

The Power and Possibility of PASRR Webinar Series

Webinar Assistance

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



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For further webinar and PASRR-related assistance, contact Smita Patil (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, May 23, 2017 @1 PM EST

For more information about NAPP, contact
nappfrontdesk@pasrr.org

National
Association of
PASRR
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The Power of PASRR & YOU!

How the PASRR Process Functions Within a Nursing Facility

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(PTAC)

May 9, 2017

Overall Webinar Objectives

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

Overall Webinar Objectives, continued

- Participants will be able to describe how the PASRR process and integration of specialized services affects a nursing facility
- Participants will be able to identify PASRR models that promote integration of specialized services in nursing facilities
- Participants will gain an understanding of the nursing facility PASRR regulatory requirements

Definition of ‘Specialized Services’

- ***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 Nursing Facility (NF) services – they are of a higher intensity and frequency than specialized rehabilitation services, which are provided by the NF.

What are the PASARR Related Regulations for Nursing Facilities?

CFR 483.20

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.

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.

CFR 483.20, continued

Section 483.20 (m)(1)

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

(i) Mental disorder as defined in paragraph (k)(3)(i) of 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, or the individual requires specialized services for intellectual disability.

(this section continues to next slide)

CFR 483.20, continued

CFR 483.20 (m)(1) *(continued from previous slide)*

or Intellectual Disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined 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, or the individual requires specialized services for intellectual disability.

Categorical Exemption, CFR483.20

- **(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-**
 - **(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital**
and
 - **(B) Who requires nursing facility services for the condition for which the individual received care in the hospital,**
and
 - **(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.**

CFR 483.20, Change in Condition

- **(4) A nursing facility must notify the state mental health authority or state intellectual disability authority, as applicable, promptly after a significant change in the mental or physical condition of a resident who has a mental disorder or intellectual disability for resident review.**

CFR 483.21, Comprehensive Person-Centered Care Planning

- **(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of the PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident' medical record.**

CFR 483.40, New Regulatory Language

- **483.40 – Behavioral Health Services**
 - **Sufficient staff with necessary competencies to provide needed services (including knowledge and supervision)**
 - **Implementing non-pharmacological interventions**
 - **Provide the necessary behavioral health care and services to enable residents to attain or maintain the highest practicable well-being, in accordance with the comprehensive assessment and plan of care, including residents with dementia.**

Changes That Improve PASRR Related Delivery of Care and Services

- Integration of the PASRR assessment into the Plan of Care (POC)
- New training requirements on behavioral health needs
- New, evidenced-based responses to individuals with ID/MI
- Proper training will allow for all staff members to effectively meet the needs of the residents
- Emphasis is on non-pharmacological interventions
 - resident to resident relationships
 - consistency to the resident
 - reduce hospital re-admissions
 - improve safety and outcomes in an effective and humane manner

Irma



Additional Requirements

- The space of time between completion of the Level I and admission to the NF
- This can result in inaccurate information due to the event of medications and/or diagnosis updates on discharge orders
- The NF 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 (SMI or ID/DD)**
- New Diagnosis indicated by Section I (SMI or ID/DD)
- Significant Change of Condition (MDS)***
- New category of psychiatric medication
- Expiration of ‘time limited approval’

*OBRA – Omnibus Reconciliation Act 1986

**SMI – Serious Mental Illness

***MDS – Minimum Data Set

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 by 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 update to MDS 3.0, there is now one section to indicate PASRR / specialized 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 and Tori –A Good Match!



