

# The Power and Possibility of PASRR Webinar Series

## Webinar Assistance

<http://www.pasrrassist.org/resources/webinar-assistance-and-faqs>



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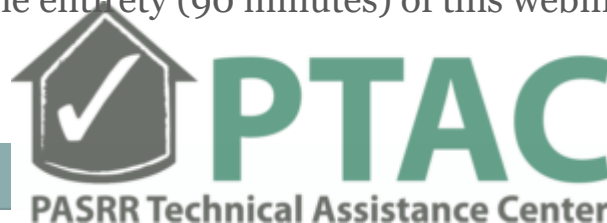
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For further webinar and PASRR-related assistance, contact Smita Patil ([spatil@mission-ag.com](mailto:spatil@mission-ag.com)).

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



NAPP hosts a follow-up PASRR related discussion following PTACs webinars

Networking with NAPP  
(National Association of PASRR Professionals)  
<http://www.pasrr.org>

The next Networking Session with NAPP is:  
Tuesday, August 22, 2017 @1 PM EST

<https://attendee.gototraining.com/r/4258035084751301378>

For more information about NAPP, contact  
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National  
Association of  
PASRR  
Professionals

The Power of PASRR & YOU!

# The PASRR Initiative in Washington State

PTAC – August 2017

# Background on the Washington State PASRR System

- State Medicaid Agency: Health Care Authority
- PASRR Agencies within the Department of Social and Health Services
  - ID/RC\*: Developmental Disabilities Administration (DDA)
  - SMI\*\*: Behavioral Health Administration (BHA)
- Number of Nursing Facilities (NFs): 224
- Who does Level I's: Referring party (hospital, community medical office)
- Who does Level II's:
  - DDA PASRR Assessors (state employees)
  - BHA contractors

\*Intellectual Disability/Related Condition  
\*\*Serious Mental Illness

## DDA Demographics

- Number of individuals who meet DDA eligibility: 44,106
- Number of individuals who meet DDA eligibility in community settings: 42,915
- Number of persons with ID/RC in NFs: 642
- Number of persons with ID/RC in other institutional setting (medical hospital, psychiatric hospital, correctional institution, ICF/IID\*): 549

\*Intermediate Care Facility for Individuals with Intellectual Disabilities

# The Washington Initiative: Starting Values

- In the spirit of *Olmstead*: **People have a right to community integration.**
- In the spirit of the Americans with Disabilities Act (ADA): **People have a right to full participation.**
- In the spirit of person-centered principles and practices: **People have a right to self-determination.**
- In the spirit of OBRA-87\*: **Nursing facility care is intended to treat the whole person, not just medical or functional needs.**

\*OBRA-87 = Omnibus Reconciliation Act of 1987

# The Washington Initiative:

## Starting Goals and Objectives

- Provide a path for transition from NF to community or, if community transition is not optimal, allow for continued community connection.
- Provide specialized services that honor an individual's values and goals, promote community connections, and lead to greater independence.
- Develop a data system that allows for accountability and continuous improvement.
- Establish a plan for training and providing technical assistance to community partners.

# Engagement with Stakeholders:

## PASRR Work Group

- Team members: Medicaid agency, ID/DD and BH authorities, NF and hospital regulatory agencies, aging and long term care agency.
- Frequency of meetings: Weekly to begin, now monthly.
- Key challenges:
  - Describing and analyzing current PASRR process, identifying inconsistencies and areas in need of improvement, aligning practices with goals and values.
  - Continuing workflow while updating practices and tools.
  - Communicating effectively during times of rapid change.
  - Paying for it.
- Benefits: A consistent message, easy access to Subject Matter Experts (SME), training partners who have the ear of various community partners.



# Describing Current System

- Lesson learned: It's virtually impossible to flowchart the entire PASRR process!!!



- Better Idea: Start with the [PTAC PASRR Self-Assessment tool](#).
- For questions, consult: PTAC, CMS. We benefitted from feedback from our CMS Regional Office and CMS Central Office.

