Leveraging PASRR to Support Community Placements

PASRR as a Vital Tool for Long-Term Care Rebalancing

26th National HCBS Conference, Atlanta, GA, September 28, 2010
Sponsored by the CMS PASRR Technical Assistance Center
Presenters:

- **Edward Kako**, Acumen, Director, CMS PASRR Technical Assistance Center
- **Willard Mays**, Indiana Office of Policy and Planning, Division of Mental Health and Addiction
- **Dee O’Connor**, PhD, University of Massachusetts Medical School
- **Nancy Shanley**, MS, Ascend Management Innovations
Outline

• Brief introduction to PASRR
• Community placement
• Promising practices for diversion and transition
• Power of PASRR data
• PASRR Technical Assistance Center (PTAC)
Edward Kako
Acumen, LLC

PTAC
PASRR Technical Assistance Center
PASRR: What?

• Has two parts:
  ▫ Preadmission Screening (PAS)
  ▫ Resident Review (RR)

• Applies to:
  ▫ All applicants to Medicaid-certified nursing facilities (NFs)
  ▫ Does not depend on any facts about the individual, including payor
PASRR Law and Rule

• Social Security Act:
  ▫ 1919(b)(3)(F)
  ▫ 1919(e)(7)

• Code of Federal Regulations:
  ▫ 42 CFR 483.100-138
Structure of PASRR

Medicaid Agency

Mental Health Authority

MR/DD Authority
Two Levels of PASRR

- Level I
  - Initial screen
  - “Suspicion” of MI/MR
- Level II
  - In-depth evaluation
  - Determination of MI/MR status
  - Meant to serve as basis for plan of care
Three Main Goals of PASRR

1. Evaluate all applicants to Medicaid-certified nursing homes for evidence of mental illness (MI) and/or mental retardation and related conditions (MR)
2. Ensure that individuals are placed appropriately (community or nursing home)
3. Ensure they receive the services they require
Special Status of PASRR

- Almost unique in Medicaid Law (Title XIX of Social Security Act)
- Can help states
  - Avoid inappropriate nursing home placement
  - *Divert* applicants
  - *Transition* residents
PASRR: A Key Player in Community Placement

Willard Mays, Assistant Deputy Director for Public Policy, Indiana Office of Policy and Planning, Division of Mental Health and Addiction
**PASRR: What Is It?**

- OBRA 87
  - Identify NF applicants & residents with MI and/or MR/DD
  - Assess to determine if:
    - NF appropriate
    - Specialized services are needed
  - PASRR is **not** about denying persons with MI or MR/DD from admission to NF’s

**Why PASRR?**

- A Question of Perception!
  - “Dumping” of state hospital patients
  - NF’s full of younger residents with MI and/or MR/DD
  - NF residents with MI and/or MR/DD being underserved
PASRR: Has it worked?
A Question of Perspective!

- No!
  - Few applicants denied
  - Few residents moved
  - Costs a lot of $’s

- Yes!
  - Identifies residents with MI and/or MR/DD
  - Prevents inappropriate placements
  - Residents getting more services
The Olmstead Decision

- U.S. Supreme Court *Olmstead v. L.C.* (1999)
- Unnecessary segregation of people with disabilities in institutions is a form of discrimination that violates the 1990 Americans with Disabilities Act (ADA)
- Includes persons with mental illnesses
- States and communities must address the problem
- Enforcement is a high priority at DOJ!
PASRR is a Key Player!

• Of all older adults that are institutionalized with mental illnesses 89% are in NFs

• More than 500,000 (Excluding Dementia) are in NFs

• Older Adults with SMI are 3 times more likely to be admitted to NFs than those without SMI & stay longer (46.6% vs. 24.1% @ 90 days)

• Although only about 5% of older adults are in nursing homes, two-thirds of these residents have some kind of mental disorder

PASRR is a powerful tool for alternative placement decisions & care plan development!

Olmstead Mandate

“A public entity shall administer programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.”

“Unjustified isolation … is discrimination based on disability.”
PASRR Mandate

“The [PASRR] assessment must determine whether this level of support can be provided to the individual in an alternative community setting or whether the level of support needed is such that NF placement is required.”

-- PASRR Federal Regulations, § 483.134(b)(5)

PASRR evaluations & determinations must consider community-based alternatives to nursing home placement.

