

PASRR Webinar - Nursing Facilities and the interRAI Level of Care Assessment

Indiana Division of Aging
June 27, 2016



What is Nursing Facility Level of Care?

- The functional standard that indicates nursing facility placement can be reimbursed under Medicaid.
- Our standard is not changing.
- Only the tool is changing.
- Next slide outlines the definition of NF LOC.



Indiana's NF LOC

An individual is said to have nursing facility level of care if they either have

- a skilled medical need OR
- impairments in performing three or more activities of daily living as the result of a medical condition (as opposed to a mental health diagnosis or intellectual disability)



Long Term or Short Term Level of Care

- If either skilled medical needs or the noted impairments in performing ADLs are short term in nature then level of care may be granted for a designated short term stay.
- The clinical reviewer will make that determination based on the assessment information and other supporting documentation that you provide including the H&P.



Activities of Daily Living - ADLs

- Indiana uses an expanded list that includes more than the federally designated ADLs.
- The Indiana list includes items such as assistance with oxygen use, assistance with medications, need for 24/7 supervision due to dementia, need for assistance with range of motion, and others as well as the more standard ADLs of bathing, dressing, transfer, ambulation, and eating.



Skilled Needs

- Skilled need is basically represented by any activity the individual requires assistance with that, in the absence of their primary informal support, would require a nurse.
- These needs include seizure interventions, unstable medical condition, intravenous medication administration, acute rehabilitative therapies, treatment for stage 3 or 4 decub, etc.



Why the interRAI-HC?

- Person centered
- Evidence based
- Focus on home care
- Data we can compare across institutional and HCBS populations



Crosswalk to MDS

- Some questions are slightly different
- Some responses are slightly different
- Less structured or formal in some elements of assessment
- Some questions do not crosswalk
- We have added seven questions specific to Indiana



Crosswalk to MDS

- Some questions are specific to home environment – will have to capture individual's response



Section A, B and C Gaps

- A.8 – type of assessment
 - Always 1 when becoming Medicaid eligible (first assessment)
 - Always 4 for a continued stay request (significant change in status)
- A.11 – just zip code
- A.12 – always 9 – residential status = nursing facility
- A.13 – residential status PRIOR to admission
- A.14 – time since hospitalization
- B.4 – residential history in past five years
- C.5 – change in decision making status in last 90 days



interRAI- HC Section F –Psychosocial Well Being

- Self reported information – ask the person, ask their family or other informal supports
- From the HCBS side, these are risks for placement
- From the NF side, these are potential barriers to transition back to the community



Section G Item 1 - IADLs

- Instrumental Activities of Daily Living
 - Meal preparation, transportation, and shopping
 - Housework, finances, medications, phone
- Ask them about how they were managing these activities at home
- Again, we are interested in where the potential challenges would be in transitioning this individual to a HCBS setting



interRAI- HC Section M - Medications

- List of medications
 - Dosage, unit, method of administration, frequency
- Allergies to any drugs
- How adherent they are with medications prescribed by their physician



interRAI- HC Section P – Social Supports

- Identify key informal supports
- What is their status
- How were they helping
- How much time did they spend helping
- How strong is the family relationship



interRAI- HC Section Q – Environmental Assessment

- Again, has to be self reported; you can only ask them
- General conditions of the home they would return to
- Accessibility
- Access to groceries and emergency assistance
- Financial challenges



interRAI- HC Section R – Discharge Potential and Overall Status

- Meeting goals?
- Improvement
 - Generally
 - In ADL performance
 - In capacity to perform IADLs
- Time frame since the event that brought them to your facility



Added Questions for Indiana LOC

- 4 for skilled needs
 - Seizure management
 - Medical observation for changing, unstable medical condition
 - Acute rehabilitative therapies
 - Assistance needed with intramuscular, intravenous, or subcutaneous injection more than once per day
- 3 for ADL related needs (Indiana's expanded list of ADLs)
 - Requires daily recording of the kind and amounts of fluids and solids intake and output
 - Assistance with passive range of motion exercise as part of medical plan of care
 - Requires monitoring of health care plan on a 24/7 basis by a licensed nurse to maintain a stable medical condition

