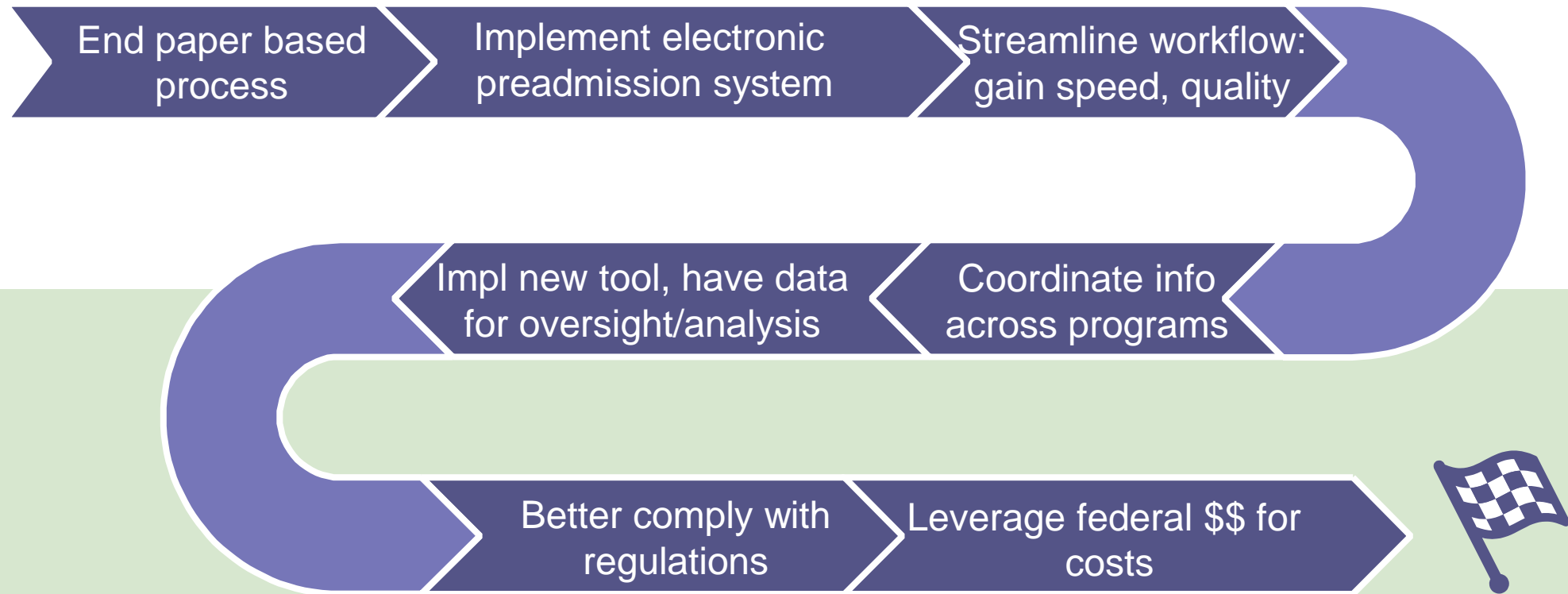# PASRR: OLD NEWS OR NEW FRONTIER?

