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, May 26th, 2015

1 PM EST

To register for the session, please contact Betty Ferdinand: (bferdinand@cii.us.com).

A reminder invite will be sent to all webinar participants.

PTAC

PASRR Technical Assistance Center

About PTAC: Where We've Been and Where We're Going

PTAC Webinar

May 12, 2015

Ed Kako, Director, PASRR Technical Assistance Center

Overview of Presentation

- Key milestones relevant to PASRR
- Two "arms" of PTAC: technical assistance and research
- Notable PTAC accomplishments since 2009
- Meet the team
- Tour of revamped PTAC website
- Ongoing and future PTAC initiatives
- Open form: Questions and suggestions

What This Presentation Does *Not* Do

- Review the basics of PASRR

- Go into great detail about any current or past PTAC activity

- I assume general knowledge of PASRR, and familiarity with PTAC.

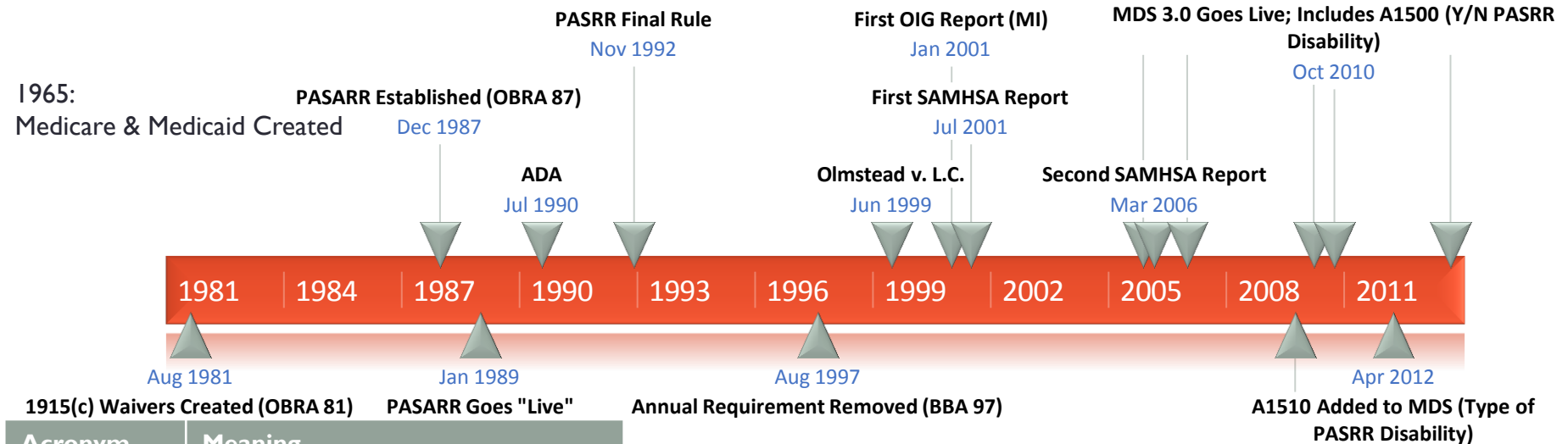# Questions to Contemplate (Will Return to This)

- What are the key issues you're dealing with right now in your PASRR program?

- How can PTAC make it easier for you to get the TA you need?

- What would you like us to cover in our monthly webinar series that we haven't covered yet? That you'd like us to cover again?

- How can we improve the content of the website?

  - Are there additional reference materials you'd like us to add?

  - What can we do to make content easier to access – i.e., when you need to find something quickly?

