



PASRR & No Wrong Door: Beyond Compliance

August 28, 2018



Objectives for this Session

- Overview of Long Term Services and Supports (LTSS) in Indiana
- Relationship of No Wrong Door (NWD) and PASRR
- Indiana's PASRR modernization process
- Continued developments in Indiana's PASRR system
- Next steps for Indiana's system
- Why go beyond compliance
- Keys to operational excellence





LTSS in Indiana

- By 2014, Indiana's Home and Community-Based Services (HCBS) spend was only at about 38% of our Medicaid long term care dollars
- For the aged and physically disabled population, it was closer to 18%
- While a number of steps had been taken to shift the balance of spending prior to 2014, their impact was limited.
 - Aging and Disability Resource Centers (ADRCs)
 - Money Follows the Person (MFP)
 - Balancing Incentives Program (BIP)

Rebalancing in Indiana

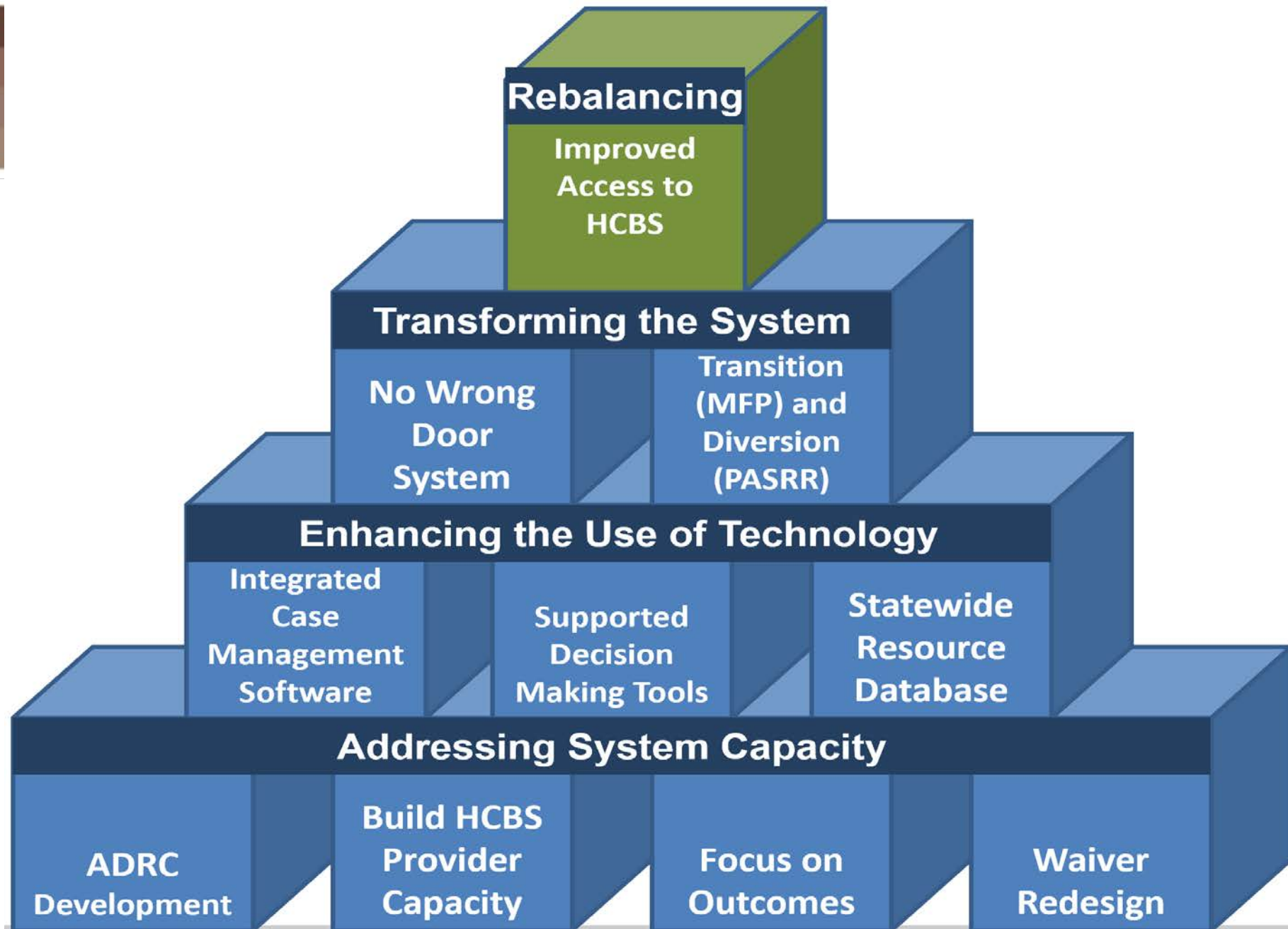


- Public commitment to rebalancing in 2015
- Collaborative effort between Division of Aging and the Office of Medicaid Policy and Planning
- Multi-faceted effort – our intent was to be holistic
- It was really about access



