

The Power and Possibility of PASRR Webinar Series

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PASRR - The Door to Mental Health Continuity of Care and Engagement in Care



FACILITATOR

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SEPTEMBER 10, 2019

POWER AND POSSIBILITY OF PASRR WEBINAR SERIES



Learning Objectives

- Understand the regulatory requirements for identifying and providing or securing appropriate mental health services for individuals with qualifying Mental Health (MH) PASRR conditions.
- Understand the importance of PASRR for individuals with existing or new MH conditions.
- Understand the importance of PASRR in nursing facilities (NFs) developing person-centered plans of care.
- Understand the connection of PASRR Specialized Services obligations and state initiatives for individuals with serious mental illness (SMI).
- Understand the range of options for expanding access to MH Specialized Services.

Some History



PTAC'S FOCUS ON PASRR AND MENTAL HEALTH

2010- 2019

PTAC's Webinar Focus on PASRR and Mental Health

- 2010
 - [Mental Illness in Nursing Homes](#)
- 2011
 - [Preventing Nursing Home Placement for Persons with Mental Illness](#)
 - [Mental Health Service Delivery in Nursing Homes](#)
- 2012
 - [Mental Health and Aging](#)
 - [The Role of States and Localities in Addressing the Complex Needs of Older Adults with Mental Illness](#)
 - [The Mental Health and Substance Use Workforce for Older Adults](#)
 - [Tennessee's Creating Homes Initiative: Creating Safe, Affordable Homes for People Living with Mental Illness](#)

PTAC's Webinar Focus on PASRR and Mental Health

- 2013
 - [Innovations from Ohio: Recovery Requires a Community](#)
- 2015
 - [The State of Telemedicine in Mental and Behavioral Health](#)
 - [Screens to Detect Common Behavioral Health Conditions](#)
- 2016
 - [PASRR: A Role in Mental Health Recovery and SAMHSA's Certified Behavioral Health Clinic Initiative](#)
 - [Psychiatric Rehab in a 1915 \(c\) Waiver: Connecticut's Mental Health Waiver](#)
- 2017
 - [PASRR: The Dementia Exclusion for Serious Mental Illness](#)
 - [Screens to Detect Common Behavioral Health Conditions](#)

National Reports

- [2014 Review of State PASRR Policies and Procedures National Report](#)
- [2015 Review of State PASRR Policies and Procedures National Report](#)
- [2016 Review of State PASRR Policies and Procedures National Report](#)
- [2017 Review of State PASRR Policies and Procedures National Report](#)

Report Findings on PASRR and Mental Illness

- **2016:** “Our findings indicate that many individuals with SMI are not being identified through PASRR and therefore may not be receiving the Specialized Services necessary to lead productive lives in either the NF or if appropriate in the community.”
- **2017:** “The findings indicate that many individuals with SMI may not be identified accurately through PASRR and therefore may not receive the Specialized Services necessary to lead productive lives in either the NF or, if appropriate, in the community.”

Authority Responsibilities



CODE OF FEDERAL REGULATIONS

PART 483—REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES

SUBPARTS C

Regulations and MH Services

§483.112 Preadmission screening of applicants for admission to NFs.

- (a) *Determination of need for NF services.* For each NF applicant with MI or IID, the State mental health or intellectual disability authority (as appropriate) must determine, in accordance with §483.130, whether, because of the resident's physical and mental condition, the individual requires the level of services provided by a NF.
- (b) *Determination of need for specialized services.* If the individual with mental illness or intellectual disability is determined to require a NF level of care, **the State mental health or intellectual disability authority (as appropriate) must also determine, in accordance with §483.130, whether the individual requires specialized services for the mental illness or intellectual disability, as defined in §483.120.**

Regulations and MH Services, continued

§483.116 Residents and applicants determined to require NF level of services.

- (a) *Individuals needing NF services.* If the State mental health or intellectual disability authority determines that a resident or applicant for admission to a NF requires a NF level of services, the NF may admit or retain the individual.
- (b) ***Individuals needing NF services and specialized services.*** If the State mental health or intellectual disability authority determines that a resident or applicant for admission requires both a NF level of services and specialized services for the mental illness or intellectual disability—
 - (1) The NF may admit or retain the individual; and
 - (2) The State **must provide or arrange for the provision of the specialized services needed by the individual while he or she resides in the NF.**

Regulations and MH Services, continued

§483.118 Residents and applicants determined not to require NF level of services.

- (c) *Residents who do not require NF services but require specialized services for MI or IID—*(1) ***Long term residents...*** any resident who has continuously **resided in a NF for at least 30 months before the date of the determination, and who requires only specialized services** ...the State must...
 - (i) Offer the resident the choice of remaining in the facility or of receiving services in an alternative appropriate setting;
 - (ii) Inform the resident of the institutional and non-institutional alternatives covered under the State Medicaid plan for the resident;
 - (iv) **Regardless of the resident's choice, provide for, or arrange for the provision of specialized services for the mental illness or intellectual disability.**

Regulations and MH Services, continued

§483.118 Residents and applicants determined not to require NF level of services.