Some Historical Background

Key Events in (or Related to) the History of PASRR

Acronym	Meaning
MFP	Money Follows the Person
BIP	Balancing Incentive Program
CFC	Community First Choice
MDS	Minimum Data Set
MI	Mental Illness
ID	Intellectual Disability

CMS Highlights Flexible Payment Options for Specialized Services
Sep 2013

Second and Third OIG Reports (MI & ID)
Jan 2007

DRA 2005 Establishes MFP, 1915(j) Option, 1915(i) Option
Nov 2005

ACA Reauthorizes MFP, Funds BIP, Establishes CFC
Mar 2010

PASRR Final Rule
Nov 1992

First OIG Report (MI)
Jan 2001

MDS 3.0 Goes Live; Includes A1500 (Y/N PASRR Disability)
Oct 2010

1965:
Medicare & Medicaid Created

PASARR Established (OBRA 87)
Dec 1987

First SAMHSA Report
Jul 2001

ADA
Jul 1990

Olmstead v. L.C.
Jun 1999

Second SAMHSA Report
Mar 2006

1981 | 1984 | 1987 | 1990 | 1993 | 1996 | 1999 | 2002 | 2005 | 2008 | 2011

Aug 1981

Jan 1989

Aug 1997

Apr 2012

1915(c) Waivers Created (OBRA 81) **PASARR Goes "Live"**

Annual Requirement Removed (BBA 97)

