The Power and Possibility of PASRR Webinar Series

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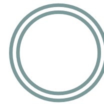
http://www.pasrrassist.org/resources/webinar-assistance-and-faqs



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For further webinar and PASRR-related assistance, contact Claris Chang (cchang@mission-ag.com).

*Please note that you **must** attend the entirety (90 minutes) of this webinar if you wish to receive Continuing Education credits.*

PTAC

PASRR Technical Assistance Center

PASRR in Ohio:
A Collaborative Approach

Charles Flowers, Ohio Department of Developmental Disabilities
Rick Hoover, Ohio Department of Health
Kim Donica, Ohio Department of Medicaid
Terry Watts, Ohio Department of Mental Health and Addiction Services

Players and Roles

- **Department of Medicaid (ODM) is** *the interagency lead and responsible for overall program implementation*
- **Department of Job and Family Services (ODJFS) is** *responsible for state hearings*
- **Department of Aging (ODA) is** *responsible for level one PAS screen and NF-LOC determination*
- **Department of Mental Health and Addiction Services (MHAS) is** *responsible for level II PASRR-SMI determinations and oversees state contract to complete level II PASRR-SMI assessments*
- **Department of Administrative Services (DAS) is** *responsible for state contract to complete level II PASRR-SMI assessments*
- **Department of Developmental Disabilities (DODD) is** *responsible for level II PASRR-IC/RC determinations*
- **Department of Health (ODH) is** *the state agency with regulatory oversight of NFs Complaint unit – responsible for NF surveys*
- **Office of Health Transformation (OHT) provides** *administrative and policy leadership*

Players and Roles (cont.)

- **PASSPORT Administrative Agencies (PAAs or AAAs)** *complete level one PAS screen and NF-LOC determinations*
- **Court of Common Pleas** is the *final point of appeal*
- **Office of the Attorney General** *defends level II decisions in Court of Common Pleas*
- **Ombudsman program** *advocates for individuals diagnosed with PASRR-targeted disabilities*
- **Nursing facilities (NFs)** are *responsible for level one resident review*
- **Community Behavioral Health Boards** *facilitate access to community system*
- **Behavioral Health Provider Organizations** *provide needed services and supports*
- **DD Community Service Boards** *facilitate access to community system*
- **DD Providers** *provide needed services and supports*
- **Community stakeholders** *include individuals diagnosed with PASRR-targeted disabilities, court-appointed guardians, and significant others*
- **Disability Rights Ohio (DRO)** *advocates for individual rights under ADA*

How it Works: The Process

- Interagency Interactions and meetings
- Administrative Codes and Statutes
- Expanded Stakeholder Process
- Data-driven Decision Making
- Resources to deter and displace individuals from NFs

How it Works: The Process

Level One **Screen**

- **Pre-Admission Screen** (PAS) is performed by **PASSPORT Administrative Agencies**
- **Resident Review** (RR) need is triggered by **nursing facility administrators**

Level Two **Assessment**

- **Intellectual Disability and other Developmental Disability (ID/DD) assessments** are completed by the **County Boards of Developmental Disabilities**
- **Serious Mental Illness (SMI) assessments** are completed by **Ascend Management Innovations, Inc.**

Level Two **Determination**

- **ID/DD, suitability of nursing facility placement, and need for specialized services determinations** are issued by **DODD**
- **SMI determinations** are issues by **MHAS**
- **ID/DD and SMI** determinations are issued **jointly by DODD and MHAS**

How it Works: Hearings

Appeals

- ODJFS – Bureau of state hearings
  - Hearings
  - Administrative appeals
- Court of Common Pleas

State Defense

- Hearings and administrative appeals
  - DODD and or MHAS
- Court of Common Pleas
  - Attorney General's Office
  - In consultation with ODM, DODD and or MHAS