Challenges and Opportunities

- Fragmentation within our umbrella human service agency
- Reimbursement policy
- Outdated, inefficient operations
- Large numbers of people entering long term care through hospitals
- Limited awareness of HCBS options





Indiana's NWD Plan

- In 2014, Indiana was awarded a NWD planning grant
- In our grant application we identified the need to modernize the PASRR system as it was functioning as the primary door into the long term care system
- The three year NWD plan went beyond PASRR but it was always the foundation

What does this have to do with PASRR?

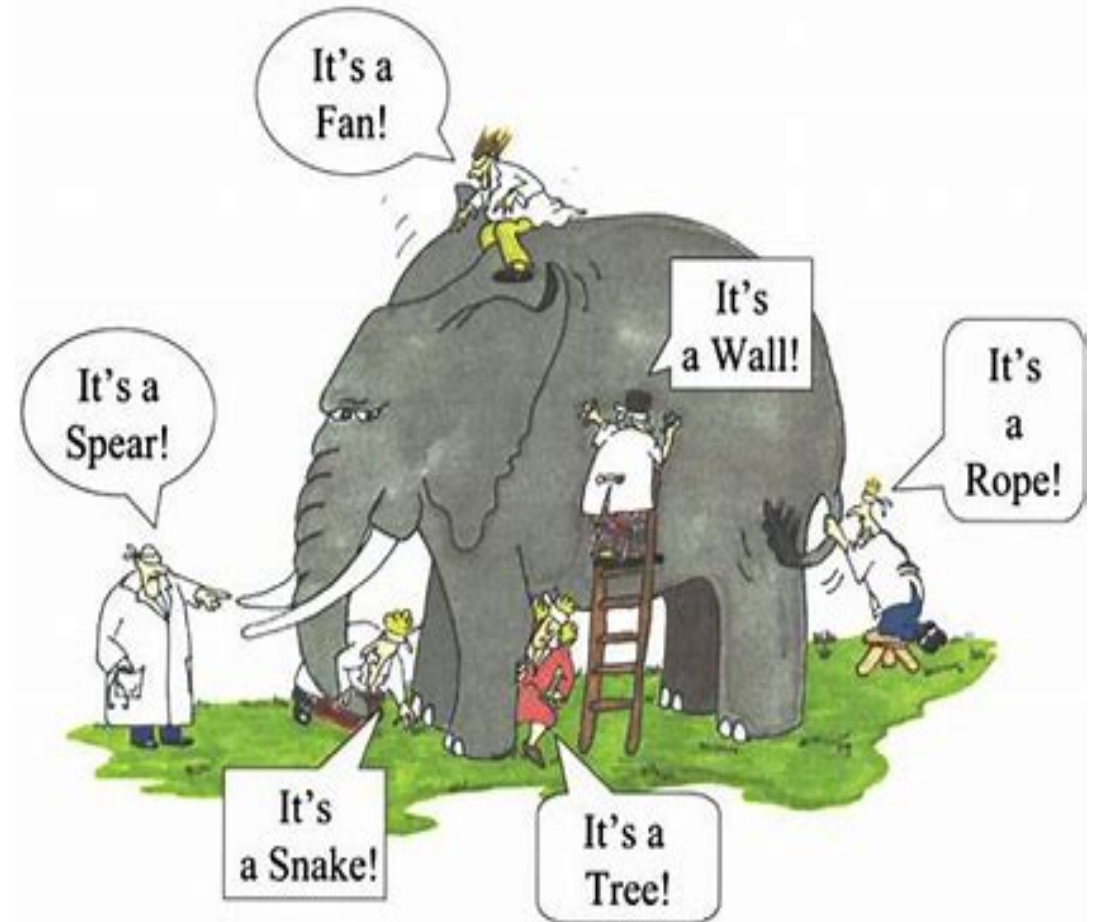
- By 2014, Indiana's PAS/PASRR processes were widely recognized as inefficient and ineffective.
- Nobody was being diverted from nursing facility placement, including persons PASRR intended to serve.
- Denial rate of less than 1% on average of 65,000+ screenings per year.
- System was inefficient, cumbersome, and inconsistent.
- 30 year old preadmission screening process was not successfully diverting anyone from nursing facility placement
- PTAC evaluations had highlighted a lack of any false positives from Indiana's level I screening tool
- No stakeholder was happy with the process.

