

**Government Business Division  
Policies and Procedures**

<b>Section (Primary Department)</b> Behavioral Health		<b>SUBJECT (Document Title)</b> Behavioral Health – <del>Pre-Admission Screening and Resident Review (PASRR)</del> – <del>LA</del> Nursing Facility Services	
<b>Effective Date</b> October 1, 2015	<b>Date of Last Review</b> August 5, 2019 <del>December 3, 2019</del>	<b>Date of Last Revision</b> <del>July 2, 2018</del> December 26, 2019	<b>Dept. Approval Date</b> <del>August 5, 2019</del> December 26, 2019
<b>Department Approval/Signature :</b>			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

<b>Products</b>	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> California	<input type="checkbox"/> Iowa	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New York – Empire	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input checked="" type="checkbox"/> Louisiana	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Maryland	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Minnesota	<input type="checkbox"/> South Carolina	<input type="checkbox"/> West Virginia

**PURPOSE:**

To establish guidance on performing and tracking Preadmission Screening and Resident Review (PASRR) Level II evaluations to assess the need for nursing facility placement and service, including planning and facilitation of behavioral health services. As well as, establish guidance for members enrolled in the Department of Justice (DOJ) agreement to transition to the community.

**POLICY:**

To establish guidance on performing and tracking Preadmission Screening and Resident Review (PASRR) Level II evaluations to assess the need for nursing facility placement and service, including planning and facilitation of behavioral health services.

Evaluations are to be performed by a Licensed Mental Health Professional (LMHP) independent of the Office of Behavioral Health (OBH) and not delegated to the nursing facility or an entity that has a direct or indirect affiliation or relationship with a nursing facility. Healthy Blue will dedicate sufficient numbers of qualified staff to complete all required PASRR Level II evaluations. Training will be provided by Management staff who have completed state provided PASRR evaluation training. New staff will be trained as needed and refresher training will be provided to all relevant staff on an annual basis.

**Evaluations**

Healthy Blue shall be responsible for conducting PASRR Level II evaluations of enrollees upon referral from LDH. Referrals will be based upon the need for an independent evaluation to determine the need for nursing facility services and/or the need for specialized services to address mental health issues while the enrollee is in a nursing facility. This evaluation shall include those individuals with a dual SMI and ID/DD condition, through it does not include individuals with only an OCDD Statement of Approval; there is a separate determination process outside of the contract for these evaluations.

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In conducting the evaluation, Healthy Blue shall follow the criteria set from in 42 C.F.R. §483.100-138 and shall utilize the PASRR Level II standardized evaluation from provided by LDH.

Evaluators may use relevant evaluative data, obtained prior to initiation of PASRR, if the data are considered valid and accurate and reflect the current functional status of the individual. However, if necessary to supplement and verify the currency and accuracy of existing data, the evaluator shall gather additional information necessary to assess proper placement and treatment. For those individuals without sufficient documentation to establish the validity of a primary dementia diagnosis, this may include authorizing additional professional evaluation to ensure appropriate diagnosis and differentiation.

In order to comply with federally mandated timeliness, Healthy Blue shall submit the completed Level II evaluation report to OBH within four business days of receipt of the referral from LDH.

All screenings and evaluations shall begin with the presumption that individuals can live in community-based residences. In conducting Level II evaluations, Healthy Blue shall ensure that recommendations focus on ensuring the least restrictive setting appropriate with the appropriate services, including case management services. Healthy Blue shall ensure that these recommended services are offered to the enrollee. This evaluation will confirm whether the individual has SMI and will detail with specificity the services and supports necessary to live successfully in the community. It shall address options for where the individual might live in the community. Additionally, Healthy Blue shall ensure that all individuals applying for nursing facility services are provided with information about community options.

When LDH determines that nursing facility services are not appropriate, Healthy Blue shall assist eligible enrollees to obtain appropriate alternative behavioral health services available to Louisiana Medicaid recipients.

If at any time, Healthy Blue identifies or becomes aware of an enrollee with serious mental illness (SMI) that is residing in a nursing home who has not received a Level II determination, Healthy Blue shall notify LDH, and shall conduct the evaluation upon request by LDH.

