



3/31/2020

Regarding the 1135 Waiver – Suspension of PASRR Level I and Level II Assessments for 30 Days

Indiana's **Family Social Services Administration (FSSA)** has been approved to enact the 1135 waiver by the Centers for Medicaid and Medicare Services. One section refers to our ability to waive the PASRR Level I and Level II assessments for 30-days. This will be a temporary change in procedure for PASRR. Below, please find some clarification on what this means for this change in process.

1135: Suspend Pre-Admission Screening and Annual Resident Review (PASRR) Level I and Level II Assessments for 30-days

- All new admissions can be treated like exempted hospital discharges.
- After 30 days, new admissions with mental illness or intellectual disability should receive a Resident Review as soon as resources become available.
- Reminder, under current law Level I and Level II screens are not required for residents who are being transferred between nursing facilities.

What does this mean for hospitals?

It means that hospitals can request to admit a patient to a nursing facility without completing a Level I, Level of Care, or Level II. Hospitals are still expected to only request admission of patients who have skilled nursing needs.

What does this mean for nursing facilities?

It means that it is the nursing facility's responsibility to complete the Level I and LOC.

Do nursing facilities need to wait 30-days to complete these assessments?

Nursing facilities will have 30 days to initiate the Level I and LOC. However, you do not need to wait 30-days to complete the assessments. The Division of Aging encourages you to complete the Level I and LOC as quickly as possible upon resident admission. We encourage this for several reasons:

1. To more efficiently process payment of services
2. To ensure we are keeping track of where residents are in case of emergencies
3. To help you identify services for people who have a Level II condition
4. To prevent you from having a very long "to-do" list in 30-days
5. To prevent a back log of Level Is, LOCs, and Level IIs in 30-days

While we encourage you to complete upon admission, we know that this won't always be an option. The 30-days gives you flexibility in completion. However, we continue to encourage that you complete them as quickly as possible for the above reasons.



How will Level IIs be handled for the next 30 days?

You will have 30 days to complete the Level I and LOC. Once the Level I and LOC are submitted Ascend will handle the Level II within the usual 5-business days after Level I submission.

All Level IIs will be completed via telephonic interviews and Document Based Reviews. All face-to-face assessments will be suspended during this time. Assessors will contact the nursing facility to request interviews with residents and staff. We ask that you support the completion of the Level II by responding to these requests in a timely manner whenever possible. All telephonic interview assessments and DBRs will result in a short-term decision. The timeline on that short-term decision may vary. This ensures a face-to-face can be done for a more thorough assessment in the future, without delaying a need for current services. We ask that you discuss these decisions with residents to help them understand the purpose of the initial short-term decision and to encourage them to complete the telephonic interviews. Once a Level II is initiated Ascend will have the usual 5-business days to complete.

How Are Resident Reviews being handled during this time?

As you know, we no longer require annual resident reviews. If you feel a person has had a significant change in status and requires a new Level II, you may suspend completion of that new Level II until resources become available. There is not a specific timeline on this as of today. We only ask you complete them when you have the capacity to do so. Please ensure your residents are receiving the services they need.

If the nursing facility waits to complete the Level I and Level of Care, will they be backdated to admission?

We are unable to backdate a Level I or Level II, but the Assessment Reference Date on the LOC may be backdated to the date of admission. Please ensure you are properly recording all admissions in PathTracker to prevent approval delays.

What isn't changing?

Transfers from one nursing facility to another, or to a hospital and back, will be handled the same way and do not require a new series of assessments.

A LOC only needs to be completed on residents who have Medicaid as a primary pay source and/or trigger a Level II assessment.

Further questions?

Please reach out to PASRR@fssa.in.gov with any further questions regarding these temporary procedures.



4/1/ 2020

Important Update: Interim Changes for Assessment Processes

Persons such as those assessed through **Pre-Admission Screening and Resident Review (PASRR)** - individuals who are elderly or medically compromised, have been identified as being at highest risk for **COVID-19** (coronavirus) infection. To best protect this vulnerable population, the State of Indiana has applied for a **waiver under Section 1135 of the Social Security Act (SSA)**, which permits a temporary waiver or modification of certain Medicaid requirements when a President declares a disaster or emergency.

Effective Thursday, 3/26/2020 and until termination of the current emergency period:

- All PASRR **pre-admission screening has been suspended.**
- Nursing facility staff will complete Level I screens post-admission, **within 30 day of admission** for all nursing facility residents.
- Individual whose PASRR Level I indicates a possible Level II condition will be eligible for a "**COVID-19 Emergency Categorical Approval.**"
- If a Level II is needed, MAXIMUS will work with the nursing facility to coordinate a **HIPAA-compliant telephonic evaluation** between the individual and a MAXIMUS evaluator using nursing facility equipment. If the nursing facility does not have equipment to conduct a telephonic evaluation, the evaluator will conduct a **desk-based evaluation**, and may ask for additional information to be forwarded for inclusion in the evaluation.
- Nursing Facilities are strongly encouraged to submit within 72 hours of admission and MAXIMUS will complete a Level II in 5 business days.

Please know that the safety of your residents is of utmost importance. The MAXIMUS IN PASRR program team and the State of Indiana FSSA are committed to solutions that **protect the health of at-risk individuals**, as well as ensure they continue to receive the proper support services and resources needed.

Consult the ISDH page [linked here](#) for updated news and guidance on COVID-19.

