

# The Power and Possibility of PASRR Webinar Series

## Webinar Assistance

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



Call-in through one of two ways listed below:

### Telephone:

1. Locate your GoToTraining Panel
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For further webinar and PASRR-related assistance, contact Smita Patil ([spatil@mission-ag.com](mailto:spatil@mission-ag.com)).

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



NAPP hosts a follow-up PASRR related discussion following PTACs webinars

# Networking with NAPP (National Association of PASRR Professionals) <http://www.pasrr.org>

The next Networking Session with NAPP is:  
Tuesday, September 27<sup>th</sup>, 2016 @1 PM EST

Registration Link for Monthly Networking with NAPP Webinar:  
<https://attendee.gotowebinar.com/rt/7812027187665157889> .

National  
Association of  
PASRR  
Professionals

For more information about NAPP, contact

[nappfrontdesk@pasrr.org](mailto:nappfrontdesk@pasrr.org)

The Power of PASRR & YOU!



# PASRR Role In Supporting SAMHSA Initiatives: Recovery and Certified Community Behavioral Health Clinics

September 13, 2016

Frank L. Tetrick III

# Learning Objectives

- Participants will understand the Mental Recovery Model and the role PASRR can play in supporting recovery
- Participants will gain an understanding of the impact serious mental illness has on overall health and the importance of engaging individuals on the path to recovery
- Participants will be able to identify areas of PASRR that may not be fully aligned with the recovery model and what steps could be taken to improve that alignment
- Participants will gain an understanding of the Certified Community Behavioral Health Clinic (CCBHC) joint initiative of SAMHSA and CMS.
- Participants will be able to recognize what PASRR and the CCBHC initiative have in common and how each can support the other

# A Personal Perspective

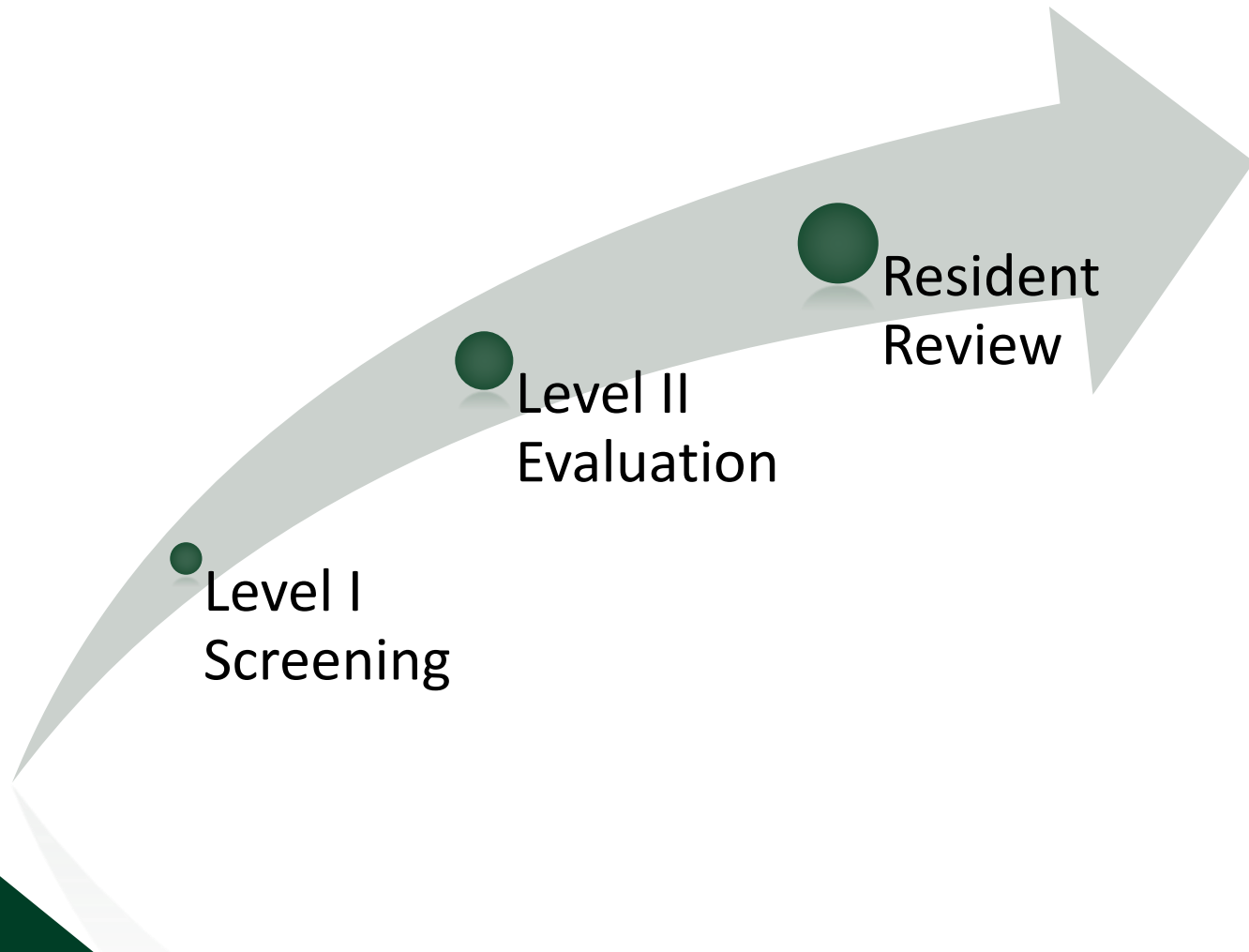
## “I wish I knew then, what I know now”

