The Power and Possibility of PASRR Webinar Series

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For further webinar and PASRR-related assistance, contact Trixy Manansala (tmanansala@mission-ag.com).

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PTAC
PASRR Technical Assistance Center

PASRR Modernization and Transformation in Indiana

PTAC Webinar

August 2018

Session goals

- Explain Indiana's preadmission screening process pre-July 2016
- Discuss the challenges and opportunities that led Indiana to system transformation
- Discuss how transformative change happens

History of PASRR in Indiana

- Indiana's preadmission screening program, IPAS, pre-dated the federal PASRR requirements
- Area Agencies on Aging (AAAs) had a prominent role in the Level Is and level of care assessments
- Hospital staff could be designated to do Level Is, later validated by AAA staff
- Had become a compliance exercise with little to no actual diversion occurring
- Level IIs were completed by either a contractor working for the DD agency or by community mental health centers under contract to the MH agency

Ahead of its time – 30+ years ago

- Goal was screening and diversion for ALL populations not only those with mental health (MH) or developmental disability (DD) or related conditions
- Indiana's CHOICE program was created about the same time to provide access to home and community based services
- No Medicaid HCBS to speak of at the time
- Care plans for HCBS were to be complete to estimate costs of home care
- Goal was really diversion

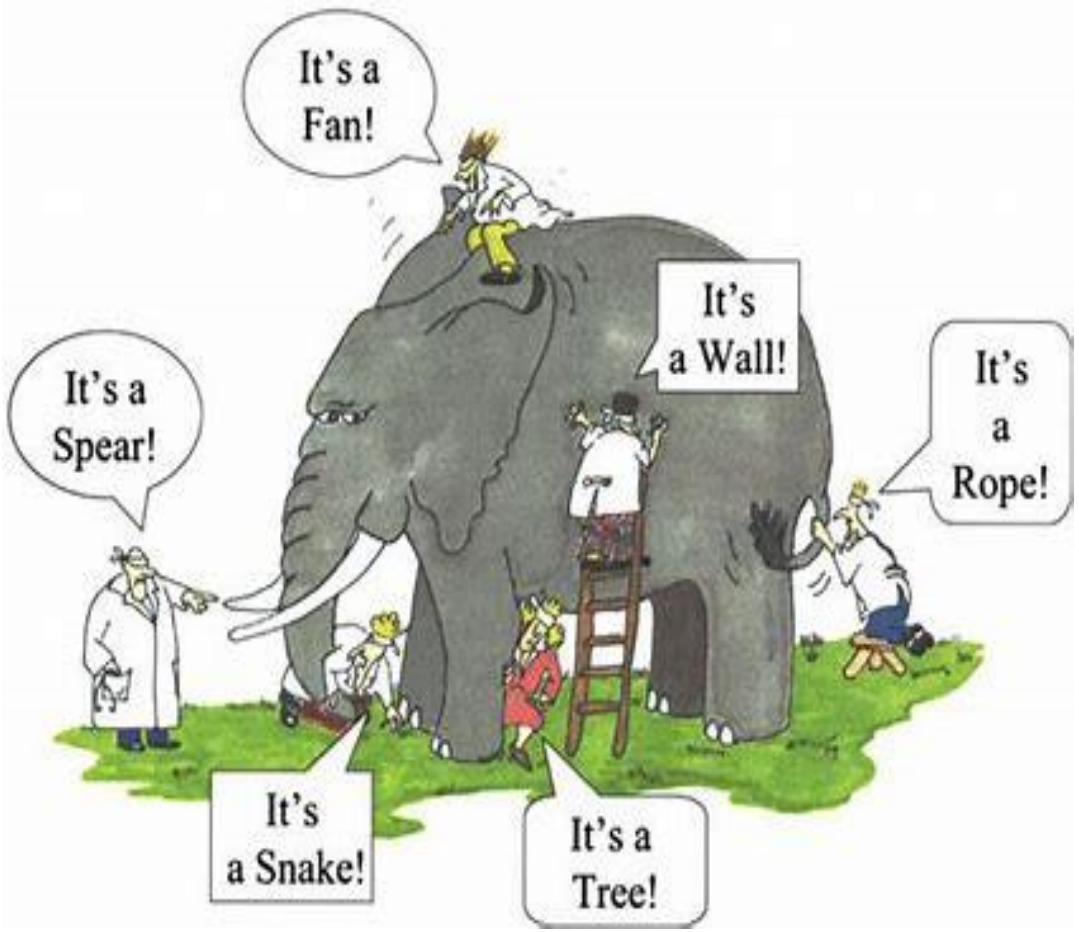
- Compliance became the focus
- HCBS options were not always available
- Process became cumbersome and created delays for discharge planners
- Lost the original intent along the way

