

THE POWER AND POSSIBILITY OF PASRR WEBINAR SERIES

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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.



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

Ed Kako, PASRR Technical Assistance Center (PTAC)

October 14, 2014

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: Most Level I screens do not reflect good design principles
- Questions

Brief Review Of PASRR

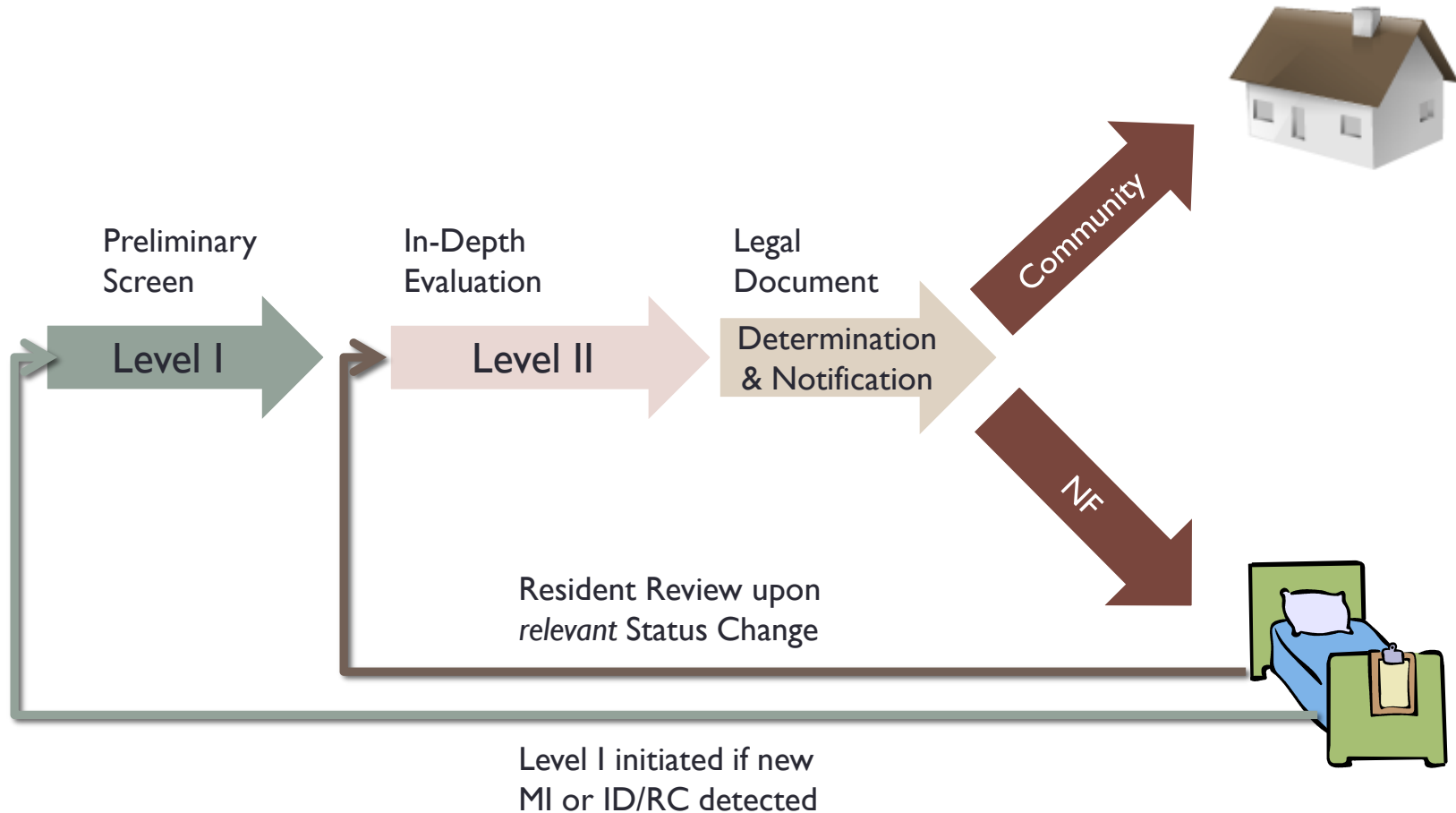
Three Purposes of PASRR

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.

