

**STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES**

Procedure No.: I.E.PR.005

**Subject: Pre-Admission Screening for Persons Applying for
Nursing Home Admission (OBRA)**

Section: Health and Safety

Issue Date: October 28, 2003

Effective Date: Upon release

Revised Date: June 28, 2010

Approved:/s/Peter H. O'Meara/KdP

A. Purpose

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

B. Applicability

This policy shall apply to all individuals applying for admission to a Connecticut nursing facility who are identified during the admission process as possibly having mental retardation or a condition related to mental retardation.

This policy shall apply to all DDS staff whose responsibilities include referrals and determinations for individuals to nursing facilities.

C. Definitions

OBRA: Omnibus Budget Reconciliation Act of 1987; federal legislation which includes requirements that address the preadmission screening process for individuals known to have, or suspected of having, severe mental illness, mental retardation or a related condition.

Nursing facility: a facility, licensed by the Connecticut Department of Public Health that provides 24-hour nursing care (i.e. skilled nursing facility, intermediate care facility).

PASRR - Pre-Admission Screening and Resident Review: the process by which all individuals referred for nursing facility placement who are suspected of having mental illness, mental retardation or a related condition are reviewed to determine the need for nursing facility placement and for specialized services.

1. Level I - all individuals suspected of having mental illness, mental retardation or a related condition are identified by the Department of Social Service (DSS) or contracted agency through the use of PASRR Process and are referred to DMHAS and/or DDS as applicable for a Level II evaluation.
2. Level II - individuals referred to DDS by DSS for long-term placement are reviewed prior to admission to the nursing facility to determine the presence of:
 - a. a documented history of mental retardation or a related condition prior to age 22
 - b. a condition requiring the level of care provided by a nursing facility
 - c. any specialized service needs

MI/MR (Mental Illness/Mental Retardation) Screen: part of the Level I preadmission screening process that is applied to all individuals seeking nursing facility placement. It is used to identify

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persons suspected of having a serious mental illness, mental retardation and/or a developmental disability who require further evaluation.

Change in Condition Review: a review of the individual's placement and specialized service needs that is conducted by the case manager when DDS is notified that the individual experienced a significant change in condition.

Unsubstantiated MR/DD: Mental retardation or related condition is not substantiated in that records are not available at the time of referral to document the presence of mental retardation or related condition prior to age 22.

OBRA Registrant: A person eligible for long term care thought to have either mental retardation or a developmental disability, to be used for someone who at the time of OBRA determination is not known to the department and thus is not a client of the department.

Other related condition: a condition such as cerebral palsy, epilepsy, acquired brain injury, etc., that is manifested prior to age 22 that is likely to continue indefinitely and that is often associated with mental retardation/developmental disabilities 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).

D. Implementation

1. Upon receipt of a referral from the DSS Alternate Care Regional Office or contracted agency for an individual to be admitted to a nursing facility, the regional OBRA coordinator shall:
 - a. Review the informational packet, which includes:
 - i) Level I Screen (MI/MR Screen, Summary of PAS Level I Evaluation)
 - ii) Level of Care (Health Screen/ Interagency Referral, Health Screen Information Report)
 - iii) Supplemental medical information (History and Physical Exam)
 - b. Determine if additional information is needed from any of the following sources:
 - i) Facility
 - ii) Family
 - iii) Case Manager
 - iv) DDS records/e-CAMRIS
 - v) Other sources
 - vi) On-site assessment
 - c. Determine if a preadmission screening report needs to be completed as follows
 - i) Individuals who meet the following criteria are exempt from the requirement for a Level II assessment:
 - (a) individuals discharged from a hospital to a nursing facility for fewer than 30 days of convalescent care or with a terminal illness or severe medical condition
 - (b) individuals admitted for a short-term respite stay
 - ii) All other individuals will have a Preadmission Screening Report Level II form (Attachment A) completed that includes:
 - (a) Health information
 - (b) Developmental history

