

# The Power and Possibility of PASRR Webinar Series

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# MDS State Profiles: An Overview



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# Overview of Presentation

- Key questions
- Relevant PASRR regulations
- Review of key parts of Minimum Data Set (MDS)
- Findings: National
- Findings: Sample State
- Summary
- Questions

# Key Questions

- How many individuals in nursing facilities (NFs) have a PASRR disability – serious mental illness (SMI), or an intellectual disability/related condition (ID/RC)?
- How many individuals with a PASRR disability might be admitted under an exempted hospital discharge (EHD) and overstay their EHD?
- How many individuals with a PASRR disability experience a significant change in status and are therefore candidates for a Resident Review?
- How many individuals with SMI have a diagnosis of dementia?
- Where are individuals discharged to?

# Relevant PASRR Regulations



**FROM THE CODE OF FEDERAL REGULATIONS  
(CFR): 42 CFR 483.100-138**

**A QUICK REFRESHER**

# For A Deep Refresher on All Things PASRR

- See the March 2018 webinar, “PASRR 101”
- <http://pasrrassist.org/events/webinar/pasrr-101>

# Exempted Hospital Discharge (EHD) 483.106(b)

- The only true exemption from PASRR.
- Requirements:
  - Admitted to a NF directly from a hospital after receiving acute care [483.106(2)(i)(A)]
  - For the condition that required hospitalization [483.106(2)(i)(B)]
  - Provided the attending physician has certified that the individual will reside in the NF for less than 30 days [483.106(2)(i)(C)]
- If an individual's stay exceeds 30 days, a Resident Review must be conducted within 40 calendar days of admission [483.106(2)(ii)]

# Resident Review (RR)

- A Level II evaluation and determination for NF residents (i.e., post-admission).
- Originally required annually (hence PASARR in CFR, which has not been updated)[483.114]
- Changed in 1996 (via Balanced Budget Act) to:
  - “a significant change in the resident’s physical or mental condition” [SSA §1919(e)(7)(B)(iii)]



# Significant Change Definition

- The MDS manual notes that a “significant change” is a major decline or improvement in a resident’s status that:
  - Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered “self-limiting”;
  - Impacts more than one area of the resident’s health status; and
  - Requires interdisciplinary review and/or revision of the care plan.

# PASRR Requirements for Long-Term Care (LTC) Facilities

- Final Rule published November 2016: 80 FR 42168
- NFs must notify the state mental health authority (SMHA) or state intellectual disability authority (SIDA) promptly after significant change in status [483.20(k)(4)].
- Resident care plans must include Specialized Services or Specialized Rehabilitative Services the NF will provide as a result of PASRR. If NF disagrees, it must indicate its rationale in the resident's medical record [483.21(a)].

# Dementia Exclusion

- PASRR regulations at 42 CFR 483.128(m) permit Level II evaluations to be terminated if the Level II evaluator finds that individual has:
  - “A primary diagnosis of dementia (including Alzheimer’s Disease or a related disorder)” (42 CFR 483.128(m)(2)(i)); or
  - “A non-primary diagnosis of dementia without a primary diagnosis that is a serious mental illness, and does not have a diagnosis of MR (ID) or a related condition” (42 CFR 483.128(m)(2)(ii)).

# Relevant MDS Sections



**KEY ITEMS FROM THE MINIMUM DATA SET**

**A QUICK REFRESHER**

# For a Deeper Review of MDS

- See the February 2018 webinar “Findings from the 2017 National Report.”
- <http://pasrrassist.org/events/webinar/findings-2017-pasrr-national-report>

# Timing of MDS

- MDS assessment forms are completed for all residents in certified nursing homes, regardless of payment type.
- Timing:
  - Within 14 days of admission
  - At quarterly and yearly intervals; annual surveys more detailed
  - Upon significant change in condition

# MDS Question: Date of Entry

**A1600. Entry Date (date of this admission/entry or reentry into the facility)**

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year		

# MDS PASRR Questions

- MDS 3.0 (October 2010) added A1500: Asks whether the individual has been identified by PASRR as having SMI, ID, or RC.
- Subsequent update (April 2012) added A1510: Requires respondents to indicate the Dx of any individual for whom A1500 is "yes" (SMI, ID, or RC).
- Use of A1500 was poor in 2010 and 2011 (many missing responses); improved dramatically in 2012.



