

The Power and Possibility of PASRR Webinar Series

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The 2018 PTAC National Report: A Review



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DECEMBER 11, 2018

**POWER AND POSSIBILITY OF PASRR WEBINAR
SERIES**



Overview

- **Brief review of PASRR requirements**
- **State claiming of PASRR activities: the 75% match**
- **Inter-state variation in PASRR spending**
- **Aspects of PASRR program operation that might affect spending**
- **Understanding the links between spending and operations**

Basics of PASRR: 3 Goals

- 1. Identify individuals who might be admitted to a nursing facility (NF) who have a serious mental illness (SMI), an intellectual disability (ID) or a related condition (RC)**
- 2. Consider options for community placement**
- 3. Identify the PASRR-specific needs that must be met for individuals to thrive, whether in a NF or in the community**

Two Levels of PASRR

- **Level I: preliminary screen, administered prior to admission, meant to identify everyone who *might* have a PASRR disability**
- **Level II: in-depth, individualized evaluation**
 - Preadmission, if needed (if Level I is “positive”)
 - Post-admission, following a significant change in status that affects PASRR disability

The 75% Match

- PASRR was created by the Omnibus Budget Reconciliation Act (OBRA) of 1987 (aka “OBRA87”)
- Congress understood PASRR was a new mandate, and so increased the standard administrative match from 50% to an enhanced match of 75%.
- States can claim a wide array of PASRR-related activities, including:
 - Staff time
 - Hiring a vendor
 - Developing an information technology system to support PASRR activities (e.g., by tracking individuals, recording Level II recommendations, comparing recommendations to services actually delivered, etc.)

For More on Claiming, See the Following PTAC Resources

- July 2013 webinar, “Claiming the 75% Match for PASRR”
<http://pasrassist.org/events/webinar/claiming-75-match-pasrr>
- Article, “Enhanced 75% Match: An Overview:
<http://pasrassist.org/resources/75-match/enhanced-75-match-pasrr-overview>
- FAQs
 - What are the components of a cost allocation plan?
<http://pasrassist.org/resources/ffp-75-match/what-are-components-cost-allocation-plan-cap>
 - What PASRR-related activities can states claim at the enhanced 75% match?
<http://pasrassist.org/resources/75-match/what-pasrr-related-activities-can-states-claim-enhanced-75-match>

How States Claim Their PASRR Expenditures

- On the CMS-64 “form,” which states submit to CMS every month (electronically) to get reimbursed for their administrative activities and for the services they deliver.
- Under “Expenditures for State and Local Administration”:
 - Line 10: Preadmission Screening Costs
 - Line 11: Resident Review Activities Costs

Images from the PDF Version of the CMS-64: First Page

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-0067
Expires 04/30/2014

Quarterly Medicaid Assistance Expenditures For the Medical Assistance Program

State:

Quarter Ended: 12/31/2010

Certification				
CMS 64 Summary Sheet	Medical Assistance Payments		State and Local Administration	
	Total	Federal Share	Total	Federal Share
	(A)	(B)	(C)	(D)
Net Expenditures Reported In This Period (Sum of Items 6, 7 and 8 Less 9 and 10)				

Images from the PDF Version of the CMS-64: Administration Page

Department of Health and Human Services
Centers for Medicare & Medicaid Services

OMB No. 0938-0067
Expires 04/30/2014

**Expenditures for State and Local Administration
For the Medical Assistance Program
Expenditures In This Quarter**

State:

Quarter Ended:

		Total Computable	Federal Share			Total Federal Share	
			FFP Rate	Federal Share	0.0%		Federal Share
			(A)	(B)	(C)		(D)
1	Family Planning						
2A	Design Development Or Installation Of MMIS: Cost of In-House Activities						

Images from the PDF Version of the CMS-64: Lines 10 and 11

10	Preadmission Screening Costs						
11	Resident Review Activities Costs						

Why a State Might Have Low PASRR Expenditures

- 1. It has failed to implement or monitor some (or even most) of its PASRR program.**
- 2. It underidentifies individuals with SMI or ID/RC at Level I, so there are fewer Level IIs, which are more expensive.**
- 3. It fails to conduct postadmission Level IIs after significant change in status.**
- 4. Medicaid agency lacks agreements with the state mental health authority (SMHA) and/or state intellectual disability authority (SIDA)**
- 5. The state collects all the necessary information but simply fails to report what it has recorded.**

Why a State Might Have High PASRR Expenditures

- 1.** It has a large NF population relative to other states. We compensate for this by calculating per capita expenditures.
- 2.** It has a robust PASRR program that includes high-quality training for Level I screeners and Level II evaluators; an external vendor; or an IT system.
- 3.** Its PASRR program is inefficient. It might conduct more Level II evaluations than necessary.