**Tracking**

Healthy Blue shall track enrollees who went through the PASRR process, those residing in a nursing facility (NF), those identified with SMI, and those receiving specialized services as per 42 C.F.R. §438.130. Additionally, Healthy Blue shall track enrollees who are offered and are receiving case management services as well as those who are diverted from NF placement.

Healthy Blue shall track and report quarterly to LDH the delivery of all PASRR specialized behavioral health services as defined and required under 42 C.F.R §483.120 and the DOJ

**Commented [AB1]:** (AD) 8.1.20. Upon request, the MCO shall provide the PASRR Level II authority (OBH) with documentation supporting appropriate limits on a service on the basis of medical necessity for individuals determined by the PASRR Level II authority to need specialized behavioral health services.

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Settlement Agreement.

Healthy Blue shall advise OBH and Medicaid on any barriers to completing the PASRR evaluations or tracking process.

Healthy Blue shall notify OBH as outline in the LDH-issue reporting template of any problems or issues with the PASRR process.

Healthy Blue shall retain records of the PASRR process for 10 years in order to support OBH determination, and to protect the individual’s appeal rights as per 42 C.F.R. §483.130.

Upon request, the MCO shall provide the PASRR Level II authority (OBH) with documentation supporting appropriate limits on a service on the basis of medical necessity for individuals determined by the PASRR Level II authority to need specialized behavioral health services.

**Department of Justice Agreement**

Healthy Blue shall support LDH in its compliance with the Department’s agreement with the United States Department of Justice (DOJ) to reduce reliance on nursing facility-based care for individuals with SMI. This includes, but is not limited to, providing assistance to LDH in executing the DOJ Agreement Implementation Plan, the development of a statewide crisis plan for individuals with SMI, and performing a service system gap analysis.

Healthy Blue shall assist LDH to identify enrollees with SMI who are receiving facility-based care, as well as those who are at risk of nursing facility placement. Healthy Blue shall ensure that the enrollee is receiving all necessary behavioral health services within the nursing facility and to support the development of a care transitions, where appropriate. For the diversion population, Healthy Blue shall ensure those at risk of nursing facility placement are provided adequate services while in the community in an effort to ensure their needs are met and the need for a higher level of care is mitigated whenever possible. Care transition plans shall include case management for the enrollees upon transition for at least 12-month period.

Healthy Blue shall help identify and provide community based behavioral health services and service models to support reduction of use of facility-based care for individuals with SMI, by developing a robust provider network that can successful serve enrollees in the community.

**Case Management for Individuals in DOJ Agreement Target Population**

Individuals in the DOJ Agreement Target Population shall be offered transitional case management and Tier 2 or Tier 3 case management, depending upon need. In addition to the case management requirements within this section, Healthy Blue shall:

- Ensure access to all medically necessary services covered under the State Plan.

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- including all Healthy Blue covered services and those provided through FFS;
- Survey enrollees within the DOJ Agreement Target Population in the frequency determined by LDH and using LDH-issued tools and methodology; and based on the survey results, word to address any identified issues on an individual level, and if necessary on a systemic level;
  - Report survey data and intervention actions taken or in progress in response to survey finding to LDH;
  - Track and report on enrollee quality indicators, as directed by LDH, which may include, but are not limited to, adverse incidents, physical and mental health and wellbeing, incidence of health crises, stability, community inclusion, and barriers to serving enrollees in the most integrated setting appropriate to their needs; and
  - Meet with LDH transition coordinators as requested by LDH to comply with the requirements of the DOJ Agreement.

**Case Management for Individuals in DOJ Agreement Target Population Transitioning from a Nursing Facility**

Enrollees that are identified for transition from a nursing facility to the community as part of the DOJ Agreement Target Population shall begin to receive transitional case management services prior to release from the nursing facility as part of their discharge planning process. Healthy Blue shall support the state transition team in the development of the transition plan required as part of the DOJ Agreement.

These enrollees shall receive case management services at the Tier 2 or Tier 3 level for a minimum of twelve (12) months post transition, and shall receive face-to-face case management as identified in their individual plan of care. The plan of care shall incorporate recommendations to LDH staff and transition coordinators.