Challenges to Collaborating

- ODM needed to identify a program lead
- Sister agencies had to address territorial tendencies
- State needed to centralize Level II PASRR-SMI assessment process
- Tracking and disposition of individuals who admitted through the hospital exemption or underwent Level II PASRR reviews
- Balancing need to comply with federal regulations while also addressing stakeholder concerns

Interagency Meetings

- **Bi-weekly PASRR Compliance meetings with representation from all sister state agencies**
- Monthly long-term care Front Door Stakeholder meetings
- Monthly Balancing Incentive Program Implementation and Advisory group meetings

Administrative Codes and Statutes

- **Ohio Administrative Code**
  - *Medicaid*
    - **5160-3-15** Preadmission Screening and Resident Review
    - **5160-3-15.1** Preadmission Screening Requirements for Individuals Seeking Admission to Nursing Facilities
    - **5160-3-15.2** Resident Review Requirements for Individuals Residing in Nursing Facilities (UPDATED 3/1/15)
  - *Developmental Disabilities*
    - **5123:2-14-01** Preadmission Screening and Resident Review for Nursing Facility Applicants and Nursing Facility Residents with Developmental Disabilities
  - *Mental Health and Addiction Services*
    - **5122-21-03** Preadmission Screening and Resident Review (PASRR) for Nursing Facility Applicants and Residents with Serious Mental Illness

Accomplishments

- Statutory change to **disallow utilization of the expedited hospital discharge** (hospital exemption) from psychiatric units
- Ohio was **recognized for transitioning the largest number of residents** from NFs who were **diagnosed with mental illness**
  - MFP (HOME Choice) performance
  - Relationship between HOME Choice and designated state authorities

Accomplishments

- Expedited PAS review process targeting patients being discharged from psychiatric units who are applying for NF admission
- Increased interagency monitoring of compliance with federal and state requirements associated with implementing PASRR
  - Partnership between ODH and designated state authorities

Resources

- **Ohio has several resources available to deter and transfer individuals from NFs, including:**
  - HOME Choice (Ohio's MFP program)
  - Residential State Supplement
  - Recovery Requires a Community
  - Community Options
  - Medicaid Waivers specifically targeting individuals diagnosed with an intellectual disability or related condition
  - Housing
  - Vocational support
  - Peer Support
  - State Ombudsmen Program
  - Disability Rights Ohio

The Future of PASRR

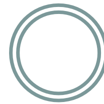
- **Progressive automation**
  - PASRR application was automated, which will effectively elevate the level one resident review screen from the NFs
  - Linking the PASRR program to a comprehensive assessment and case management data system being developed by ODM
- **Increasing collaboration between ODH, MHAS, and DODD** to mitigate inappropriate institutionalization of individuals with PASRR-targeted disabilities
- **Ensuring that individuals are informed of all available resources**

Questions & Answers

Networking with NAPP

(National Association of PASRR Professionals)

http://www.pasrr.org/about.aspx



- Networking with NAPP is a follow up discussion on the webinar.
- The next Networking with NAPP session is:

Tuesday, March 24th, 2015

1 PM EST

To register for the session, please use this link:
https://attendee.gotowebinar.com/register/4467152281388824066
Or contact Betty Ferdinand: (bferdinand@cii.us.com).
A reminder invite will be sent to all webinar participants.

Question and Answer Transcript
"PASRR in Ohio: A Collaborative Approach"
Presented by Terry Watts, Charles Flowers, Kim Donica, and Rick Hoover

Question 1: How are the Level II evaluators being reimbursed sufficiently to work on weekends, 7 days a week?
Answer 1: There's been no change to the reviewer's classification. They were a part of the process for about a year and a half. It's not something that happened overnight. They were a part of the process. Honestly, change is something, that, human beings, we don't like change. So, even the fact that they were a part of this process for about a year and half didn't ease the fact that it was a change to many of them and their lifestyles. But, in the end, they came around to understanding that we needed the staff 7-days a week. There is some benefit to the repeating schedule because where people basically were only off on weekends, now they only have to work one weekend in a 3-week cycle. Then, they are off 2 weekends and they get some days off during the middle of the week, when they can do personal business. There's been no increase in salary or anything of that sort.

