



A S C E N D

MANAGEMENT INNOVATIONS

PASRR CHALLENGES AND OPPORTUNITIES

HCBS CONFERENCE, SEPTEMBER 2015

Introduction by Nancy Shanley, MS, Ascend

What is PASRR?

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- Identifies 100% of persons with disability that seek to enter NFs
- Gives them a thorough and meaningful evaluation of their service and support needs
- Documents in layperson language what it would take for them to live in the community, and
- Documents what it would take in an NF for them to *attain the highest practicable physical, mental, and psychosocial well-being*

What Who is PASRR?

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Why This Session is Important

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1. Evolving federal guidance

- Raises the bar for states' PASRR compliance and performance

2. More examples than ever before

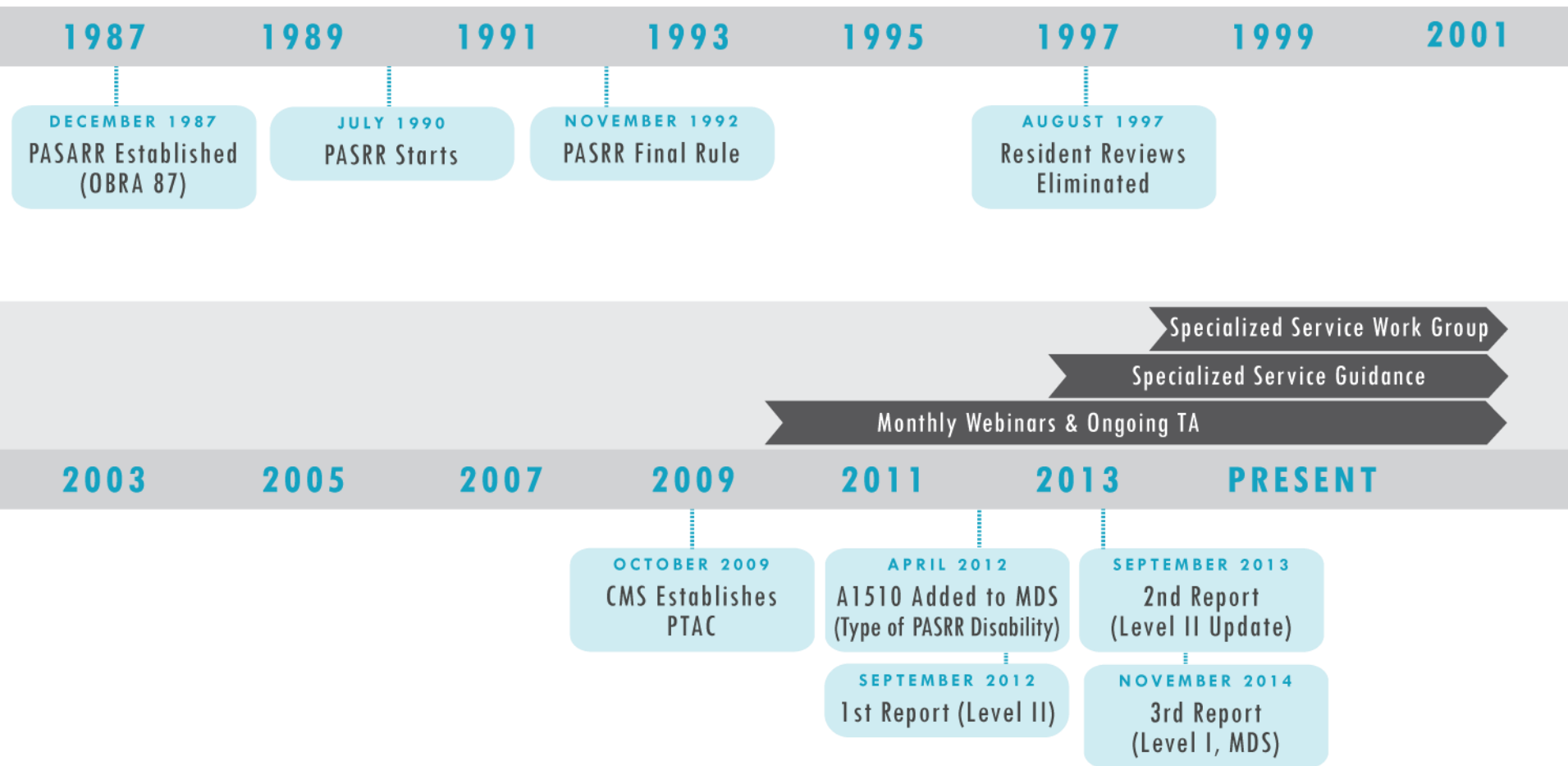
- Of practical ways states are strengthening their PASRR programs

