PASRR Technical Assistance Center (PTAC) Learning Module 5 Specialized Services Transcript

Opening Slide

Welcome. The PASRR Technical Assistance Center, more commonly known as PTAC, Truven Health Analytics, an IBM company, and Mission Analytics, with support from the Centers for Medicare and Medicaid Services (CMS) are pleased to offer this learning module.

In this module we will be focusing on Specialized Services, discussing the most recent guidance that CMS has issued on Specialized Services, and looking at some case examples that may help clarify what services might be considered as Specialized Services. My name is Frank Tetrick, a consultant with PTAC and I will be your guide for this module.

Slide #2

This is the fifth of six Learning Modules. Modules 1, 2, and 3 address basic requirements that States must meet in order to be compliant with the CFR and should be reviewed in order to have a full understanding of those requirements. Module #4 reviews what is involved with Person-Centered Practices and it would be beneficial to review it prior to reviewing this module on Specialized Services. Module #6 considers state and national initiatives that may be aligned with PASRR to create a more integrated healthcare approach to PASRR, and highlights a recent analysis of nursing facility Minimum Data Set (MDS) information related to individuals with mental illness, intellectual disabilities, or related conditions.

Slide #3

So what is PTAC? If you have made prior visits to our website, participated in our monthly webinars, or reviewed other Learning Modules, you will already know who we are. If not, you can learn quite a lot about PTAC by further reviewing our website, at www.pasrrassist.org after you finish this module. Our contract with CMS, which began in 2009, places an emphasis on:

- Helping CMS better understand how state PASRR programs operate and where greater regulatory clarity is needed
- Conducting research or studies on key focus areas, such as our National Reports on Level I and Level II practices, and

- Helping states improve their PASRR Programs through individualized technical assistance, monthly webinars, and regional calls

The intent of this learning module, and the others you can access, is to help states improve their PASRR process, including the PASRR experience for those who do the work or are assessed by PASRR.

Slide #4

PTAC's training emphasis is on promoting development of a Holistic PASRR program. That holistic model is based on:

- CFR policies and regulations
- CMS guidance
- Lessons learned to date from the research and studies conducted
- Growing understanding of person-centered practices
- Increased awareness of how health care is changing, and
- Better understanding of what is needed to promote continuous quality improvement

Slide #5

If you have already reviewed prior Leaning Modules you will be familiar with this graphic. You will have reviewed some of the factors that make PASRR important, beyond the fact that States are required to meet the CFR regulations and you will have a better understanding of person-centered practices after reviewing Learning Module #4.

The steps for moving forward are reflected in this graphic, moving from a compliance only approach, to an approach that is grounded in person-centered practices, and to a PASRR system that is integrated with the broader healthcare system. As the PASRR system evolves, the range of the person's needs, support options, and stakeholder engagement expand.

This module builds upon what you learned in the Leaning Module #4, with emphasis on the importance of Specialized Services in an effort to provide person-centered services to PASRR eligible individuals that need to be admitted to a nursing facility.

As you move through this module, and all other modules, it is important to think about where your PASRR system is today and where you want to be in the future.

Slide #6

CMS recognizes that Specialized Services are an essential component in a person-centered PASRR. They have made repeated efforts in recent years to clarify the CFR references to Specialized Services and to emphasize the importance of Specialized Services within the PASRR process. Their most recent effort, in the Proposed Rule for Long Term Care Facilities,

draws attention to the obligation of nursing homes to incorporate PASRR recommendations for Specialized Services in their person-centered plans of care. Details about the proposed rule are highlighted in Learning Module #3.

Slide #7

CMS has also worked with PTAC to support an ongoing Specialized Services Office Hours. Calls are scheduled every other month on the fourth Wednesday from 3:00-4:00 EST. The calls allow states to share information about their specialized services efforts and to ask questions of PTAC staff. There is no need to register in advance, but if you have questions you'd like addressed, you may wish to submit them through the PTAC home page or emailing PTAC's Director Ed Kako at ekako@mission-ag.com.

You can participate in the call using the following number:

Phone number: 1 (866) 316-1519 Code: 8751 390

Slide #8

While there has been some uncertainty about what constitutes Specialized Services, the CFR provided clear guidance on the responsibility of states to provide those services.

If PASRR determines that a person needs nursing facility services, the individual can be admitted following the initial screening and evaluation, or retained after a resident review. If it is determined that the individual requires both nursing facility services and specialized services, the nursing facility may admit the individual, and the State must provide or arrange for the provision of the specialized services needed while the individual resides in the nursing facility.

Beyond this clarity on the state responsibility, this language also makes it clear that specialized services are provided while the individual resides in the nursing facility. This is why inpatient psychiatric treatment or services in an intermediate care facility for intellectual disability should not be considered as specialized services.

Slide #9

Let’s drill down a bit more on just what defines specialized services.

They are service which, when combined with nursing facility services, result in a continuous and aggressive individualized plan of care, developed and supervised by an interdisciplinary team that prescribes therapies and activities by trained mental health, or intellectual disability/related condition personnel.