- Assistant Commissioner: Virginia Department of Behavioral Health and Developmental Services
  - All State/Federal Block Grant & Medicaid funded community-based MH/SA/ID Services
  - Licensing
  - Human Rights
  - PASRR
- Olmstead State Planning Team

# September: National Recovery Month



# Recovery – The Path Begins or Continues With “One PASRR Step”



# Recovery – Envisioning the Possibilities

*“We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports — essentials for living, working, learning, and participating fully in the community.”* – Executive Summary, 2002 Freedom Commission Mental Health Report



# Recovery Is Individualized

**Recovery** refers to the process in which people are able to live, work, learn, and participate fully in their communities.

For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability.

For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery.

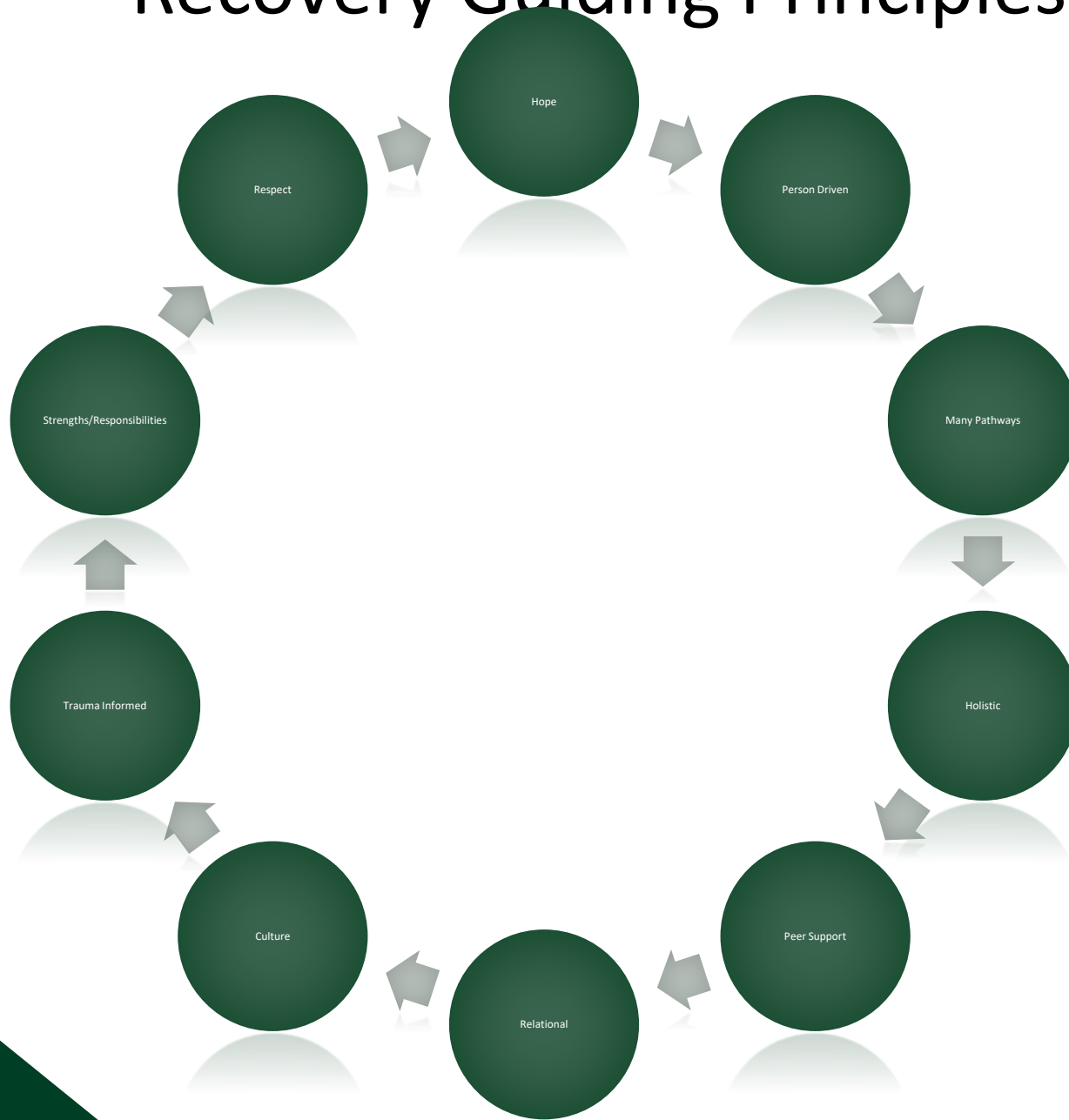
*From 2002 Freedom Commission Report*

# What is Recovery?

SAMHSA has delineated four major dimensions that support a life in recovery:

- **Health**—overcoming or managing one’s disease(s) or symptoms and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being
- **Home**—having a stable and safe place to live
- **Purpose**—conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
- **Community**—having relationships and social networks that provide support, friendship, love, and hope

# Recovery Guiding Principles



# Recovery – More Than One Path

- The Family Cafe - [www.CAFETACenter.net](http://www.CAFETACenter.net)
- Doors to Wellbeing - [www.doorstowellbeing.org](http://www.doorstowellbeing.org)
- National Empowerment Center TAC - [www.power2u.org](http://www.power2u.org)
- National Mental Health Consumers' Self-Help Clearinghouse - [www.mhselfhelp.org](http://www.mhselfhelp.org)
- Peerlink Technical Assistance Center, a project of MHA of Oregon - [www.peerlinktac.org](http://www.peerlinktac.org)
- STAR Center (Support, Technical Assistance and Resources) [www.consumerstar.org](http://www.consumerstar.org)

# Recovery Support: “Nothing About Me Without Me”

SAMHSA established the **Recovery Support Strategic Initiative** to promote partnering with people in recovery from mental and substance use disorders and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster health and resilience

<http://www.samhsa.gov/recovery>

# Why is PASRR Important to Mental Health Recovery?

- PASRR – MDS Data shows high number of individuals with Serious Mental Illness are residing in nursing facilities
  - <http://www.pasrrassist.org/resources/level-i/2015-review-state-pasrr-policies-and-procedures-national-report>
- Relatively few disability-tailored services in Nursing Facilities