A1510 Added to MDS (Type of PASRR Disability)
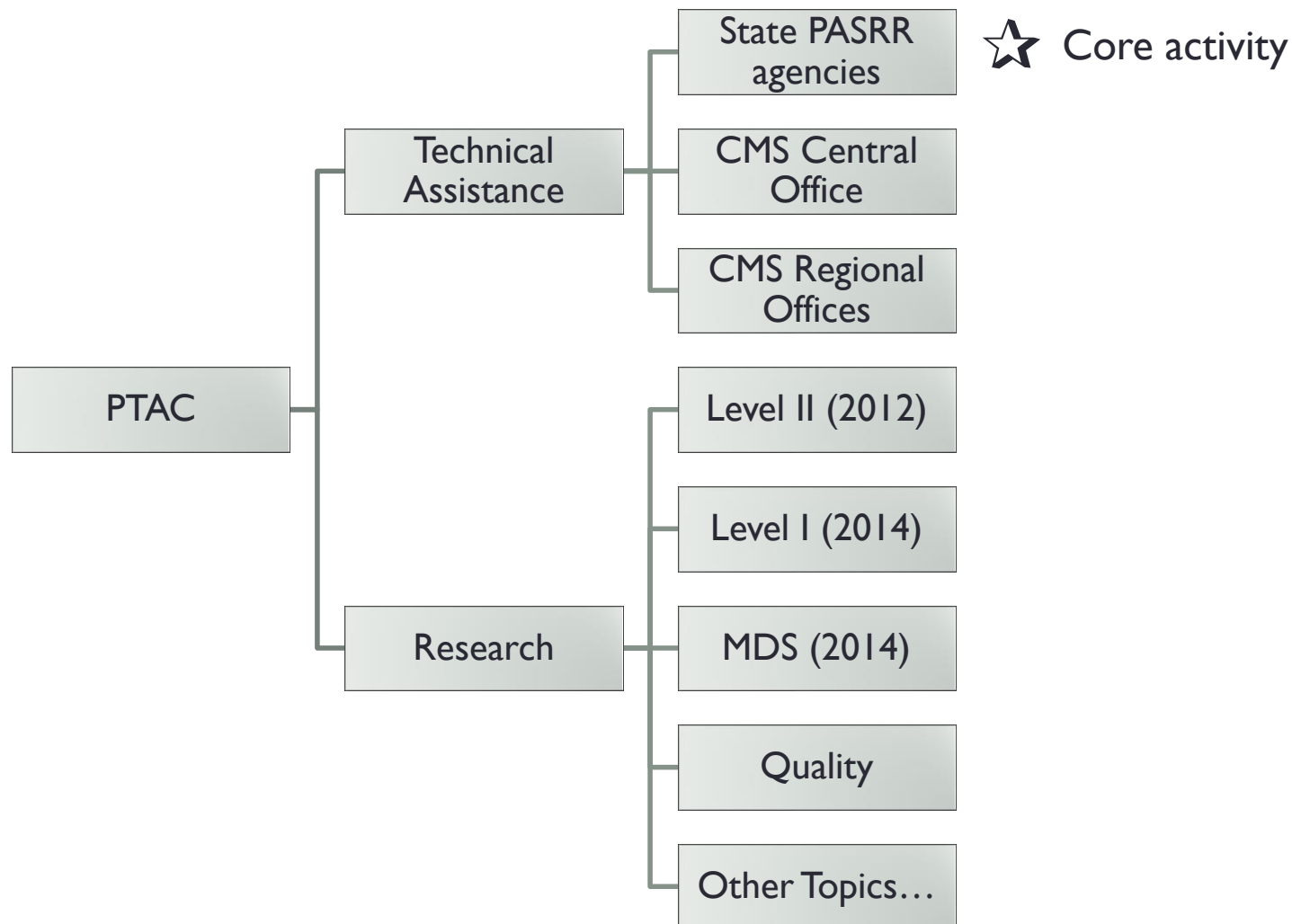
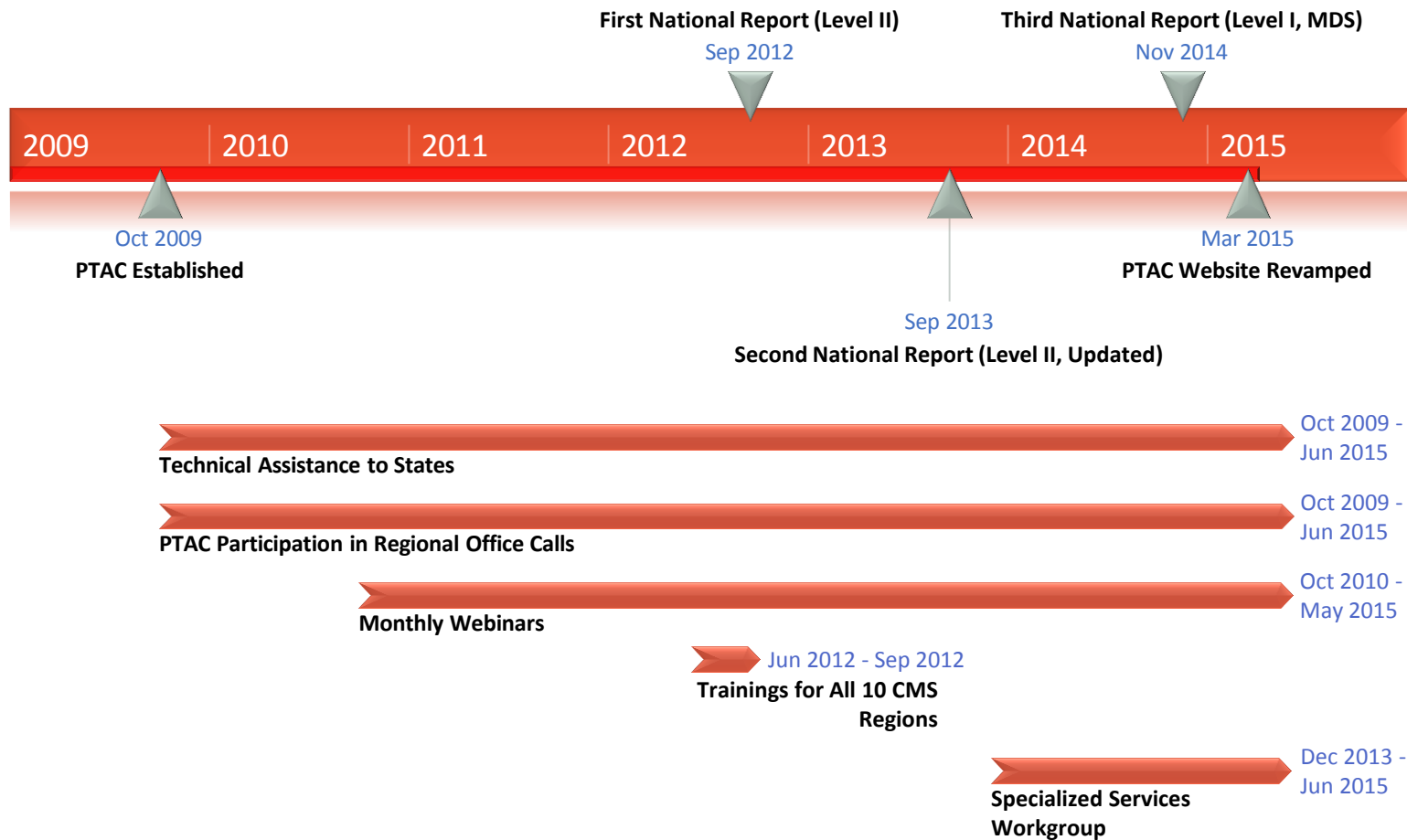| Acronym	Meaning
ADA	Americans with Disabilities Act
ACA	Affordable Care Act
CMS	Centers for Medicare and Medicaid Services
DRA	Deficit Reduction Act
OBRA	Omnibus Budget Reconciliation Act
SAMHSA	Substance Abuse and Mental Health Services Administration