The LDH Transition Coordinator shall notify Healthy Blue’s liaison for the DOJ Agreement of the enrollee’s need for transitional case management. Healthy Blue and its providers shall share information with the LDH Transition Coordinator as needed to effectuate a successful transition.

**DEFINITIONS:**

**Behavioral Health Liaison for Nursing Facilities-** a liaison dedicated to ensuring Healthy Blue compliance with both the provision of supports and services for individuals referred to and residing in Nursing Facilities (NF), as well as all activities related to the DOJ Agreement and the My Choice Louisiana program. The liaison shall ensure compliance with all requirements associated with these activities, including the provision of care management and services to populations impacted through these initiatives. The liaison shall respond to inquiries within one business day. Any change in liaison personnel shall be sent to respective entity within 48 hours’ notice to Healthy Blue.

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DOJ Agreement Target Population (Case 3:18-cv-00608, Middle District of Louisiana)- (a) Medicaid- eligible individuals over age 18 with SMI currently residing in nursing facilities; (b) individuals over age 18 with SMI who are referred for a Pre-Admission Screening and Resident Review (PASRR) Level II evaluation of nursing facility placement during the course of this Agreement, or have been referred within two years prior to the effective date of this Agreement; and (c) excludes those individuals with co-occurring SMI and dementia, where dementia is the primary diagnosis.

**Licensed Mental Health Professional (LMHP)** – an individual who is licensed in the state of Louisiana to diagnose and treat mental illness or substance use disorder acting within the scope of all applicable state laws and their professional license. An LMHP includes individual licensed to practice independently as:

- Medical Psychologists
- Licensed Psychologists
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Counselors (LPCs)
- Licensed Marriage and Family Therapists (LMFTs)
- Licensed Addiction Counselors (LACs)
- Advanced Practice Registered Nurses (APRN) (must be practitioner specialists in Adult Psychiatric & Mental Health, and Family Psychiatric & Mental Health or a Certified Nurse Specialist in Psychosocial, Gerontological Psychiatric Mental Health, Adult Psychiatric and Mental Health, and Child-Adolescent Mental Health and may practice to extent that services are within the APRN’s scope of practice).

**LMHP to perform PASRR Level II evaluations-** Upon referral from OBH to assess the appropriateness of nursing facility placement and the need for, and facilitation of behavioral health services. PASRR Level II evaluations must be performed by an LMHP independent of OBH and not delegated to a nursing facility or an entity that has a direct or indirect affiliation or relationship with a nursing facility as per 42 CFR 483.106. Whether through subcontract or direct employment, Healthy Blue shall maintain appropriate levels of LMHP staff to ~~assure~~ ensure adequate local geographic coverage for in field face-to-face contact with members in need of such evaluations. These staff must be administratively separate from staff performing utilization review but may be the same staff performing evaluations for adult mental health rehabilitation services.

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**Louisiana Department of Health (LDH)** – the state department responsible for promoting and protecting health and ensuring access to medical, preventive and rehabilitative services for all citizens in the state of Louisiana.

**Office of Behavioral Health (OBH)** – One office of others that make up LDH. OBH ensures care and support to improve quality of life for people with mental illness and addictive disorders

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~~**Preadmission Screening and Resident Review (PASRR)** – Pre-Admission Screening and Resident Review (PASRR) is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care. PASRR requires that all applicants to a Medicaid-certified nursing facility (1) be evaluated for mental illness and/or intellectual disability; (2) be offered the most appropriate setting for their needs (in the community, a nursing facility, or acute care settings); and (3) receive the services they need in those settings. PASRR requires that 1) all applicants to a Medicaid-certified nursing facility be evaluated for mental illness and/or intellectual disability; 2) be offered the most appropriate setting for their needs (in the community, a nursing facility, or acute care settings); and 3) receive the services they need in those settings. PASRR can also advance person-centered care planning by assuring that psychological, psychiatric, and functional needs are considered along with personal goals and preferences in planning long-term care.~~