Indiana's Challenges

- People with mental illness and intellectual disabilities or related conditions were still ending up in nursing facilities
- 65,000 plus level 1 screenings annually resulted in denial rates of less than 1%
- System was inefficient and cumbersome
- 30 year old preadmission screening process was not successfully diverting anyone from nursing facility placement
- PTAC evaluations had highlighted a lack of any false positives from Indiana's level I screening tool
- No stakeholder was happy with the process

Everyone's piece of the elephant

- Hospitals focused on the delays that prevented timely discharge
- Nursing facilities focused on cumbersome nature of the process
- Both nursing facilities and hospitals hated the inconsistencies in the process across the state
- AAAs felt compensation was inadequate
- The state saw no value add in a process that approved virtually everyone and created few if any diversions



Indiana's Story

- Legislation in 2015 called for the sunsetting of Indiana's preadmission screening statute in June 2016
- Division of Aging was required to engage with primary stakeholders including hospitals, nursing facilities, and the area agencies on aging
- The Division submitted a report by November 1, 2015 outlining a new solution based on the federal PASRR requirements and developed in consultation with stakeholders
- New solution, including new technology and new assessment and screening instruments, was in place by July 1, 2016

Change is easier said than done of course

Laying the Groundwork for Change

- Stakeholder conversations about PASRR began in 2014
  - AAAs
  - Hospitals
  - Nursing facilities
  - Divisions across the Family and Social Services Administration – Aging, DD, MH, and Medicaid
- Summer of 2014 Indiana submitted its No Wrong Door planning grant application which prominently featured PASRR and was awarded the grant in September of 2014
- State staff began consultation with PTAC in late 2014
- State staff began to explore technology solutions as well in the spring of 2015 to identify options for improving efficiency
- Education of stakeholders – PTAC brought in in June 2015

Stakeholder Engagement in Indiana

- Structured process brought hospital, nursing facility, and AAA representatives to the table
- General agreement on goals
  - Person centered PASRR process
  - Consistent statewide processes
  - Automation of the process to promote:
    - Accuracy,
    - Consistency, and
    - Efficiency/timeliness

Stakeholder Engagement in Indiana

- Outlined evaluation criteria for the potential solutions
  - ACE – accuracy, consistency, efficiency
  - Timeliness
  - Validity
  - Costs
  - Accessible information
  - Simplicity
  - Diversion to HCBS options for all populations
- Iterative process to evaluate four options outlined by the Division

Evaluation Criteria

Evaluation Criteria	Definition	Weight
Timeliness (L1)	The amount of time it takes from application to Level I decision (less is better)	3
Standardization	The degree to which processes are standardized statewide (more is better)	4
Validity	The correctness and reliability of the Level I and LOC decision (more is better)	4
Efficiency (L1)	The number of steps needed from application to Level I decision (less is better)	5
Timeliness (LOC)	The amount of time it takes from application to LOC decision (less is better)	5
Accuracy	The data in the system is consistently without substantial error (more is better)	6
Efficiency (LOC)	The number of steps needed from application to LOC decision (less is better)	6
Diversion	The number of diversions to options other than NF (more is better)	7
Access	The availability of relevant information to those needing access to that information (more is better)	7
Annual Cost	The maximum annual cost of administering the system (less is better)	9
Simplicity	The amount of time it takes to train new personnel to use the system (less is better)	9

