To Plan for Community Living, Learn Who Is in Your Nursing Homes: Insights from Preadmission Screening and Resident Review (PASRR) and the Minimum Data Set (MDS)

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TRUVEN
HEALTH ANALYTICS
More Than Data.
Answers.

PTAC
PASRR Technical Assistance Center

MISSION
ANALYTICS
GROUP

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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
- History and purpose of MDS
- Relevant sections and items
- Methods for estimating prevalence of MI and ID/RC in nursing homes
- Key Findings:
  - PASRR identifies most individuals with ID/RC
  - PASRR misses many individuals with MI
- Questions and suggestions

Brief Review Of PASRR

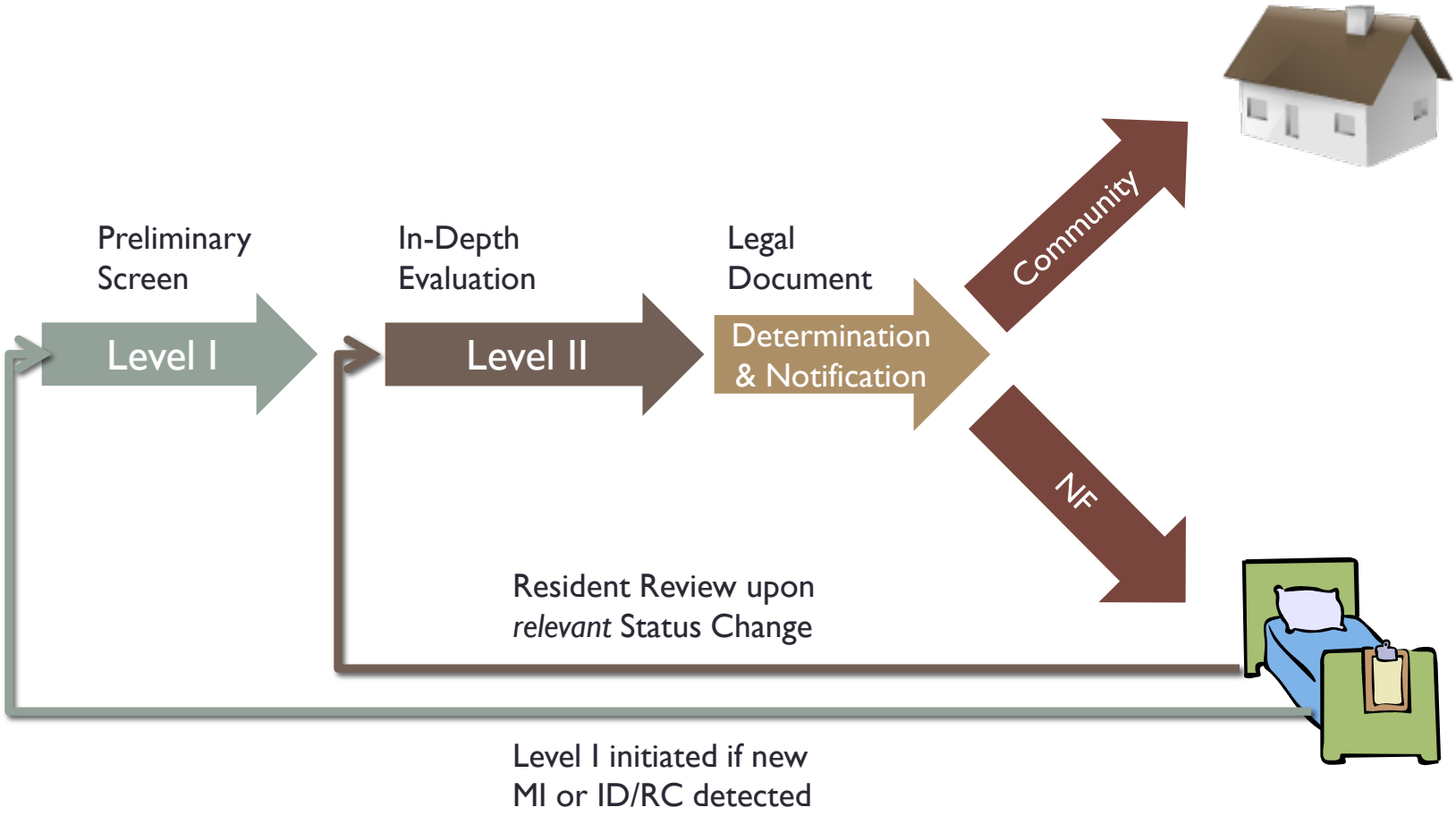
Three Purposes of PASRR

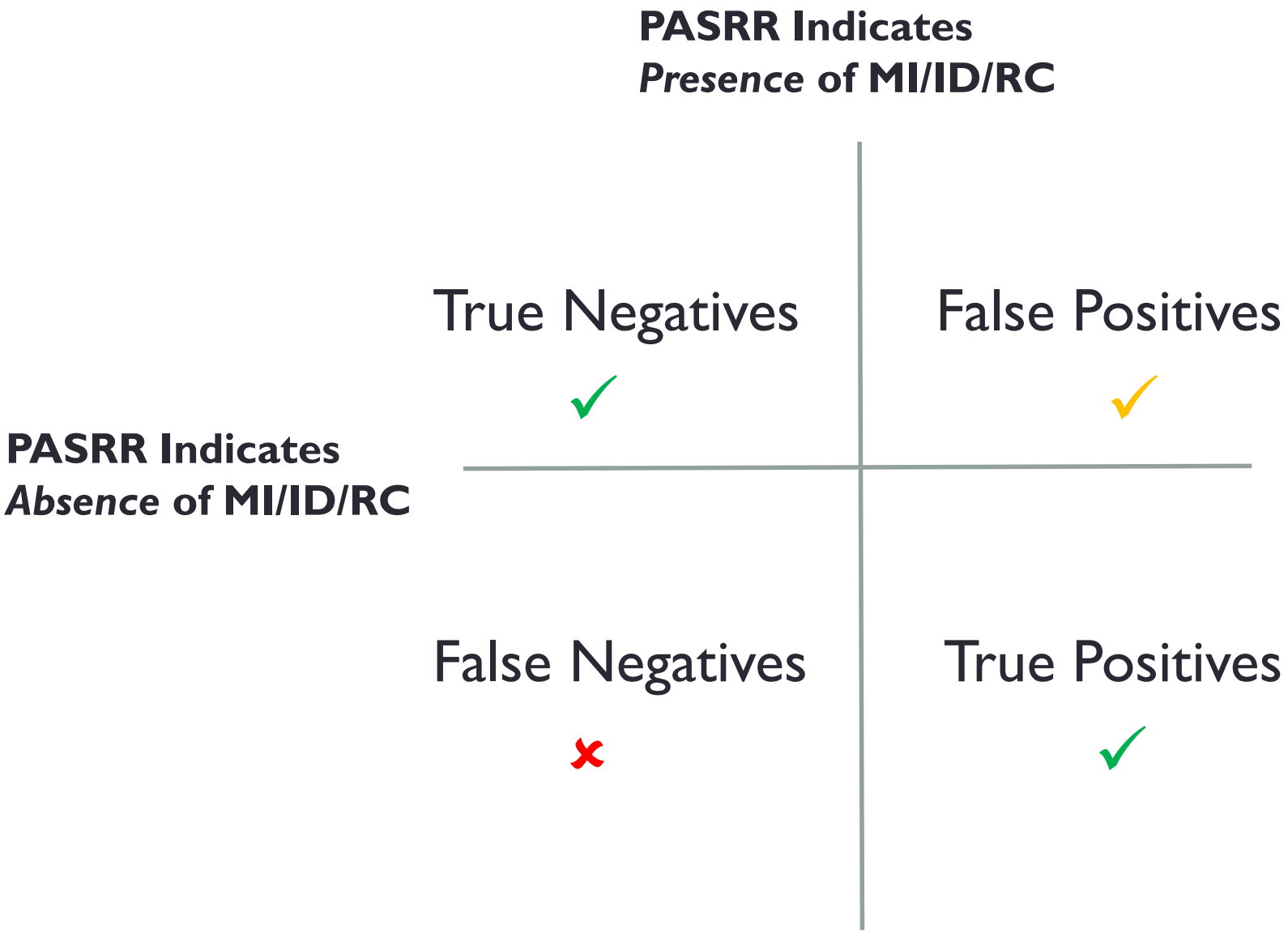
1. To ensure that individuals are evaluated for evidence of possible mental illness (MI), intellectual disability (ID), or related condition (RC).
2. To see that community is considered as a placement option.
3. To recommend that they receive the services they need, wherever they are placed.

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 Indicates
Presence of MI/ID/RC
PASRR Indicates
Absence of MI/ID/RC
True Negatives
False Positives
False Negatives
True Positives

NF is Not Housing

Medicaid and state agencies must not approve admitting a person with MI or ID to a NF unless evaluated to require NF, and unless MI or ID needs will be met.

NF is **not** housing. The state's choice:

- Either don't admit the person to NF; or
- Provide individualized, disability-specific services and supports as required to attain the highest practicable physical, mental, and psychosocial well-being.

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. 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.
- Timing:
  - 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.

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, 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
☐	**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

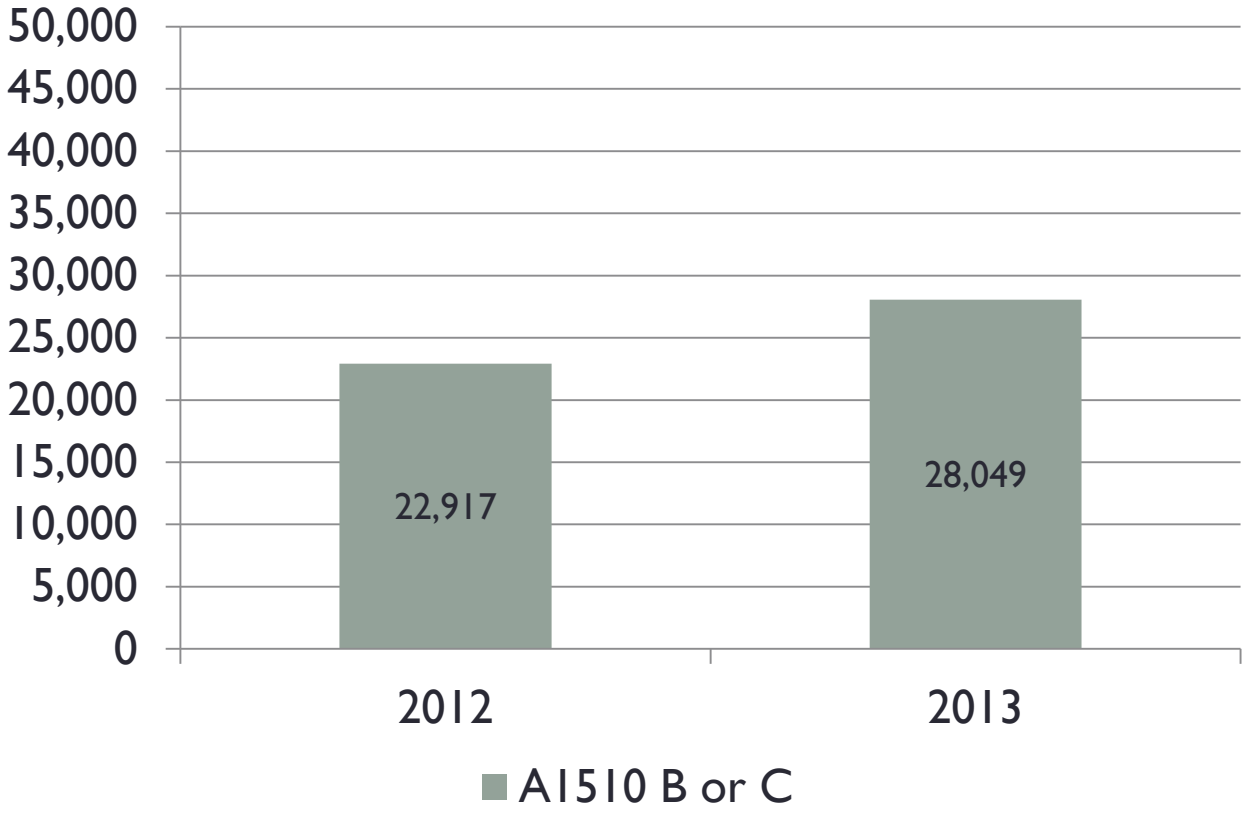
- 317-319: intellectual disabilities
- 758: chromosomal abnormalities associated with ID/RC)
- V79: certain special screenings for I/DD

Detection Rates of ID/RC by Different Dx Items: Census

Year	Count	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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35,000
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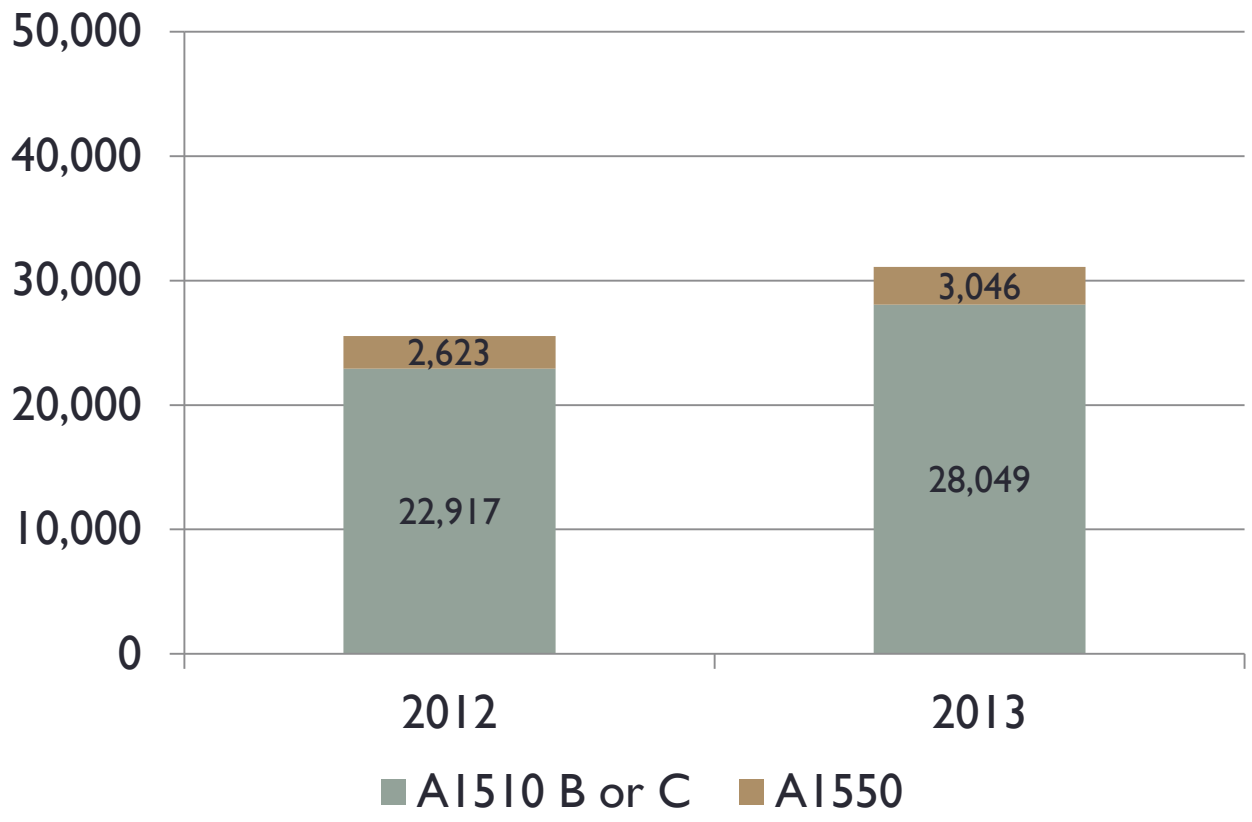
22,917
28,049
2012
2013
A1510 B or C