A key point here is that while PASRR will be the process through which specialized services are identified and recommended, it is the nursing facility team, complimented as necessary by

others with disability expertise, that manage the plan of care. This also emphasizes the fact that PASRR is a truly a partnership for creating person-centered planning, since the nursing facility will be refining the plan of care further.

Specialized Services are directed towards outcomes that increase functional level and reduce the need for those services over time and decrease the risk of institutionalization.

Slide #10

Once again, let's look at the CFR emphasis on who must receive specialized services.

Specialized services must be provided to all nursing facility residents with mental illness or intellectual disability whose needs are such that continuous supervision, treatment and training by qualified mental health or intellectual disability personnel are necessary.

Of course this points to the importance of continuity of treatment in instances where the person being admitted to the nursing facility was already receiving continuous supervision and treatment by disability staff in the community. We will cover this further later in this module.

Slide #11

The obligation for states to provide or arrange for the provision of specialized services is clear. Specialized services can now be provided in nursing facilities, but often the lack of a payment methodology has created a barrier to those services being provided. That barrier can be significant if the goal is to have the services provided by the mental health and intellectual disability staff from the community that are likely to support the person once they leave the nursing facility.

Slide #12

CMS understands that most states have mechanisms in place to pay for the provision of specialized rehabilitation services, but this is often not the case for specialized services. Additionally, while community-based mental health rehabilitation and person-centered waiver services are available to individuals with intellectual disabilities, these same services may not follow the person if they enter a nursing facility.

Where these specialized services are being provided, it is often with the use of state general funds, which means states are not receiving federal Medicaid match.

Slide #13

Here again, the goal in recent years has been to advance an understanding of specialized services and to identify mechanisms that can advance the delivery of these services, with an

emphasis on continuity of care and engagement in treatment for those who have never received services in the community, but are in need of those services.

To help advance this initiative, CMS worked with PTAC to arrive at a clear definition for specialized services – “Specialized Services are whatever disability specific services a given PASRR individual uniquely needs, above what the nursing facility provides under standard reimbursement.”

Those services must be identified in the Level II evaluation, addressed in the nursing facility plan of care, and delivered.

It may be best to think of “uniquely needs” as a direct link to person-centered services.

As we have already reviewed in Learning Module #3, CMS has stressed the importance of specialized services in the nursing facility plan of care within their Final Rule for long-term care facilities.

Slide #14

The guidance CMS has provided seeks to clarify how states should define Specialized Services.

States are encouraged to think of specialized services as more than just a list of services, given that they are uniquely tied to each person, although it is reasonable for states to have a list of commonly provided services.

The most important aspects to consider are the "fit" between services and individuals, whether they would otherwise be accessible within the nursing home's daily rate as standard nursing facility services or as specialized rehabilitative services, and whether they would be provided by skilled mental health or intellectual disability personnel, instead of by nursing facility staff.

Slide #15

Given this guidance, let’s look at some examples of Specialized Services.

- Continuation or development of an individualized plan for habilitation, skill development, and behavior management
- Continuation or development of a day or vocational program
- Development/implementation of a positive behavior supports plan, emergency safety interventions, and support/consultation to reduce negative behaviors
- Additional one-on-one time with a qualified MI or ID/DD professional to:
    - Maintain the person’s independence with choice, ADLs, other functional skills
    - Provide advocacy, mode of communication, and communication with family

You can access examples of what specialized services states are providing by accessing the PTAC website at www.pasrrassit.org and clicking the tab for “Specialized Services”. There you can find the State Plan Amendment (SPA) from the state of Washington, which describes the “waiver like” services they have created. You will also find information from Idaho, related to the behavioral health specialized services offered in that state.

Slide #16

Since the barrier to payment for Specialized Services is a primary concern, CMS has stressed payment options through their guidance and via PTAC webinars and in the Specialized Services Workgroup.

Option 1: State defines SS that are billed separately by the NF, above the standard reimbursement and unique from Specialized Rehab Services. The NF would contract with providers approved by the Medicaid/MH/ID entity. The NF pays the provider and then bills the Medicaid agency, who pays the NF.

Option 2: State defines SS as with Option 1, but the approved providers bill the Medicaid agency directly

To date, states appear to be most comfortable with option 2.

Slide #17

Funding under the NF benefit means that the state defines the NF benefit as including SS for those who require them, and the state claims FMAP for the cost of these SS on the CMS Form 64 lines 3A and 3B, Nursing Facility Services. This is an important point to stress to agency leadership when 100% state funds may be supporting the delivery of these services. Of course, the other point to stress is the fact that provision of these services is an obligation under the CFR and a failure to deliver those services exposes the state to the risk of litigation or Olmstead-related sanctions.

Both options provide SS only to NF residents, creating no liability for the state to provide equivalent services to the general Medicaid population. PASRR itself can serve as the pre-authorization process for Specialized Services.

Both options require a State plan amendment to the 4.19 NF reimbursement pages, and possibly coverage pages at 3.1.