Question 2: Are individuals identified through PASRR prioritized for services if they choose to remain in the community?
Answer 2: All individuals who are diagnosed with mental illness are prioritized for services in the community. It doesn't make a difference whether they go through PASRR or not. PASRR is just one of the other mediums through which an individual can gain access to long-term care. The same is true for developmental disabilities.

Question 3: (From Frank Tetrick) It sounds as though leadership and the respective agencies have also embraced the rule that PASRR has in helping advance the other initiatives. What helped make that happen?
Answer 3: One thing feeds off the other. I'll start by saying I think it all started with our Money Follows the Person (MFP) program. In 2007 or 2008, when Ohio applied for and got its MFP program started, we from the beginning had included PASRR as part of the front door activities related to MFP. Then, when we were so successful with MFP and we were able to move so many people, that synergy really fed into leadership feeling good about other kinds of things that we were doing through MFP. So, whether it was making changes to PASRR and the hospital exemption, or whether it was applying for BIP, or getting approval for Recovery Requires a Community, I think the fact that we were successful--there was a buzz around the program, people were excited about it, people knew the program--I think just helped us get buy-in from leadership because they were hearing it, too and it was something that people could hold up and say "Oh, great! Isn't this wonderful! We're successful!" It just helps feed into each other and into basically feeling good about the work and about the work that we are doing. Leadership really recognized that collaboration between the respective agencies was, in fact, pivotal to advancing the objectives around rebalancing long-term care. Additionally, I believe that we have a very unique situation in that we implemented the Money-Follows-the-Person program very early on. We also created a position that is jointly funded by our Medicaid agency

and our mental health and addiction agency. That position serves as the liaison between both agencies and the work-around, PASRR, and everything long-term care. We still have that position to this day within our agency here at mental health and addiction. It really is a liaison position between MFP and mental health. PASRR is certainly a component, but that shared position and shared responsibility has been incredibly helpful. We're actually looking to do the same thing for DODD. We're very excited about that--using that success that we had in mental health and replicating it on the DD side.

Question 4: Please specifically describe what constitutes specialized services for intellectual disability (ID) clients in nursing facilities (NFs).
Answer 4: It's different for different people. There is an array of services that county boards offer. A lot of them are adult services, workshop services, work training, work preparation. There can be, in some cases, early intervention, but a lot of times it can be transportation. It really depends on what that individual would get outside of the NF and what would help maintain their skill level, address or have an impact on their functional limitations, those kinds of things. If the NF doesn't provide that--usually they would provide OT/PT/speech, some of those things--but whatever services would make a difference to help them stay connected with their community, stay able to connect with their community, those are the kinds of things that they would decide. So, when we ask for specialized services, we're really asking for a recommendation of the services that should be augmented while they're in the NF. We identify those and then we end up prescribing them. It might look a little bit different for each individual, as opposed to just "they get the whole slate." It's very person-centered, and getting more and more so. Because not everybody wants every service, so we have a person-centered process that would identify what those services are, what they want, what they can benefit from, and what's available, and we put them into the plan.

Question 5: (From Frank Tetrick) Were the analytics the specific thing that drove the decision to make PASRR a greater priority in the state of Ohio?
Answer 5: No, I would say it wasn't, because back then, quite frankly, we didn't really have good data. So, I wouldn't say that analysis or data was the driver at that time because we didn't have good data. Since we've developed systems, have processes, and are tracking things more electronically, using the data that we now have certainly has informed more current work. But, back then, I think there was just a feeling of "this is something that we need to do," but we didn't really have good data to say "and this is why."