**Is direct assistance from others is required for special routines or prescribed treatments that must be followed at least five (5) days per week as part of acute rehabilitative Physical Therapy, Occupational Therapy, and/or Speech Therapy?
General strengthening exercise programs and habilitation are excluded.**

- Medical condition which requires acute rehabilitation (not habilitation or strengthening)
- Types of therapies are being performed
- How often is each therapy being performed
- Type of therapist involved in acute rehab
- How long are the therapies expected to last?



Is direct assistance from others is required to administer physician prescribed medicine (excluding vitamins) by intramuscular, intravenous, or subcutaneous injection more than one (1) time per day? (Note: other than insulin injections for an individual whose diabetes is under control)

- Medical condition requires injections
- Prescribed medication and its purpose
- How often are the injections required?
- How are the injections administered?



Is medical observation and physician assessment required at least every 30 days due to a changing, unstable physical condition (evidenced by changes in orders related to medications, diet, oxygen levels, other treatments, etc.)?

- What is the unstable and changing medical impairment that justifies this need
- Is the condition unstable and changing that requires a nursing intervention/observation until condition stabilizes?
- How long has the condition been considered unstable?
- What dates in the past month did the individual visit/contact the doctor? (list dates, type of physician, reason for visit, and treatment received)

Is nursing level intervention required for the safe management of uncontrolled seizures?

Grand Mal Seizures are a sudden attack of generalized convulsive activity with the loss of consciousness. Tonic Clonic seizures, stiffness of muscles (exhibit flaying of arms and legs, often incontinency during the seizure).

- Describe how the condition is unstable and changing that requires a nursing intervention/observation until condition stabilizes
- How long has the condition been considered unstable?
- Describe the seizure management plan in detail
- Document the dates of the seizure activity within the past 3 to 30 days & describe the skilled intervention

Does the individual require daily recording of the kind and amounts of fluids and solids intake and output?

- Document the Physician order for Input AND Output?
(This includes fluids **AND** solids)
- Document the frequency of when this is being recorded
- Describe the medical condition and why fluid and solid intake monitoring is required
- Document who is responsible for monitoring this process

Does the individual require assistance with passive range of motion exercise on a daily basis per medical plan of care?

Range of Motion means assisted movement of the joints through their available range of motion which is carried through by the therapist, nurse, nursing assistant, or trained lay person without the assistance or resistance of the patient. These exercises can be used to prevent loss of motion.

- Describe the medical condition requiring Passive Range of Motion (PROM)
- Identify the frequency that PROM is being rendered
- Identify who is assisting with PROM?



To maintain a stable medical condition, does the individual require monitoring of his or her health care plan on a 24 hour a day, seven day a week basis by a licensed nurse?

- Describe the intermediate medical condition that is justifying a nurse 24/7
- Identify and describe the stable medical impairment



Need more information?

Ascend's Indiana Tools and Resources page

<https://www.ascendami.com/ami/Providers/YourState/IndianaPASRRUserTools.aspx>

- Recordings and slides of past webinars
- Provider Transition Guide
- Provider Manual
- Training videos for AssessmentPro and Pathtracker
- Instructions to register as an admin

For more information or to receive PASRR updates regularly, visit our PASRR page at <http://www.in.gov/fssa/da/5011.htm> and click the link to receive email updates.





Future Plans

- Q&A webinar sessions every Tuesday in July from 12:00 p.m. to 1:00 p.m. EST
- By August, self-paced online training and certification will be available on the interRAI
- Newsletters will continue
- PASRR@fssa.in.gov is available for questions
- In addition to existing online materials, new materials and webinars will be added over time