The Team is Expanded for Level II Individuals

Interdisciplinary approach to care planning

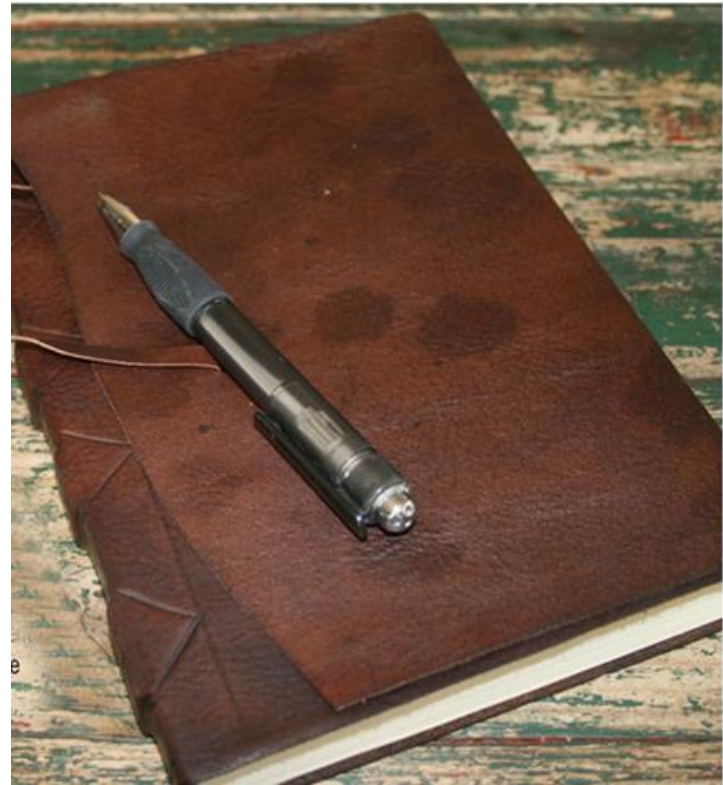
- Who is involved in the creation of the POC?
- How does the POC identify specialized services?
- How often is the POC updated?
- Who is responsible for the accurate POC?

External Coordination

Coordination with para- professionals

- Pre existing services providers, local Behavioral Health Organizations (BHO)
- Discharge planning process, starts before admission

Penny



A Tale of Two Cities: What Goes Through the Minds of Nursing Facility Providers

- Community and hospital relationships
- Regulatory exposure
- Organizational sub-optimization

What 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

Case Study #1

Once an individual enters a NF:

- A look at partnership opportunities that result in a good outcome for providing care, services, and supports to an individual requiring specialized services

'Always Events'

- **Always:**
 - Be individualized - one person at a time
 - Remember everyone has different needs
 - Consider different services and supports
 - Think about the clinical approach
 - Consider individualized needs in the
 - ✦ dining experience
 - ✦ therapeutic recreation

Case Study

Once an individual enters a NF:

- 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

The individual is the most important partner at every stage

- Pre-admission process is more intentional
- Everyone is a caregiver – supports and services team ready to go
- Trust building efforts
- Nontraditional 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”

Dining Team: Tawnie and Meliza



**This schedule is for the entire community staff.
It cannot be done just by recreational therapy.**

IT WILL TAKE EVERYONE TO SUCCEED

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

Audience Participation: Keys to a Successful Experience

Share stories of when things went well!

Many Stakeholders, Many Perceptions

- Nursing staff
- Supports and services staff
- Administration
- Other residents
- External para-professionals
- Regulators
- Reimbursement

And most importantly, the individual being served!

The Intrinsic Value of When Everything Goes Well

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

Benefits of Expanding the Connections of a Person Centered Team

- Creating extra support for individuals 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 or maintenance crew may have just the skills you are looking for to succeed at meeting the needs of the individual.
- 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 individual 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!



Audience Participation: 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.
- Dialogue of how using The Triple Aim can positively affect the PASRR process.

Sources of Information

- Centers for Medicare & Medicaid Services (CMS) Long Term Care Survey Federal Regulations
- PASRR Technical Assistance Center (PTAC) Resources
- Colorado Health Care Association
- Personal Experiences and Case Studies

Questions, Discussion, and Conclusions

Thank You For Attending!

Further areas of interest for discussion?

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

NAPP Follow up
How the PASRR Process Functions Within a
Nursing Facility

How can you Participate in Networking with NAPP?

Join *Networking with NAPP* on May 23rd at 1PM EST

Send NAPP your questions or suggested topics

Join the Networking with NAPP presentation panel

Join NAPP workgroups to support state program development

National
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Email: nappfrontdesk@pasrr.org

The Power of PASRR & YOU!