

Collaborative Partnerships: The Key to an Effective PASRR Program

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Power and Possibility of PASRR Webinar Series

Presented by the PASRR Technical Assistance Center
Facilitators
Frank Tetrick and Teja Stokes



Objectives

- Discuss the importance of the role of the state Medicaid agency and other state authorities in the administration Pre-Admission Screening and Resident Review (PASRR) program.
- Identify PASRR stakeholders and their role in maximizing the effectiveness of the state's PASRR program.
- Reflect on the importance of a collaborative PASRR system that can ensure adherence to PASRR regulations regarding timely screenings and evaluations, identification and coordination of needed specialized services, responsive resident reviews, out of state placement, successful use of PASRR for nursing facility (NF) diversion and transition, and program quality.

The Role of the PASRR Authorities

Purposes of PASRR

- To ensure that individuals being considered for admission to a Medicaid certified 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);
- To ensure that the individual's PASRR condition service needs are identified; and
- To ensure that the individual is aware of community alternatives to the NF admission.

Overall State Accountability in the Regulations (1 of 2)

State Medicaid Authority (SMA)

- [42 CFR § 483.104](#) **State Plan Requirement:**
 - As a condition of approval of the State plan, the State must operate a preadmission screening and annual resident review program that meets the requirements of 42 CFR § 483.100 through 42 CFR § 438.138.

Overall State Accountability in the Regulations (2 of 2)

State Mental Health Authority (SMHA) and Intellectual and Developmental Disability (SIDA) Authority:

- [42 CFR § 483.106\(d\)](#) Responsibility for evaluations and determinations. The PASARR determinations of whether an individual requires the level of services provided by a NF and whether specialized services are needed:
 1. For individuals with mental illness, must be made by the State mental health authority and be based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority; and
 2. For individuals with intellectual disability, must be made by the State intellectual disability or developmental disabilities authority.
- [42 CFR § 483.106\(e\)\(1\)\(i\)](#) The State mental health and intellectual disability authorities retain ultimate control and responsibility for the performance of their statutory obligations.

State Agency Partners

Federal regulations create an expectation of a partnership approach to operating the state PASRR program:

- [42 CFR § 483.104](#) provides that, as a condition of approval of the State plan, states must operate a PASRR program that meets the requirements of [42 CFR § 483.100 through 42 CFR § 483.138](#);
- PASRR is a somewhat unusual Medicaid mandate in that the statute (sections 1919(b)(3)(F) and (e)(7)(A) and (B) of the Social Security Act) assigns responsibilities to the SMHA and the SIDA, as well as the SMA;
- The State Medicaid Agency (SMA), the State Mental Health Authority (SMHA) and the State Intellectual Disability Authority (SIDA) are responsible for implementing and managing PASRR;
- The regulations place primary responsibility on the SMA, thus they have a lead role in partnership development, but each authority retains accountability for their respective PASRR responsibilities; and
- A partnership driven PASRR program ensures the program reflects all agency goals and values related to treatment and supports.