System Requirements in All Four Alternatives

- Software solution was pre-selected in the interest of time
- All followed the same process/flow chart
- All stakeholders: hospitals, nursing facilities, and AAAs will have access to the system
- Nursing facilities will submit requests for continued stay, Medicaid-related notifications, and transfers between facilities
- The system will connect to the state's Medicaid Management Information System (MMIS) for automated recording of level of care start and stop dates and Medicaid notifications

Level I Requirements in All Four Alternatives

- Per PASRR regulations, Level Is and Level IIs when indicated must be completed on all applicants to all Medicaid-certified nursing facilities
- The system algorithm will make approximately 70% of the Level I decisions without additional review at admission. Additional quality reviews will be conducted on those reviews.
- The remaining 30% will be subject to a desk review at a minimum.

Level of Care Requirements in All Four Alternatives

- LOC determinations, at a minimum, must be made on all applications utilizing Medicaid as their payer
- All LOC information will be subject to a desk review at a minimum
- Requests for continued stay will be treated as a LOC determination
- If a case requires independent, onsite verification of LOC, the ADRC will complete that assessment along with the provision of options counseling

Consistent Roles in all Alternatives

	Level I Entry	Level I Review	LOC Entry	LOC Desk Review	LOC independent, onsite verification
From home, non-emergency	ADRC	ADRC	ADRC	ADRC	n/a
Out of State	Receiving NF	Vendor	Receiving NF	Vendor	n/a
Emergency admits	NF	Vendor	NF	Vendor	AAAs & APS
30 day exemptions	Hospital discharge planner	Vendor	Per course of action	Per course of action	Per course of action
Respite admits	NF	Vendor	n/a	n/a	n/a

Variations in Roles by Alternative Courses of Action

	Course of Action 1	Course of Action 2	Course of Action 3	Course of Action 4
Who does Level I entry?	ADRC on from home/discharge planner otherwise	ADRC on from home/discharge planner otherwise	ADRC on from home/discharge planner otherwise	ADRC on from home/discharge planner otherwise
Who does Level I reviews	ADRC	vendor	vendor	vendor
Who does LOC entry	ADRC on from home/discharge planner otherwise	ADRC on from home/discharge planner otherwise	ADRC on from home/discharge planner otherwise	ADRC on from home/discharge planner otherwise
Who does LOC clinical review?	ADRC	ADRC	vendor	vendor
Who reviews the continued stay request?	Division of Aging	Division of Aging	vendor	vendor

LOC Determinations in Alternative Courses of Action

	Course of Action 1	Course of Action 2	Course of Action 3	Course of Action 4
Who requires a LOC determination?	Everyone	Everyone but short-term, Medicare admits	Everyone but short-term, Medicare admits	Only Medicaid admits

Timelines in Alternative Courses of Action

	Course of Action 1	Course of Action 2	Course of Action 3	Course of Action 4
Level I review	2 business days	5 business hours; 24/7 system availability	5 business hours; 24/7 system availability	5 business hours; 24/7 system availability
LOC review	2 business days	2 business days	4 to 6 business hours; 24/7 system availability	4 to 6 business hours; 24/7 system availability

Evaluation Process

- Each stakeholder group (NFs, hospitals, and AAAs) evaluated the alternative courses of action independently
- Group representatives distributed the options to their membership through whatever method they chose, delivering one response to the Division
- Their response was required to include a rationale based on the established evaluation criteria
- The Division facilitator collated those evaluations and circulated the collected evaluations back to the entire group to contemplate the evaluations and reasoning of their peers
- Responses were kept anonymous at that point

Evaluation Process

- In the first review, one group ranked course of action 3 as best and the other two selected course of action 4
- Reviews were de-identified and sent back out for a second evaluation
- In the second round all three groups selected course of action 4