Question 6: (From Frank Tetrick) Give some examples of the sort of data that is being collected.
Answer 6: Regarding the mental health and addiction services data management system, we are collecting the full spectrum of demographic information that is related to any application, whether a pre-admission screen or resident review. We sort of slice and dice that data in all kinds of ways. We look at gender, age, county of origin, regions—and it just helps us to be informed as to where some of the input and demand is coming from across the state, as it relates to these various types of application. In developmental disabilities, we have a data

system that keeps a record of every individual who has come in contact with our department and our county board system. There's like 90,000 individuals who are in that system. So, when they come through a PASRR because they need a short-term or long-term stay in a nursing facility, we have our records to indicate that. Whenever anybody comes to our system, we'll know pretty quickly whether they've ever touched our system or not. And that's a huge improvement, just from the last few years where everything used to be in paper form. It was really hard to see who came through the PASRR door versus who came through the county board, everyday-type-of-service method. Now, because we have this method, it's real quick to see what people are receiving and what their history has been with our department and our service network. It has dramatically improved that. Certainly, from the mental health side of things, we have a dedicated position to sort of defend our decisions in our appeals environment. His title has actually morphed into him being a quality manager for our program. The access to the electronic data has allowed us to implement a continuous quality improvement model. We don't sit back. We are perpetually looking for ways to improve our turn-around-times, our quality of work, and our ability to help individuals access those needed services that they need to access.

Question 7: Do you have the Level II evaluators evenly distributed throughout your state?
Answer 7: No, because we don't have demand coming evenly from across the state, at least not on the mental health side. We have a geographic sort of mapping that we utilize through Ascend management. The areas where we have the largest demand, as you can imagine, are the urbanized centers of the state. We have our staff sort of focus there. But we also have those assessors as needed out in the rural areas of the state, such as the Appalachians. In developmental disabilities, we have 88 counties and they are mandated to provide the Level II considerations that come our way. Whenever we get a request to do a face-to-face, we would contact that local county board, they would have a designated individual, and they would make that face-to-face trip. It's pretty well spread out from county to county. They've got a more complex system in urban areas, due to busier counties, and the smaller counties would have a handful of people who would have the time to do it. The challenge really becomes getting it in their schedule in our system because it's not PASRR-specific. But, they do a pretty decent job considering the complexity of the systems. On the mental health side, when we got started on this about 7 years ago, we had somewhere between 400-500 individuals around the state who were doing these Level II SMI assessments. We've been able to become more productive and we have decreased the turn-around times tremendously, to the point where we are now considerably beating the national standard. Right now, we are doing anywhere from about 80 to just over 100 assessments around the state. We've trimmed about 70% of the fat and have become way more efficient at what we do.

Question 8: What percentage of ID/RC PASRR-eligible individuals receive specialized services?
Answer 8: That's a great question. I'm not sure, I don't have that data. Of our PASRR decision statistics, I have not seen that. I'll go back and ask, I think that would be a great thing to keep track of.

Question 9: Do you have a finite list of services that individuals in NFs can choose from or do you create supports/services as needed?
Answer 9: If you're asking for the developmental disabilities side, the county boards are not only just responsible for identifying what those services are, but they are responsible for coordinating them. They have an obligation not to put anybody on a waiting list for those services. If they're not delivering them themselves, then they have to make sure that that happens. At this point, those county boards are responsible for the costs of those things. We are working on brainstorming ways in which we can improve the funding sources for that sort of thing. And there's not been a lot of pushback on that. I think that the county boards certainly understand their mandate as it relates to reaching out to people with developmental disabilities for, not just specialized services and nursing facilities, but just in general, including those who are not living in nursing facilities. From the mental health side of things, no, we do not have a finite list of services that should be accessed for specialized services. In fact, we believe that the individual should be able to access whatever services that they need for their specific needs. We are working under the leadership of the Ohio Department of Medicaid as well as the Health ____ Nation in the state of Ohio, where conversation is only now in its infancy in terms of looking at how we define specialized services. We do have a new project. The recent guidance and interpretation that CMS has provided around the ability to draw down FFP for specialized services within nursing facilities has prompted us to take a look at our definitions of specialized services that have been in the behavioral health arena--which, I have to say, is very limited right now in the context of PASRR and MDD. We want to look at whether or not we want to re-define what those are, and then look at the options that CMS has presented on how we might be able to draw down FFP for those services. So, we are undertaking a big project in the next biennium to do this work. We know that it touches a lot of different things, so we know there's a lot of work to be done, but we are really excited about it.

