



The Georgia
Collaborative ASO



PASRR Training: Providers and Referring Facilities

June 3, 2015



beacon
health options

Agenda



- Welcome
- Who is the Georgia Collaborative?
- Overview of PASRR
- Web Resources
- Questions

The Georgia Collaborative PASRR Team

- Department of Behavioral Health and Developmental Disabilities
 - Shardae Brooks, MPH, PASRR Program Coordinator
- Georgia Department of Community Health
 - Pamela Madden, PASRR Policy Specialist
- Georgia Collaborative ASO
 - Jason Bearden, CEO
 - David Newton, LPC, Director of Clinical Operations
 - Melissa Ortega, LCSW, Project Director of Clinical Services
 - Wendy Amundson, LPC, PASRR Clinical Supervisor



The Georgia Collaborative ASO



- The right service
- In the right amount
- For the right individuals
- At the right time

Goals of the Collaborative

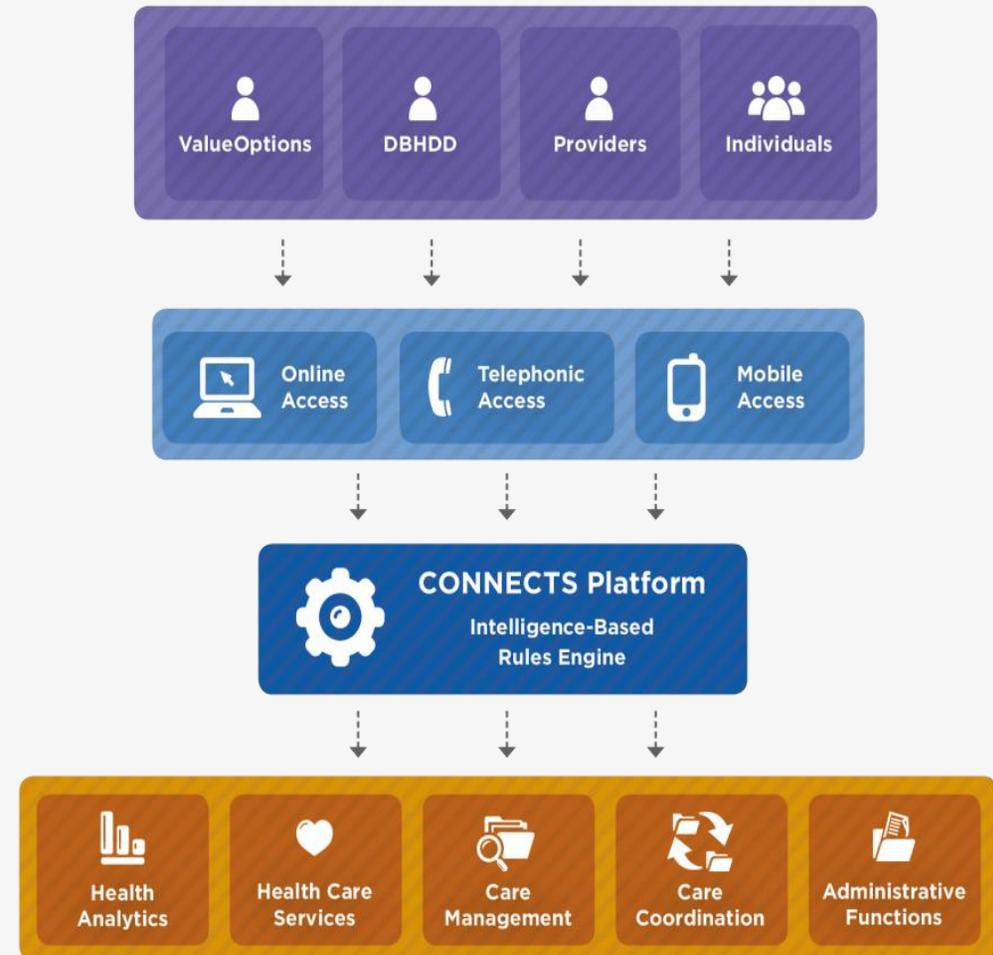
“Providing Easy Access to High Quality Care”

- Support recovery, resiliency and independence in community based service system
- Leverage technology through an integrated, customizable platform allowing all core functions to “communicate” (The CONNECTS platform)
- Coordinate previously disparate systems
- Improve outcomes and provider performance

Data Driven Outcomes and Processes

Integrated, customizable platform allowing all core functions to “communicate”

- Eligibility
- Provider demographics & credentialing
- Authorization
- Care coordination
- Health analytics
- Data transfer
- Claims payment
- Reporting





Overview of PASRR



What is PASRR?

