

## Pre-admission Assessment: Improving the Resident Screening Process

Aging services organizations are responsible for evaluating the care requirements of prospective residents based upon their medical condition, degree of orientation and functional capability. A thorough assessment helps ensure that the facility offers the resources, expertise and range of services that the resident needs.

For this reason, the admission process for every prospective resident should include a pre-admission screen (PAS). However, a prospective resident's desire to live in a certain setting or pressure to fill beds may result in a hasty and superficial assessment process. Consequent erroneous placements may lead in turn to inflated expectations, dissatisfaction and liability exposure, including allegations of substandard care.

This issue of *AlertBulletin*® reviews basic PAS requirements and offers a number of suggestions to help organizations prioritize the screening process, conduct thorough and useful assessments, and improve documentation.

### TYPES OF SCREENING PROGRAMS

State-imposed PAS regulations are designed to reduce Medicaid expenditures by monitoring admissions to aging services facilities and evaluating the suitability of alternative settings, such as in-home care or community-based programs. Although requirements vary by state, most jurisdictions typically mandate participation in PAS programs for all individuals seeking aging care placement, regardless of income or resources.

Aging services organizations are responsible for informing prospective residents of the state-mandated screening process. Individuals have the right to refuse pre-assessment screening. However, if applicants who choose not to undergo screening are later admitted to an aging services facility, such residents may be liable for penalties, including non-payment by Medicaid of per diem costs for up to one year.<sup>1</sup>

PAS programs are distinct from the federally mandated Pre-admission Screen and Resident Review (PASRR), which requires testing of all prospective residents for the possibility of a mental illness, mental retardation or other developmental disability. ([Regulations governing PASRR](#) are found in the Code of Federal Regulations.) Both screening tools help identify resident needs and facilitate proper placement. However, the PAS goes beyond detecting cognitive impairments. Rather, it is a broad-spectrum assessment tool designed to identify a range of physical and mental deficits, as well as any special requirements.

In addition to federal and state mandated screenings, various other pre-admission assessment mechanisms may exist at the organizational level. These resident assessment forms are designed to match applicants to available services and care options, as well as to establish practical, individualized care plans.

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<sup>1</sup> The same penalty applies to individuals who are screened and found not to require skilled nursing care, but who decide to enter a nursing facility anyway. For a sample program description, see [Indiana's Pre-admission Screening \(IPAS\) Program](#).

## SCOPE OF ASSESSMENT

All pre-admission screens share the common goals of thoroughly assessing and documenting an applicant's needs, determining the suitability of the setting and initiating the care-planning process. Typically conducted by a clinical social worker, nurse or case manager, the screening process focuses on the following areas, among others:

- *Overall health status* and dietary restrictions.
- *Physical limitations*, especially vision, hearing or speech deficits.
- *Mental impairments*, e.g., symptoms of confusion, forgetfulness, social withdrawal and other cognitive issues.
- *History of major illnesses*, surgery, communicable diseases and accidents, as well as hospitalizations during the past five years.
- *Functional capability*, including degree of mobility, energy and awareness.
- *Ambulatory status*, focusing on need for human or mechanical assistance, wandering tendencies and amount of time spent out of bed each day.
- *Currently prescribed medications*, as well as their indications and dosage.
- *Social interests and activities*, identifying cultural, racial, religious and ethnic background, as well as sexual orientation.
- *Necessary services*, such as assistance with bathing, dressing, feeding, toileting, transferring and ambulation, medication administration, and household and financial tasks, as well as nighttime observation and continence-related care.

The screening process also should include a criminal background check and questions about past incidents of combativeness.