Analysis Methods

- **Two data sources:**
 1. CMS-64 data
 2. Minimum Data Set (MDS) – the resident assessment instrument administered shortly after admission, and then quarterly and annually thereafter. The MDS allows us to count the number of individuals in NFs during a given year – and thus make per capita adjustments.
- **We added expenditures on Line 10 to expenditures on Line 11 – because we don't know whether states distinguish accurately between them.**
- **We examined data from three years – 2014, 2015, and 2016.**
- **However: Expenditures don't vary much from year-to-year, so we'll focus on 2016 data.**

Expenditure Findings in Detail: 2016

- Total PASRR expenditures nationally: \$95,944,443
- Total number of NF residents (at any point during the year): 3,675,635
- Cost per NF resident, nationally: \$26.10/per resident/per year (2016)
- Defining the analysis set:
 - Seven (7) states did not report any PASRR expenditures that year
 - Twelve (12) states had per capita costs above 150% of the U.S. mean
 - Therefore: We look at the 32 states that did not constitute outliers on either end

Mean and Median Spending per NF Resident in 2016

- **Mean: \$17.13**
- **Median (midpoint): \$15.26**

Data for Each State

State	MDS NF Population in CY 2016	Total Federal Share	Per Capita Federal Share
AL	58,114	\$1,050,320.00	\$18.07
AK	1,411	\$0.00	\$0.00
AZ	50,497	\$4,969,249.00	\$98.41
AR	38,253	\$625,004.00	\$16.34
CA	331,169	\$0.00	\$0.00
CO	39,887	\$1,206,570.00	\$30.25
CT	65,013	\$2,014,425.00	\$30.98
DE	12,043	\$868,617.00	\$72.13
DC	5,724	\$0.00	\$0.00
FL	256,239	\$2,928,756.00	\$11.43

Data for Each State

State	MDS NF Population in CY 2016	Total Federal Share	Per Capita Federal Share
GA	80,084	\$0.00	\$0.00
HI	10,494	\$0.00	\$0.00
ID	11,976	\$425,413.00	\$35.52
IL	176,479	\$29,463,235.00	\$166.95
IN	94,560	\$3,298,663.00	\$34.88
IA	50,109	\$1,999,820.00	\$39.91
KS	38,035	\$1,211,588.00	\$31.85
KY	54,438	\$479,030.00	\$8.80
LA	46,806	\$283,111.00	\$6.05
ME	19,360	\$196,847.00	\$10.17

Data for Each State

State	MDS NF Population in CY 2016	Total Federal Share	Per Capita Federal Share
MD	77,662	\$202,879.00	\$2.61
MA	115,062	\$561,781.00	\$4.88
MI	122,052	\$6,216,349.00	\$50.93
MN	71,112	\$2,501,386.00	\$35.18
MS	32,072	\$546,572.00	\$17.04
MO	89,033	\$706,057.00	\$7.93
MT	11,614	\$1,330,302.00	\$114.54
NE	28,567	\$276,309.00	\$9.67
NV	20,398	\$7,830,124.00	\$383.87
NH	17,307	\$614,066.00	\$35.48

Data for Each State

State	MDS NF Population in CY 2016	Total Federal Share	Per Capita Federal Share
NJ	126,553	\$358,263.00	\$2.83
NM	16,916	\$720,412.00	\$42.59
NY	263,925	\$377,088.00	\$1.43
NC	109,407	\$2,804,982.00	\$25.64
ND	10,282	\$420,290.00	\$40.88
OH	205,397	\$427,405.00	\$2.08
OK	41,529	\$1,274,556.00	\$30.69
OR	35,668	\$1,003,457.00	\$28.13
PA	194,038	\$873,321.00	\$4.50
RI	21,574	\$305,997.00	\$14.18

Data for Each State

State	MDS NF Population in CY 2016	Total Federal Share	Per Capita Federal Share
SC	43,806	\$2,837,166.00	\$64.77
SD	12,168	\$403,385.00	\$33.15
TN	77,198	\$6,538,448.00	\$84.70
TX	220,302	\$1,099,962.00	\$4.99
UT	17,629	\$1,249,975.00	\$70.90
VT	7,715	\$0.00	\$0.00
VA	85,726	\$476,819.00	\$5.56
WA	58,992	\$1,628,874.00	\$27.61
WV	21,906	\$64,014.00	\$2.92
WI	74,370	\$1,273,556.00	\$17.12
WY	4,964	\$0.00	\$0.00

Expenditure Findings: Summing Up

1. Some states report zero dollars on the CMS-64.
2. By and large – but not completely – states with larger NF populations spend more in total on PASRR than do states with smaller NF populations.

Why Might States Claim Zero Dollars?

