CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (DHCS)
CLINICAL ASSURANCE DIVISION (CAD)
PUBLIC HOSPITAL PROJECT
Technical Workgroup Teleconference
December 5, 2022 Teleconference Minutes

Teleconference Attendees on Behalf of the Department:

	Name	Organization
1.	Dr. Timothy Van Natta	DHCS CAD
2.	Dr. Steven Kmucha	DHCS CAD
3.	Dr. Thomas Mahoney	DHCS CAD
4.	Emily Perez	DHCS CAD
5.	Shanell White	DHCS CAD
6.	Shelly Taunk	DHCS CAD
7.	Kyna Kemp	DHCS CAD
8.	Jillian Hart	DHCS CAD
9.	Richard Luu	DHCS CAD
10.	Wilson Jew	DHCS CAD
11.	Erik Labhard	DHCS CAD
12.	Janelle Jones	DHCS CAD
13.	Lauren Palmer	DHCS CAD
14.	Laura Watkins	DHCS CAD
15.	Cherease Baker	DHCS CAD
16.	Angela Carlos	DHCS CAD
17.	Becky See	DHCS A&I
18.	Stephan Fukasawa	DHCS A&I
19.	James Cheng	DHCS A&I
20.	Lynzee Belen	DHCS A&I
21.	Ahmad Asir	DHCS OLS

Handouts

Each participant was e-mailed an agenda and a State observed holiday calendar. In addition, a link to the Designated Public Hospitals (DPH) website for minutes from previous meetings was also provided.

Agenda Item I: Introductions

Agenda Item II: State Observed Holidays

Discussion: As a reminder, the provided State observed holiday calendar is available to assist with Skilled Nursing Facility (SNF) placement efforts and

required calls. *For example, hospitals may recognize New Year's Eve as a holiday, however, this particular day is not a State observed holiday and therefore calls are required.*

Agenda Item III: Quarterly Denied Medi-Cal Days

Discussion: The Summer Denied Medi-Cal Days data for dates of admission July 1, 2022 - September 30, 2022 is due on or before December 31, 2022.

As a reminder, this Centers for Medicare & Medicaid Services (CMS) requirement is for this limited data to be submitted on a quarterly basis for any denied days. Denied days are any acute or administrative days where Medi-Cal Fee-for-Service (FFS) beneficiary was inpatient and the Designated Public Hospital (DPH) did not approve the day.

Agenda Item IV: PASRR PRE-ADMISSION SCREENING

Discussion: The Preadmission Screening and Resident Review (PASRR) program is a federal requirement to help ensure that individuals with serious mental illnesses or certain disabilities are not placed in SNFs inappropriately, or have inadequate services available during their SNF admission. According to the California Hospital Association (CHA), there are about 350,000 SNF admissions per year, with this federal program applying to all SNF admissions, irrespective of the payer source.

Currently, California's PASRR process is as follows:

- A beneficiary is deemed from a medical necessity standpoint, to require a transfer from the hospital to a SNF
- Care coordination teams assess the beneficiary's medical condition and agree with the SNF transfer
- Documentation is submitted to the SNF
- Lastly, the screening is completed by the SNF ("post admission" screening), *which is not in compliance with federal law*.

Federal PASRR regulations require the hospital to complete the screening, *not the SNF*. California must be in compliance with federal PASRR regulations by **July 1, 2023**, and if not, financial participation from the federal government will be withheld. To satisfy this pre-admission screening requirement, California must have an online electronic portal to allow interaction between the hospitals, DHCS clinical psychologists, the California Department of Developmental Services and the third-party contractor.

Future Screening Tool:

The upcoming changes will include an appropriately sensitive Level I screening tool to be utilized by hospitals. This tool was reviewed by the CHA and has been revised to resolve potential complications.

Brief overview of the new process is as follows (if positive):

- Level I screening is completed by the hospital and results were positive for potentially serious mental illness.
- DHCS is required by federal law to have a third party independent contractor/mental health specialist assess the patient and verify it is a true positive. The hospital will utilize the online electronic portal to alert the vendor, as well as DHCS, to review the case.
  Note: If screening is positive because beneficiary has a neurocognitive disorder, dementia, Alzheimer's disease, delirium or terminal illness, the process would be considered complete.
- The vendor contacts the hospital, conducts an evaluation based on medical records, interviewing nursing staff and evaluating the beneficiary to make a determination regarding services needed.
- Vendor will upload review documentation within their system for physician verification.
- If vendor verifies a serious mental illness is present, DHCS will be notified through the portal.
- Within 24 hours, a DHCS clinical psychologist will make a final determination and documentation of needed services will be presented to the SNF.
    - DHCS clinical psychologists will also be reviewing cases on weekends to avoid any delays.
- If an intellectual disability, developmental disability, or related condition is identified, the California Department of Developmental Services is immediately engaged to complete a determination.

Training:

Currently, CAD has been conducting a pilot program with six (6) volunteer hospitals and anticipates this pilot to continue through the month of January. CAD will then begin the onboarding of the remaining 400+ hospitals in California. Onboarding and training will be conducted through the months of February through April. CAD will also conduct webinars independent of training, to gauge the overall process and to distribute any useful information amongst all hospitals.

