



Provider-Led Arkansas Shared Savings Entity (PASSE)

The PASSE program serves Medicaid beneficiaries with complex behavioral health needs or intellectual and developmental disabilities. The PASSE organizations coordinate all physical health, behavioral health, and specialized developmental disability services for enrolled Medicaid beneficiaries.

What are the Goals of the PASSE Program?



To meet beneficiaries' health care needs, promote independence, and help keep people in their homes by providing home and community-based services.

How Does the PASSE Program Support Beneficiaries?

The PASSE program uses a team-based approach to coordinate beneficiaries' care. Each beneficiary has a:

Care Coordinator

Serves as the beneficiary's main point of contact for all their health and support needs. They educate and coach beneficiaries about their health and available medications, coordinate services, and help beneficiaries get the support they need to live and work in their community.

Person-Centered Service Plan (PCSP)

An overall plan of care developed by the beneficiary with their care coordinator that documents beneficiaries' preferences, goals, and choices related to the care they receive. The plan outlines the beneficiary's treatment, crisis plan, medications, and goals.

What are the Eligibility Requirements for the PASSE Program?

Once enrolled in Medicaid, some beneficiaries are placed into the PASSE program. The PASSE program is not an eligibility category for Medicaid, it is a system that manages and reimburses for beneficiaries' services. Medicaid beneficiaries are enrolled in the PASSE if they:





1. Receive services through the Community and Employment Support (CES) waiver OR
2. Receive services through the CES waiver wait list and receives Medicaid state plan services OR
3. Live in a private Intermediate Care Facility for individuals with I/DD OR
4. Have a behavioral health diagnosis and need services in addition to counseling and medication management.

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What Services are Provided through the PASSE Program?

PASSE organizations ensure that all parts of a beneficiary's care are coordinated by a team and led by a care coordinator. The PASSE program offers several services that are covered under the Medicaid State Plan, 1915(i) State Plan Amendment, and Community & Employment Supports (CES) waiver, but the specific services a person receives depends on their unique needs.

-  **Medical Care:** PASSE organizations are required to ensure all beneficiaries have access to needed medical care that is covered by traditional Medicaid. This includes, but are not limited to, personal care, primary care physician services, durable medical equipment, therapy (physical, occupational, and speech), health counseling, family planning, physician specialists, behavioral health counseling, and nursing services.
-  **Pharmacy:** Provides needed, covered prescription medicines.
-  **Home and Community-Based Services:** Services that are mostly non-medical in nature, that are necessary to protect the beneficiary's health and safety and enable them to live safely in a home or community-based setting. These services include but are not limited to respite, supported employment, mental health crisis services, consultation, family support partners, supportive housing, environmental modifications, and substance abuse detoxification.
-  **Facility-Based Services:** If necessary, beneficiaries have access to facility-based services such as intermediate care facilities (ICF) for beneficiaries with intellectual and developmental disabilities (IDD), psychiatric facilities, and inpatient hospital stays.

What are the Four PASSEs in Arkansas?

There are four organizations in Arkansas that follow the PASSE model. Because the PASSE program is "provider-led," each PASSE organization maintains at least 51% ownership by Arkansas Medicaid providers.



Who is Responsible for Administering PASSE?

PASSE is operated by the Division of Medical Services (DMS).

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