

# THE POWER AND POSSIBILITY OF PASRR WEBINAR SERIES

# WEBINAR ASSISTANCE

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For further webinar and PASRR-related assistance, contact Smita Patil ([spatil@mission-ag.com](mailto:spatil@mission-ag.com)).

*Please note that you must attend the entirety (90 minutes) of this webinar if you wish to receive Continuing Education credits.*



# 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, March 28<sup>th</sup>, 2017

1 PM EST

<https://truvenhealth.webex.com/truvenhealth/onstage/g.php?MTID=e942080b2e1579e1b2b6ed4bd746631cc>

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To register for the session, please contact Smita Patil ([spatil@mission-ag.com](mailto:spatil@mission-ag.com)).

A reminder invite will be sent to all webinar participants.



# 2016 PASRR National Report: Recent Findings from the Minimum Data Set (MDS) and an Analysis of Quality Monitoring and Quality Improvement (QM/QI)

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Ed Kako, PASRR Technical Assistance Center (PTAC)

March 14, 2017

Power and Possibility of PASRR Webinar Series

# National Report

- Result of Analyzing State PASRR Programs
- Released annually
- PTAC website: [www.PASRRassist.org](http://www.PASRRassist.org)
- Report – Home Page > Reports > 2016  
National Report
- Purpose of this webinar: To summarize National Report and highlight key findings

# 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).

# 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](http://www.PASRRassist.org)

- Research

- Screening and Evaluation Tools (Level I and Level II)
- MDS
- Quality Monitoring (QM) and Quality Improvement (QI)
- Links between MDS and other administrative datasets

# Overview of Talk

- Brief review of PASRR
- QM/QI
  - What kind of data should states collect?
  - How did we assess data collection across states?
- MDS
  - History and purpose
  - Relevant sections and items
  - Key findings: PASRR identifies most individuals with ID/RC but *misses* many individuals with MI
- Questions

# BRIEF REVIEW OF PASRR

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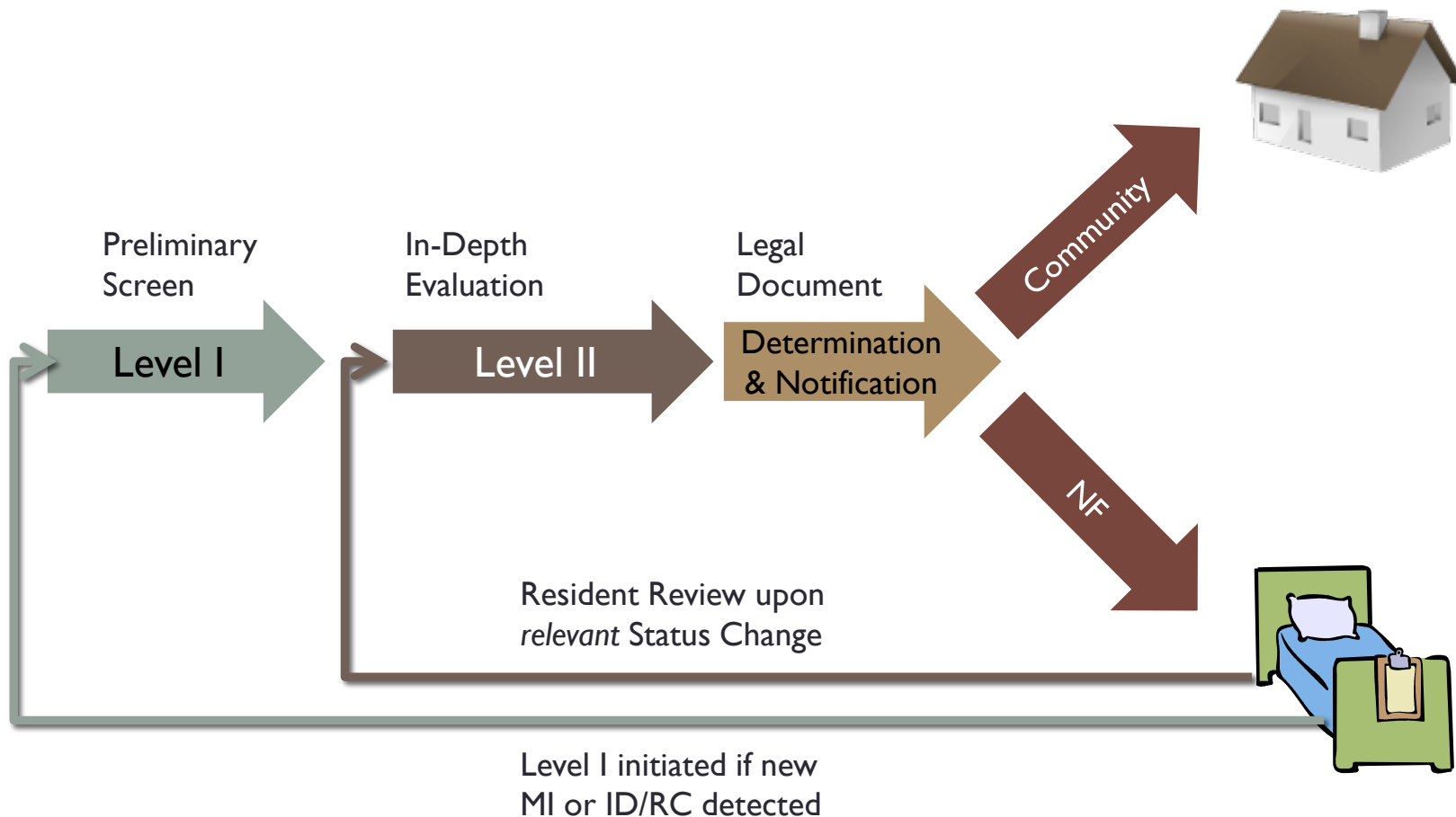
# Three Purposes of PASRR