# MDS PASRR Questions

## A1500. Preadmission Screening and Resident Review (PASRR)

Complete only if A0310A = 01, 03, 04, or 05

Enter Code

**Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability ("mental retardation" in federal regulation) or a related condition?**

- 0. **No** → Skip to A1550, Conditions Related to ID/DD Status
- 1. **Yes** → Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions
- 9. **Not a Medicaid-certified unit** → Skip to A1550, Conditions Related to ID/DD Status

## A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions

Complete only if A0310A = 01, 03, 04, or 05

↓ **Check all that apply**

**A. Serious mental illness**

**B. Intellectual Disability ("mental retardation" in federal regulation)**

**C. Other related conditions**

# Section A: Identification Information

## Section A Identification Information

### A1550. Conditions Related to ID/DD Status

If the resident is 22 years of age or older, complete only if A0310A = 01

If the resident is 21 years of age or younger, complete only if A0310A = 01, 03, 04, or 05

↓ Check all conditions that are related to ID/DD status that were manifested before age 22, and are likely to continue indefinitely

#### ID/DD With Organic Condition

- A. Down syndrome
- B. Autism
- C. Epilepsy
- D. Other organic condition related to ID/DD

#### ID/DD Without Organic Condition

- E. ID/DD with no organic condition

#### No ID/DD

- Z. None of the above

# Section I: Active Diagnoses

## Section I

## Active Diagnoses

### Active Diagnoses in the last 7 days - Check all that apply

Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

#### Psychiatric/Mood Disorder

- I5700. **Anxiety Disorder**
- I5800. **Depression** (other than bipolar)
- I5900. **Manic Depression** (bipolar disease)
- I5950. **Psychotic Disorder** (other than schizophrenia)
- I6000. **Schizophrenia** (e.g., schizoaffective and schizophreniform disorders)
- I6100. **Post Traumatic Stress Disorder (PTSD)**

# Section I: Active Diagnoses

## Neurological



**I4200. Alzheimer's Disease**



**I4300. Aphasia**



**I4400. Cerebral Palsy**



**I4500. Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke**



**I4800. Non-Alzheimer's Dementia** (e.g. Lewy body dementia, vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases)

# Findings: National



**TO COMPARE WITH STATE-LEVEL DATA**

# For MDS Stays Beginning in 2015 (National)

Number of individuals receiving comprehensive MDS assessment

<b>Number (share) of Individuals staying 30+ days, of individuals with a new entry date in 2015 (3,115,414)</b>	<b>Number (share) of individuals receiving comprehensive MDS assessment, of individuals with 30+ day stays</b>
1,667,283 (53.5%)	1,586,013 (95.1%)

# Number of Individuals with a PASRR Disability on MDS Comprehensive Assessment

Of 1,586,013 individuals with a 30+ Day Stay and a Comprehensive Assessment

<b>PASRR Status</b>	
Yes	85,475 (5.4%)
No	1,460,808 (92.1%)
Not a Medicaid-certified unit	39,730 (2.5%)

# Distribution of PASRR Disabilities

Of 85,475 individuals with a PASRR disability

<b>PASRR Status</b>	<b>Serious Mental Illness (SMI – A1510A)</b>	<b>Intellectual Disability or Related Condition (ID/RC – A1510 B or C)</b>
Yes	58,415 (68.3%)	25,389 (29.7%)
No	27,060 (31.9%)	60,086 (70.5%)



# Potential Candidates for Resident Review

The following table shows the number of individuals who were identified in A1510 as having SMI or ID/RC and who received at least one Significant Change in Status Assessment at any time in 2015, thus making them potential candidates for Resident Review.

<b>Number of Individuals Showing Significant Change in Status</b>	<b>SMI (A1510A)</b>	<b>ID/RC (A1510B or C)</b>
230,246**	11,263 (4.9%)	4,765 (2.1%)

\*\*There are 277,833 records with a significant change in status because some individuals experience more than one significant change in 2015. The table shows individuals, regardless of the number of significant changes they have experienced.

# SMI and Dementia

## Dementia Diagnosis (I4200 Alzheimer's Disease and I4800 Non-Alzheimer's Dementia) and SMI (A1510A)

*Of 793,124 individuals with dementia*

<b>Number of individuals identified on the MDS as having PASRR SMI and dementia</b>	<b>Number of individuals with dementia and <i>no</i> PASRR SMI</b>
23,545 (3.0%)	769,579 (97.0%)

# Discharge Status: SMI

Of 114,266 discharges in 2015 (regardless of entry date) for 60,873 individuals discharged who were identified as SMI in A1510A. One individual may be discharged more than once in the year and will then appear more than once in this table. By comparison, there were 4,266,644 discharges in 2015 among 2,919,434 individuals for any nursing facility discharge (regardless of SMI status of the individual).

<b>Discharge setting</b>	<b>All Nursing Facility Residents</b>	<b>Residents with PASRR SMI</b>
Number of Individuals	2,919,434	60,873
Number of Discharges	4,266,644	114,266
Community	2,220,532 (52.0%)	37,706 (33.0%)
Another nursing home or swing bed	135,060 (3.2%)	6,155 (5.4%)
Acute hospital	1,435,320 (33.6%)	53,239 (46.6%)
Psychiatric hospital	36,588 (0.9%)	8,140 (7.1%)
Inpatient rehab facility	8,043 (0.2%)	186 (0.2%)
ID/DD facility	1,094 (0.0%)	97 (0.1%)
Hospice	18,552 (0.4%)	200 (0.2%)
Deceased	383,974 (9.0%)	6,907 (6.0%)
Long-term care hospital	3,638 (0.1%)	107 (0.1%)
Other	23,843 (0.6%)	1,529 (1.3%)

# Discharge Status: ID/RC

Of 46,662 discharges in 2015 (regardless of entry date) for 25,625 individuals discharged who were identified as ID or RC in A1510 B or C. One individual may be discharged more than once in the year and will then appear more than once in this table. By comparison, there were 4,266,644 discharges in 2015 among 2,919,434 individuals for any nursing facility discharge (regardless of ID/RC status of the individual).