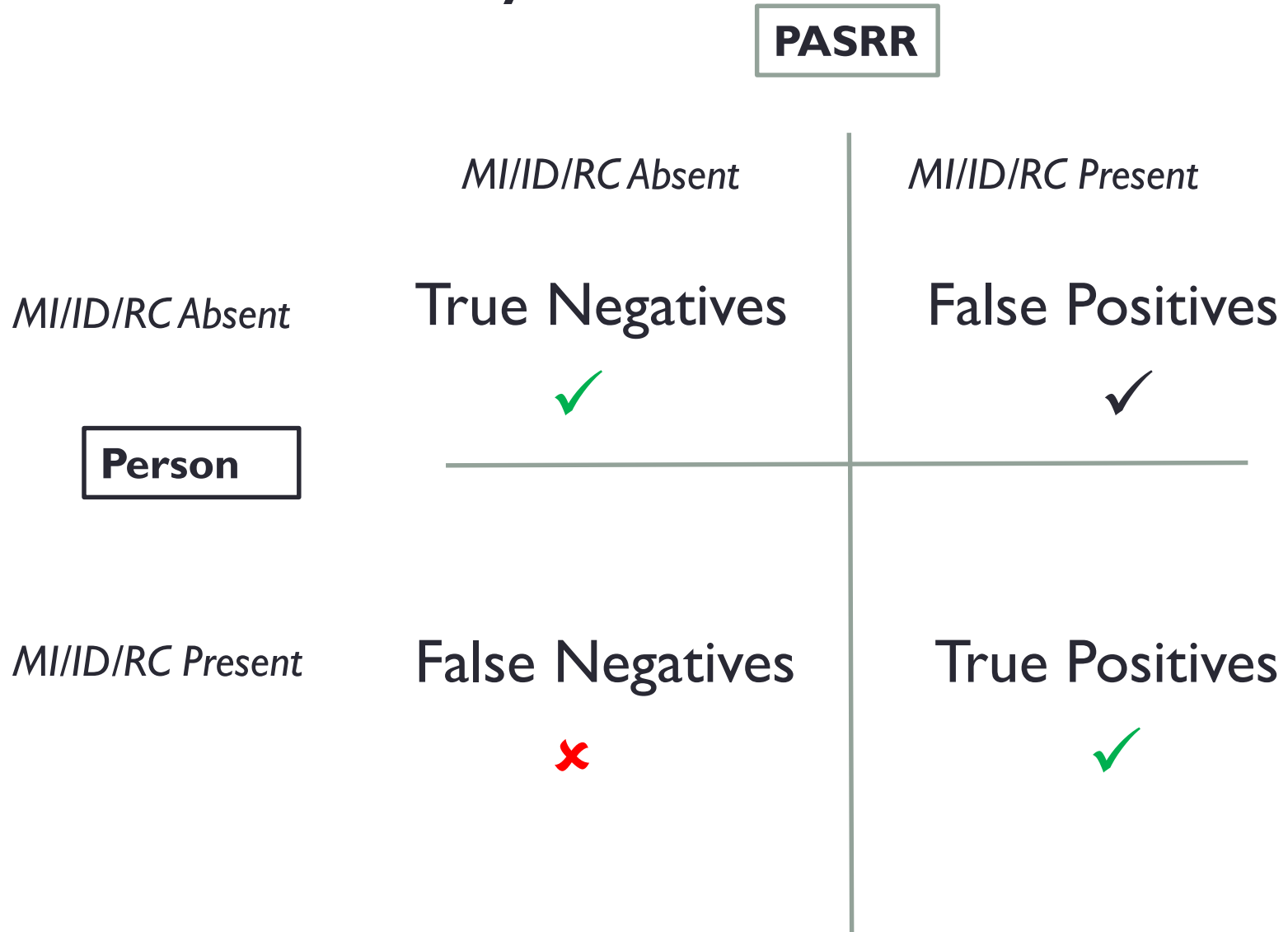
Design and Implications of PASRR

- 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 <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	

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 <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

Dataset for Current Analysis

- MDS 3.0: October 1, 2010-December 31, 2013
- Focused on 2012 and 2013 – 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.

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	
<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	

ICD Codes Included for ID/RC

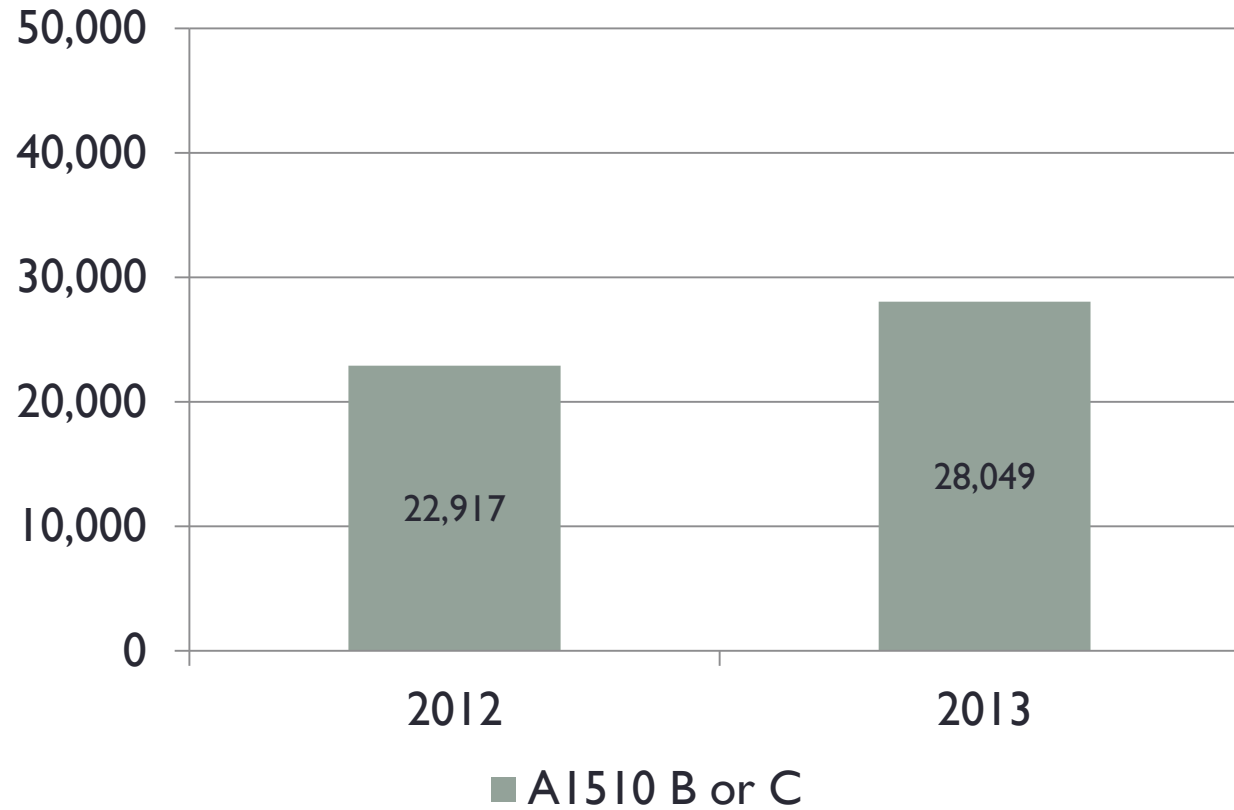
- 317-319: intellectual disabilities
- 758: chromosomal abnormalities associated with ID/RC
- V79: certain special screenings for I/DD

