

FAQ: Texas PASRR Technical Assistance Call (PTAC)

From the call held April 11, 2017 (this FAQ last revised 5/22/17)



These questions were asked by participants in the April 11 NF PASRR Technical Assistance Meeting. We're publishing the full list of questions and answers as a reference for nursing facilities. FAQs will also be published separately for future PTAC calls.

How to contact PASRR staff:

- Contact IDD PASRR for all general PASRR questions, IDD specific questions and concerns about non-hospital referring entities at PASRR.Support@hhsc.state.tx.us
- Contact MI PASRR for all MI related questions and hospital referring entity issues at PASRR@dshs.state.tx.us

1. Are therapy personnel required to attend the IDT meeting?

By rule, therapists are not required, however best practice dictates that if habilitative therapies or DMEs will be recommended, it would be helpful for therapy staff to attend.

2. Does it just have to be an RN at initial IDT meeting and annual and LVN can attend the quarterly?

IDT meetings are required initially after an admission when a positive PE has been submitted and then annually. The RN has to attend all IDT meetings. Please see Texas Administrative Code Title 40, Part 1 Chapter 19 Subchapter BB Division 1 Rule §19.2703 Definitions concerning the required IDT participants:

(14) IDT--Interdisciplinary team. A team consisting of:

(A) a resident with MI, ID, or DD;

(B) the resident's LAR, if any;

(C) a registered nurse from the nursing facility with responsibility for the resident;

(D) a representative of a LIDDA or LMHA, or if the resident has MI and DD or MI and ID, a representative of the LIDDA and LMHA; and

(E) other persons, as follows:

(i) a concerned person whose inclusion is requested by the resident or LAR;

(ii) a person specified by the resident or LAR, nursing facility, or LIDDA or LMHA, as applicable, who is professionally qualified or certified or licensed with special training and experience in the diagnosis, management, needs and treatment of people with MI, ID, or DD; and

(iii) a representative of the appropriate school district if the resident is school age and inclusion of the district representative is requested by the resident or LAR.

IDT meetings are not required quarterly.

If you're asking if an LVN can attend the SPT meetings conducted by the LIDDA quarterly, the definition of the SPT membership found in the Texas Administrative Code Title 40, Part 1 Chapter 19 Subchapter BB Division 1 Rule §19.2703 (40) (A) states:

(iv) nursing facility staff familiar with the designated resident's needs;

(v) persons providing nursing facility specialized services and LIDDA specialized services for the designated resident;

3. Does the LA need to attend IDTs for people who are on Hospice services...if so, where is the information letter stating this information?

An individual on hospice will have a PL1 and if the PL1 is positive, a PE is still completed. An IDT is not required for individuals enrolled in hospice.

If hospice admissions are recorded on the MDS/LTCMI appropriately, the LTCMI will still process for someone enrolled in hospice who has a positive PE.

TMHP will look at Section O of the MDS to look for "Hospice" checked on O0100K. TMHP will also make sure the Hospice Contract Number is recorded on S1d of the LTCMI. If both the MDS and the LTCMI record Hospice enrollment correctly, the LTCMI will successfully submit if an IDT is not found.

A blast went out to the LAs in July 2016, providing Hospice information. Hospice information was also covered in the "What You Need to Know Now" webinar conducted in July 2016, and posted on both the HHS and SimpleLTC websites.

See attachment.

4. During the IDT Care Plan PT/OT/ST specialized services are recommended. However, when the therapist evaluates they determine no services are recommended. What steps need to be taken to communicate this so that an alert is not generated noting out of compliance.

Please note: The IDT meeting is not the same as the Care Plan meeting. The IDT is all about PASRR. The Care Plan discusses all aspects of the individual's care.

If all services recommended by the IDT are determined by the therapist to not be beneficial, it would be a cause for concern.

Asking the therapist to attend the IDT meeting would be important when rehabilitative therapies are recommended on the PE and they will be discussed at the IDT meeting.

Submitting evidence that the therapist did not recommend a service agreed to by the IDT to PASRR.Support@hsc.state.tx.us would be important to assist PASRR with understanding why services agreed to will not be provided.

