Recent Findings from the Minimum Data Set (MDS) and PASRR Level I Screens

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Power and Possibility of PASRR Webinar Series

Two Arms of PTAC: TA & Research

- TA
  - Direct TA to States (phone, email, site visits)
  - Support to CMS (e.g., Regional Office calls)
  - Monthly webinars
  - Website with FAQs, articles, etc. – www.PASRRassist.org
- Research
  - Screening and Evaluation Tools (Level I and Level II)
  - MDS
  - Links between MDS and other administrative datasets

Overview of Talk

- Brief review of PASRR
- MDS
  - History and purpose
  - Relevant sections and items
  - Key findings: PASRR identifies most individuals with ID/RC but *misses* many individuals with MI
- Level I
  - Design principles
  - Scoring of Level I screens
  - Key finding: Dramatic improvements in quality of Level I tools vs. 2014
- Questions

Brief Review Of PASRR

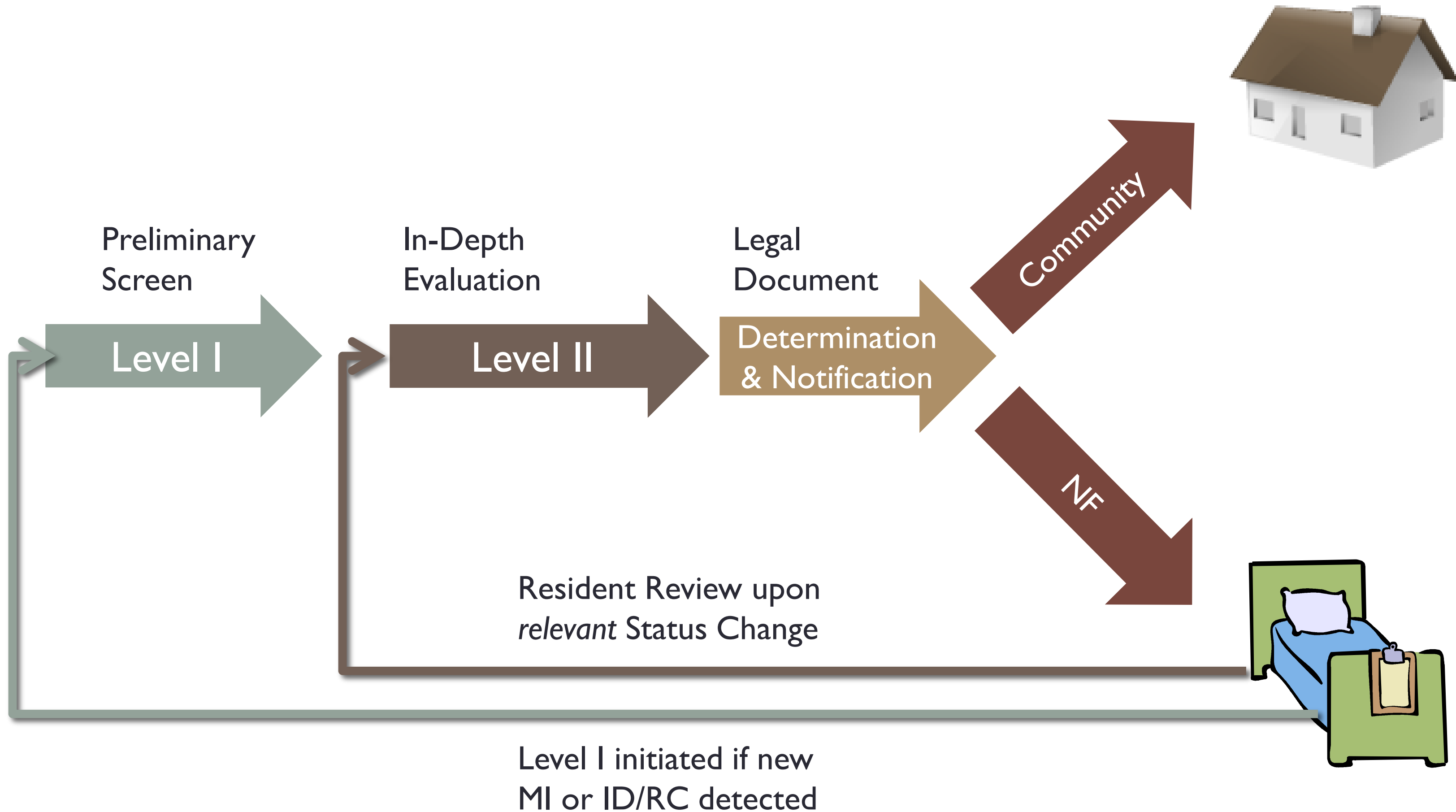
Three Purposes of PASRR

1. To ensure that individuals are evaluated for evidence of possible mental illness (MI), intellectual disability (ID), or related condition (RC).
2. To see that community is considered as a placement option.
3. To identify the services individuals need, wherever they are placed.