-- CMS letter to states in June 2008 reinforcing regulation
Admissions of Persons with Mental Illness to Nursing Facilities

- 1999: 168,721
- 2005 (narrow): 31,610
- 2005 (broad): 315,188

- Fullerton et al (2009)
- Grabowski et al (2009)
Study Purpose and Methods

Purpose

To learn about promising practices across selected states regarding diversion and transition efforts for persons with MI as part of the PASRR process.

Methods

• Literature Review
• Collection of PASRR Data from States
• Key Informant Interviews
  Informants were selected from 12 states; interviews focused on:
  1) States PASRR processes
  2) How practices differ across states
     (i.e.) definition of specialized services for MI
  3) Diversion and transition efforts for those with MI, and
     how they are linked to PASRR
Study Selected States

Selected States: States were chosen by doing an online search and literature review to discover which states had diversion/transition initiatives related to persons with MI through:
1) MFP grants
2) HCBS waivers
3) Other state programs or practices that promote diversion or transition

- California
- Colorado
- Connecticut
- Florida
- Illinois
- Indiana
- Michigan
- Nevada
- Ohio
- Virginia
- Washington
- Wisconsin
Potential Promising Practices Findings

1) Questions on PASRR Level I and II Tools Promoting Diversion or Transition

2) Linking the PASRR Process to Waivers, Initiatives or Grants by collaborating across agencies/departments

3) Services of Lesser Intensity which Promote Skills Toward Independent Living Offered In or Outside of Facility
1) Questions on PASRR Level I and II Tools Promoting Diversion or Transition

**States:** California, Connecticut, Colorado, Florida, Ohio, Indiana, Nevada, Washington and Wisconsin

### Selected State Examples

<table>
<thead>
<tr>
<th>State</th>
<th>Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>Level II Screen features a functional assessment that asks detailed questions about a person’s ability to live in the community including what services they would need to live in the community</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Level I screen asks what intensive psychiatric supports the person had prior to consideration for NF placement and Level II asks the person how they feel about potential NF placement</td>
</tr>
<tr>
<td>Ohio</td>
<td>Level I screening tool features a community placement assessment section with questions that are aimed at assessing when and whether a person who is a short term stay resident could return to the community</td>
</tr>
</tbody>
</table>
2) Linking the PASRR Process to Waivers, Grants or Other Initiatives by Collaborating Across Agencies/Departments

States: California, Connecticut, Florida, Nevada, Washington and Wisconsin

<table>
<thead>
<tr>
<th>State</th>
<th>Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecticut</td>
<td><strong>Working for Integration Support and Empowerment (WISE) Waiver</strong>&lt;br&gt;This program is funded as 1915c community-based services waivers which specifically helps persons with MI get community supports such as Assertive Community Treatment, peer supports and other supports as needed. <strong>Money Follows Person Demonstration Grant (MFP)</strong>&lt;br&gt;Staff from with the MFP grant work closely with those in the WISE program to review Level II screens to identify persons for MFP eligibility. <strong>Nursing Home Diversion and Transition Program</strong>&lt;br&gt;If not eligible for WISE or MFP, 6 nurses funded by the Connecticut Department of Mental Health and Addition Services talk with NF residents having gone through the Level II process about potential community placement.</td>
</tr>
<tr>
<td>Florida</td>
<td><strong>Nursing Home Transition Program</strong>&lt;br&gt;This program involves the voluntary transfer of an eligible Medicaid beneficiary residing in a nursing home to an appropriate community setting (family member’s home, individual’s apartment or home, assisted living facility, adult family care home, etc.).</td>
</tr>
<tr>
<td>Nevada</td>
<td><strong>FOCIS Program (Facility Outreach &amp; Community Integration Services)</strong>&lt;br&gt;Providers, state staff and others can refer anyone they feel could be transitioned; this program was developed as a result of their Olmstead decision the Medicaid authority developed their Medicaid authority.</td>
</tr>
</tbody>
</table>
3) Services of Lesser Intensity that Promote Independent Living Skills (in and outside NFs)