3. Evolving vision for PASRR's place in the LTSS landscape

- Raises the bar for meaningful, person-centered evaluations, summaries, and recommendations

1. Evolving Federal Guidance

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2. New “PASRR Strong” Program Models



3. Greater Vision for PASRR's Place in LTSS

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- PASRR directly linked to NF transition and diversion
- PASRR specialized services in NFs linked to transition activities
- Leveraging Managed Care Organizations to deliver PASRR recommended services



PASRR: CMS Recent Developments

Dan Timmel, CMS

daniel.timmel@cms.hhs.gov



The PASRR Technical Assistance Center (PTAC): Examples of Technical Assistance

Ed Kako

Director, PTAC

Florida

2013: Two day TA for Florida Agency for People with Disabilities (APD), the state authority for ID/DD services

- ▶ 34 Registered nurses that perform Level II evaluation
 - ▶ First time group together for training in 7 years
 - ▶ State licensing and certification staff present
- ▶ Focus on:
 - ▶ Shared understanding of regulations and APD role
 - ▶ Creating a person-centered Level II process
 - ▶ Identifying measures for ongoing quality assurance



Delaware

- ▶ 2012: Initial two-day TA
 - ▶ Emphasis on building a shared vision for PASRR
 - ▶ Staff from Medicaid/MH/ID authorities & nurses who perform Level 1 assessments
- ▶ 2013: Second round of in-person TA
 - ▶ Emphasis on unique roles in creating a person-centered PASRR experience
 - ▶ State authority staff/Licensing and Certification Agency/Managed Care Organizations
- ▶ 2014-2015: Remote TA
 - ▶ Emphasis on role of Managed Care Organizations and Specialized Services

Indiana

- ▶ 2015: Two-day TA for Indiana Family and Social Services Administration (FSSA):
- ▶ FSSA in process of replacing PASRR program linked to state law (law preceded federal law and rule)
- ▶ TA focus:
 - ▶ Common understanding of PASRR among internal/external stakeholders
 - ▶ Diversion and transition role of PASRR
 - ▶ Importance of Specialized Services in developing person-centered plans
- ▶ Initial meeting with the three state authorities
- ▶ Second meeting with external stakeholders, including the IN NF Association, the Hospital Association, and AAAs
- ▶ Ongoing TA for review and comment on materials developed for continuing education or training on PASRR, as well as policy or procedure considerations

California

- Long-standing challenges with timeliness of PASRR, compounded by archaic systems
- 2011: First meeting with state MH staff to review existing processes
- 2012: Second meeting with state MH staff; MH authority now part of Medicaid agency
- 2013: Ad hoc phone TA
- 2014/2015:
 - New system demonstrated to PTAC and CMS; PTAC provides input
 - System nearly rolled out to target end users; refinements ongoing



Washington State

- 2014: PTAC and CMS visited Washington following recoupment action by CMS (PASRR not done when ICF/IIDs converted to NFs)
- WA interested in large-scale systems transformation
- Presented to/talked with a variety of stakeholders, including state staff and NF staff
- Worked through initial stages of drafting State Plan amendment (SPA) to add Specialized Services for I/DD to NF benefit
- 2015: SPA approved – first of its kind



Other Examples of TA

- Modernizing categorical determinations (Utah, 2013)
- Help with 75% enhanced admin match (New York, Kentucky)
- Revising Level II tools (many states, 2012-2013) and Level I tools (many states, 2014-2015)



To Request TA

- Use the online form at www.PASRRassist.org OR
- Email Ed Kako: ekako@pasrrassist.org

CT DEPARTMENT OF SOCIAL
SERVICES

PASRR INITIATIVES

INTERRAGENCY COLLABORATIONS AROUND SPECIALIZED
SERVICES



CONNECTICUT'S PASRR STRUCTURE

Contracted with an outside entity to manage PASRR

Level 1 is web based

Need for Level 2 determined by contractor

**DD Agency does all Level 2 evaluations for persons with
ID/DD**

**Contractor utilizes independent contractors in state to
complete Level 2 evals**

MH Agency delegates the authority under MOA



PASRR HISTORY IN CT

Prior to 2010, hospital staff who were seeking NH placement for patients, were able to complete the Level 2 evaluations

A contractor of the MH agency made the determinations

Consequently, CT had a large number of people with SMI in nursing homes


State was sued and made extensive systemic changes to address allegations

Settlement has been reached and includes enhanced PASRR process, diversion and transition programs, Mental Health 1915c Waiver