Preadmission Screening and Resident Review (PASRR) is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care. PASRR requires that all applicants to a Medicaid-certified nursing facility:

- be evaluated for mental illness, intellectual disability, and/or related condition
- be offered the most appropriate setting for their needs (in the community, a nursing facility, or acute care settings)
- receive the services they need in those settings

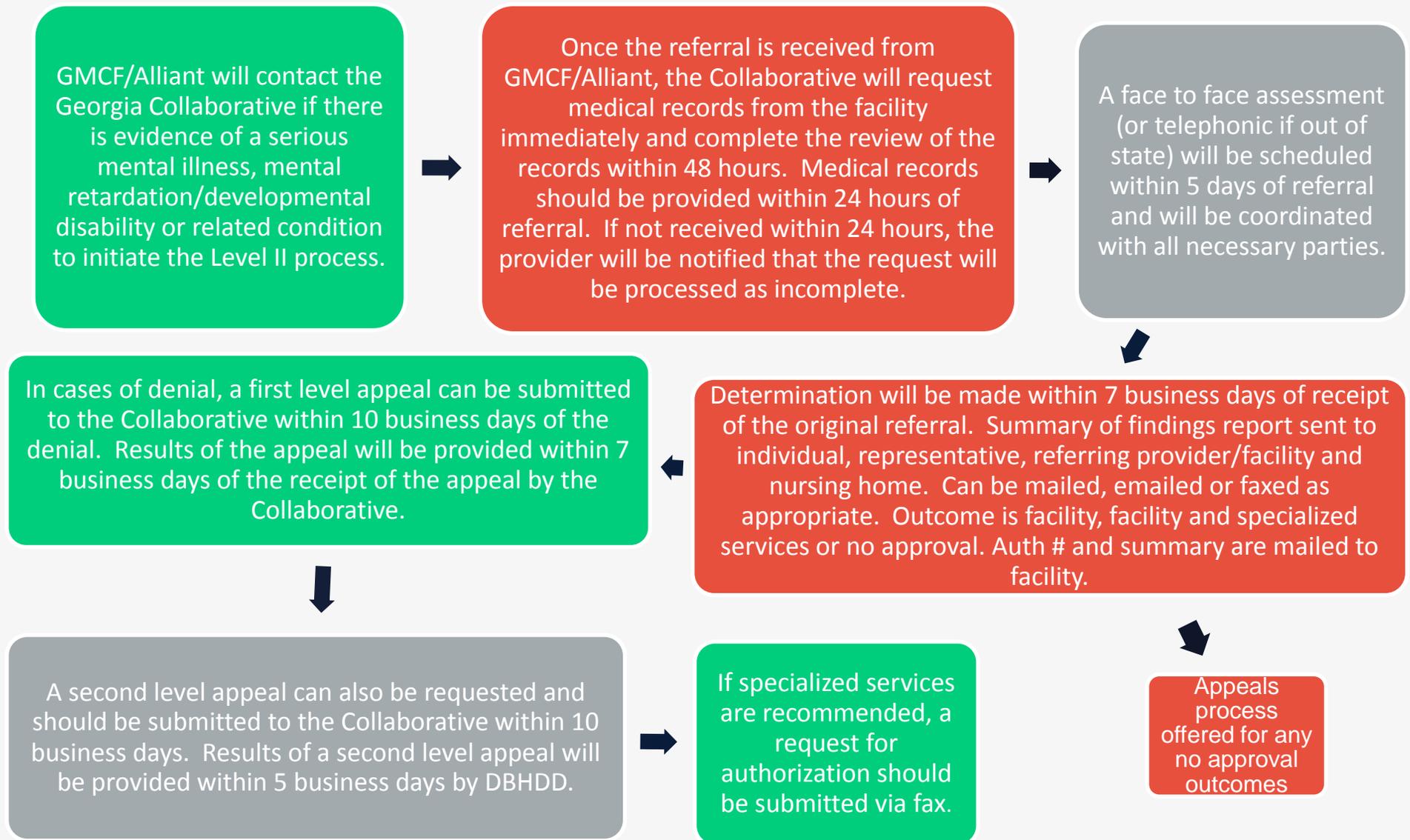
Importance of PASRR

- PASRR is an important tool for states to use in rebalancing services away from institutions and towards supporting people in their homes and in the least restrictive settings possible
- PASRR can also advance person-centered care planning by assuring that psychological, psychiatric, and functional needs are considered along with personal goals and preferences in planning long term care

