

## The Power and Possibility of PASRR Webinar Series

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# **A Passion for PASRR: Perspectives from State PASRR Champions**



**FACILITATOR**  
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**PANEL MEMBERS**  
LILA STARR - IOWA  
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RUTH ANNE BARNARD - PENNSYLVANIA  
PAVEL TERPELETS - MASSACHUSETTS  
SANDYEVA MARTINEZ – NEW MEXICO

**JUNE 11, 2019**  
**POWER AND POSSIBILITY OF PASRR WEBINAR SERIES**



# Panel Participants

**Lila Starr**, PASRR Program Manager, Iowa Division of Mental Health and Disability Services

**Pavel Terpelets**, Deputy Director of Institutional Programs, Massachusetts Health Office of Long Term Services and Supports

**Randy A. Nolen**, Director, Division of Provider Monitoring and Compliance, Bureau of Contract and Provider Management, Pennsylvania Department of Human Services

**Ruth Anne Barnard**, B.S.N., R.N. Pennsylvania PASRR/MDS/Field Operations Coordinator, Department of Human Services | Office of Long-Term Living

**Sandyeva Martinez**, PASRR Administrator, NM Department of Health

# Learning Objectives

- Understand State Medicaid, Mental Health (MH) Authority and Intellectual Disability (ID) Authority PASRR responsibilities.
- Understand what motivated panelists to become a champion for PASRR.
- Understand how each panelist's PASRR program has changed over the years.
- Understand how panelist PASRR programs are linked to other initiatives and the benefits of those connections.
- Understand how panelists keep their PASRR stakeholders engaged.
- Understand panelist PASRR program goals for the future.

# Authority Responsibilities



## **CODE OF FEDERAL REGULATIONS**

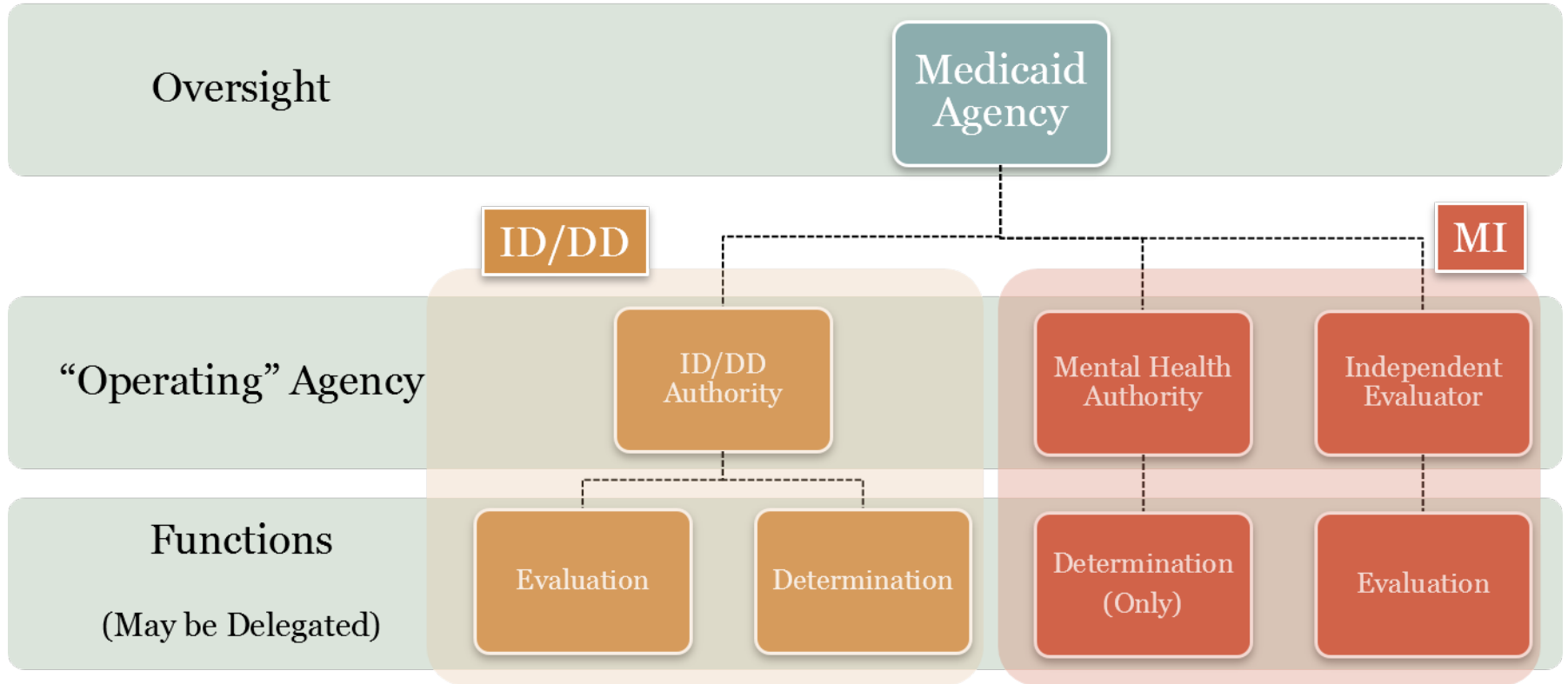
### **PART 483—REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES**

