

The Power and Possibility of PASRR Webinar Series

Webinar Assistance

<http://www.pasrassist.org/resources/webinar-assistance-and-faqs>

Call-in through one of two ways listed below:

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- For further webinar and PASRR-related assistance, contact Claris Chang (cchang@mission-ag.com).
- *Please note that you must attend the entirety (90 minutes) of this webinar if you wish to receive Continuing Education credits.*



PASRR and the Minimum Data Set (MDS)

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Overview of Talk

- History and purpose of MDS
- PASRR-relevant sections and items
- Proposed PASRR Fact Sheets
- Arranging to get your own MDS data
- Questions and answers

History of MDS

- Before MDS, the only quality-of-care data on nursing homes were aggregate in nature.
- Advance of MDS was to make available a nationally standardized, person-level database.

Key Dates

- 1987: MDS created as part of Nursing Home Reform Act
 - Social Security Act: 1819(f)(6)(A-B) for Medicare; 1919(f)(6)(A-B) for Medicaid
 - 42 CFR 483.20 and 42 CFR 483.315
- Early 1990s v1.0 tested in 10 states
- January 1996: v2.0 goes live nationally
- October 2010: v3.0 goes live

Purposes of MDS

1. To assess nursing home quality and to help monitor the health and welfare of nursing facility (NF) residents.
2. To generate quality improvement measurements that nursing homes use internally and that state surveyors use in the survey and certification process.
3. To help states assess the cost effectiveness of care protocols.
4. To set long-term nursing home reimbursement rates.
5. To allow prospective residents and families to compare nursing home quality measures ([Nursing Home Compare](#)).

Timing of MDS

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

MDS Data Flow

- Completed in NF by multiple staff, overseen by MDS coordinator.
- Uploaded to CMSNet, a national database.
 - States can customize CMSNet homepages.

Topics & Sections of MDS

- A: Identification Information
- B: Hearing, Speech, and Vision
- C: Cognitive Patterns
- D: Mood
- E: Behavior
- G: Functional Status
- H: Bladder and Bowel
- I: Active Diagnoses
- J: Health Conditions
- K: Swallowing/Nutritional Status
- L: Oral/Dental Status
- M: Skin Conditions
- N: Medications
- O: Special Treatments, Procedures, and Programs
- P: Restraints
- Q: Participation in Assessment and Goal Setting
- S: Optional State Items
- X/Z: Correction/Admin

Unique Properties of MDS

- Provides snapshot of nursing home residents at point of time.
- Includes characteristics of residents not available from other sources, including persistent conditions and medication types.
- Can be used to understand dynamics/flow of nursing home populations.
- [Copy of annual MDS assessment on PTAC site.](#)

First Two Pages of MDS

MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Nursing Home Quarterly (NQ) Item Set

Section A Identification Information	
A0050. Type of Record	
Enter Code <input type="checkbox"/>	1. Add new record → Continue to A0100, Facility Provider Numbers 2. Modify existing record → Continue to A0100, Facility Provider Numbers 3. Inactivate existing record → Skip to X0150, Type of Provider
A0100. Facility Provider Numbers	
A. National Provider Identifier (NPI): <input type="text"/>	
B. CMS Certification Number (CCN): <input type="text"/>	
C. State Provider Number: <input type="text"/>	
A0200. Type of Provider	
Enter Code <input type="checkbox"/>	Type of provider 1. Nursing home (SNF/NF) 2. Swing Bed
A0310. Type of Assessment	
Enter Code <input type="checkbox"/>	A. Federal OBRA Reason for Assessment 01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 99. None of the above
Enter Code <input type="checkbox"/>	B. PPS Assessment PPS Scheduled Assessments for a Medicare Part A Stay 01. 5-day scheduled assessment 02. 14-day scheduled assessment 03. 30-day scheduled assessment 04. 60-day scheduled assessment 05. 90-day scheduled assessment 06. Readmission/return assessment PPS Unscheduled Assessments for a Medicare Part A Stay 07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment) Not PPS Assessment 99. None of the above
Enter Code <input type="checkbox"/>	C. PPS Other Medicare Required Assessment - OMRA 0. No 1. Start of therapy assessment 2. End of therapy assessment 3. Both Start and End of therapy assessment 4. Change of therapy assessment
Enter Code <input type="checkbox"/>	D. Is this a Swing Bed clinical change assessment? Complete only if A0200 = 2 0. No 1. Yes