<b>Discharge setting</b>	<b>All Nursing Facility Residents</b>	<b>Residents with PASRR ID/RC</b>
Number of Individuals	2,919,434	25,625
Number of Discharges	4,266,644	46,662
Community	2,220,532 (52.0%)	14,341 (30.7%)
Another nursing home or swing bed	135,060 (3.2%)	2,439 (5.2%)
Acute hospital	1,435,320 (33.6%)	23,716 (50.8%)
Psychiatric hospital	36,588 (0.9%)	2,044 (4.4%)
Inpatient rehab facility	8,043 (0.2%)	72 (0.2%)
ID/DD facility	1,094 (0.0%)	308 (0.7%)
Hospice	18,552 (0.4%)	69 (0.1%)
Deceased	383,974 (9.0%)	3,135 (6.7%)
Long-term care hospital	3,638 (0.1%)	66 (0.1%)
Other	23,843 (0.6%)	472 (1.0%)

# How to Use This Data



# Why look at the MDS?

- Already being collected
- Anecdotally, it seems many PASRR programs don't have access to their State MDS
- MDS data is standardized across all States
- Can drill down to what is happening with individual facilities or even individual residents
- Directly associated with State Survey activities

# What do the national numbers *mean*?

- The national numbers are given as very broad benchmarks – they are not necessarily the “right” numbers, they are just the summary of what all State MDS data says

# Example: A1500 “yes” responses (National, 5.4%)

Percent of NF residents marked as “yes” for having a PASRR disability (yes to A1500)	Number of States
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Less than 2%	7
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2% - 2.99%	6
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3% - 3.99%	7
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4% - 4.99%	7
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5% - 5.99%	6
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6% - 6.99%	8
------------	---

7% - 7.99%	3
------------	---

8% - 8.99%	2
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Over 9%	6
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# Many reasons for variation among States

- Differences in PASRR implementation
- Differences in MDS assessor proficiency
- Ambiguities in the data itself
- Differences in State population characteristics
- Differences in health care and long term care industries
- Differences in home- and community-based options
- Others to be determined

# 1. Comparing MDS to your own program data

- Does the MDS data on your State's MDS profile appear to have any relationship to your own PASRR program data?
  - E.g., If your MDS profile indicates that 1,000 people were identified on your State's MDS reports as having a PASRR disability, does your program typically issue about 1,000 positive determinations a year?
  - E.g., If your MDS profile indicates that 300 people with PASRR SMI had a Significant Change in Status Assessment, does that number roughly correspond to the number of Resident Review requests your program receives in a year?

## 2. Troubleshooting misalignments

- If your MDS profile data seems to have no correlation to aspects of your own PASRR program numbers
  - Does outreach need to be done with your State's MDS coordinator to identify possible reporting errors?
  - Does PTAC need to recalibrate the methodology?

### 3. Identify strengths

- If the numbers in your MDS profile do seem to correlate to your PASRR program data, do these numbers reflect your program's strengths?
- Review program's
  - Efficiencies
  - Innovations
  - Compliance with State and Federal law
- The more MDS data we can connect with well-grounded/promising practices, the closer we'll get to possibly establishing real "national goal" numbers

## 4. Identify areas of improvement

- If the numbers do correlate to your program activities, are there numbers that could be higher/lower?
  - E.g., if you think the percent of people with PASRR ID/RC being discharged into the community is accurate – and you wish it was higher
- Are the issues identified in this review within the PASRR program's control?
  - If not, could the numbers be shared with other stakeholders that could assist?
- Are there promising practices that could be identified in other States?
  - CMS and PTAC will not disclose States' MDS information to other States – but States can choose to discuss with each other

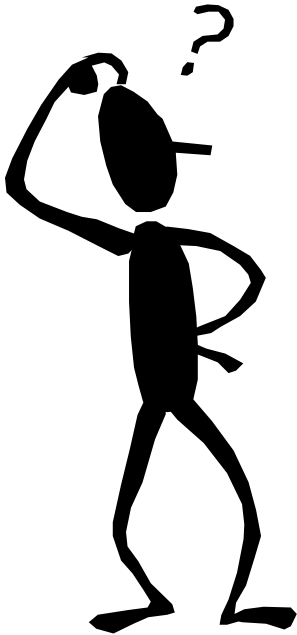
# Summary



# Concluding Thoughts

- These analyses don't *definitively* answer many of the key questions:
  - How many people overstay their EHD?
  - How many people have a diagnosis of SMI and *primary* dementia?
  - How many people aren't getting a Resident Review when they should?
- Much clearer about discharge status
- However: These analyses give us more information about how to answer these questions than we've ever had before.

# QUESTIONS





THANK YOU!

PASRR Technical Assistance Center

[www.pasrrassist.org](http://www.pasrrassist.org)