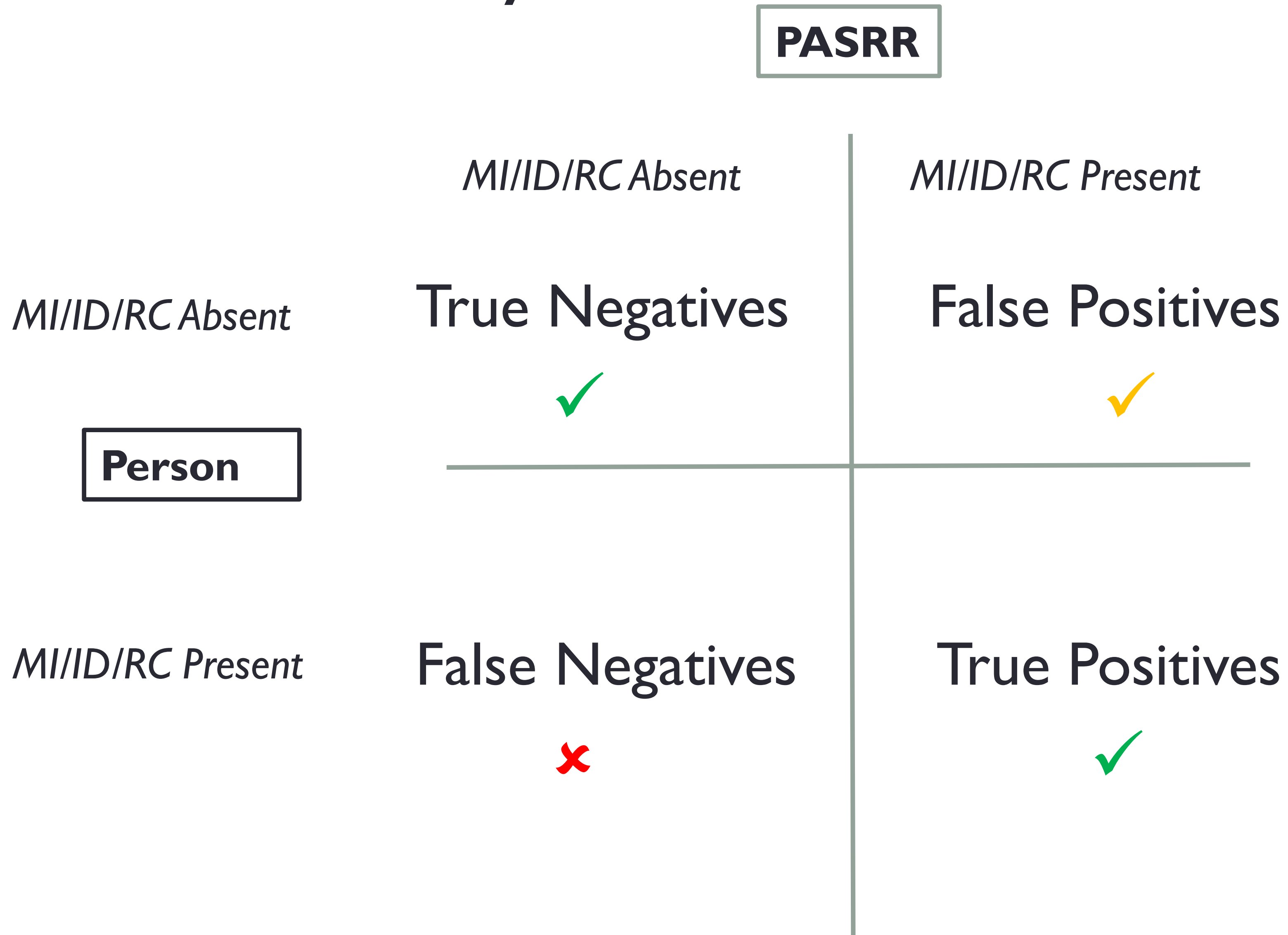
Design and Implications of PASRR

- Required before admission to a Medicaid-certified nursing facility (NF), regardless of insurance.
- Level I = Rough screen for possible serious MI, ID, or RC.
- Level II = Comprehensive evaluation, and determination of need and appropriate placement.
- Administrative activity at enhanced 75% match.
- Tool for diversion, transition, rebalancing.
- Implications for HCBS, esp. §1915(c) waivers.

The PASRR Process: A Basic Sketch



PASRR as a Detection System



Review Of MDS

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 nationally.

Purposes of MDS

1. Assess nursing home quality and help monitor the health and welfare of nursing facility (NF) residents.
2. Generate quality improvement measurements that nursing homes use internally and that state surveyors use in the survey and certification process.
3. Help states assess the cost effectiveness of care protocols.
4. Set long-term nursing home reimbursement rates.
5. 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.
- Timing:
  - Within 14 days of admission
  - At quarterly and yearly intervals; annual surveys more detailed
  - Upon significant change in condition

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.

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
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):**
B. **CMS Certification Number (CCN):**
C. **State Provider Number:**

A0200. Type of Provider

Enter Code
Type of provider
1. **Nursing home (SNF/NF)**
2. **Swing Bed**

A0310. Type of Assessment

Enter Code
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
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
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
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
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
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
G. **Type of discharge** - Complete only if A0310F = 10 or 11
1. **Planned**
2. **Unplanned**

A0410. Submission Requirement

Enter Code
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:**
B. **Middle initial:**
C. **Last name:**
D. **Suffix:**

A0600. Social Security and Medicare Numbers

A. **Social Security Number:**
_ _ _ – _ _ – _ _ _ _
B. **Medicare number** (or comparable railroad insurance number):