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.

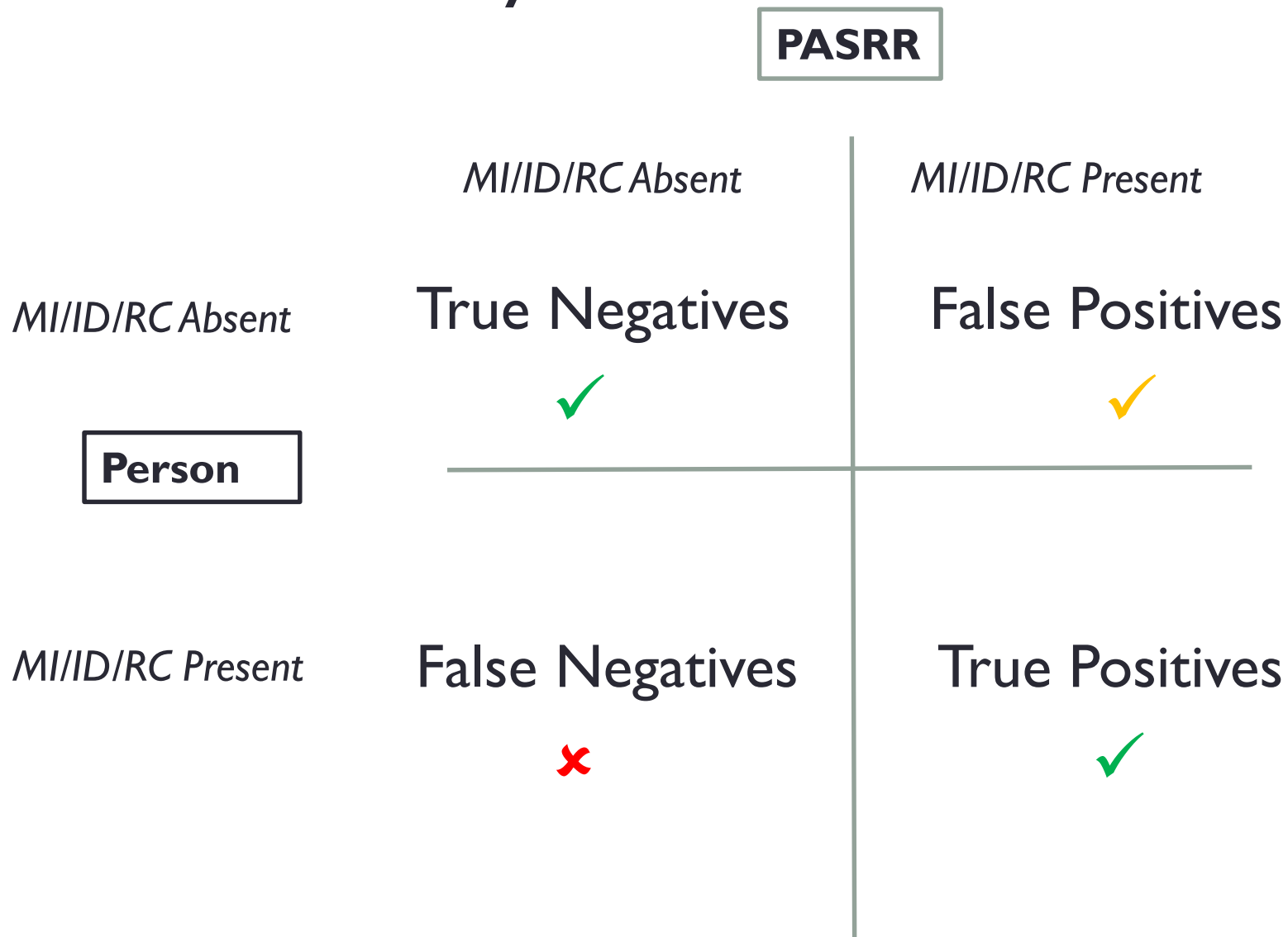
# The PASRR Process: A Basic Sketch



# PASRR Process

- Level I preliminary screen + determination
- Level II evaluation + determination
- Level II includes determination of placement (nursing home, community) and Specialized Services
- Once resident, after change in condition, new Level II (Resident Review) to evaluate placement and services

# PASRR as a Detection System



# PASRR as Detection System

- Desired: True Positives
- Desired: True Negatives
- Minimize: False Positives (costly)
- Aim for No: Negatives (people missed)

# QUALITY MONITORING /QUALITY IMPROVEMENT

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# Methods

- Identified a series of data elements states should be able to track and report for adequate quality monitoring/quality improvement (more details in following slides).
- Gathered as much publicly available information as we could from state web sites.
- Indicate “Yes,” “No” or “NI” (Not Indicated).
- Tallied up across states.



# Fact Sheets

- Distributed draft fact sheets to states with preliminary analysis findings.
- Gave states opportunity to correct our findings, or to supplement them.
- Data from final fact sheets went into National Report.

# DATA ELEMENTS

# Level I Screens

Measure
<i>Total # of NF admissions statewide</i>
Total # of Level I's performed statewide
# of Level I's that were done prior to admission
# of Level I's that were done prior to admission
# of positive Level I's
% of Level I's testing positive
# of negative Level I's
% of Level I's testing negative

Statistics on number and percentages of Level Is and their determinations

# Exempted Hospital Discharges

<i>Exempted Hospital Discharges (EHDs)</i>
# of NF admissions
# of NF admissions under exempted hospital discharges (EHDs)
% of NF admissions under EHDs
# of EHDs with stays longer than 45 days
% of EHDs longer than 45 days