Course of Action 4 Selected

- Minimized role of ADRC in the PASRR process focusing instead on options counseling
- Maximized automation/use of vendor
- Only did LOC evaluations on those actually using Medicaid as a payer for their NF stay
- Had shortest timelines
- Assured greatest consistency across the state
- Also had lowest costs

System Modernization in Indiana

- New roles
  - Hospital discharge planners had new responsibilities to submit level 1 assessment information for the PASRR process
  - Nursing facilities needed to assure PASRR assessments were complete prior to admission
  - AAAs no longer had a regulatory role in the PASRR process and could focus on options counseling

System Modernization in Indiana

- New technology
  - Streamlined, standardized process – accurate, consistent, efficient (ACE)
  - Web-based, real time system
  - Better data
- New Level I screening tool and new level of care assessment tool
- Efficient use of resources

Changing a 30+ year old program

- Take your shot when it comes
- Engage stakeholders
- Be transparent
- Enlist the help of experts
- Work collaboratively – it takes a village
- Establish clear, shared objectives
- Keep momentum – move forward
- Manage your message
- You cannot over-train or over-communicate

Take Your Shot When It Comes

- Opportunities for change in large programs, particularly government programs don’t come along every day
- Seize moments when transformative change is possible

Engage Stakeholders

- Early and often
- Give everyone a chance to be heard
- Create both open and structured opportunities
- Stakeholders are not all equal in importance, knowledge, power, or voice – achieve balance
- Train and educate stakeholders

Be Transparent

- Don’t be afraid to lift the curtain
- Be open about objectives and invite examination by others
- Work to build trust
- Conversations about PASRR in Indiana had gone on for many years but 2014 was the first efforts to bring everyone together and be open about the issues