A0700. Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient

A0800. Gender

Enter Code
1. **Male**
2. **Female**

A0900. Birth Date

Month – Day – Year

A1000. Race/Ethnicity

↓ **Check all that apply**
- [ ] A. **American Indian or Alaska Native**
- [ ] B. **Asian**
- [ ] C. **Black or African American**
- [ ] D. **Hispanic or Latino**
- [ ] E. **Native Hawaiian or Other Pacific Islander**
- [ ] F. **White**

Population in Nursing Homes

- 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 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	**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**

Dataset for Current Analysis

- MDS 3.0: October 1, 2010-December 31, 2014
- Focused on 2012 and 2014 – first years with A1510.

Ways Of Counting NF Residents

"Census" Method

- Everyone in a Medicaid-certified NF as of December 31…
- Who has been observed at least once in past 150 days.

“New Admission” Method

- All admissions records for a given year.
- For individuals who have no admissions records in prior years.

Uses of These Methods

- Census method used by CMS and other contractors.
- New admissions method used in academic literature.
- Little overlap between them:
  - < 20 percent
  - New admissions counts residents who are recuperating
  - Census counts long-stay residents

Prevalence of Intellectual Disabilities (ID) and Related Conditions (RC)

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: Other Active Dx

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

Other

I8000. Additional active diagnoses
Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.

A. ______________________ [ ][ ][ ][ ][ ][ ][ ][ ]

B. ______________________ [ ][ ][ ][ ][ ][ ][ ][ ]

C. ______________________ [ ][ ][ ][ ][ ][ ][ ][ ]

D. ______________________ [ ][ ][ ][ ][ ][ ][ ][ ]

E. ______________________ [ ][ ][ ][ ][ ][ ][ ][ ]

F. ______________________ [ ][ ][ ][ ][ ][ ][ ][ ]

G. ______________________ [ ][ ][ ][ ][ ][ ][ ][ ]

H. ______________________ [ ][ ][ ][ ][ ][ ][ ][ ]

I. ______________________ [ ][ ][ ][ ][ ][ ][ ][ ]

J. ______________________ [ ][ ][ ][ ][ ][ ][ ][ ]

ICD Codes Included for ID/RC

- 317-319: intellectual disabilities
- 758: chromosomal abnormalities associated with ID/RC
- V79: certain special screenings for I/DD