**States**: California, Colorado, Florida, Nevada and Wisconsin

**Selected State Examples**

<table>
<thead>
<tr>
<th>State</th>
<th>Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado</td>
<td>Colorado defines “specialized services” as those services needed in the nursing facility to address their mental health care needs versus just inpatient psychiatric care</td>
</tr>
</tbody>
</table>
| Nevada   | Nevada defines 3 Levels of Specialized Services to Meet Varies Needs  
  **Level II-A**: Inpatient psychiatric care  
  **Level II-B**: Specialized services which include services such as medication management, follow up with a psychiatrist regarding medications, clinical therapies such as psychotherapy  
  **Level II-C**: Psychosocial rehab services such as individualized cognitive services, anger and stress management and family counseling |
National Attention on PASRR

- Previous Government Reports: i.e. findings from the 2007 OIG on Screening for MI under PASRR
- Renewed efforts toward diversion to community for NF population
  - Money Follows the Person grants
  - CMS letters to Medicaid Directors
  - 1915(i) waiver revisions
  - MI lawsuits in many states including
- CMS PASRR Technical Assistance Center
  - 50 state review of PASRR processes
References

- Department of Health and Human Services, Code of Federal Regulations on PASRR, Section § 483.134. Part B, Subsection 5
- Olmstead vs L.C., Supreme Court, 1999
PASRR: Data and Use

Nancy Shanley, MS

PASRR Technical Assistance Center Consultant

Vice President of Consulting and Policy Analysis, Ascend Management Innovations
Three program and quality uses for PASRR data:

1. Assurance of clinical excellence
2. PASRR program monitoring
3. System trending and monitoring
PASRR program fidelity

- Is your state’s PASRR project performing with expected fidelity?
- Can trends be identified that impact the program?
PASRR program fidelity

Concordance of XXX Outcomes to Overall Outcome Volumes
PASRR program fidelity

Level II evaluation outcomes by percent of volume

Short term approval  Long term approval  Denial decision  Halted or Ruled out  Cancelled
PASRR program trends

Total Volume by Date

Month 1  Month 2  Month 3  Month 4  Month 5  Month 6  Month 7
System trends: NF admission ages

Percent of Positive and Negative Level I Outcomes by Age

- Level I screens
- Referrals for Level II
System trends: provider differences

Percent of Preadmission Level IIIs by Referral Provider

- Medical Facilities: 90
- Emergency Departments: 4
- Community Settings: 3
- Nursing Facilities: 1
- Psychiatric Facilities: 1
- Other: 1
System trends: placements prior to NF

Prior to NF Admission:
Placement Over Last 2-Years
System trends: PASRR and NF length of stay: LOC

PASRR Level II Evaluation Outcomes

LOC Short Term decisions
LOC Long Term decisions
LOC denials
SS denials
## System trends: PASRR NF to Community Transitions

<table>
<thead>
<tr>
<th>Level II Evaluation: Length of ST Approval</th>
<th>ST approvals not discharged</th>
<th>ST continued stay reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Placement difficulty</td>
</tr>
<tr>
<td>30 days</td>
<td>9%</td>
<td>15</td>
</tr>
<tr>
<td>60 days</td>
<td>28%</td>
<td>9</td>
</tr>
<tr>
<td>90 days</td>
<td>6%</td>
<td>6</td>
</tr>
<tr>
<td>120 days and over</td>
<td>40%</td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level II Evaluation: Length of ST Approval</th>
<th>Sample successfully discharged (three months stable placement)</th>
<th>Post stay placement services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Option 1</td>
</tr>
<tr>
<td>30 days</td>
<td></td>
<td>87%</td>
</tr>
<tr>
<td>60 days</td>
<td></td>
<td>70%</td>
</tr>
<tr>
<td>90 days</td>
<td></td>
<td>93%</td>
</tr>
<tr>
<td>120 days and over</td>
<td></td>
<td>69%</td>
</tr>
</tbody>
</table>


## System trends: PASRR outcomes by provider

<table>
<thead>
<tr>
<th>Provider Submitting Screens</th>
<th>Percent of approvals given Short Term</th>
<th>Number PASRR LOC denials</th>
<th>Number PASRR Specialized Service denials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allgone Hospital</td>
<td>84</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Allgood Hospital</td>
<td>58</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Belton</td>
<td>58</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Care Center</td>
<td>53</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>City Hospital</td>
<td>70</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Wayside</td>
<td>92</td>
<td>20</td>
<td>24</td>
</tr>
</tbody>
</table>
System trends: applicants to NFs with Serious Mental Illness
### System trends: Measures of service needs through Level II evaluation results