Oct 2009
CMS Establishes PTAC

Jan 2001 - Dec 2007
OIG and SAMHSA Study PASRR

From TA & Analysis to Practice

Technical Assistance & Research

Two "Arms" of PTAC

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                                    ┌─ State PASRR agencies      ☆ Core activity
                    ┌─ Technical ───┼─ CMS Central Office
                    │   Assistance  └─ CMS Regional Offices
          PTAC ─────┤
                    │               ┌─ Level II (2012)
                    │               ├─ Level I (2014)
                    └─ Research ─────┼─ MDS (2014)
                                    ├─ Quality
                                    └─ Other Topics…
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PTAC Activities Since 2009

First National Report (Level II)
Sep 2012

Third National Report (Level I, MDS)
Nov 2014

2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015

Oct 2009
PTAC Established

Mar 2015
PTAC Website Revamped

Sep 2013
Second National Report (Level II, Updated)

Oct 2009 - Jun 2015
Technical Assistance to States

Oct 2009 - Jun 2015
PTAC Participation in Regional Office Calls

Oct 2010 - May 2015
Monthly Webinars

Jun 2012 - Sep 2012
Trainings for All 10 CMS Regions

Dec 2013 - Jun 2015
Specialized Services Workgroup

Webinar Word Cloud: What We've Talked About Since 2010

Four General Lessons Learned

1. PASRR programs are especially robust when there is strong cooperation among the three key agencies (Medicaid, mental health, and I/DD).

2. States with strong data infrastructure are often better-positioned to undertake quality improvement and systems transformation.

3. For PASRR programs to succeed, the instruments (Level I and Level II) must be compliant and sensitive – but instruments alone are not enough.

4. Transforming Specialized Services – delivery and payment – is challenging but eminently doable.

If there's interest, we can return to these in the Open Forum.

TA: The Kinds of Help You Can Get, and How to Get It

Examples of TA We Have Provided

- On the phone: Answered a quick question by email about the personnel qualifications for Level I screeners.

- Via email: Reviewed several revised Level I tools.

- Via email: Answered a question about the need for psychometric testing among individuals who have I/DD.

- In person and by phone: Worked with the three key state agencies to promote interagency cooperation and strengthen the role that MCOs play in implementing PASRR.

- To get help from PTAC, you don't have to submit a formal "TA Request." Just send us an email, or call. *We're here to help you in whatever way we can.*

Contacting Us

- Email addresses (mine included) on "Meet the Team" page: http://pasrrassist.org/meet-team
- Ed Kako (the red phone): 415-263-9887

Our Team

PTAC Consultants

Consultant	Expertise	Working with Region
Julie Stanley	I/DD, Olmstead planning, MFP	1
Frank Tetrick	I/DD, mental health	2 & 3
Sam Fante	Aging and mental health	4
Nancy Shanley	MI, I/DD, policy analysis, systems change	5
Sherry Snyder	Mental health & substance abuse	6
Richard Sanderson	Behavioral/mental health, care coordination, transitions	7
Andrea Womack	PASRR compliance & quality	8
Betty Ferdinand	I/DD, dementia/memory care	9 & 10
Kevin Martone	Housing and Olmstead planning	SME (subject matter expert)
Dustin Dodson	Facility-based care, including transitions to community	SME
Frank Spinelli	Medicaid state operations; MDS; health IT	SME
Pam Raby	Person-centered PASRR; systems change; health IT	SME

Tour of Revamped PTAC Website

PTAC

PASRR Technical Assistance Center

The PASRR Technical Assistance Center helps states fulfill the goals of Preadmission Screening and Resident Review

E-Mail Sign Up | About | Contact

Search PASRR Resources...