Ahead of its time – 30+ years ago

- Indiana had preadmission screening process (PAS) that predated PASRR by about a year – 1986 statute
- Goal was diverting people from nursing facilities if HCBS were available.
- If appropriate HCBS was available and less costly than NF care, admission to NF was to be denied.
- State-funded HCBS was made available through CHOICE program.
- When PASRR implemented after 1987 OBRA, Level 1s were layered into this process.

Everyone's piece of the elephant

- Hospitals focused on the delays that prevented timely discharge
- Nursing facilities focused on cumbersome nature of the process
- Both nursing facilities and hospitals hated the inconsistencies in the process across the state
- AAAs felt compensation was inadequate
- The state saw no value add in a process that approved virtually everyone and created few if any diversions





Indiana's NWD Plan

- Initially focused on transforming an outdated Pre-Admission Screening (PAS) process into a vehicle to be used as a navigational “map” for consumers at critical hospital discharge points to assist in guiding them to the appropriate LTSS options
- Began focusing on a more comprehensive approach over time
- Indiana NWD mission is that all Hoosiers along with their family members and caregivers, regardless of where they live in the state or who pays for their care, will have access to more information and improved opportunities to make informed choices about their services and supports



PASRR in Indiana's NWD Plan

- New PASRR technology solution to improve streamlined access to publicly funded LTSS
 - Integration across FSSA divisions
 - Access for NFs, hospitals, and ADRCs
 - Integration with MMIS
 - Feed to state's data warehouse along with MDS data to facilitate data use and comparisons for validation
- Education of hospital discharge planners to increase access to information at a critical transition points
 - Leverage engagement in the PASRR process
 - Long Term Service Advisors (LTSAs)

Laying the Groundwork for Change

- Stakeholder conversations about PASRR began in 2014



- Summer of 2014 Indiana submitted its NWD planning grant application which prominently featured PASRR
- Awarded NWD grant in September of 2014
- State staff began consultation with PTAC in late 2014
- State staff began to explore technology solutions as well in the spring of 2015 to identify options for improving efficiency



NWD and PASRR

Features of a NWD System

- All populations, all payers
- Person centeredness
- Un-biased sources of information to support informed decision making
- Seamless points of entry for long term services and supports for all populations and all payers
- Use of public and private programs
- A coordinated system, not a single entity or organization

Features of an Effective PASRR System

- Level I screenings for everyone regardless of payer
- Uses person centered thinking and planning
- Ongoing, regular collaboration between agencies
- Promotes continuity of care
- Emphasizes community integration
- Promotes empowerment of the individual
- Supports recovery

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Gathering momentum...

- Legislation in 2015 called for the sunseting of Indiana's preadmission screening statute in June 2016
- Division of Aging was required to engage with primary stakeholders including hospitals, nursing facilities, and the area agencies on aging
- The Division submitted a report by November 1, 2015 outlining a new solution based on the federal PASRR requirements and developed in consultation with stakeholders
- New solution, including new technology and new assessment and screening instruments, was to be in place by July 1, 2016



The Process

- Brought PTAC in for two days of stakeholder education and discussion about current/future process in June of 2015
- Structured iterative process, modeled on the Delphi technique
- Used input from PTAC process to work with stakeholders to determine critical issues and gain consensus on evaluation criteria for the final process solution.



Shared Understanding

- Agreed on evaluation criteria
- Shared goal
- Generally all stakeholders valued consistency in process and decision outcomes as well as fast turnaround times
- Cost was a criteria but not most important
- State probably weighted accuracy and person-centeredness higher than other stakeholders
- We started to see similarities to how we had approached other business process redesign in the Division



ACE

- Accuracy
 - Of decisions made for Level Is and level of care
 - In applying exemptions
 - Of data entered in the system
 - In transferring data to the MMIS for Medicaid payment authorization
- Consistency
 - In the process overall across the state
 - Experience of the system users
- Efficiency
 - In use of human and financial resources
 - In the timeliness of the process itself

Process, continued.