A0310 continued on next page

Section A Identification Information	
A0310. Type of Assessment - Continued	
Enter Code <input type="checkbox"/>	E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry? 0. No 1. Yes
Enter Code <input type="checkbox"/>	F. Entry/discharge reporting 01. Entry tracking record 10. Discharge assessment-return not anticipated 11. Discharge assessment-return anticipated 12. Death in facility tracking record 99. None of the above
Enter Code <input type="checkbox"/>	G. Type of discharge - Complete only if A0310F = 10 or 11 1. Planned 2. Unplanned
A0410. Submission Requirement	
Enter Code <input type="checkbox"/>	1. Neither federal nor state required submission 2. State but not federal required submission (FOR NURSING HOMES ONLY) 3. Federal required submission
A0500. Legal Name of Resident	
A. First name: <input type="text"/>	B. Middle initial: <input type="text"/>
C. Last name: <input type="text"/>	D. Suffix: <input type="text"/>
A0600. Social Security and Medicare Numbers	
A. Social Security Number: <input type="text"/>	
B. Medicare number (or comparable railroad insurance number): <input type="text"/>	
A0700. Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient <input type="text"/>	
A0800. Gender	
Enter Code <input type="checkbox"/>	1. Male 2. Female
A0900. Birth Date	
<input type="text"/> - <input type="text"/> - <input type="text"/> Month Day Year	
A1000. Race/Ethnicity	
↓ Check all that apply	
<input type="checkbox"/>	A. American Indian or Alaska Native
<input type="checkbox"/>	B. Asian
<input type="checkbox"/>	C. Black or African American
<input type="checkbox"/>	D. Hispanic or Latino
<input type="checkbox"/>	E. Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	F. White

Nursing Home Census

- At any given time, there are ~1.3 million individuals in nursing homes nationwide.
 - Medicare, Medicaid, and private pay
- Existing literature suggests ~250,000 individuals with mental illness (MI), intellectual disability (ID), or related condition (RC).

PASRR Related Questions in MDS

- MDS 3.0 (October 2010) added A1500: Asks whether the individual has been identified by PASRR as having a MI, ID, or RC.
- Subsequent update (April 2012) added A1510: Requires respondents to indicate the Dx of any individual for whom A1500 is "yes" (MI, 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 <input type="checkbox"/>	<p>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?</p> <p>0. No → Skip to A1550, Conditions Related to ID/DD Status</p> <p>1. Yes → Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions</p> <p>9. Not a Medicaid-certified unit → Skip to A1550, Conditions Related to ID/DD Status</p>
A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions	
Complete only if A0310A = 01, 03, 04, or 05	
↓ Check all that apply	
<input type="checkbox"/>	A. Serious mental illness
<input type="checkbox"/>	B. Intellectual Disability ("mental retardation" in federal regulation)
<input type="checkbox"/>	C. Other related conditions

Sections of Interest

Section	Topic	Includes
A	Identification Information	Demographics; PASRR; ID/DD conditions
C	Cognitive Patterns	Brief Interview for Mental Status (BIMS) and self-assessment
D	Mood	PHQ-9 mood interview
E	Behavior	Indicators of psychosis and other behaviors
G	Functional Status	ADLs
I	Active Diagnoses	Ongoing Dx in several areas; includes psychiatric mood disorders (anxiety, depression, bipolar, schizophrenia, psychosis, PTSD) and other Dx assessors can list with ICD-9 codes
N	Medications	Psychotropic Rx
Q	Participation in Assessment and Goal Setting	Interest in talking to someone about returning to the community

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	
<input type="checkbox"/>		A. Down syndrome	
<input type="checkbox"/>		B. Autism	
<input type="checkbox"/>		C. Epilepsy	
<input type="checkbox"/>		D. Other organic condition related to ID/DD	
		ID/DD Without Organic Condition	
<input type="checkbox"/>		E. ID/DD with no organic condition	
		No ID/DD	
<input type="checkbox"/>		Z. None of the above	

Section D: PHQ

D0200. Resident Mood Interview (PHQ-9)		
Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"		
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.		
If yes in column 1, then ask the resident: "About how often have you been bothered by this?"		
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.		
1. Symptom Presence	2. Symptom Frequency	
0. No (enter 0 in column 2)	0. Never or 1 day	1. Symptom Presence
1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)	
9. No response (leave column 2 blank)	2. 7-11 days (half or more of the days)	2. Symptom Frequency
	3. 12-14 days (nearly every day)	
		↓ Enter Scores in Boxes ↓
A. Little interest or pleasure in doing things		<input type="checkbox"/>
B. Feeling down, depressed, or hopeless		<input type="checkbox"/>
C. Trouble falling or staying asleep, or sleeping too much		<input type="checkbox"/>
D. Feeling tired or having little energy		<input type="checkbox"/>
E. Poor appetite or overeating		<input type="checkbox"/>
F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down		<input type="checkbox"/>
G. Trouble concentrating on things, such as reading the newspaper or watching television		<input type="checkbox"/>
H. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual		<input type="checkbox"/>
I. Thoughts that you would be better off dead, or of hurting yourself in some way		<input type="checkbox"/>

Section E: Behavior

- See full version of MDS.