ID/RC: Census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2012
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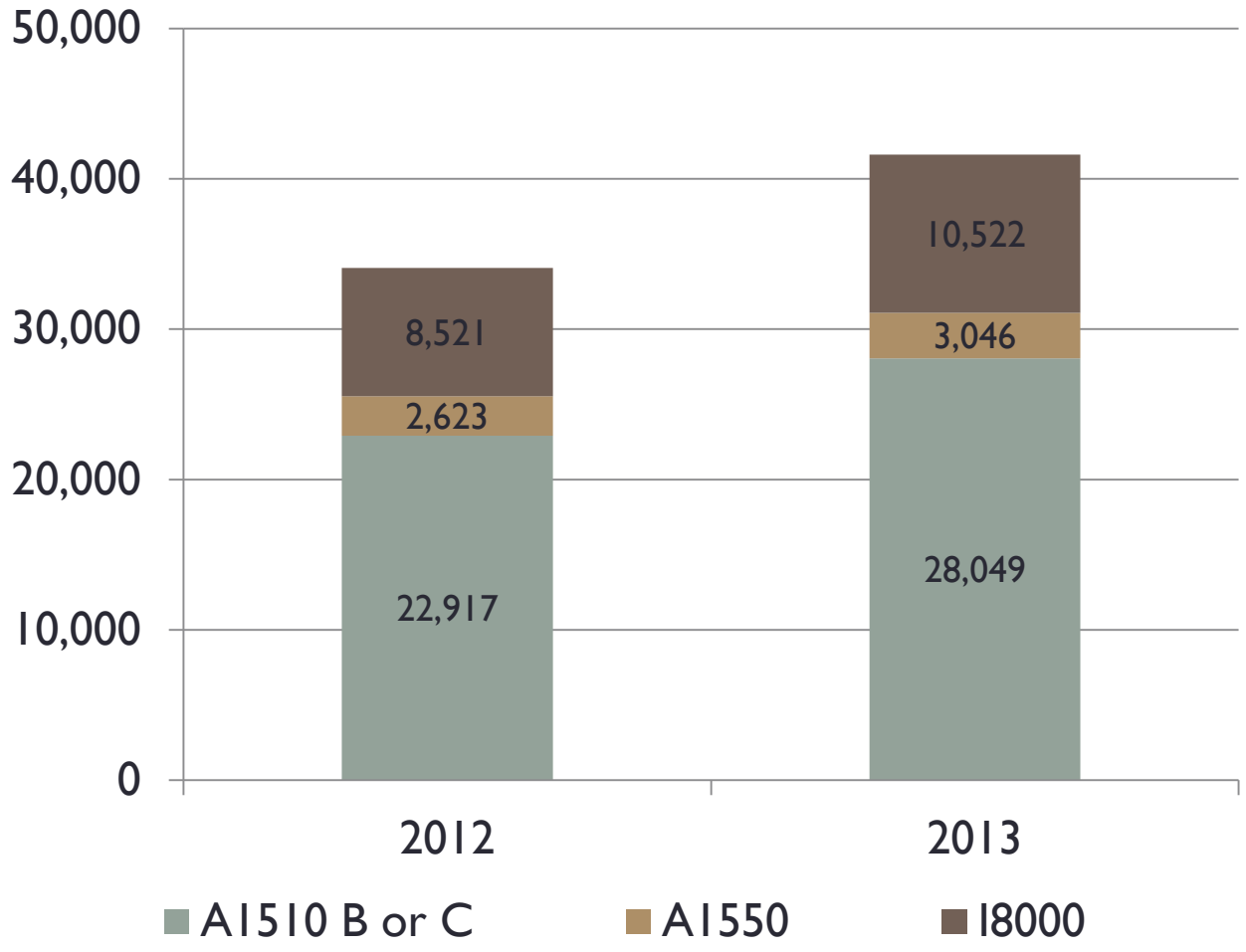
A1550

ID/RC: Census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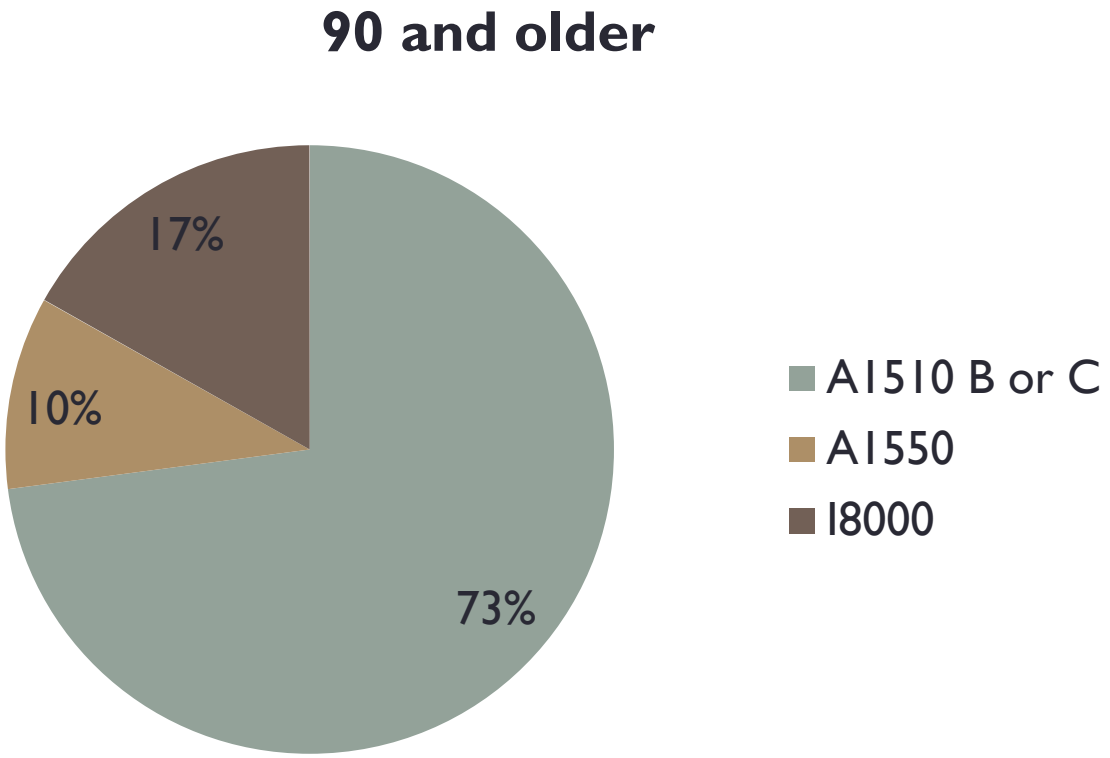
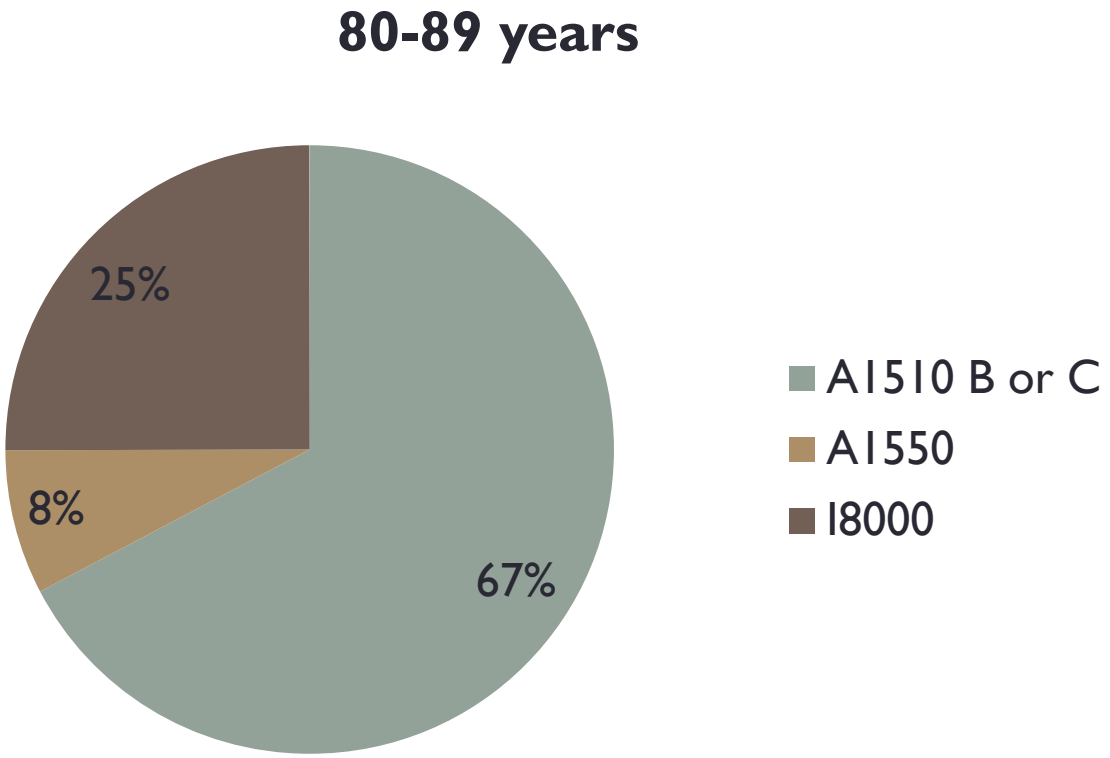
30,000
20,000
10,000
0
8,521
2,623
22,917
10,522
3,046
28,049
2012
2013
A1510 B or C
A1550
I8000

How Does Dx of ID/RC Change with Age?

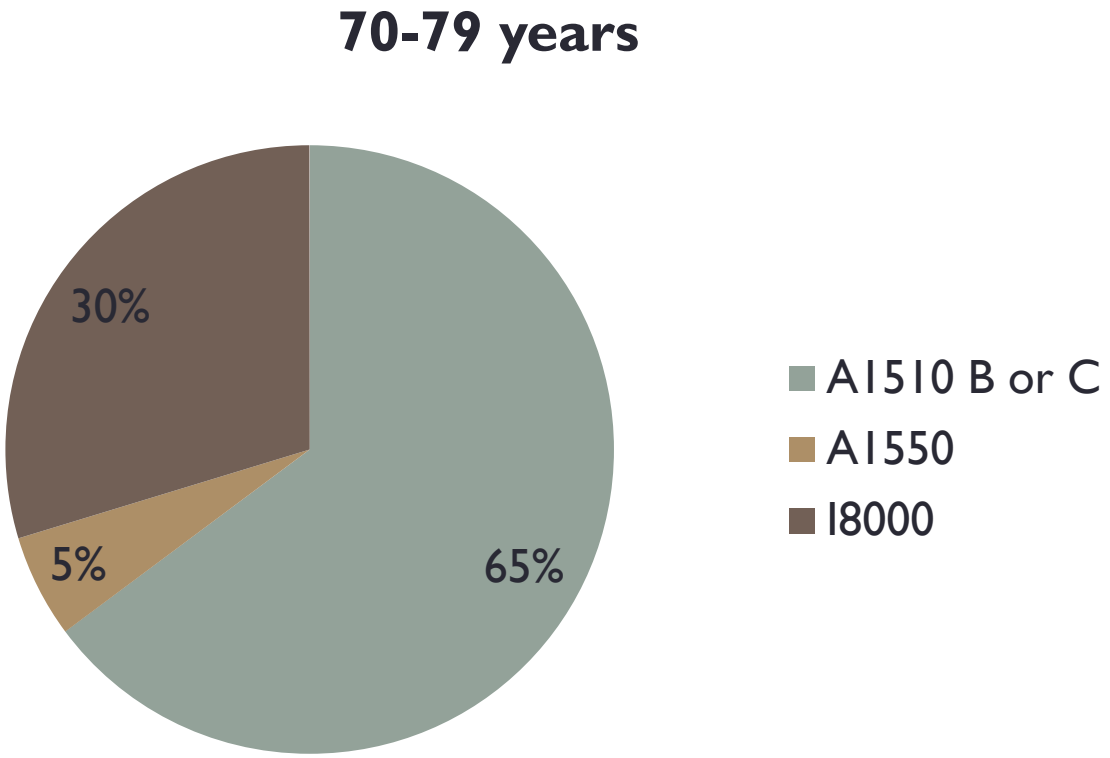
Dx Indicating ID/RC (2013, Census)



