

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: PASRR Level II Evaluations
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APPROVAL DATE: 5/14/19	REPLACES DOCUMENT:
EFFECTIVE DATE: 5/14/19	RETIRED DATE:
PRODUCT TYPE: Medicaid	REVIEW/REVISED DATE: 2/20/2020, 11/20

SCOPE:

This policy applies to Louisiana Healthcare Connections (Plan) Medical Management Behavioral Health Department

PURPOSE:

The purpose of this policy is to outline the State guidelines for The Plan's oversight of Pre-Admission Screening and Resident Review (PASRR) evaluations and to develop a process on how Licensed Mental Health Professionals (LMHP) will perform PASRR Level II evaluations to assess the need for nursing facility placement and services.

POLICY:

1. Training and Staffing[AD1][ALM2]

- The ~~Plan will~~Plan will provide licensed mental health professionals (LMHPs) to perform PASRR Level II evaluations for adult mental health rehabilitation services. Whether through subcontract or direct employment, Plan shall maintain appropriate levels of LMHP staff to assure adequate local geographic coverage for in field face-to-face contact with members. LMHP staff must be trained to determine the medical necessity criteria as established by the State LMHPs will be certified in administering the Level of Care Utilization System (LOCUS). (Emergency Contract 4.3.10)
- The Plan will provide LMHPs to perform PASRR Level II evaluations upon referrals from OBH to assess the appropriateness of nursing facility placement and the need for 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, the Plan shall maintain appropriate levels of LMHP staff to assure 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 as listed under 4.3.10 (Emergency Contract 4.3.11)
- The Plan will provide training to key staff and subcontractors to perform Pre-Admission Screening and Resident Review (Emergency

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Contract 4.6.8.1.7). Training includes ensuring evaluators are familiar with the complete array of home and community-based services, waiver services, and services specific to member's condition that are available to enrollees and offer community options in a meaningful way to enrollees, providing education about the services available to them as an alternative to nursing home placement

- The Plan shall comply with the terms of the Louisiana Department of Justice (DOJ) Agreement (Case 3:18-cv-00608, Middle District of Louisiana), subsequent implementation plans, and other activities required in order to implement this agreement in accordance with DOJ Agreement Compliance Guide or as directed by LDH. LDH reserves the right to assess monetary penalties for failure to meet this requirement (Emergency Contract 6.1.16).

2. Tracking and Reporting

- The Plan will track enrollees residing in a nursing facility who went through the PASRR process, those identified with Serious Mental Illness (SMI) and those receiving specialized services as per 42 C.F.R. §483.130 (Emergency Contract 6.39.7.2).The The Plan shall submit case management reports monthly to LDH including the number of members identified with special healthcare need by the PASRR Level II authority (6.41.)
- LDH reserves the right to request additional reports as deemed necessary. LDH will notify the Plan of additional required reports no less than sixty (60) days prior to due date of those reports (Emergency Contract 6.41.6).
- The Plan will utilize the Louisiana Department of Health (LDH)-issued reporting template to report utilization of the PASRR process (Emergency Contract 6.39.7.1).The The Plan shall track and report quarterly to the Office of Behavioral Health (OBH) the delivery of all PASRR specialized behavioral health services as defined and required under 42 C.F.R. §483.120 (Emergency Contract 6.39.7.3). .
- Quarterly Deliverables shall be submitted by April 30, July 30, October 30, and January 30, for the calendar quarter immediately preceding the due date (Emergency Contract 18.9.3.2).
- If a due date falls on a weekend or State-recognized holiday, deliverables will be due the next business day (Emergency Contract 18.9.3.4).

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- The Plan shall report to LDH indicators relative to individual evaluation on a monthly basis with information available by region, type of placement, results of recommendations, location of individuals and referral sources as outlined in the LDH-Issued reporting template (Emergency Contract 18.13.1).
- The Plan will advise OBH and Medicaid on any barriers to completing the PASRR evaluations or tracking process (Emergency Contract 6.39.7.4).

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 483.30 (Emergency Contract 6.39.7.5).

3. Services to comply with LDH requirements for enrollees receiving PASRR evaluations and Services for Special Populations (Emergency Contract 6.19).

Special Health Care Needs (SHCN) population is defined as individuals of any age with mental disability, physical disability, or other circumstances that place their health and ability to fully function in society at risk, requiring individualized health care approaches.