Detection Rates of ID/RC by Different Dx Items

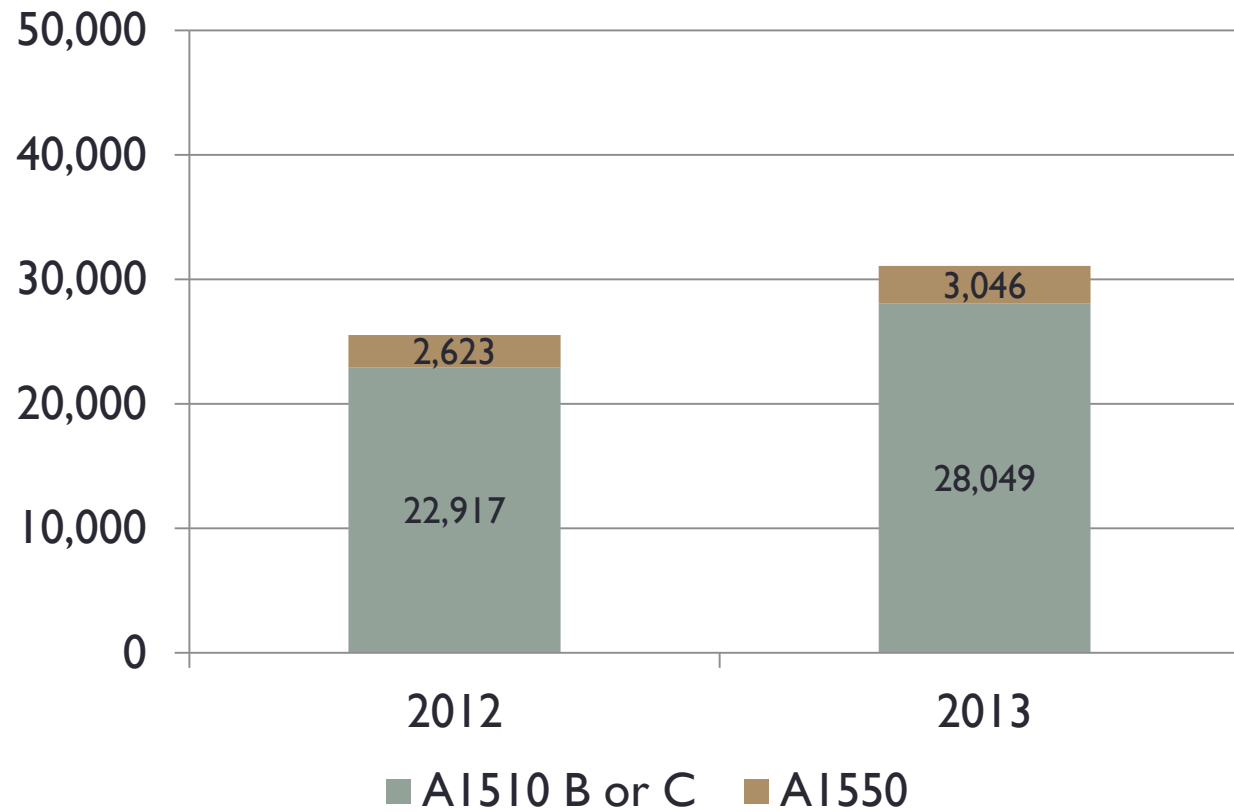
Year	Census	A1510B/C (PASRR)	A1510B/C or At Least One A1550	A1510B/C or At Least One A1550 or At Least One I8000
2012	1,112,692	2.1%	2.3%	3.1%
2013	1,292,583	2.2%	2.4%	3.2%