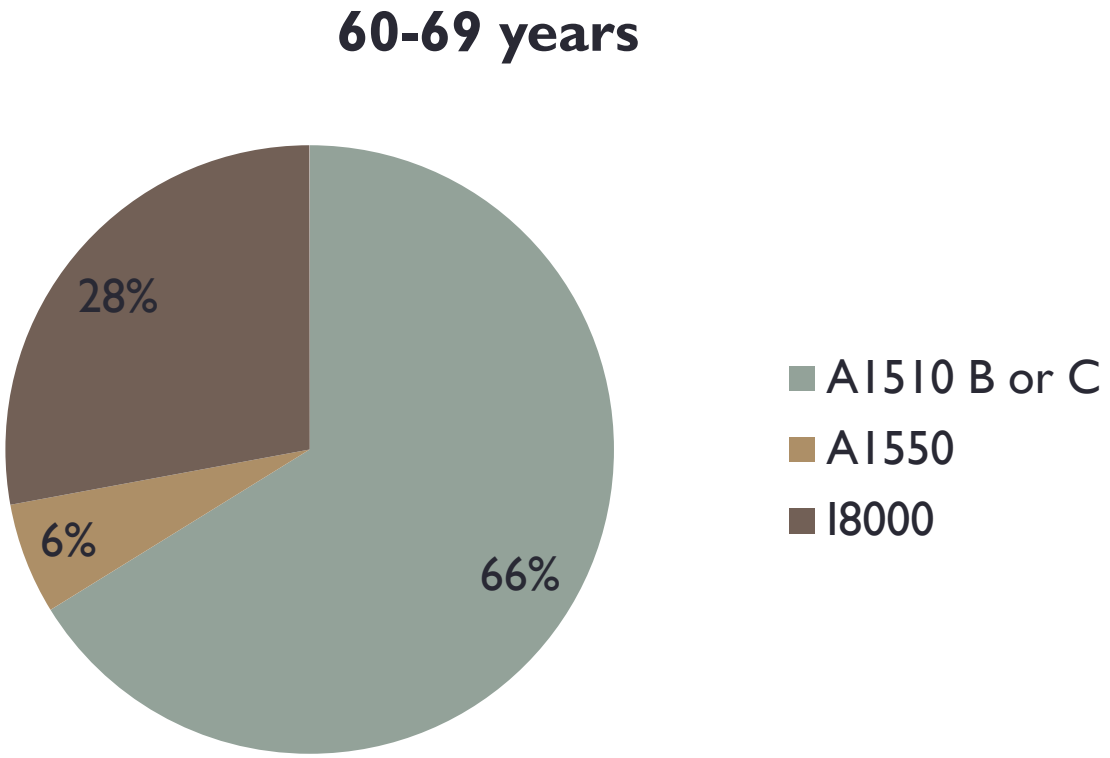
Dx Indicating ID/RC (2013, Census)



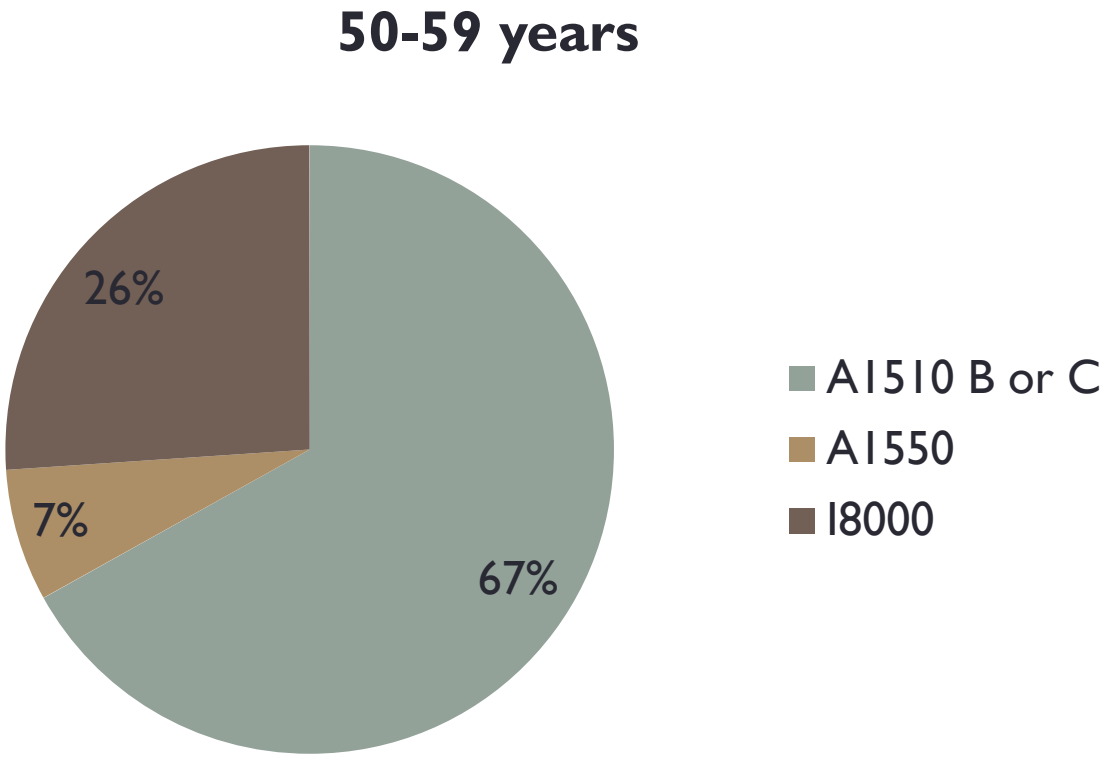
Dx Indicating ID/RC (2013, Census)



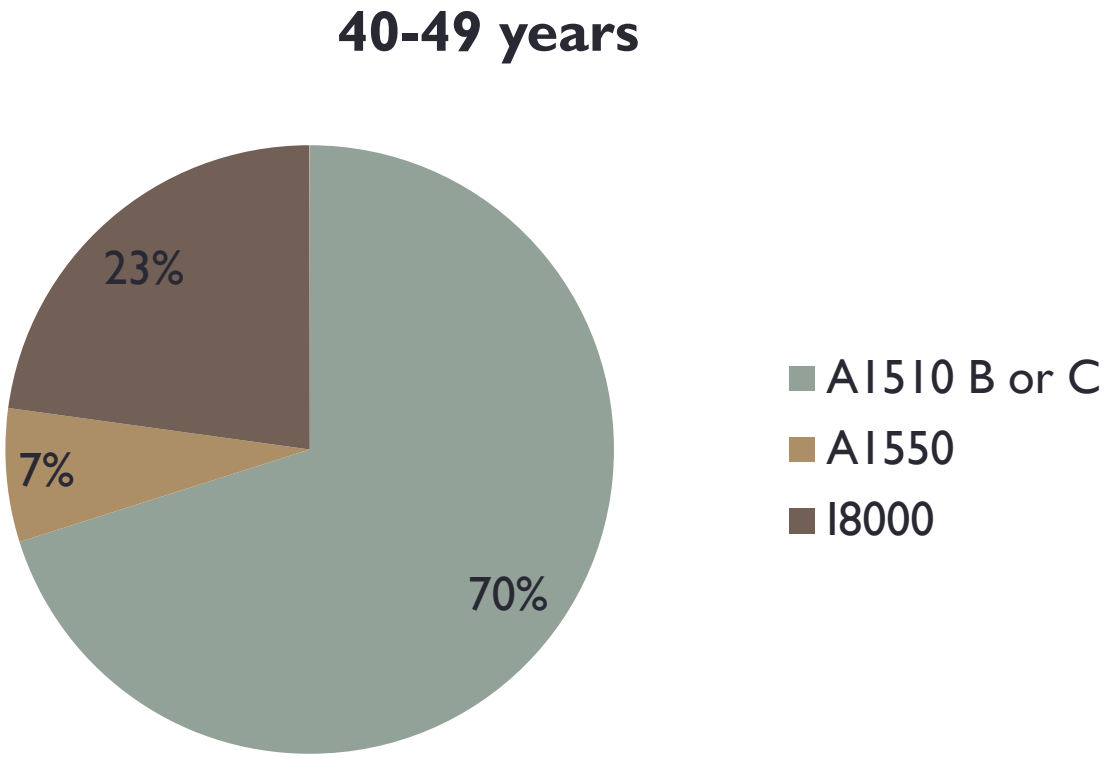
Dx Indicating ID/RC (2013, Census)



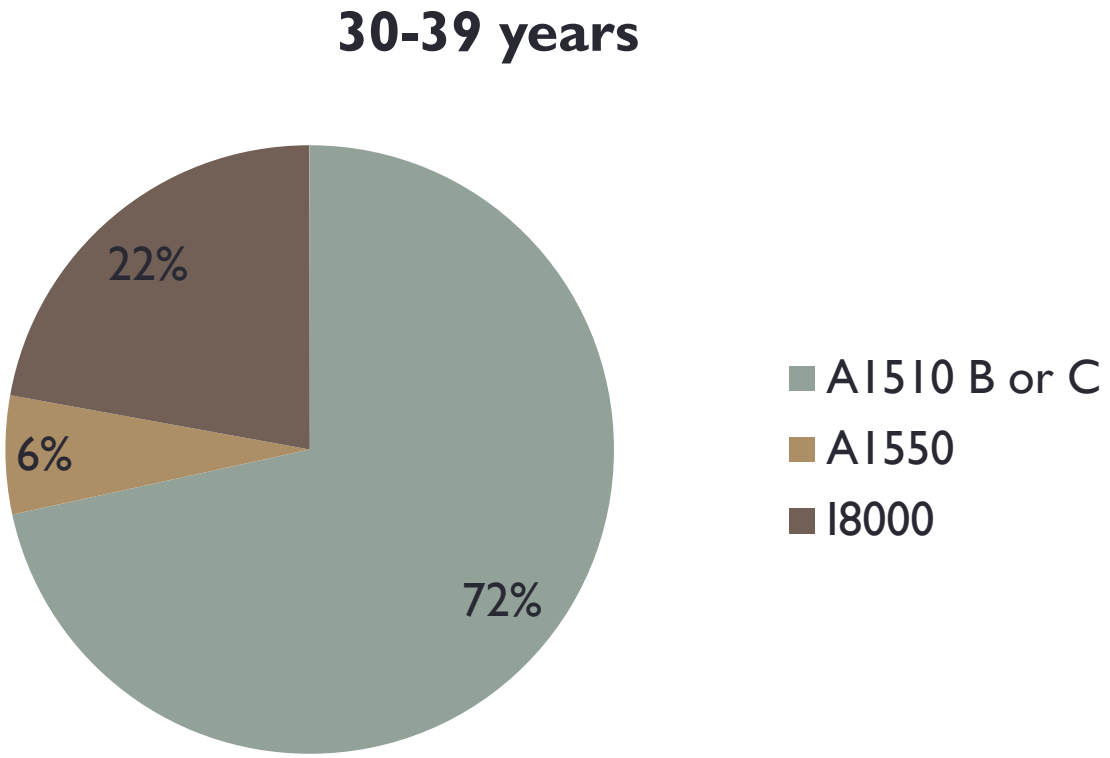
Dx Indicating ID/RC (2013, Census)



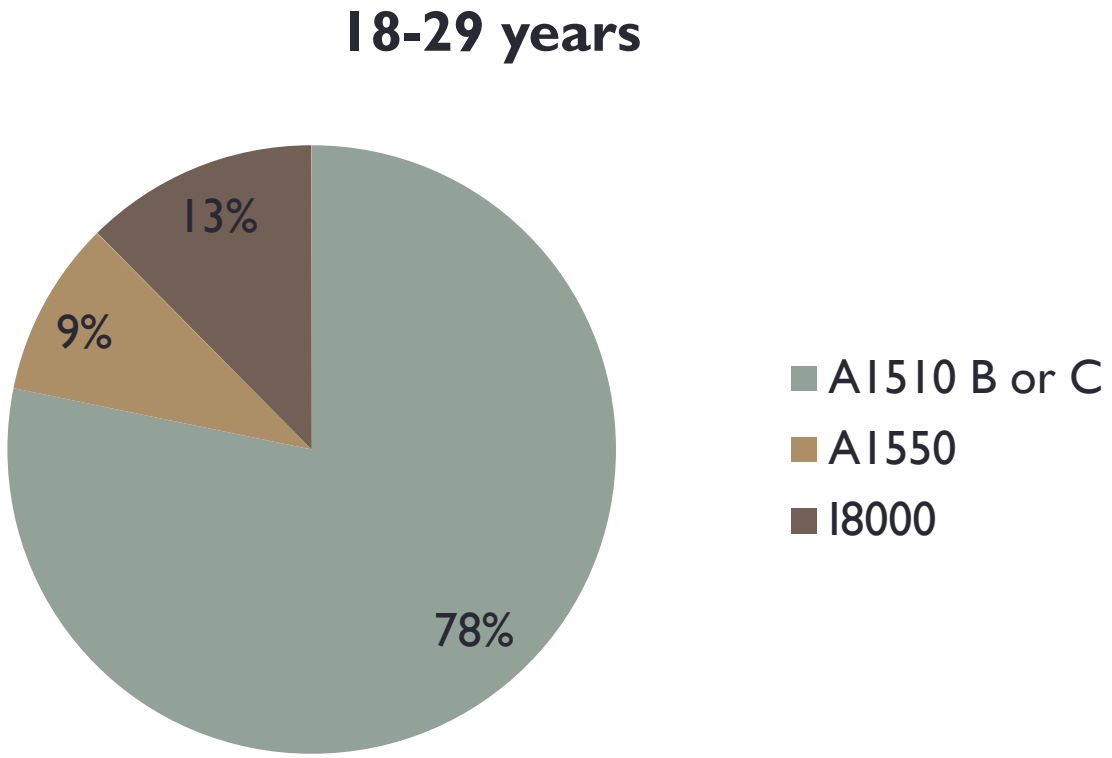
Dx Indicating ID/RC (2013, Census)



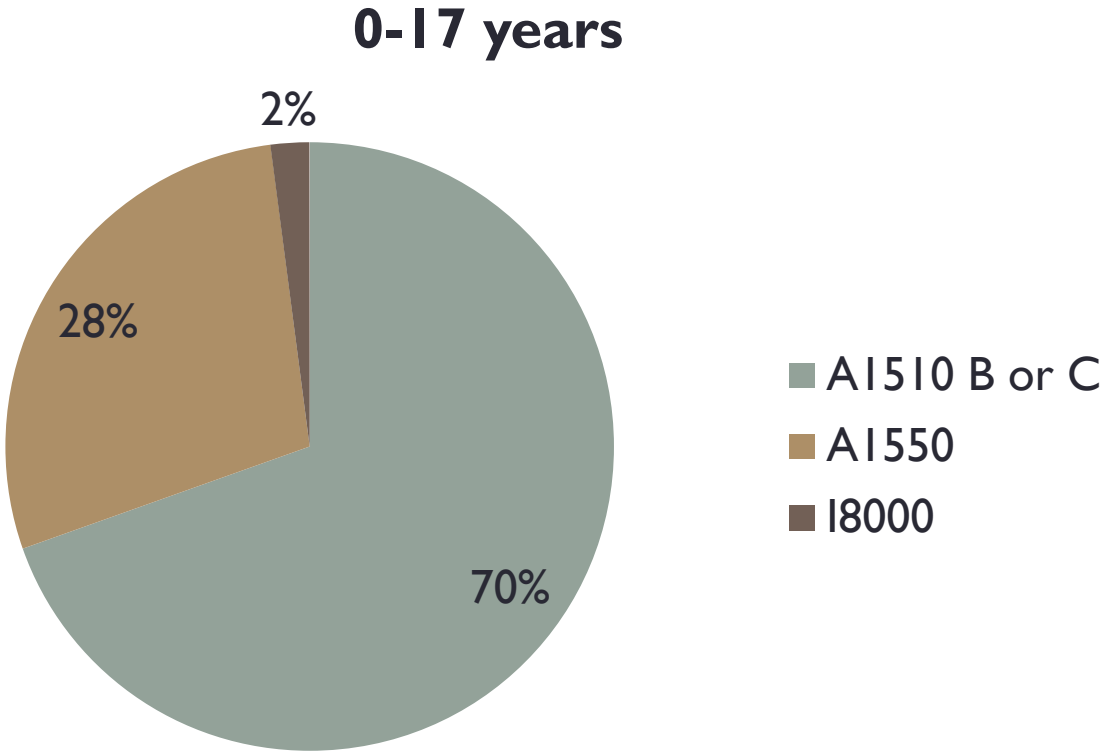
Dx Indicating ID/RC (2013, Census)