- Presented four courses of action and asked them to evaluate independently.
- Courses of action varied in terms of the role of the vendor and the ADRC and the state and in terms of who would need a level of care assessment. There were some common factors in all four options.
- We shared scores and comments among all stakeholder groups and then asked them to re-evaluate based on the shared input.
- Based on the varied perspectives of each stakeholder group, we anticipated at least 3-4 rounds before reaching consensus, and that we might need to adjust some of the courses of action
- We reached consensus in two rounds.
- The rest of our energy was then focused on implementation – and we needed it!



Our Implementation Partner

- What we were looking for
 - Off the shelf product that could be implemented quickly yet configured to Indiana specific requirements
 - Ability to integrate interRAI-HC as the level of care assessment tool
 - Valid, tested, well-regarded Level I screening tool, ability in the future to easily add-on integrated Level II workflow, tool, and data
 - Predictable costs
- Had to use special procurement process due to the very tight time line
- Additionally we got a vendor with
 - Strong PASRR experience,
 - An understanding of what system change requires in terms of training and communication with providers



Vendor's Perspective

- Kickoff process
 - Cross Departmental alignment work
 - Map current process and vision for future process
 - Identify requirements for system customization
 - Identify potential “unintended consequences”
- Communication drives successful change implementation
 - ADKAR approach
 - Communicate early and often, create just enough anxiety, provide path through anxiety
 - Newsletters
 - Email blasts
- Training methods
 - Webinars- low resource burden for providers, four phases
 - In person
 - Online materials- written and video



The Launch

- System launched successfully on July 1, 2016
- Use of system on those first days was significantly higher than historical volumes would predict
- Ongoing, volume of level I screens submitted remained higher than previous years
- We continued weekly webinars to hear from users and answer questions for about four weeks until participation fell off
- Help desk inquiries overwhelmed state staff quickly and we soon shifted that function to the vendor
- In January 2017, same vendor took over ID/DD level IIs
- 4,311 providers and 53 state officers successfully transitioned through adoption of web-based submission system, process change, and screening and assessment tool changes