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

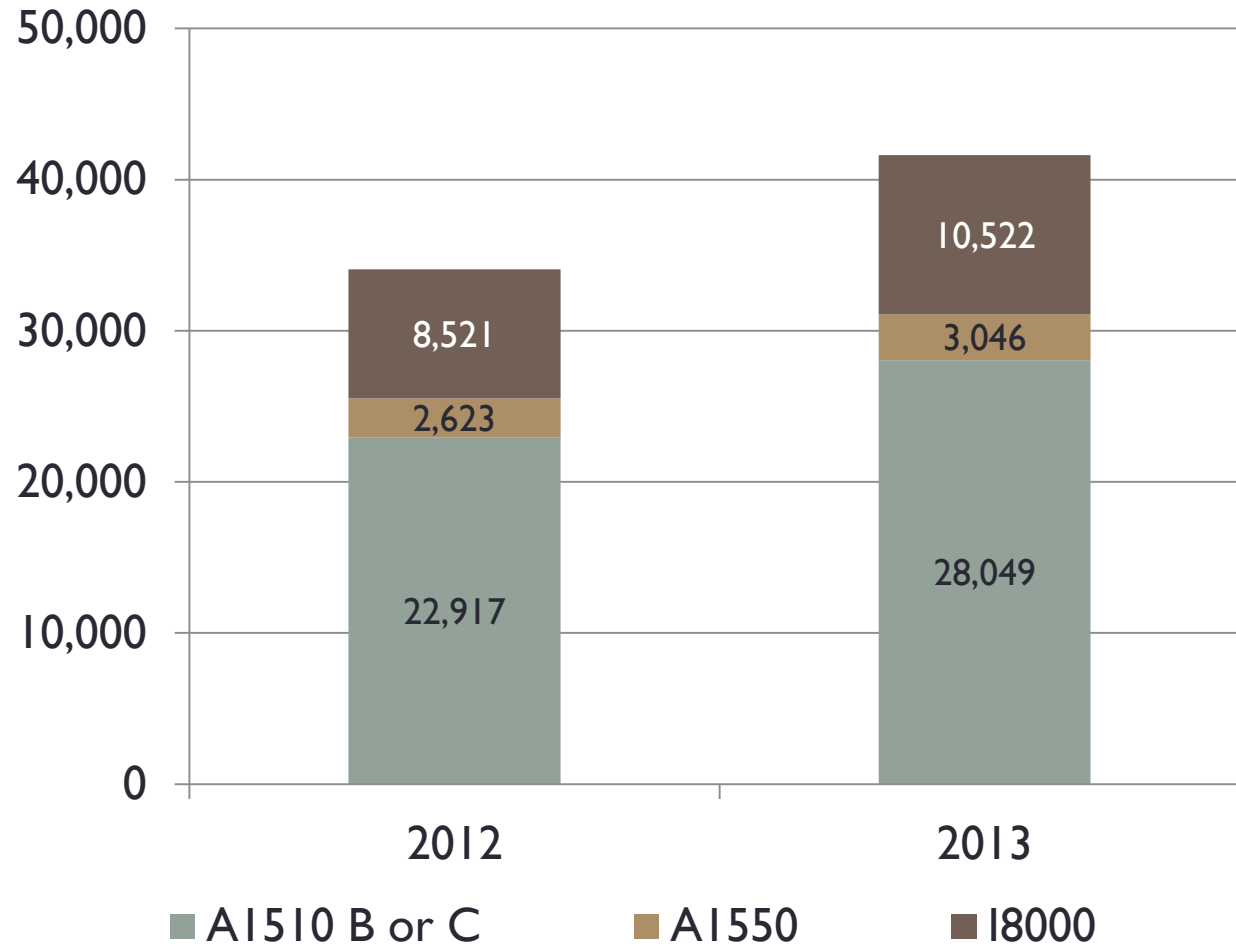
ID/RC (Census)



ID/RC (Census)



ID/RC (Census)



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)**

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	1,112,692	3.6%	11.0%	31.0%
2013	1,292,583	4.1%	11.9%	29.6%

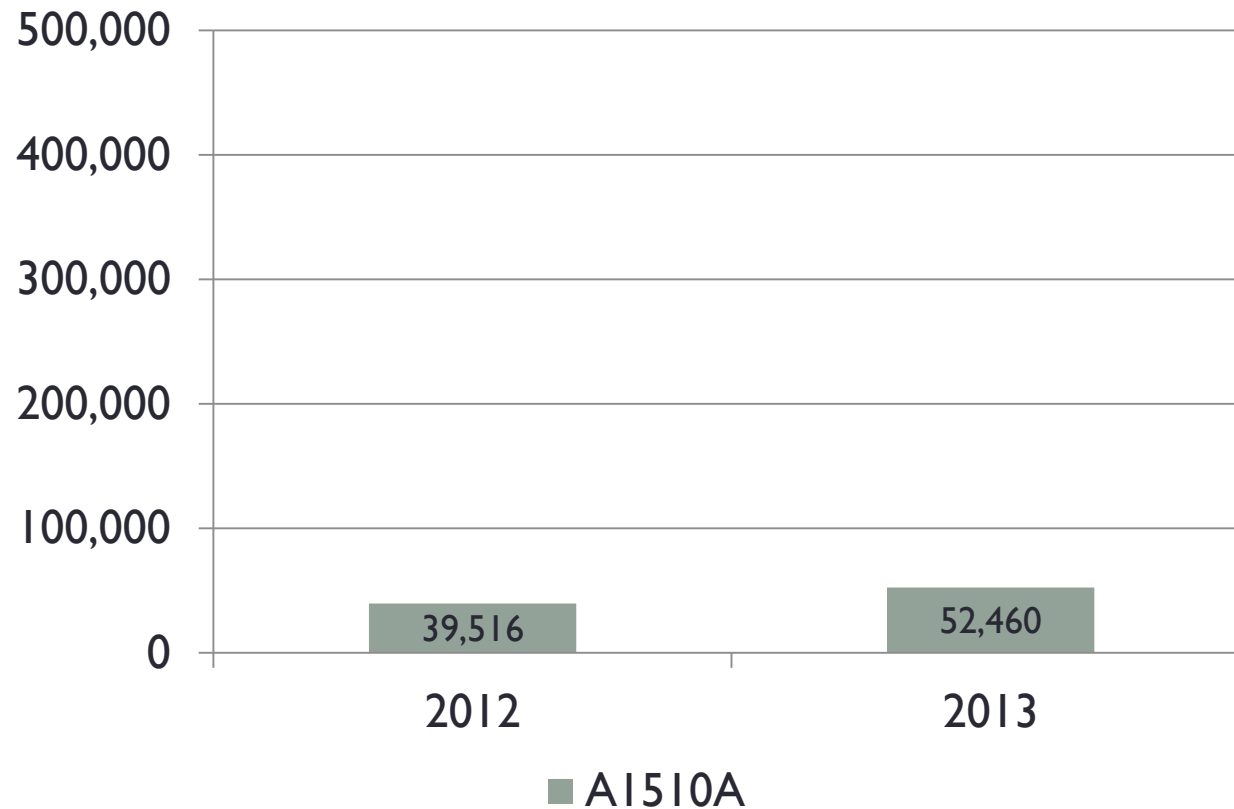
PASRR identifies less than 20% of individuals with narrow MI.