Dx Indicating ID/RC (2013, Census)



Dx Indicating ID/RC (2013, 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)**

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

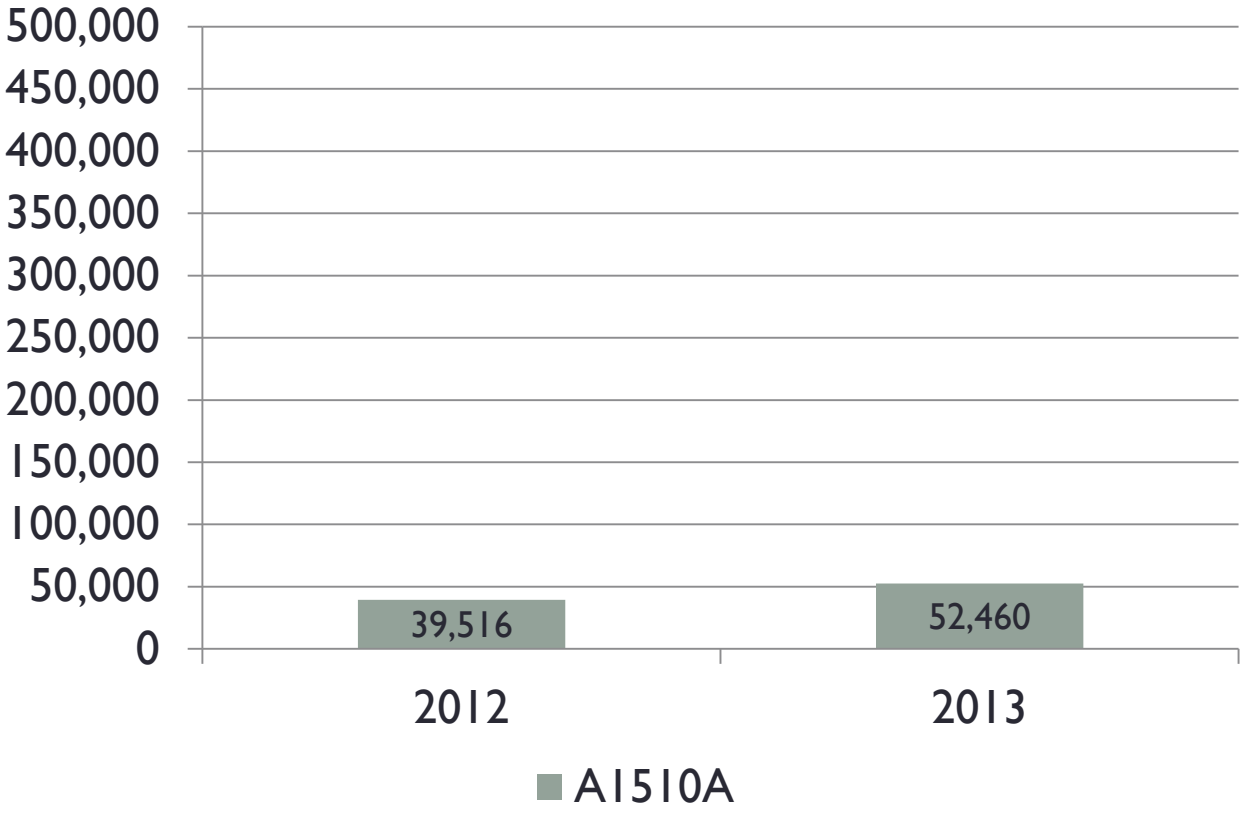
PASRR identifies less than 20% of individuals with narrow MI.

Detection Rates of Broad MI by Different Dx Items

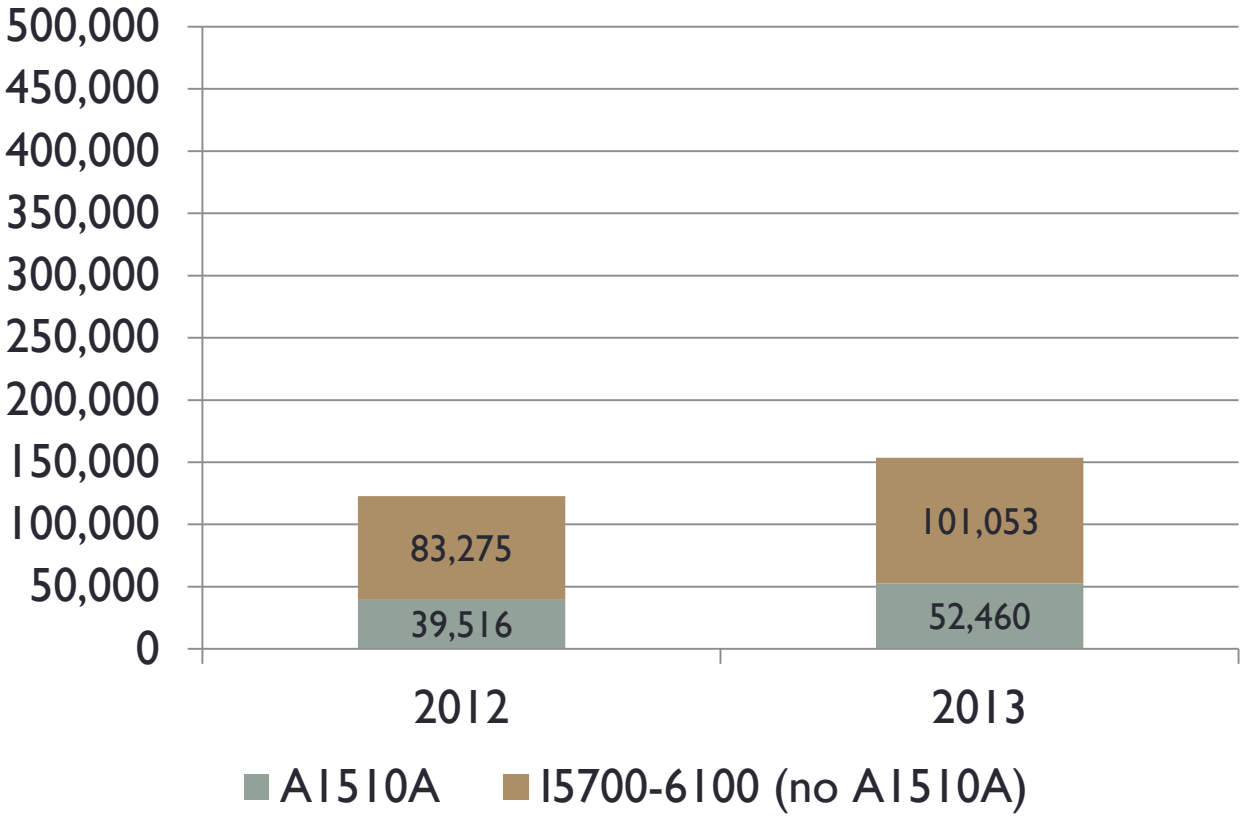
Year	Census	A1510A (PASRR)	A1510A *Or* At Least One I5700-6100	A1510A *Or* At Least One I5700-6100 *Or* At Least One I8000
2012	1,112,692	3.6%	59.4%	69.4%
2013	1,292,583	4.1%	60.2%	69.0%

PASRR identifies about 5% of individuals with broad MI.