- 1. A failure by the SMHA and SIDA to establish the memorandum of understanding (MOUs) with the Medicaid agency that they would need in order to be reimbursed.**
- 2. A failure to aggregate costs at all, even when the necessary MOUs are in place.**
- 3. A clerical error – a failure to enter the data on the relevant lines of the CMS-64.**

Attempting to Explain Variation: Aspects of PASRR Program Operations

Operational Element	Operational Element
Interagency agreement allowing agencies to be reimbursed by Medicaid	System/mechanism for linking PASRR completion to NF payment
Approved cost allocation plan (CAP)	Level I screens can be performed by hospital discharge planners
Level I screens performed by vendor	Are costs for Level I's reimbursed individually (Yes) or are they built into other service rates (e.g., other hospital services) (No)?
Level II evaluations performed by vendor	Are regular trainings provided to PASRR screeners/evaluators?
Electronic tracking system	If yes, are trainings measured for success/impact?
Made upgrades or changes to electronic tracking system in the past year	Are regular trainings about PASRR provided to state nursing home surveyors?
75% match claimed for staff time (administration, including determinations)	If yes, are trainings measured for success/impact?
75% match claimed for information technology systems	

Data Collection and Coding

- Checked publicly available documents hosted on the web page of the relevant state agency.
- If documentation was found, data elements were marked as “yes” or “no” (if clearly indicated).
- If documentation was mute on a particular data element, we marked it as “No Information” (NI).
- *For most states, information was not found for any data element.*

PASRR Operations Fact Sheets

- Collected information into fact sheets for each state.
- March 2018: Distributed fact sheets to staff listed in the database PTAC maintains in consultation with CMS Regional Office staff.
- States had option to update data.
- Reminder sent four weeks later to any state that did not at least acknowledge receipt.
- Response patterns:
 - 22 (43%) updated their fact sheets.
 - 8 (16%) acknowledge receiving the fact sheet but provided no updates.
 - 21 (41.2%) did not acknowledge receipt.

Findings

	SMI	SMI	SMI	ID/ RC	ID/ RC	ID/ RC	Dual Dx	Dual Dx	Dual Dx
PROGRAM DESIGN ELEMENT	Yes, %	No, %	NI, %	Yes, %	No, %	NI, %	Yes, %	No, %	NI, %
Interagency agreement allowing agencies to be reimbursed by Medicaid	45	23	42	50	23	27	41	27	27
Approved cost allocation plan	55	9	36	50	9	41	45	14	41
Level I screens performed by vendor	32	55	14	27	55	14	27	55	18
Level II evaluations performed by vendor	59	27	14	36	45	14	50	32	18
Electronic tracking system	59	23	14	59	23	18	55	23	23
Made upgrades or changes to electronic tracking system in past year	27	55	18	32	50	18	27	50	23
75% match claimed for staff time (administration, including determinations)	64	9	27	59	14	27	55	18	27
75% match claimed for information technology systems	32	27	41	32	27	41	27	32	41

Findings

	SMI	SMI	SMI	ID/ RC	ID/ RC	ID/ RC	Dual Dx	Dual Dx	Dual Dx
PROGRAM DESIGN ELEMENT	Yes, %	No, %	NI, %	Yes, %	No, %	NI, %	Yes, %	No, %	NI, %
System/mechanism for linking PASRR completion to NF payment	55	18	27	55	14	27	50	18	27
Level I screens can be performed by hospital discharge planners	59	27	14	59	27	14	55	32	14
Are costs for Level I's reimbursed individually (Yes) or are they built into other service rates (e.g., other hospital services) (No)?	36	32	32	32	32	36	32	32	36
Are regular trainings provided to PASRR screeners/evaluators?	77	5	18	68	5	27	68	9	23
If yes, are trainings measured for success/impact?	36	32	32	36	32	32	32	36	32
Are regular trainings provided to state nursing home surveyors about PASRR?	45	41	14	41	36	23	41	41	18
If yes, are trainings measured for success/impact?	23	36	41	23	36	41	14	41	41

Program Operations: Summary of Key Findings

- Roughly two-thirds to three-quarters of states indicated that they provide trainings to their PASRR screeners (for Level I) or to their evaluators (for Level II). But only slightly more than one-third of *those* states measure the impact of their trainings.
- About half of states have an approved cost allocation plan that lets them assign costs to PASRR (e.g., share of a staff person's time or share of time that a computer is used for PASRR activities).
- Slightly more than half of states claim PASRR at the enhanced match of 75 percent. This means that many states either claim it at the regular 50 percent match for standard administrative activities or do not claim it all. It is apparent from Form CMS-64 data that some states do not claim any reimbursements for their PASRR activities—Lines 10 and 11 on the form are simply blank.

Conclusion: Links Between Spending and Operations

- Looking state by state, there is no obvious relationship between the per capita expenditures and the presence or absence of the operational elements.
- However, one cannot conclude that there is *no* relationship.
- This area requires further study—for example, perhaps by distributing a formal survey to states with a number of follow-up questions for each response or by interviewing state staff. (Not currently planned.)

QUESTIONS