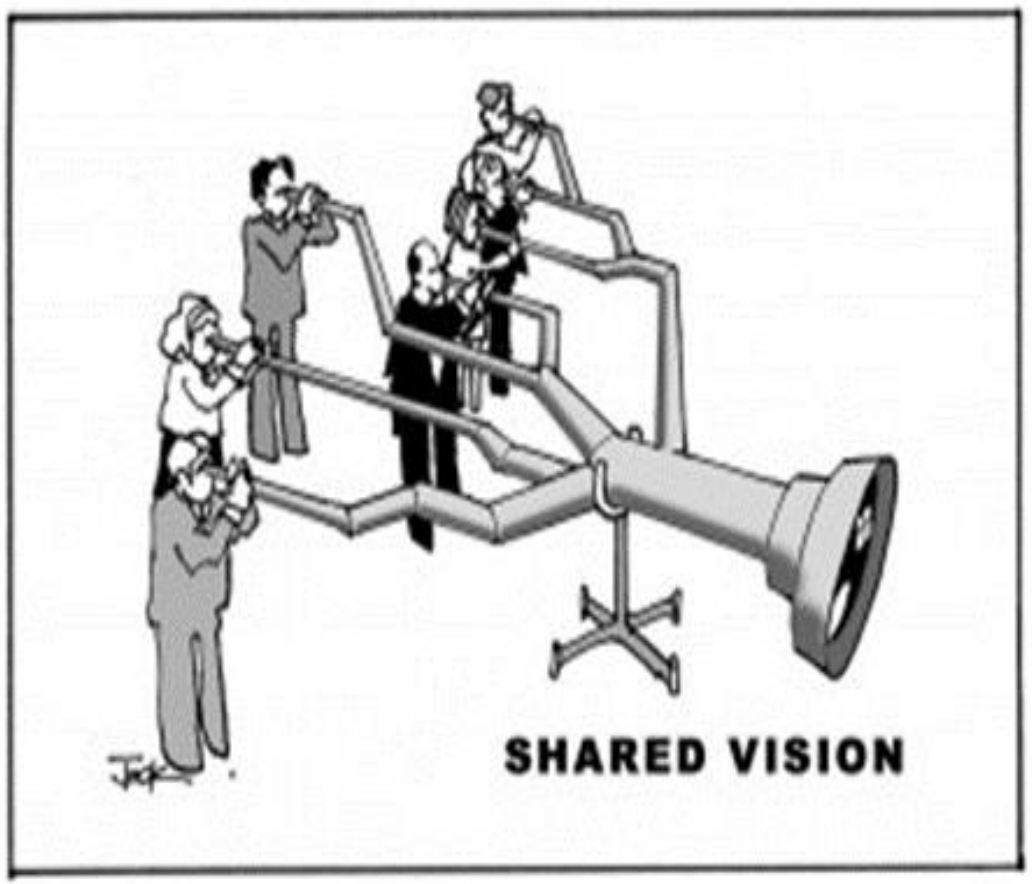
Enlist the Help of Experts

- Bring in knowledge, experience, differing viewpoints
- Someone once said an expert is someone from more than 50 miles away
- Builds credibility
- PTAC's support in Indiana was crucial

Work Collaboratively – It Takes a Village

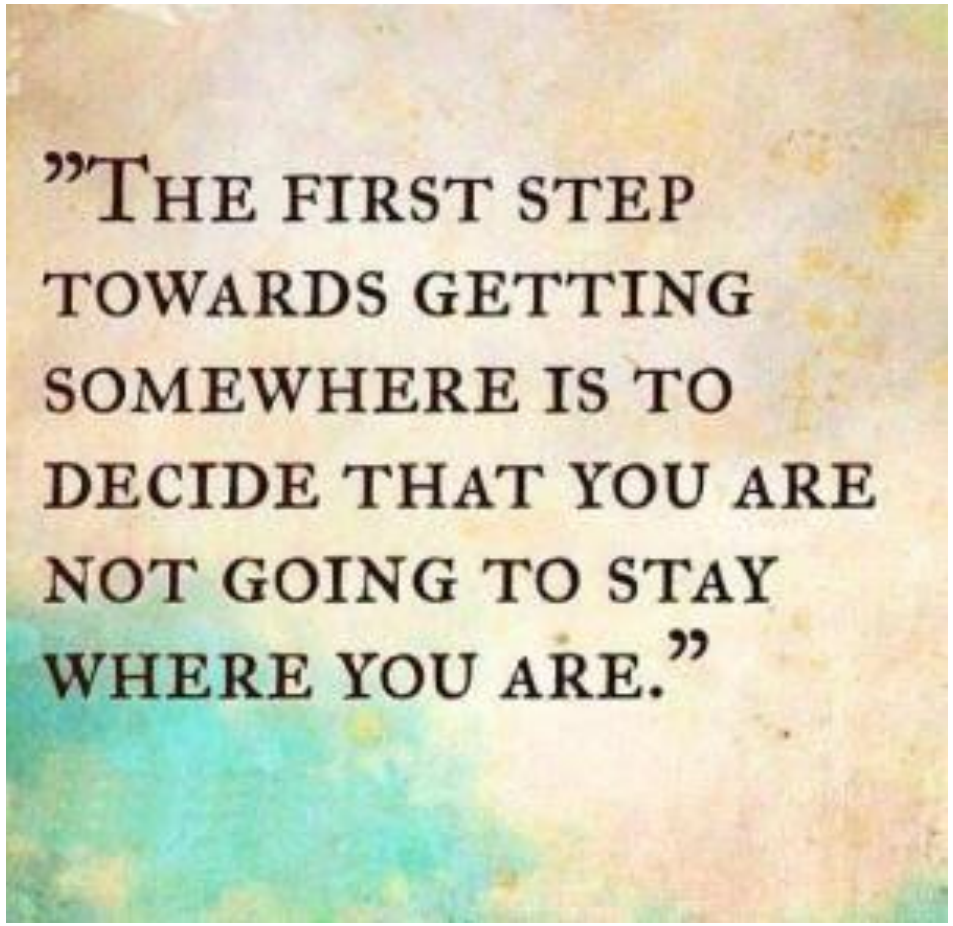
- As you engage with stakeholders, accept help they are willing and able to give
- Bring everyone you can to the table
- Collaboration is not a free for all though, provide structure where needed