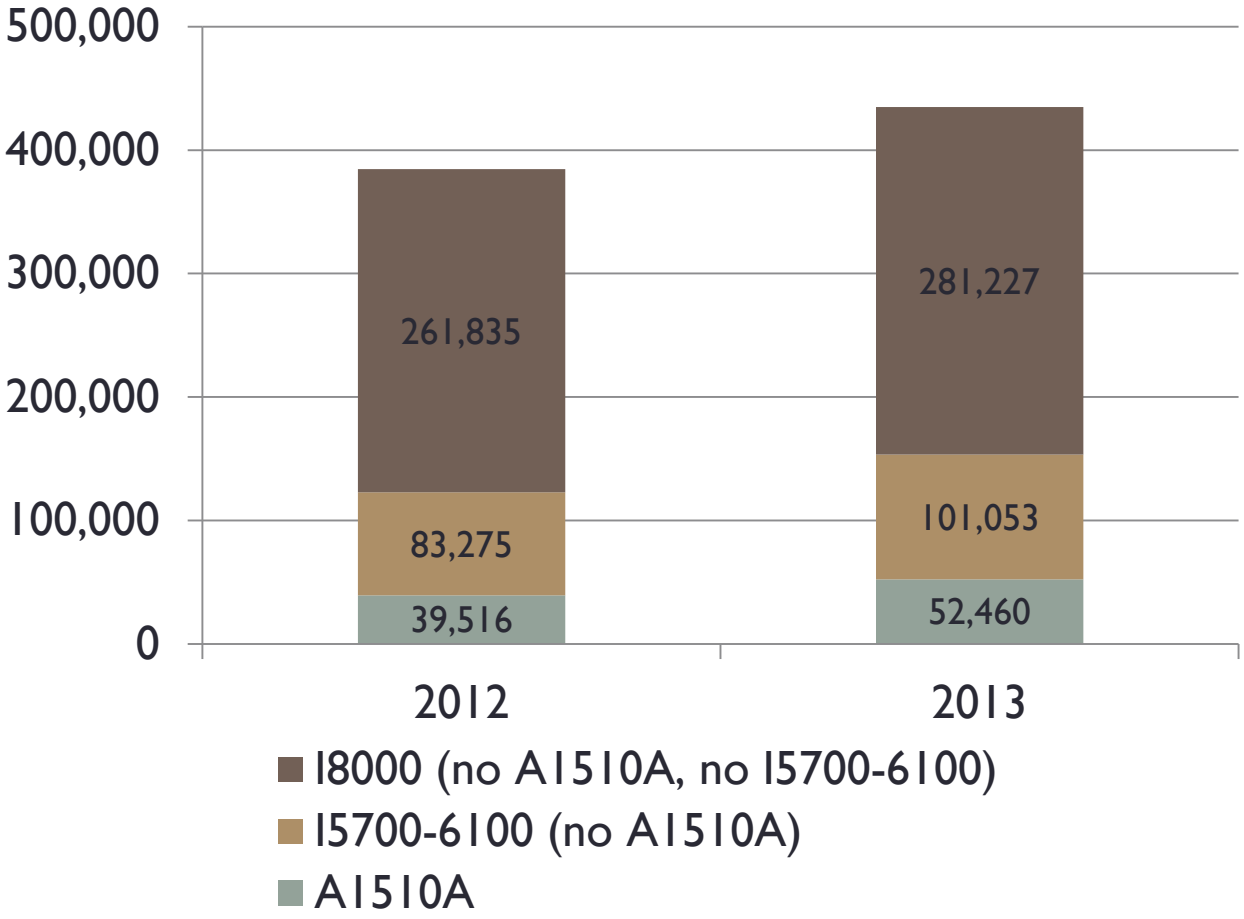
Dx Indicating Narrow MI, Census



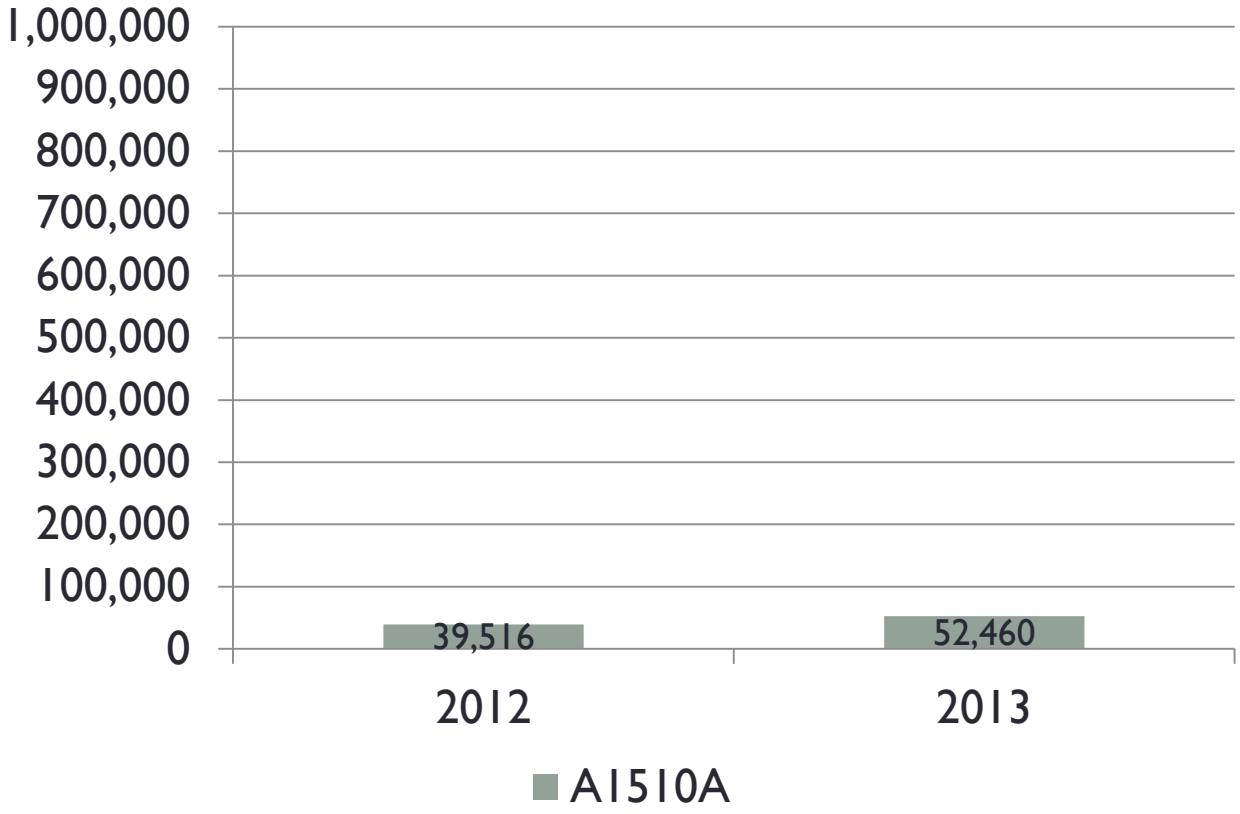
Dx Indicating Narrow MI, Census



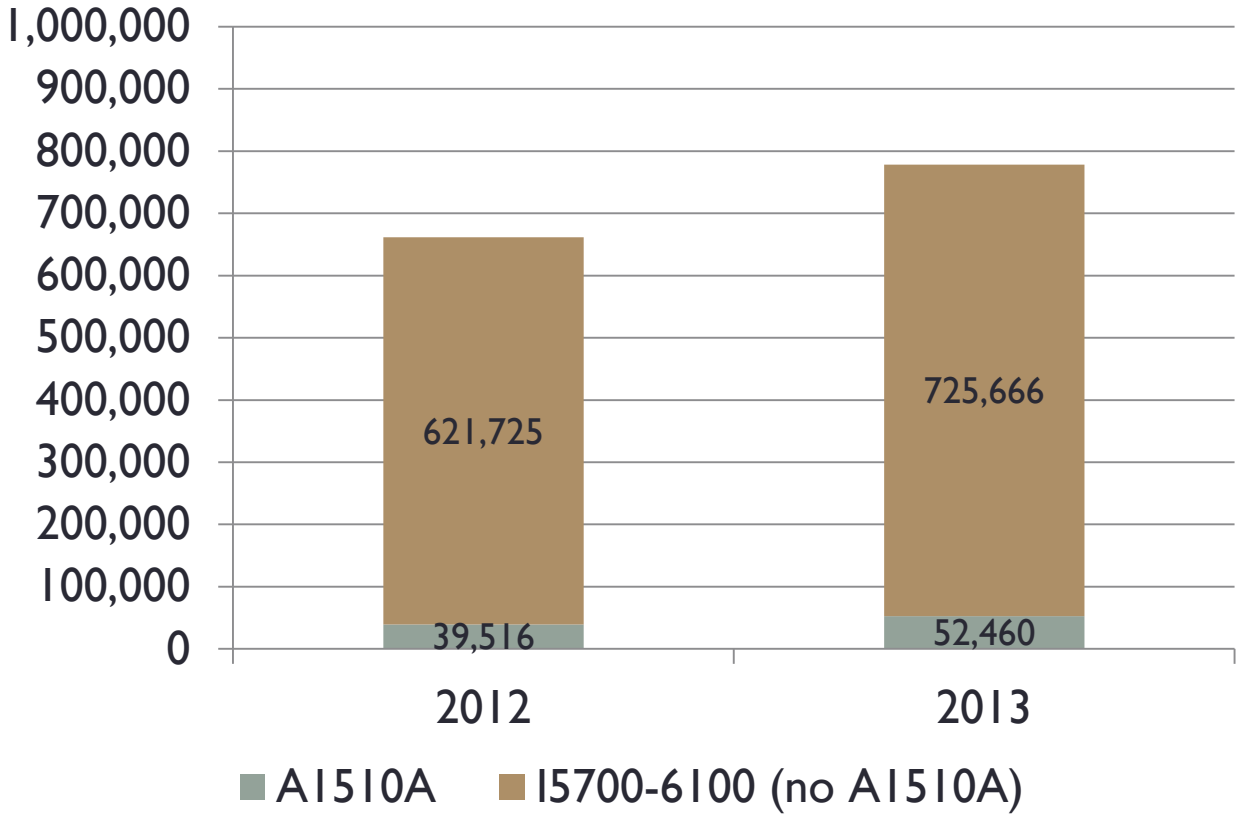
Dx Indicating Narrow MI, Census



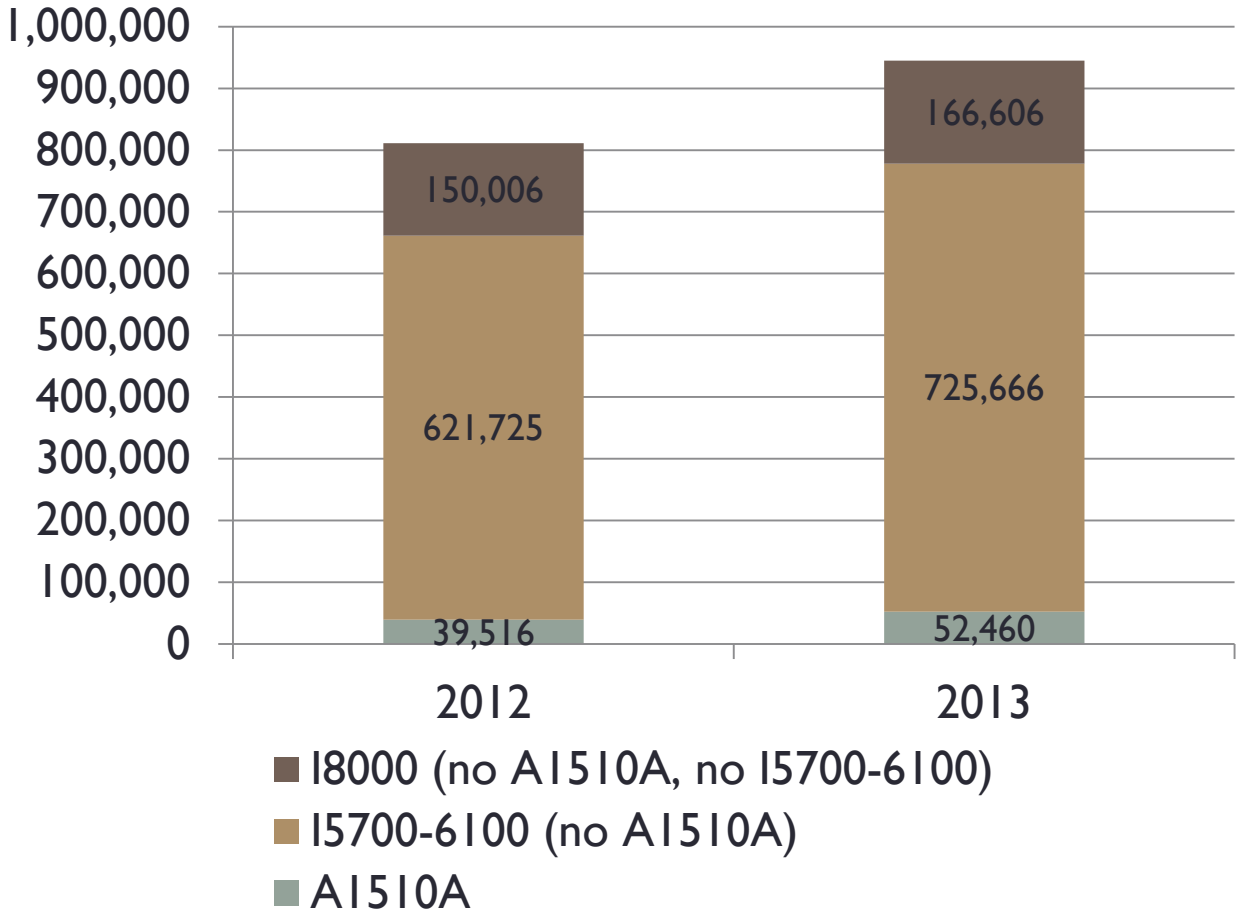
Dx Indicating Broad MI, Census



Dx Indicating Broad MI, Census

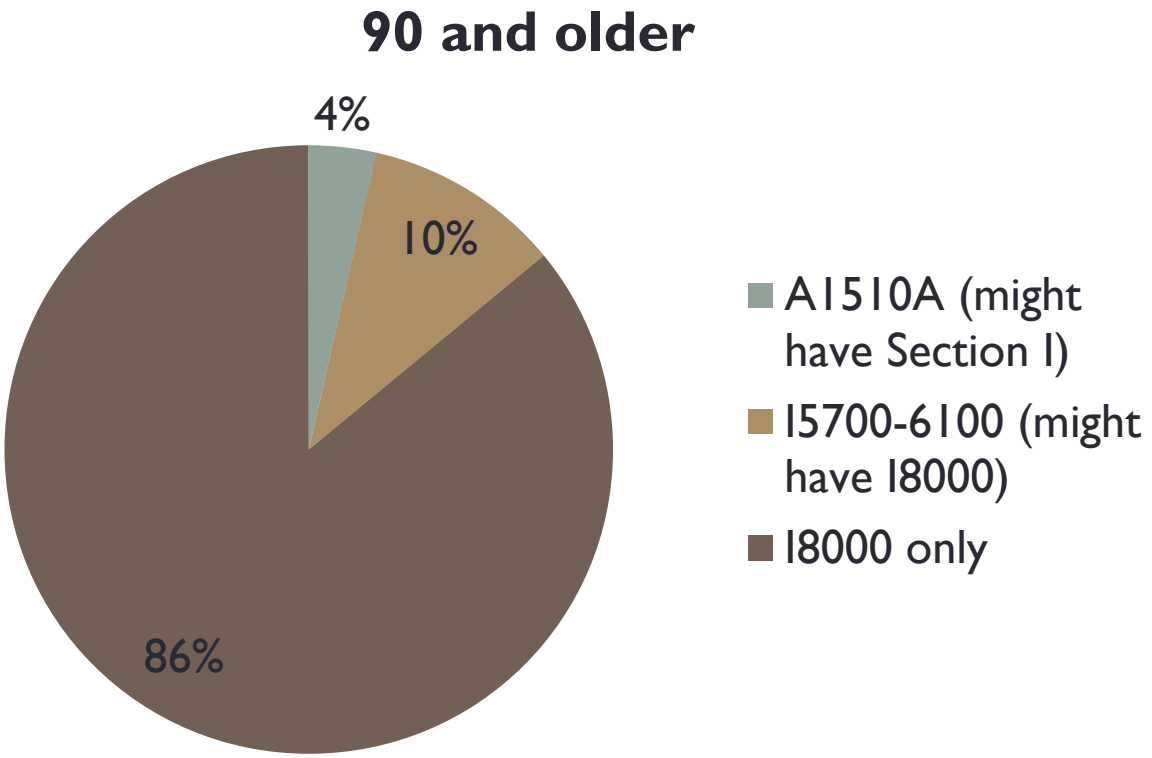


Dx Indicating Broad MI, Census

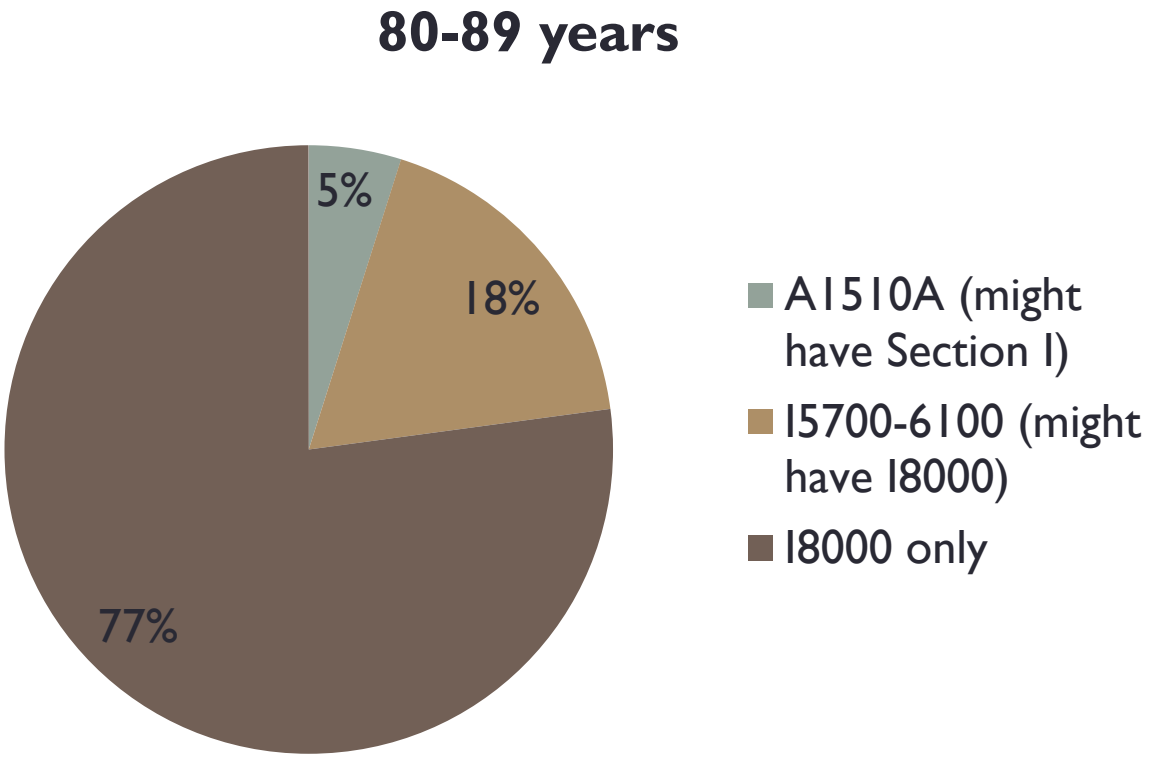


How Does MI Dx Change In Relation to Age?

