



State PASRR Program Improvement Considerations



*Division of Long Term Services
and Supports*

*Disabled and Elderly Health
Programs Group*

*Center for Medicaid and CHIP
Services*

Power and Possibility of PASRR Webinar Series

Presented by the PASRR Technical Assistance Center

Facilitators

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Goals and Objectives

- Today's webinar will focus on PASRR successful practice considerations that have emerged since the PASRR regulations were enacted in 1992 and CMS initiated PTAC's technical assistance role with states in 2009.
- Our goal is to identify practices you may want to consider in order to align your program with successful practices that address the intent of the PASRR regulations.

Today's Webinar Will Cover:

- PASRR Purpose & Expectations;
- Improvement Considerations:
 - Level I;
 - Level II;
 - Specialized Services;
 - Tracking & Monitoring; and
 - Claiming PASRR FFP.

PASRR Purpose & Expectations

1. To ensure that individuals being considered for admission to a Medicaid certified nursing facility (NF) are found to meet NF Level of Care (LOC) and screened for a possible PASRR condition:
 - Mental Illness (MI);
 - Intellectual Disability (ID); and/or
 - Related Condition (RC).
2. To ensure that the individual's PASRR condition service needs are identified.
3. To ensure that the individual is aware of community alternatives to the NF admission.

Level I

- Level I: Identification of individuals with MI or ID:
 - The State's PASARR program must identify all individuals who meet NF LOC and are suspected of having MI or ID as defined in [§ 483.102](#);
 - This identification function is termed Level I.

Level I Improvement Considerations

- Does your state use the Level I to track the application of any Exempted Hospital Admissions and the timeframe in which the exemption no longer applies?
- Does the Level I reflect your state's broader MH/ID Program Person-centered values?
- Does your state's Level I process include steps for confirming the application of any categorical determinations in your state plan?
- Does your state's Level I process allow for a timely Level II evaluation?

The Exempted Hospital Discharge (1 of 2)

- Basic Rule- 42 CFR 483.106(b)(1):
 - “An individual is a new admission if he or she is admitted to any nursing facility for the first time or does not qualify as a readmission. With the exception of certain hospital discharges described in paragraph (b)(2) of this section, new admissions are subject to preadmission screening.”

The Exempted Hospital Discharge (2 of 2)

- [42 CFR 483.106\(b\)\(2\)](#) An exempted hospital discharge means an individual:
 - (A) Who is admitted to any NF directly from a hospital after receiving acute inpatient care at the hospital;
 - (B) Who requires NF services for the condition for which he or she received care in the hospital; and
 - (C) Whose attending physician has certified before admission to the facility that the individual is likely to require less than 30 days nursing facility services.

Level I Improvement Considerations

The Exempted Hospital Discharge

- Consider required use of a Level I assessment for any Exempted Hospital Discharge (EHD). Benefits include:
 - Tracking capacity;
 - To keep account of the frequency of admissions under the EHD; and
 - To identify patterns of EHD admissions exceeding the regulatory time period of 30 days.
 - Avoids overlooking indicators of need for specialized services; and
 - Enhances the Level II process if stay exceeds 30 days and therefore requires a resident review (i.e., Level II evaluation):
 - Pertinent information already gathered if option for EHD is not the first option on form.

Level I Improvement Considerations

Person-Centered Values

- Does your state's Level I account for language and communication preferences?
- Does your state's Level I form allow for desired gender identity and/or preferred pronouns?
- Does your state's Level I process ensure the individual or a key informant is active in the screening and discourage an overreliance on record only reviews?
- Does your state's Level I include a question to assess need for continuity of state plan mental health services or need for arranging for continuation of HCBS supports:
 - For example, does the Level I ask the person (or family member) if he/she is receiving community MH/ID services and supports that may need to be continued with a NF admission?