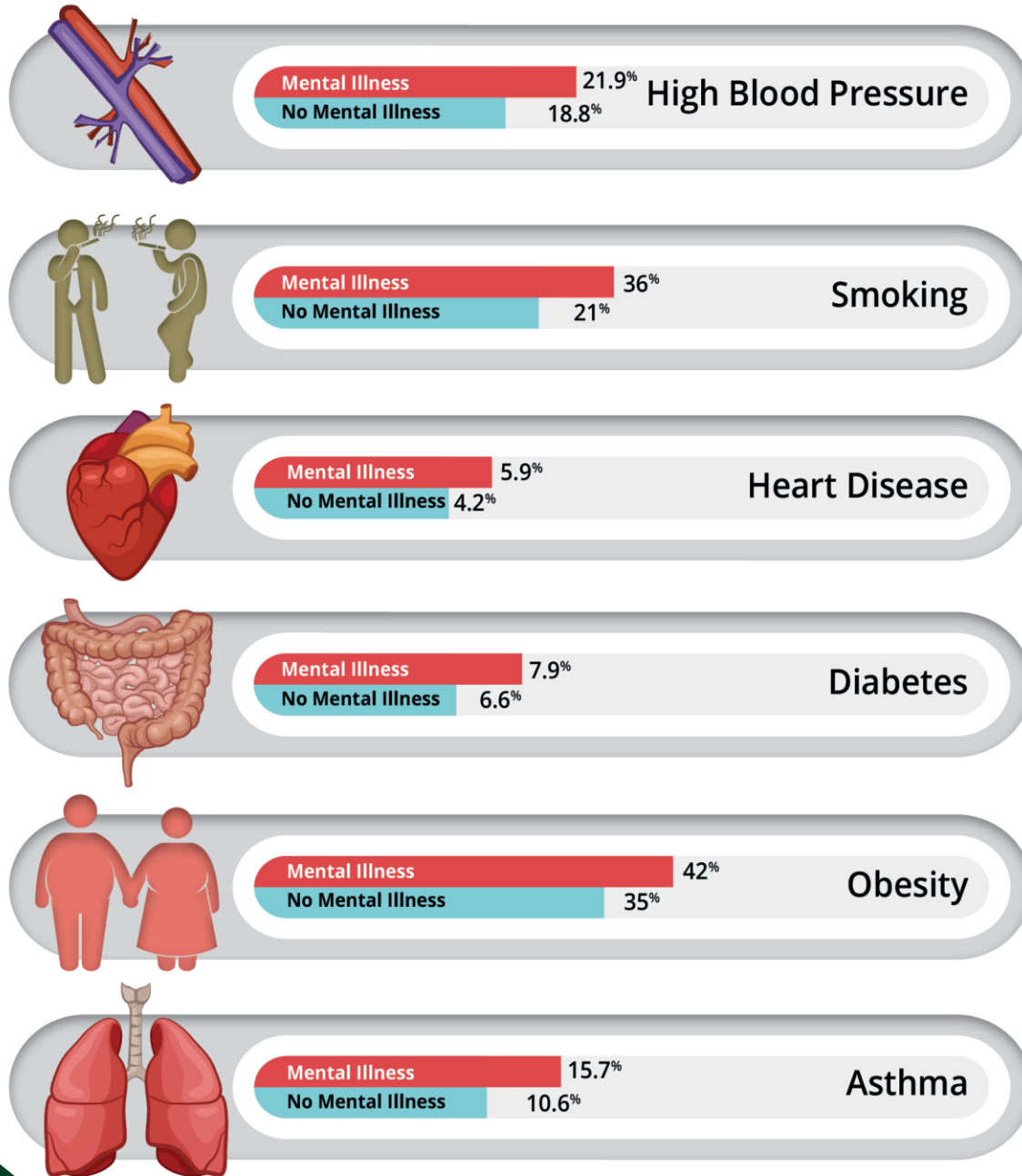
# Importance of Recovery to Overall Health

68% of adults with a mental illness have one or more chronic physical condition

