



PASRR Implementation Lessons Learned from the COVID-19 Pandemic



FACILITATOR
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POWER AND POSSIBILITY OF PASRR WEBINAR SERIES

*Please note that you **must** attend the entirety (90 minutes) of this webinar if you wish to receive Continuing Education credits.*



Learning Objectives

- Understand the broad impact of the COVID-19 pandemic on state PASRR programs and key stakeholders.
- Understand the CMS efforts to support state flexibility in operating their PASRR programs during the COVID-19 pandemic.
- Understand state PASRR responses to the COVID-19 pandemic.
- Understand the role of and extent that telehealth played in state responses to the COVID-19 pandemic.
- Understand lessons learned from the COVID-19 pandemic that could improve state PASRR responses to any similar public health emergency.
- Understand the experience of Washington and how their lessons can be used by other states.

COVID-19 and PASRR



A REFLECTION ON THE BROAD IMPLICATIONS

COVID Timeline

January 11, 2020

- World Health Organization (WHO) reports first virus-related death in China

January 31, 2020

- United States declares a Public Health Emergency (PHE)

February 6 and 29, 2020

- First deaths reported in California and Washington

February 11, 2020

- WHO officially names virus COVID-19

March 6, 2020

- CMS issues 1135 waiver authority options (including PASRR)

March 13, 2020

- CMS issues guidance restricting NF visitation and requirement for health screenings

May 18, 2020

- CMS issues NF reopening guidance

December 22, 2020

- CMS issues guidance on planning for the resumption of operations after the PHE

January 22, 2021

- Health and Human Services issues Governors' letter about assumed extension of the PHE through 2021

Impact on Hospitals

- Increased demand for beds to treat critically ill individuals
- Increased interest in and need to move patients requiring nursing facility (NF) level of care out of the hospital as soon as possible
- Critical staffing needs redirected personnel resources away from PASRR activities or increased the need to accelerate PASRR-related discharges

- Changes to and challenges with admissions
- Rapid changes necessary for infection control and social distancing
- Need for increased staffing to support people differently and more individually
- Development of processes for screening, testing, and cohorting to contain virus spread
- Difficulty with attaining Personal Protective Equipment (PPE) and infection control supplies
- Increase in mental health supports for residents *and* staff
- Challenges with maintaining adequate staffing levels
 - Personnel forced to stay at home due to own illness, sickness of a household or family member
 - Personnel fearful of coming to work
 - Nurses and CNAs choosing to leave the field/industry altogether

[COVID-19 Intensifies Nursing Home Workforce Challenges](#), Denny-Brown, Stone, Hays, and Gallaghe, October 2020.

Impact on NF Residents (1 of 2)

- Impacts on social wellbeing because of isolation, disrupted routines, and social distancing for infection control¹
- Increased depression, anxiety, worsening dementia, and failure to thrive²
- Use of technology for medical or social supports doesn't work for everyone³

1. [Social Isolation – the Other COVID-19 Threat in Nursing Homes](#); Abbasi, July 16, 2020.
2. [The Mental Health Consequences of COVID-19 and Physical Distancing](#); Gelea, Merchant and Lurie, April 10, 2020.
3. [Telehealth and Disability: Challenges and Opportunities for Care](#); Young and Edwards, May 6, 2020.

Impact on NF Residents (2 of 2)

- **Isolation – Suspension of typical engagement opportunities**
 - Community dining
 - Community activities
 - Ability to move freely outside of one’s room
- **Depression – New or increased feelings due to the circumstances**
 - Inability to engage in normal activities
 - Isolation from friends and family
 - Worry about family, friends, and fellow residents
 - Feelings of uncertainty and confusion
- **Changes for residents with I/DD**
 - Suspension of facility visitation by peers and service providers
- **Changes for residents with MH**
 - Suspension or modification of MH counseling services
 - “Talking to a television”

CMS Efforts to Support States



PASRR FLEXIBILITIES DURING THE PANDEMIC

Early Actions by CMS

- Provision of states to apply for temporary PASRR suspension via the 1135 Waiver
- Rapid review (and approval) of PASRR changes via 1135 authority
- Issuance of guidance for using telehealth to complete PASRR evaluation when face-to-face evaluations are not possible due to resource limitations or infection prevention measures
- Restriction of federal survey activities to issues of infection control and immediate jeopardy, including PASRR
- Specific guidance to clarify confusion around a 1135 “blanket waiver” communication to nursing facilities that led to additional technical assistance support through PTAC

CMS's Continued Efforts

- Updates on PHE extensions and the impact on PASRR suspension via the 1135 waiver
- Issuance of reopening guidance for nursing facilities
- Publication of guidance about 'unwinding' flexibilities at the end of the PHE
- Ongoing technical assistance support through PTAC
- Notice of the likely PHE continuance through 2021 and a federal commitment to inform states in advance when the PHE will end

The Pandemic and PASRR



A SUMMARY OF STATE RESPONSES

1135 Waiver Authority

- One of the first steps made available to states upon declaration of the PHE
- Within the first month, 35 states received approval for the PASRR suspension
- 45 states acquired authority to suspend PASRR
- Approximately 21 states chose not to implement the suspension