## Identifying Inconsistencies

- Lesson learned: Every state has inconsistencies, but don't be discouraged - every state also has things they're doing really well.
- PTAC technical assistance:
  - Helped us take an honest look at where our process was lacking.
  - No cost and no negative consequences, just positive suggestions.
  - Initial phone consultations; later, in person.

## Aligning Practices With Goals and Values

- Lesson learned: Not a destination but a means of travel.
- Get to know [Dan Timmel](#). He is gone but his vision for PASRR can be accessed in PTAC webinars and YouTube videos.
- Immerse yourself in person-centered values information. One good source: [Person-Centered PASRR](#).
- See what other states are doing.
- In Washington, person-centered training is required for all PASRR staff.

## Continuing Workflow while Updating Practices and Tools

- Lesson learned: This is harder than it looks.
- Complexity will vary depending on the kind of tools and forms you currently use and the degree of change.
- Determine a “go live” date and plan for training to occur beforehand, and extra support until users gain confidence.
- Provide user manual or other reference documents.
- Decide whether data will be migrated from previous system.
- Tedious work, but aligning values, tools, and reporting capabilities ultimately lead to better outcomes for the people we serve.

# Financial Considerations

- Take advantage of the 75% federal match for PASRR administration.
  - Capture tasks provided by PASRR team and others (Information Technology (IT), administrative professionals).
  - We use timesheets to track time spent on:
    - PASRR Preadmission assessments and related tasks
    - PASRR significant change assessments and related tasks
    - PASRR administrative tasks
    - Non-PASRR work
- Consider a State Plan Amendment to receive federal match on specialized services.
  - [PASRR Specialized Services in the Medicaid State Plan: Washington's State Plan Amendment](#)

## Why a SPA?

- WA wanted to pursue a funding stream to help pay for PASRR Specialized Services (SS).
- Although it took a long time and a lot of work, the SPA lessens by nearly half the state budget impact of SS.
- An unforeseen benefit – planning the SPA helped us to focus on what services would be most beneficial for NF residents.

## Washington Specialized Services

- Assistive technology
- Behavior support and consultation
- Community access
- Community guide
- Habilitative therapies
- Staff/family consultation and training
- Supported employment
- Transportation
- Other habilitative services

## Living the Person-Centered Philosophy

- Lesson learned: This is probably the hardest – and most important – component of a meaningful PASRR program.
- Nursing facilities are notorious for requiring residents to fit the established routine.
- Service providers are unaccustomed to working with people who live in an institutional setting.
- Guardians and families may distrust the State's intent.
- For us, PASRR works very differently than other DDA programs – we had to explain what we were doing again and again within our own agency.



## Outreach

- Lesson Learned: Statewide outreach is good for procedural information; local outreach is more effective for site-specific questions or staffing cases.
- To NF staff – “We are on the same team.”
- To service providers – “You can do this – and you’ll be glad you did.”
- To guardians and family members – “We aren’t taking anything away!”
- To DDA staff – “Let’s work through this together.”

## Keeping the PASRR Plan Alive

- The addition of a follow-up contact with all individuals who remain in NF care at 90 days, and then every 6 months.
- Monthly regional team meetings to strategize about helping individuals meet goals.
- Staffing challenging cases with Headquarters (HQ) PASRR team and members of the interagency workgroup.
- Team discussion board to ask questions and share successful approaches.

# Keeping the Program on Track

- Establishment of the PASRR Quality Management Team to monitor:
  - Timeliness
  - Person-centeredness
  - Appropriateness of recommendations
  - Nursing facility follow-through
  - Maintenance of adaptive equipment for resident's use
- Development of data reports to monitor:
  - Appropriate identification of intellectual disability or related condition
  - Workload distribution
  - Specialized service recommendations and outcomes
  - Community transitions

## Response from NFs and Providers

- Initially: Fear, suspicion, confusion.
  
