The Power and Possibility of PASRR Webinar Series

Webinar Assistance

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

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

PTAC

PASRR Technical Assistance Center

How the PASRR Process Functions Within a Nursing Facility

A PROVIDERS VIEW OF THE PROCESS FROM PRE-ADMISSION TO POST-DISCHARGE

Presenter

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PTAC Consultant

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Sources of Information

- CMS Long Term Care Survey Federal Regulations
- PTAC Resources
- Colorado Department of Health Care Policy and Financing
- Colorado Health Care Association
- Personal Experiences and Case Studies

Course Objectives

- Participants will observe how the PASRR process works within a nursing facility
- Participants will be able to compare how a successful and non successful integration of specialized services in a nursing facility impacts the success rate of discharge

Course Objectives, continued

- Participants will be able to describe how the PASRR process and integration of specialized services affects the daily operations of a nursing facility
- Participants will be able to summarize forward thinking models that promote PASRR Level II directed specialized services integration in nursing facilities

What are the regulations for Nursing Homes?

- Regulation F 285

A facility must coordinate assessments with the pre-admission screening and resident review program under Medicaid in part 483, subpart C to the maximum extent practical to avoid duplicative testing and effort.

What does this mean?

With respect to the responsibilities under the PASRR program, the State is responsible for conducting the screens, preparing the PASRR report, and providing or arranging the specialized services that are needed as a result of conducting the screens. The State is required to provide a copy of the PASRR report to the facility. This report must list the specialized services that the individual requires and that are the responsibility of the State to provide. All other needed services are the responsibility of the facility to provide.

Regulation F285, continued

Section 483.20 (m)(1)

A nursing facility must not admit, on or after January 1, 1989, any new residents with:

Mental illness as defined in (m)(2)(i) o f this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission:

(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and

(B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.

Regulation F285, continued

Interpretation-

To ensure that individuals with mental illness and mental retardation receive the care and services they need in the most appropriate setting.

***Specialized Services** are those services the State is required to provide or arrange for that raise the intensity of services to the level needed by the resident. That is, specialized services are an "add-on" to NF services – they are of a higher intensity and frequency than specialized rehabilitation services, which are provided by the NF.*

The statute mandates preadmission screening for all individuals with mental illness (MI) or mental retardation (MR) who apply to NF's, regardless of the applicant's source of payment, except as provided below. (See 1919(b) (3)(F).) Residents readmitted and individuals who initially apply to a NF directly following a discharge from an acute care stay are exempt if:

Regulation F285, continued

PASRR Exemptions-

- *They are certified by a physician prior to admission to require a nursing facility stay of less than 30 days; and*
- *They require care at the nursing facility for the same condition for which they were hospitalized*

The state is responsible for providing specialized services to residents with MI /MRresiding in Medicaid-certified facilities. The facility is required to provide all other services appropriate to the resident's condition. Therefore, if a facility has residents with MI/MR, do not survey for specialized services, but survey for all other requirements, including resident rights, quality of life, and quality of care.

Regulation F285, continued

Regulatory accountability-

If the resident's PAS report indicates that he or she needs specialized services but the resident is not receiving them, notify the Medicaid agency, NF services ordinarily are not of the intensity to meet the needs of residents with MI or MR.

Probes-

If sampled residents have MI or MR, did the State Mental Health Authority determine:

- *Whether the residents needed the services of a NF?*
- *Whether the residents need specialized services for their MR or MI?*

See earlier text on resident rights, Qof C, and QofL

Irma

41 year old Down's Syndrome patient recovering from orthopedic surgery

Additional Requirements

- Colorado requires that a Level I must be completed no more than 2 days prior to discharge from an acute stay (states vary)
- This can result in inaccurate information due to the event of medications and/or diagnosis updates on discharge orders
- Nursing Facility has the ultimate responsibility for accuracy of Level I

Post Admission to a Nursing Facility

Post Admission Level I Update

Nursing Facility must contact OBRA Coordinator if-

- New or Worsened Serious Symptoms (MMI or ID/DD)
- New Diagnosis indicated by Section I (MMI or ID/DD)
- Significant Change of Condition (MDS)
- New category of psychiatric medication
- Expiration of ‘time limited approval’