The NF will need to explain why services were not provided at the time calls or questions are made requesting the status of the initiation of services.

If the individual receives Service Coordination from the LIDDA, the LIDDA can address any changes to the services at the SPT meeting they conduct.

All services must be documented in the NF Care Plan. Any disagreements with the findings of PASRR or the services provided must be documented in the individual's medical record and must include the rationale for the disagreement.

5. For Medicaid-Pending only: What does the NF do if Medicaid PASRR services are ordered and the resident has not been approved?

PASRR services cannot be recommended or submitted for approval until Medicaid for NF care has begun. Comments should be added to state that another IDT meeting will be held once Medicaid has been approved.

6. How can I see the documentation of the IDT meeting?

If you have access to the PL1 using TMHP or SimpleLTC, the IDT tab is located on the PL1. IDT forms are available to read and print.

7. How do I get a PL1 from a patient that comes from home and has not seen a physician in several years? These are usually APS requests for admission.

For cases where the individual is not being admitted from an acute care hospital, the NF can provide a blank PL1 form and assist the referring entity to complete it. If the PL1 is positive, the PL1 is faxed to the Local Authority, LIDDA or LMHA to enter and complete the PE.

8. How do we obtain a PL1 if the admission is elective and comes from a private home without a doctor visit?

See the answer to #7

9. How long should we wait for habilitative service approval? We have a case that has been sent in since 3/30 and have not received the faxed approval or any other correspondence.

On a full submitted request without errors or omissions the process is 5-7 business days. If the request contained missing documentation or errors and was returned to the facility, it would depend on when the corrections were returned to the PASRR unit.

Note: some NFs are using old request forms that have the wrong fax number and PASRR contact number listed. Some of the forms submitted by NFs were faxed to the wrong number and may have gotten lost.

Please check that the forms you are submitting are the most recent version and that you are faxing them to (512) 438-2180.

As discussed in the meeting, a new enhancement to the TMHP LTC portal will allow requests for specialized services to be made directly on the portal. Third-party vendors will not have this functionality. Providers must submit requests for specialized services using TMHP.

Please see the LTC Provider Bulletin published May, 2017:

http://www.tmhp.com/News_Items/2017/05-%20May/2_May_2017_LTC%20Provider%20Bulletin%20No.%2070_PDF%20for%20Web.pdf

10. I have had issues with PASRR-positive residents that have become hospice, requiring an IDT meeting to have my LTCMI form complete. Who would I notify when this happens?

See the answer to #3. You can do a change of condition MDS to add the hospice enrollment.

11. I have heard of a Nursing Home that has their own Medical Director do the PL1 prior to admission. Is this allowed?

Under the following three circumstances, can the NF fill out a PL1:

- During a CHOW, the NF is required to fill out new PL1s when their facility receives a new contract number.
- During a transfer of an individual from one NF to another NF, a new PL1 is filled out by the transferring NF and sent to the receiving NF.
- An approved 1013 form is obtained authorizing a positive PL1 form completion and submission by the NF.

Other than the above exceptions, NFs must not fill out PL1s themselves when the PL1 is required from the referring entity.

12. I have made multiple attempts to receive the PL1 and then have reported to the PASSR team and never heard back from anyone to know what the update to the email was. How are we aware of what happened?

Please see the information documented at the beginning of this Q&A to find out how to contact the PASSR staff.

13. Where can I find the list of diagnoses and the chart for when/who submits PL1 forms mentioned on the webinar? Is this available on the HHS website?

- Related Conditions/DD:
 - The list of related conditions for DD can be found here:
<https://hhs.texas.gov/sites/hhs/files//documents/doing-business-with-hhs/providers/health/icd10-codes.pdf>
- Definition of Intellectual Disability:
 - Intellectual disability is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18.
- The definition for MI is:
 - A mental illness is defined as the following: a schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental illness that may lead to a chronic disability. Depression unless listed as Major Depression is not defined as a mental illness.
 - Dementia including Alzheimer's disease or a related disorder, is a neurologically driven disease that through evaluation is not indicative of a mental illness, it is a medical condition. Dementia listed as a primary diagnosis would result in a negative PASSR condition on the PE for MI cases only.

