Strategies in Intellectual and Developmental Disabilities (IDD) and Mental Illness (MI) PASRR Program Collaboration

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National Association of PASRR Professionals (NAPP)

The National Association of PASRR Professionals (NAPP) is a non-profit educational organization dedicated to advancing the profession of individuals and organizations working in the federally mandated Pre-Admission Screening and Resident Review (PASRR) Program.
Key Topics

- Code of Federal Regulations (CFR) PASRR Requirements
- Key Components
- Examples in Practice Models
- Next Steps: Developing Collaboration
Individuals with Mental Illness and Intellectual and Developmental Disabilities (IDD)

- Research varies: 15-40% of individuals with IDD also have a mental illness
- Systems of care are not always efficiently or effectively linked
- Resources typically specialize in one disability


Historical Service Delivery

“State mental health agencies and providers often perceive people with developmental disabilities as having needs that require expertise and extensive resources not typically found in the mental health system.

State developmental disabilities agencies and providers, on the other hand, often perceive the behavioral problems exhibited by this population as falling outside the scope of their expertise.”

• Two service systems developed based on a set of perceived differences:
  o Individuals with different sets of needs
  o Different service philosophies and training approaches
  o Separate service delivery tracks over time
  o Limited understanding in clinical & policy issues important to each service system
  o Little in existing service systems to support collaboration

Engaging New Opportunities

PASRR and long term care reform initiatives offer new opportunities to address perceived system barriers through PASRR integration

• Long term care reform emphasis on primary care integration through person centered care, staff competency development, and training initiatives in evidence based models supports new opportunities to address needs of individuals with co-occurring conditions
• Reform in state department structures, service delivery and funding models, service organization restructuring offers new opportunities
• Increasing budget challenges for both technology and service delivery demands innovative solutions
Why do we develop collaboration?

• How do providers know where or when to fax PASRR forms?
• How do providers know when they need to wait for a second determination?
• Does each evaluation report provide a comprehensive evaluation summary to support person centered planning for individuals with co-occurring conditions?
• Can uncoordinated evaluation summaries and determinations have conflicting guidance for care plan recommendations?
• Can fragmented identification of services result in service duplication and payment denials?
• Does separate appeal processes adequately support service access to individuals with complex needs?
Code of Federal Regulations (CFR) Requirements

MI and IDD/Related Conditions (RC) PASRR
CFR Requirements: Responsibility and Authority

§483.106

• (d) Responsibility for evaluations and determinations. The PASARR* determinations of whether an individual requires the level of services provided by a Nursing Facility (NF) and whether specialized services are needed -
  - (1) For individuals with mental illness, must be made by the State mental health authority and be based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority; and
  - (2) For individuals with intellectual disability, must be made by the State intellectual disability or developmental disabilities authority.

*Originally when the PASRR regulations were completed in 1992, Resident Reviews were required annually. The Balanced Budget Act of 1996 added Section 1919(e)(7)(B)(iii) to the Social Security Act, which eliminated the requirement for annual Resident Review. However, the acronym used in the PASRR regulations was not updated to remove the second “A”, thus it remains in the excerpt above.
CFR Requirements: Responsibility and Authority

§483.106

• (e)Delegation of responsibility - (1) The State mental health and intellectual disability authorities may delegate by subcontract or otherwise the evaluation and determination functions for which they are responsible to another entity only if -
  o (i) The State mental health and intellectual disability authorities retain ultimate control and responsibility for the performance of their statutory obligations;
  o (ii) The two determinations as to the need for NF services and for specialized services are made, based on a consistent analysis of the data; and
  o (iii) The entity to which the delegation is made is not a NF or an entity that has a direct or indirect affiliation or relationship with a NF.
CFR Requirements: Responsibility and Authority

§483.106

(2) The State intellectual disability authority has responsibility for both the evaluation and determination functions for individuals with IDD whereas the State mental health authority has responsibility only for the determination function.