Individuals with special health care needs include Nursing facility residents approved for specialized behavioral health services recommended as a result of PASRR Level II determination and members of the DOJ Agreement Target Population who meet the diversion definition set forth by the Department (Emergency Contract 6.19.1. and Emergency contract 6.19.1.6 6.19.1.6)

- The Plan shall identify members with special health care needs within ninety (90) days of receiving the member's historical claims data (if available). LDH may also identify special healthcare members and provide that information to the Plan. The LMHP or PCP can identify members as having special needs at any time the member presents with those needs. The MCO must assess those members within ninety (90) days of identification, with the exception of individuals referred for PASRR Level II, who shall be evaluated within federally required timelines as per Section 6.38. The assessment must be done by appropriate healthcare professionals. Assessments that determine a course of treatment or

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regular care monitoring as appropriate shall result in a referral for case management (Emergency Contract 6.19.2).

- Through the Level II process, the Plan actively links the enrollee to alternate services individualized to their needs and necessary to maintain them in the community. This includes:
 - Those services needed to address the enrollee's physical and behavioral healthcare needs; and
 - Community resources necessary to ensure their social needs are met; and
 - Referrals to home and community-based supports intended to assist the enrollee with their activities for daily living (ADL) and instrumental activities for daily living (IADL) needs.
- The **Plan will** be responsible for conducting or subcontracting to conduct PASRR Level II evaluations of enrollees upon referral from OBH Referrals shall 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 (Emergency Contract 6.39.5.1).
- In conducting the evaluation, The **Plan will** follow the criteria set forth in 42 C.F.R. Part 483, Subpart C and shall utilize the PASRR Level II standardized evaluation form provided by LDH (Emergency Contract 6.39.5.2).
- 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 (Emergency Contract 6.39.5.3).
- 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 [AD3][ALM4] If additional testing is requested, the Plan will assist with coordinating testing and services if the enrollee has full Medicaid coverage. If enrollee has Medicare coverage,

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the LMHP will collaborate with the SSD at the nursing facility to coordinate these services and notify the transition coordinator of the Medicare status to secure the services through a Medicare provider.

- In conducting Level II evaluations, The Plan will ensure that the recommendations focus on ensuring the least restrictive setting appropriate with the appropriate services, including case management services as described in the contract. (Emergency Contract 6.39.5.5) If the assessment concludes that the nursing facility is the least restrictive setting for the enrollee, the LMHP will offer alternative services and/or waiver services, if the enrollee qualifies. The LMHP documents the recommendation of those services to the enrollee and whether the enrollee agrees or refuses services. If enrollee agrees, the internal LMHP assists enrollee with obtaining services and enrolls the enrollee into case management. If enrollee refuses services, the LMHP continues with the PASRR level II assessment.
- In order to comply with federally mandated timelines, The Plan will submit the completed Level II evaluation report to OBH within four (4) working days of receipt of the referral from LDH or incur a penalty of 5,000.00 per month when MCO performance for this indicator is below 95% of the total within that month (Emergency Contract 6.39.5.4 & Emergency Contract 20.3.3).
- When OBH determines that nursing facility services are not appropriate, The Plan will assist eligible members to obtain appropriate alternative behavioral health services available under this contract (Emergency Contract 6.39.5.6).
- Level II evaluation recommendations shall focus on ensuring the least restrictive setting appropriate with the appropriate services (emergency contract 6.39.5.5) [ALM5]
- Upon request, the MCO shall provide the PASRR Level II authority (OBH) with documentation supporting appropriate limits on a service on the bases of medical necessity for individuals determined by the PASRR Level II authority to need specialized behavioral health services (Emergency Contract 8.1.2.0).
- If at any time the Plan should become aware that a member residing in a nursing home who has an SMI has not received a Level II determination, the Plan shall notify OBH (Emergency Contract 6.39.5.7).

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- The Plan shall notify OBH as outlined in the LDH-issued reporting template of any problems or issues with the PASRR process (Emergency Contract 6.39.5.8).