MH AGENCY AND SPECIALIZED SERVICES

Nursing Home Diversion and Transition Program

- DMHAS staff ensure the client has the option to choose the most integrated setting possible
 - PASRR process identifies clients to be evaluated by the DMHAS clinician
 - Program can divert NH applicant to HCBS
 - Program can facilitate ST placement and facilitate transition
 - Program can provide specialized services for those who require longer NH stays
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PASRR SPECIALIZED SERVICES

State currently drafting a State Plan Amendment to add specialized services

Current definition of specialized services is essentially the need for inpatient psychiatric services

Proposed specialized services could include:

- Transition engagement and planning
- Skills training such as the HOPES program
- Double Trouble Group
- OT Community Integration Specialist

SPECIALIZED SERVICES FOR PASRR POPULATION WITH ID/DD

Current state plan for PASRR has specialized services included as follows:

- Behavior modification/management
- Out of facility recreational activities
- Vocational/day programs
- Habilitation services
- Adaptive equipment not available under the Medicaid state plan


SPECIALIZED SERVICES FOR ID/DD POPULATION

In order to claim federal match the services need to be in the Nursing Home Reimbursement Section of the Medicaid State Plan

Currently under development and will be defined as habilitative services



CHALLENGES

- Establishing rates for DD/ID services
 - Addressing the CMS comparability requirement
 - Provider Qualifications
 - Medical Necessity
 - Balancing increased costs and utilization with opportunity for federal match
 - Aligning efforts of 3 state agencies
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QUESTIONS

Contact: Kathy Bruni, MPS, LCSW

CT. Department of Social Services

55 Farmington Ave.

Hartford, CT 06105

Email: kathy.a.bruni@ct.gov

Phone: 860-424-5177



Leveraging PASRR for Diversion/Transition & the Role of MCOs

Patti Killingsworth
Bureau of TennCare

- Since 2010 all NF services (and HCBS for seniors and adults with physical disabilities) delivered under integrated CHOICES MLTSS program
- Blended capitation rate across LTSS services/settings helps to align incentives toward more cost-effective HCBS, with diversion and transition requirements
- MCOs responsible for care coordination for all CHOICES members (NF and HCBS)
- MCO role in PASRR currently limited to ensuring that PASRR is completed when facilitating admission (not applicable for vast majority of NF admissions)

PASRR in Tennessee

- Revised in 2009 to ensure compliance with federal requirements
- Medicaid NFs required to submit PASRR Level 1 screen prior to all admissions (regardless of payer source) to Medicaid agency
- Utilize online electronic web-based application/workflow management tool for PASRR screen and level of care (LOC) applications
- About 60,000 PASRR Level 1 screens received each year
- Typically completed by NF (although 16 hospitals, MCOs, and AAADs also submit)
- PASRR exemptions for exempted hospital discharge and primary dementia and MI
- Categorical determinations for convalescent stay, serious illness, terminal illness

- PASRR conducted prior to or during State's LOC determination process (LOC eligibility not approved absent an approved PASRR Level I screen and Level II evaluation, when appropriate)
 - State's entire NF LOC process is 8 days (federal court order); limited time for completion of PASRR and LOC determination
- Medicaid payment not provided until the PASRR process (Level I screen and Level II evaluation, if applicable) is completed
- I/DD and MH agencies procured the same vendor—Ascend—to conduct comprehensive Level II evaluations (separate contractual arrangements)
 - Current volume around 800–850 per month
 - Significant increase since FY 2010 (2,500 per year)
 - Significant halt rate (33%)

- Collaborative effort among:
 - TennCare (State Medicaid Agency)
 - DMHSAS (State MH authority)
 - DIDD (State I/DD authority)
 - Ascend (PASRR vendor for Level II evaluations)
- Strengthen Level I **screen tool**
 - Additional questions to assist in identifying mental illness or ID/related conditions
 - Explore using algorithm and clinical review to increase specificity while retaining sensitivity in order to properly identify population for evaluation

- Strengthen Level I screen process
 - Move away from “screeners of convenience”
 - Increased opportunity for exploration of HCBS alternatives and diversion to community
- Strengthen Level II evaluation process
 - Ensure that it is person-centered
 - Require that the NF confirm its ability to provide the specialized services/supports and commitment to do so prior to approval

Opportunities to Strengthen/ Leverage PASRR Cont'd

- Obtain FFP for SS for ID/RC (SS for MI currently covered)
 - 1115 waiver amendment
 - Utilize community providers to help facilitate transition to the community
 - MCO responsibility to coordinate SS needs with NF
- PASRR Quality Assurance/Improvement
 - Develop audit and validation process
 - Ensure that specialized services/supports are included in NF POC
 - Ensure that specialized services/supports are provided as specified in the NF POC