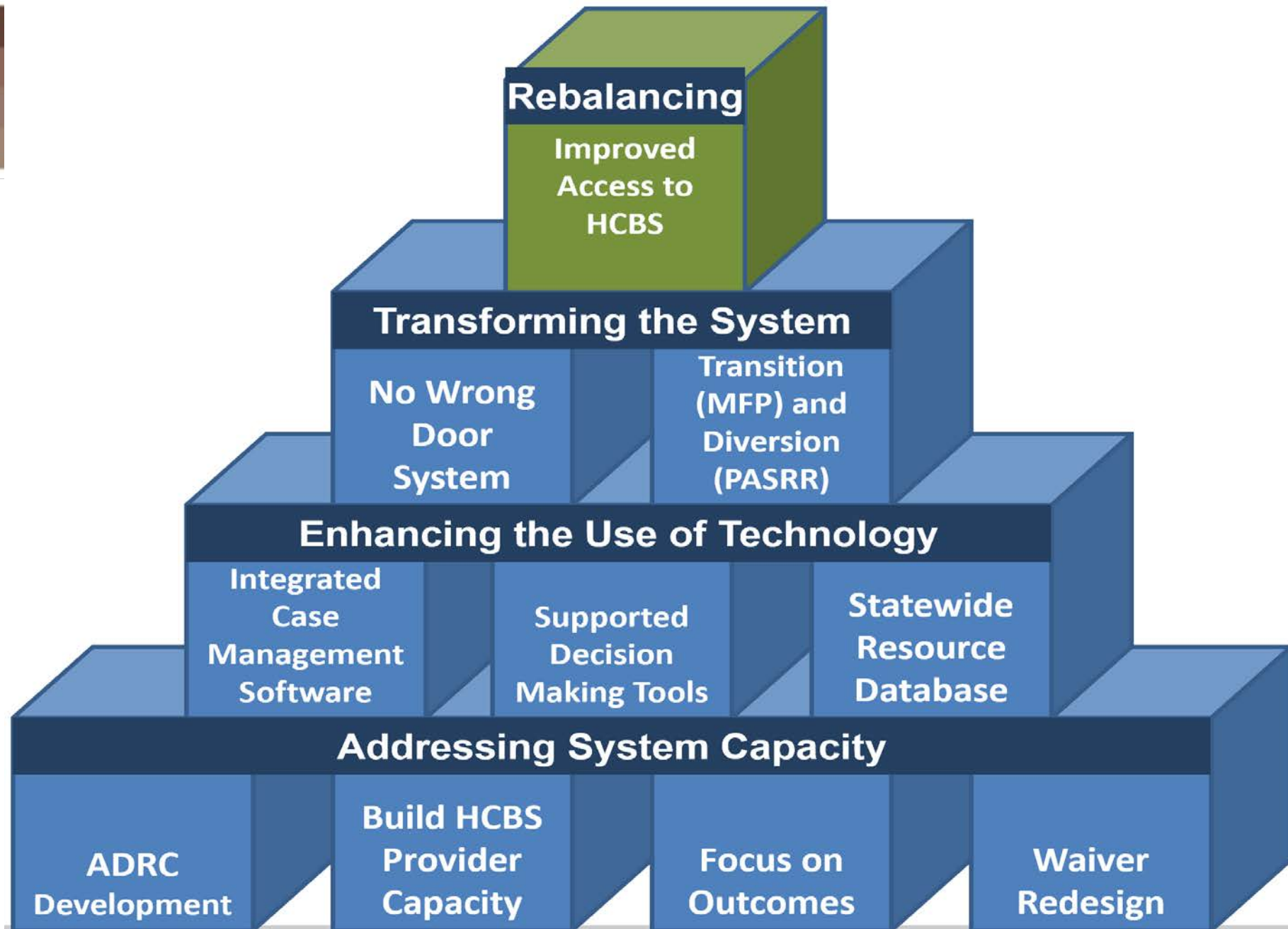


Ongoing Developments

- FSSA wide contract
 - Integration of all PASRR functions in a single contract with a single vendor
- Improved use of data/reports for quality assurance monitoring
 - Working with vendor on better monitoring reports and dashboards
 - Developed more robust QA process requirements that will be part of new contract
- User surveys done in 2017/2018 will continue to shape system and process changes
- Integration with MMIS
- Continued development of the relationship with hospital discharge planners

What's next?

- Long term services advisor (LTSA) training for hospital discharge planner and others was a key element of Indiana's NWD plan
- Increasing opportunities for diversion with appropriate referrals to ADRCs
- Creating transition opportunities to avoid long term placements
 - MFP
 - Referrals to ADRCs at continued stay requests (can't refer them all, working to establish risk criteria out of interRAI data)
- Continuing to link PASRR and NWD to increase access to HCBS – that is the big picture we started with





Beyond Compliance

- PASRR is a federally required screening process
- It can be more than that – the link to NWD is one way but there are others
 - MFP
 - Olmstead
 - CMS Final Rule
 - Person centered counseling
 - WIOA
 - Care transitions
- Well designed processes can go beyond compliance and create value across an LTSS system
- Look beyond compliance for opportunities to achieve operational excellence and add value to your system beyond mere compliance



Keys to Operational Excellence

- Automate processes wherever possible
- Business process that are:
 - Efficient
 - Effective
 - Add value
- Right people in the right places
- Expectations that are:
 - Well-defined
 - Linked with accountability



Automate Whenever Possible

- Use technology to create opportunities for efficient use of resources
- Don't just automate a bad process
- Discover the elements of your process that don't need human discernment
- In the case of this PASRR effort
 - Technology provides for streamlined sharing of information
 - Screening tools and validated algorithms aid in screening out individuals with no indicators of mental health or developmental or intellectual disability or related conditions
 - Work to automate transfer of data to the MMIS is critical to efficient use of state human resources

Efficient, effective, value-added business processes

- ACE
- Ask WHY and then ask WHY again, and again, and again, and again
- “because we have always done it that way” is not a reason