14. If a PASRR-positive resident goes to a psych hospital for treatment and returns to the NF, what does the NF have to do if the hospital stay was less than 30 days? Or more than 30 days?

The 30 day rule only applies to acute care hospital stays. If the individual is discharged to a psych hospital, a new PL1 will be needed upon return to the NF.

15. If a person is MI and ID, which LA would be involved in care? In our facility, usually one or the other is involved but not both. Is this correct?

If a person is positive for both MI and IDD both LIDDAs and LMHAs should be involved in their care. And the LMHA must always be invited to the SPT meetings.

16. If a resident has a diagnosis of Bipolar and/or Schizophrenia but also has Dementia, will this resident be considered PASRR-positive?

The PL1 will be positive. The PE will determine whether or not the individual will be positive for PASRR. If the PE evaluated MI only and the individual has a primary diagnosis of Dementia or related condition, the PE will be negative.

17. If an individual comes in from the community, is the nursing facility responsible for PL1?

The referring entity will be someone from the community. The NF can provide the blank PL1 and assist the referring entity with completing the form.

18. If the facility goes through a CHOW, should an IDT meeting be scheduled within a specific time after the CHOW or can the previous schedule be followed?

Even though you don't have to conduct a new IDT after a CHOW, it is best practice that you do so following the submission of a positive PE. This will start the 12 month cycle over again and makes it easier to remember when the next one is due.

19. If the PL1 was positive then the PE deemed negative specialized services eligibility, then CHOW required, would the new PL1 reflect the prior PE or the prior PL1?

If a PE was done and deemed negative, and then a CHOW takes place, the PL1 completed after the CHOW could be positive depending on any new changes in diagnosis since the PE was completed. If no new diagnosis has been entered that might change the outcome of a new PE, the PL1 can be submitted as negative.

20. If a Resident is Medicare and ADR has been generated from CMS or Managed Care auditor for the facility, should we involve PASRR when sending the documents to the outside auditor?

Not sure what this means. Would the individual who asked this question contact: PASRR.Support@hsc.state.tx.us.

21. If the patient goes to a psychiatric facility for dementia and is PASRR-negative, when they return do they need a new PL1?

Yes, as it is still considered a Preadmission since they are coming from a Psychiatric Hospital and not an Acute Care Hospital.

22. If we are providing therapy services under Part B services for a PASRR-positive resident, would we then NOT list habilitative services on the IDT form and just continue to bill Part B?

If you are providing rehabilitative services and are billing Medicare, those services should not be listed on the IDT. If you are using Medicaid to provide PASRR habilitative services, those services should be listed on the IDT.

For individuals who are dual eligible and have both NF Medicaid and Medicare and the individual needs habilitative PASRR services, you would list them on the IDT form and submit authorization to the PASRR unit.

23. If we are unable to obtain the PL1 or are having issues with the referring entity after every attempt possible, what should we do?

Before you admit the individual, and the referring entity is an acute care hospital, make every effort to get the PL1. Bring a blank copy to the hospital and work with the discharge staff to fill it out. If documented attempts have failed, do not admit the individual.

If this is related to an individual with MI contact the MI PASRR Program Specialist at PASRR@dshs.state.tx.us to assist you in getting the PL1 from the hospital.

If the referring entity is another NF or entity other than a hospital, contact the IDD PASRR program by emailing PASRR.Support@hsc.state.tx.us to assist you in getting the PL1 before you admit.

24. If we have a positive MI resident and they have declined services on the annual IDT, does the service coordinator have to attend the IDT meeting?

Yes, the LMHA for MI only and/or LIDDA for IDD need to attend annually even if they declined services at the initial IDT.

25. Is the IDT form required for all individuals even if they are PL1-negative?

The PE status drives the need for an IDT. If you have a negative PL1 but a positive PE, then an IDT is needed. There are circumstances where the LA needs to complete a positive PE even when the PL1 is negative. If the PL1 is negative with no PE completed or the PE is negative, no IDT is needed.