PASRR Stakeholder Roles in an Effective PASRR Program

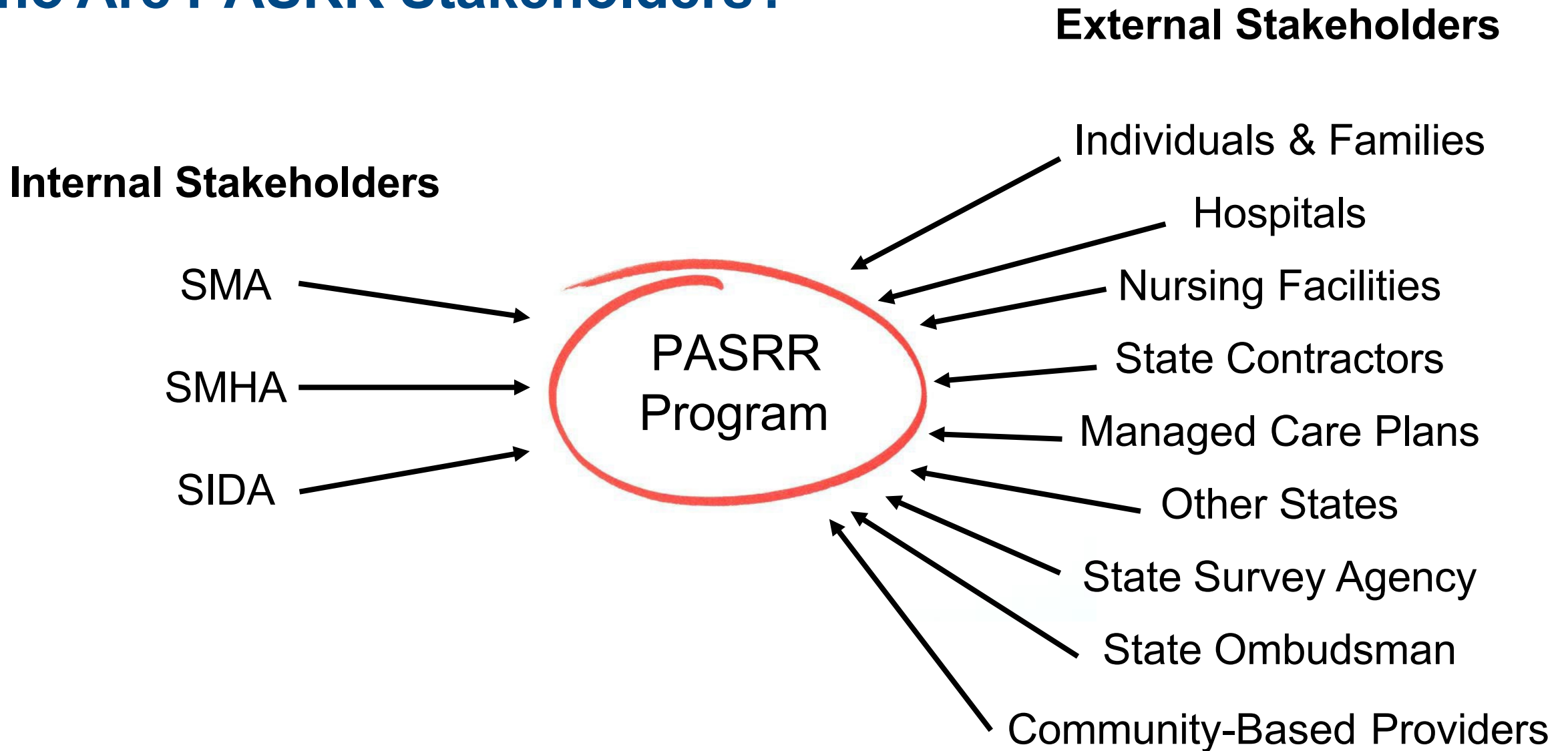
Why Do We Need to Worry about PASRR Stakeholders?

Centers for Medicare & Medicaid Services National Quality Strategy Goals:

1. Embed Quality into the Care Journey;
2. Advance Health Equity;
3. Promote Safety;
4. Foster Engagement;
5. Strengthen Resiliency;
6. Embrace the Digital Age;
7. Incentivize Innovation and Technology; and
8. Increase Alignment.

Source: [What is the CMS National Quality Strategy? | CMS](#)

Who Are PASRR Stakeholders?



Individuals & Families

PASRR requires identification of all applicants for admission to, and residents of, Medicaid-certified NFs who have possible MI or ID through the Level I screening.

- [42 CFR § 483.128\(c\)](#) PASARR Level II evaluations must involve:
 - The individual being evaluated;
 - The individual's legal representative, if one has been designated under State law; and
 - The individual's family if:
 - Available; and
 - The individual or the legal representative agrees to family participation.

- PASRR creates a partnership that allows for gathering information from the individual and the family, sharing of information that allows for an informed decision about NF admission and the alternatives to admission, and identification of PASRR related services and supports.

Hospitals

- Most applicants to Medicaid certified NFs are patients in hospitals as the time of the application; and
- Hospital staff are likely to have a role as Level I screeners because they have direct access to:
 - The individual or their family;
 - The medical records for the individual; and
 - Timely awareness of when an individual is expected to need NF level of care.
- As partners in the state PASRR program hospitals can:
 - Improve the timeliness of the PASRR process by activating the Level I before the internal discharge process is triggered;
 - Inform and educate any individual advancing the Level II evaluation; and
 - Assist the Level II evaluator in connecting with the individual and accessing needed medical records.
- State hospital associations have a role in outreach, education, and overall coordination with their members in helping the state to meet PASRR compliance.

Nursing Facilities

Federal regulations at 42 CFR Part 483 [Subpart B](#) establish a direct linkage with state PASRR programs that operate under [Subpart C](#) of the regulations.