PASRR Process

- The PASRR process requires that all applicants to a Medicaid-certified Nursing Facility receive a Level I preliminary assessment to determine whether they might have a mental illness, intellectual disability, or related condition. If one of these conditions is identified, a referral will be made for a Level II assessment
- The outcome of this Level II evaluation confirms the need for placement in a skilled nursing facility and provides a set of service recommendations for providers to use in developing an individualized plan of care

PASRR Workflow



PASRR Referrals

- The process of submitting the DMA613 form to GMCF/Alliant remains the same
- Medical records should be submitted within 24 hours of referral to ensure timely review and determination
- If medical records are not received timely, these referrals will be processed as incomplete

Documentation to submit

When submitting documentation for Level II review, please include the following:

- Medical history, current medications, and physical examination report (within the last year**)
- Psychological evaluation, including intelligence testing for individuals with an intellectual disability under age 18, must be current within last 3 years** (For 18 and older conducted as needed)
- Functional evaluation if available conducted by a qualified mental health professional

**When evaluations are not current or not available, PASRR clinical staff will contact the individual and any other applicable parties to schedule the evaluations to be completed.

PASRR Determination

- Determination will be made within 7 business days of receipt of the original referral
- Summary of Findings (SOF) report will be sent to the individual, representative, referring provider/facility, and/or nursing home.
 - It will be mailed, emailed or faxed as appropriate
- The decision outcome will be:
 - Skilled Nursing Facility – Approval with specialized services
 - Skilled Nursing Facility – Approval without specialized services
 - Skilled Nursing Facility – Non-Approval

PASRR Workflow: Appeals

- In cases of a non-approval, a first level appeal can be submitted to the Collaborative within 10 business days of the decision
 - Results of the appeal will be provided within 7 business days of the request of the appeal.
- A second level appeal can also be requested and should be submitted to the Collaborative within 10 business days
 - Results of a second level appeal will be provided within 5 business days.
- **Appeals should be submitted via fax to (855) 858-1965 or via email at GAPASRR@valueoptions.com

PASRR Transition

- The Georgia Collaborative clinical staff will coordinate with the referring facilities with any pending Level II assessment issues or questions
- Requests for PASRR specialized services authorizations will continue through the MICP process via the APS Care Connection system until 10/1/2015

PASRR Level II Assessment Form



Name: _____

CID#: _____

GEORGIA PASRR RECORD REVIEW		Record Review Date : _____
		OBRA Status: _____
Information must be present in the consumer's medical record to support the answers below.		
Consumer Legal Name: _____		Social Security Number: _____
Date of Birth: _____		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Consumer Location: <input type="checkbox"/> Home <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Medical Hospital/Unit <input type="checkbox"/> Psychiatric Hospital/Unit <input type="checkbox"/> Rehab Unit <input type="checkbox"/> ICF/DD Setting <input type="checkbox"/> Assisted Living <input type="checkbox"/> Other (specify) _____		
Facility Name: _____		Facility Contact Person: _____
Facility County: _____		Facility Phone Number: _____
Consumer Home Address: _____ _____		Name and Phone Number of Legal Representative, Family Member or Designated Contact: _____ _____
County: _____		
Verification of Psychiatric Diagnosis(es)		
DSM Diagnosis of Record Code: _____ Description: _____ Onset of Diagnosis (date): _____		Does consumer have a diagnosis of any of the following conditions?
Additional Diagnosis(es) Code: _____ Description: _____ Code: _____ Description: _____ Code: _____ Description: _____		
DMA-6 included: <input type="checkbox"/> Yes <input type="checkbox"/> No Signed by physician? <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No Dementia <input type="checkbox"/> Yes <input type="checkbox"/> No Depression NOS <input type="checkbox"/> Yes <input type="checkbox"/> No Anxiety NOS <input type="checkbox"/> Yes <input type="checkbox"/> No Substance Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No Traumatic Brain Injury <input type="checkbox"/> Yes <input type="checkbox"/> No Delirium <input type="checkbox"/> Yes <input type="checkbox"/> No Organic Mood/Psychotic Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No
		If dementia or other organic disorder is present, please describe progression of the condition and current cognitive and behavioral functioning: _____