Bringing Fresh Perspectives to a 30-Year Old Program

August 30, 2017 | 2017 HCBS Conference

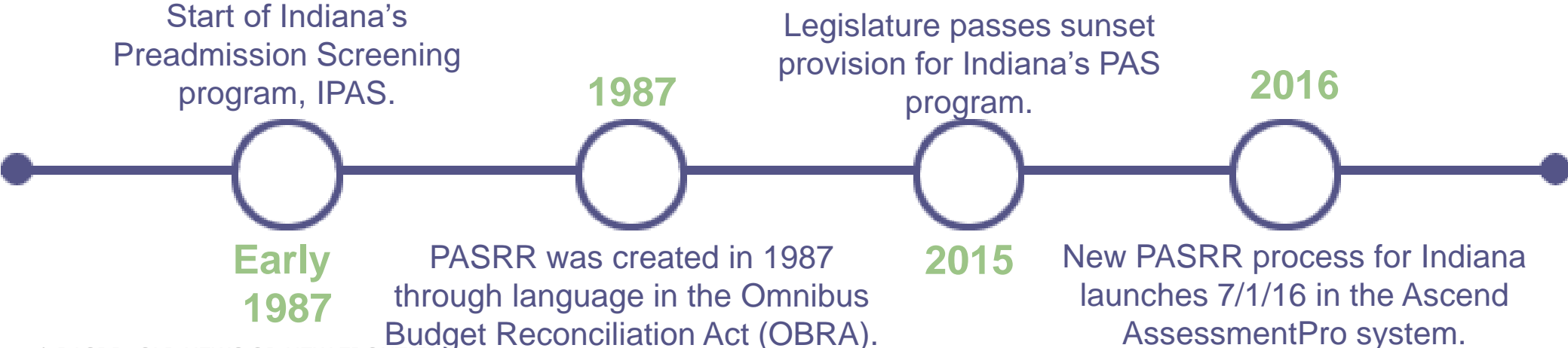# What if you could successfully navigate wholesale preadmission process change and achieve all your goals in a super condensed time frame?

End paper based process

Implement electronic preadmission system

Streamline workflow: gain speed, quality

Impl new tool, have data for oversight/analysis

Coordinate info across programs

Better comply with regulations

Leverage federal $$ for costs

INDIANA'S STORY

A HISTORY OF PASRR, KEY PASRR TIMELINE EVENTS

Start of Indiana's Preadmission Screening program, IPAS.

1987

Legislature passes sunset provision for Indiana's PAS program.

2016

Early 1987

PASRR was created in 1987 through language in the Omnibus Budget Reconciliation Act (OBRA).

2015

New PASRR process for Indiana launches 7/1/16 in the Ascend AssessmentPro system.

Is the sun really setting on this 30-year old statute?

- ✔ Faxes, emails, wet signatures, need for efficiency
- ✔ Low denial rates
- ✔ Legislative directive to work with stakeholders
- ✔ PTAC review of tool

Why Change Was Needed in Indiana

✓ People with mental illness and intellectual disabilities were still ending up in nursing facilities and not receiving needed services.

✓ 65,000 plus screenings every year resulting in fewer than 1% of denials.

✓ The system was inefficient and cumbersome – no one involved really was satisfied with the process.

30!

The system was 30 years old – the world is different today. Most nursing facility admissions are covered under Medicare and are short term.

What are the goals of PASRR?
What are the goals of Indiana PASRR?

IDENTIFY EVERY
Person with disability going to NF

ASSESS AND DELIVER SERVICES
Needed

REDUCE INAPPROPRIATE NF PLACEMENT
Community support gateway

Deliver services and supports to NF residents to attain the highest practicable physical, mental, and psychosocial well-being

Why is PASRR important?

PASRR recommendations help NF staff know how to care for persons with disabilities	NF staff have high turnover, have little psychiatric or disability training
	NF staff not trained to recognize/monitor symptoms, implement interventions, or monitor treatment response
	Leads to increased likelihood of psychiatric decompensation, possible harm to individual and other residents
	Lead to placement failures, repeated psych hospitalizations, repeated NF to NF transfers
	Overall result in lower quality of life for the individual

Focus of the Redesign Effort

✔Efficient use of resources

✔People in the right roles

✔Improved effectiveness in the process

✔Enhance use of technology

- Efficiency
- Consistency
- Accuracy
- Better data

Engaging Stakeholders

- ✔ AAAs, hospitals, nursing facilities
- ✔ Shared goals
- ✔ Evaluation of options
- ✔ Made the case for change

- ✔ DA participation at demos
- ✔ State web updates and vendor web updates
- ✔ Coordinated state and vendor newsletters

Transparency Stakeholders were involved in every phase; regular newsletters and webinars kept them updated along the way

New Roles, New Responsibilities

✔ Hospitals were now primary in collecting assessment data and entering it in the system

✔ Nursing facilities needed to coordinate admissions with hospitals to assure they would be in compliance with PASRR requirements

✔ AAAs, no longer primary in the PAS process, could focus on options counseling as well as reviewing any level of care denials to help connect individuals to community resources

Making It Happen

- Nursing facilities had to get paid
- MMIS project occurring at the same time

- Train on new assessment tool (interRAI)
- Deadlines were important

We did it!

