# Health Standard No.: 22-1 Issue Date: October 28, 2003

#### S**ubject**: Preadmission Screening for Persons Applying for **Effective Date**: Upon release

#### Nursing Facility Admission (OBRA) Originally issued as I.E.PR.005

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#### **Approved**:/s/Dr. Valencia Bagby-Young

**Approved**:/s/Jordan A. Scheff/ET

**Introduction**

The Department of Developmental Services (DDS) serves individuals with intellectual disability, who may be admitted to a skilled nursing facility (SNF) or an intermediate care facility for individuals with intellectual disabilities (ICF/IID) for short-term rehabilitation or long-term care. Admission to a nursing facility requires oversight and ongoing monitoring of the individual. This health standard provides information and guidance relevant to persons admitted to a nursing facility that provides skilled nursing care.

1. Purpose

The purpose of this health standard is to ensure statewide department consistency in complying with the requirements of the Omnibus Budget Reconciliation Act (OBRA) of 1987 and subsequent revisions, and Section 17b-360 of the Connecticut General Statutes.

1. Applicability

This health standard applies to all individuals for whom the department bears direct or oversight responsibility for their health and safety who are being considered for admission to a Connecticut nursing facility or who are identified during the admission process as possibly having intellectual disability, other developmental disabilities or related conditions. This health standard also applies to those individuals who are placed for short-term care in a facility located outside of Connecticut, where the DDS OBRA/Long-term care nurse follows the individual for Level II reviews until the individual is discharged from the short-term care facility or transitions to a long-term care facility in the other state. It provides guidance to all DDS staff whose responsibilities include referrals and determinations for individuals admitted to nursing facilities. DDS qualified provider staff shall be made aware of the provisions of this health standard.

1. **Definitions**

“Change in Condition Review” means a review of the individual’s nursing facility placement and specialized services needs that is conducted by the regional OBRA nurse when DDS is notified that the individual has experienced a significant incident which requires additional medical treatment.

“Mental Illness/Individual with Intellectual Disability (MI/IID) Screen” means the part of the Level I preadmission screening process that is applied to all individuals seeking nursing facility placement. It is used to identify persons believed to have a serious mental illness, intellectual disability, or other developmental disabilities who require further evaluation.

“Nursing facility” means a facility, licensed by the Connecticut Department of Public Health (DPH), that provides 24-hour nursing care and may be either a skilled nursing facility (SNF) or an intermediate care facility for individuals with intellectual disabilities (ICF/IID).

“OBRA” means the federal legislation “Omnibus Budget Reconciliation Act of 1987” that includes requirements which address the preadmission screening process for individuals known to have, or believed to have, severe mental illness, intellectual disability, other developmental disabilities, or other related conditions.

“OBRA registrant” means an individual eligible for long-term or short-term nursing facility admission believed to have intellectual disability or other developmental disabilities at the time of the OBRA determination but who is not known to, or been made eligible for funding or services, including case management services, from the Department of Developmental Services.

“OBRA participant” means an individual known to DDS and who is eligible to receive funding and services from DDS and is eligible for long-term or short-term nursing facility admission.

“Other related conditions” means a condition such as cerebral palsy, epilepsy, acquired brain injury (ABI), traumatic brain injury (TBI), etc., that is manifested prior to age 22 and is likely to continue indefinitely and may result in substantial deficits in at least three (3) of the six (6) major life areas (learning, mobility, self-direction, language, self-care, and capacity for independent living).

“Pre-Admission Screening and Resident Review (PASRR)” means the process by which all individuals referred for placement in a nursing facility who are believed to have a mental illness, intellectual disability, other developmental disabilities, or other related conditions are reviewed to determine the need for nursing facility placement and for specialized services.

