days.

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Delirium

- Caused by infection
 - Typically UTI or fever
- Symptoms mirroring mental illness
- Valid for up to 30 days
 - Opportunity for infection to clear before making PASRR determination

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Respite

- Short-term for caregiver break
- Up to 30 calendar days

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Terminal Illness

- Documented life expectancy of six months or less
- AND**
- Needs nursing care associated with condition

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Severe Physical Illness

- Physical illness so severe cannot participate in specialized services
 - Consider:
 - Coma
 - Ventilator dependence
 - Functioning at brain stem level
 - Diagnoses of :
 - COPD
 - Parkinson's disease
 - Huntington's disease
 - ALS
 - Congestive heart failure

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Convalescent Care

- No more than 100 days
- Acute physical illness
- Required hospitalization for illness and needs to convalesce
- AND
- Does not meet the criteria for exempted hospital discharge
- Note condition and anticipated timeframe

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Dementia

- Progressed dementia
 - Advanced and unable to participate in specialized services
- Report method of diagnosis
- Must include documentation supporting diagnosis and stage of disease

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Physician Signature

- Only required IF exemption/categoricals selected
 - Include printed name and signature

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What happens next?

- Confirm completion and accuracy
- Gather documentation
 - Send as much information as you have
 - Include required documentation:
 - H&P
 - Neurocognitive testing
 - Feel free to provide written summaries/addendums to explain important behavioral health information
- Return via fax
- Complete the LOCET
 - No process change
- Receive a 142
- Submit a 148 upon admission

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Understand the Process Change

- More sensitive screen to ensure appropriate PASRR population
- Will be a learning curve
 - After a few, you will be just as fast
- Form is in draft mode
 - Timeline reminder

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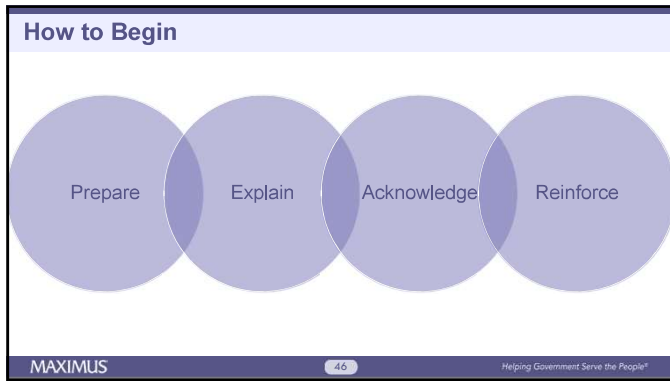


Asking the Difficult Questions

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Prepare

- “Pre-fill” Level I information from medical records
- Verify information with person and others who know him/her well

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Explain

- Purpose
- Meaningful and reassuring language

“Part of the application process for nursing facility care is to gather information about any issues with [mood, behavior, nerves, diagnoses—choose words that are meaningful and reassuring to the person] you have experienced now or in the past. I will also ask about any services you receive now or have received in the past.

This information is required under a federal law which was passed to protect you. It’s purpose is to make sure that you go to the right place for care and that you will receive the right services and supports for you.”

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Acknowledge

- Sensitivity of questions
- Confidentiality of process

“Some questions are personal. Know they are very important for us to ask, and only experts who will help identify the right services will receive this information.”

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Reinforce

- Importance of accuracy

“Your honest, accurate responses are very important to make sure that you are admitted to the right place and will receive the right services to meet your needs.”

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Phrasing for Success

- Use full words and avoid acronyms
 - MI, IDD, PASRR, etc.
- Use judgment free words
 - Say “street or recreational drugs” instead of “illicit drugs”
- Use close-ended questions with choices
- Use a non-judgmental, non-condescending, matter-of-fact approach
- Assume the behavior is occurring
 - “How often do you drink in a week”
 - Rather than “do you drink often?”

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Asking about Suicide and Suicidal History

- Never ask leading questions
- Instead, ask:
 - “Over the past 6 months, have you felt down, depressed, or hopeless?”
 - “Have you had thoughts of killing yourself?”
 - If the person reports current feelings about suicide, obtain immediate assistance and remain with the person until professional medical/psychiatric experts arrive
 - “Have you ever attempted to kill yourself?”
 - If ‘yes,’ then when did this happen?”

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Resources for Asking Complex Questions

- <http://www.sprc.org/sites/default/files/PrimerModule4.pdf>
- <http://cebmrh.warner.ox.ac.uk/csr/clinicalguide/docs/Assessment-of-suicide-risk--clinical-guide.pdf>
- <https://www.drugabuse.gov/sites/default/files/sensitive-topics-lecture.pdf>
- <http://www.confidenceconnected.com/blog/2014/11/19/asking-three-questions-can-identify-suicide-risk/>
- <https://www.qprinstitute.com/research-theory>

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Review

- PASRR foundation and intent
- New Level I form
- Asking difficult questions
- Building your interviewing library

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