Welcome to the Georgia Collaborative ASO PASRR Information Session

Please take a moment to review the following:

- We will get started closer to the top of the hour
- You MUST dial into the conference line to hear the presentation:
  - Call 1-866 - 830 - 4851 and enter passcode 4328593 when prompted
- Please DO NOT place your line on HOLD
  - If you place this call on hold we will be able to hear any hold music or hold recordings
  - If you get another call, please hang up from this call and dial back in when you have completed your other call.

Thank you for joining us. We will begin shortly!
PASRR Training for Providers and Referring Facilities
Agenda

- Welcome and Introductions
- Who is the Georgia Collaborative?
- Overview of PASRR
- ProviderConnect
- Questions
Introductions

- 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
  - Jenny DeLoach, Provider Relations Manager/Trainer
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)

• Coordination of 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:

1) be evaluated for mental illness, intellectual disability, and/or related condition

2) be offered the most appropriate setting for their needs (in the community, a nursing facility, or acute care settings)

3) 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
Where are the PASRR Team?

ATLANTA – NORTH WEST
CARLETTA REID

ATLANTA – NORTH EAST
TBD

ATLANTA – SOUTH
PATTI SHETON

AUGUSTA -
DEBRA BRADLEY

MACON -
MARLISSA TRAVERS

SAVANNAH –
GINGER WILLIAMS
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.
GMCF/Alliant will contact the Georgia Collaborative if there is evidence of a serious mental illness, mental retardation/developmental disability or related condition to initiate the Level II process.

Once the referral is received from GMCF/Alliant, the Collaborative will request medical records from the facility immediately and complete the review of the records within 48 hours. Medical records should be provided within 24 hours of referral. If not received within 24 hours, the provider will be notified that the request will be processed as incomplete.

A face to face assessment (or telephonic if out of state) will be scheduled within 5 days of referral and will be coordinated with all necessary parties.

In cases of denial, a first level appeal can be submitted to the Collaborative within 10 business days of the denial. Results of the appeal will be provided within 7 business days of the receipt of the appeal by the Collaborative.

Determination will be made within 7 business days of receipt of the original referral. Summary of findings report sent to individual, representative, referring provider/facility and nursing home. Can be mailed, emailed or faxed as appropriate. Outcome is facility, facility and specialized services or no approval. Auth # and summary are mailed to facility.

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 by DBHDD.

If specialized services are recommended, a request for authorization should be submitted via fax.

Appeals process offered for any no approval outcomes.
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
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
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 844-865-5510 or via email at GACollaborative@valueoptions.com**
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 10/1/15.
The PASRR Level II assessment utilized is very similar to the one that has been in use.
When submitting chart documentation, please submit to:  

GACollaborative@valueoptions.com or utilize the PASRR fax coversheet available at www.georgiacollaborative.com

Sherry Nicholson: Sherry.Nicholson@valueoptions.com

Wendy Amundson: Wendy.Amundson@valueoptions.com
## ProviderConnect - Services

An online tool where providers can:

<table>
<thead>
<tr>
<th>ProviderConnect Services</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verify individual eligibility</td>
<td>Register an Individual for funds</td>
</tr>
<tr>
<td>Access and Print forms</td>
<td>Request and View Authorizations</td>
</tr>
<tr>
<td>Download and Print Authorization Letters</td>
<td>Submit Claims and View Status</td>
</tr>
<tr>
<td>Access Provider Summary Vouchers (PSVs)</td>
<td>Submit Customer Service Inquiries</td>
</tr>
<tr>
<td>Submit Updates to Provider Demographic Information</td>
<td>Access ProviderConnect Message Center</td>
</tr>
</tbody>
</table>

**INCREASED CONVENIENCE, DECREASED ADMINISTRATIVE PROCESSES**

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

Required fields are denoted by an asterisk (*) adjacent to the label.

Please log in by entering your User ID and password below.

User ID:
123456

If you do not remember your User ID, please contact our e-Support Help Line.

Password:
******

Forgot Password?

Log In

Password expires every 90 days; please click link below to be taken to 'Expired Password' page.

Expired Password

The information and resources provided through the ValueOptions site are provided for informational purposes only. Behavioral health providers utilizing the ValueOptions site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing ValueOptions information and resources in providing care to their patients. No information or resource provided through the ValueOptions site is intended to substitute for the professional judgment of a behavioral health professional. Providers are solely responsible for determining whether use of a resource provided through ValueOptions is consistent with their scope of practice under applicable laws and ethical standards.

It is recommended that you use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences.

New User?

Please register for access.

Register

For assistance with any technical problems (such as connecting to or accessing the site) please call our e-Support Help Line at 888-247-9311 during business hours Monday through Friday 8AM - 6PM ET or you can email an Applications Support Specialist at e-SupportServices@valueoptions.com
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 delivers whole-health, person-centered and culturally sensitive supports and services to individuals and their families throughout the state.
Providers

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.

Log In  Register  Demo

Providers Menu

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.

- Frequently Asked Questions (PDF)
- Bulletins
- Provider Training and Education
- Visit our Provider Forms section and download the forms you need including the Quality Management Review procedures and tools used for the onsite review processes.
- Enter our Provider Information section to find useful tools and resources to aid you in your practice.
Questions?
Thank you