PASRR Level II Assessment Form (Cont'd)

Is the consumer currently receiving outpatient psychiatric treatment? Yes No Unknown

If yes, please specify type of treatment:

Does the consumer currently have active psychiatric symptoms? Yes No Unknown

If yes, please describe current symptoms:

Does the consumer have a history of multiple psychiatric hospitalizations? Yes No Unknown

Psychiatric Medications

Targeted Symptoms

Psychiatric Medications	Targeted Symptoms
<input type="text"/>	<input type="text"/>

Georgia PASRR Record Review Form

The Georgia Collaborative ASO - 229 Peachtree Street, Suite 1800 Atlanta, GA 30303 855-606-2725

Page 1 of 3



PASRR Level II Assessment Form (Cont'd)



Name: _____

CID#: _____

Verification of Other Diagnosis(es)

Intellectual/Developmental Disability:

- None known
- Suspected, not diagnosed
- Diagnosed by age 18
- Confirmed by testing

Level:

- Mild
- Moderate
- Severe
- Profound
- Unknown

Related Condition:

- None known
- Suspected, not diagnosed
Specify: _____
- Cerebral Palsy
- Autism
- Seizure DO/Epilepsy
- Other (Specify): _____

Diagnosed by age 22:

- Yes
- No
- Unknown

Current MI/IDD/RC Status (include hospitalizations/treatment for all conditions)

Current Medical Status:

- Physical exam available for review

Functional Assessment

Substantial limitations in:

- Self Care
- Self direction
- Capacity for Independent Living
- Mobility
- Learning
- Communication

Comments: _____

Able to participate in, or benefit from, treatment:

- Yes
- No
- Unknown

Comments: _____

Summary of Findings



PASRR Level II Assessment Form (Cont'd)

Determination	
<input type="checkbox"/> Face to Face Evaluation Required – appropriate level of care <u>cannot</u> be determined from a review of the records only. Enter justification below.	<input type="checkbox"/> Record Review – appropriate level of care <u>can</u> be determined from a review of the records only. Enter justification below.
Justification: <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>	

Serious Mental Illness (SMI) definition:

Has a mental disorder that results in functional impairment including schizophrenia, mood disorders, paranoia, panic or other severe anxiety disorder, somatoform disorder, personality disorder, other psychotic disorder, or another mental disorder that may lead to a chronic disability but is not an organic disorder or primary diagnosis of dementia.

<input type="checkbox"/> 1.0	SNF Approval, serious mental illness, no specialized services	Has SMI, meets Skilled Nursing Facility (SNF) level of care criteria, no need for specialized services for SMI
<input type="checkbox"/> 1.1	SNF Approval, serious mental illness, specialized services	Has SMI, meets SNF level of care criteria, recommend specialized services for SMI
<input type="checkbox"/> 1.2	SNF Approval, no serious mental illness	No SMI, meets SNF level of care criteria
<input type="checkbox"/> 2.0	SNF Non-Approval, serious mental illness, community w/specialized services	Has SMI, does not meet SNF level of care criteria and should be considered for alternative community setting, recommend specialized services for SMI

PASRR Level II Assessment Form (Cont'd)



Name:

CID#:

<input type="checkbox"/> 2.1	SNF Non-Approval, serious mental illness, inpatient psychiatric hospitalization	Has SMI, does not meet SNF level of care criteria and should be considered for psychiatric hospitalization
<input type="checkbox"/> 2.2	SNF Non-Approval, no serious mental illness	No SMI, does not meet SNF level of care criteria

Intellectual/Developmental disability definition:

Has a diagnosis of Intellectual/Developmental Disability or a related condition. Related condition is defined as a chronic disability, e.g., cerebral palsy, epilepsy or similar conditions, other than MI, which results in impairment of intellectual or adaptive functioning; is manifested prior to age 22; is likely to occur indefinitely; and results in substantial functional limitations in three or more of the following: self-care, understanding/use of language, learning, mobility, self-direction, or capacity for independent living.