- 2) ***Short term residents.*** Except as otherwise may be provided in an alternative disposition plan adopted under section 1919(e)(7)(E) of the Act, for any resident **who requires only specialized services**, as defined in §483.120, and who **has not continuously resided in a NF for at least 30 months before the date of the determination**, the State must, in consultation with the resident's family or legal representative and caregivers—
 - (i) Arrange for the safe and orderly discharge of the resident from the facility in accordance with §483.15(b);
 - (ii) Prepare and orient the resident for discharge; and
 - (iii) **Provide for, or arrange for the provision of, specialized services for the mental illness or intellectual disability.**

Regulations and MH Services, continued

§483.120 Specialized services

- (a) *Definition*—(1) For mental illness, specialized services means the **services specified by the State which, combined with services provided by the NF**, results in the continuous and aggressive implementation of an individualized plan of care that:
 - ii) Prescribes specific therapies and activities for the treatment of persons experiencing an acute episode of serious mental illness, which necessitates **supervision by trained mental health personnel**;
 - (iii) Is **directed toward diagnosing and reducing the resident's behavioral symptoms** that necessitated institutionalization, **improving** his or her level of **independent functioning**, and **achieving a functioning level that permits reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time.**

Regulations and MH Services, continued

§483.120 Specialized services

b) *Who must receive specialized services.* **The State must provide or arrange for the provision of specialized services**, in accordance with this subpart, **to all NF residents with MI or IID** whose needs are such that **continuous supervision, treatment and training by qualified mental health or intellectual disability personnel** is necessary, as identified by the screening provided in §483.130 or §§483.134 and 483.136.

Regulations and MH Services, continued

§483.126 Appropriate placement.

- **Placement of an individual with MI or IID in a NF may be considered appropriate only when the individual's needs are such that he or she meets the minimum standards for admission and the individual's needs for treatment do not exceed the level of services which can be delivered in the NF to which the individual is admitted either through NF services alone or, where necessary, through NF services supplemented by specialized services provided by or arranged for by the State.**

Regulations and MH Services, continued

§483.128 PASARR evaluation criteria

- (4) **If specialized services are not recommended, identifies any specific intellectual disability or mental health services which are of a lesser intensity than specialized services that are required to meet the evaluated individual's needs;**
- (5) **If specialized services are recommended, identifies the specific intellectual disability or mental health services required to meet the evaluated individual's needs; and**
- (6) **Includes the bases for the report's conclusions.**

Regulations and MH Services, continued

§483.130 PASARR determination criteria.

- **(f) The State mental health and intellectual disability authorities may make categorical determinations that specialized services are not needed in the provisional, emergency and respite admission situations identified in §483.130(d)(4)-(6). In all other cases, except for §483.130(h)*, a determination that specialized services are not needed must be based on a more extensive individualized evaluation under §483.134 or §483.136.**

*483.130(h) – ID and Dementia

Regulations and MH Services, continued

§483.130 PASARR determination criteria.

- (i) **If a State mental health or intellectual disability authority determines NF needs by category, it may not waive the specialized services determination.** The appropriate State authority must also determine whether specialized services are needed either by category (if permitted) or by individualized evaluations, as specified in §483.134 or §483.136.

Regulations and MH Services, continued

§483.130 PASARR determination criteria.

- (1) *Can be admitted to a NF.* Any applicant for admission to a NF who has MI or IID and who **requires the level of services provided by a NF**, regardless of whether specialized services are also needed, may be admitted to a NF, if the placement is appropriate, as determined in §483.126. **If specialized services are also needed, the State is responsible for providing or arranging for the provision of the specialized services.**
- (n) *Specialized services needed in a NF.* If a **determination is made to admit or allow to remain in a NF any individual who requires specialized services**, the determination must be **supported by assurances that the specialized services** that are needed can and **will be provided or arranged for by the State while the individual resides in the NF.**

Continuity of Care and Engagement in Care



**THE IMPORTANCE OF PASRR FOR
INDIVIDUALS WITH EXISTING OR
NEW MENTAL HEALTH CONDITIONS**

Integrated Health Care – A PASRR Role?

“Integrated health care is the systematic coordination of physical and behavioral health care. The idea is that physical and behavioral health problems often occur at the same time. Integrating services to treat both will yield the best results and be the most acceptable and effective approach for those being served.”