Detection Rates of ID/RC by Different Dx Items

Year	Census	A1510B/C (PASRR)	A1510B/C *or* At Least One A1550	A1510B/C *or* At Least One A1550 *or* At Least One I8000
2012	1,112,560	2.1%	2.3%	3.1%
2013	1,296,579	2.2%	2.4%	3.2%
2014	1,288,598	2.2%	2.5%	3.3%

PASRR identifies about 2/3 of individuals with ID/RC.

Prevalence of Mental Illness (MI)

Section I: Other MI Dx

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: Other Active Dx

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

Other

I8000. Additional active diagnoses
Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.

A. ____________________ ☐☐☐☐☐☐☐☐

B. ____________________ ☐☐☐☐☐☐☐☐

C. ____________________ ☐☐☐☐☐☐☐☐

D. ____________________ ☐☐☐☐☐☐☐☐

E. ____________________ ☐☐☐☐☐☐☐☐

F. ____________________ ☐☐☐☐☐☐☐☐

G. ____________________ ☐☐☐☐☐☐☐☐

H. ____________________ ☐☐☐☐☐☐☐☐

I. ____________________ ☐☐☐☐☐☐☐☐

J. ____________________ ☐☐☐☐☐☐☐☐

Two Categories of Mental Illness: Narrow and Broad

- Narrow:
  - Schizophrenia
  - Bipolar Disorder
  - Other psychotic disorder
- Broad
  - Types of MI in Narrow definition
  - *Plus* all other types in Section I and ICD codes:
    - 295-302
    - 306-314

Detection Rates of Narrow MI by Different Dx Items

Year	Census	A1510A (PASRR)	A1510A *Or* At Least One I5700-6100	A1510A *Or* At Least One I5700-6100 *Or* At Least One I8000
2012	1,112,560	3.6%	19.4%	36.4%
2013	1,296,579	4.1%	20.3%	35.2%
2014	1,288,598	4.4%	20.2%	32.9%

PASRR identifies less than 20% of individuals with narrow MI.

Detection Rates of Broad MI by Different Dx Items

Year	Census	A1510A (PASRR)	A1510A *Or* At Least One I5700-6100	A1510A *Or* At Least One I5700-6100 *Or* At Least One I8000
2012	1,112,560	3.6%	61.5%	70.6%
2013	1,296,579	4.1%	62.2%	70.3%
2014	1,288,598	4.4%	62.1%	69.2%

PASRR identifies about 5% of individuals with broad MI.

Important Note

- While many states made changes to their Level I tools (see next section), it is too soon to detect the impact of those changes on detection rates in nursing homes.

Summary

- PASRR does a decent (if imperfect) job identifying individuals with ID/RC.
- PASRR does a poor job of identifying individuals with serious MI.

Possible Explanations

1. Nursing home residents accurately record PASRR status, but PASRR programs fail to identify individuals with MI, because (e.g.) Level I screens are too restrictive.
2. Nursing home assessors are not accurately recording PASRR status.

Not mutually exclusive.

Questions for Future Research

- How do outcomes for people with MI compare for when detected by PASRR vs. not detected by PASRR?
- Do claims data show any evidence of individuals receiving services we might classify as Specialized Services?

LEVEL I FINDINGS

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What the CFR Says about Level I

- The Level I process should identify all individuals who are "suspected of having" a PASRR disability, per 42 CFR 483.128(a).
- Level I should not be a quick Level II. It is supposed to be more "open-minded" than Level II.

Design Principles for a Level I Screen

- *Sensitivity*: Identifies individuals who *might* have a PASRR disability. Should generate false positives.
- *Specificity*: Screens out individuals with no sign of PASRR disability.
- *Usability*: Usable by screeners without clinical experience.
- *Accuracy*: Gets definitions (e.g., age ranges) right.
- *Informativeness*: Captures information that would inform Level II.