Detection Rates of Broad MI by Different Dx Items

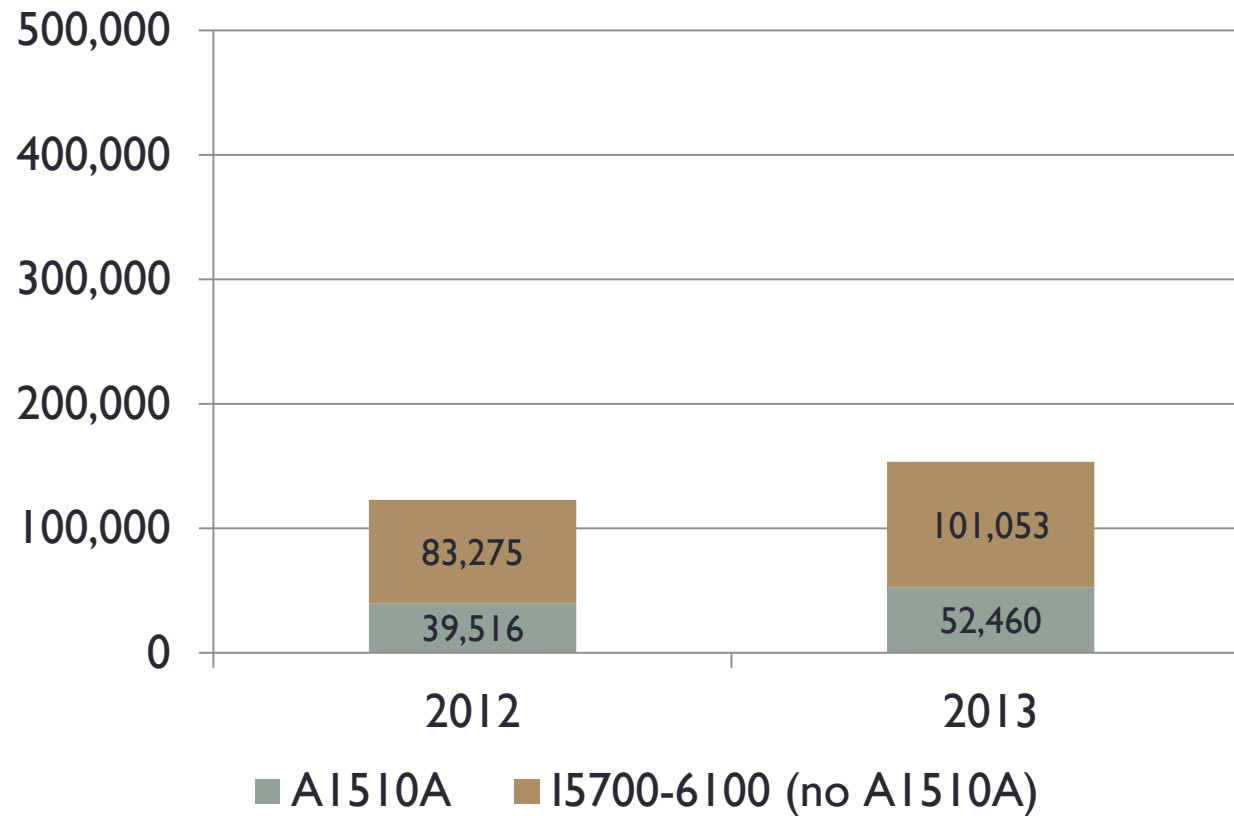
Year	Census	A1510A (PASRR)	A1510A Or At Least One I5700- 6100	A1510A Or At Least One I5700- 6100 Or At Least One I8000
2012	1,112,692	3.6%	59.4%	69.4%
2013	1,292,583	4.1%	60.2%	69.0%

PASRR identifies about 5% of individuals with broad MI.