Hogg Foundation for Mental Health, Connecting Body & Mind: A Resource Guide to Integrated Health Care in Texas and the U.S., www.hogg.utexas.edu

The Importance of Integration – A Role for PASRR

“People with mental and substance abuse disorders may die decades earlier than the average person – mostly from untreated and preventable chronic illnesses like hypertension, diabetes, obesity, and cardiovascular disease that are aggravated by poor health habits such as inadequate physical activity, poor nutrition, smoking, and substance abuse. Barriers to primary care – coupled with challenges in navigating complex healthcare systems – have been a major obstacle to care.”

SAMHSA – HRSA Center for Integrated Health Solutions,
<https://www.integration.samhsa.gov>

Continuity of Care (COC) - Are We Uncertain?

“Important similarities and differences exist in service user and professional conceptualizations of COC. Further research is necessary to explore these differences, prior to integrating service user and professional perspectives in a validated COC framework which could enable the development and evaluation of interventions to improve COC, informing policy and practice.”

Defining continuity of care from the perspectives of mental health service users and professionals: an exploratory, comparative study,

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5006915/>

Specialized Add-on Services – The importance of **continuity of care** and initiating treatment

“Use of community-based LTSS before an institutional stay appears to increase the likelihood a beneficiary will transition to the community; upon the transition, previous users of community-based LTSS are more likely to once again use community-based LTSS.”

[The National Evaluation of the MFP Demonstration:](#) Does early use of community-based long-term services and supports lead to less use of institutional care?

LTSS = Long Term Services and Supports

Nursing Facility Care Planning



**THE IMPORTANCE OF PASRR IN
PREPARING PERSON-CENTERED
PLANS OF MENTAL HEALTH CARE**

NF Conditions of Participation – Reliant on PASRR

- **Person Centered Planning**
 - CFR [§483.21 \(b\) \(iii\)](#), *Comprehensive Person-Centered Care Planning* - Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of the PASRR recommendations.
 - If a facility disagrees with the findings of the PASRR, it must indicate its rationale in the resident's medical record.

NF Conditions of Participation – Reliant on PASRR

CFR [§483.20 \(e\)](#) - A facility must coordinate assessments with the preadmission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes—

- (1) 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.
- (2) 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.

Comprehensive Person-centered Care Planning

§483.21(a)(1) The facility must develop and implement a **baseline care plan** for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must— Be developed within 48 hours of a resident's admission.

(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to—

- (A) Initial goals based on admission orders.
- (B) Physician orders.
- (C) Dietary orders.
- (D) Therapy services.
- (E) Social services.
- (F) PASARR recommendation, if applicable.**

Comprehensive Person-centered Care Planning

GUIDANCE §483.21(b) iii

Comprehensive care plans. The comprehensive care plan must describe the following:

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

Specialized Services



**ADDRESSING THE UNIQUE NEEDS OF
INDIVIDUALS WITH MENTAL HEALTH
CONDITIONS**

PASRR – A Unique Power

PASRR determines:

- Whether placement or continued stay in the requested or current NF is appropriate.
- Identifies the mental health services the individual needs, including:
 - services the NF can provide under its per diem, and
 - services that must be arranged separately (specialized services).

Defining Specialized Services

(a) *Definition*

- (1) For mental illness, specialized services means the services specified by the State which, combined with services provided by the NF, results in the continuous and aggressive implementation of an individualized plan of care
- *The Office of General Council has approved the term “***Specialized Add-on Services***” for distinguishing these services from Specialized Rehabilitation Services.

Defining Specialized Services, continued

“Specialized Services” means any service or support recommended by an individualized Level II determination that a particular nursing facility resident requires due to mental illness, intellectual disability or related condition, that supplements the scope of services that the facility must provide under reimbursement as nursing facility services.

In other words – Specialized Add-on Services are over and above what the NF would be expected to provide under their daily per diem.

Specialized Add-on Services

- Provided by community-based providers with expertise in PASRR condition
- Can be included as a nursing facility benefit with change to the Medicaid State

See PTAC FAQ February 2018: [*What should States consider when including Specialized Services in State Plans?*](#)

See PTAC Webinar February 2014: [*Paying for Specialized Services: New Mechanisms for States*](#)

Arranging for Specialized Add-on Services

- Possible Options for Specialized Add-on Services
 - Private insurance
 - Managed Care Organization (MCO)
 - Medicare
 - Medicaid (State Plan Amendment (SPA))

See PTAC White Paper May 2017: [Financing or Arranging for PASRR Specialized Services for Individuals with Serious Mental Illness: Medicaid and Medicare Options](#)

PASRR has a continuity of care role!

- **Nursing facility applicant with a history of engagement with the local community mental health provider related to a schizoaffective disorder.**
- **Receives weekly home visits from a targeted case management provider, has a peer provider connection that is utilized as needed, participates three days a week in a psychosocial program, and sees a psychiatrist in the community center once a month.**
- **Has a history of hospitalization, but has not had an inpatient stay in the past two years.**

PASRR has an engagement role!

