

New Enhancements to PASRR Effective Aug. 26, 2016



1) Extended Time to Perform Updates to PL1 Screening

Currently, the LTC Online Portal allows the submitter (Nursing Facilities [NFs] and Local Authorities [LAs]) of the Preadmission Screening and Resident Review (PASRR) Level 1 (PL1) to perform updates within 90 days from the date of assessment (field A0600) if a PASRR Evaluation (PE) has not yet been submitted. Effective August 26, 2016, the PL1 submitter or admitting NF will be able to update Active PL1s at all times for deceased/discharged information before and after a PE is submitted using the “Update Form” button. Additionally, the PL1 submitter will be able to update Active PL1s at all times for demographic information only before a PE is submitted using the “Update Form” button.

2) IDT Meeting Documentation Required for MDS LTCMI Submission

Effective August 26, 2016, the LTC Online Portal will not allow the NF to successfully submit the Minimum Data Set (MDS) Long Term Care Medicaid Information (LTCMI) for a resident who is determined to have Mental Illness (MI), Intellectual Disability (ID), or Developmental Disability (DD) if there is no Interdisciplinary Team (IDT) meeting submitted on the LTC Online Portal within the past year.

An error message will be generated, and the NF will be required to submit the IDT meeting before attempting to submit the MDS LTCMI again. The error message will read: “An Interdisciplinary Team (IDT) meeting submission is not found on the LTC Online Portal, or it was found but the IDT meeting date is more than one year ago. An IDT meeting submission is required before the MDS LTCMI can be submitted. You may save the LTCMI and submit after IDT is submitted.”

Actions you need to take now to prepare for these changes

1. For all PL1s in Awaiting PE status where the individual is deceased or discharged...less than 90 days old and without a PE attached complete sections B0650 and B0655 to inactivate the PL1s that are no longer needed.
2. The IDT rule to enter the form into the LTC portal has been in place for a year now. When the rule was put into place, individuals admitted prior to 7/7/2015 didn't need an IDT entered into the portal. Because an IDT is required annually, it's time for **all** PASRR Positive (**Positive PE**) to have an IDT submitted into the portal. **If only the PL1 is positive, the IDT is not needed. This is only if the PE is positive.**

Check the dates of the IDTs submitted into the portal and if the date is 12 months old or older, a new IDT needs to be conducted and entered.

If you haven't conducted and entered an IDT for someone who is PASRR positive (PE positive) because they were admitted prior to 7/7/15 it's time to do them.

TAC RULE §19.2704(8) for a resident who is a Medicaid recipient, annually document in the LTC Online Portal all nursing facility specialized services, LIDDA specialized services, and LMHA specialized services currently being provided to a resident.

This also applies to CHOWS, if an IDT was entered prior to a CHOW but it's been a year since an IDT was conducted, you need to conduct a new IDT and enter it into the LTC portal (or SimpleLTC).

If an individual has been identified as enrolled into Hospice, an IDT will not be required unless the individual is admitted back to NF care at which time a new PL1 would be required.

3. **After the enhancements are in effect**, review all cases where a PASRR positive (PE positive) individual has passed away or discharged and enter both sections B0650 and B0655 in order to inactivate the forms. If this is not done and an IDT was not conducted because the individual passed away or discharged before an IDT was done, your LTCMI will not process.

Important Note: The LA cannot confirm IDTs submitted when the Date of IDT is older than 60 days. If the IDT meeting was already held and you forgot to submit the form and 60 days or more have passed since the meeting date, you must resubmit the form with a current date and note the actual date of the meeting in the comment box on the form or conduct a new IDT.

Why are these enhancements necessary?

Since the rule requirement to enter the IDT went into effect (7/7/15), we've seen continued non-compliance by some providers. DADS PASRR continues to see 80 cases a month where the IDT has not been entered despite calls to the providers to educate and request compliance. PASRR is a Federal requirement, the discussion and delivery of PASRR specialized services is a critical piece of this requirement.

How to use Form Status Inquiry on the TMHP portal to search for cases you may need to inactivate

1. Type of Form: PL1
 - From Date 1/1/1995 to current date
 - Form Status "Awaiting PE"
 - Review the results, export to excel if needed.
 - Check your census to determine if the individual is still active/admitted.
 - If individual is discharged to hospital and is expected to return, then leave those.
2. Please review all cases where a positive PE was submitted. Check to make sure the individual is still active/admitted.