Statistics on use of Exempted Hospital Discharges

# Preadmission Level II Evaluations

<i>Preadmission Evaluation (Preadmission Screens) – Level II evaluations</i>
# of preadmission screens (PAS) – Level II evaluations
# of PAS that were done prior to admission
% of PAS that were done prior to admission
# of positive PAS (i.e., finding of MI or ID/RC)
% of PAS leading to positive determinations
# of positive determinations that recommend Specialized Services
% of positive determinations that recommend Specialized Services
# of categorical determinations
% of categorical determinations
# of positive PAS recommending either community placement or any institutional placement
% of positive PAS recommending either community placement or any institutional placement
# of positive PAS recommending any institutional placement (NF, ICF/IID, or inpatient psychiatric)
% of positive PAS recommending any institutional placement (NF, ICF/IID, or inpatient psychiatric)
# of positive PAS recommending institutional placement (ICF/IID or inpatient psychiatric)
% of positive PAS recommending institutional placement (ICF/IID or inpatient psychiatric)
# of positive PAS recommending institutional placement (NF)
% of positive PAS recommending institutional placement (NF)
# of positive PAS recommending community placement
% of positive PAS recommending community placement
# of positive PAS leading to institutional placement (NF)
% of positive PAS leading to institutional placement (NF)
# of positive PAS leading to institutional placement (ICF/IID or inpatient psychiatric)
% of positive PAS leading to institutional placement (ICF/IID or inpatient psychiatric)
# of positive PAS leading to community placement
% of positive PAS leading to community placement
annual average time (days) between Level I and Level II PAS determination

Statistics on number and percentages of Level IIs and their determinations

# Resident Reviews (Level II Evaluations)

<i>Resident Review (RR) – Level II evaluations</i>
# of resident reviews (RR) – Level II evaluations
# of positive RR (i.e., finding of MI or ID/RC)
% of RR leading to positive determinations
# of negative RR (i.e., finding of no MI, no ID/RC)
% of RR leading to negative determinations
# of positive RR recommending continued NF placement
% of positive RR recommending continued NF placement
# of positive RR recommending community placement
% of positive RR recommending community placement
# of positive RR leading to continued NF placement
% of positive RR leading to continued NF placement
# of positive RR leading to community placement
% of positive RR leading to community placement

Statistics on number and percentages of Resident Reviews and their determinations

# FINDINGS

# SMI: Level I Screens

<i>Total # of NF admissions statewide</i>	Yes	% Yes	No	% No	NI	% NI
Total # of Level I's performed statewide	15	47%	8	25%	9	28%
# of Level I's that were done prior to admission	13	41%	10	31%	9	28%
# of Level I's that were done prior to admission	11	34%	10	31%	11	34%
# of positive Level I's	16	50%	7	22%	9	28%
% of Level I's testing positive	14	44%	9	28%	9	28%
# of negative Level I's	15	47%	8	25%	9	28%
% of Level I's testing negative	14	44%	9	28%	9	28%



# ID/RC: Level I Screens

<i>Total # of NF admissions statewide</i>	Yes	% Yes	No	% No	NI	% NI
Total # of Level I's performed statewide	16	50%	8	25%	8	25%
# of Level I's that were done prior to admission	13	41%	11	34%	8	25%
# of Level I's that were done prior to admission	12	38%	11	34%	9	28%
# of positive Level I's	18	56%	7	22%	7	22%
% of Level I's testing positive	16	50%	9	28%	7	22%
# of negative Level I's	15	47%	9	28%	8	25%
% of Level I's testing negative	15	47%	9	28%	8	25%

Findings on number and percentages of Level Is and their determinations: ID/RC

# SMI: Exempted Hospital Discharges

<i>Exempted Hospital Discharges (EHDs)</i>	<i>Yes</i>	<i>% Yes</i>	<i>No</i>	<i>% No</i>	<i>NI</i>	<i>% NI</i>
# of NF admissions	15	47%	9	28%	8	25%
# of NF admissions under exempted hospital discharges (EHDs)	13	41%	10	31%	9	28%
% of NF admissions under EHDs	12	38%	11	34%	9	28%
# of EHDs with stays longer than 45 days	12	38%	11	34%	9	28%
% of EHDs longer than 45 days	12	38%	11	34%	9	28%