- Following the suicide of her husband, a woman with a history of chronic depression and anxiety has trouble managing her emotions and frequently engages in aggressive behavior against staff.
- A Level II evaluation leads to the following recommendations for specialized add-on services:
 - A mechanism for the NF to develop a behavioral care plan with mental health professionals
 - Ongoing medication management by a psychiatrist
 - Grief counseling by a trained mental health specialist
- In this case, the Level II evaluation also recommends a suite of Specialized Rehabilitative Services, including services necessary to improve her engagement in activities of daily living. Unlike Specialized Services, these services are provided under the NF's daily rate.

Specialized Add-on Services and Community Based Services



**A PASRR CONNECTION TO EXISTING
STATE INITIATIVES**

Community Based Mental Health Services – 1993 - Present

“A new perspective on mental health policy emerged during the debate on national health care reform in 1993-1994. To the surprise of many, the mental health discussions did not revolve around the number of inpatient hospital days and outpatient therapy visits to be available.

Instead, it addressed the need to cover comprehensive services, to shift mental health and addiction disorder services into the mainstream of health care, and to integrate the private and public sectors.”

What Did The Health Care Reform Debate Mean For Mental Health Policy? - by Chris Koyanagi and Joseph Manes

<https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.14.3.124>

Mental Health Parity and Addiction Equity Act of 2008

- **The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits.**

Common Community-based Mental Health Services

- **Functional Behavioral Assessment**
- **Outpatient Therapy**
 - cognitive behavioral therapy
 - trauma-related counseling
- **Assertive Community Treatment**
 - daily living assistance, help in obtaining and keeping housing, community integration
- **Intensive Case Management**
 - maintain their own living arrangements, develop plans to enhance their life skills, and address their medical and mental health needs.
- **Peer Supports**
- **Community based rehabilitative services**

Opening the PASRR Door



OPTIONS FOR EXPANDING ACCESS TO MENTAL HEALTH SPECIALIZED ADD- ON SERVICES

CMS Emphasis on Specialized Add-on Services

- Clarified how states should define Specialized Add-on Services

<http://www.pasrrassist.org/resources/specialized-services-mental-illness-intellectual-disability-nf/services-and-supports>

- Clarified funding options for SS, including:
 - Use of add-on payments to NFs to pay for SS
 - Payment directly to provider of SS

<http://www.pasrrassist.org/resources/specialized-services/financing-or-arranging-pasrr-specialized-services-individuals-serious>

CMS Emphasis on Specialized Add-on Services , continued

Emphasized the importance of these services in the Final Conditions of Participation Rule for Long-Term Care (LTC) facilities

- <https://www.federalregister.gov/documents/2017/07/13/2017-14646/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities>

Paying for Specialized Add-on Services

- *State General Funds*
- *Medicare.* Medicare provides a range of mental health-related services that can address the disability-specific needs of individuals with SMI.
- *Medicaid.* States can submit a State Plan Amendment (SPA) to include Specialized Add-on Services within the NF benefit, as Washington State recently has done for Specialized Services for individuals with ID or RC.

http://www.pasrrassist.org/sites/default/files/attachments/SpecializedServicesFinancing_PTAC%20Issue%20Paper_050117%20%28to%20CMS%29.pdf

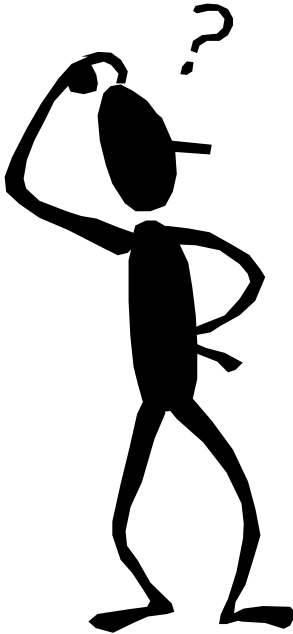
1915(c) Waiver Services

- **Specialized Add-on Services are effectively *waiver-like* services.**
- **Can be defined in much the same way:**
 - **Service definitions**
 - **Amount, duration, and scope**
 - **Provider qualifications (e.g., HCBS providers)**
- **BUT cannot be provided through the waiver because waiver services cannot be provided to individuals in institutional settings.**

Summary: Opening the PASRR Door for MH Services

- There are legal and regulatory obligations for states to address mental health needs of nursing facility applicants or resident.
- Continuity of mental health services and engagement in treatment are important to the well being of individuals with mental health conditions.
- State authorities and nursing facilities share a responsibility in assuring needed treatment is provided.
- Specialized-add on services are the mechanism for meeting these responsibilities.
- The services that are needed are likely to be readily available now.
- There are strategies for making those services accessible.

QUESTIONS



THANK YOU



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