🏠 Home | State Contacts | Level I | Level II | Specialized Services | Browse All | More Topics ⌄

Click the boxes below to learn more about PASRR or to request assistance

New to PASRR?
An introduction to the basics of PASRR

FAQs
Frequently Asked Questions about PASRR

Tools
Sample Level I and Level II instruments; self-assessment tools; PASRR SPA template

Webinars
Information on PTAC webinars and workgroups

Current Affairs
News, Emerging Practices, and Director's Corner

Reports
National Reports and white papers

Laws and Rules
Federal laws and regulations related to PASRR

Useful Links
Relevant links from around the Web

Request Assistance
Click here to request FREE technical assistance

About Us

About PASRR

Contact Us

Resources

Webinars

Reports

Tools for States

Laws and Rules

Current and Future PTAC Initiatives: What You Can Expect to See

Specialized Services Workgroup

- Support state efforts to develop a more person-centered model of Specialized Services (SS) as identified in the new CMS guidelines
- Identify and address key question about SS
- Promote open dialogue and problem solving
- Share successes and maximize opportunity for collective learning

SSWG Products

- Specialized Services FAQs and other information: http://pasrrassist.org/resources/category/specialized-services

- State Presentations to the Group on SS Initiatives http://www.pasrrassist.org/events/workgroup/specialized-services-early-adopters-work-group-resources
  - Engaging stakeholders (Kansas)
  - Mapping existing Medicaid services (Idaho)

SSWG – An Open Invitation

- Every Other Month – Fourth Wednesday 2:00 – 3:00

- Next Date: June 24, 2015

- Sign up to receive registration information: http://www.pasrrassist.org/email-signup

PASRR Messaging Initiative

- Focus on emerging best practice models
- Ongoing clarification of specific areas of the CFR
- Provide information that helps PASRR staff implement program
- Help link/integrate PASRR with broader initiatives

PASRR Messaging: Target Audiences

- Primary audiences
  - Front-line state PASRR staff
  - State authority leadership (Medicaid, mental health, I/DD)
  - Hospital and Nursing Facility Associations
- Other audiences
  - National Association of Medicaid Directors
  - National Association of State Mental Health Program Directors
  - National Association of State Directors of Developmental Disabilities Services

How the Messaging Effort Will Help You

- Provide "off-the-shelf" products you can use to communicate with leadership.

- Provide a kind of reference library on Specialized Services (and PASRR more generally) that you can use internally to think about how you might revamp the way Specialized Services are delivered and financed.

Additional Activities on the Horizon

- More MDS Analysis
  - State Fact Sheets
  - Using MDS data to identify individuals who should have had a Level II but did not
- Collecting examples of RFPs states have issued to vendor their PASRR services
- Analyzing other aspects of PASRR program design
  - E.g., summary of findings and plan of care

Open Forum

Questions for the Audience

- What are the key issues you're dealing with right now in your PASRR program?

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Question 1: Has PTAC interacted with Federal Department of Health to help educate hospitals about PASRR and their responsibility to refer?

Answer: As an agency within the federal Department of Health and Human Services; CMS has a division called "Survey and Certification," which oversees with facilities of many different kinds. They have an important role to play, ultimately, in making sure that PASRR works at the nursing facility level, but also, potentially, in relationships with other kinds of facilities, such as hospitals. Unfortunately, we have been not been able to make as much headway in this area as we would like. Most of the real progress that we have seen happen has been at the state level, when state agencies -- state mental health agencies, ID/DD agencies, and Medicaid agencies — interact with their state hospital associations and make them aware of the importance of completing PASRR before an individual is admitted a nursing facility. That also often includes the nursing home associations, as well, because it is incumbent on nursing facilities not to admit an individual until a PASRR is completed. So, most of the work that involves the role of the hospital versus the nursing home, and the importance of making sure that the PASRR is done prior to admission has been happening at the state level.

