

CARROLL COUNTY BOARD OF MENTAL RETARDATION  
AND DEVELOPMENTAL DISABILITIES

PASRR POLICY

CARROLL COUNTY BOARD OF MRDD  
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PASRR POLICY

Policy

Pursuant to Ohio Administrative Code 5123:2-14-01, Carroll County Board of MR/DD Case Management" Department participates in the OBRA PASRR (Pre-admission Screening and Resident Review) Evaluation process for individuals seeking admission to a nursing home, regardless of funding source, and for those applying for the PASSPORT Waiver administered by the Ohio Department of Aging (ODA). Case Management provides this evaluation for persons who have suspected mental retardation or developmental disabilities.

The purpose of this process is to provide information to the Ohio Department of Mental Retardation and Developmental Disabilities (ODMR/DD) to determine whether the person's needs should be met in a nursing facility or elsewhere, and whether if admitted to a nursing facility, specialized services should be provided by the county board to ensure continuous active treatment, by rule definition:

Active treatment means a continuous treatment program which includes aggressive, consistent implementation of a program of specialized and generic training treatment, health services and related services that are directed toward the following:

- a. The acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible; and
- b. The prevention or deceleration of regression or loss of current optimal functional status.

**SPECIALIZED SERVICES GUIDELINES**

To understand what specialized services are, it is important to understand its definition and how it interacts with active treatment.

**Administrative Rule 5101:3-3-151(B)(19) & 5123:2-14-01(B)(13)**

"Specialized Services for mental retardation and/or other developmental disabilities means the services specified by the Pre-Admission Screening and Resident Review (PASRR) determination and provided or arranged for by the Department which are integrated with services provided by the Nursing Facility (NF) or other service providers to result in continuous active treatment. Specialized services shall be made available at the intensity and frequency necessary to meet the needs of the individual."

**Administrative Rule 5101:3-3-151(B)(1) & 5123:2-14-01(B)(1)**

"Active treatment means a continuous treatment program which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services for individuals with mental retardation and/or other developmental disabilities that are directed towards the following:

- A. The acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible; and

- B. The prevention or deceleration of regression or loss of current optimal functional status."

Definition of Commonly Used Terms

- A. Specialized: Directed towards or concentrated on a specific/particular end.
- B, Service: An act of giving assistance (advantage) to another resulting in the others benefit. (i.e. friendly help, professional aid).
- C. Integrated: Made whole or complete by the adding or bringing together of parts; unity created within different segments in order to establish the whole.
- s e n \_  
D. Continuous: Ongoing without interruption or break; connected.
- E. Intensity: The degree of concentrated effort: magnitude.
- F. Frequency: The number of times any action or occurrence is repeated in a given period.
- G. Aggressive: Bold and active, pushing, full of initiative.
- H. Consistent: Holding always to the same principles, practice, approach in agreement, harmony, accord.

Specialized Services are:

- A. Specified by the PASRR determination;
- B. To be provided or arranged for by the county in conjunction with ODMR/DD;
- C. What is required to equip the individual with the knowledge, resources and experiences necessary to enable the individual to reach his/her maximum level of independency;
- D. To be provided in each part of the individual's daily activity, as appropriate;
- E. To be coordinated in such a way to unify all providers (professional, paraprofessional, nonprofessional) in design, approach and delivery of services rendered to the individual to meet his/her unique educational training needs:
- F. To result in an uninterrupted and connected acquisition of knowledge, resources and experiences by the individual through proper or appropriate interactions between all staff and the individual which are designed to meet specific Individual Plan (IP) goals and objectives; and
- G. To be made available at the number of times and to the degree specified by the IP.

Determination of Specialized Services 5123:2-14-01'D & (C)f\_3)(C)

A. Review of Assessments

- I. Current medical history, physical and physician's progress notes (current within one (1) year).
  - a. Review to determine, if any, medical needs have been noted that could be addressed through Specialized Services (i.e., individual has medications administered, but is capable intellectually and cognitively to self administer medication),
  - b. Review to determine if the individual's medical condition has deteriorated to the point that Special Services would not show any measurable benefit to the individual (i.e., individual's Alzheimer's has progressed to the point that dementia significantly effects any measurable benefit a current or proposed self medication program would have for the individual).