Vendor selected in summer of 2015; system launched July 1, 2016.

Make a Real Difference for Individuals Across Indiana

UNLOCK THE TRUE POTENTIAL AND POWER OF PASRR

What's Next?

✔ Surveys of users

- Training needs
- System user experience
- Data users would like

✔ Continued training

- PASRR process
- System use

Taking PASRR to the Next Level

✔ Moving to real transition/diversion opportunities

✔ Targeting options counseling to those most and at risk of long term institutionalization

✔ Focusing ADRCs on the options counseling role

✔ More work with hospital discharge planners

- Doorway
- Opportunity to triage individuals
- Long term services advisor (LTSA)

More Integration Across Populations

✔ FSSA contract for all PASRR functions

- Mental health and intellectual disability Level II processes
- Level of care
- Level I

✔ More coordination between the level of care and Level II decisions

✔ Improved tracking of specialized services in nursing facilities

✔ Improved community placements through the Level II processes

TRANSITION PROCESS

3 Phases of Transition

1
LOSS
Shock

2
NEUTRAL ZONE
Disorganized

3
NEW BEGINNING
Organized

© Bridges

Communication Tools for the 3 Phases

1
LOSS
Listen & Validate

2
NEUTRAL ZONE
WIIFM/Detail the Transition

3
NEW BEGINNING
Reinforce. Reinforce. Reinforce.

© Bridges

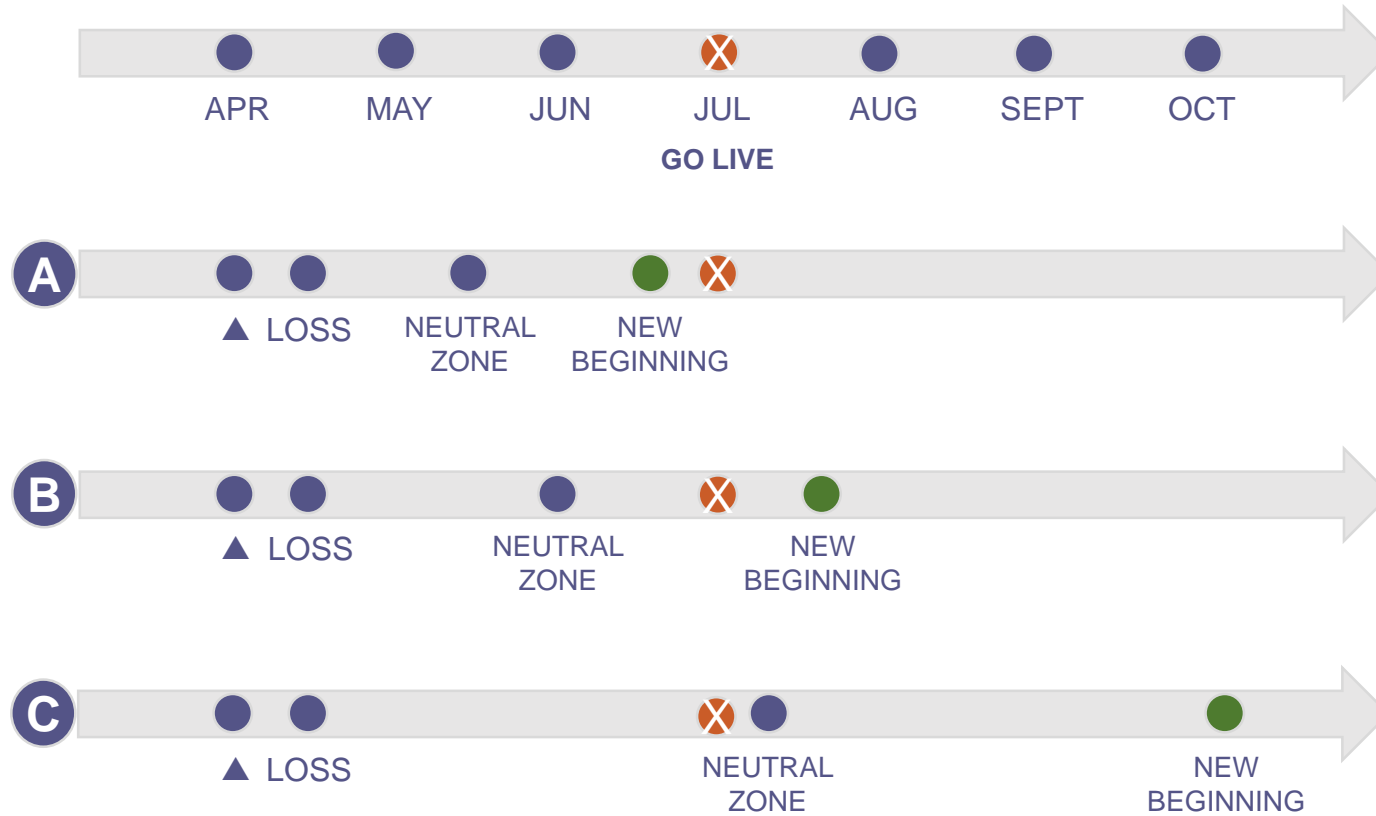# POSITIVE TRANSITION RESULTS

7/1/16 Go Live Met
8/1/16 Provider Billing

Efficiency + Data

Day 1:
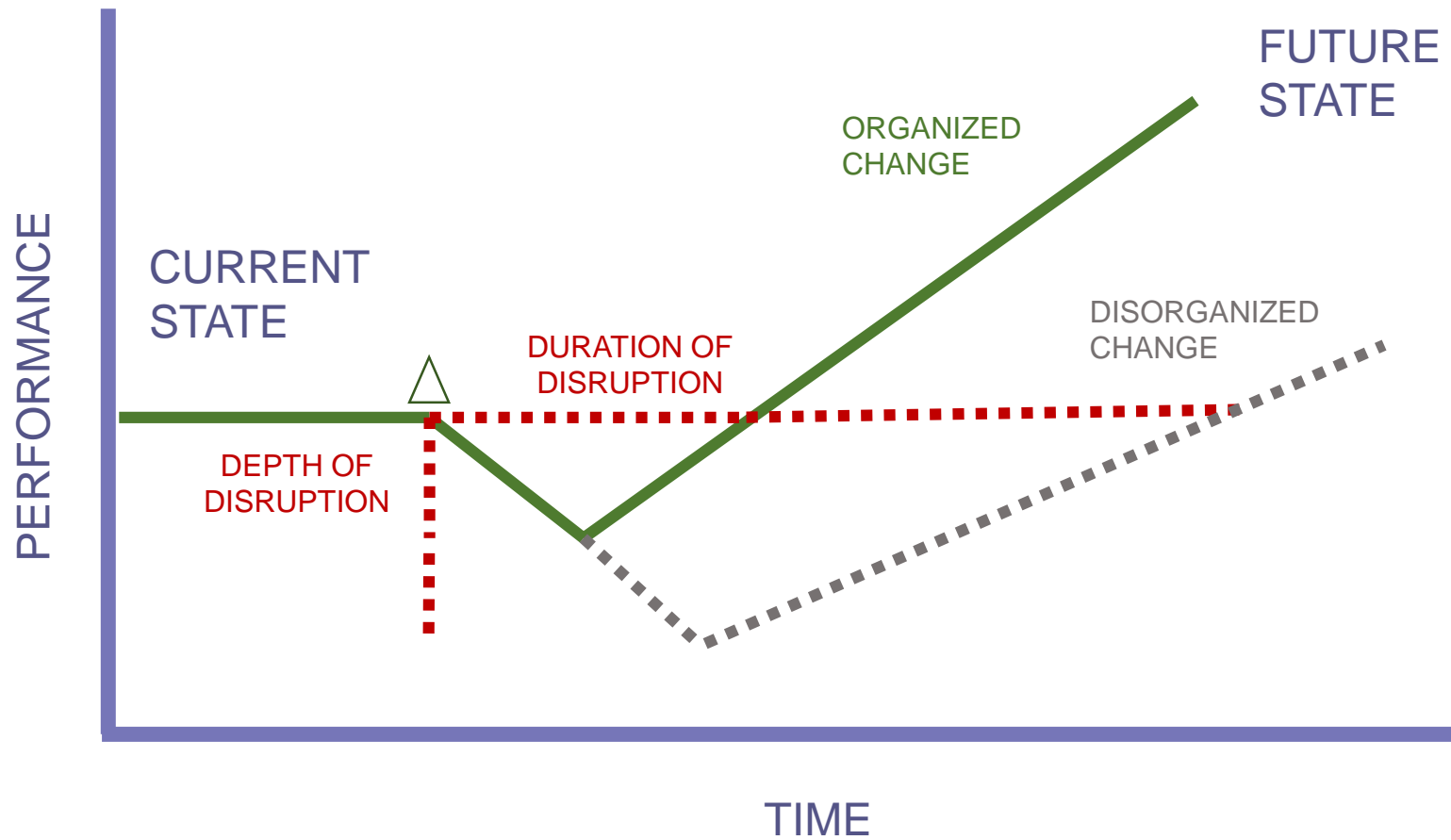864 Level I submissions
72% auto approved
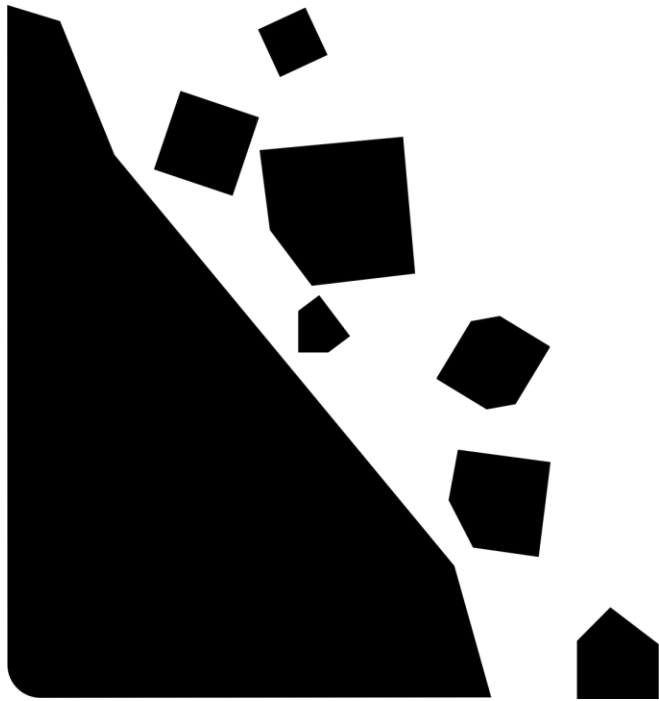
Proactive Providers,
Not Reactive

