



TEXAS
Health and Human
Services

NF PTAC

2-12-2019



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Habilitation Coordinator

Effective July 7, 2019 a new Local Intellectual and Developmental Disabilities Authority (LIDDA) role will be added for individuals eligible for Preadmission Screening and Resident Review (PASRR) services.



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Habilitation Coordination

Assistance for a person in the PASRR population to access appropriate specialized services necessary to achieve a quality of life and level of community participation acceptable to the person and LAR on the person's behalf.

A person in the PASRR population who agrees to receive Hab Coordination receives it for the duration of residence in the NF.



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Why Habilitation Coordination?



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1. To maximize resources in the planning and delivery of PASRR Specialized Services to people with ID or DD.
2. To specifically focus on the planning, accessing and monitoring of PASRR Specialized Services for people in the PASRR population.
3. To provide ongoing support of a person's informed choice regarding community living options.

HC and SC Comparison

Hab Coordination Definition Excerpt

Assistance ...**access**
appropriate
specialized services...

Service Coordination Definition Excerpt

Assistance ...**alternate**
placement
assistance...



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Hab Coordinator & PCSP

The Habilitation Coordinator role is already included on the new PASRR Comprehensive Service Plan (PCSP) form.

Once the new role begins, Nursing Facilities must invite the Hab Coordinator, once assigned, to all PASRR meetings.



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HOT TOPICS



PCSP Guidance



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- Clarification on using the drop-down lists for the Specialized Services:
- **New** - the first time a service is recommended
- **Ongoing** - when a service has already started and will be continued
- **Discontinued** - when a provided service will be stopped as agreed to by the team or when the individual no longer wants the service

PCSP Guidance



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- **Item Received** - when the individual has received DME equipment/Wheelchair. This can be noted during an Update or Quarterly meeting.
- **Pending** - should be used when services or DME have been initiated but not started or received yet. It shouldn't be used for individuals who do not have Medicaid or are under 21 years of age.

PCSP Guidance



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- **Not Needed** - should be used when the team agrees that the service or DME is not needed at the time of the meeting. It should also be used to indicate that the individual is not eligible for the service (Non-Medicaid, under 21 or the service type can't be provided for their PASRR condition (MI, IDD).
- **Completed** = to be used when assessments have been completed.
- If "4. Discontinued" or "7. Not Needed" are selected for any of these specialized services, then comments will be required in field A3200 or A3300 to explain these options.

PCSP-Back Page Arrow



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- ***'Due to a system error, the meeting type entered in field A0700 was changed. Please enter the meeting information again by reopening the applicable PE DLN or PCSP DLN from FSI, and do not use the back arrow button on the IE web browser session during the meeting entry in order to avoid additional errors.'***



Preadmission



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- Any admission from the community that is not expedited or exempted (e.g.: psychiatric hospital, home, group home, assisted living, jail)
- If the PASRR Level 1 (PL1) screening form is negative:
 - Referring Entity (RE) sends PL1 to NF with individual
 - NF admits individual and submits PL1 into the Long Term Care (LTC) Portal

Preadmission



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- If the PL1 screening is positive:
 - RE faxes PL1 to Local Authority (LA) – this starts the 72 hour timer for the LA to meet face to face with the individual
 - LA submits the PL1 into the LTC Portal
 - LA completes and submits the PE into the LTC portal within 7 days
 - NF reviews PE and certifies on the PL1 if they are able or unable to serve individual before the individual is admitted

Preadmission from a Psychiatric Hospital



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- Positive PL1 Determination:
 - Individual has a MI diagnosis
 - Individual has both a MI and Dementia diagnosis
- Negative PL1 Determination:
 - Dementia only diagnosis – depression, psychosis, behaviors are caused by their dementia
 - No MI diagnosis before the Dementia diagnosis

Medical Necessity and Preadmission PEs

- Steps for Medical Necessity (MN) Determination Process for Preadmission PEs:
 - PE is entered, LA must check after submission to confirm MN was approved
 - When reviewing PE, NF should also check history section to see if MN is approved or Pending Review
 - If criteria is met then status of PE is set to MN Approved
 - If criteria is not met, the status will be Pending Review and TMHP nurse has 5 days to review PE and either approve or status set to Pending Denial



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MN and Preadmission PEs - continued

- LA must check PE regularly to see if MN approved or more information is needed by TMHP nurse
- LA must add more information as requested – LA may ask admitting NF for assistance with wording
- MN still denied – PE is then reviewed by a physician
- Physician approves or denies MN
- If process is ignored, a new PE may be needed



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Completing Form 1012



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- Form 1012 should be completed when:
 - It is determined that a PL1 was filled out incorrectly
 - An individual's diagnosis was changed
 - Survey determines the PL1 was incorrect

Form 1012: Section B



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- **Mental Illness Review**
 - Review the definition of MI
 - Determine if the individual has a diagnosis that meets this definition; ***if Yes, the NF must:***
 - Indicate if this is or is not a new diagnosis
 - If new diagnosis, document diagnosis and date of diagnosis
 - Proceed to Section C
 - ***If No:***
 - Physician signs and dates form
 - No new PL1 is needed
 - NF complete Section E

Form 1012: Section C



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- **Dementia Review** – to be completed only if the answer to Section B is **Yes**
 - Determine if individual has a primary diagnosis of Dementia
- **If No**, there is no diagnosis of Dementia or Dementia not primary
 - Physician signs and dates form
 - NF enters positive PL1
 - NF completes Section E
 - LMHA/LBHA conducts PE

Form 1012: Section C



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- **Dementia Review** (continued)
 - **If Yes**, the individual does have a primary of Dementia
 - Physician signs and dates form
 - NF faxes form and supporting documentation to the LMHA/LBHA for review

PASRR Contact Information

IDD PASRR

PASRR Hotline: 1(855)435-7180

Or

PASRR.Support@hhsc.state.tx.us



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PASRR Contact Information

MI PASRR

PASRR.MentalHealth@hhsc.state.tx.us



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Thank you

HHSC PASRR Staff