People with mental illness die earlier than the general population – some estimates are up to 12 years earlier

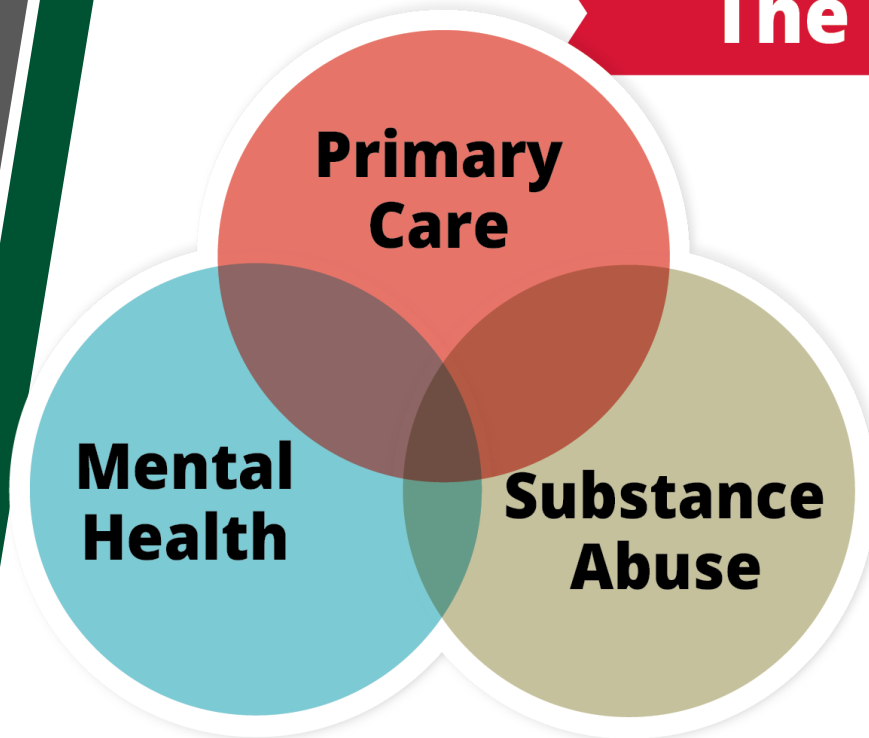
*SAMHSA Center for Integrated Health Solutions*