The linkage includes:

- Requirement of PASRR being completed prior to any admission, with the exception of the Exempted Hospital Discharge;
- Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care;
- Referring all Level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for Level II resident review upon a significant change in status assessment;
- Partnering with NFs ensures there is effective transition from the hospital to NF and treatment planning reflects the full needs of the individual; and
- NF associations have a role in outreach, education, and overall coordination with the members in helping their state to meet PASRR compliance.

State Contractors

42 CFR § 483.106 (e) Delegation of responsibility

- The SMHA and SIDA may delegate by subcontract or otherwise the evaluation and determination functions for which they are responsible to another entity;
- The SMA may designate an entity to perform MH evaluations;
- Regardless of any delegation of PASRR roles, the SMHA and SIDA retain ultimate control and responsibility for the performance of their statutory obligations; and
- Partnering with PASRR program contractors can help state authorities:
 - Secure access to qualified and/or experienced evaluators;
 - Operate a responsive Level II evaluation process; and
 - Ensure that contractor performance reflects authority values, such as person-centeredness and self-determination.

Managed Care Plans (MCPs)

When the state Medicaid long-term services and supports (LTSS) or nursing facility benefit is operated under a managed care delivery system, MCPs have a role in supporting individuals with SMI or ID/RC, making them a valuable stakeholder in a state PASRR program.

- Twenty-four states had managed LTSS (MLTSS) programs in operation as of July 1, 2020;
- States have an obligation to ensure that MCPs are prepared to fulfill any PASRR obligations included in their Medicaid managed care contracts and to ensure that services meet CMS quality and oversight standards; and
- Partnering with MCPs can help ensure that MCPs are prepared to fulfill any PASRR obligations included in their Medicaid managed care contracts and that services meet CMS quality and oversight standards.

Sources:

[Medicaid Managed Care Enrollment and Program Characteristics, 2020](#)

[The role of Medicaid managed care plans in the preadmission and resident review process](#) – January 2022

Community-Based Providers

- State authorities primarily rely on public and private providers to deliver community-based mental health and intellectual disability services and supports.
- Partnering with community-based providers is essential to delivery of specialized services and engagement or continuity of services is important to the individual and a focus of PASRR:
 - State plan Medicaid funded MH services can continue during a NF stay;
 - State funded MH or ID services can continue during a NF stay;
 - Medicaid managed care coordination and supports are provided; and
 - HCBS providers can provide/continue supports if the state has an approved State Plan Amendment.

Reflections on A Collaborative PASRR System

The Benefits of A Collaborative PASRR System

- Collaboration among the state PASRR authorities and PASRR program stakeholders ensures adherence to the PASRR regulations:
 - Timely and comprehensive screenings and evaluations;
 - Identification and coordination of needed specialized services;
 - Responsive resident reviews;
 - Out of state placements chosen by the individual;
 - Successful use of PASRR for NF diversion and transition; and
 - Program quality.

Timely and Comprehensive Screenings and Evaluations (1 of 2)

Stakeholder	Benefit of Collaboration
Individuals and Families:	<ul style="list-style-type: none">• Know what to expect from the PASRR process;• Confident to share important information to assure thorough and person-centered PASRR Level I and Level II; and• Open to considering options for NF diversion. (42 CFR § 483.130)
Hospitals:	<ul style="list-style-type: none">• Identify early in the hospital stay the need to request PASRR;• Screeners and evaluators have to access to critical medical records (42 CFR § 483.128); and• Hospital screeners receive continual updates and education about any changes to the state PASRR process

Timely and Comprehensive Screenings and Evaluations (2 of 2)

Stakeholder	Benefit of Collaboration
Nursing Facilities:	<ul style="list-style-type: none"> Engage in smooth transition of the individual from the hospital; Have a clear understanding of any PASRR support needs for the individual, which are incorporated into the NF plan of care (42 CFR § 483.21); Understand the process and expectations for resident reviews (§1919(e)(7)(B)(iii) of the Social Security Act); and Support successful transition of the individual back to the community (42 CFR § 483.21).
State Contractors:	<ul style="list-style-type: none"> Have access to critical medical records and information to complete PASRR (42 CFR § 483.128); Receive continual updates and education about any changes to the state PASRR process; and Aware of MH and ID community-based providers and resources (42 CFR § 483.120 and 42 CFR § 483.130).