Section G: Function

- See full version of MDS.

Section N: Medications

Resident _____ Identifier _____ Date _____

Section N Medications	
N0300. Injections	
Enter Days <input type="text"/>	Record the number of days that injections of any type were received during the last 7 days or since admission/entry or reentry if less than 7 days. If 0 → Skip to N0410, Medications Received
N0350. Insulin	
Enter Days <input type="text"/>	A. Insulin injections - Record the number of days that insulin injections were received during the last 7 days or since admission/entry or reentry if less than 7 days
Enter Days <input type="text"/>	B. Orders for insulin - Record the number of days the physician (or authorized assistant or practitioner) changed the resident's insulin orders during the last 7 days or since admission/entry or reentry if less than 7 days
N0410. Medications Received	
Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days	
Enter Days <input type="text"/>	A. Antipsychotic
Enter Days <input type="text"/>	B. Antianxiety
Enter Days <input type="text"/>	C. Antidepressant
Enter Days <input type="text"/>	D. Hypnotic
Enter Days <input type="text"/>	E. Anticoagulant (warfarin, heparin, or low-molecular weight heparin)
Enter Days <input type="text"/>	F. Antibiotic
Enter Days <input type="text"/>	G. Diuretic

Section Q: Community Return

Q0500. Return to Community	
Enter Code <input type="checkbox"/>	B. Ask the resident (or family or significant other if resident is unable to respond): " Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community? " 0. No 1. Yes 9. Unknown or uncertain

MDS Training Videos

- Available on YouTube
- For example:

<https://www.youtube.com/watch?v=mIAIVKVY2>

[II](#). Will pull up related videos.

PASRR Fact Sheets

- Purpose: To help states better understand their nursing home populations and better plan:
 - Diversion
 - Transition
 - Provision of Specialized Services to NF residents
 - In other words: *Olmstead* planning
- Will come from PTAC directly to states (staff who receive Level I and Level II review fact sheets).
- Will be copied to CMS staff in Regional Offices and in Central Office.
- For planning and review only: Not an evaluation or compliance review of any kind!

Contents of Fact Sheets

- # (share) individuals with MI/ID/RC according to diagnosis fields in MDS
- # (share) of individuals with MI/ID/RC according to PASRR questions
- Discrepancies could indicate:
 - Failure of NFs to complete MDS correctly
 - Failure of PASRR to identify all individuals who need Specialized Services

Contents of Fact Sheets (Cont.)

- Comparison of individuals with PASRR-relevant disabilities (as indicated in Sections A and I) with other individuals
- Variables:
 - Level of functioning (ADLs): independent versus other
 - Medications: taking psychotropics
 - Desire to return to community

A Few Words about Data Use Agreements (DUAs)

- DUAs are required whenever CMS releases protected health information (PHI).
- CMS permits states to have fairly open-ended DUAs (for multiple purposes).
- DUAs expire after one year, can typically be extended.

Important Parties in a DUA

- Authorized representative of Medicaid agency
- Custodian (keeper/guardian of data)
 - “This will typically be the manager of the Medicaid agency unit with responsibility for the data files.”
 - Additional custodians (e.g., researchers) must be named.
- Various CMS staffers

TA for MDS

- The data release process is coordinated by the [Research Data Assistance Center](#) (ResDAC), which provides DUA-related TA.
- A request from a single state can run into the millions of records. To make use of these data, states need:
 - Staff knowledgeable in data management and analysis
 - Sufficient computing resources

TA for MDS

- PTAC can help states articulate questions and puzzle through data analyses and – on a limited basis – run PASRR-related MDS analyses for states.
- PTAC will provide aggregate data; poses no data use problems.

QUESTIONS? SUGGESTIONS?

What would you like to see in your MDS Fact Sheet?

What would be useful?

NETWORKING WITH NAPP

(NATIONAL ASSOCIATION OF PASRR PROFESSIONALS)

[HTTP://WWW.PASRR.ORG/ABOUT.ASPX](http://www.pasrr.org/about.aspx)

- Networking with NAPP is a follow up discussion on the webinar.
 - The next Networking with NAPP session is:
-

Tuesday, July 22nd, 2014

1 PM EST

Call 1-866-906-0040

Passcode: 5042759