What We Reviewed

- Level I screens (tools)
- Did *not* review polices and procedures or any other programmatic information.

14 Level I Data Elements

# on Fact Sheet	Element	Type/Category
1.1	MI Dx	MI
1.2	Substance abuse	MI
1.3	Interpersonal symptoms	MI
1.4	Difficulty completing tasks	MI
1.5	Adapting to change	MI
2.1	ID/DD Dx	ID/RC
2.2	ID/DD age of onset	ID/RC
2.3	Evidence of RC	ID/RC
2.4	RC age of onset	ID/RC
2.5	Receipt of ID/DD services	ID/RC
3.1	Evidence of undiagnosed condition	General Behavior
3.2	Functional limitations	General Behavior
4.1	Primary dementia Dx	Dementia
4.2	Documented evidence of primary dementia	Dementia

Scoring

- Absent
- Partial
- Comprehensive
- Good inter-coder reliability
- Comprehensiveness score = # comprehensive items divided by 14.

IMPORTANT: What "Comprehensive" Means

- *Not* a judgment of compliance, because the CFR does not provide details about Level I.
- Rather, a judgment of adherence to design principles that meet the goals of Level II – more important than notions of strict compliance.

Process

- Draft Fact Sheets distributed to states in mid-August.
- Distributed to staff in PTAC contact database.
- PTAC had option to respond with comments/requests.
- Followed up with emails and phone calls.
- Changes made where we reviewed the wrong form or it had recently been changed.

What We Learned from States

- We listened to state concerns about our coding, and often changed our scores.
- Age ranges: In future analyses, we will accept any age limit equal to or higher than the CFR limits (18 or ID; 22 for RC) – but not this year.
- States are eager for a strong evidence-based approach.

Common Concerns and Responses: What PTAC Learned from States

Concern	Response
Criteria should come from CFR.	CFR specifies Level II, *not* Level I.
Substance abuse not MI as described in CFR.	True, but often a good indicator of possible MI – a plausible trigger.
Look-back period for impairments or hospitalization should be narrow. Otherwise, # of Level IIs will explode.	Most Fact Sheets use the look-back period for Level II, which is too narrow. Fixed period for look-back may be appropriate, but concern about false positives is misplaced: MDS suggests vastly too many false *negatives*.
Age ranges, especially for intellectual disability, do not align with ranges otherwise used by the state.	In future analyses of Level I, we will accept any age equal to or greater than the age specified in the CFR (18+ for ID, 22+ DD/RC)

National Results in Quartiles

Level of Comprehensiveness	# States	% States 2015	*% States 2014*
76%-100%	19	37.2%	*11.7%*
51%-75%	14	27.5%	*29.4%*
26%-50%	15	29.4%	*52.9%*
≤ 25%	3	5.9%	*5.9%*

- In 2015, most Level I tools *do* reflect the design principles that would help Level I meet the goals of Level II.
- Need for systems-level improvement still obvious: 1/3 of state tools do not reflect these principles.

In Conclusion

- Analysis of MDS and Level I tools together suggest that PASRR often doesn't work.
- Missing people who ought to have a Level II.
- Individuals with PASRR disabilities are not getting the Specialized Services they need to preserve and improve functioning and be good candidates for transition.
- Ultimately: a violation of *Olmstead*.

What's Next?

- Long-term project to identify evidence-based justifications for Level I items; states can help by running their own analyses to see which items discriminate.
- Other topics under consideration:
  - Hospital discharge exemptions
  - Categorical determinations
  - Measures of quality
- We will let states know well in advance the kinds of analyses we intend to perform.

Remember: TA is Available!

- Free TA from PTAC to review tools, procedures, etc.
- PTAC can help states analyze MDS data (within limits).
- Travel is also free, if required.
- Faulty PASRR programs mean people don't get what they need *and states are at risk* of compliance actions or suits.

Call or Email Us

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- edward.kako@pasrrassist.org
- 415-263-9887

QUESTIONS?

NETWORKING WITH NAPP
(NATIONAL ASSOCIATION OF PASRR PROFESSIONALS)
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, October 27th , 2015

1 PM EST

To register for the session, please contact Betty Ferdinand: (bferdinand@cii.us.com).

A reminder invite will be sent to all webinar participants.