#### **SUBPARTS C**

## **§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 §§483.100 through 438.138.**

# Roles & Responsibilities [483.106(e)]



- Delegation may not be made to a NF or affiliated entity [483.106(e)(1)(iii) and (e)(3)]

*ID/DD – Intellectual Disability/Developmental Disability; MI – Mental Illness*

# CFR 483.106(1)(i) Authority Responsibility

- (1) The State mental health and intellectual disability authorities may delegate by subcontract or otherwise the evaluation and determination functions for which they are responsible to another entity only if—
  - (i) The State mental health and intellectual disability authorities retain ultimate control and responsibility for the performance of their statutory obligations



# PANEL DISCUSSION



# State Panel Discussion

- **What motivated you to become a champion for PASRR?**
- **How has your PASRR program changed over the years?**
- **Have you linked your PASRR program to other state initiatives and are there benefits from that connection?**
- **How do keep your PASRR stakeholders engaged?**
- **Do you have goals for your PASRR program over the next several years?**

# State Panel Discussion

**What motivated you to become a champion  
for PASRR?**

# Iowa

- PASRR connection at National Association of State Mental Health Program Directors Older Persons Division (OPD) annual meeting.
- OPD history of champions for PASRR due to the strong linkage to older adults and their mental health needs.
- High percent of PASRR population over 60 with mental health needs.
- PASRR offers opportunity to improve quality of life and address MH needs for all individuals who may seek placement in a nursing facility (NF).
- PASRR program manager since 2011.

# Pennsylvania

**Randy:** Working with PASRR since its implementation in 1989 as a Social Worker in a large County NF.

- Oversaw the behavioral health issues of residents including their care and treatment plans.
- 15 years with the Commonwealth of Pennsylvania.
- Longstanding interest in individuals with behavioral health and dementia issues.

**Ruth Anne:** Registered Nurse values central to career work.

- Pennsylvania State PASRR program in various roles since 2001.
- PASRR Coordinator.

# Massachusetts

- Evaluate our existing processes:
  - What are we not doing well?
  - What we can do better?

# New Mexico

- **Wanted to work with a different target population.**
- **Hired as the New Mexico PASRR social worker, not knowing much about this population.**
- **Importance of colleague support from regional PASRR training in Dallas.**
- **Realized the importance of the work PASRR does to ensure individuals who have mental illness, intellectual disabilities and related conditions are being served appropriately while in nursing facility environments.**

# State Panel Discussion

**How has your PASRR program changed over the years?**



# Iowa

## Where we started:

- 100% of preadmission screening were happening post admission.
- Hospitals had never heard of PASRR.
- Very few people were having Level II evaluations.
- Few NFs were implementing any of the Specialized Services (SS) or other services that were identified.

# Iowa

## What has changed:

- Full compliance with pre-admission screening.
- Hospitals are now fully aware of PASRR, the implications, timeframes, and need to partner with NFs.
- Online Level I submission process, available 24/7/365.
- Links to Payment feature.
- Monitor PASRR compliant care planning and service delivery for 100% of individuals who have a Level II outcome that identifies SS for the individual.
- PASRR care planning tool that offers our NFs a road map for the creating of a fully PASRR compliant care plan.
- Ongoing training initiative.

# Pennsylvania

- **Tremendous shift over the years.**
  - Initially just an admission process paperwork exercise
  - PASRR was a forgotten afterthought – just a piece of paper for chart.
  - Renewed interest from the Federal level in 90's.
  - Emphasis on insuring that individuals with MI, IDD or Other Related Conditions were not just being admitted to NFs without provisions to provide necessary care for them based on their condition.
  - Over the last ten years, CMS has required a lot more oversight and data in regards to the PASRR process which has led to multiple revisions of the tools utilized in Pennsylvania.
  - Four revisions of PASRR tools since 2007.

# Massachusetts

- MassHealth issued a new PASRR Level I form.
- Implemented *Abbreviated* Level II evaluations for Advanced Dementia Exclusion and Categorical Determinations.
- Hospitals no longer perform any Level II evaluations.