Identification and Coordination of Specialized Services (1 of 2)

Stakeholder	Benefit of Collaboration
Individuals and Families:	<ul style="list-style-type: none">• Aware of new services or the continuity of existing services to support the PASRR condition; (42 CFR § 483.130)• Able to maintain trusted relationships with community providers; and• Open to a timelier transition to the community.
Nursing Facilities:	<ul style="list-style-type: none">• Have a clear understanding of any PASRR support needs for the individual, which are incorporated into the NF plan of care (42 CFR § 483.21);• Engage productively with community-based providers who deliver specialized services to gain an improved understanding of how to best support the individual (42 CFR § 483.120); and• Support successful transition of the individual back to the community (42 CFR § 483.21).

Identification and Coordination of Specialized Services (2 of 2)

Stakeholder	Benefit of Collaboration
State Contractors:	<ul style="list-style-type: none">• Have an understanding of the services that are available and accessible to the individual (42 CFR § 483.120); and• Able to positively communicate with the individual and family to offer informed choices about facility-based and community-based options (42 CFR § 483.112 and 42 CFR § 483.130).
MCPs:	<ul style="list-style-type: none">• Ensure the continuity of necessary MH or ID services that the individual was receiving in the community (42 CFR § 483.120); and• Able to support a timelier community transition for the individual.
Community Providers:	<ul style="list-style-type: none">• Engage productively with NF staff to gain an improved understanding of how to best support the individual (42 CFR § 483.120); and• Establish or maintain the relationship with the individual to support continuity of care.

Responsive Resident Review (1 of 2)

Stakeholder	Benefit of Collaboration
Individuals and Families:	<ul style="list-style-type: none">• Know what to expect from the PASRR process;• Confident to share important information to assure thorough and person-centered resident review;• Aware of new services or the continuity of existing services to support the PASRR condition (42 CFR § 483.130) ;• Able to maintain trusted relationships with community providers; and• Open to a timelier transition to the community.
Nursing Facilities:	<ul style="list-style-type: none">• Assures that specialized services are addressing the individual's most current needs regarding the PASRR condition (42 CFR § 483.120);• Establishes the opportunity to update the plan of care to reflect changes in the PASRR condition (42 CFR § 483.21); and• Support successful transition of the individual back to the community (42 CFR § 483.21).

Responsive Resident Reviews (2 of 2)

Stakeholder	Benefit of Collaboration
State Contractors:	<ul style="list-style-type: none">• Have an understanding of the services that are available and accessible to the individual (42 CFR § 483.120); and• Able to positively communicate with the individual and family to offer informed choices about facility-based and community-based options (42 CFR § 483.112 and 42 CFR § 483.130).
MCPs:	<ul style="list-style-type: none">• Ensure the continuity of necessary MH or ID services that the individual was receiving in the community (42 CFR § 483.120); and• Able to support a timelier community transition for the individual.
Community Providers:	<ul style="list-style-type: none">• Engage productively with NF staff to gain an improved understanding of how to best support the individual (42 CFR § 483.120); and• Establish or maintain the relationship with the individual to support continuity of care.

Out of State Placement Chosen by the Individual (1 of 2)

Basic rule:

- The State in which the individual is a State resident (or would be a State resident at the time he or she becomes eligible for Medicaid), as defined in [42 CFR § 435.403 of this chapter](#), must pay for the PASARR and make the required determinations, in accordance with [42 CFR § 431.52\(b\)](#).

Agreements:

- A State may include arrangements for PASARR in its provider agreements with out-of-State facilities or reciprocal interstate agreements.

[42 CFR § 431.52 Cooperation among States:](#)

- The state plan must provide that the State will establish procedures to facilitate the furnishing of medical services to individuals who are present in the State and are eligible for Medicaid under another State's plan;
- States with significant population centers sharing their border are more likely to have frequent out-of-state NF placements; and
- Partnering discussions can improve the overall PASARR process and minimize disruptions when out-of-state placement is requested.