<input type="checkbox"/> 3.0	SNF Approval, IDD, no specialized services	IDD, meets SNF level of care criteria, does not need specialized services for IDD
<input type="checkbox"/> 3.1	SNF Approval, IDD, specialized services	IDD, meets SNF level of care criteria, recommend specialized services for IDD
<input type="checkbox"/> 3.2	SNF Approval, no IDD	No IDD, meets SNF level of care criteria
<input type="checkbox"/> 4.0	SNF Non-Approval, IDD, community w/specialized services	IDD, does not meet SNF level of care criteria and should be considered for alternative community setting, recommend specialized services for IDD
<input type="checkbox"/> 4.1	SNF Non-Approval, IDD, ICF/IDD	IDD, does not meet SNF level of care criteria and should be considered for ICF/IDD
<input type="checkbox"/> 4.2	SNF Non-Approval, no IDD	No IDD, does not meet SNF level of care criteria
<input type="checkbox"/> 5.0	Cancelled	
<input type="checkbox"/> 6.0	Discharged	
<input type="checkbox"/> 7.0	Deceased	

PASRR Level II Assessment Form (Cont'd)

Recommended Specialized Services (Codes 1.1, 2.0, 3.1 and 4.0 above)		
	Currently Receiving	Recommended
Crisis Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnostic/Ongoing Psychiatric Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Case Management (i.e. CSI, ACT)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioral Health Assessment/Service Plan Development	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification		
Printed Name of Evaluator: [Redacted]	Signature of Evaluator: [Redacted]	Date of Signature: [Redacted]

Georgia PASRR Record Review Form
 The Georgia Collaborative ASO - 229 Peachtree Street, Suite 1800 Atlanta, GA 30303 855-606-2725
 Page 3 of 3