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- (c) Functional profile
 - (d) Behavioral needs
 - (e) Therapy services and/or adaptive equipment use
 - (f) Vocational needs
2. When a Preadmission Screening Level II is completed, the regional OBRA coordinator will formulate the determination that includes the individual's:
- a. MR/DD status as follows:
 - i) If there is a suspicion of mental retardation, the individual/guardian will be provided with information to pursue eligibility for DDS services as desired. The OBRA process cannot be used to determine this eligibility.
 - ii) Mental Retardation or related condition is substantiated as evidenced by:
 - (a) Individual is currently a client of the department.
 - (b) Individual is unknown to the department but there is documentation of the presence of mental retardation or related condition prior to age 22. In this instance, the individual/family/guardian will be provided with information to pursue eligibility for DDS services as desired.
 - (c) OBRA registrant – A person eligible for long term care thought to have either mental retardation or a developmental disability, to be used for someone who at the time of OBRA determination is not known to the department and thus is not a client of the department.
 - b. Need for nursing facility level of care:
 - i) Nursing level of care is needed because the individual's medical condition requires the level of skilled care provided by the facility.
 - ii) The individual does not require the level of care provided at the nursing facility (in which case, admission to the nursing facility shall be denied).
 - c. Need for specialized services is identified as follows:
 - i) Exempt from specialized services due to:
 - (a) 30-day or less admission
 - (b) terminal condition
 - (c) respite
 - (d) fragile and/or too ill to participate
 - (e) elderly and does not want service
 - ii) Specialized services are not needed by the individual.
 - iii) Specialized service needs can be met by nursing facility.
 - iv) Specialized service needs can be met by nursing facility with assistance from DDS.
 - d. The DDS regional OBRA coordinator will notify and discuss the findings on the PAS Level II with the regional director and health services director as appropriate.
3. Notification of Determination
- a. The regional director or designee shall sign the Preadmission Screening Determination Notification Letter (Attachment B).

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- b. The OBRA coordinator shall send the signed determination letter to:
 - i) Individual or guardian
 - ii) Nursing Facility/Hospital/MD
 - iii) DSS Alternate Care Unit or contracted agency
 - iv) DDS case manager as applicable

- 4. For individuals admitted to a nursing facility, the following shall occur:
 - a. The OBRA coordinator shall send a copy of the Preadmission Screening Report Level II (if indicated) within 30 days to the nursing facility and to the individual/family/guardian if requested.

 - b. The OBRA coordinator shall provide the nursing facility with a completed copy of the DDS Contact Sheet (Attachment C) which will specify:
 - i) the expectation that the facility will promptly provide notification to DDS of changes to the individual's status
 - ii) department contacts that include the name and number of the individual's case manager or QMRP, case management supervisor and the regional after hours Manager-on-Call system.

 - c. The regional health services director or 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 "Advance Directives Client Status with the Department of Developmental *Services*" form (Attachment D).

- 5. Change of Condition Review
 - a. 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 facility placement and determine any changes to specialized service needs. This may require a new Level II Screening as determined by DDS OBRA Coordinator.

 - b. Documentation of this review will be contained in the individual's DDS master file.

 - c. The case manager shall notify the health services director or designee of any significant change in condition as appropriate.

- 6. Short-Term Referral Tracking
 - a. Individuals, who are referred for admission to a nursing facility for 30 days or less and are identified as individuals of DDS, can have the approval extended if warranted. After an individual has been at the nursing facility for 30 days, the OBRA coordinator shall:
 - i) complete a Preadmission Screening Level II within 10 days that will identify an individual's continued need for nursing facility care and specialized service needs.
 - ii) request documentation from the case manager using the Placement Request for OBRA Participant form (Attachment E) that a referral for placement has been made for any individual whose placement in the nursing facility is assessed as not appropriate for the individual.

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- b. The short-term admission of individuals who are identified as having a related condition or unsubstantiated MR will not be followed by DDS unless notification in writing is received from the nursing facility or DSS indicating that the individual will/has exceeded 30 days and requires a PAS/Level II assessment.
- c. The OBRA coordinator or designee shall ensure that information on individuals referred for short-term admission to a nursing facility will be included in the database through direct entry of this information.

7. Long-Term Referral Tracking

The OBRA coordinator or designee shall ensure that information on individuals referred for long-term admission to a nursing facility will be included in the database through direct entry of this information.

- 8. In cases of emergency admissions/admissions to nursing facilities that did not follow the usual screening process, the OBRA coordinator will notify the regional Alternate Care Unit of DSS or contracted agency to obtain a Level I Screening and respond based upon the requested admission type.
- 9. The OBRA coordinator and case manager shall maintain documentation of all OBRA records as follows:
 - a. The OBRA coordinator shall maintain all documentation pertaining to the referral and determination in a separate OBRA file.
 - b. The OBRA coordinator shall maintain documentation for individuals referred but not admitted, or admitted and later discharged will be maintained in an inactive OBRA file.
 - c. The case manager shall maintain documentation of change of condition, Level II screens will be maintained in the individual's DDS master file.

E. References:

Omnibus Budget Reconciliation Act of 1987, Subtitle C of Title IV, revised in 1990 and 1992
Public Law 104-315, Section 1 and 2, October 1996

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"

Section 1-1g of the Connecticut General Statutes, "Definition of Mental Retardation"

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

DDS Eligibility & Intake Policies and Procedures

DDS Case Management Policies and Procedures

F. Attachments

I.E.PR.005 Attachment A: OBRA Preadmission Screening Report Level II

I.E.PR.005 Attachment B: Preadmission Screening Determination Notification

I.E.PR.005 Attachment C: DDS Contact Sheet

I.E.PR.005 Attachment D: Advanced Directives Client Status with DDS

I.E.PR.005 Attachment E: Placement Request for OBRA Participant