Establish Clear, Shared Objectives



- True collaboration only happens when there are defined and shared goals/objectives
- Find common ground to build from
- Create consensus where possible
- Recognize competing goals and find compromise

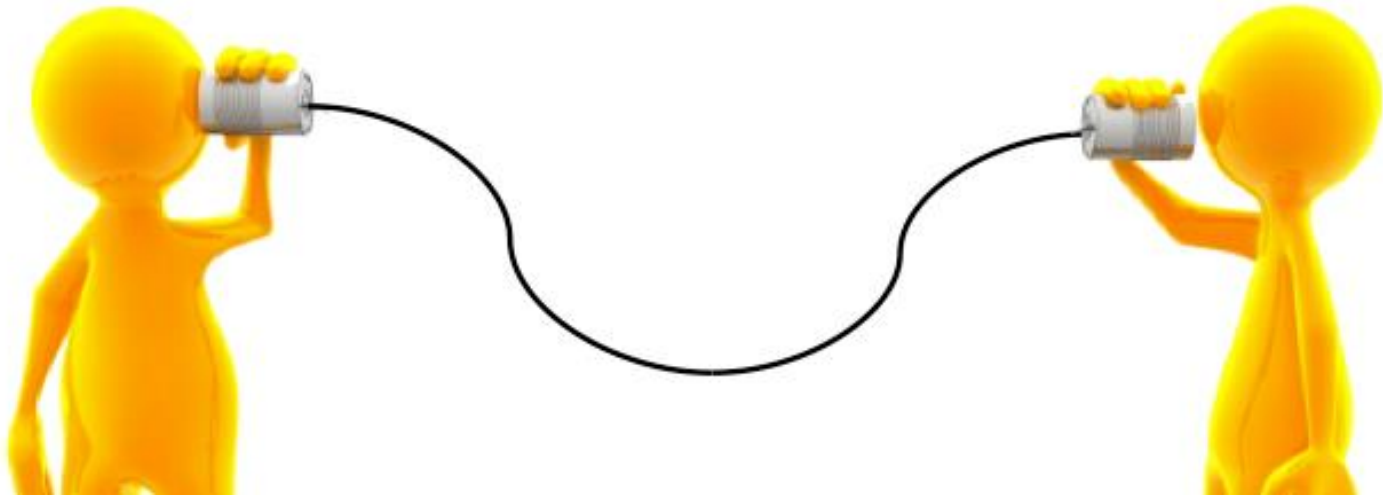
Keep Momentum – Move Forward



- Sometimes that means taking small victories to keep moving forward
- Sometimes that is seizing something like a deadline to create pressure to move things forward
- Change is usually incremental punctuated with an occasional leap ahead

Manage Your Message

- Don’t rely solely on chains of communication
- Talk to people at all stages of the process
- Directly communicate with everyone you can



You Cannot Over Train or Over Communicate

- Use all available methods – in person, memos/letters, Power Point, webinar, one on one, classroom, online, etc.
- Listen so you can meet people where they are
- Make sure you assign specific communication responsibilities
- Devote adequate resources to communication and training

PASRR – Beyond Compliance

- Many states combine their level of care assessment process with the PASRR process
  - Of course level of care determinations are required as part of the Level II process (http://www.pasrrassist.org/resources/nf/what-relationship-between-pasrr-and-nursing-facility-level-care)
  - But all individuals seeking Medicaid coverage of a nursing facility stay need to have level of care determined even with a negative Level I
- Not just individuals with MI, DD, or RC that should have a chance to divert or transition to less restrictive settings
- Connects HCBS programs to hospital discharge planning

For more information

- Legislative report prepared in Indiana provides more detail on the alternative processes considered and the evaluation process, https://www.in.gov/fssa/files/SEA_465_Report_to_General_Assembly_on_Preadmission_Screening.pdf

For More Information

The PASRR Technical Assistance Center helps states fulfill the goals of Preadmission Screening and Resident Review

PTAC
PASRR Technical Assistance Center

http:/www.pasrrassist.org/