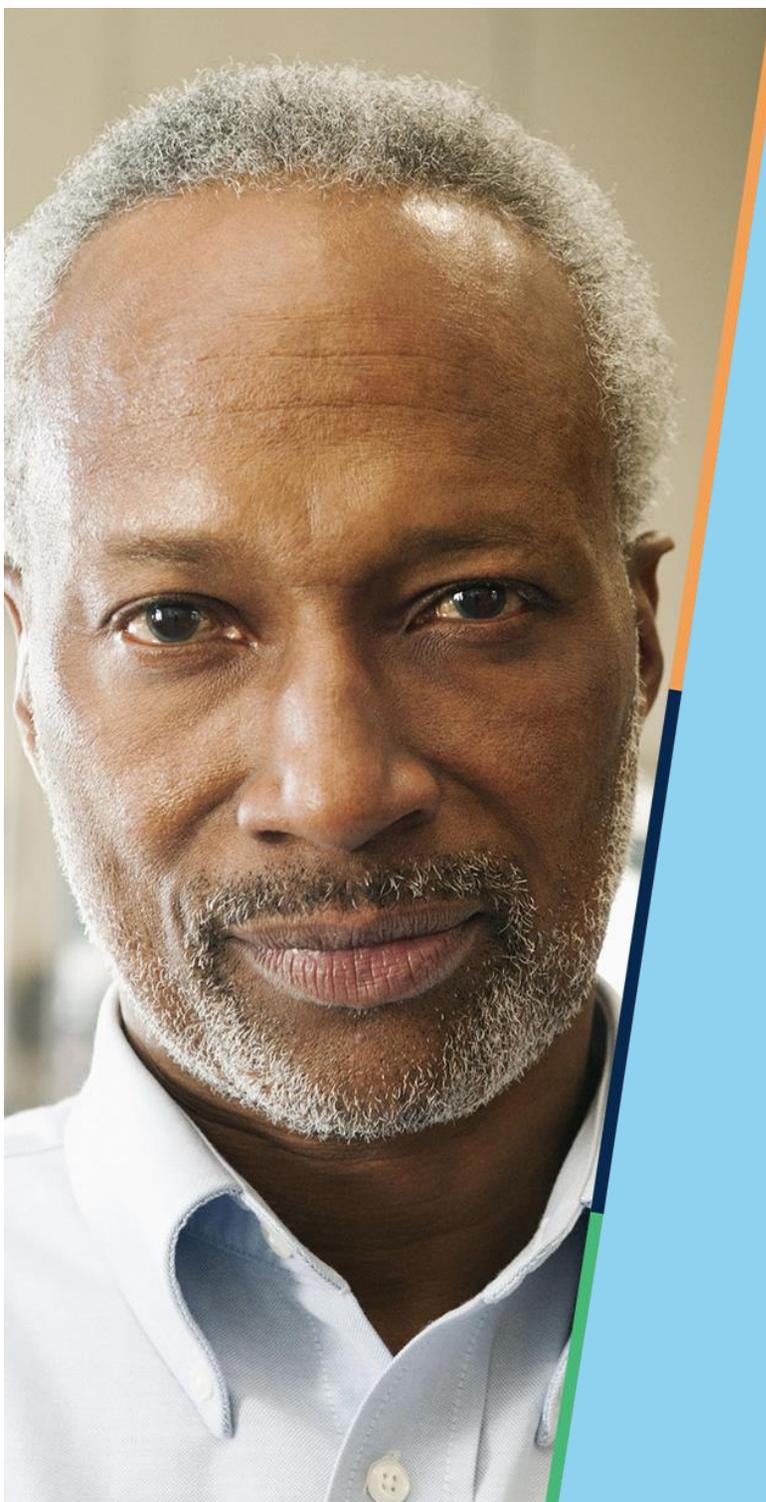


PASRR Contacts

When submitting chart documentation, please submit to: GAPASRR@valueoptions.com or utilize the PASRR fax coversheet, which will be available at www.georgiacollaborative.com

Sherry Nicholson: Sherry.Nicholson@valueoptions.com

Wendy Amundson: Wendy.Amundson@valueoptions.com



Web Resources



The Georgia
Collaborative ASO



Introducing – www.georgiacollaborative.com

The Georgia Collaborative ASO

Home About Reporting Fraud/Abuse Careers Contact

Georgia Crisis & Access Line
1-800-715-4225

Georgia Collaborative ASO

Welcome to the Georgia Collaborative Administrative Services Organization (ASO) website. Working with the Georgia Department of Behavioral Health and Developmental Disabilities' (DBHDD) network of more than 600 providers, the Georgia Collaborative ASO facilitates the delivery of whole-health, person-centered and culturally sensitive supports and services to individuals and their families throughout the state.

