


# PASRR and Individuals with Intellectual Disabilities

Building Strong Practices for Positive Outcomes

June 14, 2016

# Objectives for Webinar

- ▶ Introduction
  - ▶ Basics of the role of the I/DD agency in PASRR
  - ▶ Identify emerging practices in PASRR that further state I/DD efforts toward greater community integration
  - ▶ Challenges faced by I/DD Agencies in PASRR Implementation
  - ▶ Highlights of the national promising practices around PASRR and the linkages to other key programs to align goals/objectives
  - ▶ Delaware Efforts to Continually Improve PASRR
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# PASRR in Medicaid


Pre-Admission Screening and Resident Review (PASRR) was created in 1987 as part of nursing home reform, through language in the Omnibus Budget Reconciliation Act (OBRA '87).

It has three goals:

- to identify individuals with mental illness (MI) and/or intellectual disability (ID) or a related condition (this includes children and adults);
- to ensure individuals are placed appropriately, whether in the community or in a Nursing Facility (NF); and
- to ensure that individuals receive the services they require for their MI or ID.

PASRR is unique within Medicaid in that the statute obligates the state ID and MI agencies as well as the Medicaid agency to perform certain functions. This represents an important recognition of the role and partnership these agencies have in the delivery of services through the Medicaid program.

# PASRR: A Tool and an Obligation

- ▶ PASRR can be a tool for both diversion and deinstitutionalization, helping states to meet their obligations under the Americans with Disabilities Act and the Supreme Court's *Olmstead* decision, and providing strong linkages for transition.
  - ▶ It is also a state obligation, and the Department of Health and Human Services (HHS) is increasingly holding states accountable for its effective operation.
  - ▶ The Office of the Inspector General (OIG) for HHS published three detailed reports, one in 2001 and two in 2007, all requiring CMS to attend more closely to PASRR.
  - ▶ Since that time, CMS built the PASRR Technical Assistance Center (PTAC) to assist states. CMS has also increased enforcement, issued a disallowance in one state, and corrective actions in others for failure to comply.
  - ▶ In addition, the U.S. Department of Justice (DOJ) has increasingly looked to PASRR practices in ascertaining a state's compliance with the *Olmstead* decision, and entered into settlement agreements related to PASRR.
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# PASRR: The Role of State I/DD Agencies

- ▶ The Single State Medicaid agency oversees PASRR
- ▶ The role of the state I/DD agency and the state MI agency in the performance of PASRR is critical, and entirely unique in Medicaid law.
- ▶ PASRR provisions of the statute bestow responsibilities and decision-making authority on the ID and MI agencies that cannot be countermanded by the state Medicaid agency.

While the ID and MI agency responsibilities are similar within PASRR, they are not identical.

# PASRR and Individuals with I/DD

- ▶ The PASRR regulation utilizes specific definitions of mental illness and intellectual disability to define those to whom PASRR applies. States are obligated to conduct the PASRR process based upon a crosswalk of current standards against these historical definitions, which may differ from the state's own definition for MI or ID.

The federal definition of ID adopted for PASRR was the definition published in 1983 by the American Association on Intellectual and Developmental Disabilities (AAIDD), formerly called the American Association on Mental Retardation (AAMR).

- ▶ Typically this definition requires an IQ score of less than 70, as measured by a standardized, reliable test of intellectual functioning. ID encompasses a wide range of conditions and levels of impairment. To qualify as having ID for the purposes of PASRR, an individual must also have concurrent impairments in adaptive functioning. Whatever form it takes, ID must have emerged before the age of 18, and must be likely to persist throughout a person's life.




# PASRR and Individuals with I/DD, Continued

- ▶ PASRR also applies to "related conditions" Related conditions must emerge before the age of 22; they must be expected to continue indefinitely; and they must result in substantial functional limitations in three or more of the following major life activities:
  - ▶ Self-Care
  - ▶ The Understanding and Use of Language
  - ▶ Learning
  - ▶ Mobility
  - ▶ Self-Direction
  - ▶ Capacity for Independent Living
- ▶ Related conditions could include autism, cerebral palsy, Down syndrome, fetal alcohol syndrome, muscular dystrophy, seizure disorder, and traumatic brain injury. Note that this is not an exhaustive list.

# Individuals with I/DD in Nursing Facilities

- ▶ According to the Residential Information Systems Project (RISP) 2013 Report, more than 24,000 individuals with I/DD receive services in nursing facilities nationally.
- ▶ This figure is likely low as many states were not able to provide data, directly.

Larson, S.A., Hallas-Muchow, L., Aiken, F., Taylor, B., Pettingell, S., Hewitt, A., Sowers, M., & Fay, M.L. (2016). In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and trends through 2013. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.





# Helping Individuals Stay in or Return to Community Based Settings

- ▶ Increasingly, state ID agencies are seeing the PASRR process as a strong tool for diversion and deinstitutionalization, particularly when coordinated with available Medicaid state plan services (including case management) and home and community-based services (HCBS) programs.