(3) The evaluation of individuals with MI cannot be delegated by the State mental health authority because it does not have responsibility for this function. The evaluation function must be performed by a person or entity other than the State mental health authority. In designating an independent person or entity to perform MI evaluations, the State must not use a NF or an entity that has a direct or indirect affiliation or relationship with a NF.
# PASRR Responsibility and Authority

<table>
<thead>
<tr>
<th><strong>State Medicaid Authority</strong></th>
<th><strong>State Mental Health Authority (SMHA)</strong></th>
<th><strong>State Intellectual &amp; Developmental Disability Authority (SIDDA)</strong></th>
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</table>
| • Responsible for all state PASRR compliance  
• Sets and approves any state PASRR policy not specifically given to another entity  
• Oversees Level I process  
• Cannot countermand determinations made by SMHA or SIDDA | • Oversight of Level II decisions, recommendations, summary report & notices, reconsiderations & appeals  
• Cannot conduct the Level II assessment – must be conducted by different entity (not a NF or entity with direct/indirect affiliation/relationship with NF) | • Oversight of Level II PASRR evaluations, decisions, recommendations, summary report & notices, reconsiderations & appeals  
• Can conduct the Level II assessment or delegate to another entity |
§483.128

• (d) Interdisciplinary coordination. When parts of a PASARR evaluation are performed by more than one evaluator, the State must ensure that there is interdisciplinary coordination among the evaluators.

• (e) The State's PASARR program must use at least the evaluative criteria of § 483.130 (if one or both determinations can easily be made categorically as described in § 483.130) or of §§ 483.132 and 483.134 or § 483.136 (or, in the case of individuals with both MI and IDD, §§ 483.132, 483.134 and 483.136 if a more extensive individualized evaluation is required).
CFR Requirements: Evaluating for Mental Illness (MI) Specialized Services (SS)

§483.134

• (b) Data. Minimum data collected must include - (1) A comprehensive history and physical examination of the person. The following areas must be included (if not previously addressed):
  o (i) Complete medical history;
  o (ii) Review of all body systems;
  o (iii) Specific evaluation of the person's neurological system in the areas of motor functioning, sensory functioning, gait, deep tendon reflexes, cranial nerves, and abnormal reflexes; and
  o (iv) In case of abnormal findings which are the basis for an NF placement, additional evaluations conducted by appropriate specialists.
§483.134

• (2) A comprehensive drug history including current or immediate past use of medications that could mask symptoms or mimic mental illness.

• (3) A psychosocial evaluation of the person, including current living arrangements and medical and support systems.

• (4) A comprehensive psychiatric evaluation including a complete psychiatric history, evaluation of intellectual functioning, memory functioning, and orientation, description of current attitudes and overt behaviors, affect, suicidal or homicidal ideation, paranoia, and degree of reality testing (presence and content of delusions) and hallucinations.
§483.134

(5) A functional assessment of the individual's ability to engage in activities of daily living and the level of support that would be needed to assist the individual to perform these activities while living in the community. The assessment must determine whether this level of support can be provided to the individual in an alternative community setting or whether the level of support needed is such that NF placement is required.

(6) The functional assessment must address the following areas: Self-monitoring of health status, self-administering and scheduling of medical treatment, including medication compliance, or both, self-monitoring of nutritional status, handling money, dressing appropriately, and grooming.
§483.134

• (c) Personnel requirements.
  o (1) If the history and physical examination are not performed by a physician, then a physician must review and concur with the conclusions.
  o (2) The State may designate the mental health professionals who are qualified -
    ▪ (i) To perform the evaluations required under paragraph (b) (2)-(6) of this section including the -
      ▪ (A) Comprehensive drug history;
      ▪ (B) Psychosocial evaluation;
      ▪ (C) Comprehensive psychiatric evaluation;
      ▪ (D) Functional assessment; and
    ▪ (ii) To make the determination required in paragraph (d) of this section.