Level I Categorical Admissions

- [42 CFR 483.130\(c\)](#):
 - Advance group determinations by category developed by the State mental health or intellectual disability authorities may be made applicable to individuals by the NF or other evaluator following Level I review only if existing data on the individual appear to be current and accurate and are sufficient to allow the evaluator readily to determine that the individual fits into the category established by the State authorities.

Level I Improvement Considerations

Categorical Application (1 of 3)

- Ensure Level I screeners understand their role is to “apply” an approved category;
- Ensure your Level II process allows for a brief review of a Level I screener applying a category in order to “confirm” it is appropriate;
- Are your abbreviated reviews creating a risk of a less person-centered PASRR process?
 - Losing continuity of service/care from the community by not fully assessing the need for specialized services:
 - If not currently known to system and/or receiving services, Level II may better identify specialized services;
 - Especially for MH- existing state plan MH services do not stop at the NF door.

Level I Improvement Considerations

Categorical Application (2 of 3)

- Ensure your PASRR system allows for tracking of timelines for any approved categorical admission:
 - Important to not relinquish tracking to NF; and
 - State retains the responsibility to know who may advance to Level II/Resident Review, even if this is expected of the NF.
- Consider the risks of an overreliance on the use of state-approved categorical admissions:
 - Continuity of service/supports, especially existing state plan MH community services, is lost as they can only be approved through the full Level II evaluation; and
 - If not currently known to the state MH/ID system, it may be better for Level II to identify specialized services as the initiation of services can require coordination.

Level I Improvement Considerations

Categorical Application (3 of 3)

- **Reminders:**
 - Some categorical admissions can delay the full evaluation and consideration of specialized service needs for a lengthy time. (Time limits in the CFR for such admissions are state-dependent, other than emergency admissions – 7 days); and
 - When in doubt, consider the value of the full Level II evaluation. Completing the Level II will be beneficial to the NF in planning care and can support timely discharge.

Level I Improvement Considerations

Does your Level I process allow for a timely Level II evaluation?

- Ensure the hospital partners in your state PASRR process understand your willingness to activate the PASRR process once it is clear a NF admission is expected:
 - The Level I screening can be activated;
 - When required, the Level II evaluation can be completed prior to the formal discharge order;
 - The individual will have more time to consider alternatives to the nursing facility admission; and
 - There can be additional time to arrange for any recommended specialized services.

Level II Evaluation

- The purpose of the Level II evaluation is to provide the state mental health agency (SMHA) or state intellectual disability agency (SIDA) with enough information to confirm that the individual has MI or ID, or to confirm that the individual has experienced a qualifying significant change in physical or mental condition, and to make the determinations regarding need for a NF level of services and specialized services.
- The Level II evaluation is where the PASRR process becomes very person-centered.

Level II Evaluation Improvement Considerations (1 of 4)

- Ensure that the individual is directly engaged around the primary decision points in the evaluation process:
 - Are nursing facility level of services required and are there options for the individual, or the legal representative, to consider?
 - Would the individual benefit from specialized services?

Level II Evaluation Improvement Considerations (2 of 4)

- Are nursing facility level of services required and are their options for the individual, or their legal representative, to consider?
 - Ensure that the individual and, if applicable, the individual's legal representative, are aware of the types of long term care options available to the individual.

Level II Evaluation Improvement Considerations (3 of 4)

- Would the individual benefit from specialized services?
 - Remember:
 - Specialized services are intended to support individuals living in the most integrated setting appropriate—whether that is to help support them in a NF or to assist the individual's move into a home or community-based setting; and
 - The purpose of PASRR ultimately is to allow people to live in the optimal setting for that individual, as reflected by the individual's needs and preferences.

Level II Evaluation Improvement Considerations (4 of 4)

- Remember this suggested Level I improvement consideration question:
 - Are you (your family member) receiving community MH/ID services and supports that may need to be continued if you (he/she) is admitted to the NF?
- The face-to-face Level II evaluation allows for a continuation of this focus on developing a person-centered plan of care:
 - Capture existing community-based services and names of providers, including any case manager.
- If dual MI and ID diagnosis, ensure that the Level II is being done comprehensively, including use of a second evaluator with the specialized expertise if that is needed.

