

## Summary of the NAPP PASRR Survey

Under OBRA 1987, federal law requires that each state conduct a Preadmission Screening Resident Review (PASRR) Program which looks at whether a nursing home is the appropriate placement for an individual with mental illness and/or a developmental disability. PASRR regulations were promulgated in 1992. However, two factors have led to variations in program implementation across the country. First, states are allowed to define certain elements, such as specialized services, level of care criteria, and who is exempt from the Level II evaluation. And second, the Center for Medicare and Medicaid Services (CMS), which has responsibility for PASRR, has provided minimal oversight of actual implementation. These issues have led to confusion and misinterpretation about the regulations, leading to questions about compliance and overall effectiveness of PASRR. Now, with increased efforts by the U.S. Department of Justice to enforce the Olmstead Decision and greater emphasis by CMS on home and community-based services, PASRR is being seen as the ideal tool to assure that individuals with mental or developmental disabilities (who are referred to nursing homes) are evaluated to determine the most integrated setting to meet their needs.

To help the NAPP contribute meaningfully to discussions on improving the PASRR Program, the membership was surveyed during July 2010. Via survey monkey, questions ranging from whether and how specific PASRR requirements are operationalized and to such opinions as benefits of the program, implementation obstacles, and needed improvements were asked. Detailed results are available for NAPP members only. However, below is a listing of overall survey standouts:

1. Most of the NAPP membership represents the mental health side of PASRR.
2. Most believe PASRR, as currently legislated, should remain intact, and ideally should be coordinated with the Minimum Data Set (MDS) used in nursing homes.
3. Opinions about re-instating Annual Resident Review (ARR) are split. ARR is expensive and instead, coordinating PASRR with the new MDS 3.0 may make a difference in tracking and monitoring residents with PASRR-related conditions.
4. People with dementia – particularly those with challenging psychiatric symptoms and behaviors – should not necessarily be excluded from PASRR.
5. Other populations, such as ABI/TBI and substance abuse, or anyone entering the long-term care system, should be included under PASRR.
6. The definition of serious mental illness varies state-to-state, and few respondents know their state's definition of MR/DD.
7. On the mental health side, there is concern about the definition of specialized services and because of that, people don't receive them. Also, there's a concern about SMHA employees not being allowed to conduct Level II evaluations; the conflict of interest should be moot since most referrals to nursing homes originate from private hospitals.
8. CMS should provide more PASRR oversight and should also standardize nursing home level-of-care criteria.
9. Nursing home surveyors should be more involved with PASRR.
10. Most believe PASRR benefits nursing home residents as it assures the least restrictive setting; can assist with discharge planning, contributes to individualized care planning; and the PASRR process acknowledges the resident's mental health and/or MR/DD needs.