Case Management[AD6][ALM7] for Members Receiving Nursing Facility Care **or** **otherwise within the DOJ Agreement Target Population**[AD8][ALM9]

- The Plan 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 Determined by OBH (Emergency Contract 6.39.6.1).
- For Individuals denied nursing facility placement, The Plan will ensure the member hasve access to medically necessary covered services needed to maintain them in the community (Emergency Contract 6.39.6.1). The Plan will also refer enrollees case management as a special healthcare needs population member within one (1) business day of receiving notification from OBH that member was denied placement.
- Service authorizations for specialized behavioral health services must be in place within 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 (Emergency Contract 6.39.6.2).
- The Plan will inform OBH of any changes in condition of member 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 (Emergency Contract 6.39.6.3).
- The plan will comply with provisions of the contract. The plan agrees that Failure to comply with the requirements and performance standards set forth in the contract may result in the assessment of a monetary penalty, sanctions and/or termination of the contract in whole or in part, as set forth in the contact (Emergency Contract 25.18).
- The Plan offers and provides case management services through high-touch and face-to-face engagement for enrollees of the target population and those at-risk for nursing facility placement, as identified or defined by LDH, in accordance with the statement of work requirements pertaining to individuals with special healthcare

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needs. In addition, the Plan outreaches and engages enrollees in case management services. Enrollees are provided case management services for a minimum of 12 months or longer based on enrollee needs, unless the enrollee declines or dis-enrolls from case management. Care Managers will re-assess members who require case management services longer than 12 months using the Plan's internal case management assessment. Other factors considered in determining if member requires case management services beyond the 12 month period is the enrollee's interest in continuing to receive case management, enrollee's level of engagement with service providers, use of crisis services and hospitalizations, and critical incidents.

- The Plan evaluates the effectiveness of the case management services at least annually with updates to the strategy based on evaluation findings.
- The MCO shall provide the strategy to LDH within 30 days from the issuance of the DOJ Agreement Compliance Guide, and thereafter upon material change.

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PROCEDURES:

- PASRR evaluation requests will be received from OBH in the form of a secure email titled "OBH PASRR". The Plan staff will follow internal work processes for verifying eligibility, contacting the NF to schedule PASRR appointments, and for conducting PASRR assessments.
- The Plan will conduct PASRR assessments using LDH PASRR Level II Standardized Evaluation form provided by LDH for members being evaluated for nursing facility placement. Completed evaluations and supplemental documents are then submitted to OBH for a determination within (4) working days of referral receipt from OBH.
- The Plan will ensure that the Level II PASRR assessment and recommendations are made on consistent analysis of the data and as indicated in 42 C.F.R. Part 483, Subpart C.

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- The Plan will ensure that the supplemental documents are obtained to support clinical assessment and diagnosis, and that evaluation recommendations are focused on ensuring the least restrictive setting appropriate.
- If OBH determines that the enrollee is ineligible for the nursing facility placement, and alternate community based services are recommended; Or if the enrollee refuses nursing facility placement, the Plan will ensure the enrollee has access to the recommended services and access to medically necessary covered services in which they agree to-and require to maintain in the community.
- The Plan will ensure that an enrollee who has met clinical criteria for recommended services, receive authorizations for special health care needs.

OBH will be notified of any problems or issues that may occur with PASRR processes.

ATTACHMENTS:

PASRR Level II Behavioral Health Comprehensive Evaluation Form



[Level II Evaluation - Level II Evaluation - Final Updated 01.17 FINAL 11.20.20.pdf](#)

MCO Unable to Conduct Form



OBH PASRR II
Unable to Conduct I

Level of Care Utilization Form



Locus-Score-Sheet.
pdf

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LOCUS Instrument Instructions



LOCUS Instrument
Version 20.pdf

REFERENCES:

DEFINITIONS:

REVISION LOG

REVISION	DATE
Removed attachment named: Code of Federal Regulation 483. Code of Federal Regulation 483. Removed attachment named: PASRR Level II Behavioral Health Care.	2/20
Changes added to reflect emergency contract items	2/20
Removed PASRR Level II evaluation form and Added OBH Revised PASRR Level II form.	2/20
Changed where stated LHCC to The Plan	
Revised per OBH recommendations	4/16/20
<u>Added verbiage from Amendment 2 of the Emergency Contract</u>	
<u>Added revised Level II Assessment Form</u>	<u>1109/14/2020</u>

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

Sr. VP, Population Health Management: Electronic Approval on File
Chief Medical Officer: Electronic Approval on File