• (d) Data interpretation. Based on the data compiled, a qualified mental health professional, as designated by the State, must validate the diagnosis of mental illness and determine whether a program of psychiatric specialized services is needed.
§483.136

(b) Data. Minimum data collected must include the individual's comprehensive history and physical examination results to identify the following information or, in the absence of data, must include information that permits a reviewer specifically to assess:

- (1) The individual's medical problems;
- (2) The level of impact these problems have on the individual's independent functioning;
- (3) All current medications used by the individual and the current response of the individual to any prescribed medications in the following drug groups:
  - (i) Hypnotics,
  - (ii) Antipsychotics (neuroleptics),
  - (iii) Mood stabilizers and antidepressants,
  - (iv) Antianxiety-sedative agents, and
  - (v) Anti-Parkinson agents.
CFR Requirements: Evaluating for IDD/RC SS (continued)

§483.136

• (4) Self-monitoring of health status;
• (5) Self-administering and scheduling of medical treatments;
• (6) Self-monitoring of nutritional status;
• (7) Self-help development such as toileting, dressing, grooming, and eating;
• (8) Sensorimotor development, such as ambulation, positioning, transfer skills, gross motor dexterity, visual motor perception, fine motor dexterity, eye-hand coordination, and extent to which prosthetic, orthotic, corrective or mechanical supportive devices can improve the individual's functional capacity;
• (9) Speech and language (communication) development, such as expressive language (verbal and nonverbal), receptive language (verbal and nonverbal), extent to which non-oral communication systems can improve the individual's function capacity, auditory functioning, and extent to which amplification devices (for example, hearing aid) or a program of amplification can improve the individual's functional capacity;
CFR Requirements: Evaluating for IDD/RC SS (continued)

§483.136

• (10) Social development, such as interpersonal skills, recreation-leisure skills, and relationships with others;

• (11) Academic/educational development, including functional learning skills;

• (12) Independent living development such as meal preparation, budgeting and personal finances, survival skills, mobility skills (orientation to the neighborhood, town, city), laundry, housekeeping, shopping, bedmaking, care of clothing, and orientation skills (for individuals with visual impairments);

• (13) Vocational development, including present vocational skills;

• (14) Affective development such as interests, and skills involved with expressing emotions, making judgments, and making independent decisions; and

• (15) The presence of identifiable maladaptive or inappropriate behaviors of the individual based on systematic observation (including, but not limited to, the frequency and intensity of identified maladaptive or inappropriate behaviors).
CFR Requirements: Evaluating for IDD/RC SS (continued)

§483.136

• (c) Data interpretation - (1) The State must ensure that a licensed psychologist identifies the intellectual functioning measurement of individuals with IID or a related condition.

• (2) Based on the data compiled in paragraph (b) of this section, the State intellectual disability authority, using appropriate personnel, as designated by the State, must validate that the individual has IID or is a person with a related condition and must determine whether specialized services for intellectual disability are needed. In making this determination, the State intellectual disability authority must make a qualitative judgment on the extent to which the person's status reflects, singly and collectively, the characteristics commonly associated with the need for specialized services, including -
§483.136

• (i) Inability to -
  o (A) Take care of the most personal care needs;
  o (B) Understand simple commands;
  o (C) Communicate basic needs and wants;
  o (D) Be employed at a productive wage level without systematic long term supervision or support;
  o (E) Learn new skills without aggressive and consistent training;
  o (F) Apply skills learned in a training situation to other environments or settings without aggressive and consistent training;
  o (G) Demonstrate behavior appropriate to the time, situation or place without direct supervision; and
  o (H) Make decisions requiring informed consent without extreme difficulty;
  o (ii) Demonstration of severe maladaptive behavior(s) that place the person or others in jeopardy to health and safety; and
  o (iii) Presence of other skill deficits or specialized training needs that necessitate the availability of trained IID personnel, 24 hours per day, to teach the person functional skills.
§ 483.114 (a) For residents of a NF who has mental illness determine if resident requires (1) The level of services provided by--(i) A NF;(ii) An inpatient psychiatric hospital for individuals under age 21, as described in section 1905(h) of the Act; or (iii) An institution for mental diseases providing medical assistance to individuals age 65 or older; and (2) Specialized services for mental illness, as defined in § 483.120.