1. Level I - All individuals believed to have severe mental illness, intellectual disability, other developmental disabilities, or other related conditions are identified by the Department of Social Services (DSS), or a DSS-contracted agency, through the use of the PASRR process and are referred to DDS or the Department of Mental Health and Addiction Services (DMHAS) or both departments, as applicable, for a Level II screening assessment.
2. Level of Care (LOC) is an assessment document that is completed by the hospital or nursing facility, which outlines the individual’s care needs. It includes an individual’s medical diagnostics, medication needs, and functional capability needs assessment.
3. Level II Summary is the OBRA Preadmission Screening Report Level II assessment summary completed by the OBRA registered nurse (RN). Individuals who are referred to DDSby DSS, or a DDS-contracted agency, for long-term or short-term placement requires a Level II Summary prior to admission to the nursing facility to determine the presence of:
4. a documented history of intellectual disability prior to age 18, or other developmental disabilities, or other related conditions prior to age 22;
5. a condition requiring the level of care provided by a nursing facility; and
6. any need for specialized services.

A Level II Summary also is required when there is a need to extend the nursing facility admission or the individual has a change in condition.

“Specialized services” means, for the purposes of PASRR, any service recommended by an individualized Level II determination that a particular nursing facility resident requires due to mental illness, intellectual disability, other developmental disabilities, or other related conditions, which supplements the scope of services that the facility must provide under reimbursement as nursing facility services. These services may include specialized services as defined in the [State Plan Amendment 19-0009](https://portal.ct.gov/-/media/DDS/Operations_Center/2022/SPA_19-0009_Specialized_Services_Approved.pdf).

“Unsubstantiated ID” means intellectual disability, other developmental disabilities, or other related conditions that have not been substantiated by DDS because educational or medical records do not support a diagnosis of intellectual disability consistent with section 1-1g of the general statutes or the records are not available at the time of the referral to confirm a documented diagnosis of intellectual disability prior to the age of 18, or other developmental disabilities, or other related conditions prior to age 22.

# Implementation

1. Upon receipt of a referral from the Department of Social Services (DSS), or a DSS-contracted agency, for an individual to be admitted to a nursing facility, the regional OBRA nurse shall:
   1. Review the information packet, which shall include the individual’s:
      * + 1. Level I Screen (MI/IID Screen, Summary of Preadmission Screening (PAS) Level I Evaluation);
          2. Level of Care (Health Screen/Interagency Referral, Health Screen Information Report);
2. Supplemental medical information (medical history and physical exam); and
3. Physician’s or healthcare provider’s attestation.
4. Determine if additional information is needed from any of the following sources:
5. Facility (i.e., hospital. residential facility, etc.);
6. Individual’s family;
7. Individual’s case manager;
8. DDS records/eCAMRIS database records;
9. On-site assessment; or
10. Other sources.
11. Determine if a Preadmission Screening Report Level II (Attachment A) needs to be completed as follows:
12. Individuals who meet the following criteria are exempt from the requirement for a Level II assessment:
    * + 1. Individuals who are discharged from a hospital to a nursing facility for convalescent (i.e., rehabilitation) care or who have been diagnosed with a terminal illness; may be exempted from a Level II assessment if the nursing facility stay is between 30 and 60 days.
        2. Individuals who have been admitted for a short-term respite stay of not more than 60 days (e.g., individual’s caregiver is temporarily unavailable because of medical issues, vacation plans or personal or family issues).
13. All other individuals who have been referred shall have a Preadmission Screening Report Level II completed, which shall include the individual’s:
    * + 1. Health information;
        2. Developmental history;
        3. Functional profile;
        4. Behavioral health needs;
        5. Therapy services;
        6. Adaptive equipment needs; and
        7. Vocational needs
14. When a Preadmission Screening Report Level II is completed, the regional OBRA nurse shall formulate the determination that includes:
15. The individual’s intellectual disability or other developmental disabilities status as follows:

If the individual or the individual’s legal representative believes the individual has an intellectual disability or other developmental disabilities and the regional OBRA nurse has determined that there is unsubstantiated ID, and the DDS Eligibility Unit has not made a determination, the regional OBRA nurse shall provide information to the individual and the individual’s legal representative, if any, to pursue a determination of intellectual disability and eligibility for DDS services. The OBRA process cannot be used to determine if an individual has intellectual disability or eligibility for DDS services.