B. Review Minimum Data Set (M.D.S.)

1. Review to gain insight into the individual's behaviors, receptive and expressive language skills, self care abilities, physical restrictions and limitations, emotional stability, adaptive equipment used, special therapy or treatments currently in place, rehabilitative/restorative care and types of medication now being administered.
7. Use this information to assist in determining the individual's needs through appropriate assessment/evaluations, program development and implementation, and/or consultation and training.

C. Nursing Care Plan

1. Review and gain additional insight into the individual's current physical, mental and social condition as well as the facilities approach to address the various needs of the individual.
2. Combine this information with the M.D.S. information to gain a mental picture of how the individual interacts, functions and copes with the world around him. Use this to assist in determining if Specialized Services would enhance the individual's capabilities towards greater independence, self-determination and/or prevention or reduction of any loss in skills the individual already possesses.

D. Professional Evaluations and Consultations

1. Review to obtain any recommendations for treatment of needs identified through the evaluation process.
2. Determine if the needs and recommendations are to be addressed through specialized services.

When making recommendations for specialized services determination, the following points may be useful to apply.

- A. The assessments are to be a true reflection of the individual's current condition/functional status. Therefore, information that is outdated or is not reflective of the individual's current condition/functional status should not be submitted (i.e., outdated M.D.S., physical, social history, evaluations, nursing care plans, IP, IEP).
- B. A "specialized services determination is given only to those individuals who require continuous supervision, treatment and training to address needs in each of the life areas in which functional limitations have been identified."
- C. Documentation of the need for specialized services is to accompany the Individual Plan (IP). The specialized service must be of measurable benefit to the individual.
- D. Assessments/Evaluations should give the present status of the individual, including strengths and needs, and present recommendations designed to meet the needs of the individual.
- E. The Department may request additional information in order to address any areas that may remain unclear.

Where are Specialized Services to be delivered and by whom?

- A. Specialized services are to be rendered to the individual wherever the individual is located during the daily routine of the individual. (The IP may designate that the individual is to attend the workshop or some other function provided by the County Board; then, specialized services are provided at the location of the function. However, the IP may designate that services are to be provided in the nursing facility; then the specialized services are to be provided in the facility).
- B. After the individual's IP team has met:
  - I. The team is to review all evaluations/assessments to establish a list of the individual's strengths and needs, stated in behavioral terms that are based on the individual's current functional status.
  - 2. The team is to state specific objectives necessary to meet the individual's needs and the planned sequence for dealing with those objectives. These objectives are to be:
    - a. Stated for each behavioral outcome the team intends the individual to learn;
    - b. Expressed in behavioral terms that can show a measurable benefit to the individual;
    - c. Organized to show a developmental progression appropriate to the individual;
    - d. Prioritized from the most to least important for implementation;
    - e. Addressed through written training programs, that indicate:
      - 1). The method to be used;

- 2). The schedule for use of the method;
- 3). The person responsible for the program;
- 4). The type of data and frequency of data collection necessary to be able to assess the benefit to the individual towards the desired objectives; and
- 5). The individual's inappropriate behaviors, if applicable.

### Initiated and Delivered

Specialized services should be initiated and delivered as soon as the Individual Plan (IP) programs are developed and staff is trained to provide the service in all appropriate situations,

Specialized services should be monitored on an ongoing basis to ascertain the benefit the individual obtains by receiving the service.

- A. When the individual benefits from the service, the service should be continued as is. Perhaps the service should be continued with adjustments to allow the individual to receive maximum benefit.
- B. When the individual does not benefit from the service, the service should be reviewed and adjustments made so that the benefit to the individual is established. Otherwise, the service is to be discontinued.

### Specialized Services (Benefit or Not?)

To determine if the delivery and receipt of specialized services are benefiting the individual, the WCB/IR/DD must:

- A. Evaluate the data relevant to the accomplishment of the objectives specified in the IP; and  
  
Evaluate significant events in the individual's daily activity that relate to the individual's IP and that contribute to the overall understanding of the individual's on-going level and quality of functioning.

### Coordination of Specialized Services

- A. Specialized services *are* to be coordinated by the CARROLL COUNTY BOARD OF MR/DD and documented in the IP.
  1. The county board is to assure that training and technical assistance is made available to all service providers in order for the individual to receive the maximum benefit from services rendered.
  7. The county board is to monitor the services being rendered to ascertain the benefit the individual is receiving from the combined efforts offered in relation to the goals and *objectives* stated in the IP.
- B. The ODMRDD has the ultimate responsibility to monitor the need for, delivery of an individual outcomes resulting from receipt of Specialized Services. Therefore, the PASRR Specialist will provide periodic reviews.