§ 483.114(b) Individuals with mental retardation. For each resident of a NF who has mental retardation, the State mental retardation or developmental disability authority must determine in accordance with § 483.130 whether, because of his or her physical or mental condition, the resident requires--(1) The level of services provided by a NF or an intermediate care facility for the mentally retarded; and (2) Specialized services for mental retardation as defined in § 483.120.
Key CFR requirements that are the same regardless of disability – not an exhaustive list:

• Necessary Determinations 483.112 (a-b)
  o Need for NF services
  o Need for specialized services

• Timeliness 483.112 (c)
  o Preadmission – annual average of 7 to 9 working days of referral
  o May compute separate averages based on disability type

• Evaluation report and Notices 483.128 & 483.130 (k-l)

• FFP opportunity 483.122

• SS, if appropriate, can and will be provided or arranged for by the State while person is in NF 483.122 (n)
Key Components & Models in Collaboration
What are some important considerations in developing collaboration?

<table>
<thead>
<tr>
<th>Key Components</th>
<th>Types of Models</th>
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<tbody>
<tr>
<td>• Qualified PASRR evaluator</td>
<td>• Collaborative</td>
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<td>• Determination</td>
<td>• Fully Integrated</td>
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<td>• Quality</td>
<td>• Hybrid</td>
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<td>• Technology</td>
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<td>• Monitoring outcomes</td>
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<td>• Services delivery</td>
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• Consider the expertise and experience necessary to conduct a quality, person-centered assessment
  o State code or policy requirements?
  o Familiarity with diagnoses, symptoms, supporting assessments (e.g. IQ testing, adaptive behavior scales, etc.)
  o Understand risks and service needs related to disability and health conditions
  o Knowledge of resources, treatment, LTSS, and service settings
Quality

• Federal PASRR MI/IDD definitions may not align with state eligibility definitions. Population to which PASRR applies is governed by federal statute and regulations.

• Potential quality checks:
  
  o CFR compliance: Does the assessment process, regardless of model, meet the CFR requirements?
  
  o Clinical/person-centered quality: How do you know individuals with dual diagnoses have appropriate rehabilitative and specialized services identified through PASRR? Does the assessment consider the whole person?
Technology

• MI and IDD program coordination equals integrated and more sophisticated data
  o Unique IDs for individuals and one master file index
  o Real time or nightly batches
  o Integrated access across agencies
• Simplifies access rules and security
Monitoring Outcomes

• Integrated data – what data is good to collect and who should have access?
• Electronic system for providers allows for real time access to determinations and service recommendations
• Integrated reports simplify the process for hospitals and nursing homes
Service Delivery: Collaboration In Identifying Appropriate Service Delivery Settings

§ 483.114 (a) For residents of a NF who have mental illness determine requirement for:

- A NF
- An inpatient psychiatric hospital for individuals under age 21
- An institution for mental diseases providing medical assistance to individuals age 65
- Specialized services for mental illness

§ 483.114 (b) For residents of a NF who have developmental disabilities determine requirement for:

- NF or an intermediate care facility for the mentally retarded
- Specialized services for developmental disabilities

Note: Preadmission & NF Resident Review procedures include recommendations for alternate community settings to support treatment choice in least restrictive setting.
Service Delivery: Coordinated PASRR-Identified NF Services

- NF Services
- NF Specialized Rehabilitative Services
- Specialized Services
- Community Placement Supports

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Service Delivery: Collaboration in NF Service Activities
Supporting Individualized Person-Centered Needs

- For residents who exhibit unusual amounts of energy or walking without purpose
- For residents who exhibit behavior that require a less stimulating environment to discontinue behaviors not welcomed by others sharing their social space
- For residents who have withdrawn from previous activity interests/customary routines and isolate self in room/bed most of the day
- For residents who have delusional and hallucinatory behavior that is stressful to self
- For residents capable of independently pursuing their own activities without intervention from the facility
Service Delivery: Specialized Services/Specialized Rehabilitative Services

Developing Support for Collaboration

• Care manager
• Case manager
• Behavioral analyst/specialist
• Peer support
• Complex medication management
• Substance abuse Tx
• Brief episode stabilization
• Individual therapy

• Day program services
• Assistive technology
• Community access services
• Habilitative therapy services
• Family counseling & training
• Supported employment services
• Transportation services
• Other Habilitative services & supplies
• Services typically provided by community-based waivers
Collaborative Model MI and IDD/RC PASRR
What is a collaborative model?