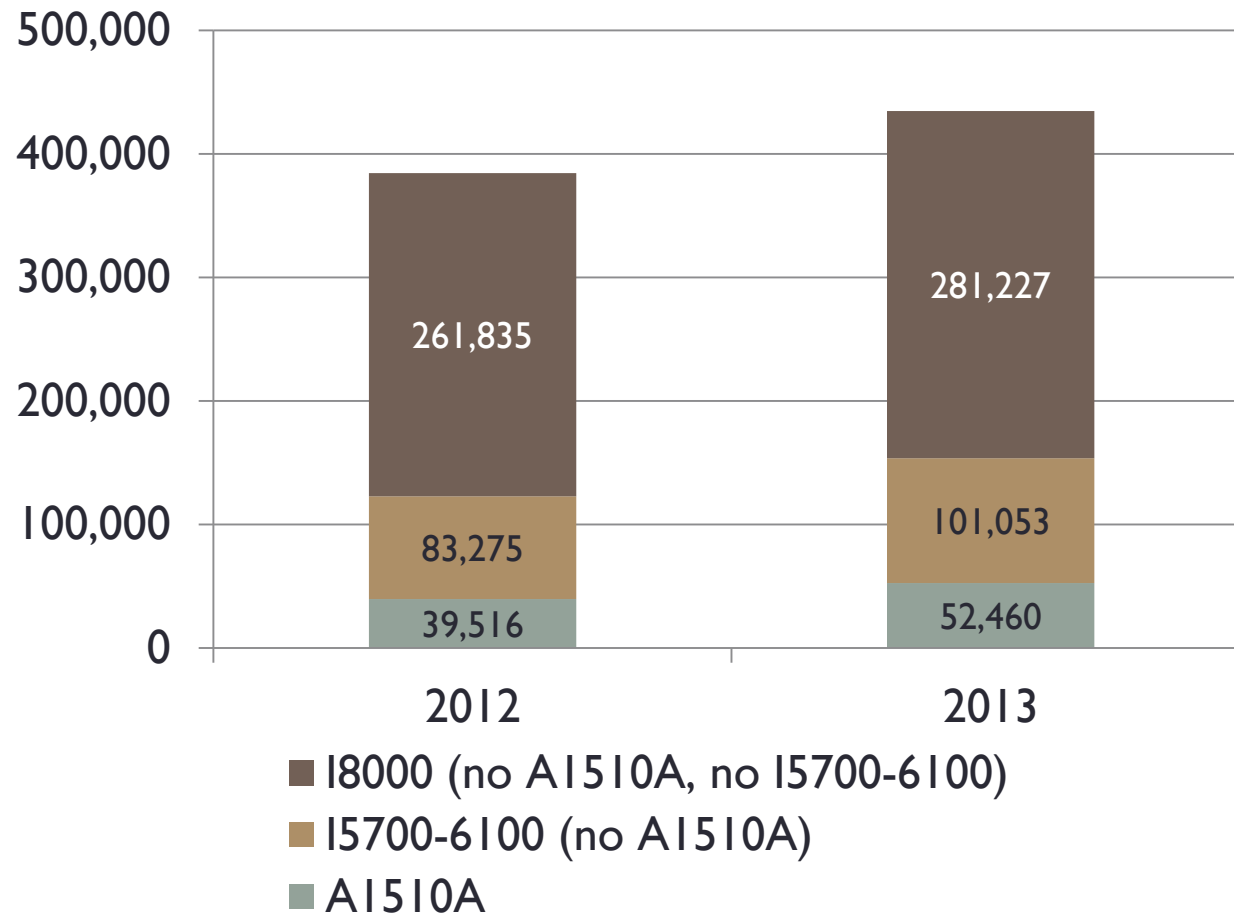
Dx Indicating Narrow MI, Census



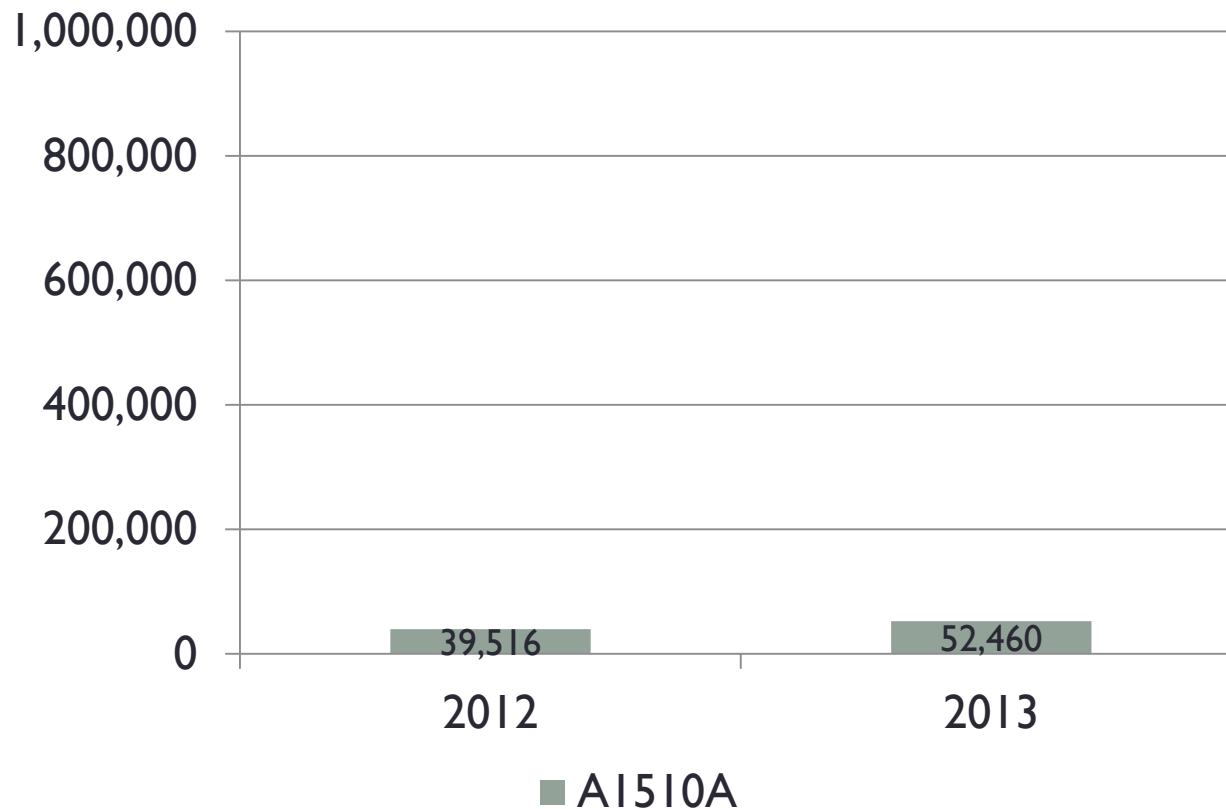
Dx Indicating Narrow MI, Census



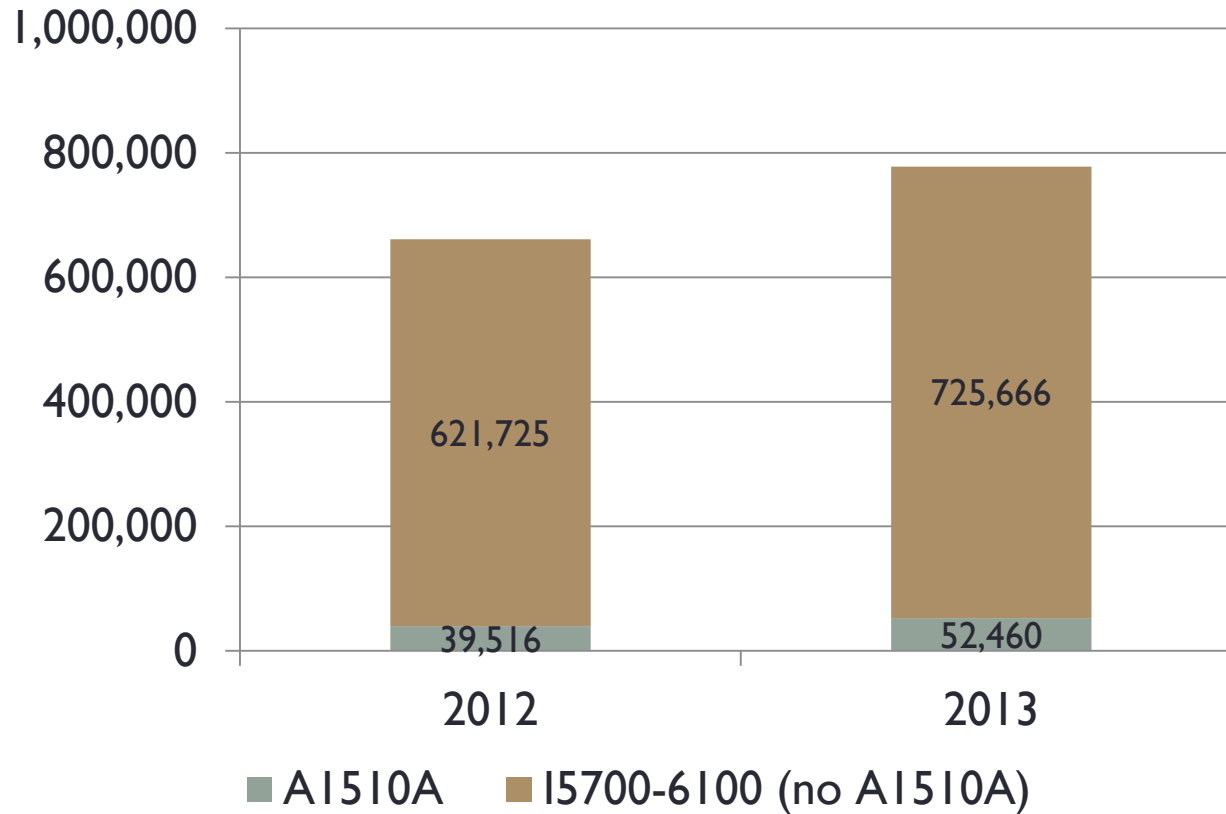
Dx Indicating Narrow MI, Census



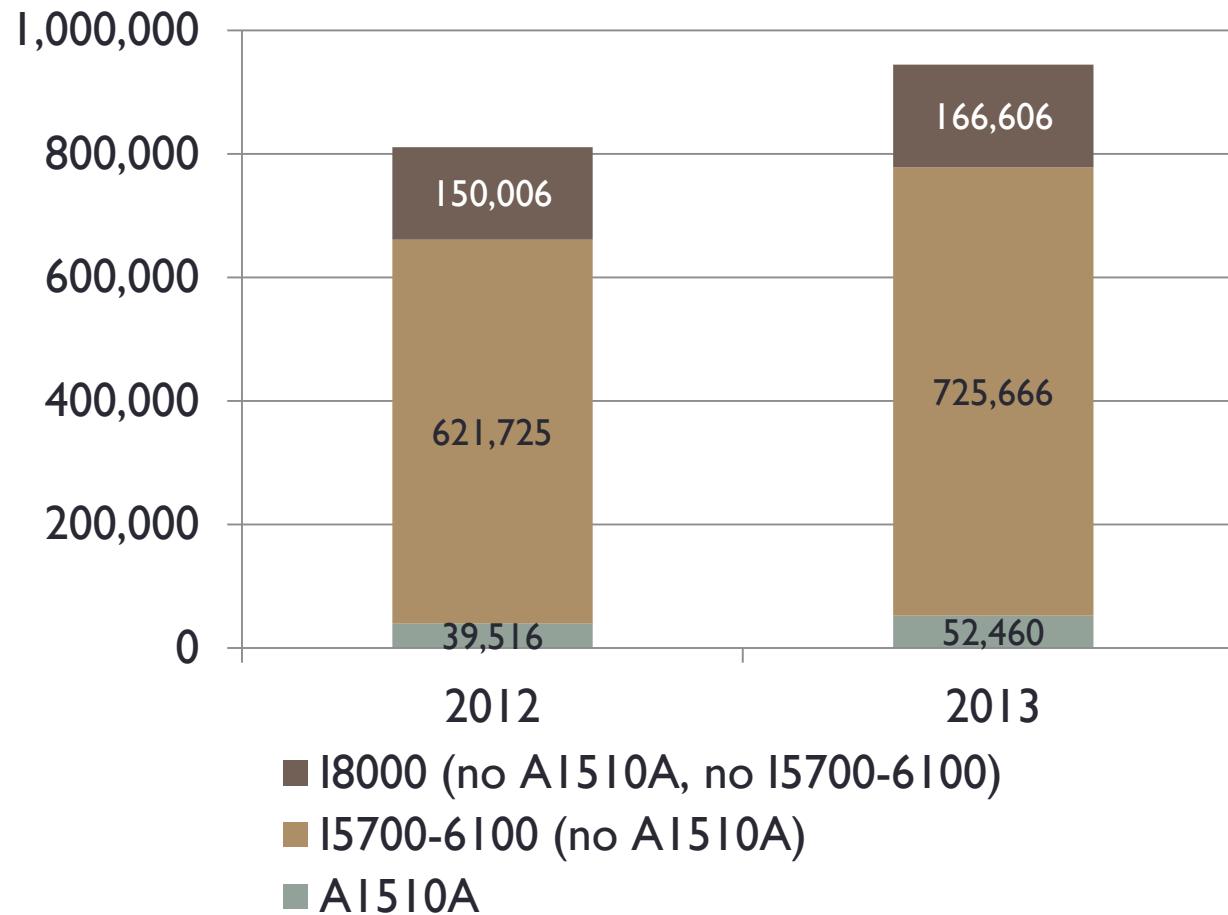
Dx Indicating Broad MI, Census



Dx Indicating Broad MI, Census



Dx Indicating Broad MI, Census



Summary

- PASRR does a decent (if imperfect) job identifying individuals with ID/RC.
- PASRR does a poor job of identifying individuals with serious MI.
- Also: Among individuals with Dx of MI, detection by PASRR is more likely among young adults and the middle-aged (data not shown).

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

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 policies 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 = $\frac{\# \text{ comprehensive items}}{14}$.

