

The Power and Possibility of PASRR Webinar Series

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Telehealth and PASRR

Opportunities for Preadmission screening and resident review

Andrea Womack
Consultant for PTAC



Learning Objectives

1. Provide an overview of telehealth.
2. Provide an overview of the PASRR program.
3. Explore the application of telehealth to PASRR.
4. Understand the considerations and limitations of incorporating telehealth into the PASRR process.

Telehealth – An Overview



Definition of Telehealth

- The use of interactive telecommunication technology to provide health care services to patients from a distance.
- Different from ***telemedicine***, which typically refers to the remote delivery of clinical services.
- ***Telehealth*** encompasses clinical and nonclinical health care services.

Aims of Telehealth

- Seeks to resolve or minimize health care delivery challenges across populations and disciplines, including:
 - Access to the appropriate clinician, such as specialists who may be limited in number.
 - Burdensome travel for patients in rural areas who must drive long distances to receive care or for individuals with limited resources and/or who have disabilities.
 - Rising health care costs for patients to access, and for providers to deliver, the right care from the right person at the right time.

Telehealth Key Terms

- ***Originating site*** – location of the patient
- ***Distant site*** – location of the health care provider
- ***Modality*** – mode in which health care services are delivered
- Four main telehealth modalities¹:
 - Live video
 - Store-and-forward approach
 - Remote patient monitoring
 - Mobile health

¹ Center for Connected Health Policy. What is Telehealth? 2018. <http://www.cchpca.org/remote-patient-monitoring>

Federal Policies Related to Telehealth

- Medicaid
 - States have been given a great deal of flexibility to design Medicaid coverage policies.
 - As of fall 2017, 48 states and the District of Columbia provided Medicaid reimbursement for some form of telehealth.²
 - Live video is the most commonly covered service.²

²Center for Connected Health Policy. State Telehealth Laws and Reimbursement Policies: A Comprehensive Scan of the 50 States and District of Columbia. Sacramento, CA: Center for Connected Health Policy; 2017.

Federal Policies Related to Telehealth cont.

- Medicare
 - Coverage parameters include restrictions on originating site location (i.e., must be in a rural area), originating site facility type, the type of modality used, distant site providers permitted to provide care, and services covered.
 - Creating High-Quality Results and Outcomes Necessary to Improve Chronic Care Act of 2017 expanded Medicare coverage for telehealth³

³United States. Cong. Senate. Committee on Finance. *Creating High-Quality Results and Outcomes Necessary to Improve Chronic Care Act*. 115th Cong. 1st sess. S. Rept. 870, Washington: GPO, 2017. The Library of Congress. Web. 25 June 2018

<https://www.congress.gov/115/crpt/srpt146/CRPT-115srpt146.pdf>

PASRR – An Overview



PASRR Regulations

- Nursing Home Reform Act of 1987
 - Central intent of the act was to ensure that nursing facility residents receive the care and services needed to maintain the “highest practicable” mental, physical, and psychosocial wellbeing.
 - Also included provisions to prevent individuals with specific disabilities from being inappropriately institutionalized in nursing facilities.

PASRR Regulations cont.

- 42 CFR 483 Subpart C
 - Aims to ensure that individuals with serious mental illness (SMI), an intellectual disability (ID), or conditions that require services and supports similar to those that a person with ID requires (referred to as related conditions [RC]) receive the necessary services and supports to meet their needs in the most appropriate setting.

PASRR Assessments

- The goals of the PASRR screening and assessment process are to:
 - Identify individuals with SMI, ID, and RC.
 - Determine whether a community setting or nursing facility is the most appropriate placement for the individual.
 - Describe the disability-specific services and supports the individual will need in the community or the nursing facility.

PASRR Assessments cont.

- Two-step process:
 - Level I screen
 - Level II assessment
- The regulations give states the flexibility to identify appropriately credentialed professionals to conduct PASRR assessments. (CFR 483.134, 483.136)
 - Professionals must have the clinical ability to conduct the following assessments as part of the evaluation: comprehensive drug history, psychosocial evaluation, comprehensive psychiatric evaluation, and a functional assessment.

Timeliness Requirements

- Level II preadmission assessments must be completed within an annual average of 7 to 9 working days after receiving the referral from the entity that performed the Level I identification screen. (CFR 483.112)
 - However, states are increasingly under pressure by PASRR stakeholders to complete assessments faster than the regulations require.

Reimbursement

- Federal regulations give states the authority to claim Federal Financial Participation (FFP) for administrative activities associated with the PASRR program included in their state plan as required by at §433.15(a)(9) of the CFR.
- State Medicaid agencies may claim a variety of activities at a 75 percent match, including:
 - Time, including salary and fringe, of SMA, SMHA, and SIDA staff who administer PASRR.
 - Any information technology for PASRR administration, whether developed by the state or a vendor (e.g., a web-based portal for tracking Level I screens and Level II evaluations could be claimed at the 75 percent match rate).
 - Quality assurance activities.
- The key to receiving the FFP reimbursement is setting up the mechanisms to claim the match.

Application of Telehealth to PASRR



Rural Assessment Locations

- States that are largely rural sometimes struggle to obtain and afford an assessor network that can quickly and easily access rural evaluation sites.
- Telehealth could allow state PASRR authorities to connect assessors with individuals in rural areas to avoid costly and time-consuming travel.
 - Example: California already has identified specific counties in which telehealth may be used for PASRR assessments with prior approval.

