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# **Specialized Services & Lessons Learned - A Panel Discussion**

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POWER AND POSSIBILITY OF PASRR WEBINAR SERIES



## Learning Objectives

- Understand Code of Federal Regulations regarding Specialized Services
- Understand options for providing Specialized Services
- Understand what led to panel states to begin providing Specialized Services
- Understand the type of challenges states can encounter in developing their model of Specialized Services
- Learn about the range of providers of Specialized Services in panel states
- Understand how Specialized Services have impacted nursing facility (NF) residents in the panel states
- Learn what panel states believe would be helpful to other states that want to offer access to Specialized Services



### **Panel Participants**

**Melanie Feddersen**, Developmental Disabilities Services Specialist Vermont Department of Disabilities, Aging and Independent Living

**Terry Hehemann**, Program Manager Developmental Disabilities Administration. Wa

Developmental Disabilities Administration, Washington State Department of Social and Health Services

**Alexandria Childers-Scott** RN, BSN

Medicaid Program Policy Analyst, Long Term Care Division of Medicaid Idaho Department of Health and Welfare



## Background Specialized Services

#### **CODE OF FEDERAL REGULATIONS**

PART 483—REQUIREMENTS FOR STATES AND LONG
TERM CARE FACILITIES
SUBPARTS B AND C

### Subpart B

### §483.21 Comprehensive person-centered care planning

- (b) Comprehensive care plans. (1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The plan must describe the following......
- (iii) Any **specialized services** or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.



### Subpart C 483.100 – 483.138

#### §483.120 Specialized services

- (a) *Definition*—(1) For mental illness, specialized services means the **services specified by the State which, combined with services provided by the NF**, results in the continuous and aggressive implementation of an individualized plan of care that—
- (i) Is <u>developed and supervised by an interdisciplinary team</u>, which includes a physician, <u>qualified mental health professionals</u> and, as appropriate, other professionals.
- (ii) Prescribes <u>specific therapies and activities</u> for the treatment of persons experiencing an acute episode of serious mental illness, which necessitates supervision by trained mental health personnel; and
- (iii) Is directed toward diagnosing and <u>reducing the resident's behavioral</u> <u>symptoms</u> that necessitated institutionalization, <u>improving his or her level of independent functioning</u>, and achieving a functioning level that permits <u>reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time</u>.

### Subpart C 483.100 – 483.138

#### §483.120 Specialized services, continued

- (2) For intellectual disability, specialized services means the services **specified by the State which, combined with services** provided by the NF or other service providers, results in treatment which meets the requirements of §483.440(a)(1).
- (b) Who must receive specialized services. 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 provided in §483.130 or §§483.134 and 483.136.



# § 483.440 Condition of participation: Active treatment services.

# § 483.440 Condition of participation: Active treatment services.

- (a) Standard: Active treatment. (1) Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward -
  - (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and
  - (ii) The prevention or deceleration of regression or loss of current optimal functional status.



### Subpart C 483.100 – 483.138

#### §483.128 PASARR evaluation criteria

- (a) Level I: Identification of individuals with MI or IID. The State's PASARR program must identify all individuals who are suspected of having MI or IID as defined in §483.102. This identification function is termed Level I. Level II is the function of evaluating and determining whether NF services and specialized services are needed.
- (5) If specialized services are recommended, identifies the specific intellectual disability or mental health services required to meet the evaluated individual's needs



# Specialized Services PTAC Frequently Asked Questions

Is the state obligated to provide specialized services to private pay individuals? - March 2018

• 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.



## **Specialized Services PTAC White Paper**

<u>Financing or Arranging for PASRR Specialized Services for Individuals</u>
<u>With Serious Mental Illness: Medicaid and Medicare Options – May 2017</u>

- The contents of this paper should be useful to state staff who recognize that there are gaps in the way their states provide Specialized Services but are unsure how to pay for those services.
- Similarly, the content should be useful to states that currently fund Specialized Services through state-only dollars and would like to recoup at least some of the money they spend by making those services reimbursable through Medicaid.
- Paper goal is to illuminate the possibilities for financing or arranging Specialized Services, so that states can more readily supply these critical services to NF residents who need them.



# Specialized Services PTAC Webinars

<u>PASRR Specialized Services in the Medicaid State Plan: Washington's State Plan Amendment - September 2015</u>

<u>Paying for Specialized Services: New Mechanisms for States - February 2014</u>

<u>Specialized Services and Case Management: Individuals with ID/DD – January 2013</u>



# Specialized Services Ongoing PTAC Support

<u>Workgroup Calls</u> - The purpose of these office hours is to help states understand the new guidance CMS has developed to enhance and finance Specialized Services. The goals of the office hours are to:

- Articulate CMS's vision for a more person-centered model of Specialized Services as identified in the new guidelines
- Engage other key stakeholders that can support Specialized Services initiatives
- Promote a method and place for states, CMS, and PTAC to learn about Specialized Services together

April 24th at 3:00 PM Eastern 1 (866) 316-1519; 7220 599



## PANEL DISCUSSION

When did you first start providing Specialized Services and what prompted your state to begin providing Specialized Services?



Are these services part of your nursing facility benefit?

If so, can you comment on how you went about adding Specialized Services to the benefit?



What challenges did you encounter in developing your model of Specialized Services?



Who are the providers of Specialized Services in your state?



Have you seen an impact of Specialized Services being provided to nursing facility residents?



What "lessons learned" would be helpful to other states that want to offer access to Specialized Services?



Do you have any recommendations for states that may be considering working on adding Specialized Services to their nursing facility benefit?



## **QUESTIONS**





## THANK YOU