**MI and IDD PASRR programs engage in collaborative PASRR procedures**

- Coordination between MI & IDD PASRR Programs: Preadmission & resident review screening, evaluation, and determination process
- Allows for joint decision making in complex clinical presentations to support collaborative PASRR findings
- MI and IDD specialized services are defined and approved by respective authority with procedures in place to coordinate service delivery and prevent duplication of services
- Coordinated appeal process
- Collaborative tracking & service quality monitoring

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What are examples of collaborative PASRR procedures?

State PASRR procedures include cross agency communication, consultation, and decision making at critical points in the PASRR process

- Collaborative decision making in areas such as:
  - Identification of suspected MI/IDD/RC
    - Identification/determination of NOT MI/IDD/RC
    - Identification of primary dementia
  - Categorical determinations
  - Determinations for MI/IDD/RC target populations
  - Determinations for identified and recommended services: NF services, specialized rehabilitative services for MI/IDD/RC and specialized services for MI/IDD/RC
  - Determination of placement choice options

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Example of Collaborative Procedures

Collaborative PASRR Level I/II screening, evaluation, & determination procedures can improve service outcomes

- Collaboration on preadmission and significant change review
  - Team approach in face-to-face evaluation procedures
  - Coordinated evaluation documentation
  - Collaboration in final PASRR recommendations & determination
- Coordination in transition services, and alternate placement arrangements
- Team approach in specialized services delivery & arrangement of services

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# Collaborative Models: Pros and Cons

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<tr>
<th>Pros</th>
<th>Cons</th>
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<tr>
<td>• MI and IDD PASRR evaluation &amp; determination systems have direct link to both MI and IDD responsible authority</td>
<td>• Confusion on where &amp; when to fax multiple applications</td>
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<td>• May increase opportunities for day-to-day interaction within both MI and IDD delivery system</td>
<td>• Multiple determinations sent separately</td>
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<td>• Individual may have rights to two separate appeal processes</td>
<td>• Step by step appeals can lend to longer appeal process</td>
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<td>• Timeliness delays in navigating two systems</td>
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Fully Integrated Model

MI and IDD/RC PASRR
What is a fully integrated model?

All PASRR IDD and MI activities and services are integrated

- Fully integrated service delivery combines the evaluation and determination as well as specialized services for individuals with serious MI and IDD.
  - PASRR evaluations are completed by one evaluator specializing in IDD and serious MI
  - PASRR determinations are combined and sent out in one evaluative report
  - All Specialized Services are available to both populations and are combined into one treatment plan
- PASRR appeals are handled by one entity

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What are some key steps in becoming fully integrated?

Many states that have a fully integrated model have progressed from a collaborative and then to a hybrid model.

• Examples of central steps:
  o Collaborate interagency workgroups
  o Frequent meetings
  o Interagency agreements
  o Policy and procedure writing / Rule making
  o Combined service delivery and quality monitoring
## Integrated Model – Pros and Cons

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<tr>
<th>Pros</th>
<th>Cons</th>
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<tr>
<td>- Efficiency of processes and staffing</td>
<td>- More difficult to find evaluators specializing in both the IDD and MI fields</td>
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<td>- Centralized evaluations and determinations</td>
<td>- PASRR can become an isolated system and can be removed from the state’s MI and IDD systems</td>
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<td>- No overlapping of procedures</td>
<td>- Lines of authority/responsibility can become blurred</td>
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<td>- Timeliness of determinations</td>
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<td>- One integrated report</td>
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<td>- Comprehensive reporting for states</td>
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<td>- Addresses risks in service gaps</td>
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Lessons Learned

It’s a long process...