**PROCEDURE:**

**PASRR Evaluations**

- 1) ~~Healthy Blue shall be responsible for conducting or subcontracting to conduct PASRR Level II evaluations of members upon referral from OBH. Referrals will be based upon the need for an independent evaluation to determine the need for nursing facility services and/or the need for specialized services to address mental health issues while the member is in a nursing facility. Referrals will be received via email to a designated Healthy Blue email box.~~
- 2) In conducting the evaluation, the Healthy Blue shall follow the criteria set forth in 42 CFR §483.128 and shall utilize the PASRR Level II standardized evaluation form provided by LDH.
- 3) A LMHP evaluator may use relevant evaluative data, obtained prior to initiation of PASRR, if the data ~~are~~ is considered valid and accurate and reflect the current functional status of the individual. However, if necessary to supplement and verify the currency and accuracy of existing data, the evaluator shall gather additional information necessary to assess proper placement and treatment.

~~Healthy Blue may conduct the PASRR II evaluation as a desk review in the following circumstances:~~

- ~~Healthy Blue had an independent assessment completed from the 1915i system that was completed within 12 months and prior to 12/1/15;~~
- a. ~~Healthy Blue has results of a Healthy Louisiana Bayou Health BH Adult Assessment completed in the 12 months prior to the referral; or~~
- a. ~~A PASRR Level II evaluation has been completed by Healthy Blue after 12/1/15 and within the last 12 months and it is reflective of the applicant's current functioning.~~

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**Commented [AB3]:** (AD) This is not accurate. Nothing in the Emergency Contract speaks to this and all guidance provided by OBH indicates that OBH PASRR office makes the final determination about whether or not a face to face Level II evaluation is needed. This section should be modified accordingly.

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~~5) In order to comply with federally mandated timelines, Healthy Blue shall submit the completed Level II evaluation report to OBH within four (4) working days of receipt of the referral from OBH.~~

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~~6)4) Level II evaluation recommendations shall focus on ensuring the least restrictive setting appropriate with the appropriate services.~~

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~~7)5) Healthy Blue submits completed Level II evaluations to OBH via ~~email their FTP to a designated email box site~~, within 4 business days of receiving the referral and the evaluations are to include;~~

- a. Supporting documentation reviewed;
- b. Recommendations for Nursing Home placement; and
- c. Recommendations for specialized services

~~8)6) OBH makes the final determination as to disposition based on the PASRR II evaluation. Results will be faxed to Healthy Blue.~~

~~9)7) When OBH determines that nursing facility services are not appropriate, Healthy Blue shall assist eligible members to obtain appropriate alternative behavioral health services available under this contract.~~

~~10)8) If at any time Healthy Blue should become aware that a member residing in a nursing home who has a Serious Mental Illness (SMI) has not received a Level II determination, the Healthy Blue shall notify OBH.~~

~~12) Healthy Blue shall notify OBH as per the LDH issued reporting template of any problems or issues with the PASRR process.~~

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~~9) Healthy Blue will designate a contact person to liaison with OBH as necessary.~~

~~13)10) All evaluations are retained for 10 years.~~

**Case Management for Members receiving Nursing Facility Care**

11) Once the determination of the PASRR is received from OBH, the member is outreached and offered case management.

12) If the member accepts case management, a Health Needs Assessment is collected, the member is connected with all specialized services for behavioral health if it was determined that these services are needed while residing in a nursing facility, and if a member is deemed as not needing case management services, the member is connected to all medically necessary services to maintain them in the community.

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~~13) Healthy Blue through its integrated case management program will ensure that members who are identified by OBH as needing specialized services for behavioral health while in a nursing facility have access to such services as required under 42 CFR §483.120 and as determined by OBH. For individual denied nursing facility placement, Healthy Blue shall ensure members have access to medically necessary covered services needed to maintain them in the community.~~

~~14)13) Further, service authorizations will be in place 15 days following the receipt of the specialized behavioral health service recommendations as a result of the PASRR Level II determination or admission to the nursing facility, whichever is later.~~

~~15) Healthy Blue shall inform OBH of any changes in condition of members residing in a nursing facility that would require a resident review as noted in Section 1919(e)(7)(B)(iii) of the Social Security Act.~~

**PASRR Tracking**

14) When a referral is received from OBH, the referral information is entered into the tracking system including the type of referral, the date and demographics of the person in which the referral is for.