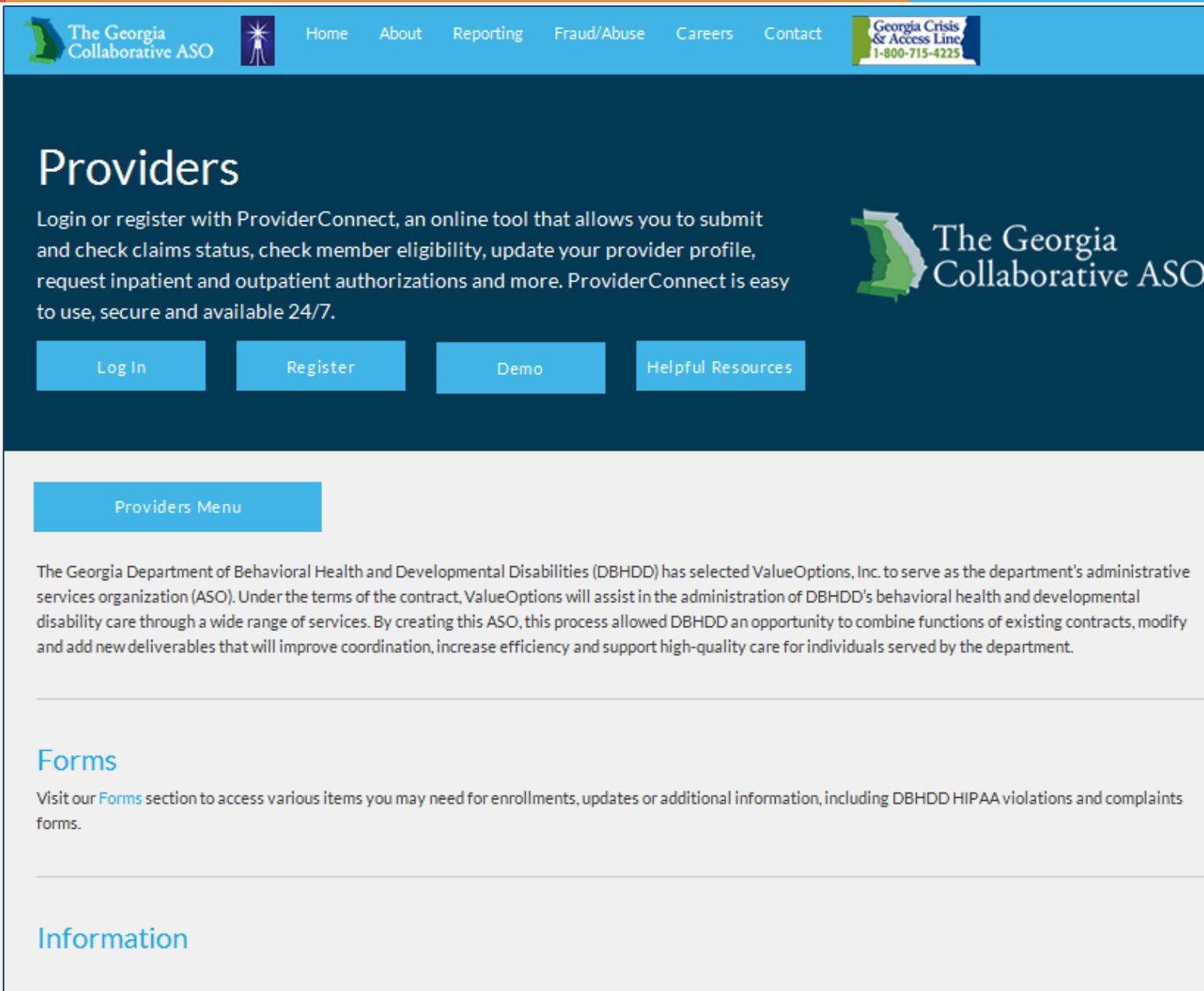
 The Georgia Collaborative ASO

For Individuals & Families

For Providers



Provider Page – www.georgiacollaborative.com



The screenshot shows the Provider Page on the website. At the top, there is a navigation bar with the following items: The Georgia Collaborative ASO logo, a starburst icon, Home, About, Reporting, Fraud/Abuse, Careers, Contact, and the Georgia Crisis & Access Line logo with the number 1-800-715-4225. Below the navigation bar, the main heading is "Providers". Underneath, there is a paragraph of text: "Login or register with ProviderConnect, an online tool that allows you to submit and check claims status, check member eligibility, update your provider profile, request inpatient and outpatient authorizations and more. ProviderConnect is easy to use, secure and available 24/7." To the right of this text is the The Georgia Collaborative ASO logo. Below the text are four buttons: "Log In", "Register", "Demo", and "Helpful Resources". Below these buttons is a "Providers Menu" button. Underneath the menu button is a paragraph of text: "The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) has selected ValueOptions, Inc. to serve as the department's administrative services organization (ASO). Under the terms of the contract, ValueOptions will assist in the administration of DBHDD's behavioral health and developmental disability care through a wide range of services. By creating this ASO, this process allowed DBHDD an opportunity to combine functions of existing contracts, modify and add new deliverables that will improve coordination, increase efficiency and support high-quality care for individuals served by the department." Below this paragraph is a horizontal line. Underneath the line is the heading "Forms" and a paragraph of text: "Visit our Forms section to access various items you may need for enrollments, updates or additional information, including DBHDD HIPAA violations and complaints forms." Below this paragraph is another horizontal line. Underneath the line is the heading "Information".

ProviderConnect – Services available 10/1/2015

An online tool where providers can:

<ul style="list-style-type: none">• Verify individual eligibility	<ul style="list-style-type: none">• Register an Individual for funds
<ul style="list-style-type: none">• Access and Print forms	<ul style="list-style-type: none">• Request and View Authorizations
<ul style="list-style-type: none">• Download and Print Authorization Letters	<ul style="list-style-type: none">• Submit Claims and View Status
<ul style="list-style-type: none">• Access Provider Summary Vouchers (PSVs)	<ul style="list-style-type: none">• Submit Customer Service Inquiries
<ul style="list-style-type: none">• Submit Updates to Provider Demographic Information	<ul style="list-style-type: none">• Access ProviderConnect Message Center

INCREASED CONVENIENCE, DECREASED ADMINISTRATIVE PROCESSES

Disclaimer: Please note that screens used in this presentation are for demonstration purposes only and actual content may vary.

Thank you

For Georgia Collaborative ASO general inquiry or questions please email:

GACollaborative@beaconhealthoptions.com



Prior to 7/1: <http://dbhdd.georgia.gov/georgia-collaborative>

Post 7/1: www.georgiacollaborative.com