Specialized Services (1 of 2)

- [483.120\(b\)](#):
 - “The State must *provide or arrange* for the provision of specialized services, in accordance with this subpart, to all NF residents with MI or IID whose needs are such that continuous supervision, treatment and training by qualified mental health or intellectual disability personnel is necessary, as identified by the screening” in other sections of the regulation
- Remember:
 - If an individual enters a NF with private pay, and is judged by PASRR to need specialized services, the state *does have* an obligation to help arrange for the provision of specialized service -- though not to pay for them, at least not until the individual becomes Medicaid eligible. ([PTAC FAQ](#))

Specialized Services (2 of 2)

- When the recommended services resulting from the PASRR evaluations are beyond those normally provided and included in the NF daily rate, they are considered Specialized Services.
- Specialized Services have three key characteristics:
 1. They address individualized needs related to a person's MI and/or ID or RC, as identified in the Level II evaluation;
 2. They are provided to the individual during their residency in the NF, either in the NF or in the community; and
 3. They exceed the services a NF typically provides under its daily rate.

Specialized Services Improvement Considerations: State PASRR Policy Language (1 of 2)

- Ensure your PASRR policies on specialized services align with the federal PASRR regulations. Specialized services:
 - Are clearly linked to MH/ID/RC services the individual may need *while they reside in a Medicaid-certified nursing facility*; and
 - Are not services being provided in an institution for mental disease (IMD) or an intermediate care facility for individuals with intellectual disabilities (ICF-ID) setting.

Specialized Services Improvement Considerations: State PASRR Policy Language (2 of 2)

- Ensure the intent of specialized services is clearly articulated in policy and during the evaluation process. Specialized services:
 - Are intended to maintain and improve the individual’s skills while they reside in the NF; and
 - Are intended to assist the individual's move into a home or community-based setting.

Specialized Services Improvement Considerations: Intellectual Disability/Related Condition

- Establishing specialized add-on services in the Medicaid State Plan for individuals with ID/RC PASRR conditions that mirror services in the HCBS waiver(s) provides:
 - Continuity and accessibility of care: services and providers;
 - Ease of transition; and
 - Maximization of federal Medicaid match.

Specialized Services Improvement Considerations: ID/RC Care Continuity & Accessibility

- Remember:
 - Identifying existing HCBS services at Level I and Level II not only helps to pinpoint a PASRR condition but it also signals the needed supports if NF admission occurs.
- Having HCBS-like specialized services in the state plan enables:
 - Individuals to receive needed and important support to preserve, and even improve, level of functioning and engagement;
 - Wrap around supports specific to the person's disabilities that augment the care provided by the NF; and
 - Ongoing rapport with trusted providers who deliver HCBS.

Specialized Services Improvement Considerations: ID/RC Ease of Transition

- **Having HCBS-like specialized services in the state plan ensures:**
 - **Smoothen and quicker transition back to the community for people already engage in community-based services:**
 - Little to no break in services; and
 - Provider relationships are maintained.
 - **Creates opportunities to engage individuals new to services due to NF admission:**
 - Services are in place before discharge;
 - Provider relationships are established; and
 - Fear of the unknown is mitigated.

Specialized Services Improvement Considerations: Maximize Federal Match

- Medicaid entitles eligible individuals to a defined set of benefits and guarantees federal funding to participating states on an open-ended, reimbursable basis.
- Currently, some states pay for ID/RC specialized services using state-only dollars.
- Amending the Medicaid State Plan to include ID/RC specialized add-on services enables the state to draw federal match resulting in use of the savings to:
 - Serve more people; and
 - Offer more services.