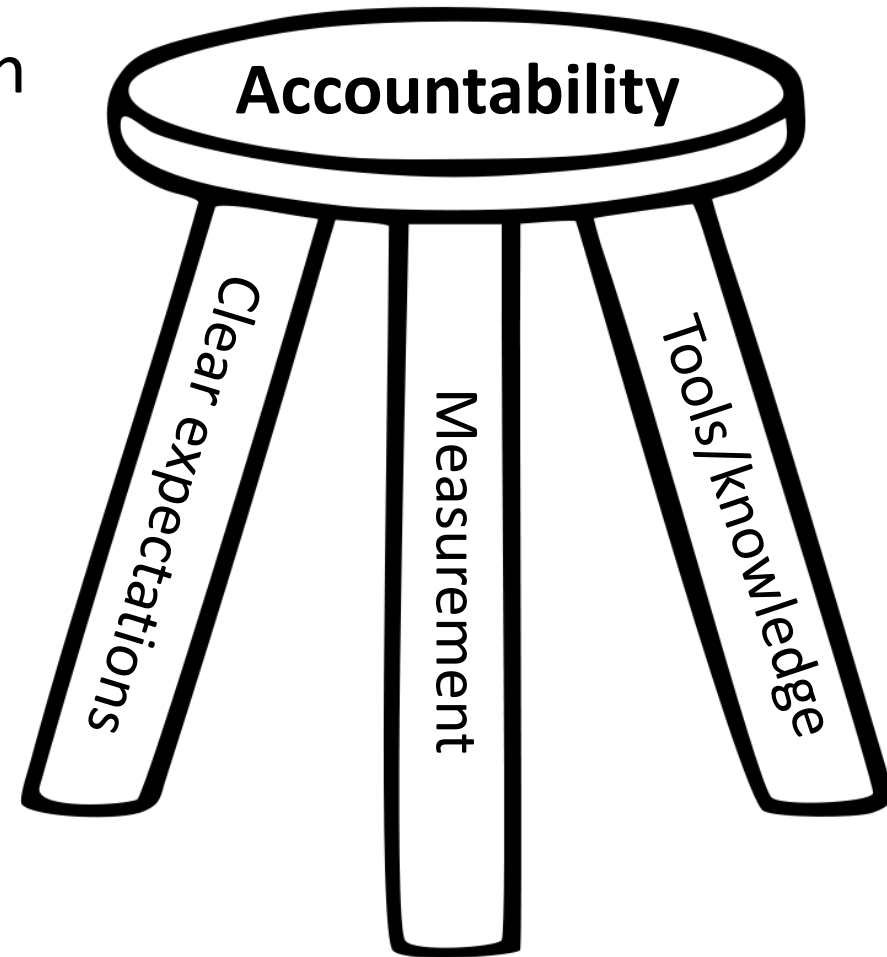
Right people in the right places



- Align roles and responsibilities to strengths
- Identify how individuals and organizations may be uniquely positioned
- In the case of PAS in Indiana, the AAAs were in the wrong role
 - Diversions should have been an outcome but were not happening
 - Sometimes made AAAs/ADRCs enforcement/compliance workers rather than gateways to access HCBS
 - Created unintended consequences in term of how reimbursement worked

Well-defined expectations with accountability

- Quality assurance becomes ingrained in the process not steps that are inserted in the process creating bottlenecks
- Spell out expectations
 - Job descriptions
 - Protocols
 - Rules
- Give people the tools, training, and knowledge to do the job
- Monitor regularly – if you don't measure it, you can't change it





Lessons Learned

- Our goal was transformative change – not just nibbling at the old process.
- Required effective stakeholder engagement
- Committed focus to effective change management at all levels of process
- Alignment of operations to achieve policy objectives – don't just strive for compliance.
- Keys to operational excellence
 - Automate when possible
 - Efficient, effective, value-add processes
 - Right people in right roles
 - Well-defined expectations with accountability

For more information

- Legislative report prepared in Indiana provides more detail on the alternative processes considered and the evaluation process, [https://www.in.gov/fssa/files/SEA 465 Report to General Assembly on Preadmission Screening.pdf](https://www.in.gov/fssa/files/SEA_465_Report_to_General_Assembly_on_Preadmission_Screening.pdf)
- Slides from August 2018 webinar for PTAC: <https://pasrrassist.org/events/webinar/indiana-pasrr-program-improvements-part-i>
- Ascend: www.ascendami.com
- Register for the September 11, 2018 PTAC webinar on PASRR and NWD.



Contact Information

Yonda Snyder
Partner/co-founder
Sage Squirrel Consulting, LLC
ysnyder@sagesquirrel.com

Debbie Pierson
Partner/co-founder
Sage Squirrel Consulting, LLC
dpierson@sagesquirrel.com

Nancy Shanley
VP Consulting and Policy Analysis
Ascend MAXIMUS
NancyShanley@maximus.com

Vanessa Convard
PASRR Manager
Indiana Division of Aging
vanessa.convard@fssa.in.gov



Questions?