Additional State Approaches

- Use of telehealth and remote technologies to complete PASRR evaluations
- Engagement with sister agencies, hospitals, and NFs to manage the PASRR program during the pandemic
 - Proactive understanding of process changes
 - Tracking of individuals with suspended PASRR evaluations
 - Problem-solving as issues emerged

Telehealth



A ROLE IN STATE RESPONSES TO THE PANDEMIC

COVID-19 Impact on PASRR Process

- COVID-19 restricted access to hospitals and nursing facilities, disrupting the traditional PASRR process, as face-to-face assessments and evaluations were not possible or significantly restricted due to health and safety concerns for both PASRR staff and individuals.
- COVID-19 led to work from home requirements for state PASRR staff and contract providers.
- Telehealth became the operational norm in the PASRR process.

Defining Telehealth

- *Telehealth* is defined generally as the use of interactive telecommunication technology to provide health care services to patients from a distance. Whereas the term *telemedicine* typically refers to the remote delivery of clinical services, *telehealth* encompasses clinical and nonclinical health care services.
- The role of telehealth in the PASRR process had previously been explored in a 2018 PTAC white paper entitled [“Telehealth: Opportunities for Preadmission Screening and Resident Review”](#), but that paper did not envision the PASRR role for telehealth during any emergency on the scale of the COVID-19 pandemic.

COVID-19 – The Emergence of Telehealth

- PTAC received the first request for TA related to COVID-19 on March 9 (noted below), inquiring if CMS had provided any PASRR-specific guidance related to completing visits to hospitals and nursing facilities during the COVID-19 outbreak given potential health and safety concerns for PASRR staff and individuals.

“Has CMS provided any PASRR-specific guidance related to completing visits to hospitals and nursing facilities during the COVID-19 outbreak? Has been discussion of completing PASRR data gathering and interviews remotely, by phone or email?”

CMS Telehealth Guidance (1 of 2)

- Federal regulations do not prohibit PASRR Level 1 and Level 2 evaluations from being conducted by telephone or through another electronic medium.
- Unless the state has a specific requirement that PASRR Level 2 evaluations be conducted in a face-to-face interview, there is no need to amend language in the state plan.

[COVID-19 Frequently Asked Questions \(FAQs\) for State Medicaid and Children's Health Insurance Program \(CHIP\) Agencies](#) initially issued on March 18, 2020

CMS Telehealth Guidance (2 of 2)

- States have broad flexibility to cover telehealth through Medicaid, including the methods of communication (such as telephonic, video technology commonly available on smart phones and other devices) to use.
- Telehealth is important not just for people who are unable to go to the doctor, but also for when it is not advisable to go in person.
- No federal approval is needed for state Medicaid programs to reimburse providers for telehealth services in the same manner or at the same rate that states pay for face-to-face services.

State Use of Telehealth for PASRR

- During PASRR regional calls, states were asked if they had used telehealth in order to continue their PASRR operations without interruption or to reduce the number of instances of fully deferring the PASRR process as part of an approved 1135 waiver.
- For the states participating on April and June 2020 regional calls, thirty-three (33) reported reliance on telehealth to address their PASRR activities.
- All states and the District of Columbia reported some level of telehealth over subsequent months.

The Washington Experience



WENDY EINER
PROGRAM COORDINATOR

DEVELOPMENTAL DISABILITIES ADMINISTRATION
*WASHINGTON STATE DEPARTMENT OF SOCIAL AND
HEALTH SERVICES*

Developmental Disabilities Administration

- The Developmental Disabilities Administration is transforming lives by providing support and fostering partnerships that empower people to live the lives they want. The [2021-2023 Strategic Plan](#) describes our work and expected outcomes to accomplish the mission.
- The Developmental Disabilities Administration strives to develop and implement public policies that will promote individual worth, self-respect, and dignity such that each individual is valued as a contributing member of the community. The [Developmental Disabilities Guiding Values](#) encompasses our vision and values for inclusive communities.



Washington PASRR Partnerships

Each year, the Department of Social and Health Services and the Health Care Authority present a PASRR webinar for hospitals and nursing facilities. A link to the most recent webinar slides is available below.

- [2020 Webinar](#) (NEW)
- [2019 Webinar](#)

Washington State Plan Amendment (SPA)

CMS approved SPA in June 2015 and effective January 2015

- Specialized add-on services for certain NF residents.
- Specialized add-on services require pre-authorization. (PASRR)
- Specialized add-on services are paid as add-on payments to the provider of the specialized add-on service.
- Specialized add-on services are not provided by the NF.
- If a covered specialized add-on service is also covered under other sections of the Plan, but is in excess of the limitations described in those sections, it may be paid as a specialized add-on service.