Specialized Services Improvement Considerations: Mental Health Conditions

- Ensuring specialized services for NF residents with MH conditions have the same results:
 - Continuity and accessibility of care; and
 - Ease of transition.
- Recent CMS guidance highlights states ability to leverage MH services *already contained in the state plan* for MH specialized services:
 - No need for a state plan amendment to include MH specialized services; and
 - State plan language should permit payment of specialized services in the NF.

PASRR Data Tracking & Quality Monitoring

- High degree of variability in what and how states track PASRR data for quality monitoring and improvement.
- States that have automated processes tend to have a better vantage point on PASRR data trends and program quality.
- States do well with the PASRR data basics:
 - Average days for PASRR completion;
 - Number of Level I screenings completed; and
 - Number of Level II evaluations completed.

PASRR Data Tracking & Quality Monitoring Improvement Considerations: Up Your Numbers Game! (1 of 3)

- Additional data elements to monitor PASRR program efficacy and identify process improvements:
 - Level I when EHD or categorical determinations are applied;
 - Level I screening accuracy;
 - Level II evaluation quality;
 - Specialized services remain needed, appropriate, and effective; and
 - Number of resident reviews identifying a PASRR condition not previously flagged.

PASRR Data Tracking & Quality Monitoring Improvement Considerations: Up Your Numbers Game! (2 of 3)

- Additional data elements to monitor PASRR program efficacy and identify process improvements:
 - Number of people diverted or discharged from NF admission because they:
 - Do not meet NF admission criteria;
 - Need services offered in a different setting; and
 - Opt to stay in or move to the community and/or receive HCBS.
- Engage with CMS State Systems Group to receive individualized technical assistance on the best approach and required processes to obtain the federal match for electronic PASRR (ePASRR).

PASRR Data Tracking & Quality Monitoring Improvement Considerations: Up Your Numbers Game! (3 of 3)

- Take advantage of enhanced federal match to establish or improve automation that supports your PASRR program:
 - 75% enhanced match for any information technology for PASRR administration, whether developed by the state or a vendor.
 - ePASRR system is legitimately considered a cost of administering PASRR;
 - ePASRR activity must be properly documented; and
 - There must be an approved Cost Allocation Plan (CAP).
 - 90% enhanced match for ePASRR that is interoperable with Medicaid Management Information System (MMIS) and an approved advanced planning document (APD).

[Medicaid Information Technology Systems Guidance](#)

PTAC FAQ: [E-PASRR Systems – Key Considerations for State to State Consultation](#)

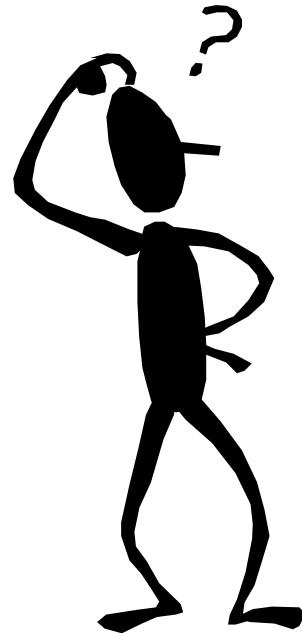
Claiming PASRR Federal Financial Participation (FFP) Improvement Considerations

- Some states may not have the requested or obtained authority in their cost allocation plan to claim the 75% Federal Financial Participation.
 - Ensure your state is taking full advantage of the 75% FFP match for administrative activities associated with your PASRR program.
 - The state's financial subject matter expert would need to contact the financial management department in their state Medicaid authority (SMA) for more information on how to allocate PASRR costs shared across PASRR activities.

Claiming PASRR Federal Financial Participation (FFP) Resources

- How do states claim 75% Federal Financial Participation (FFP) for PASRR activities?
- What PASRR-related activities can states claim at the enhanced 75% match?

QUESTIONS



Satisfaction Survey and CEU

Please take a couple of minutes to provide your feedback on today's webinar:

<https://www.surveymonkey.com/r/T7NZWZY>

If you wish to receive CEUs for today's webinar, please complete the following questionnaire:

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THANK YOU

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