# Role of the I/DD Agency

- ▶ State ID agencies are responsible for both the Level II evaluation and determination
- ▶ State ID (and MI) agencies are permitted to delegate their activities (but not their responsibilities), so the state ID agency may elect to delegate the evaluation and determination elements to another entity, with strong oversight.


The statute and regulations do not prescribe who or what entities conduct the Level I screens.



# Role of I/DD Agency: Level 1 Screen

## ▶ Level I — Screen

State Medicaid agencies are responsible for overseeing the Level I process (and the entirety of PASRR); however, there are no specific requirements for the entities who can conduct the Level I screens on behalf of the state.


- ▶ Entities including hospital discharge planners, NFs themselves, state agencies, or an independent entity such as a contractor could conduct Level I screens, as long as they are conducted properly, by examining information documented by qualified professionals.
  - ▶ The Level I screener does not make diagnostic judgments; the screener identifies individuals who need a Level II to do so. If an individual appears to have an ID or MI, or possibly could have, they are referred on for a Level II evaluation.
  - ▶ Every individual, regardless of payer, must receive a Level I screen, to see if a Level II evaluation is needed **before** admission to a Medicaid certified NF. If a current nursing facility resident experiences a significant change in his or her mental or physical condition, the individual bypasses Level I and immediately moves on to a Level II evaluation.
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# Role of I/DD Agency: Level 1 Screen, Continued

- ▶ An individual who tests positive on both MI and ID screens must undergo a Level II for mental illness and a Level II for intellectual disability. This reinforces the need for strong coordination and collaboration among all state agencies responsible for the PASRR program.


# Role of I/DD Agency: Level 2 Evaluation

The Level II Evaluation has three primary objectives:

- ▶ **Confirm the Presence of ID and/or MI**
  - ▶ **Determine Need for NF Services**
  - ▶ **If Individual Does Require NF Services, Identify Whether and Which Specialized Services May Be Needed**
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# Role of I/DD Agency: Level 2 Determinations

Once the Level II evaluation is complete, the state ID agency or state MH agency must produce a Level II determination. The determination document:

- ▶ Summarizes the individualized evaluation information in a rich individualized and personalized description of strengths, needs, and preferences;
  - ▶ Specifies which PASRR "target condition" was present, if any (i.e., MI, ID, or a related condition);
  - ▶ Recommends what services would be needed to be served in the community, and for or against NF.
  - ▶ Says "yes" or "no" to whether specialized services (more than NF services) are needed; and
  - ▶ Makes specific and clear recommendations for both specialized services and specialized rehabilitative services (if the person was approved for NF stay).
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# Role of I/DD Agency: Level 2 Determinations, Continued

- ▶ The determination summary and the notice indicating a right to appeal are provided and explained to the individual.


State agencies may delegate their activities, and some have utilized partners such as PASRR contractors, counties, or managed care entities to carry out some of the functions, with specific instruction on the execution of the functions and strong oversight strategies.




# Role of I/DD Agency: Specialized Services

- ▶ Specialized services are by definition above and beyond what NF provides.
  - ▶ The Level II determination should list both levels of needed service, as it is this complete package that will address the PASRR disability.
  - ▶ Whether a particular type of service or support is considered a specialized service or a specialized rehabilitative service will vary by state and is influenced by state-specific and widely varying Medicaid service definitions.
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# Role of I/DD Agency: Specialized Services and Transitions

- ▶ States are increasingly viewing PASRR as a component of their overall community-based system of supports, a tool for ensuring that individuals are receiving the services appropriate to meet their needs in the most integrated setting.
  - ▶ When individuals must receive services in a NF due to their needs, states are using PASRR as a critical transition component.
  - ▶ Specialized services can include building skills needed for successful community living. Provider qualifications for the services can include being an HCBS provider, which can build an extremely effective bridge between the NF and community and potentially excellent continuity of care at discharge.
  - ▶ States are also beginning to utilize information available through MDS and other data sources to identify current residents of NFs who may be better served in the community. In thinking of PASRR as an integrated component of the service delivery system, states are exploring how to bridge transitions seamlessly.
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# PASRR in Medicaid, Continued

- ▶ The statute also provides that, for activities attributable to PASRR, states can claim a federal administrative match rate of 75 percent.
  - ▶ A strong PASRR program contributes to the “proper and efficient administration of the state plan.”
  - ▶ This includes all of the activities of the state ID authority necessary to carry out PASRR.
  - ▶ The PASRR regulations are complex, but also afford great interpretive flexibility for states in their implementation. Consequently, there is great variation from state to state on how PASRR is operationalized.
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# PASRR: Challenges and Opportunities for I/DD Agencies

- ▶ PASRR has its own set of definitions and specific requirements, so it is important to keep in mind the following:
- ▶ Federal PASRR ID/MI definitions may not align with state definitions, yet the population to which PASRR applies is governed by the federal statute and regulations.
- ▶ PASRR functions (including the provision of Specialized Services) are not limited to individuals who are Medicaid eligible or who may otherwise meet the state's service priorities.
- ▶ State ID agencies are directly responsible for the provision of both Level II evaluations and determinations, but can delegate those functions with oversight.
- ▶ State ID agencies can (and should) receive 75 percent administrative claiming for all PASRR related activities, and should work with their state Medicaid agencies to gain the appropriate authority for this claiming.
- ▶ States are increasingly gaining FFP for specialized services provided to individuals in NFs. Potential options for drawing FFP include using state plan benefits (not covered as part of the NF benefit) as the Specialized Services or adjusting the services included in the NF reimbursement.