Question 2: A difficulty that we encounter when submitting a PASRR Evaluation is when the clients identifying information in the Level I (Ex: SSN, DOB, Name spelling) is different from what is listed in the Medicaid websites (MESAV, CARE portals). When this occurs we have one set of identifying information in the Level I and a different set that is provided by the nursing facility. At times this results in a "Local Authority Action," but lately we have had to have the Level I resubmitted with the correct data. Because of that, our Date of Assessment changes and this causes a ripple effect in our billing. Is there anything that is being done to address this, or is this something that only our state entity tech support can address?

Answer: This is a state-specific question, with many state-specific nuances. If this is a topic you'd like assistance with, we recommend you contact PTAC directly so that we can gather the additional details we need to provide you with an answer, or to provide more extensive technical assistance.

Question 3: At times, the clients identifying information from the Level I is different from that which is listed in the Medicaid websites (MESAV, CARE) like Name (spelling/order), DOB, & SSN. Our state entity reports that we need to help the client correct their information through

the Medicaid application. Unfortunately we (the mental health authority) are only expected to complete the PASRR application for PASRR negative clients. I think that this identifies a gap in client services, and that there is room for improvement to better serve the clients. Mental health authorities cannot correct Medicaid information because we don't have access to do so, nor is it an expectation.

Answer: Please see the answer to Question 2.

Question 4: Are we incurring any costs to our agency when we request help from PTAC?

Answer: Absolutely not. Our services are always free Whether that's picking up the phone and calling us, emailing us, or having us come out to visit you for a day or a day and a half—it is all free to you. There's never a cost.

Question 5: What kind of issues do I bring to the table at the nationwide NAPP meetings if I'm representing my state?

Answers:

- (Ed Kako, PTAC): That is a question best addressed to NAPP. They are partners of ours. We help to sponsor conferences with them. There is typically a follow-up Networking with NAPP call two weeks after each of our webinars. The next one will take place on Tuesday, May 26th at 1:00pm EST. To register, please email Betty Ferdinand (bferdinand@cii.us.com). I would talk to Betty and others at NAPP about how to represent your state's concerns with NAPP.
- (Betty Ferdinand, NAPP): Any issue is fine. These discussions are meant to be very informal.

Question 6: Our hospital association states that they are only advisory with their members. In other words, we can have the Hospital Association share information with their members but they cannot pay much attention and there is no penalty. Also, we really struggle with the HIPPA and other privacy issues surrounding mental health when gathering information to do the Level II screens. Are there any ideas as to help folks not be afraid that they will get in trouble with HIPPA by giving us the information we need? We have a release but everyone seems to want another one for each specific purpose and we cannot get to the client/guardian quickly...

Answer: HIPAA is often seen as a stumbling block in PASRR, when it need not be. We (PTAC) hope to release additional information about HIPAA in the near future. In the meantime, please review the webinar from February of 2012, entitled "Partnering with hospitals to meet patients' needs." The speaker, Jackie Burningham, addresses HIPAA-related issues.

You can find that webinar here:

http://pasrrassist.org/events/webinar/partnering-hospitals-meeting-patients-needs

Question 7: Are there any requirements on how long we must keep client information in our medical records? Do they have to be in paper form or can they be in digital form?

Answer: They can certainly be in digital form. There is some information on the PASRRassist.org website on data retention. Note that states have a fair bit of flexibility in how long they retain those records.

For additional information, please consult this resource on the PTAC website:

http://pasrrassist.org/resources/record-keeping-timing/how-long-should-pasrr-records-be-retained

Question 8: We have a lot of discord in our state about the Level I, such as who should complete it and what sanctions the state Medicaid agency can employee about these disagreements. We also receive a large amount of hospital complaints about the time to completion for Level II even though our statistics show 4-6 business days as an average. Our state is petitioning HHS to have PASRR removed or have nursing facilities complete it. All of this is not coming from PASRR, but from the public.

Answer: If there are disagreements in your state over fundamental aspects of your state's PASRR program, we recommend that you contact PTAC for technical assistance; we have worked in several states to improve interagency communication and cooperation, as well as to help state agencies coordinate with their hospital associations.

PASRR is part of Medicaid law; CMS does not have the power to fundamentally change it – only Congress does. So CMS cannot waive a state's PASRR obligations.