Please be careful when inactivating PL1 so that you only do so when you are sure the individuals are no longer in your facility.

IDT Critical Information

When you conduct the IDT and enter the form into the portal it is critical to invite the required team members and to accurately list the services that the team agreed to at the meeting:

- An RN from the NF must attend
- If the PE is marked IDD only the LIDDA staff must attend
- If the PE is marked MI only the LMHA staff must attend
- If the PE is marked both MI and IDD both the LIDDA and LMHA staff must attend
(Members may attend by telephone)

Please include all agreed upon services at the meeting on the IDT form when you enter it into the portal!

For example: If the team agreed to OT, PT and Speech at the IDT meeting, the IDT entry on the portal must have all three listed as services.

A future enhancement to be implemented may delay your LTCMI submission of the LIDDA/LMHA identifies that they were not invited or services agreed to were not included when the IDT was submitted. The LIDDA/LMHA will contact NFs to discuss and ask the NF to correct IDTs if errors are found. If the errors are not corrected, the LIDDA/LMHA will identify they did not agree on the form.

If you have questions

Please contact DADS PASRR if you have any questions:

PASRR Hotline: 1 (855) 435-7180
PASRR@dads.state.tx.us

Rehabilitative VS Habilitative Therapy Services

CPT Code	Rehabilitative	Habilitative
92507- Speech Language Tx	Pt will communicate basic wants/needs/pain to unfamiliar listener via communication board in 4/5 trials to increase independence in SNF. <ul style="list-style-type: none"> • Patient unable to communicate secondary to expressive aphasia 	Patient will display ability to take turns when expressing mealtime preferences to familiar listener over 4/5 trials to increase functional communication skills. <ul style="list-style-type: none"> • Patient displays poor pragmatics secondary to MR
	Patient will speech read sentences regarding mealtime preferences when wearing amplification device over 4/5 verbal exchanges with residents/staff to increase functional communication in dining room. <ul style="list-style-type: none"> • Patient has acquired severe bilateral hearing loss 	Patient will use speech reading cues to functionally exchange social phrases with residents during meal services with 75% accuracy to increase ability to participate in conversation. <ul style="list-style-type: none"> • Patient profoundly deaf since birth
97532- Cognitive Skills Development	Patient will recall 4 steps involved in safe wheelchair transfers with 90% accuracy to decrease risk of falls and increase safety during ADLs. <ul style="list-style-type: none"> • Recent Hip Fx 	Patient will safely navigate self in to/from dining room given 4/5 trials using visual aids to increase orientation and safety in new environment. <ul style="list-style-type: none"> • Patient with Down Syndrome recently admitted to SNF
	Patient will complete money management task of balancing checkbook with 90% accuracy to increase ability to return home. <ul style="list-style-type: none"> • Recent onset CVA 	Patient will accurately count change from transaction in 5/5 trials to increase independence in community environment. <ul style="list-style-type: none"> • Patient has MR dx
92526	Patient will increase labial strength and ROM via oral motor strength and ROM tasks with 80% accuracy to decrease anterior loss of food/liquid. <ul style="list-style-type: none"> • Patient has Parkinson's dx 	Patient will participate in passive labial strengthening exercises in 8/10 trials to increase labial closure and decrease anterior foold/salivation loss. <ul style="list-style-type: none"> • Patient has had CP since birth
	Patient will utilize lingual sweep/alternate food and liquid swallows to adequately clear oral cavity and reduce pocketing 85% of the time during meals. <ul style="list-style-type: none"> • Patient presents with moderate oral phase dysphagia secondary to CVA 	Patient will display adequate oral hygiene with cues from caregiver to maintain clean oral cavity given 5/5 trials to decrease risk of pneumonia. <ul style="list-style-type: none"> • Patient has had CP since birth with recent pneumonia
Self Care – 97535	Patient will increase Upper Body dressing to min A using One-Handed Techniques in order to improve participation in self care tasks. <ul style="list-style-type: none"> • Patient with Left hemiplegia s/p CVA 	Patient will donn pull-over shirt with Min A using hand over hand cueing in order to gain independence with self care tasks. <ul style="list-style-type: none"> • Patient with intellectual Disabilities due to severe MR
Therapeutic Exercise – 97110 Therapeutic Activities - 97530	Patient will increase strength to 4/5 of BUE in order to safely propel chair to dining room with Min A for morning meals. <ul style="list-style-type: none"> • Patient with increased weakness s/p hospitalization for CHF 	Patient will maneuver motorized wheelchair using mouth-control with Mod I in order to participate in community activities. <ul style="list-style-type: none"> • Patient with Ataxic Cerebral Palsy
Therapeutic Activities - 97530	Patient increase dynamic standing balance during ADLs to F+ using RW and compensatory strategies in order to facilitate safety and IND with Toileting tasks <ul style="list-style-type: none"> • Patient has decreased balance skills due to worsening vision s/p Diabetic Retinopathy 	Patient will safely ambulate to restroom with Mod I using tactile cues and environmental modifications in order to improve IND in new living environment <ul style="list-style-type: none"> • A new admit to the facility that is blind