26. Is there a list of diagnoses that qualify as ID and DD?

See question #13.

27. The LA has told us that if someone is in the community, we have to enter the PL1 even if it is positive. Is this correct?

No, if the individual is coming from anywhere but an acute care hospital or another NF and the PL1 is positive, the PL1 must be faxed to the LA and they enter that PL1. In these situations, if the PL1 is positive, the PE must be completed before the person can be admitted to the NF.

28. My facility informed our MDS coordinator that if we do not receive a PL1 form, we should submit a 1013 form. Is this correct?

The admission should not be accepted without the PL1. You must work with referring entities to get the paper PL1 form before the admission or, at the latest, the day the person arrives. See question #23 to learn what to do if you are working on accepting an admission and the referring entity does not provide the PL1.

29. If the state of Texas can't force the referring entity to provide the nursing facility with a PL1 form, how is the nursing facility expected to enforce it? Someone will take the patient regardless, so I'm confused as to why the facility should be penalized for admitting?

The Texas Administrative Code Title 40, Part 1, Chapter 19, Subchapter BB states:

(a) If an individual seeks admission to a nursing facility, the nursing facility:

(1) must coordinate with the referring entity to ensure the referring entity conducts a PL1; and

(2) may provide assistance in completing the PL1, if the referring entity is a family member, LAR, other personal representative selected by the individual, or a representative from an emergency placement source and requests assistance in completing the PL1.

(b) A nursing facility must not admit an individual who has not had a PL1 conducted before the individual is admitted to the facility.

All NFs must be familiar with the rules governing PASRR. They are located at:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=1&ch=19&sch=BB](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=1&ch=19&sch=BB)

30. What about respite 4-day stays? Is a PL1 required?

A PL1 is required for every admission regardless of the payor source or the type of admission. This would include respite stays.

31. Our NF is getting calls from the LA about all the PASRR-positive residents received on a CHOW. They are not happy. Will HHS communicated to them we are doing what we are required to do? Facilities don't want to wait a full 90 days to submit PL1s because we want to get our LTCMIs processed too. We only have 60 days to submit LTCMIs with a CHOW, not 90 days like with PASRR.

LAs know the CHOW process. HHS can grant the LA extensions to complete the PEs that are due to a CHOW.

32. We have had a quite a few admits from the community and families are often not available to complete a PL1 or don't understand the process. How should these be handled?

NFs can provide community staff and families with a paper copy of the PL1 and assist them with completing it. If the PL1 is positive in situations where the individual is coming from anywhere other than an acute care hospital, the PL1 is then faxed to the LA and the PE must be completed by the LA before the individual can be admitted to the NF.

33. What are some examples of habilitative services?

See attached handout "Rehab versus Hab". Also please see the webinar on PASRR specialized services conducted on April 25, 2017.

34. What do I do if I receive an incorrect PASRR form from the hospital? For example, they checked IDD and MI; however, this person is not IDD.

If they have added a diagnosis that may or may not be correct, then leave it. The PE will sort it out. If they leave a diagnosis off that should be identified, try to resolve it with the hospital before accepting the PL1. The 1013 form can be used in cases where you note an additional diagnosis that would qualify someone for ID, DD, or MI and the referring entity doesn't add it on the PL1.

35. What do you do if a resident is on hospice and their renewal is due?

See question #3.

36. What should I do if home health won't do a PL1 and swear they are not required to do PASSR?

Provide them with a copy of the PL1 form and assist them with filling it out. All individuals are required to have a PL1 filled out by the referring entity. The family of the person receiving home health can assist with the form completion. Please refer them to the Chapter 19 rules concerning the requirement for PASRR.

37. What happens when a patient comes from the community and does not have a previous PL1?

A new PL1 is required upon admission whether they had one completed before or not. See question #32

38. What if a CHOW takes too long and the SNF is unable to submit PL1s and/or LTCMIs?

Not sure I understand your question. If this is a question that you asked, please email us at PASRR.Support@hhsc.state.tx.us.