Definition of 'Significant Change in Status'

A "Significant Change"

Is a decline or improvement in a resident's status that

1. Will not normally resolve itself without intervention be staff or by implementing standard disease-related clinical interventions, is not "self-limiting"
2. Impacts more than one area of the resident's health status; and
3. Requires interdisciplinary review and/or revision to the care plan

Status Change Review

Nursing Facility to initiate communication with OBRA

- Refer status change to OBRA coordinator within 14 days
- OBRA coordinator determines method for information sharing such as phone, fax, email, or on-site review)
- OBRA coordinator determines what information is necessary to conduct a Status Change Review
- Once OBRA coordinator has all the information they required from the NF then OBRA coordinator has 3 business days to complete the review

MDS Coding

With the MDS update to MDS 3.0 there is now one section to indicate PASRR / special services

- A1500, coded for Admission, Annual, Significant Change, or Significant Correction
- If a Level II is triggered and specialized services are being provided then section A1510, and possibly A1550, is prompted based on ID/DD diagnosis.
- MDS data is tracked and gathered prior to regulatory review

Eva

89 years old, blind, with PASRR Level II special services, and a need for constant tactile stimulation and human interaction

A good match!

Tori

evening receptionist, creative, eager to add value to her time at the care center!

The Team is Expanded for Level II Individuals

Interdisciplinary approach to care planning

- Who is involved in the creation of the plan of care?
- How does the plan of care identify specialized services?
- How often is the plan of care updated?
- Who is responsible for the accurate plan of care?

External Coordination

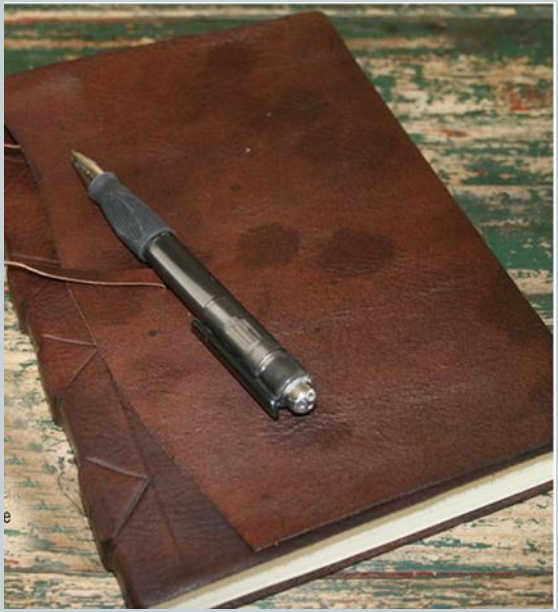
Coordination with para- professionals

- Pre existing services providers, local BHO's
- Discharge planning process, starts before admission

Penny

Paraplegic, bed ridden for almost 12 months related to wound care, and has PASRR Level II special services

Personal care plan: Journaling, computer, Phone games, and taking her AND her bed Out to activities area to play BINGO



A Tale of Two Cities, what goes through the minds of Nursing Facility Providers

- Community and hospital relationships
- Revenue constraints/ revenue enhancement and Colorado reimbursement incentive program
- Regulatory exposure
- Organizational sub-optimization

What Really Goes Through The Minds Of Providers, continued..

- What is our core business
- Internal resources
- Organization reputation
- An opportunity to help those in need
- When done well, a service niche

Once an individual enters a Nursing Facility…

Case study #1,

- A look at how not to provide care, services, and supports to an individual requiring specialized services and the implications.

How Not to Provide Care and Services to an individual needing specialized services

‘Never Events’

- Different needs
- Different services and supports
- Clinical approach
- Dining experience
- Therapeutic Recreation
- Members of the audience are encouraged to share stories of when things did not go well..

Once an individual enters a Nursing Facility, continued..

Case study #2

- A look at a successful provision of providing care, supports and services to an individual requiring specialized services and how the outcome can be a positive experience.