## Co-occurrence between mental illness and other chronic health conditions:





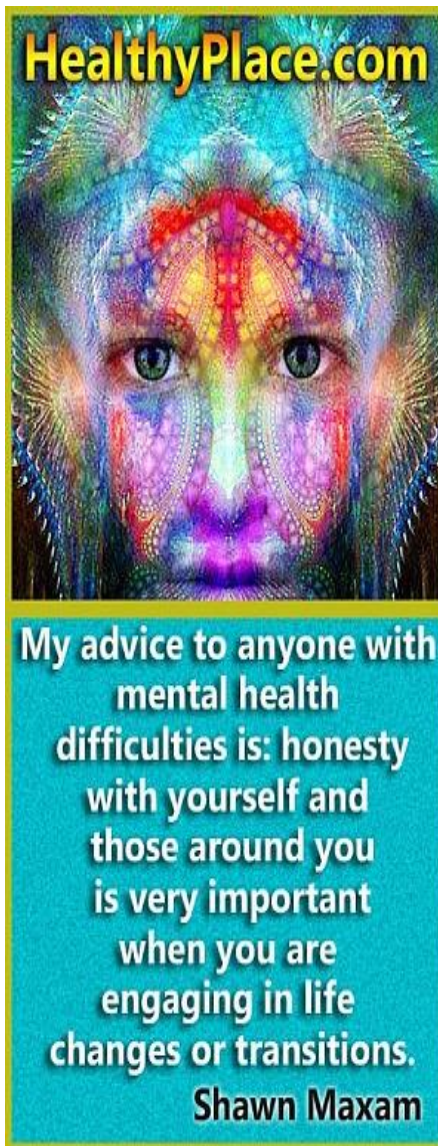
## The SOLUTION



The solution lies in integrated care – the coordination of mental health, substance abuse, and primary care services.

Integrated care produces the best outcomes and is the most effective approach to caring for people with complex healthcare needs.

# PASRR – Are We Promoting Recovery?



# How Can PASRR Support Recovery?

Link individuals with state recovery initiatives that support diversion or that can support recovery during a NF stay

- Community-based behavioral health services for continuity of care or initial service engagement
  - Specialized Services / Specialized Add-On Services
  - Peer support services
- Identify key personal needs/concerns that can help nursing facility develop a person-centered plan of care
  - Wellness Recovery Action Plans (WRAP) – Mary Ellen Copeland

<http://mentalhealthrecovery.com/wrap-is>

# Self Assessments: Are Our Tools Aligned with Recovery?

- CFR Final Rule – 1993
- What has changed over the years?

# Screening and Evaluation

(42 CFR 483.102, Applicability and Definitions)

Ensures that individuals are evaluated for evidence of possible MI and/or ID/RC

- PASRR Level I identifies which individuals will be evaluated
- PASRR Level II evaluates & confirms or disconfirms diagnoses and applicability under PASRR, based on a comprehensive array of evaluations and related documentation

# Level I Goals

- Capture *all persons with suspected or known SMI, ID, or RC/DD*
- Be sensitive (identify everybody it was meant to identify)
- Be specific (include few people who did not need to be targeted)
- Help with effective use of Level II resources

# Diagnoses: Mental Illness

(42 CFR 483.102, Applicability and Definitions)

An individual is considered to have a serious mental illness (MI) if the individual meets the following requirements on diagnosis, level of impairment and duration of illness: This mental disorder is--

- (A) A schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability; but
- (B) Not a primary diagnosis of dementia, including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder as defined in paragraph (b)(1)(I)(A) of this section.

# Diagnoses: Mental Illness, cont'd

<b>Diagnosis</b>	Make or confirm a diagnosis of major mental illness that is <i>not episodic/situational and that does not include a primary diagnosis of dementia.</i>
<b>Timing</b>	Recent major treatment episodes <i>that are more intensive than outpatient care more than once resulting in partial or inpatient hospitalization</i> OR significant disruption <i>due to MI and requiring supportive services</i> within past 2 years
<b>Disability</b>	Active symptoms in last 6 months <i>that results in functional limitations in major life activities:</i> <ul style="list-style-type: none"><li>• interpersonal functioning</li><li>• concentration/pace/persistence</li><li>• adaptation to change</li></ul>
<b>Examples</b>	(e.g., schizophrenia, bipolar disorder, major depression)



# Diagnoses: Mental Illness, cont'd

**Based on a standardized procedure completed by qualified professionals (per state's scope of practice standards)**

- Duration must be well-defined & qualifying treatment must have taken place within the last 2 years
- A particular level of disability; functional limitation (major life activities within the past 3-6 months)
- Prior hospitalization or services from a MH professional not required; rather, severity & recency of impairment are what matter