Findings on number and percentages of Exempted Hospital Discharges: SMI

# ID/RC: Exempted Hospital Discharges

<i>Exempted Hospital Discharges (EHDs)</i>	<i>Yes</i>	<i>% Yes</i>	<i>No</i>	<i>% No</i>	<i>NI</i>	<i>% NI</i>
# of NF admissions	16	50%	8	25%	8	25%
# of NF admissions under exempted hospital discharges (EHDs)	13	41%	9	28%	10	31%
% of NF admissions under EHDs	12	38%	10	31%	10	31%
# of EHDs with stays longer than 45 days	12	38%	10	31%	10	31%
% of EHDs longer than 45 days	12	38%	10	31%	10	31%

Findings on number and percentages of EHDs: ID/RC

# SMI: Preadmission Level IIs

<i>Preadmission Evaluation (Preadmission Screens) – Level II evaluations</i>	Yes	% Yes	No	% No	NI	% NI
# of preadmission screens (PAS) – Level II evaluations	22	69%	2	6%	8	25%
# of PAS that were done prior to admission	18	56%	6	19%	8	25%
% of PAS that were done prior to admission	16	50%	7	22%	9	28%
# of positive PAS (i.e., finding of MI or ID/RC)	20	63%	4	13%	8	25%
% of PAS leading to positive determinations	18	56%	5	16%	9	28%
# of positive determinations that recommend Specialized Services	21	66%	3	9%	8	25%
% of positive determinations that recommend Specialized Services	19	59%	4	13%	9	28%
# of categorical determinations	14	44%	7	22%	11	34%
% of categorical determinations	13	41%	8	25%	11	34%
# of positive PAS recommending either community placement or any institutional placement	17	53%	7	22%	8	25%
% of positive PAS recommending either community placement or any institutional placement	18	56%	6	19%	8	25%
# of positive PAS recommending any institutional placement (NF, ICF/IID, or inpatient psychiatric)	19	59%	5	16%	8	25%
% of positive PAS recommending any institutional placement (NF, ICF/IID, or inpatient psychiatric)	18	56%	6	19%	8	25%
# of positive PAS recommending institutional placement (ICF/IID or inpatient psychiatric)	16	50%	7	22%	9	28%
% of positive PAS recommending institutional placement (ICF/IID or inpatient psychiatric)	15	47%	8	25%	9	28%
# of positive PAS recommending institutional placement (NF)	18	56%	5	16%	9	28%
% of positive PAS recommending institutional placement (NF)	17	53%	6	19%	9	28%
# of positive PAS recommending community placement	17	53%	7	22%	8	25%
% of positive PAS recommending community placement	17	53%	7	22%	8	25%
# of positive PAS leading to institutional placement (NF)	12	38%	12	38%	8	25%
% of positive PAS leading to institutional placement (NF)	11	34%	13	41%	8	25%
# of positive PAS leading to institutional placement (ICF/IID or inpatient psychiatric)	7	22%	17	53%	8	25%
% of positive PAS leading to institutional placement (ICF/IID or inpatient psychiatric)	6	19%	18	56%	8	25%
# of positive PAS leading to community placement	6	19%	18	56%	8	25%
% of positive PAS leading to community placement	6	19%	18	56%	8	25%
annual average time (days) between Level I and Level II PAS determination	15	47%	8	25%	9	28%