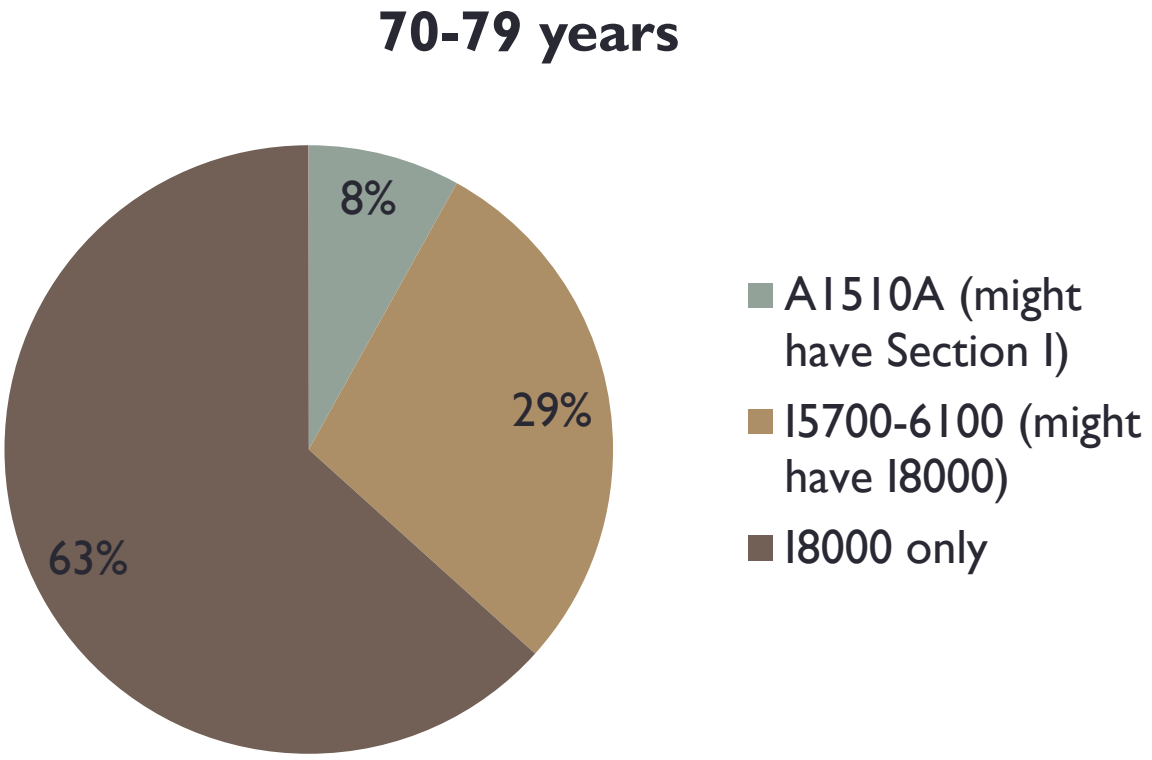
Dx Indicating Narrow MI (2013, Census)



Dx Indicating Narrow MI (2013, Census)



Dx Indicating Narrow MI (2013, Census)



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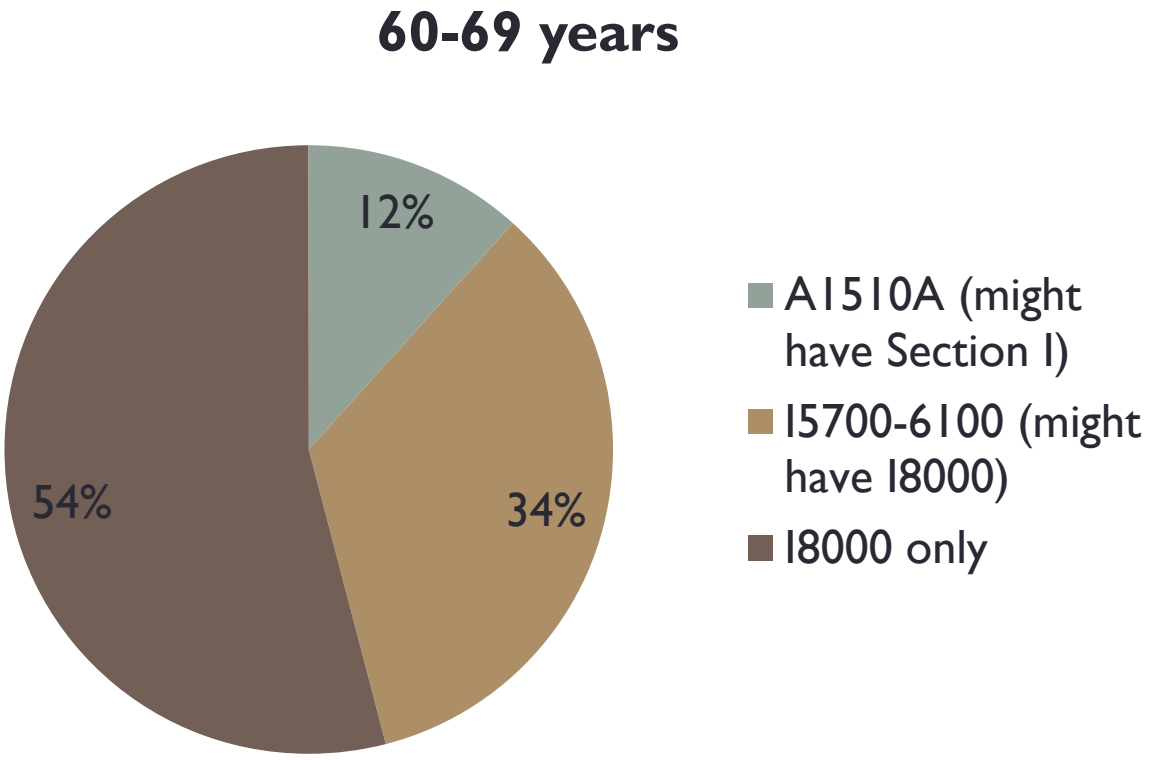

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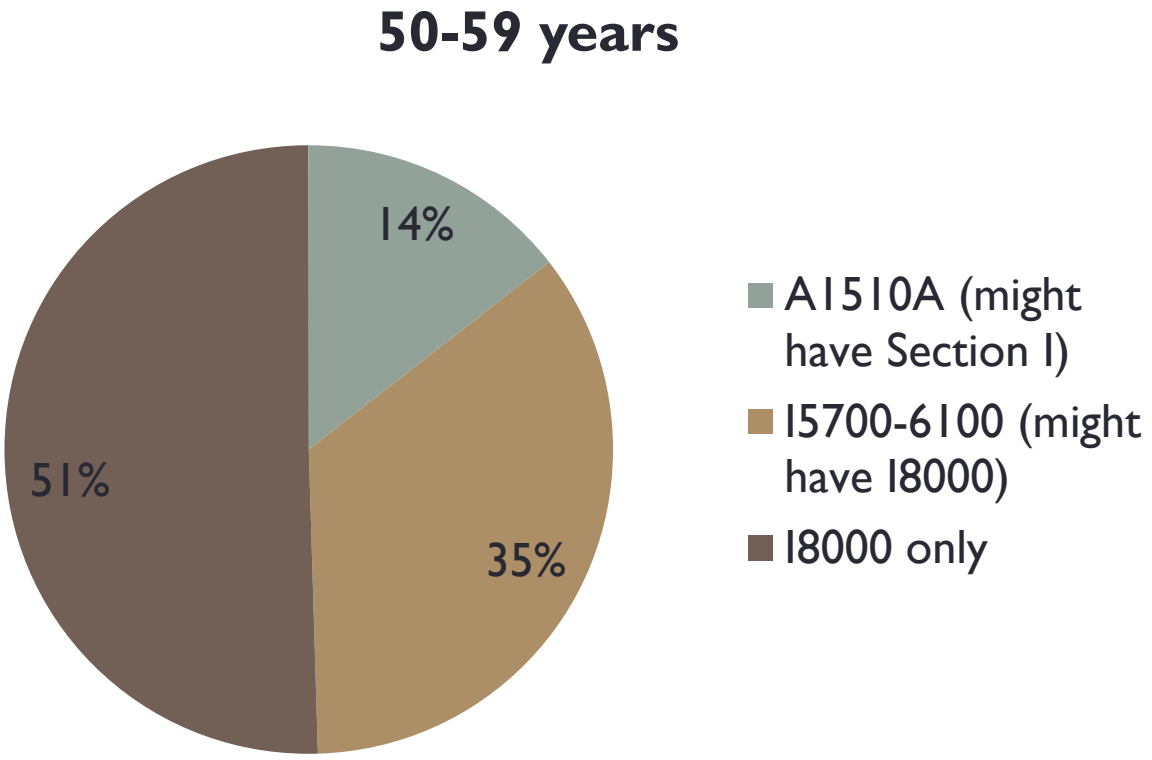

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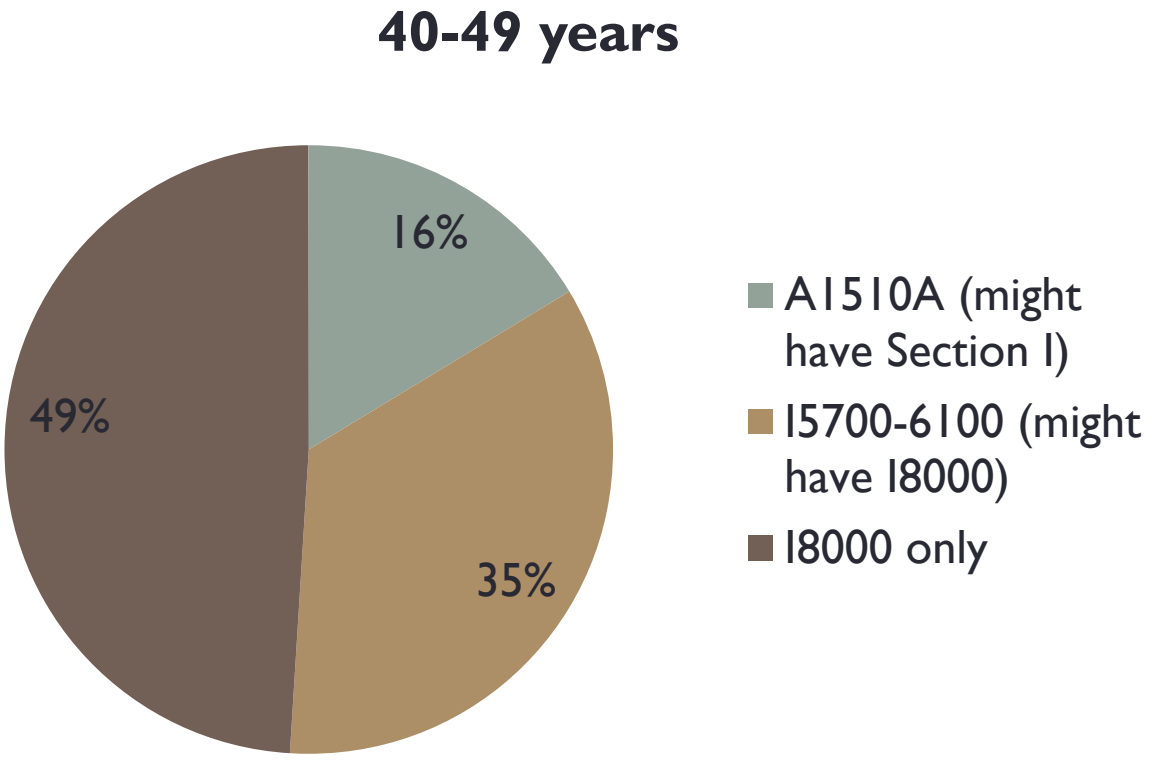

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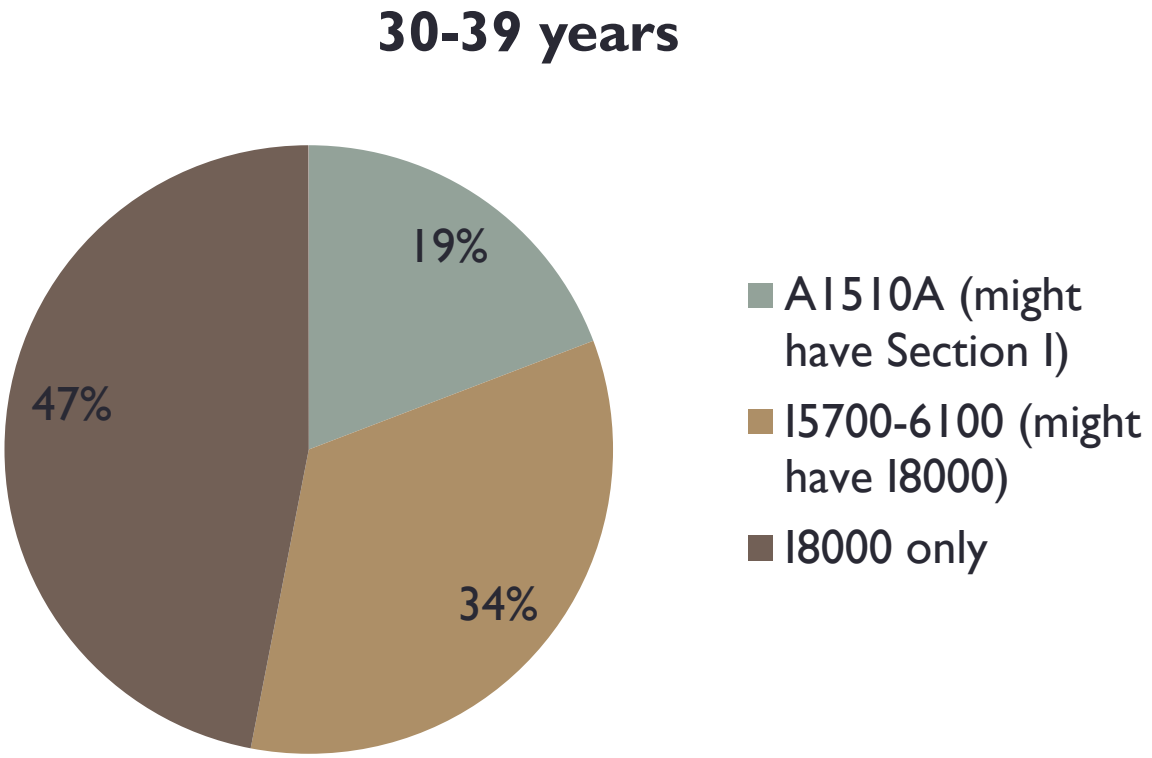

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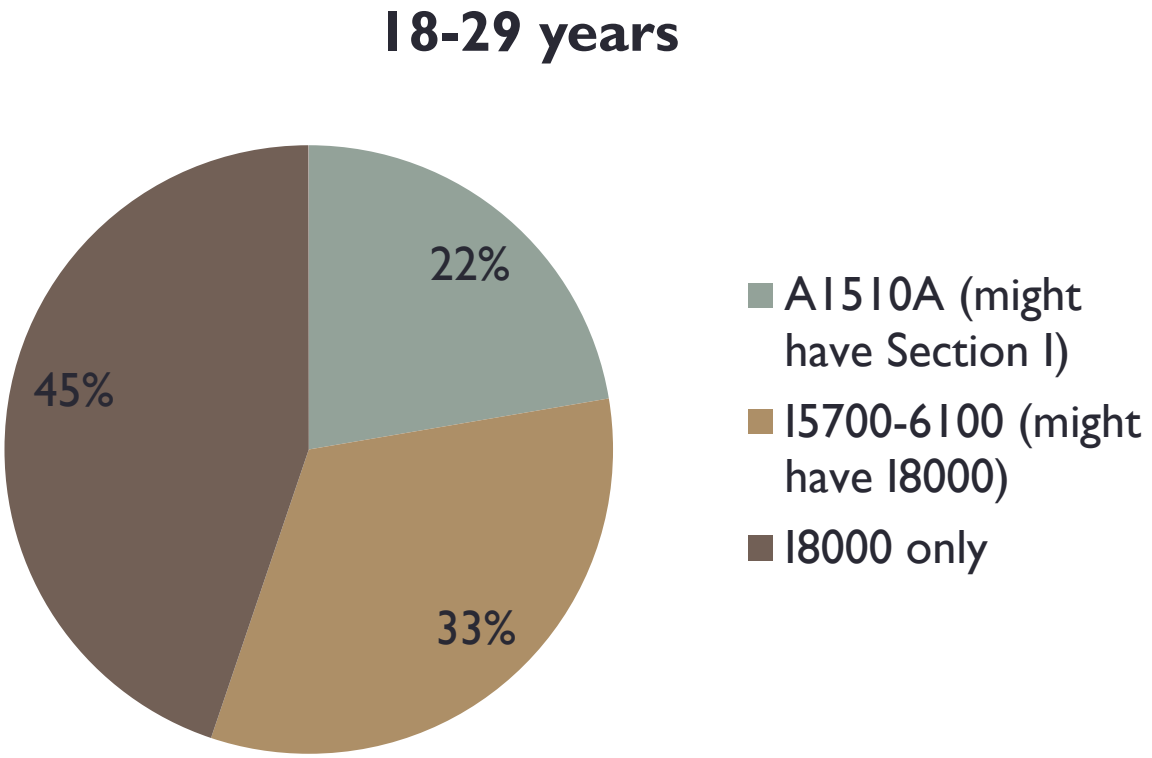