Keys to a successful experience

- Pre-admission process is more intentional
- Everyone is a caregiver – supports and services team ready to go
- Trust building efforts
- Non traditional approach to care and services
- Have additional resources such as meaningful therapeutic recreation
- Incorporate as much of their regular life into their experience in the nursing facility

“It’s Not Just Activities”

THIS SCHEDULE IS FOR THE ENTIRE COMMUNITY STAFF, IT CANNOT BE DONE JUST BY RECREATIONAL THERAPY, IT WILL TAKE EVERYONE TO SUCCEED*

Dining Team, Tawnie and Meliza

Time	Sundays	Monday/Wednesday/Friday	Tuesday/Thursday/Saturday
7:30	Wake-up and coffee	Wake-up and coffee	Wake-up and coffee
8:00	Breakfast	Breakfast	Breakfast
8:30	Assist with Clean-Up DR	Assist with Clean-Up DR	Assist with Clean-Up DR
9:00	Grooming	Grooming	Grooming
9:30	Jehovah’s Witness Reading	Brain Games (Trivia, Eye Spy, Guessing, Reminisce, etc.)	Sing-a-longs with Country Music/IN2L
10:00	AM Group	AM Group	AM Group
10:45	Exercise/Walk	Exercise/Walk	Exercise/Walk
11:00	Aromatherapy	Lifeskills (Cleaning room)	Life skills (Gardening)
11:15	Rest	Rest	Rest
11:30	Get Ready for Lunch	Get Ready for Lunch	Get Ready for Lunch
12:00	Lunch	Lunch	Lunch
1:00	Rest	Rest	Rest
1:30 2:00	PM Group or Reminiscing	PM Group or Reading	PM Group or Current Events
2:30	Snacks	Snacks	Snacks
3:00	Resident Choice	Sitting Exercises	Massages
3:30	Exercise/Walk	Exercise/Walk	Exercise/Walk
4:00	Rest	Rest	Rest
4:30	Resident Choice	Yarn Activity	Tactile Activity
5:00	Dinner	Dinner	Dinner
6:00	Exercise/Walk	Exercise/Walk	Exercise/Walk
6:30	Music	Laundry	Games/Cards
7:00	Rodeo/Ranching IN2L Music	News & Reminisce	Surf the Web (IN2L)
7:30	Grooming	Grooming	Grooming
8:00	Conversing/Hot Drink	Conversing/Hot Drink	Conversing/Hot Drink

Keys to a successful experience

- Members of the audience are encouraged to share stories of when things went well!

Enhanced Reimbursement

The Colorado model-

- HCPF takes a census snapshot on May 1 of every year
- Census of PASRR Level II individuals on that day is annualized
- NF provider receives an add-on of 2% of statewide average Medicaid reimbursement x PASRR Level II patient days
- Audience is encouraged to share state specific models at this time…

Many stakeholders, many perceptions

- Nursing staff
- Supports and services staff
- Administration
- Other residents
- External para-professionals
- Regulators
- Reimbursement
- The individual being served!

The Intrinsic Value of When Everything Goes Well

- Satisfaction of direct caregivers when everything goes well
- Satisfaction of the recipient of care and services when everything goes well

Benefits of Expanding the Connections of a Person Centered Team

- Creating extra support for patients by using non-traditional approaches. Improving consistency/frequency of responses by growing the skills of your team members
- A chance to learn about your team. The breadth of their skills may surprise you!
- Dining team, maintenance crew, may have just the skills you need to succeed at meeting the needs of a patient or resident.
- It's not "just a nursing thing!" It's not "just an activities thing!" Seeing Everybody as a Caregiver takes off the badges and puts the patient experience back in the center of care. It can grow respect, staff engagement, job satisfaction, and connect a team in a new and welcome way

Nursing Facilities Are Not Created Equally

- Dialogue of how to ensure that individuals in need of specialized services receive the right care, at the right place, at the right time. *Audience participation is encouraged….*

- Dialogue of how using The Triple Aim can positively affect the PASRR process. *Audience participation is encouraged….*

Looking Into The Future

Ideas that can be put into action on a federal and state level

- Designated nursing facilities (?)
- An enhanced reimbursement system which supports the promotion of Quality of Care, Fiscal Responsibility, and Improved Access to Care.. For everyone!