15) When the referral is submitted to OBH FTP site the date of submission and recommendation of placement for the member is documented.

16) Upon receipt of OBH determination, OBH's determination is recorded in the tracking system.

17) Using the LDH-issued report template, all those receiving PASRR services are reported quarterly to LDH.

18) If at any time there is an issue with the report, LDH/OBH is notified immediately.

**DOJ Agreement**

19) There are two ways in which a member may be identified for transition. The first is the Transition Coordinator visits the member and member states they want to leave a nursing home. The other way is if the member mentions to a nursing home staff member, a Section Q referral is sent to the Transition Coordinator. Once it is determined by a Transition Coordinator that a member is needing to be transitioned by a LDH Transition Coordinator, the coordinator contacts Healthy Blue's DOJ liaison by telephone or e-mail.

20) If the member states to a Healthy Blue case manager that they would like to leave the

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nursing home, communication with the social worker within the nursing home occurs and a potential Section Q is submitted.

21) Upon recognition of a member needing to be identified, the member is outreached and offered case management.

22) If the member accepts case management, coordination with the Transition Coordinator occurs in order to connect the member with appropriate services. These services include, but are not limited to:

- a. CPST/ PSR
- b. ACT if the member is to be enrolled in PSH
- c. Doctor’s appointments

23) Once the member is discharged from the nursing facility, follow up occurs to ensure that the services are in place.

24) The member will continue to be monitored in case management for one year to allow for additional assistance with services as needed post transition into the community.

~~16) Healthy Blue shall utilize the LDH issued reporting template to report utilization of the PASRR process.~~

~~17) Healthy Blue is responsible for tracking for members residing in a nursing facility who went through the PASRR process, those identified with SMI and those receiving specialized services as per 42 CFR §483.130.~~

~~18) Healthy Blue shall track and report quarterly to OBH the delivery of all PASRR specialized behavioral health services as defined and required under 42 CFR §483.120.~~

~~19) The Healthy Blue shall advise OBH and Medicaid on any barriers to completing the PASRR evaluations or tracking process.~~

~~20) Records shall be retained for 10 years in order to support OBH determinations, and to protect the individual’s appeal rights as per 42 CFR §483.130.~~

**REFERENCES:**

Louisiana Contract ~~Sections 6.39.5 6.39.7, 6.38.5 and 6.38.6~~  
Regulations governing PASRR are found in the Code of Federal Regulations, primarily at [42 CFR 483.100](#)

**RESPONSIBLE DEPARTMENTS:**

**Commented [AB5]:** (AD) Post transition into the community

**Commented [AB6]:** Wording added

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**Primary Department:** Behavioral Health- Plan

**REVISION HISTORY:**

Review Date	Changes
11/19/2015	<ul style="list-style-type: none"> <li>New</li> </ul>
02/04/2016	<ul style="list-style-type: none"> <li>Off cycle edit changing language in procedure section from 4 Business days to four (4) calendar days</li> </ul>
12/29/2016	<ul style="list-style-type: none"> <li>For annual review</li> <li>Definitions placed in alphabetical order</li> </ul>
12/20/2017	<ul style="list-style-type: none"> <li>For annual review</li> <li>Amerigroup references updated to Healthy Blue</li> </ul>
03/13/2018	<ul style="list-style-type: none"> <li>Off cycle review</li> <li>Revised to incorporate Amendment 11 Contract Changes</li> </ul>
07/02/2018	<ul style="list-style-type: none"> <li>Off cycle/ early annual review</li> <li>Revised to incorporate Amendment 12 Contract Changes</li> </ul>
08/05/2019	<ul style="list-style-type: none"> <li>Annual Review—no changes</li> <li>Placed on updated template</li> </ul>
<del>09/12/2019</del> 12/26/2019	<ul style="list-style-type: none"> <li>Off cycle review</li> <li>Revised to incorporate LA Emergency contract requirements</li> <li>Edits to purpose, policy, definition, procedure, and reference sections</li> <li>Name of policy changed from “Behavioral Health - Pre-Admission Screening and Resident Review (PASRR) – LA” to “Behavioral Health – Nursing Facility Services – LA”</li> </ul>

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