# PASRR: Relationships are Key for I/DD Agencies


- ▶ Strong working relationships, role identification and accountability is essential across the three key agencies administering PASRR activities — particularly for individuals who may have co-occurring ID/MI support needs.
- ▶ State ID agencies often do not work frequently with NFs, but building an understanding is essential:
  - NF admission practices and policies within your state.
  - NF level of care threshold and tools for its determination,
  - admission patterns within your state
  - data available identifying individuals for whom PASRR applies



# Emerging State Practices

- ▶ Specialized Services as a State Plan Benefit
- ▶ Washington State's State Plan Amendment, approved June 23, 2015
  - Targeted Strategies for Prior Authorization
  - Wide array of services, called “specialized add-on services”, include:
    - Assistive Technology
    - Habilitative Behavior Support and Consultation
    - Community Access Services
    - Community Guide
    - Habilitative Therapy
    - Staff/Family Consultation and Training
    - Supported Employment
    - Etc.

# Emerging State Practices: Delaware

- ▶ I/DD agency embraces PASRR as a key to transition and an opportunity to ensure individuals get necessary services
  - ▶ Continually working to improve processes
  - ▶ Close working relationships with state partners in PASRR
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# PASRR in Medicaid

- Medicaid is an intricate system with many interdependencies
- Successful PASRR programs are a working part of that system
- State I/DD agencies with strong PASRR-related outcomes have built partnerships with all partners in PASRR:
  - State Medicaid Agency
  - State Mental Health Agency
  - Nursing Facilities
  - Hospital Discharge Planners
  - Specialized Service Providers



**DELAWARE ID/DD PASRR**  
ID/DD

# **PURPOSE**

DE state Medicaid agencies place a strong emphasis on obtaining a completed PASRR Level I at the very beginning of all transitions.

Including hospital discharges , and NF themselves to identify if an individual appears to have an ID or MI, or possibly could have, they are referred on for a Level II evaluation.


This reinforces the need for strong coordination and collaboration among all state agencies responsible for our PASRR program.

## **EDUCATING THE COMMUNITY:**

DE starts with Education. DE Medicaid and Medical Assistance PASRR staff currently go into each NF to educate the Administrators and staff on why the PASRR is so important for a successful transition.

- *DE emphasis is that “It is not just another required form”*
- Outlining the reasons we are asking NF and hospitals to complete a PASRR Level I at the beginning and to do reviews when any significant changes occur helps the understanding of its importance
- Encouraging early PASRR completion is helping identify , the need for referrals for Level II screening to identify the need and plan for special services right from the beginning

# CURRENT PASRR PROCESS

- PASRR Level I is completed by NF or Hospital
  - Forwarded to DE Medicaid office
  - If ID/DD indicated it is sent to DDDS intake for Level II determination
  - Intake office request and gather identifying documentations/records
  - Everything is reviewed by DDDS PASRR nurse and Psychologist to identify if the required ID/DD condition is present
  - Determines what services would be needed to be serviced in the community and if specialized services are needed
  - As the needs of individuals change over time, the planning process should identify this and make changes to the recommended services.
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# FEDERAL MATCH

DE DDDS agency receives 75 percent administrative claiming for all PASRR related activities, and have worked with our state Medicaid Agency to get this match. This match enables us to continue to offer more services and look for ways to expand those services



## ID/DD SERVICES RECORD REVIEW

Determines special services

- Needs for habilitation
- Day Services programs
- Pet visits
- Disability transportation
- Communication/stimulation
- Social needs


This record review of the PASRR Level II completed again whenever there is a significant change to enable that the services being provided are meeting the current needs of the individual



# **PERSON-CENTERED PLANNING PROCESSES:**

- ALL Medicaid HCBS programs require a person-centered planning process
- The HCBS Rule define the characteristics of the planning process and the PCP
- DDS is adopting new planning processes for:
  - Individuals receiving residential services
  - Individuals living at home with families

# **CASE MANAGEMENT:**

- ALL Medicaid HCBS programs REQUIRE case management
  - Case Management can be delivered as:
    - An administrative activity
    - As a waiver service
    - As a Targeted Case Management optional State Plan service
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# CHALLENGES

- To continue to decrease the turn around times for the completion of the PASRR level I and Level II referral and assessments
- In a collaborative effort with DE Medicaid, MI and ID agencies are researching possible existing systems that could streamline the process for faster turn around time. We are still in the fact gathering process.
- This system would streamline the process for individuals referred to either MI or ID agencies for the Level II process
- Our goal is for the shortest wait time for individuals discharging from hospitals and NF so that services can be identified and put in place sooner.