Question 10: Is it a federal requirement to perform a face-to-face assessment on each individual? If so, where is that located in the CFR?
Answer 10: That's probably a question for Ed or Frank or Dan. I don't believe there is a federal requirement for it; we just view it as a clinical best practice in Ohio.

Dan Timmel: There isn't a sentence in CFR that says "Thou shalt go out and see the person face-to-face." But, like a lot of things with PASRR, if you just look at it as an instruction manual, you'll end up with a paper process that doesn't help people very much. Instead, look at it as trying to achieve outcomes. You can't do a person-centered individualized evaluation, in almost all cases that I can imagine, without that. Now, does that mean that if you live in a frontier state and it would take 2 days and float plane to get to the person that there are not alternatives? Sure, there are probably situations in which there might have to be some alteration. The point is that, if you don't set out to do a face-to-face, then you've probably watered down your expectations for the output.

Frank Tetrick: I certainly agree. You should look at the expectations of the Level II evaluation as being a comprehensive assessment, and take into account that it is intended to identify some of

the unique needs of the individual and develop a person-centered plan of care. It would be very, very difficult to make the argument that that could be done without having a direct engagement with the individual.

Dan Timmel: Ohio's response to two questions now on specialized services really nails the quandary that states are in with regard to implementing them. There are two rather separate issues and we often don't know which one we mean when we're talking about it. The first question is "What's the definition of specialized services for people?" And I think everyone from Ohio that answered said "Well, it's whatever they need," which is the perfect answer. The next question is "How do you pay for it?" That's a rather different question. That requires that they think things into a list with billing codes that is finite. You can't pay for amorphous things that you thought up on Tuesday afternoon. I think it's useful when we speak about this to speak about what the definition of needs is and what you put on the Level II. Then, there's a kind of different, really difficult question about how do you pay for it, what words do you use, are there codes, that sort of thing. I just wanted to point out that I thought Ohio hit both parts of that issue.

Question 11: Does Ascend make your categorical determination decisions? Or does the state mental health office?
Answer 11: The state mental health office makes them. All determinations were issued by the state. Due to volume, what we have done in the past couple of years is we got approval from our cabinet director, as well as from Medicaid, to allow Ascend to utilize one of their licensed clinicians to help us to issue some decisions on low acuity cases. You might refer to these cases as the "low-hanging fruit." Those are the cases that, just looking at the supported documentation and the application, a clinician can readily see that this individual has a verifiable dementia or conflict of impairment, and there's really no need to go on with any further evaluation because there's no real quality that we can provide with psychiatric intervention. But, on any case that is of high acuity, the state issues decisions on those, including the categorical decisions, which are the presumptive decisions.

Question 12: Other than providing psychiatric consultation and treatment, I know of no other specialized services in NF's for long-term mentally ill clients. Is that the case in your experience?
Answer 12: I suspect she's asking that from the mental health perspective. No. Of course, you see the typical ones that are recommended, such as individual therapy and group therapy. Certainly, as we begin to delve deeper into our conversation in Ohio as to whether or not we need to re-define our definitions of specialized services for mental illness, and take a look at what is available to us, we certainly will consider some additional inclusion of the services and supports that might be recommended by the clinical minds that would be involved in that conversation.

Frank Tetrick: Thank you to Ohio. I think that the structure and the process that you have in place is impressive. What I think is most important is the commitment to maintaining the

meetings on a regular basis and sitting at the table, and continuing to keep that dialogue going. I think that is where, over time, you form the kind of relationships that make it easier to deal with some of the difficult decisions that do come along from time to time. And it happens because you've gotten to know each other really well and share common interests. Thank you very much.