Findings on number and percentages of Level IIs: SMI

# ID/RC: Preadmission Level IIs

<i>Preadmission Evaluation (Preadmission Screens) – Level II evaluations</i>	Yes	% Yes	No	% No	NI	% NI
# of preadmission screens (PAS) – Level II evaluations	23	72%	3	9%	6	19%
# of PAS that were done prior to admission	17	53%	8	25%	7	22%
% of PAS that were done prior to admission	16	50%	9	28%	7	22%
# of positive PAS (i.e., finding of MI or ID/RC)	22	69%	4	13%	6	19%
% of PAS leading to positive determinations	19	59%	6	19%	7	22%
# of positive determinations that recommend Specialized Services	21	66%	4	13%	7	22%
% of positive determinations that recommend Specialized Services	18	56%	6	19%	8	25%
# of categorical determinations	15	47%	6	19%	11	34%
% of categorical determinations	14	44%	7	22%	11	34%
# of positive PAS recommending either community placement or any institutional placement	18	56%	7	22%	7	22%
% of positive PAS recommending either community placement or any institutional placement	17	53%	8	25%	7	22%
# of positive PAS recommending any institutional placement (NF, ICF/IID, or inpatient psychiatric)	18	56%	8	25%	6	19%
% of positive PAS recommending any institutional placement (NF, ICF/IID, or inpatient psychiatric)	17	53%	9	28%	6	19%
# of positive PAS recommending institutional placement (ICF/IID or inpatient psychiatric)	15	47%	9	28%	8	25%
% of positive PAS recommending institutional placement (ICF/IID or inpatient psychiatric)	14	44%	10	31%	8	25%
# of positive PAS recommending institutional placement (NF)	18	56%	9	28%	5	16%
% of positive PAS recommending institutional placement (NF)	17	53%	9	28%	6	19%
# of positive PAS recommending community placement	16	50%	10	31%	6	19%
% of positive PAS recommending community placement	15	47%	10	31%	7	22%
# of positive PAS leading to institutional placement (NF)	12	38%	12	38%	8	25%
% of positive PAS leading to institutional placement (NF)	11	34%	13	41%	8	25%
# of positive PAS leading to institutional placement (ICF/IID or inpatient psychiatric)	5	16%	18	56%	9	28%
% of positive PAS leading to institutional placement (ICF/IID or inpatient psychiatric)	4	13%	19	59%	9	28%
# of positive PAS leading to community placement	6	19%	19	59%	7	22%
% of positive PAS leading to community placement	5	16%	19	59%	8	25%
annual average time (days) between Level I and Level II PAS determination	16	50%	8	25%	8	25%

Findings on number and percentages of Level IIs and their determinations: ID/RC

# SMI: Level II Resident Reviews

<i>Resident Review (RR) – Level II evaluations</i>	<i>Yes</i>	<i>% Yes</i>	<i>No</i>	<i>% No</i>	<i>NI</i>	<i>% NI</i>
# of resident reviews (RR) – Level II evaluations	21	66%	4	13%	7	22%
# of positive RR (i.e., finding of MI or ID/RC)	19	59%	5	16%	8	25%
% of RR leading to positive determinations	17	53%	7	22%	8	25%
# of negative RR (i.e., finding of no MI, no ID/RC)	18	56%	6	19%	8	25%
% of RR leading to negative determinations	17	53%	7	22%	8	25%
# of positive RR recommending continued NF placement	19	59%	5	16%	8	25%
% of positive RR recommending continued NF placement	18	56%	6	19%	8	25%
# of positive RR recommending community placement	15	47%	9	28%	8	25%
% of positive RR recommending community placement	15	47%	9	28%	8	25%
# of positive RR leading to continued NF placement	14	44%	10	31%	8	25%
% of positive RR leading to continued NF placement	12	38%	11	34%	9	28%
# of positive RR leading to community placement	7	22%	16	50%	9	28%
% of positive RR leading to community placement	7	22%	16	50%	9	28%

Findings on number and percentages of Resident Reviews: SMI

# ID/RC: Resident Reviews

<i>Resident Review (RR) – Level II evaluations</i>	Yes	% Yes	No	% No	NI	% NI
# of resident reviews (RR) – Level II evaluations	20	63%	5	16%	7	22%
# of positive RR (i.e., finding of MI or ID/RC)	19	59%	6	19%	7	22%
% of RR leading to positive determinations	17	53%	8	25%	7	22%
# of negative RR (i.e., finding of no MI, no ID/RC)	15	47%	9	28%	8	25%
% of RR leading to negative determinations	15	47%	9	28%	8	25%
# of positive RR recommending continued NF placement	17	53%	6	19%	9	28%
% of positive RR recommending continued NF placement	17	53%	6	19%	9	28%
# of positive RR recommending community placement	14	44%	9	28%	9	28%
% of positive RR recommending community placement	14	44%	9	28%	9	28%
# of positive RR leading to continued NF placement	13	41%	10	31%	9	28%
% of positive RR leading to continued NF placement	12	38%	11	34%	9	28%
# of positive RR leading to community placement	7	22%	16	50%	9	28%
% of positive RR leading to community placement	7	22%	16	50%	9	28%

## Summary of QM/QI Findings

- A range of 25%-50% of states can report on specific data elements.
- The more specific/specialized the data element (e.g., community placement), the less likely a state is to be able to report it.