New Enhancement Effective August 26 - Updating a PL1

Before a PE is submitted:

Type Of Admission	Submitted By	LA can update	Admitting NF on Section D can update	Non-Admitting NF on Section D can update
EHD or EA or Negative PL1	LA	Deceased/Discharged /Demographic	Deceased/Discharged	N/A
EHD or EA or Negative PL1	NF	No	Deceased/Discharged /Demographic	N/A
Pre Admission PL1	LA	Deceased/Discharged /Demographic	N/A	No

After a PE is submitted:

Type Of Admission	Submitted By	LA can update	Admitting NF on Section D can update	Non-Admitting NF on Section D can update
EHD or EA or Negative PL1	LA	Deceased/Discharged	Deceased/Discharged	N/A
EHD or EA or Negative PL1	NF	No	Deceased/Discharged	N/A
Pre Admission PL1	LA	Deceased/Discharged	Deceased/Discharged	No



PASRR MATTERS!

Dear Cathy,

I am honored to share a successful PASRR story about one of my individuals. This individual was born with Cerebral Palsy and has had a lifelong struggle with mobility. When I met him in December, he was 45 and using a wheelchair that was falling apart on a daily basis. He was very uncomfortable. One of his arms would not bend much due to his CP, so he used the other arm to ambulate around the nursing facility in his wheelchair. It would take him several minutes to get short distances, but he was always determined and never gave up. He told me that he was uncomfortable in his chair and felt unsafe. He said he was scared he was going to fall out because he had gained weight since he got the chair years ago and it was too small for him. We began the process to get him a Customized Manual Wheelchair. He was measured for chair by a provider who said that the chair the individual had been using was very ill-fitted and manufactured. The nursing facility staff, therapy, and the provider all worked closely with PASRR and got the chair approved by the Department of Aging and Disability. He would ask me each month when I visited him about his chair and would tell me, down to the detail, what he wanted. He wanted a purple chair with lots of padding and everything adjustable so that it would grow with him if needed. I talked with the provider and made sure that they knew everything he wanted, and they assured me that he would get the best chair possible. He was anxious during the time his chair was being manufactured, but we visited often and spoke in length about the benefits of having his new chair. In May, I went to the nursing facility to do his monthly visit. Upon seeing him, the first thing I noticed was the big smile on his face and then the shiny, new purple chair he was sitting in. He was so excited about his new wheelchair and told me ALL about it! This new chair wraps around his back so that it holds him up and made him feel safe and secure. It has back and bottom cushions that will be safe from any incontinence. The wheels, back, brakes, and seat are all adjustable and will be checked by technicians regularly to make sure they are at the right settings to fit him. The wheels are also bigger and easier for him to grab and ambulate more smoothly. The nursing and physical therapy staff, as well as the provider, all worked very well with PASRR and got this new chair to enhance his quality of life. This individual and his mother were very thankful to everyone who helped in this process.

Thank you for allowing me to share this inspiring story!

Suni Cauthern, B.B.S.

PASRR Supervisor/Diversion Coordinator at Center for Life Resources

Nursing Facility thanks go to [Coleman Healthcare Center in Coleman, TX](#)- [Lori Moran](#) and [Stephanie Leathers](#).