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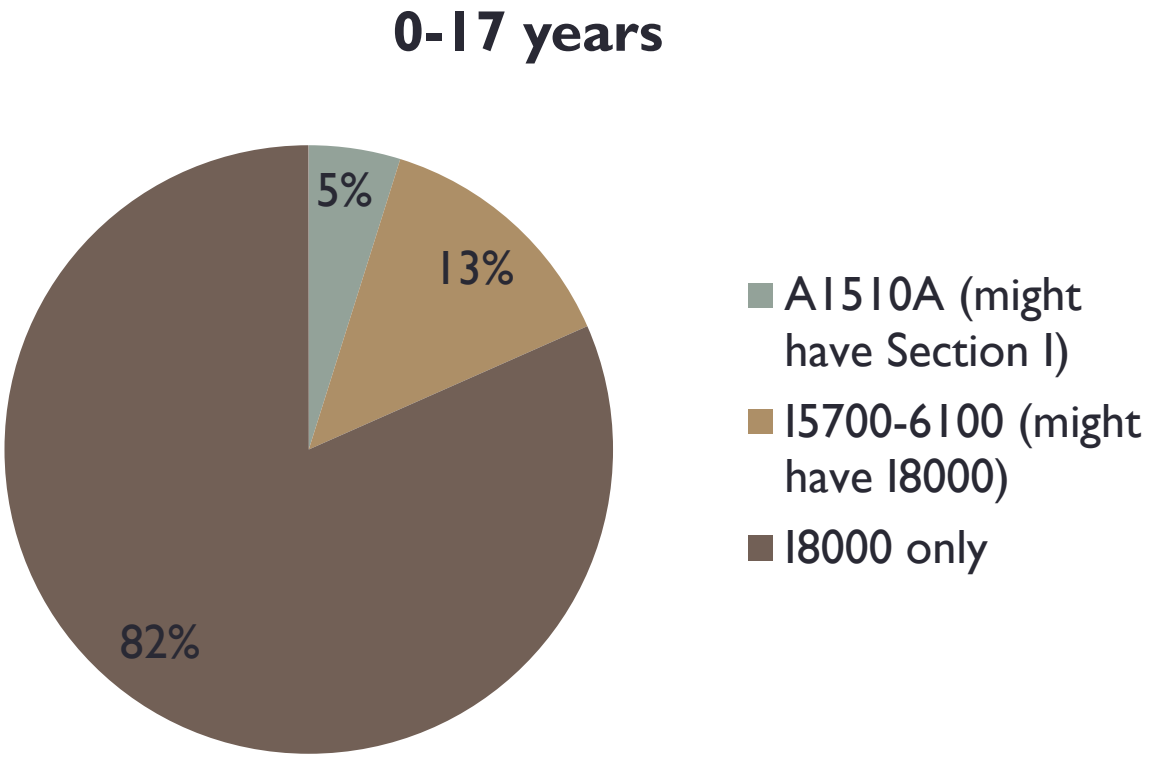
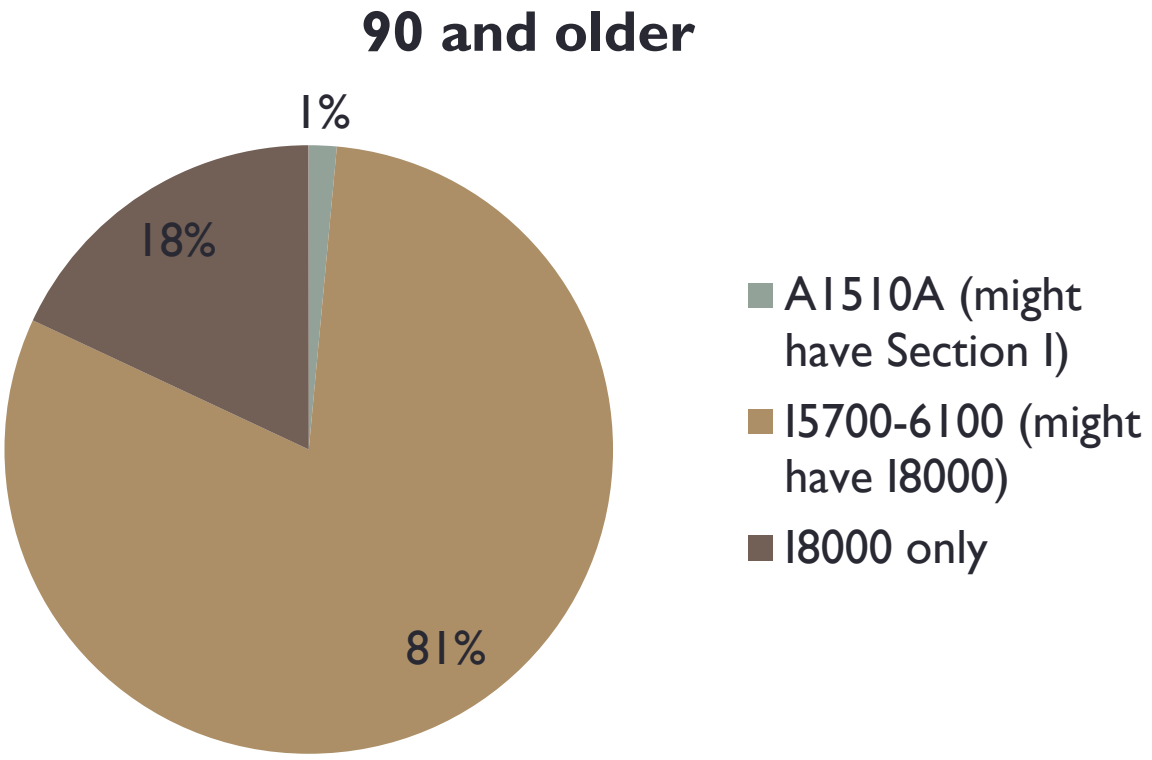


Dx Indicating Broad MI (2013, Census)



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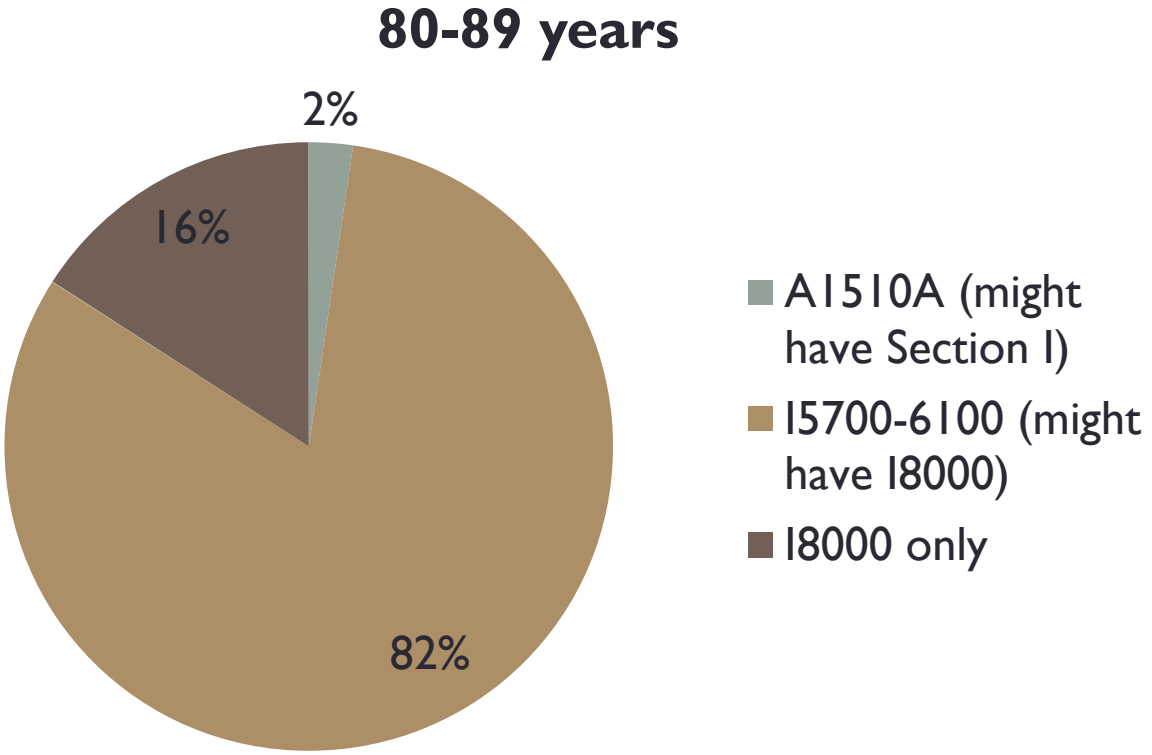

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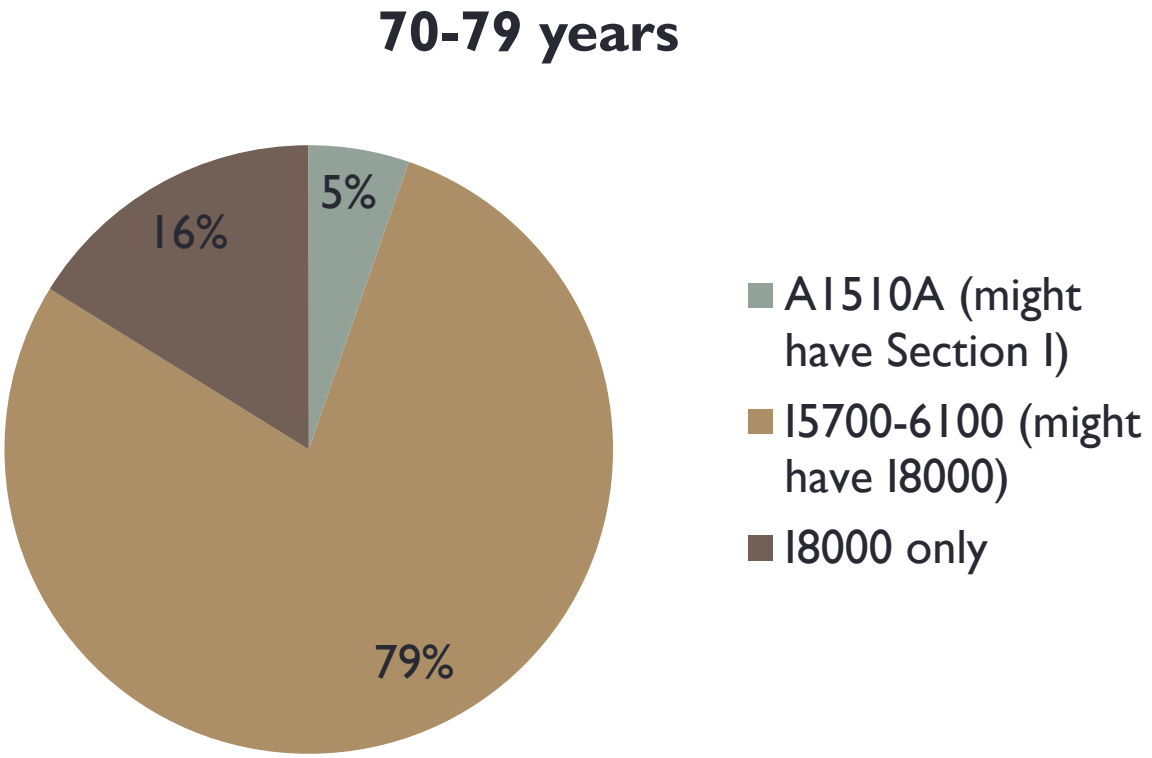

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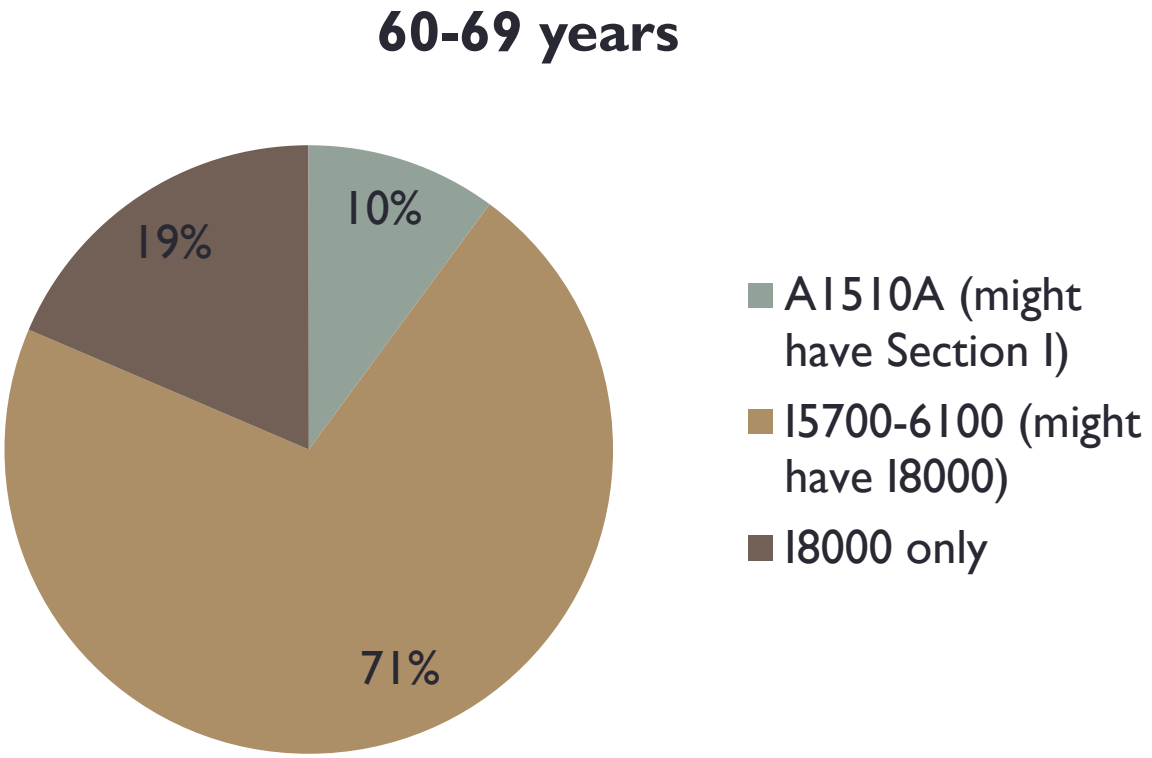