Intellectual disability with a related condition is substantiated as evidenced by:

1. The individual has been determined to have intellectual disability and has been made eligible for funding and services by DDS. These individuals are termed OBRA participants.
2. The person is unknown to DDS but there is documentation of the presence of intellectual disability prior to age 18, other developmental disabilities or other related conditions prior to age 22 and substantial deficits in three (3) or more of the six (6) major life areas that persist. In this instance, the individual, his or her family, or the individual’s legal representative, if any, shall be provided with information to pursue eligibility for DDS services.
3. The person is an OBRA registrant who is eligible for long-term or short-term nursing facility admission and believed to have intellectual disability and who at the time of the OBRA determination is not known to the department and has not been determined to have intellectual disability or been made eligible for DDS services.
4. The determination of the individual’s need for skilled nursing level of care as follows:
   * 1. Skilled nursing level of care is needed because the individual’s medical condition requires the level of skilled care provided by the nursing facility; or
     2. The individual does not require the level of care provided at a nursing facility, in which case, admission to the nursing facility shall be denied.
5. The individual’s need for specialized services is identified as follows:
   1. Specialized services needs can be met by the nursing facility; or
   2. Specialized services needs can be met by the nursing facility with additional programmatic assistance.

d. The individual’s exemption from specialized services due to:

1. Nursing facility discharge date is between 30 and 60 days; or
2. The individual is in a respite placement, has been diagnosed with a terminal condition, is too fragile or too ill to participate, or does not want the service; or
3. Specialized services are not needed by the individual.

e. The DDS regional OBRA nurse, or the OBRA nurse’s designee, shall notify and discuss the findings of the PASRR Level II assessment with the regional director and the regional health services director, as appropriate.

3. Notification of Determination

* 1. The regional director, or the regional director’s designee shall review and sign the Preadmission Screening Determination Notification Letter (Attachment B).

1. The regional OBRA nurse shall send the signed determination letter to:
2. The individual and the individual’s legal representative, if any;
3. Nursing facility, hospital, or the individual’s primary healthcare provider, as applicable;
4. DSS or the DSS-contracted agency; and
5. The individual’s DDS case manager, as applicable.

4. For individuals receiving funding or services from DDS who are admitted to a nursing facility, the following shall occur:

1. The regional OBRA nurse shall send a copy of the Preadmission Screening Report Level II, if indicated, to the nursing facility and, if requested, to the individual, his or her family, or his or her legal representative, if any.

b. The regional OBRA nurse shall provide the individual’s case manager, or quality intellectual disability professional (QIDP), if the individual does not have a case manager, and the nursing facility with a completed copy of the DDS Contact Sheet (Attachment C) which shall specify:

1. The expectation that the nursing facility shall promptly provide notification to DDS of changes to the individual’s status; and
2. Department contacts that include the name and phone number of the individual’s case manager or QIDP, case management supervisor, and the regional director.
3. The regional health services director, or the director’s designee, shall notify the nursing facility, in writing, of the Advance Directives status of the individual referred for long-term care through the OBRA process using the “SNF Code Status Change Form” (Attachment D).

5. Change in Condition Review

1. Upon notification from the nursing facility of a significant change in condition of the individual, the case manager shall review the continued appropriateness of the nursing facility placement and determine any changes to the individual’s specialized services needs. This may require a new Level II Screening Review (i.e., Change in Condition Review) by the regional OBRA nurse. The Level II Screening Review shall be initiated upon notification by the nursing facility of the submission of a new Level I assessment and Level of Care (LOC) assessment to DSS, or a DSS-contracted agency.
2. Documentation of this review shall be included in the individual’s DDS master file and the regional nurse’s OBRA file.

c. The individual’s case manager or quality intellectual disability professional (QIDP) shall notify the regional health services director, or the director’s designee, of any significant change in an individual’s condition, as appropriate.

