Welcome to the INDIANA PASRR IDD Level II: A Look at Process & Procedure Changes webinar. Today’s session will introduce some new and exciting changes for the Level II process for individuals with Intellectual and Developmental Disabilities (IDD).
We are pleased to continue our work with IN as an expansion of our successful Level I and Level of Care project. Since July 1, 2016 when we began the contract, we have processed about 25k Level I screens with in an average of 2-3 hours. Indiana has chosen to contract with Ascend to complete Level II assessments for persons with Intellectual and Developmental disabilities. Although PASRR level II assessments occur for individuals with MI and/or IDD, Ascend will only be conducting assessments for those with an IDD. If the person has both MI and IDD, we will also conduct the Level II. This change will occur on 1/3/2017.

We will talk more about how the process will change in just a few minutes, but first, I think it is important to quickly touch on some fundamentals.
As most of you know, PASRR stands for Preadmission screening and resident review. This federally mandated advocacy process dates back to 1987 through language in the Omnibus Budget Reconciliation Act (OBRA), also known as the Nursing Home Reform Act. Administered by the Centers for Medicare and Medicaid Services (CMS), the process allows considerable discretion for states, and differs widely from one state to another. In Indiana, the Division of Aging has contracted the provision of the PASRR Level I screening process and BDDS has contracted the provision of the PASRR Level II IDD process to Ascend.

PASRR requires that anyone admitted to a Medicaid-certified NF be screened to identify the presence of serious mental illness, intellectual disability, or developmental disability (related condition). If a qualifying condition is known or suspected, an individualized evaluation must be conducted to ensure that the nursing facility is the most appropriate place for the person to live and receive needed services.
PASRR is not a punishment or a financially motivated program designed to keep people out of nursing facilities. The goal of PASRR is to optimize an individual’s placement success, treatment success, and ultimately, an individual’s quality of life. Established as part of the de-institutionalization process, PASRR works to ensure people with disabilities are not inappropriately institutionalized or marginalized; that every individual receives the needed services and supports in the least restrictive setting possible.
According to CMS, to reach PASRR’s goal, we must follow some fundamental steps.

First, we must identify nursing facility applicants and residents with disability to ensure we are working with the population that most needs the PASRR services and supports. We must identify an appropriate placement to meet the individual’s needs—this could be a nursing facility, community placement, psychiatric hospital, ICF/ID, or other setting to ensure service/support delivery in the least restrictive level of care; and, we must provide the individual with whatever disability supports and services he or she needs. If a NF cannot arrange or provide a person’s needed services, the NF would not be an appropriate location for the individual and alternate arrangements are necessary.

The big picture is that PASRR is important because it ensures that people with disabilities get the services they need while in a nursing facility, and PASRR is important because it identifies and reports about the services and supports people will need to make the transition back into their communities. Section Q was added to the MDS to address this specific element of care and offers the individual an opportunity to voice his/her preference regarding choice and place of residence.
Next, let’s discuss the process changes that will occur in Indiana.
To begin the PASRR process, submit the Level I and Level of care screens. The process to submit these screens is not changing. You will submit them for status changes, preadmissions, and expiring short-term approvals.
Some ask for more information about the meaning of status changes. A status change is anytime the person experiences a change (increase or decrease) in their behavioral health stability or has a change to their treatment plan. New medications, new therapies, or the discontinuation of medications or therapies all mean a status change has occurred.

Preadmission means before the person admits to the NF. If the person is already a resident of the NF, you would submit a new Level I as either a status change or expiring short-term approval. Remember, the Level I is only good for 90 days without admission. So, if a person is in the hospital and does not go to the NF within 90 days, a new Level I, LOC, and Level II are required.

Expanding time-limited approvals also require a new Level I. These occur when a resident was admitted on a time limited basis, either through categorical or exemption, or through a previous Level II determination.
If you receive an outcome of Refer for Level II, this is where the process could change. A quick note, the process for MI only Level II assessments is not changing. The following information is only for persons with IDD.

If a person has an IDD—either with or without MI—Ascend will conduct and complete the Level II onsite assessment instead of BDDS. Ascend offers conflict free assessments and will use Independent Contractors or subcontractors who have no personal or professional involvement with the person or area facilities.
The best part is that you have to do less with Ascend conducting the IDD level II assessments. currently, you have to reach out to BDDS when you receive an outcome of Refer for Level II. starting January 3, 2017, this is changing. If a person has an IDD—with or without MI—you won’t have to do anything extra. Because Ascend is making the determination that a Level II is needed, we will manage the referral process, the clinical interview, and the development of the summary of findings with service identification. This also means you will need to contact Ascend if you need to check on the status of the screen. We have up to 5 business days to complete the Level II process. If the person is not yet an NF resident, they cannot admit to the NF until the process is completed.