### Refusal to Receive Specialized Services

An individual has the right to refuse any attempt at service delivery. When and if this occurs, the CARROLL COUNTY BOARD OF MR/DD should ensure the following:

- A. Refusal must be persistent from the individual (individual should be asked at least on two separate occasions under different circumstances).
- B. Refusal must be consistently documented in the individual's records and reflected as part of the IP updates.
- C. CARROLL COUNTY BOARD OF MR/DD must document and discuss with the individual possible consequences of refusal of services.

### Procedures

The process of admission to a nursing home begins with the determination of nursing home need and type of nursing facility. The Area Agency on Aging makes this determination, known as level of care. During this process, if the Agency on Aging sees indications of a diagnosis of mental retardation or development disabilities, a notification is sent to ODMRDD's PASRR office, which faxes the information to the county board with a request for Further Review.

The Case Management Supervisor or designee completes the OBRA PASRR Evaluation Summary form (revised October, 2000) and submits it with documentation to the Department within five days, following procedures outlined below:

If the individual is not known to the county board, the case manager screens first to confirm or rule out a diagnosis of mental retardation or developmental disability using available written or verbal information from family members or other contact persons. If there is no evidence of MRDD diagnosis, the Rule-Out section of the form is completed and returned to the Department's PASRR unit.

If the person does have an MRDD diagnosis, the case manager, with permission from the person or guardian, acquires the assessments needed as listed in the PAS section of the PASRR form, and sends them to the Department's PASRR unit with the completed form.

If the person needs a new or updated psychological evaluation, the county board must attempt to procure that service within five days of the request from ODMRDD.

An individual with MRDD diagnosis may be admitted to a nursing facility without this initial procedure in the following circumstances:

- A. An emergency situation not to exceed seven days;
- B. Respite not to exceed fourteen days; and
- C. Convalescent care admitted directly from a hospital, and not to exceed thirty days. The individual must need treatment for the same condition for which they were hospitalized.



In the above situations, Area Agency on Aging informs ODMRDD of the category of admission. At the end of the above time limits per category, the nursing facility must inform ODMRDD's PASRR unit if the person cannot be discharged. At that point, the Department requests the further review process from the county board. With this process, referred to as Resident Review on the PASRR Evaluation form, assessments are required from the nursing home in addition to the documents for PAS, and are all sent to the Department within ten days.

### **Change in Condition**

Change in Condition is defined as changes in mental or physical condition, with consideration made of the individual's present physical, emotional, intellectual, cognitive, adaptive and maladaptive behavioral, social, vocational, sensorimotor, and speech and language development - which may result in a change of placement. The case manager will monitor for change in conditions by periodic review of service plans of those individuals who are provided day services at the CARROLL COUNTY BOARD OF MR/DD. For individuals who are not currently provided day services at CARROLL COUNTY BOARD OF MR/DD, the individual would request services from the CARROLL COUNTY BOARD OF MR/DD, and the case manager would provide a Resident Review to obtain more information about their eligibility status. If there is a change in status when the individual would improve and the individual no longer needs nursing home placement, then the case manager would ascertain from the individual what residential setting is desired, as well as taking into account the complete medical history, physician orders, nursing care plan, current medications, and the other components entailed in a Resident Review.

### **Change in Placement/Must Move Status**

If ODMRDD determines during the Resident Review that the level of services of a nursing facility is not needed, the individual is given a "must move" status. This is considered an emergency and the individual becomes a priority for placement by the county board in an appropriate setting with needed services and supports. The county board where the nursing facility is located or where the person desires to live is responsible to secure these supports and relocate the individual within a reasonable time frame. Upon receipt of this determination from ODMRDD, the Case Management Department refers the emergency placement need to the PASRR unit.

If the Resident Review determines a more appropriate placement is desired, then the case manager would inform the individual of the various options available, such as HCBS waivers, Supported Living, ICF/MR (none in Carroll County however). The case manager will review the various alternative placement options with the individual, and have the individual sign a form acknowledging such.

### **Due Process**

The Due Process Policy by the CARROLL COUNTY BOARD OF MR/DD shall be used as needed for resolving disagreements in regard to any issues that may result from implementation of this policy.