Time for Questions, Discussion, and Conclusions

- Open floor for any additional comments

Thank You For Attending!

Further areas of interest for discussion?

How can the PTAC be of a resource for you and your organization?

Networking with NAPP

(National Association of PASRR Professionals)

http://www.pasrr.org/about.aspx

- Networking with NAPP is a follow up discussion on the webinar.
- The next Networking with NAPP session is:

Tuesday, April 28th, 2015

1 PM EST

To register for the session, please contact Betty Ferdinand: (bferdinand@cii.us.com).

A reminder invite will be sent to all webinar participants.

PTAC

PASRR Technical Assistance Center

Question and Answer Transcript
"How the PASRR Process Functions within a Nursing Facility"
Presented by Dustin Dodson

Question 1: (From Frank Tetrick) It is an obligation of the state to be reviewing for specialized services—is that the common guidance to all survey entities in every state? How does the common language come into play when specialized services are supposed to be incorporated into the nursing facility level of care?
Answer 1: Yes, this is common guidance in every state as it is a Federal requirement. The common language is based on regulation F285 in the Long Term Care regulation manual.

Question 2: What are the implications for social workers in nursing facilities regarding specialized services?
Answer 2: Facility social workers normally have the delegated task of ensuring that the plan of care is coordinated with outside resources per the identified required Special Services as well as ensuring the accuracy of the Level I prior to admission to the NF. The social worker is normally the coordinator of integration of the specialized services, starting the discharge planning prior to admission and monitoring for any additional needs and services.

Question 3: (From Ed Kako) Can you clarify the distinction between regulations in the CFR and the F-tags that have numbers? How are the F-tags used?
Answer 3: F-tags are the basis for regulatory compliance audits known as 'survey'. F-tags identify the federal requirements for participation and minimal compliance for nursing facility licensure.

Question 4: What happens when specialized services are recommended but the services are not available in the rural areas?
Answer 4: The OBRA Coordinator should be cognizant of available services in specific geographic markets. If specific specialized services are recommended but not available it is up to the State Agency, in coordination with the SMHA to arrange for services, or equivalent alternatives, to be made.

Question 5: Are all three of these conditions necessary to meet significant change?
Answer 5: Yes, all three elements must be met for a 'Significant Change of Condition' to be triggered.

Question 6: Can you give an example of Related Conditions (RC)?
Answer 6: (Claris Chang) A few examples of related conditions are cerebral palsy and epilepsy. The CFR definition of RC is here: http://www.pasrrassist.org/resources/diagnosis/what-pasrr-definition-intellectual-disability. For those interested in RC, there is also a former webinar on PASRR and Related Conditions that can be found here: http://www.pasrrassist.org/events/webinar/pasrr-and-related-conditions

Question 7: If the acute care setting waits until 2 days prior to admission to a nursing facility to do a Level I and they need to have Level 2 done, it is going to potentially delay admission to the nursing facility. Hospitals are not going to keep people until the Level 2 process is done.
Answer 7: That is correct, thus the burden falls onto the receiving nursing facility to ensure accuracy of the Level I. This does create a delay in admission, and from personal experience it does happen frequently. The initial burden, and compelling motivation is on the hospital case manager to identify the potential early on in the acute care admission to avoid delays. The Level I can be done again as the two day pre-discharge date approaches. The local OBRA Coordinator is required to process Level I screens as a priority over anything else to mitigate this potential delay.

Question 8: In the "Q Section," do we ask the resident those questions for every assessment?
Answer 8:

- (From Audience) RAI manual says must ask Q whenever possible to determine resident preferences as related to person centered planning.
- (From Dustin Dodson) The audience response is correct. However, this question must be answered minimally every quarter as well at the time that a Significant Change of Condition is experienced.

Question 9: What about transferring based on the categorical group determinations—can they can move to a nursing facility on this and have the specialized services assessment done once in the nursing facility?
Answer 9: I'm going to defer from answering that because it is state-specific. I recommend contacting your State Agency.