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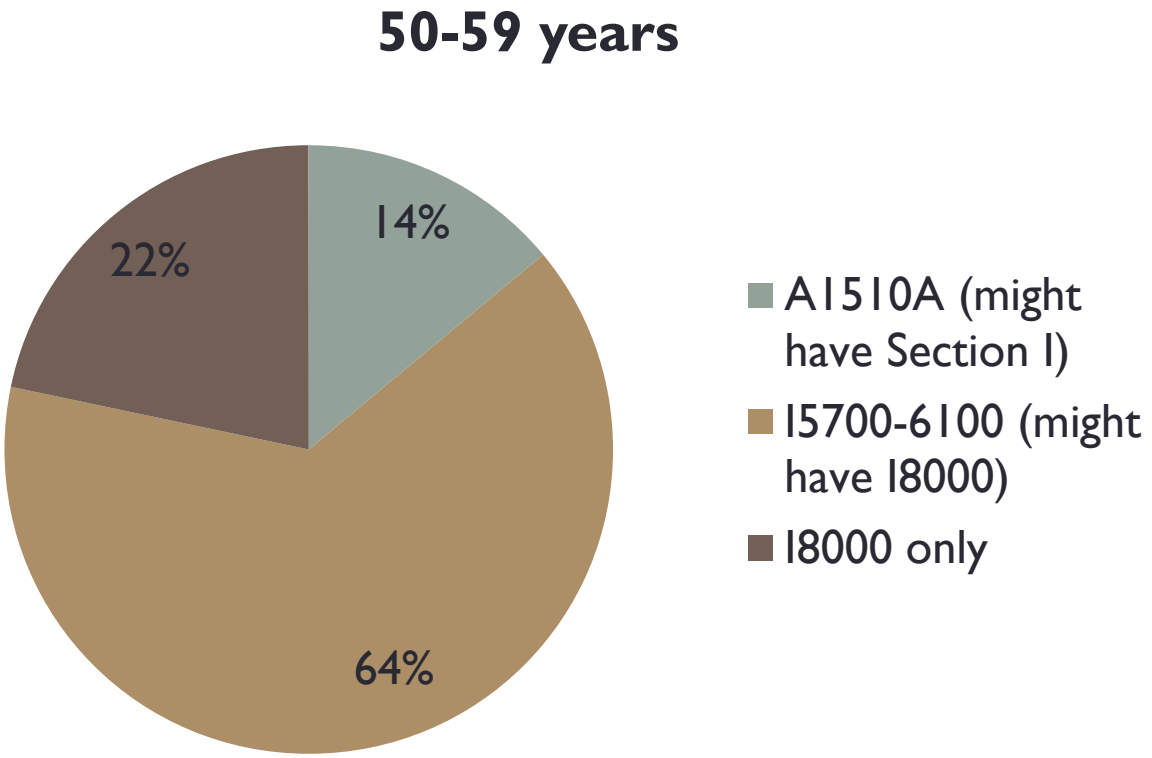

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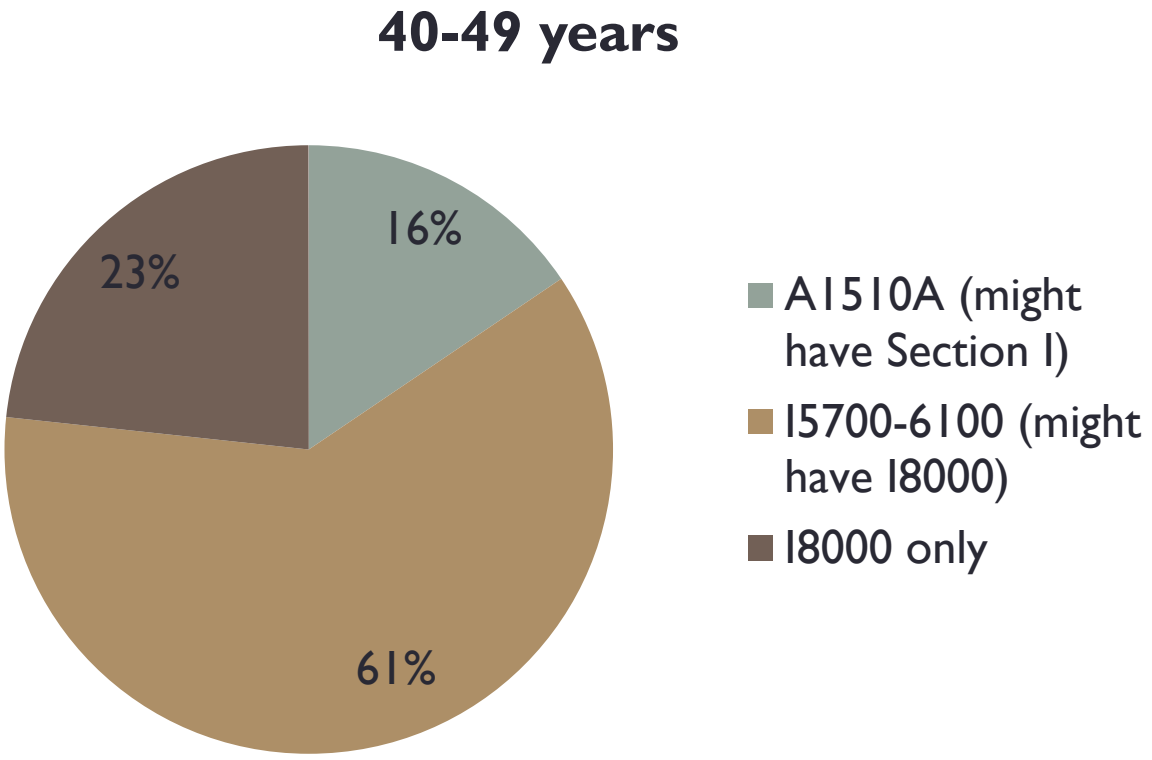

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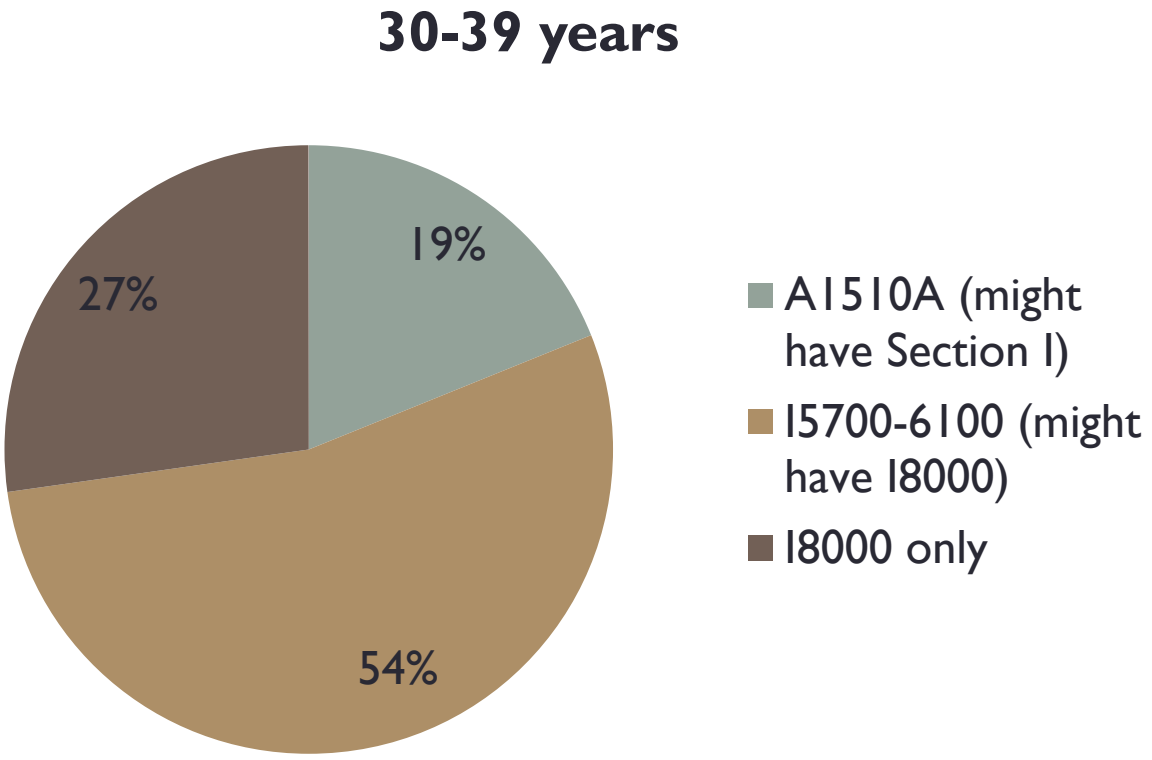

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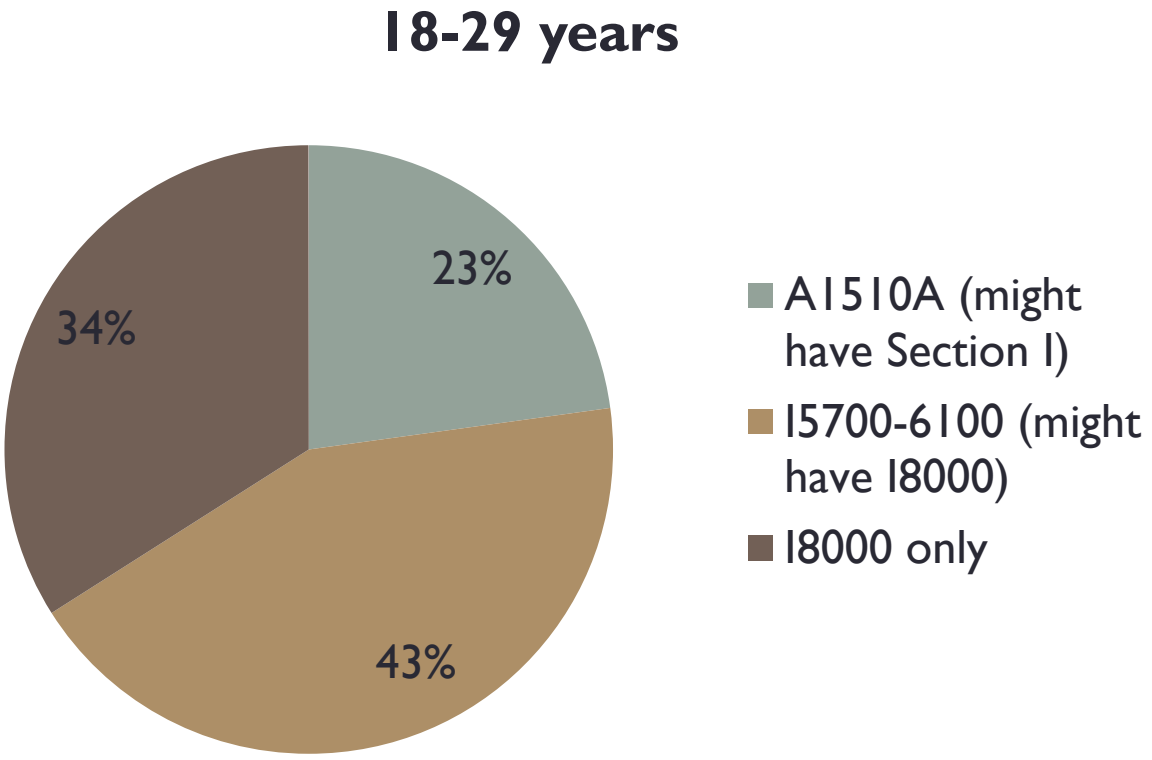

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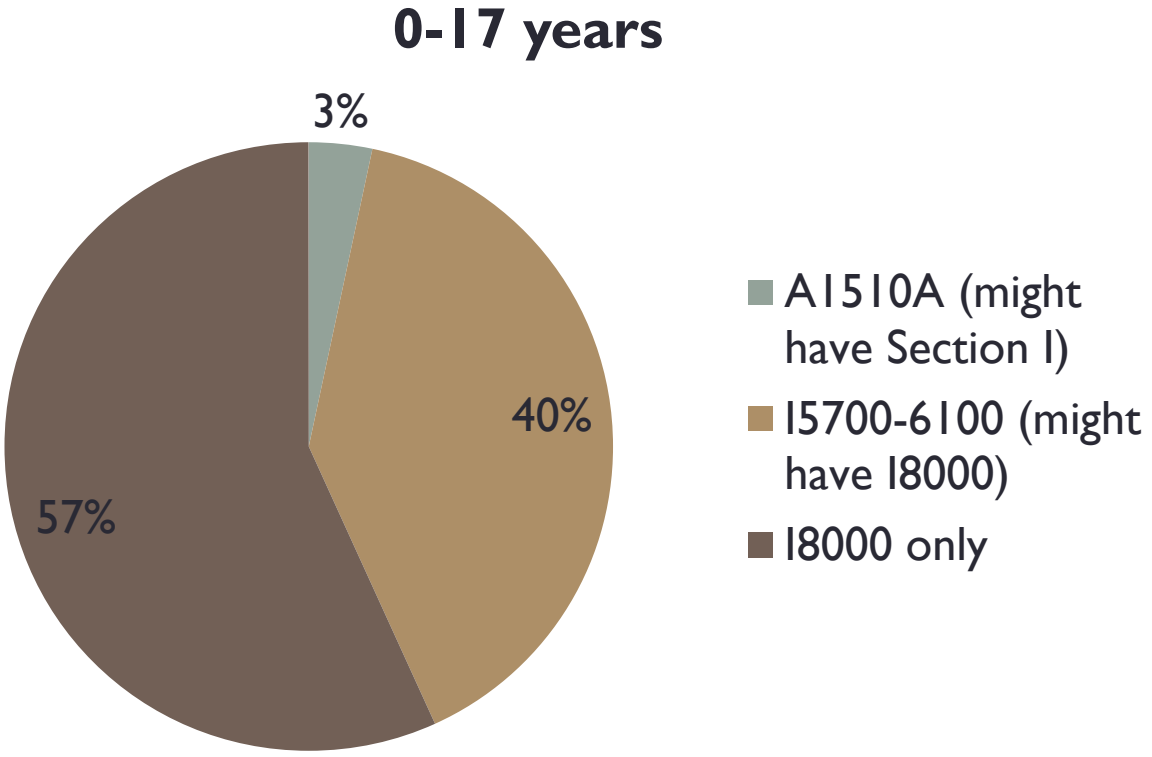

Summary

- PASRR does a decent (if imperfect) job identifying individuals with ID/RC.
- PASRR does a poor job of identifying individuals with serious MI.
- Among individuals with Dx of MI, detection by PASRR is more likely among among young adults and the middle-aged.

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: Examples

- 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?

QUESTIONS? SUGGESTIONS?

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

What would be useful?