## ASSESSMENT AND DOCUMENTATION MEASURES

The following strategies can enhance pre-admission information collection and documentation, while strengthening defensibility in the event of allegations of improper placement and/or sub-standard care:

1. *Ensure that the organization's pre-admission screening procedures comply with applicable state and federal regulations.* The setting's policies and procedures should be regularly reviewed and, if necessary, revised as legal requirements and accreditation standards evolve.
2. *Cast the screening process in a positive light.* When initiating discussions with prospective residents, focus on how effective screening ultimately benefits them by deterring unsuitable placements. Emphasize that it is a nonbinding procedure designed to help them clarify their needs and preferences and to facilitate decision-making.
3. *Expand the number of interviews.* By talking with family members, former and present providers, and case workers involved in the care of prospective residents, admissions staff can gain a more complete, balanced and accurate idea of the applicant's deficits, treatment needs and goals. Prior to conducting interviews with third parties, request permission of the applicant. Explain that all information obtained in the screening process remains a part of the application record and is not shared with unauthorized persons.
4. *Conduct face-to-face interviews.* Every effort should be made to conduct in-person interviews with residents, as well as family members and other supportive individuals. Although telephone interviews save time and permit the assessor to concentrate on note-taking, such sessions may be perceived as impersonal and can create an unfavorable first impression. For best results, meet in a safe and comfortable environment, such as the applicant's home or a community facility.
5. *Encourage a relative or other companion to participate in the interview*, as a trusted and familiar face can help stabilize the discussion in the event that the applicant becomes less than lucid or cooperative. (For additional tips, see Shephard, R., "[Resident Interviews Demystified](#)," in *Long-Term Living*, June 1, 2011.)

6. *Ascertain the chief problem.* The most basic function of a pre-admission screening is to determine the medical and physical conditions that must be addressed. When reporting on findings, diagnoses – such as tardive dyskinesia or macular degeneration – should be followed with a statement regarding the practical consequences of the condition, e.g., “Resident displays tardive dyskinesia symptoms, requiring 1:1 feeding assistance at mealtime.” This protocol helps promote closer alignment between the organization’s staffing and resource capabilities and the applicant’s expectations and care requirements.
7. *Maintain a record of all documents reviewed in preparing the PAS,* in case they are needed for future reference or clarification. Such documents may include physician and hospital records, behavioral health treatment notes, community program logs and home care reports.
8. *Ask open-ended questions.* “Yes/no”-type screening queries may not yield sufficient information to determine eligibility, articulate goals and formulate an individualized care plan. For example, it is more productive to ask applicants what additional home care interventions they need than to inquire whether they are satisfied with existing home care services. Although there is no universally established questionnaire format, consider using a [pre-admission screening tool](#) that combines standard inquiries with both detailed prompts and space for narrative statements.
9. *Utilize the screening process as a means of initiating care planning.* Pre-admission screening is about more than placement – it also serves to identify the specific interventions needed to improve quality of life. By using the reporting format depicted in the chart below, admissions staff can enhance caregivers’ awareness of applicants’ issues, needs and goals.

Pre-admission screening is a critical first step in providing long-term care, laying the foundation for sound placement, realistic goal-setting and effective care planning. The strategies presented within this resource can aid aging services leaders in evaluating not just prospective residents, but also their own screening procedures, documentation practices and communication skills.

## SAMPLE REPORTING FORMAT

### Basic Activity of Daily Living: Communication

CURRENT STATUS	THERAPEUTIC GOAL	CARE PROPOSAL(S)
<b>Speech:</b> Content is muddled and confused. Applicant is unable to express himself at times.	To enhance dialogue.	Spend time in daily discussion with applicant and provide reassurance when he appears confused.
<b>Hearing:</b> Applicant has a hearing aid but does not always wear it, as he says it makes an intermittent ringing noise in his ear.  His hearing is fair to poor without the aid, and he is more withdrawn when not wearing it.	To support effective spoken communication.	Check for hearing aid placement daily. Attend morning recreational sessions to promote social interaction.
<b>Oral assessment:</b> Applicant has his own teeth, but will require daily prompting in regard to oral hygiene.	To maintain oral health.	Reinforce brushing and other oral health techniques. Request a return demonstration. Monitor daily.



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