CAD Goals:

CAD would like this transition to be as smooth as possible without significantly impacting patient flow or causing additional challenges. DHCS will be training a

Help Desk to provide prompt and effective responses. CAD understands this change may affect care teams at the hospital level, but will be available to assist in the vendor relationship. Furthermore, mutual participation from hospitals is needed to ensure ready availability of relevant documentation, making the vendor's evaluation as expeditious as possible.

For more information on this program, please visit:
https://www.dhcs.ca.gov/services/MH/Pages/PASRR.aspx

Agenda Item VII: Open Forum

Question: At which part of the admission can the hospital start the process? Does it have to be when the determination was made that the patient needs to go to a SNF?

Answer: In some cases, hospitals may recognize early in the hospitalization that special services may be needed, therefore the Level I evaluation may be completed at that time. Hospitals should be proactive in the process to avoid delays in transfer. This will be discussed in detail during the training with the hospital's care coordination teams.

Question: In regards to billing, for example, for FFS Medi-Cal, if there is a delay, we can bill for admin time, but for other insurances we cannot bill for admin time. How would we ask for reimbursement for those?

Answer: Because CAD will have ongoing communication with the vendor and has its own clinical psychologists on staff, every effort will be made to minimize the impacts on hospitals. Furthermore, CAD will continue to have detailed discussions with Medi-Cal Managed Care to assist in the success of this program.

Question: How does this affect Psychiatric patients? Will hospitals need to review all Psych patients? Do we have any timelines to get this process started for hospitals?

Answer: CAD understands the challenges and limitations in identifying those patients who are legitimately in need of inpatient psychiatric care. This was the original idea regarding PASRR dating back to the 1980's. This requirement of the federal government is overseen by CMS, with technical support provided by their contractor (PASRR Technical Assistance Center) with a focused on optimal placement of and provision of necessary services to beneficiaries with serious mental illnesses. When this process is not done properly, one potential concern among others is that the beneficiary will return to the hospital. CAD understands that this will impact the hospitals, but the division will assist to minimize this as much as possible.

CAD is hoping to onboard all hospitals in the months February through April. This will allow for two months, May through June, to remediate any observed difficulties with the platform and/or process.

Question: In regards to the screening, what licensure levels does one need for the training? Does it have to be completed by a doctor? Or can case managers do it, as there are several levels: doctor, case manager, discharge planner, and placement coordinators?

Answer: CAD will distribute the training requirements to all attendees. The hospital staff completing the Level I Screenings must have:

- Knowledge of medical terminology.
- Knowledge related to the medical/behavioral history and current status of the individual.
- Met the individual or individual's family/conservator and is directly involved in the individual's care.

We recommend that those that will be completing the Level I screenings in the PASRR system and their supervisors should attend the trainings. Furthermore, the staff that will communicate with the DHCS' contractor and arrange for the Level II Evaluations (if different from above) should also attend the training.

Question: Would a dementia diagnosis automatically make the PASRR screening a false positive on the second level review screening?

Answer: When the Level I screening is uploaded and the vendor reviews it, the vendor will see that it is a dementia case and may need additional resources to verify in some cases. If the vendor determines it is a dementia case then this would be equivalent to a negative screening.

Question: If a patient is stable medically but not mentally, will the managed care plans, or DHCS help in finding placements?

Answer: CAD will impress upon the DHCS managed care divisions the importance of attending expeditiously when medically stable patients have psychiatric issues. Communication will include engagement with the Medi-Cal managed care organizations on this very issue.

Question: Do you have an approximation of the percentage of positive screens?

Answer: CAD does not have the latest statistics, but most likely between 20-25% based on other states.

Question: If we do our assessment early, and the information goes to the vendor, and a bed is available but cannot send the patient until that vendor is finished. How do we get paid for that? Do we have to continue the 10 calls a day effort? What happens if we lose that bed?

Answer: CAD will be looped into the process and can provide assistance as it is not just the hospital's responsibility to communicate with the vendor. The communication with the SNFs will include the directive for them to not accept a beneficiary unless the PASRR has been completed. If there is a bed available

and the PASRR has not yet been completed, CAD may not be able to assist with that type of delay. If a hospital is doing everything they can and the delay is not at the fault of the hospital, FFS admin days would still be available.

Question: Is there a way that you can communicate some of the challenges that you see with the test hospitals?

Answer: CAD will be conducting "status report" webinars to give updates on performance and hospital experiences of the new process. This would include a specific webinar for DPHs. CAD estimates this to occur in the latter half of January 2023 where the discussion with how the portal has been working and any difficulties the pilot hospitals have experienced.

Question: To confirm, this PASRR process will be conducted for any patient that will need SNF services? Or is this specific to Medi-Care, FFS, or Medicare advantage and senior products, or is it for all payers?

Answer: This process is required for all payer arrangements.

Question: If a patient is screened and is determined as positive, how would that change the discharge process?

Answer: In many cases, it won't change the flow or process in terms of where the patient goes and what the determination finds. However, what will possibly effect the flow is getting the screening completed, pre-admission.

The better you can identify early who might likely have a positive screening, the sooner the PASRR process can get started. You will be able to couple that with the often more involved medical necessity evaluation when approaching the SNF and allow for a swifter discharge process.

Question: What type of enforcement activities will the department be pursuing for hospitals that are found to be out of compliance after July?

Answer: The penalty is the inability to move patients out. The SNFs will be instructed to not accept patients for hospitals that have not completed the PASRR, so this carries reimbursement implications.

Agenda Item VIII: Next Meeting Date – Monday, March 5, 2023 at 11:00 am