REVIEW: Helpful Resource from the Division on Aging

The Division of Aging recognizes the need to balance health protection and social connectivity for those within nursing facilities, especially given the recent visitation restrictions due to the COVID-19 pandemic. To help encourage nursing facilities and families to stay connected, [click here to check out some general ideas for continued social connectivity.](#)

SUPPORT: Contact the Indiana PASRR Help Desk



INDIANA PASRR 2020 ANNOUNCEMENTS ARCHIVE

Have a question about this important interim process change? Reach out to your Indiana PASRR Help Desk to learn more.

Email: PASRR@fssa.in.gov

Phone: 833.597.2777

5/12/ 2020

Review Helpful Process Reminders & New PASRR Assessment Guide

In this latest edition of the Indiana PASRR Provider Newsletter, we've included details on the interim **COVID-19 categorical emergency admission option**, as well as important **process reminders** that can help assist individuals to get needed services as quickly as possible. Also, check out a new **PASRR Assessment Guide**, geared toward family members/guardians who would like to learn more about the assessment process.

INTERIM PROCESS: Using COVID-19 Categorical

The COVID-19 categorical emergency admission option is to be used only for preadmission screens. If you are a nursing facility provider submitting a referral for a current resident, please do not use this review type option.

REMINDERS: PathTracker & Documentation Tips

- Complete PathTracker as soon as an individual is admitted
- The State is tracking admissions to assure all individuals are receiving the care they need throughout this pandemic situation. They strongly suggest PASRR submissions within 72 hours of admission to the nursing facility (NF) to prevent processing backlogs
- For hospitals, please be mindful that if a Level II request has been made and the individual is discharged prior to completion of that assessment, the PASRR and LOC will be cancelled, and resubmission will be required by the admitting NF. Please plan to be proactive, whenever possible, to assure the PASRR process is completed prior to admission.
- Avoid commas when readying files for upload
- When uploading documentation, be sure that no files being uploaded contain commas in the file names - for example, "Last Name, First Name HP." The AssessmentPro system doesn't recognize files with commas included

RESOURCE: New PASRR Assessment Guide

A new guide to the PASRR process has been added to the Indiana PASRR Resources page. This document is geared toward informing family members or guardians who may have general questions about the PASRR process. It can also be helpful to share with new facility team members who are unfamiliar with PASRR. [Click here to download.](#)



5/12/ 2020

IN PASRR Quarterly Newsletter: New Categoricals Available | Asset Verification System Coming in December

In this edition of the **Indiana PASRR Provider Newsletter**, we share some important details on two **new categoricals** available: **Terminal Illness** and **Convalescent Care**. Also, be sure to closely review information about the planned December 2020 implementation for the new **Asset Verification System**.

NEW CATEGORICALS: Convalescent Care & Terminal Illness

Indiana is implementing two new categorical options to PASRR, **Terminal illness** and **Convalescent Care**. **Tuesday, November 10th is the planned go-live date** for these new categoricals.

The following criteria must be met for the Terminal Illness Categorical:

All terminal illness categorical requests seeking nursing facility care require the following documents.

- History & Physical within 12 months
- Level I screen
- Level of Care screen

And one of the following documents:

- Hospice certification (this document can be found on the Indiana FSSA website) or
- Physician's documentation stating a terminal illness or life expectancy of 6 months or less is present

The following criteria must be met for Convalescent Care Categorical:

The Convalescent Categorical is a short-term exemption from the PASRR process for a person with known or suspected MI, ID, or RC who:

- Received acute inpatient treatment in a medical hospital and is discharging from the hospital to a nursing facility after receiving medical (non-psychiatric) services, and
- Needs short-term treatment between 31 to 60 calendar days in a NF for the same condition in which the person was hospitalized. Emergency Department discharges to the nursing facility do not qualify for the Convalescent situations.
- Are psychiatrically stable and does not present a risk of harm to self or others

For Maximus to apply the Convalescent Categorical:

- The person must meet the criteria listed above, and the hospital provider must:
- Complete a Level I screen,
- Level of care screen prior to nursing facility admissions
- Upload a current History & Physical within the past 12 months to the person's Level I in AssessmentPro



UPDATE: New Asset Verification System - December 2020

The new Asset Verification System will be implemented beginning December 2020. All states are required to implement this system under Section 1940 of the Social Security Act.

Beginning in December 2020, individuals who have data gathering interviews for new Medicaid applications may have their resources - such as bank accounts, real property and vehicles - verified using the Asset Verification System. Members and applicants for whom assets are a factor in their eligibility will have an electronic request sent to verify assets in their name or in the name of other family members whose assets are used in determining their eligibility (such as their spouse). The request will be sent to sources such as Equifax and Lexis-Nexus, and the information will be returned to the Division of Family Resources for processing. If the AVS discovers assets that the applicant or member did not report, but the assets do not put them over the asset limit, eligibility can still be approved. The member or applicant will also be sent a pending verification form to verify assets, and if a discrepancy is discovered by the Asset Verification System, they will have the opportunity to rebut the information. If a rebuttal is received by the due date (13 days from the date mailed), then it will be reviewed and processed by DFR to determine the correct values to use. For ongoing members that require assets to be verified during their annual redetermination, the AVS process will begin March 2021. As a part of this change, authorized representatives will also now receive a full copy of their client's Medicaid redetermination mailer, and will be more easily able to assist in returning any information required to continue eligibility.

Please note, until the month after the federal public health emergency ends, FSSA will continue to not close Medicaid for members unless they voluntarily withdraw from the program, move out of Indiana, or pass away.

SUPPORT: Indiana PASRR Help Desk Contacts

Phone: 833.597.2777

Email: pasrr@fssa.in.gov

Web Resources: <https://maximusclinicalservices.com/svcs/indiana>