Mental Health Professional Shortages

- There is a growing shortage of mental health professionals across the United States, which may exacerbate the issues that states face with maintaining a network of qualified assessors.
 - As of December 2017, there were 5,042 mental health care health professional shortage areas in the United States.⁴
- Allowing assessors to conduct Level II assessments remotely using telehealth could help states meet assessment demand in areas with shortages of qualified mental health professionals.

⁴Health Resources and Services Administration, Bureau of Health Workforce. Designated Health Professional Shortage Areas Statistics. First Quarter of Fiscal Year 2018: Designated HPSA Quarterly Summary. Washington, DC: Health Resources and Services Administration; 2018

Assessment Speed and Efficiency

- State PASRR entities must ensure that assessments are conducted by appropriate health care professionals within a short period of time.
 - Health care providers, such as hospitals that typically are caring for the individual at the time of the preadmission assessment, often advocate for quicker and more efficient assessments.
- Telehealth provides an opportunity for more timely assessments by eliminating the time assessors spend traveling to a site to conduct a PASRR evaluation in person.

Considerations and Limitations



Program Structure

- Level II assessment program design and operations vary greatly by state.
 - A key variation is the entity that conducts the Level II assessments.
- States that contract with PASRR assessment vendors could allow or require the use of telehealth for certain situations and create policies and procedures that govern its use.

Technology Resources

- States must identify the source of telehealth technology and determine whether there is access to adequate internet services (e.g., bandwidth and connectivity) at both the originating and distant sites.
 - One option is to create agreements with health care systems within the state that already have access to telehealth technology.
 - Another option is to outfit a lower-cost network of staff with telehealth resources and send them to the originating site to facilitate the telehealth encounter with more qualified personnel.

Privacy and Security

- All entities that use or provide telehealth services are subject to the same privacy and security laws that govern traditional health care services.
 - Entities that use telehealth must incorporate the necessary policies and safeguards to ensure compliance with, for example, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
 - In addition to compliance with federal privacy policies, many states have additional technology security requirements for state-run programs.

Privacy and Security cont.

- States that employ professionals or contract with vendors to conduct PASRR assessments will need to ensure that the appropriate technology and resources are in place to comply with privacy laws and rules.
- States may also need to ensure the availability of technical personnel.

Policies for Appropriate Use

- Telehealth still largely is considered a tool in health care delivery and **not** a complete replacement of face-to-face encounters.
 - CMS and state PASRR entities may want to consider parameters for the appropriate use of telehealth that align with best practices in care while addressing the practicalities of delivering a service across a state.
- Factors for states to consider when creating policies for the use of telehealth in PASRR are:
 - (1) the barrier the telehealth solution is intended to resolve, and
 - (2) the clinical appropriateness of telehealth at the time of the assessment.

Policies for Appropriate Use cont.

- States also may wish to implement a prior authorization process to ensure appropriate use of telehealth for PASRR assessments.
 - An approval process would allow states to vet and monitor the use of telehealth and adjust policies for the use of telehealth in PASRR assessments.
- States should also consider the clinical status of the individual at the time of the assessment.
 - It is essential to consider the severity of an individual's condition, the individual's capacity for interaction, and consent to use technology for the assessment.

Policies for Appropriate Use cont.

- PASRR evaluators should judge, for each specific assessment situation, the clinical appropriateness of conducting the assessment with telehealth.
 - Some research shows that regardless of location and treatment intervention, telehealth generally is an effective tool for behavioral health services, including psychiatric assessments, and services for those who may be experiencing psychosis.

Policies for Appropriate Use cont.

- States also should consider policies and procedures to obtain informed consent for the use of telehealth.
 - Some state Medicaid reimbursement policies require documentation of informed consent, and the American Telemedicine Association (ATA) incorporates it into its practice guidelines.
 - Advance notice and agreement to the use of telehealth by the individual or his or her guardian also may address concerns from those who may be unfamiliar with the use of technology for health care and could result in higher rates of participation, stakeholder satisfaction, and assessment efficacy.

Licensure Requirements

- Some states have enacted legislation that requires providers using telehealth technology across state lines to have a valid professional license in the state where the individual is located.
- Some states may have administrative code or other policies that require specific licensure for PASRR evaluators.

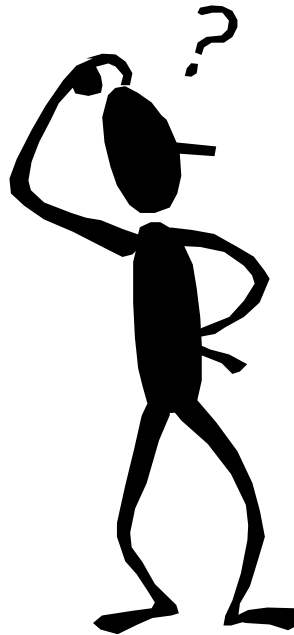
Quality

- States will want to identify quality benchmarks and requirements for assessments conducted via telehealth.
- States may establish quality benchmarks and checks for distant provider assessment facilitation, which may include stakeholder feedback and satisfaction surveys.
- Ensuring that those who use or facilitate PASRR telehealth are appropriately trained also will support overall quality.

Conclusion

- Applying telehealth to PASRR is a possible solution when a face-to-face Level II assessment is not feasible or practical for the individual or state authorities.
- Identifying whether telehealth is an advantageous and cost-effective solution requires states to assess their specific barriers and resources and to understand and consider clinical, operational, technical, and administrative requirements.
- States are invited to work with PTAC and CMS to design telehealth solutions that are compliant with the requirements and intent of PASRR regulations.

QUESTIONS



THANK YOU!

PASRR Technical Assistance Center

www.pasrrassist.org