- Now: Well...still some of the above but also:
  - Satisfaction
  - Collaboration
  - Willingness to try different approaches
  - Excitement about positive outcomes
  - Hunger for information and understanding of person-centered approaches

## Training Approaches

- Quarterly PASRR All-Staff meetings; monthly GoTo informational meetings; other trainings as needed.
- Annual webinars for hospitals, medical offices, and nursing facilities; regional outreach as needed.
- Presentations at DDA unit meetings to reach other DDA staff.

# Our Team

- Lesson learned: Our team is our biggest strength.
- Our approach:
  - Solicit feedback and LISTEN
  - Acknowledge challenges
  - Build understanding of the importance of data gathering
  - Honor individual gifts and challenges (be person-centered!); encourage teamwork
  - Engage team in building a better program
  - Encourage sharing of success stories
- Without the commitment of our assessors to helping NF residents meet their goals, no amount of technology or training would lead to success. **THEY ARE THE HEROES** of WA's PASRR program.

# The Importance of Success Stories

- Lesson learned: Statistics win minds; stories win hearts.
- The power of PASRR can best be understood one person at a time.
- Individual stories encourage empathy, which “moves us to a place of courage and compassion,” according to Dr. Brene Brown, Ph.D., LMSW.
- The acknowledgement of what PASRR means to one individual helps win support for PASRR as a program (and a philosophy).
- On a selfish note, success stories can help state program leads stay connected to their own social work ethic and experience the value of the work they do.



# Matthew

Matthew experiences deafness and blindness. When his current PASRR assessor first met him, he had been without communication for several years. Although he learned about 150 signs at a young age, turnover at the NF meant those who were able to communicate with him had moved on.

His assessor reached out to a number of advocacy agencies and connected Matthew with an interpreter who is also deaf. The interpreter said hello to Matthew by signing onto his hand. At first, Matthew pulled away. As the interpreter explained to those in the room that he would respect Matthew's need for a break, Matthew reached out to him. The interpreter signed "hello" again, and told Matthew his name. Matthew's smile was described as one that "radiated around the room."

Since that time, the NF staff has participated in communication training and Matthew now can communicate with several people.





## Lannes

Lannes was a 90-year-old man who had lived in the community prior to becoming terminally ill and entering a NF. His doctor advised that Lannes was too ill to benefit from PASRR specialized services.

When Lannes was referred for a significant change Level II, his assessor learned that his condition had improved and, although he still needed NF care, he wanted to stay connected to his community. Through a specialized service called Community Access, Lannes received the support he needed to participate in meaningful activities and maintain valued friendships.

For nearly two years, until his death in Feb. 2017, Lannes was able to practice self-determination through PASRR. His last years were spent as he chose to spend them.



## Hubert

Hubert is a 71-year-old man who wanted to work! At his initial PASRR assessment, Hubert's health was fragile and working didn't seem like a viable option. In time, his health improved, and his PASRR Assessor recommended supported employment as a specialized service.

Hubert works four two-hour shifts per week at Dairy Queen. He loves his work and has an exceptional work ethic. His renewed participation in community led to even bigger changes – Hubert has discharged and is now living in a community setting.

## The Future of PASRR in WA

- A communication and assistive technology specialist is working with PASRR Assessors in the field and will help the team develop a toolkit for communicating with people who don't use words.
- The team is looking into the possibility of developing specialized services specifically for people who are facing end of life.
- We are strategizing about ways to increase our provider pool for specialized services.
- WA hopes to engage other states in developing a standard inter-state agreement.
- We look forward to the continued sharing of ideas with other state PASRR programs. We'd love to hear what innovative things are happening in your state!

# Thank You

For questions, please contact:

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Washington Department of Social and Health Services

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Phone: 360-407-1560

NAPP Follow up:  
The PASRR Initiative in Washington State

How can you Participate in Networking with NAPP?

Join *Networking with NAPP* on August 22<sup>nd</sup> at 1PM EST:

<https://attendee.gototraining.com/r/4258035084751301378>

National  
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