Out of State Placement Chosen by the Individual (2 of 2)

Stakeholder	Benefit of Collaboration
Individuals and Families:	<ul style="list-style-type: none"> • Know what to expect from the PASRR process; • Understand how PASRR needs will be addressed in another state’s setting; and • Aware of out of state placement options and alternatives for NF diversion (42 CFR § 483.130).
Nursing Facilities:	<ul style="list-style-type: none"> • Engage in smooth transition of the individual to the new NF (42 CFR § 483.110); and • Have a clear understanding of any PASRR support needs for the individual, which are incorporated into the new NF plan of care (42 CFR § 483.21).
Other States:	<ul style="list-style-type: none"> • Assures the PASRR process is smooth and that the individual and family have all necessary information to support the out of state placement (42 CFR § 483.110 and 42 CFR § 483.21).

Resident Transition

Federal regulations for long term care facilities highlight the continuing need for collaboration with NFs. The need for collaboration would be enhanced when any specialized services are being provided.

- [42 CFR § 483.21\(c\)\(1\)\(vii\)](#):
 - If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose; and
 - Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities.

Nursing Facility Diversion and Transition (1 of 2)

Stakeholder	Benefit of Collaboration
Individuals and Families:	<ul style="list-style-type: none"> • Know what to expect from the PASRR process; • Aware of options for community supports and diversion (42 CFR § 483.130); and • Able to maintain relationships with existing community providers that result in timelier and smooth transition.
Nursing Facilities:	<ul style="list-style-type: none"> • Engage productively with community-based providers who deliver specialized services to foster community transition options (42 CFR § 483.120); and • Support successful transition of the individual back to the community (42 CFR § 483.21).

Nursing Facility Diversion and Transition (2 of 2)

Stakeholder	Benefit of Collaboration
MCPs:	<ul style="list-style-type: none"> • Ensure the continuity of necessary MH or ID services that the individual was receiving in the community to create a bridge for transition; and • Able to support a timelier community transition for the individual.
Community Providers:	<ul style="list-style-type: none"> • Engage productively with NF staff to gain an improved understanding of how to foster community transition options (42 CFR § 483.120); and • Establish or maintain the relationship with the individual to support continuity of care and community transition.

Program Quality (1 of 2)

Stakeholder	Benefit of Collaboration
Individuals and Families:	<ul style="list-style-type: none">• Opportunity to provide experience of care feedback informs program improvement.
Hospitals:	<ul style="list-style-type: none">• Ability to review data and program reports enables consistent quality of the Level I screening process; and• Opportunity to provide feedback to inform screening process improvements.
Nursing Facilities:	<ul style="list-style-type: none">• Maintain accountability for adherence to the PASRR process;• Ability to review data and program reports enables consistent quality of specialized services' intersection with the NF plan of care; and• Opportunity to provide feedback informs program improvement.

Program Quality (2 of 2)

Stakeholder	Benefit of Collaboration
MCPs:	<ul style="list-style-type: none">• Monitoring individual experience of care information assures quality supports for the person while in the NF; and• Opportunity to provide feedback informs program improvement.
Community Providers:	<ul style="list-style-type: none">• Monitoring individual experience of care information assures quality supports for the person while in the NF; and• Opportunity to provide feedback informs program improvement.
State Survey Agency	<ul style="list-style-type: none">• Informs the state authorities on areas where PASRR program improvement is needed.
State Ombudsman	<ul style="list-style-type: none">• Assists individuals, as needed, when there are PASRR conflicts or concerns.

Assessing the “Health” of Your State PASRR Program Partnerships

Consider exploring whether:

- The state authorities act as PASRR partners and avoid silos;
- Individuals being screened and evaluated feel their input is valued;
- Level I screeners and contract Level II evaluators feel they are important members of the state PASRR team;
- The liaison at each Medicaid NF feels they can contribute to the overall PASRR process; and
- Community providers of Medicaid funded MH and ID services and any MCPs have a voice in improvements to the PASRR process.

Considerations for Improving Partnership Development and Engagement

- Take a look at how your PASRR partnerships are documented;
- Have a conversation within your authority, between authorities, and any current partners about what is, and what is not working;
- Determine if there are missing partners in your state PASRR system and engage them as needed;
- Develop a communication strategy to maintain engagement with all key partners; and
- Utilize PTAC technical assistance as needed to support your efforts to operate PASRR as a collaborative model.

Questions



Satisfaction Survey & CEU

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

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PASRR Technical Assistance Center

www.pasrrassist.org

Laura Nuss, PTAC Consultant Laura.Nuss@pasrrassist.org

Teja Stokes, PTAC Consultant Teja.Stokes@pasrrassist.org

Frank Tetrick, Lead PTAC Consultant Frank.Tetrick@pasrrassist.org