# New Mexico

- **2016 changes to the Level I screen.**
- **Changes provided our community partners with clearer instruction on completing the Level I screen.**
- **Work quadrupled.**
- **Work with both hospital and nursing staff to ensure PASRR is completed prior to admission.**

# State Panel Discussion

**Have you linked your PASRR program to other state initiatives and are there benefits from that connection?**

# Iowa

- **Strong partnerships.**
  - Office of the State Long-Term Care Ombudsman
  - Licensing entity for NFs
  - Provider associations for NFs and hospitals
  - Aging and Disability Resource Centers
  - Money Follows the Person (MFP) program
  - Medicaid eligibility determination staff
  - Dependent adult abuse assessment staff
  - Managed Care Organizations
  - Network of Independent Contractors
- **PASRR noted as a key part of the State's Olmstead plan.**

# Pennsylvania

- **Emphasis on work with Nursing Facilities to ensure people are receiving recommended services.**
- **Community transition emphasis.**
- **Seek to learn from other states.**
  - **Helps us know what other states are doing and how we are doing.**
  - **PASRR conferences create networking opportunities.**



# Massachusetts

- **Changes to the PASRR process were made to:**
  - Remove bottlenecks.
  - Educate to reduce payment denials based on failure to comply with PASRR.
  - Decrease administrative burden on providers.
- **PASRR data collection enhancements**
  - Better track data related to individuals with SMI and ID/DD.
  - Use data to inform policy development and update nursing facility rates.
- **MassHealth will also use PASRR Level II data to inform PASRR audits.**

# New Mexico

- **PASRR works closely with our external partners**
  - MH contractor
  - Human Services Department (HSD)
  - The Developmental Disabilities Supports Division.
- **Each of these partners has contributed to PASRR:**
  - Wealth of information
  - Continued support to the population PASRR serves
  - Tools to our program.

# State Panel Discussion

**How do you keep your PASRR stakeholders engaged?**

# Iowa

- Early and continuous engagement.
- Training materials targeted to specific stakeholders.
- Repeat crucial training materials/webinars on a frequent and regular basis.
- Key presentation materials available on website.
- Key management involvement and support.
- Involve stakeholder in training and address areas that align with PASRR.

# Pennsylvania

- The Office of Long Term Living quarterly meetings
  - Office of Mental Health and Substance Abuse Services, Office of Developmental Program, Office of Long Term Living
- Continually monitor and oversee the program including changes to the PASRR forms, correspondence that is used and data collection.
- State holds various training sessions for NFs, hospitals and Area Agencies on Aging on the process including training modules that are on the State's website.
- Oversee and monitor all PASRR forms for every admission.
- State PASRR website keeps everyone informed.
- Engagement with nursing facility associations on any PASRR changes.

# Massachusetts

- **PASRR change effort:**
  - Multiple stakeholder meetings with the industry groups NF and hospital associations, individual NFs, and Aging Services Access Points (ASAPs).
  - Multiple meetings with the three sister agencies (Department of Mental Health, Department of Developmental Services, and the Office of Elder Affairs).
  - Focus on our being aligned on the changes.
- **In person training on changes prior to implementation.**
- **Webinars for others.**

# New Mexico

- Ongoing training with our community partners and stakeholders:
  - Level I completion.
  - Level II expectations.
- Training provided face-to-face and online.
  - Those new to PASRR always have access.
- Ongoing availability to help with issues as they arise.

# State Panel Discussion

**Do you have goals for your PASRR program over the next several years?**



# Iowa

- Continue to work collaboratively with our Licensing agency for NFs, the Managed Care Organizations, Long-Term Care Ombudsman's office, and Medicaid, to continue to improve the compliance of our providers with all aspects of PASRR.
- Use robust PASRR data to advance compliance and quality.
- Continue to improve capacity to address service needs in all areas of the state.
- Address identified gaps in service needs:
  - Need for Behavior Analysts throughout the State, who can assist NFs in the development of Functional Assessments and Behaviorally Based Treatment Plans.

# Pennsylvania

- **The Big Picture**

- A uniform set of forms for the PASRR prescreening and evaluations that all states would use in an effort to have a streamlined process.
  - ✦ Consistent data collection and the ability of CMS to truly evaluate the PASRR program across the country.

- **State Level**

- **Make the process in PA electronic**
  - ✦ Improve timelines and data collection.
  - ✦ Improve the delivery of behavioral health services to NF residents.
- **Working with Long-Term Services and Supports (LTSS) managed care.**

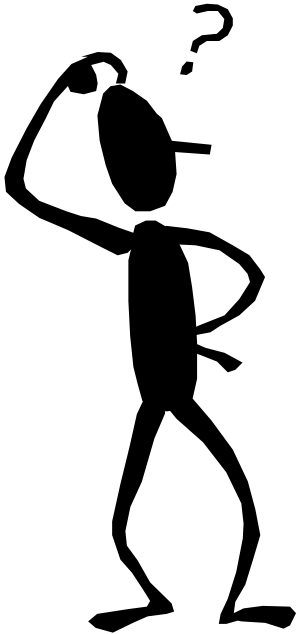
# Massachusetts

- **MassHealth will continue working with stakeholders on further refinement to the PASRR process.**
- **Work with our vendor on the next steps toward a web-based platform for PASRR submissions.**

# New Mexico

- Continued enhancement of Level I screen this year.
- Developing a new and improved database to better track the work we do on behalf of the PASRR population.
- Fingers crossed that we will get additional staff.

# QUESTIONS



THANK YOU