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.

Process

- Draft Fact Sheets distributed to states in mid-August.
- Distributed to staff in PTAC contact database.
- PTAC requested acknowledgement of receipt and (optional) comments within two weeks.
- Followed up with emails and phone calls.
- Changes made where we reviewed the wrong form or it had recently been changed.

National Results in Quartiles

Level of Comprehensiveness	# States	% States
76%-100%	4	7.8%
51%-75%	11	21.6%
26%-50%	31	60.8%
≤ 25%	5	9.8%

Most Level I tools do not reflect the design principles that would help Level I meet the goals of Level II.

Example Fact Sheet

Common Concerns and Responses

Concern	Response
Criteria should come from CFR.	CFR specifies Level II, <i>not</i> Level I.
Substance abuse not MI as described in CFR.	True, but often a good indicator of possible MI.
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 <i>negatives</i> .

Next Steps for Level I

- PTAC and CMS have considered state feedback.
- PTAC will provide a general response/comment sheet along with Fact Sheets.
- Level I criteria may evolve in coming year; PTAC and CMS will keep states apprised.
- Goal: To identify strong evidence-based practices.

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*.

Remember: TA is Available!

- Free TA from PTAC to review tools, procedures, etc.
- PTAC can help states analyze MDS data (within limits).
- 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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- 415-263-9887

QUESTIONS?

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, October 28th , 2014

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.