• It’s very important to document the entire process as there may be staff turnover and loss of knowledge during the development
• Have established roles in the group including a facilitator and clear agendas
• Be flexible and open to changes that are in the best interest of the individuals served
• Be open to ongoing meetings and revisions to the process which will assist with maintaining clear lines of authority and responsibility
Integrating Model – Service Delivery

One evaluative report with one set of recommendations

- More efficient process for ensuring recommendations are added to nursing care plans
- Centralized monitoring of service delivery and progress
Hybrid Model

MI and IDD/RC PASRR
What is a hybrid model?

*States might incorporate components of the collaboration and integration models*

- Create a model based on resources, strengths, and priorities
- Employ collaboration and coordination where necessary
- Examples:
  - Two separate evaluations, one report
  - One evaluation, two reports

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Hybrid Models: Pros and Cons

<table>
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<th>Pros</th>
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<tr>
<td>• MI and IDD PASRR agencies have flexibility to create processes based on available resources and strengths</td>
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<tr>
<td>• Individual might receive one report that combines information, or two reports with clinically consistent information</td>
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<tr>
<td>• Opportunities to engage collaborative initiatives through innovative solutions to state program gaps</td>
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<th>Cons</th>
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<tr>
<td>• Individual may participate in multiple assessments with some duplication</td>
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<tr>
<td>• Timing the coordination of assessments and reconciliation of determinations and final report may be logistically complex</td>
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Next steps MI and IDD/RC PASRR
Strategies To Support Collaborative Procedures

*Identify networking opportunities and continue the dialogue across systems*

- Continue the dialogue across systems
- Identify the level of interagency collaboration needed: concrete agreements about when coordination, collaboration and/or integration of services are appropriate for effective service delivery
- Identify Organization/Association supportive dialogue opportunity such as:
  - National Association of PASRR Professionals (NAPP), The National Association for the Dually Diagnosed (NADD), National Association of Mental Health Program Directors (NASMHPD), National Association of State Alcohol and Drug Abuse Directors (NASADAD), National Association of State Directors of Developmental Disability Services (NADDD) and National Association of Medicaid Directors (NAMD).

Strategies To Support Collaborative Procedures

Facilitate open dialogue on key clinical and philosophical issues that present as perceived system differences (e.g. behavioral supports and coercive treatment, the use of seclusion and restraint, financing).

• Develop a common language to facilitate dialogue, including clarity in definitions and agreements among stakeholders about preferred terms
• Develop a joint research and data agenda
  o Prevalence of co-occurring conditions
  o Service utilization studies
  o Incidences of trauma, risky/dangerous behavior, incarceration
  o Cost of services


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Strategies to Support Collaborative Procedures (continued)

Identify clinical program models and best practice

- Share information about existing community collaboration models
- Identify policy reform and barriers needed for model development
- Include program, policy, and clinical needs including appropriate use of psychotropic medication
- Identify successes and then share information on promising practices

Strategies to Support Collaborative Procedures

*Engage in opportunities that support collaboration*

- Collaborate with field experts in developmental disabilities, mental health, and dual diagnoses
  - Consider universal assessment modules/tool and guidance for its use
- Identify federal program opportunities
  - Establish agenda and advocacy strategies (e.g. integrated funding, service delivery & managed care)

https://www.nasmhpd.org/sites/default/files/ServingIndividualswithCoOccurring.pdf
Conclusion

Coordination by PASRR authorities likely results in a better assessment experience and outcomes in the nursing facility.

Coordinated service delivery combines specialized services with services provided by the nursing facility to support an individualized person centered plan of care for individuals with MI or IDD.
Questions? Comments? Ideas?

Contact NAPP!
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Email Us!
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• Final rule on Reform of Requirements for Long Term Care Facilities:


• National Association of State Mental Health Program Directors (NASMHPD). Serving Individuals with Co-Occurring Developmental Disabilities and Mental Illnesses: Systems Barriers and Strategies for Reform. (October 2004).
  https://www.nasmhpd.org/sites/default/files/ServingIndividualswithCoOccurring.pdf

Thank You!

- Monthly Networking Sessions 4th Tuesday Every Month @ 1pm EST
- Monthly Small Group Member Initiatives

Questions: nappfrontdesk@pasrr.org

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