39. What if the local authority does not show up to the IDT meeting or refuses to come? This has happened on multiple occasions.

Please contact the PASRR unit at PASRR.Support@hhsc.state.tx.us to report issues with LAs attending the IDT.

40. What is the difference between Rehabilitative Services and PASRR Habilitation?

See attached.

41. What is the difference between the IDT meeting and the SPT meeting?

The IDT meeting is the NFs responsibility to conduct initially and then annually. The SPT meeting is the responsibility of the LIDDA to conduct quarterly for the individuals who are PASRR positive for IDD or both IDD and MI (dual) and have accepted Service Coordination.

42. What is the penalty for not having the PASRR prior to admission?

The PL1 is required for the NF to be able to submit the LTCMI. DADS Regulatory may cite or penalize a provider for not having the PL1 or for not having the PL1 prior to admission. NFs should contact their Regulatory Program Manager for questions regarding surveys.

43. What should I do if a CCRC claims they don't have to fill out the PASRR?

If after you have provided information showing they are required to fill out a PL1 for anyone admitting to a Medicaid certified NF, and given them the blank PL1 form to complete, and they still won't complete the form, contact the PASRR unit at PASRR.Support@hhsc.state.tx.us.

44. What should I do if I don't receive the PL1 from the hospital?

1. Establish a good relationship with your admitting hospitals and explain the requirements of the PL1.
2. Provide them with a blank PL1 if they don't have one.
3. Arrange for the PL1 to be part of the required admission documents.
4. Contact PASRR@dshs.state.tx.us if you have difficulty obtaining the PL1 before the individual is admitted.
5. Review the PL1 document to be sure it is accurate and complete before accepting the admission.
6. Don't accept the admission without the PL1.

45. When a patient is POSITIVE and coming from a hospital, does the Local Authority have to go to the hospital and evaluate the patient before they can be admitted to the nursing home EVEN if the hospital has done the PL1?

No, if an admission is from an acute care hospital, the current procedure is the PL1 is provided by the hospital to the NF, the NF submits the PL1 into the LTC portal and an alert is generated to the LA to conduct a PE if the PL1 is positive.

46. Where in the rules is it stated that a psych is not considered acute hospitalization and that a new PL1 should be submitted after each stay?

PASRR sees acute care as: Acute care is a branch of secondary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. These stays, if shorter in duration are less than 30 days, may not change the PASRR eligibility.

Stays in psychiatric outpatient facilities may impact diagnosis or eligibility for PASRR and new PL1s are required.

(f) A nursing facility may admit an individual whose PL1 indicates a suspicion of MI, ID, or DD without a complete PE and PASRR determination only if the individual:

(1) is admitted as an expedited admission;

(2) is admitted as an exempted hospital discharge; or

(3) has not had an interruption in continuous nursing facility residence other than for acute care lasting fewer than 30 days and is returning to the same nursing facility.

47. Who approves DME?

DME requests that are for PASRR positive individuals with NF Medicaid, and have been confirmed by a PE to be ID or DD positive, are approved by the PASRR Unit at HHS.

48. Our NF works with a hospital that tends to put zeros in the PL1 for all residents, whether or not there is a Dementia/Alzheimer's diagnosis. How should we handle this?

See the answer to #43 above. Help educate the hospital on the required fields. HHS will be providing training to referring entities soon and the training will be available on the HHS website.

49. Who does the PL1 when a resident is admitted from home or elsewhere when there is not already a PL1?

See the answer to #7.

50. Will the option to edit IDT or PL1 forms be open to the LIDDA so errors can be corrected? For example: Wrong type of IDT or wrong time of services clicked OR PL1 still active since discharge on PL1 not submitted.

The NF has the ability to update the PL1 at any time to enter discharge/deceased information that will inactivate the PL1 and any associated PE.

The NF can update their IDT meeting as long as the LA hasn't confirmed and submitted their confirmation yet. Updates can be done to correct the type of meeting, correct attendees and services as well as all other areas of the IDT.