Question 10: That is good in theory but not in reality. Hospitals want to discharge people and nursing facilities need to fill beds and maintain the relationships between them.
Answer 10: (From Ed Kako) I believe Dustin is talking about a *minimum* number of days before discharge. PASRR can be started much sooner than 2 days pre discharge, and probably should be. Plus, this might be a Colorado-specific regulation. I know of no PASRR requirements that prohibit PASRR until 2 days pre-discharge.

Question 11: Please explain the role of the OBRA person. Which agency are they part of? Is the local authority the same as OBRA?
Answer 11: In most states the OBRA Coordinator is the delegated entity that the State Agency or the State Mental Health Authority has assigned the responsibility of facilitating the Level II recommendations and the provision of specialized services to the individual recipient. The OBRA Coordinator also acts as the liaison between the nursing facility, the client, and the State Agency.

Question 12: Was OBRA the Omnibus Reconciliation Act, and was PASRR the part of the act that mandated preadmission screening?
Answer 12: OBRA stands for the Omnibus Budget Reconciliation Act of 1993. Yes, PASRR is the part of OBRA that mandates a preadmission screening process for all persons who are applying to enter a Medicaid-certified nursing facility.

Question 13: (From Frank Tetrick) It would help, if time permits, for Dustin to comment on what Colorado has done to address the "funding stream" that supports the specialized services he has identified being provided in the nursing facility.
Answer 13: Colorado recognizes that although the direct cost of providing specialized services does not fall on the provider there are additional expenses incurred for providing care and services to an individual that requires PASRR Level II services that the nursing facility does provide. As a result Colorado has developed a model that slightly increases the reimbursement to the nursing facility. In summary the methodology is as follows:

- The Colorado Department of Health Care Policy and Financing takes a snapshot census of PASRR Level II individuals on May 1 of every year.
- The census of PASRR Level II individuals on that day is annualized.
- The Nursing Facility provider receives an additional add-on of 2% of the state wide average Medicaid reimbursement rate multiplied times the PASRR Level II patient days on May 1st. added to their Medicaid reimbursement rate.

Question 14: Is a new Level 1 required when a resident is transferring between facilities in the state of Georgia?
Answer 14: (From Terri Hasty) In Georgia, the original level I can follow the Resident from nursing facility to another nursing facility just for transfer to the same level of care

- Ed Kako: The CFR does not *require* a new Level I or Level II when an individual is transferring from one nursing facility to another nursing facility (inter-facility transfer), with no interruption. However, some states make it a requirement. And, it's arguably a good practice, since PASRR is intended to assess the fit between a particular individual and a particular nursing facility. Questions about inter-facility transfer (or any other topic) can be sent to PTAC, or to me directly (as Director): ekako@mission-ag.com.

Question 15: In Georgia, when does a Level 1 expire if there are no significant changes for the resident?
Answer 15: Please contact the Georgia state Medicaid Administrator/ State Mental Health Association as this may be state specific.

Question 16: If a resident comes into a nursing facility with a Level II and a primary diagnosis of dementia, are specialized services now not available for that individual?
Answer 16: Although this question is black and white the answer is grey. Normally, the diagnosis of dementia indicates that an individual would not be able to retain nor benefit from the integration of specialized services. As more work is being done by PTAC/ CMS and assessing

the effectiveness of state specific Level I screens a proper tool can identify whether specialized services would be an effective intervention. If an individual with a dementia related diagnosis does trigger a Level II the best practice is for the provider to take each case individually and to work in partnership with the state specific state agency that is responsible for the assessment and provision of specialized services.

Question 17: (Ed Kako) What is it that you would like folks who administer PASRR at the state level to take away from your talk in order to operate better PASRR programs?
Answer 17: Nursing Facilities are not all created equally, thus some can do a great job of providing care and services to individuals needing Level II directed specialized services and other NF's concentrate on other areas of care and services. A successful experience for Level II clients takes a lot of time and resource coordination prior to the individual admitting to the nursing home when done well, it is important for PASRR administrators to understand NF's globally as well as locally to understand how the process works and to build a partnership. NF's wish to partner better with PASRR administrators so that the experience is best for everyone including the stakeholders of three elements of the Triple Aim.