# What About Those In Recovery?

**CFR Timing:** Recent major treatment episodes *that are **more intensive than outpatient care more than once resulting in partial or inpatient hospitalization***

**OR significant disruption due to MI and requiring supportive services within past 2 years**

**Individuals in recovery may be supported by an array of community-based services that have reduced the need for more intensive services and changed patterns of disruption.**

# What About Those In Recovery?

**CFR Disability:** *Active symptoms in last 6 months that results in functional limitations in major life activities:* interpersonal functioning, concentration/pace/persistence, adaptation to change

**Individuals in recovery may have had no significant limitations or have strategies in place that minimize the limitations. (Wellness Recovery Action Plans)**

# Recovery Focused Level I Considerations

When there is a known SMI diagnosis and Timing / Duration criteria are not met per the CFR:

- Do you have a personal plan that helps you manage your illness?
- Are you receiving any services and supports that would need to be continued if you are admitted to the NF?
- Consider referral for Level 1.5 review by MH Clinician

# Recovery and Specialized Services

(42 CFR §483.120)

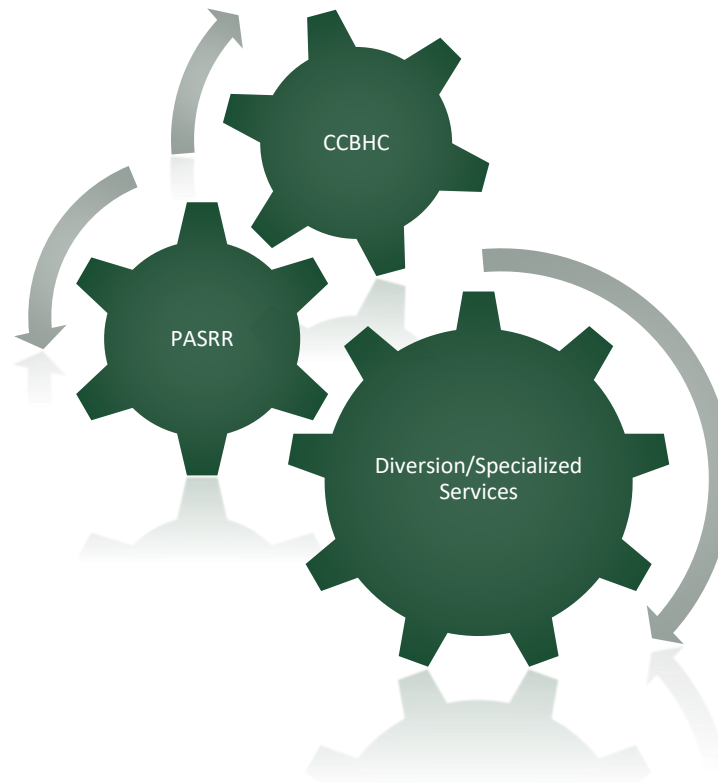
The State must provide or arrange for the provision of SS . . . to all NF residents with MI or ID whose needs are such that continuous supervision, treatment and training by qualified MH or ID personnel is necessary, as identified by the screening provided in §483.130 or §§483.134 and 483.136.

**Where does a five year Recovery Plan fit?**

# Is PASRR Part of the Recovery Model?

1. Will someone in Recovery be identified in the Level I process?
2. Will they be targeted for a more in depth evaluation?
3. Will you know if they have a personal illness management plan?
4. Will the Nursing Facility be aware of the person's recovery services as a result of the Level I or a Level II evaluation?
5. Will the Nursing Facility be aware of history of changes in medication that has not been successful?

# PASRR – A Role With SAMHSA's Certified Community Behavioral Health Clinic Initiative



## Health and Human Services (HHS) Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs)

- October, 2015: The Substance Abuse and Mental Health Services Administration (SAMHSA), in conjunction with the Centers for Medicare & Medicaid Services (CMS) and the Assistant Secretary of Planning and Evaluation (ASPE), awarded a total of \$22.9 million to support 24 states in their efforts to improve behavioral health of their citizens by providing community-based mental health and substance use disorder treatment.



# CCBHC Planning Grant

- The program is authorized under Section 223 of the [Protecting Access to Medicare Act \(PAMA\) \(PL 113-93\)](#). Program activities aim to *integrate behavioral health with physical health care, increase consistent use of evidence-based practices, and improve access to high-quality care.*
- Participating states certify community behavioral health clinics that meet emphasizing accessible and high-quality care. The certified community behavioral health clinics (CCBHCs) are compensated for services through a [prospective payment system \(PPS\)](#).