We will likely ask for some additional information, like an H&P, MAR, therapy orders/notes, psych eval/notes, etc. and just like with the Level I, the faster you can return the information, the faster we can complete the process.

The final element will be your assistance with meeting the person. Ascend will make a referral to an independent contractor or Subcontractor. This person will need to interview the person in your facility. They will call before coming out, but if you can make sure individual and the staff who works with the person are aware the interviewer is coming, it will go a long way toward ensuring the person has the best interview possible. Also, if your facility requires visitors to sign in or obtain a special pass, please let the interviewer know this at the time of scheduling.
The process for MI Level II is not changing. If the person has MI only continue to use your current process.

If the person has an IDD either with or without an MI, use the new Ascend process. This actually requires you have to do less because we will initiate it at the time of the Refer for Level II outcome on the Level I. We will call one of our ICs to come out to your facility and conduct the Level II assessment. We will conduct a quality review on the Level II interview to make sure the information is consistent and fully addresses the person’s needs while helping us know who the person is. We will write a summary of findings and identify needed PASRR services. Based on the information we have, we will make a determination recommendation and send the findings to BDDS for final authorization. With authorization from BDDS, Ascend will notify the referral source of the outcome and, if appropriate, the person can admit to or remain in the NF for whatever medical reason they need to be there.
The outcome options for Level IIs aren’t really changing. The person can receive a long-term approval. This means they can go to or remain in the NF for whatever medical reason they need to be there without an identified approval end date. If a person receives a LT approval, it does not mean they are exempt from status change assessments or resident reviews. If a person experiences a change in status—either better or worse—such that you would change the plan of care, submit a new Level I. It could be that previously identified PASRR services will no longer benefit the person and some changes should be identified.

If a person receives a time-limited approval, it means that he received an approval for a specific timeframe and a new Level I, LOC, and Level II will be needed if the person needs to remain in the NF longer than for the initial approval period. This short term approval could be for a couple of reasons:
1. The person is expected to improve to the point that NF care will no longer be needed
2. The person is entering the NF from out of state
3. The person has behavioral concerns that need to be closely monitored through the PASRR process

The third option is a denial. Ascend would make this determination if the person does not appear to need NF placement or if their symptoms or behaviors are too severe and the person would be an immediate threat to self or others. If a denial is given because of instability, a new Level II can be reviewed once the person is more stable or with the provision of additional information that was
not included in the initial review.
The faster you can submit the requested information, the reduced likelihood for delay from requesting information. Note the required documentation for the Level I process to begin. Any delay in receiving this documentation will delay the outcome. For the level II, we will also request information that supports the person's current status, needs, and treatments.
Next, I want to touch on PathTracker for just a few minutes. PathTracker is Ascend’s system tracking for nursing facility residents.
Nursing facilities are the only providers who have access to PathTracker. When a person admits to your NF, you must submit an admission notice. Be very careful when submitting these admission notices. You cannot submit the notice until the person is actually in your facility and this is tied to the payment for the individual.

When a person permanently leaves your facility (meaning you are doing discharge paperwork on them), you must submit a discharge/transfer/deceased notice. A few notes about this: once you hit submit, you will no longer have access to the person’s records. This means you must print a copy of everything you need before you discharge them in the system. It also means that if you make a mistake, you cannot correct it. Triple check your information and documentation needs prior to completing the discharge/transfer/deceased notices—it is not a simple process to make changes!

If you need instruction on how to complete the notices or access PathTracker, you can view the training available on our website: https://www.ascendami.com/ami/Providers/YourState/IndianaPASRRUserTools.aspx
The FAQs and provider manual have the answers to the questions we have received over the past several months. Review the resources available on Ascend’s website under the Indiana State User Tools.

It looks like we have some time for some Q&A, so I will accept questions using the chat feature for the rest of our time.
Because you will need to contact Ascend to check on the status of your assessment, you can email us or call: 877-431-1388. The contact information will be available on our website closer to 1/3/17.

For Level I questions and communication, you will continue to use the communication feature in AssessmentPro.

Ascend has multiple resources and trainings available on our user tools website. Check here often for the resources available to assist you.
Thank you for viewing the INDIANA PAS/PASRR REDESIGN: Look at Process & Procedure Changes, brought to you by Ascend, A Maximus Company.