# REVIEW OF MDS

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# 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](#)).

## MDS vs PASRR

- MDS does not evaluate for disabilities defined for the purposes of PASRR.
- It does not recommend individualized needs targeted to specific people.
- PASRR is a specialized process, that takes place before admission; MDS is a general record of resident condition/well-being at a point in time.

# 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

# 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	
<b>A0050. Type of Record</b>	
Enter Code <input type="checkbox"/>	1. <b>Add new record</b> → Continue to A0100, Facility Provider Numbers 2. <b>Modify existing record</b> → Continue to A0100, Facility Provider Numbers 3. <b>Inactivate existing record</b> → Skip to X0150, Type of Provider
<b>A0100. Facility Provider Numbers</b>	
A. National Provider Identifier (NPI): <input type="text"/>	
B. CMS Certification Number (CCN): <input type="text"/>	
C. State Provider Number: <input type="text"/>	
<b>A0200. Type of Provider</b>	
Enter Code <input type="checkbox"/>	<b>Type of provider</b> 1. Nursing home (SNF/NF) 2. Swing Bed
<b>A0310. Type of Assessment</b>	
Enter Code <input type="checkbox"/>	<b>A. Federal OBRA Reason for Assessment</b> 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>B. PPS Assessment</b> <b>PPS Scheduled Assessments for a Medicare Part A Stay</b> 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 <b>PPS Unscheduled Assessments for a Medicare Part A Stay</b> 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"/>	<b>C. PPS Other Medicare Required Assessment - OMRA</b> 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"/>	<b>D. Is this a Swing Bed clinical change assessment?</b> Complete only if A0200 = 2 0. No 1. Yes

A0310 continued on next page

Section A Identification Information	
<b>A0310. Type of Assessment - Continued</b>	
Enter Code <input type="checkbox"/>	<b>E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?</b> 0. No 1. Yes
Enter Code <input type="checkbox"/>	<b>F. Entry/discharge reporting</b> 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"/>	<b>G. Type of discharge</b> - Complete only if A0310F = 10 or 11 1. Planned 2. Unplanned
<b>A0410. Submission Requirement</b>	
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
<b>A0500. Legal Name of Resident</b>	
A. First name: <input type="text"/>	
B. Middle initial: <input type="text"/>	
C. Last name: <input type="text"/>	
D. Suffix: <input type="text"/>	
<b>A0600. Social Security and Medicare Numbers</b>	
A. Social Security Number: <input type="text"/>	
B. Medicare number (or comparable railroad insurance number): <input type="text"/>	
<b>A0700. Medicaid Number</b> - Enter "+" if pending, "N" if not a Medicaid recipient <input type="text"/>	
<b>A0800. Gender</b>	
Enter Code <input type="checkbox"/>	1. Male 2. Female
<b>A0900. Birth Date</b>	
<input type="text"/> - <input type="text"/> - <input type="text"/> Month Day Year	
<b>A1000. Race/Ethnicity</b>	
↓ 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

## 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

<b>A1500. Preadmission Screening and Resident Review (PASRR)</b>	
Complete only if A0310A = 01, 03, 04, or 05	
Enter Code <input type="checkbox"/>	<p><b>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?</b></p> <p>0. <b>No</b> → Skip to A1550, Conditions Related to ID/DD Status</p> <p>1. <b>Yes</b> → Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions</p> <p>9. <b>Not a Medicaid-certified unit</b> → Skip to A1550, Conditions Related to ID/DD Status</p>
<b>A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions</b>	
Complete only if A0310A = 01, 03, 04, or 05	
↓ <b>Check all that apply</b>	
<input type="checkbox"/>	<b>A. Serious mental illness</b>
<input type="checkbox"/>	<b>B. Intellectual Disability ("mental retardation" in federal regulation)</b>
<input type="checkbox"/>	<b>C. Other related conditions</b>



# MDS METHODOLOGY

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## Dataset for Current Analysis

- MDS 3.0: October 1, 2010-December 31, 2015
- Focused on 2012-2015 because they have A1510, which asks assessors to indicate which type of PASRR disability an individual has.