# CCBHC Planning Grant

- The planning grants are the first phase of a two-phase process.
- When the planning grant phase ends in October 2016, awardees will have an opportunity to apply to participate in a two-year demonstration program that will begin January 2017.
- Under the original HHS guidance for the demonstration program, **no more than eight states with certified community behavioral health clinics would be selected for the two-year demonstration phase.**
- *The Obama budget includes funding to expand the number of states in phase two from eight to sixteen, but that budget requires the approval of Congress.*

# Grantee States

Alaska - \$769,015	California - \$982,373	Colorado - \$982,372
Connecticut - \$982,372	Illinois - \$982,373	Indiana - \$982,373
Iowa - \$982,372	Kentucky - \$982,373	Maryland - \$982,373
Massachusetts - \$982,373	Michigan - \$982,373	Minnesota - \$982,373
Missouri - \$982,373	Nevada - \$933,067	New Mexico - \$982,373
New York - \$982,373	New Jersey - \$982,372	North Carolina - \$978,401
Oklahoma - \$982,37	Oregon - \$728,054	Pennsylvania - \$886,200
Rhode Island - \$982,373	Texas - \$982,373	Virginia - \$982,373

# CCBHC Criteria for Certification

- (1) Staffing,
- (2) Availability and accessibility of services,
- (3) Care coordination,
- (4) Scope of services,
- (5) Quality and other reporting, and
- (6) Organizational authority

# Program Requirement 1: STAFFING

- psychiatrists (including child, adolescent, and geriatric psychiatrists)
- nurses trained to work with consumers across the lifespan
- licensed independent clinical social workers
- licensed mental health counselors
- licensed psychologists
- licensed marriage and family therapists
- licensed occupational therapists
- staff trained to provide case management
- peer specialists/recovery coaches
- licensed addiction counselors
- staff trained to provide family support
- medical assistants
- community health workers.

## Program Requirement 2: AVAILABILITY AND ACCESSIBILITY OF SERVICES

- All new consumers requesting or being referred for behavioral health services will, **at the time of first contact, receive a preliminary screening and risk assessment to determine acuity of needs.** That screening may occur telephonically.
- The preliminary screening will be followed by: **(1) an initial evaluation, and (2) a comprehensive person-centered and family-centered diagnostic and treatment planning evaluation.** Each evaluation builds upon what came before it.

# Screening and Service Delivery

- If the screening identifies an emergency/crisis need, appropriate action is taken immediately, including any necessary subsequent outpatient follow-up.
- If the screening identifies an urgent need, clinical services are provided and the initial evaluation completed within one business day of the time the request is made.
- If the screening identifies routine needs, services will be provided and the initial evaluation completed within 10 business days.

## **Program Requirement 2: AVAILABILITY AND ACCESSIBILITY OF SERVICES, continued**

- **2.a.2:** The CCBHC provides outpatient clinical services during times that ensure accessibility and meet the needs of the consumer population to be served, including some nights and weekend hours.



## Program Requirement 2: AVAILABILITY AND ACCESSIBILITY OF SERVICES, continued

**2.e.1** : The CCBHC ensures no individual is denied behavioral health care services, including but not limited to crisis management services, *because of place of residence* or homelessness or lack of a permanent address.

# Program Requirement 3: CARE COORDINATION

- Care coordination is the linchpin holding these aspects of CCBHC care together and ensuring CCBHC care is, indeed, an improvement over existing services.
- Enhanced federal matching funds made available through this demonstration for services delivered to Medicaid beneficiaries offer states the opportunity to expand access to care and improve the quality of behavioral health services.

## Program Requirement 3: CARE COORDINATION, continued

- *Care coordination, includes requirements to coordinate care across settings and providers to ensure seamless transitions for patients across the full spectrum of health services, including acute, chronic, and behavioral health needs.*

# Program Requirement 3: CARE COORDINATION, continued

- **Care coordination:** The Agency for Healthcare Research and Quality (2014) defines care coordination as *“deliberately organizing consumer care activities and sharing information among all of the participants concerned with a consumer’s care to achieve safer and more effective care.*
- *This means the patient’s needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient.”*

# Care Coordination Partnerships

*Care coordination requirements shall include partnerships or formal contracts with the following:*

- *(i) Federally-qualified health centers (and as applicable, rural health clinics) to provide Federally-qualified health center services (and as applicable, rural health clinic services) to the extent such services are not provided directly through the certified community behavioral health clinic.*
- *(ii) Inpatient psychiatric facilities and substance use detoxification, post- detoxification step-down services, and residential programs.*
- *(iii) Other community or regional services, supports, and providers, including schools, child welfare agencies, and juvenile and criminal justice agencies and facilities, Indian Health Service youth regional treatment centers, State licensed and nationally accredited child placing agencies for therapeutic foster care service, and other social and human services.*