Medicaid agencies and the CMS National Institutional Reimbursement Team (NIRT) are familiar with how to set up additional payments in a rate methodology.

You can access a sample State Plan Amendment from the state of Washington on the PTAC website www.pasrrassist.org and searching for “State Plan Amendment”. The Washington SPA

introduced “waiver like” services into the State Plan for individuals with intellectual disabilities. It provides a good example of how such services might be defined.

Slide #18

Now that we have reviewed CMS’s guidance, some examples of specialized services, and options for paying for those services, let’s consider some case examples and identify specialized services that might be identified through the PASRR process.

In each of these examples, it is important to start with the fact that individual “must” be in the nursing facility to address a medical condition. While you might argue that one or more of these could be supported in less restrictive settings, we will assume for the sake of argument that none of those options are available.

For each scenario, please consider the following:

How well does your PASRR process address 7 key questions?

What needs to be present, if anything is missing?

What is going to be in your recommendations for the NF plan of care?

Slide #19

Here are the 7 questions we will review for each case. Will your PASRR process:

1. Likely target the person for a Level II evaluation? Why or why not?
2. Consider use of existing state initiatives? Which ones?
3. Help promote continuity of care? How?
4. Support the person’s active recovery efforts? How?
5. Use person-centered thinking and planning? How?
6. Promote community integration? How?
7. Help the person feel empowered? How?

Slide #20

Lucas is a 61-year-old male with history of schizophrenia.

He had been living independently in an apartment at time of hospital admission.

He had his last psychiatric hospitalizations 2010.

He has been stable for the past six years with weekly engagement from an assertive community support team, medication, peer support visit 1-2x week, a wellness recovery action plan (WRAP), and a psychosocial program when desired.

Lucas has had a service dog for the past six year named Bo.

Slide #21

1. Likely target the person for a Level II evaluation? Why or why not?
2. Consider use of existing state initiatives? Which ones?
3. Help promote continuity of care? How?
4. Support the person's active recovery efforts? How?
5. Use person-centered thinking and planning? How?
6. Promote community integration? How?
7. Help the person feel empowered? How?

Slide #22

Would these services be an option?

- Determination of medications?
- ACT Team involvement?
- Peer Provider contact?
- Pet visitation (is there an on-site space?)
- WRAP plan areas that may be important during NF stay?

Slide #23

Roberta is a 52-year-old woman who was living in a supported residential setting at the time she was hospitalized.

She has a diagnosis of moderate intellectual disability with no mobility challenges.

Karen has been working with the same Case Manager for the past six years and she thinks of her as a good friend.

Roberta's sister is her Legally Authorized Representative.

Roberta has a behavioral support plan associated with self-injuries (scratching) behavior when she is stressed.

She uses a communication device.

Roberta works part-time work (12 hours a week) at a pet supply store operated by a community ID/DD provider.

Slide #24

1. Likely target the person for a Level II evaluation? Why or why not?
2. Consider use of existing state initiatives? Which ones?
3. Help promote continuity of care? How?
4. Support the person's active recovery efforts? How?
5. Use person-centered thinking and planning? How?
6. Promote community integration? How?
7. Help the person feel empowered? How?

Slide #25

Would these services be an option?

- Case Manager engagement during NF?
- Education of NF staff by Behavioral Specialist?
- Education of NF staff on communication device?
- Case Manager recommendations incorporated into the recommendations?
- Activity related to part-time work while at NF?
- Identification of any special personal items from apartment that may reduce stress?

Slide #26

Aaron is a 67-year-old male with no history of serious mental illness.

Aaron's spouse of 43 years and his oldest daughter were killed in auto accident that led to his injuries.

Aaron had a small stroke while he was in the hospital.

The hospital discharge planner notes that Aaron has been increasingly worried about how he will get over his loss and he has been more withdrawn in the past two weeks.

Slide #27

Again, you will want to consider all of these questions when thinking about your PASRR process, but let's just look at questions one and seven.

Would your PASRR process likely target the person for a Level II evaluation? The lack of any history of serious mental illness and no clear evidence of functional limitations would likely lead to Aaron not being targeted, thus he would not receive any specialized services.

Would your PASRR process help Aaron feel empowered? While Aaron may not be targeted for a Level II evaluation, the PASRR engagement may be the first opportunity for him to receive information that might help him deal with his grief. Would there be opportunities to link Aaron with information or resources?

Slide #28

While the facts in this scenario would likely result in Aaron not being targeted for a Level II, based on the diagnosis, duration and disability criteria in the CFR, it is important to recognize that there are possible consequences, including:

- Delayed physical recovery
- Elevated risk of suicide

Slide #29

This is a listing of information, in webinars or other presentations that are accessible through the PTAC website.

Slide #30

This concludes Learning Module #5 – Specialized Services. Please be sure to review Learning Modules #1 - #3 for a full summary of CFR regulations for PASRR. These modules address the regulatory requirements that each state must meet.

Thank you for taking time to review this module. Don’t hesitate to contact your Regional PTAC Consultant if you wish to receive any technical assistance or if you have any questions.