6. Short-Term Referral Tracking

a. Individuals, who are referred for admission to a nursing facility for between 30 and 60 days of convalescent (i.e., rehabilitation) care and are identified as individuals receiving funding or services from DDS, may have their approval extended, if warranted. After an individual has been at the nursing facility for either 30 or 60 days, upon receipt of a referral from DSS, or a DSS-contracted agency, the regional OBRA nurse shall:

1. Complete a Preadmission Screening Report Level II within seven (7) business daysthat shall identify the individual’s continued need for skilled nursing care and specialized services; and
2. Request documentation from the individual’s case manager using the Placement Notification Form (PNF) (Attachment E) for notification that the appropriate referrals have been made to the regional Planning and Resource Allocation Team (PRAT) or Money Follows the Person (MFP). An OBRA registrant who has not been determined to have intellectual disability and not been made eligible for funding and services by DDS is not eligible for DDS MFP.
3. The PNF shall be promptly updated to identify where the individual resides at all times, which is necessary in the event of an emergency.
4. The short-term admission of individuals who are identified as having other related conditions shall not be tracked by DDS unless notification in writing is received from the nursing facility, DSS, or a DSS-contracted agency, indicating that the individual will exceed or has exceeded the pre-approved admission, which is limited to 30 or 60days, and requires a PAS/Level II assessment.
5. The regional OBRA nurse, or the OBRA nurse’s designee,shall ensure that information on individuals referred for short-term admission to a nursing facility shall be included in the eCAMRIS database through direct entry of this information.
6. If the individual is an OBRA registrant, a DDS number shall be assigned through the appropriate regional process.

7. Long-Term Referral Tracking

The regional OBRA nurse, or the OBRA nurse’s designee, shall ensure that information on individuals referred for long-term admission to a nursing facility shall be included in the eCAMRIS database through direct entry of this information.

8. The regional OBRA nurse and the individual’s case manager shall maintain documentation of all OBRA records as follows:

a. The regional OBRA nurse shall maintain all documentation pertaining to the referrals and determinations in a separate regional OBRA nursing file.

1. The regional OBRA nurse shall document initial and updated information in the OBRA Case Note section of eCAMRIS.

1. The regional OBRA nurse shall maintain documentation for individuals referred but not admitted to a nursing facility, or admitted and later discharged, in the regional OBRA nursing file.
2. The individual’s case manager shall maintain documentation of the individual’s changes in condition, and all Level II screening assessments in the individual’s DDS master file.

E. References

Omnibus Budget Reconciliation Act or 1987, Subtitle C of Title IV, revised in 1990 and 1992

Public Law 104-315, Section 1 and 2, October 1996

Federal Register/Volume 57, No. 230/Monday November 30, 1992/Rules and Regulations

Section 17b-360 of the Connecticut General Statutes, [“Nursing facility: Preadmission screening process in the case of persons with mental retardation or condition related thereto. Appeal.”](https://www.cga.ct.gov/current/pub/chap_319y.htm#sec_17b-360)

Section 1-1g of the Connecticut General Statutes, [“Intellectual disability” defined.”](https://www.cga.ct.gov/current/pub/chap_001.htm#sec_1-1g)

DDS Eligibility & Intake Policies and Procedures

DDS Case Management Policies and Procedures

Resources:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R107SOMA.pdf>

**F. Attachments:**

HS No. 22-1 Attachment A [OBRA Preadmission Screening Report Level II Summary](https://portal.ct.gov/-/media/DDS/DDS_Manual/IH/HS-22-1-Attachment-A-OBRA-Preadmission-Screening-Report-Level-II-7-1-2022.docx)

HS No. 22-1 Attachment B [Preadmission Screening Determination Notification](https://portal.ct.gov/-/media/DDS/DDS_Manual/IH/HS-22-1-Attachment-B-OBRA-Preadmission-Screening-Notification-8-25-2022.docx)

HS No. 22-1 Attachment C [DDS Contact Sheet](https://portal.ct.gov/-/media/DDS/DDS_Manual/IH/HS-22-1-Attachment-C-DDS-Contact-Information-Sheet-OBRA-7-1-2022.docx)

HS No. 22-1 Attachment D [SNF Code Status Change Form](https://portal.ct.gov/-/media/DDS/DDS_Manual/IH/HS-22-1-Attachment-D-SNF-Code-Status-Change-7-1-2022.docx)

HS No. 22-1 Attachment E [Placement Notification for OBRA Form](https://portal.ct.gov/-/media/DDS/DDS_Manual/IH/HS-22-1-Attachment-E-Placement-Notification-Form-OBRA-7-1-2022.docx)