## Care Coordination Partnerships, continued

- *(iv) Department of Veterans Affairs medical centers, independent outpatient clinics, drop-in centers, and other facilities of the Department as defined in section 1801 of title 38, United States Code.*
- *(v) Inpatient acute care hospitals and hospital outpatient clinics.”*

# What About Nursing Facilities?

- *Other community or regional services, supports, and providers, including schools, child welfare agencies, and juvenile and criminal justice agencies and facilities, Indian Health Service youth regional treatment centers, State licensed and nationally accredited child placing agencies for therapeutic foster care service, and other social and human services.*
- **2.e.1** : The CCBHC ensures no individual is denied behavioral health care services, including but not limited to crisis management services, *because of place of residence* or homelessness or lack of a permanent address.
- ADA and Olmstead may ultimately be determining guides

# Program Requirement 4: SCOPE OF SERVICES

- *“Provision (in a manner reflecting person-centered care) of the following services which, if not available directly through the certified community behavioral health clinic, are provided or referred through formal relationships with other providers:*
- *(i) **Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services,** and crisis stabilization.*
- *(ii) **Screening, assessment, and diagnosis, including risk assessment.***
- *(iii) **Patient-centered treatment planning or similar processes, including risk assessment** and crisis planning.*
- *(iv) **Outpatient mental health and substance use services.***
- *(v) Outpatient clinic primary care screening and monitoring of key health indicators and health risk.*



# Program Requirement 4: SCOPE OF SERVICES, continued

(vi) *Targeted case management.*

(vii) *Psychiatric rehabilitation services.*

(viii) *Peer support and counselor services* and family supports.

(ix) *Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration, including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration."*

# CCBHC Initial Assessments Mirror PASRR

- **preliminary diagnoses;**
- the source of referral;
- the reason for seeking care, as stated by the consumer or other individuals who are significantly involved;
- **identification of the consumer's immediate clinical care needs related to the diagnosis for mental and substance use disorders;**
- **a list of current prescriptions and over-the-counter medications, as well as other substances the consumer may be taking;**
- **an assessment of whether the consumer is a risk to self or to others, including suicide risk factors;**
- an assessment of whether the consumer has other concerns for their safety;
- assessment of need for medical care (with referral and follow-up as required); and
- a determination of whether the person presently is or ever has been a member of the U.S. Armed Services.

# Person Centered Care

- Person-centered and family-centered care is aligned with the requirements of Section 2402(a) of the Patient Protection and Affordable Care Act
- **Person-centered and family-centered care considers the consumer's choice in care services provided, as well as the physical, behavioral health, and social service needs of each individual as these factors influence the well-being of the whole person.**

# Specialized Services & CCBHC

- **CCBHC 2.e.1** : The CCBHC ensures no individual is denied behavioral health care services, including but not limited to crisis management services, *because of place of residence* or homelessness or lack of a permanent address.
- **PASRR**: Whatever disability-specific services a given PASRR Level II resident **uniquely needs**, above what a NF provides under standard reimbursement in that state, must be identified in the evaluation, addressed in the NF plan of care, and delivered.

# Specialized Services & CCBHC

- **CCBHC staffing:** Medicaid-enrolled providers who adequately address the needs of the consumer population served. Credentialed, certified, and licensed professionals with adequate training in person-centered, family-centered, trauma-informed, culturally-competent and recovery-oriented care will help ensure this objective is attained.
- **PASRR:** SS should be provided by individuals with MH/ID expertise. Ideally providers who are supporting individuals in the community, increasing the opportunity for effective transitional services.

# Specialized Services & CCBHC

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# CCBHC – A Fad or Hear to Stay

- The Centers for Medicare and Medicaid Services (CMS) has committed to helping states explore options for maintaining CCBHC services through such mechanisms as Section 1115 waivers
- The congressional champions of the Excellence Act and the behavioral health advocacy community are working to expand the demonstration to include more states and to extend for more years.



# Questions?





# Contact Information

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# Follow up PASRR Role In Supporting SAMHSA Initiatives: Recovery and Certified Community Behavioral Health Clinics

## How can you Participate in Networking with NAPP?

Join the Networking with NAPP presentation on September 27<sup>th</sup> at 1PM  
EST

- Send NAPP your tools for PASRR evaluators & NF care planning
- Send NAPP your questions or suggested topics
- Join the Networking with NAPP presentation panel

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<https://attendee.gotowebinar.com/rt/7812027187665157889>

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The Power of PASRR & YOU!