[Washington State Plan Amendment \(SPA\) Adding DD Services to Specialized Services](#) – PTAC Website, October 27, 2015

SPA Covered Services

- **Assistive technology***
- Habilitative behavior support and consultation
- Community access services
- Community guide
- Habilitative therapy services
- Staff/family consultation and training
- Supported employment services
- Transportation Services
- Other habilitative services and supplies

**Evident resources were essential as there was no NF access.*

The Washington COVID-19 Response

- Group process (transition from just meetings to a more purposeful process).
- Assisted technology and isolation support workgroup started in September.
 - Focus on increased understanding of the use of technology.
 - Importance to connecting with the person and helping the person be connected to what is important to them.
 - High tech/low tech/no tech thinking.

Assisted Technology Response

- COVID-19 led to skyrocketed demand for AT such as iPads.
- State-Wide Contract for purchasing and training.
- Items purchased – High Tech (iPads, tablets, smart devices) Low Tech (Headphones, cases, wheelchair mounts, etc.)
- PASRR Team has an approval process (in writing) for items to ensure they are related to the person's disability, and professional evaluation to determine if and how an item or service meets the assessed need(s).

COVID-19 PASRR Areas of Emphasis

- Strategies to address isolation
- Recognize need to address unique needs
- Solitary confinement (stay in rooms)
- Responding to uptick in behaviors
- Community Engagement efforts (find the person's thing)
 - What are the interests of this person
 - Example: Crafters/Art Virtual community (visit craft store – recorded)
- Process led to increased awareness of what it is that helps people feel connected

COVID-19 Impact on PASRR Team

- Working from home led to increased staff empathy. – “beautiful to see”
- Team has more time to devote to thinking.
- Heightened connectivity within team.
- By partnering with facility staff, Professional evaluations supported the planning.

COVID-19 Impact on Nursing Facility Partnership

- Strengthening partnership with NF occupational/speech staff.
- New partnership with Activities Staff reaching out to PASRR program and becoming very collaborative with PASRR Team.
- COVID-19 created common ground.
- Technology equipment helped individuals make independent decision.

COVID-19 Impact on Individual and Families

PASRR makes a real impact on lives (email from PASRR assessor)

- *“Mom shared that since D’s dad had a stroke in the summer of 2020, she has not been able to see D in the nursing facility as she no longer drives. The pain of separation from D has been significant for the entire family (since the facility was not allowing family visits, due to the Pandemic) but mostly for D. Mom shared, as she was crying, that D now uses FaceTime to visit his siblings and Zooms with his parents. The family feels “reconnected and rejuvenated”.*

“Mom wanted me to send a heartfelt “THANK YOU” to everyone who made this happen!”

This is why I LOVE my job

Lessons Learned



**OPPORTUNITIES TO IMPROVE STATE PASRR RESPONSES IN
SIMILAR PUBLIC HEALTH EMERGENCIES**

Preparation Matters

- COVID-19 highlighted the need to plan with key PASRR partners, hospitals and nursing facilities, to ensure a common understanding of how their state will operate their PASSR program during a local, regional, or statewide health crisis.
 - For example, a 1135 waiver that includes a suspension of PASRR requires clarity on how nursing facility admissions that did not have any PASRR screening prior to admission will be tracked.
- COVID-19 take away – “Envision to Possibilities”
 - Importance of bigger scope contingency planning
- PASRR has a place in your agency Disaster Response Plan.

- COVID-19 highlighted risk of communication challenges
 - Establish clear points of contact for all key stakeholders
 - Establish clear messaging activation strategy
 - ✦ When/Who/How
- Multiple methods of communication increase common understanding
 - ✦ Email/phone
 - ✦ Website
 - FAQ's
 - White Paper
- Address any inconsistency in messaging in a timely manner through all methods

- Understand variation in use of ‘telehealth’ – phone versus video conference
 - Determine resource capacity to use electronic features for PASRR interface.
 - Determine aptitude for use of electronic features by evaluators, and NF applicants or residents.
 - Address concerns regarding confidentiality
- Understand training needs
 - Virtual provider training may be especially helpful when it is comprehensive and easily accessible.
 - Asses PASRR NF resident comfort with technology and support needs. (consider question during evaluation)

Specialized Services Matter

- Individuals with PASRR conditions who have been receiving community-based mental health or intellectual disability services are likely to continue to need similar supports.
- Nursing facility resident that had been receiving face-to-face Specialized Services will continue to need services and supports.
- Individualized Telehealth Specialized Services can support important continuity of care goals and promote timely return to the community.
- Washington experience exemplifies creativity in addressing unique interest the individual.

- PASRR team members are impacted by pandemic events
 - Flexibility is important for adapting to remote working.
 - ✦ Personal/Family/Work balance.
 - Regularly scheduled check-in time is important to maintaining a “team” philosophy.
 - ✦ Zoom meetings
 - ✦ Calls
 - Acknowledge the small and big successes!

Summary of COVID-19 Lessons Learned

- PASRR allowed for creativity in responding to COVID-19.
- Assistive Technology is an essential tool in the creativity toolbox.
- Creativity opens doors to connectivity.
- Connectivity is essential to those with a PASRR condition and for all PASRR team members.
- PASRR team members can remain focused on the individual in the most challenging of times.
- PASRR can make a difference in the lives of those with PASRR conditions, even during a pandemic.

QUESTIONS



THANK YOU



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