<table>
<thead>
<tr>
<th>Post NF discharge, services needed</th>
<th>Percentage</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respite services</td>
<td>10</td>
<td>Lamar</td>
</tr>
<tr>
<td>Hands-on medication assistance</td>
<td>5</td>
<td>Lamar</td>
</tr>
<tr>
<td>Mental Health Service A</td>
<td>12</td>
<td>Lamar</td>
</tr>
<tr>
<td>Mental Health Service B</td>
<td>9</td>
<td>Lamar</td>
</tr>
<tr>
<td>Waiver Service A</td>
<td>20</td>
<td>Lamar</td>
</tr>
<tr>
<td>Waiver Service B</td>
<td>14</td>
<td>Lamar</td>
</tr>
<tr>
<td>Medication reminders/ compliance monitoring</td>
<td>40</td>
<td>Lamar</td>
</tr>
<tr>
<td>Transportation: limited</td>
<td>8</td>
<td>Lamar</td>
</tr>
<tr>
<td>ADL support: limited</td>
<td>35</td>
<td>Lamar</td>
</tr>
<tr>
<td>Etc</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PASRR activities touch every individual entering a Medicaid Certified NF in your state.

PASRR Level II comprehensive evaluations touch every individual with a suspected disability entering Medicaid Certified NFs in your state.

Information gathered can help you:

- Identify NF admission profiles
- Target short term versus long term NF stay approvals
- Identify community service system gaps
- Increase diversions and transitions from institutional to community placements
Technical Assistance Services

- Interpretation of regulations
- Guidance on new PASRR question in MDS 3.0
- High-level strategic planning
- Connecting PASRR with other Olmstead efforts
- On-site workshops with state staff
- Website to request technical assistance:
  - www.PASRRassist.org
We help states improve their PASRR programs.
Under contract with the Centers for Medicare & Medicaid Services, Acumen LLC has established the PASRR Technical Assistance Center (PTAC). PTAC's team of expert consultants can assist numerous aspects of states' PASRR programs. To request assistance, complete the online request form, accessible through the "Request Assistance" link above.

Background
The Centers for Medicare & Medicaid Services (CMS) is committed to helping States fulfill the goals of Preadmission Screening and Resident Review (PASRR): to identify individuals with mental illness (MI) and/or mental retardation (MR); to place such individuals appropriately; and to ensure that they receive the services they need.

To that end, CMS has contracted with Acumen LLC to establish the PASRR Technical Assistance Center (PTAC), which will help States improve the quality and effectiveness of PASRR.

PTAC can assist states with various PASRR topics, including:
- Cooperation and coordination among State agencies involved in the PASRR process
- Tools for managing PASRR processes and procedures
- Compliance with State and Federal regulations
- Health IT and electronic medical records (EMRs)
- Development of resources to help individuals transition from nursing facilities into the community

Examples of Technical Assistance Services:
- Improving cooperation and coordination between State Agencies
- Facilitating peer learning to allow states to share perspectives on the planning process
- Tools for managing PASRR processes and procedures
- Electronic and web-based evaluation and medical record systems consulting
- Assistance locating additional resources to support service provision
- Compliance with Federal and State Regulations

Learn More about the PASRR Technical Assistance Center:
You can read brief biographies of PTAC's expert consultants in the Meet the Team section of this website.

For additional information about the PASRR Technical Assistance Center, you may contact CMS Project Officer Angela Taube (Center for Medicaid and State Operations, Disabled and Elderly Health Programs Group).
Coming Up at PTAC

- Webinar series planned jointly with National Association of PASRR Professionals (NAPP)
- Review of state PASRR policies and procedures (subcontracted)
- Redesigned PASRRassist.org with:
  - FAQs
  - Archived webinar videos
  - Just-in-time training materials
Presenters:

- **Edward Kako**, Acumen, CMS PASRR Technical Assistance Center
- **Willard Mays**, Indiana Office of Policy and Planning, Division of Mental Health and Addiction
- **Dee O’Connor**, PhD, University of Massachusetts Medical School
- **Nancy Shanley**, MS, Ascend Management Innovations