Transition Journey

APR   MAY   JUN   JUL   AUG   SEPT   OCT

GO LIVE

A

▲ LOSS   NEUTRAL ZONE   NEW BEGINNING

B

▲ LOSS   NEUTRAL ZONE   NEW BEGINNING

C

▲ LOSS   NEUTRAL ZONE   NEW BEGINNING

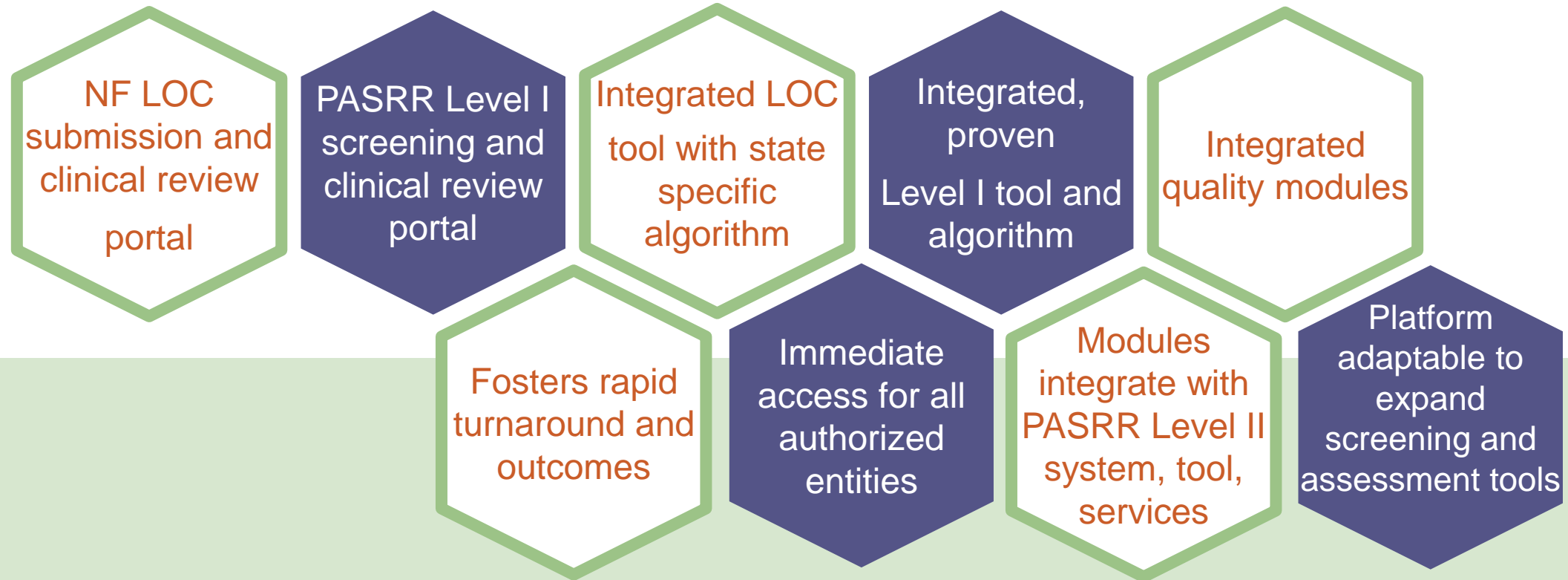# Depth and Duration

© Prosci

CHANGE

It's not the fall that kills you;

It's the **sudden stop**.

Imagine if you could transform a moribund process to meet the needs of your program, too

What's the risk?	What's the secret?	Can I do this alone?	What's the payoff?
No one will believe its possible, do-able, or painless or fast enough to do now (it always seems like a bad time, right?) Your reputation is on the line Stakeholders may cling to the familiar and reject the new Timelines often daunting Often must rely on multiple partners to deliver or meet deadlines	Know when to strike, leverage watershed moments Radiate a can-do attitude armed with a reasoned business case and a solution Band together to leverage skills needed to get to yes: great clarifier, great writer, great influencer/ convincer, great stakeholder communicator, great 60,000 foot view and great 50, 20, and 5,000 foot views, too. Leverage one recognized need to get two (system to accommodate both PASRR and LOC processes) Invest heavily in both preparing stakeholders for transformation and in actual training	Be building your network of collaborators all along, so you are ready when its "go time" IN cross departmental communication and collaboration was evident Scout the field of solutions- do your market research- Then collaborate with experienced partner with established expertise in the arena They bring speed, efficiency, and ability to not have to learn "the hard way" what is already known	You have a great reputation for making it happen Compliance, modernization Better service to individuals and providers- appropriate placement and more diversion transition potential Faster streamlined process Data to monitor performance, quality, decision integrity Data to analyze needs, patterns, changes over time System and data to use for quality review, quality audits Flexibility to tweak process/ system to meet future needs

MAXIMUS Ascend PASRR services and solutions: Meet current needs while developing a future roadmap

NF LOC submission and clinical review portal

PASRR Level I screening and clinical review portal

Integrated LOC tool with state specific algorithm

Integrated, proven Level I tool and algorithm

Integrated quality modules

Fosters rapid turnaround and outcomes

Immediate access for all authorized entities

Modules integrate with PASRR Level II system, tool, services

Platform adaptable to expand screening and assessment tools

Yonda Snyder

Director

FSSA – Division of Aging

Yonda.Snyder@FSSA.IN.gov

Debbie Pierson

Deputy Director

FSSA – Division of Aging

Debbie.Pierson@FSSA.IN.gov

Nancy Shanley

Vice President of Consulting & Policy Analysis

Ascend, a MAXIMUS Company

NancyShanley@maximus.com

Jennifer Burns

Director of Project Management

Ascend, a MAXIMUS Company

JenniferBurns@maximus.com