## “Census” Method

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

# PREVALENCE OF INTELLECTUAL DISABILITIES (ID) AND RELATED CONDITIONS (RC)

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# Section A: Identification Information

Section A		Identification Information	
<b>A1550. Conditions Related to ID/DD Status</b>			
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			
↓ <b>Check all conditions that are related to ID/DD status</b> that were manifested before age 22, and are likely to continue indefinitely			
		<b>ID/DD With Organic Condition</b>	
<input type="checkbox"/>		<b>A. Down syndrome</b>	
<input type="checkbox"/>		<b>B. Autism</b>	
<input type="checkbox"/>		<b>C. Epilepsy</b>	
<input type="checkbox"/>		<b>D. Other organic condition related to ID/DD</b>	
		<b>ID/DD Without Organic Condition</b>	
<input type="checkbox"/>		<b>E. ID/DD with no organic condition</b>	
		<b>No ID/DD</b>	
<input type="checkbox"/>		<b>Z. None of the above</b>	



# ICD (International Classification of Diseases) 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

<b>Year</b>	<b>Census</b>	<b>A1510B/C (PASRR)</b>	<b>A1510B/C or At Least One A1550</b>	<b>A1510B/C or At Least One A1550 or At Least One I8000</b>
2012	1,112,560	2.1%	2.3%	3.1%
2013	1,296,579	2.2%	2.4%	3.2%
2014	1,292,578	2.2%	2.5%	3.3%
2015	1,268,609	2.3%	2.6%	3.1%

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



# PREVALENCE OF MENTAL ILLNESS (MI)

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# Section I: Other MI 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)**



# 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%	21.3%
2013	1,296,579	4.1%	20.3%	22.3%
2014	1,292,578	4.5%	20.2%	22.3%
2015	1,268,609	4.8%	20.0%	21.4%

PASRR identifies about 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	1,292,578	4.5%	62.2%	63.8%
2015	1,268,609	4.8%	60.0%	63.1%

PASRR identifies about 7.5% of individuals with broad MI.

# 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 exhaustive or mutually exclusive.*



## Important Note

- While many states have made changes to their Level I and Level II tools it is likely too soon to detect the full impact of those changes on detection rates in nursing homes.

# 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?

## In Conclusion

- Most states do not collect data that would support robust QM/QI.
- Better QM/QI data would increase the number of individuals that PASRR detects.
- Failing to collect these data can increase the risk of *Olmstead* violations.
- Analysis of MDS continues to indicate that PASRR is missing people it should detect.

## What's Next?

- Work with states to improve their collection of QM/QI data.
- State-level MDS fact sheets + TA.
- Collectively: Figure out why people are being missed, and how to improve detection rates.

## 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](mailto:edward.kako@pasrrassist.org)
- 415-263-9887

# QUESTIONS?

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# 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, March 28<sup>th</sup>, 2017

1 PM EST

<https://truvenhealth.webex.com/truvenhealth/onstage/g.php?MTID=e942080b2e1579e1b2b6ed4bd746631cc>

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To register for the session, please contact Smita Patil ([spatil@mission-ag.com](mailto:spatil@mission-ag.com)).

A reminder invite will be sent to all webinar participants.





# NAPP SURVEY

(NATIONAL ASSOCIATION OF PASRR PROFESSIONALS)

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

Have you participated in the NAPP survey? Your input will provide valuable feedback to support states PASRR program developments & the delivery of specialized services. To complete the survey, click [here!](#)

You may also copy and paste the following link in your internet browser:

<https://www.surveymonkey.com/r/pasrrspecializedservices>

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