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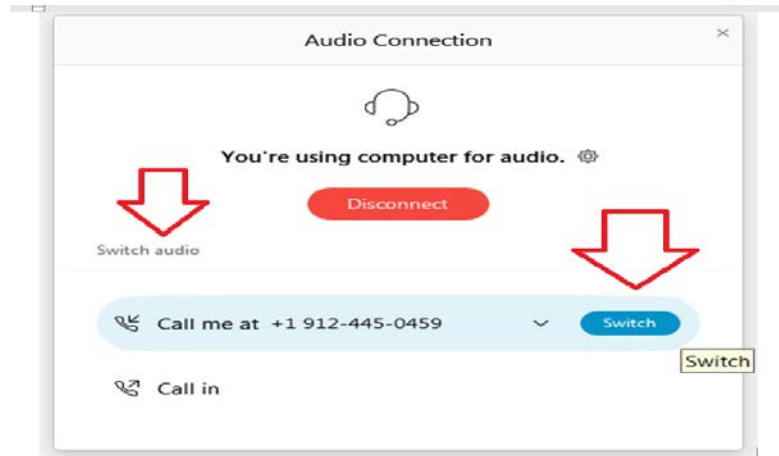
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2019 PASRR National Report:
Recent Findings from the Minimum Data Set (MDS) and an Analysis of Quality Monitoring and Quality Improvement (QM/QI)

ED KAKO, PASRR TECHNICAL ASSISTANCE CENTER (PTAC)

MAY 12, 2020

POWER AND POSSIBILITY OF PASRR WEBINAR SERIES

Webinar Goal

This webinar will help attendees understand the motivation and methodology of the 2019 PASRR National Report, as well as highlight key findings.

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Learning Objectives

- **Understand the Quality Monitoring/Quality Improvement (QM/QI) process as it relates to collected PASRR program data**

- **Understand the process for assembling QA/QI data**

- **Review the key findings of the PASRR program QA/QI data**

- **Understanding Minimum Data Set (MDS) data as it relates to PASRR**

- **Review the key findings of the MDS data**

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Background

What is the National Report?

- Result of analyzing state PASRR programs
- Released annually
- PTAC website: www.PASRRassist.org (newly redesigned)
  - Report – Home Page > Reports > 2019 National Report

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Population in Nursing Homes

- At any given time, there are ~1.3 million individuals in nursing homes nationwide.[1]
  - Medicare, Medicaid, and private pay
- Academic literature suggests there are ~250,000 individuals with serious mental illness (SMI), intellectual disability (ID), or related condition (RC) in nursing facilities.[2]

1. Total Number of Residents in Certified Nursing Facilities, 2017. Kaiser Family Foundation.
2. Grabowski D. et al. Mental Illness in Nursing Homes: Variations Across States. Health Affairs, 28(3), 689-700. https://www.healthaffairs.org/doi/10.1377/hlthaff.28.3.689

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Three Purposes of PASRR

1. To ensure that individuals are evaluated for evidence of possible SMI, ID, or RC

2. To see that community is considered as a placement option

3. To identify the services individuals need, wherever they are placed

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Quality Monitoring/Quality Improvement

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History of Fact Sheets

- Analysis began in 2016 to assess the types of QM/QI related data states could collect – not specific counts, but simply *whether* they collected different types of data.

- In 2016 PTAC distributed draft Fact Sheets to states with preliminary analysis findings based on publicly available information.

- PTAC offered states the opportunity to confirm, correct, or supplement the findings.

- Data from the final Fact Sheets went into the 2016 National Report.

- The process repeated for the 2017 National Report, using Fact Sheets from 2016 as the starting point.

2019 Methods

- States were given the option to update information from the 2017 Fact Sheets.

- States confirmed which QM/QI data elements they could collect:

  - 18 states provided updates; 17 states confirmed receipt and indicated no updates (n=35)

  - 69% reported collecting information on at least half of the QM/QI measures for individuals with SMI and individuals with ID/RC

    - Represents an increase from 59% in 2017

- New findings went into the 2019 National Report.

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Findings: ID/RC: Level I Screens

Measure	ID/RC					
	# Yes	% Yes	# No	% No	# NI	% NI
Total # of NF Admissions Statewide						
Total # of Level I evaluations performed statewide	20	57.1	6	17.1	9	25.7
# of Level I evaluations that were done prior to admission	14	40.0	10	28.6	11	31.4
% of Level I evaluations that were done prior to admission	14	40.0	10	28.6	11	31.4
# of positive Level I evaluations	23	65.7	4	11.4	8	22.9
% of Level I evaluations testing positive	20	57.1	6	17.1	9	25.7
# of negative Level I evaluations	19	54.3	6	17.1	10	28.6
% of Level I evaluations testing negative	20	57.1	6	17.1	9	25.7

n=35

- 40% of states reported collecting information on whether Level I screens were performed prior to admission

- 66% of states reported collecting information on the number of positive Level I evaluations for individuals with ID/RC

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Findings: ID/RC: Exempted Hospital Discharges

Measure	ID/RC					
	# Yes	% Yes	# No	% No	# NI	% NI
Exempted Hospital Discharges						
# of NF admissions	19	54.3	7	20.0	9	25.7
# of NF admissions under EHDs	14	40.0	9	25.7	12	34.3
% of NF admissions under EHDs	13	37.1	10	28.6	12	34.3
# of EHDs with stays longer than 45 days	15	42.9	10	28.6	10	28.6
% of EHDs longer than 45 days	14	40.0	10	28.6	11	31.4

n=35

- 40% of states reported collecting information on the number of EHD admissions for people with ID/RC.

- 43% of states reported collecting information on the number of EHD admissions with stays longer than 45 days for people with ID/RC.

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Findings: ID/RC: Preadmission Level IIs

Measure	ID/RC					
	# Yes	% Yes	# No	% No	# NI	% NI
Preadmission Evaluation (Preadmission Screens) – Level II Evaluations						
# of PAS – Level II evaluations	29	82.9	1	2.9	5	14.3
# of PAS that were done prior to admission	22	62.9	6	17.1	7	20.0
% of PAS that were done prior to admission	22	62.9	6	17.1	7	20.0
# of positive PAS (i.e., finding of SMI or ID/RC)	28	80.0	2	5.7	5	14.3
% of PAS leading to positive determinations	25	71.4	3	8.6	7	20.0
# of positive determinations that recommend Specialized Services	28	80.0	2	5.7	5	14.3
% of positive determinations that recommend Specialized Services	25	71.4	3	8.6	7	20.0
# of categorical determinations	21	60.0	4	11.4	10	28.6
% of categorical determinations	22	62.9	4	11.4	9	25.7
# of positive PAS recommending either community placement or any institutional placement	24	68.6	4	11.4	7	20.0
% of positive PAS recommending either community placement or any institutional placement	22	62.9	6	17.1	7	20.0
# of positive PAS recommending any institutional placement (NF, ICF/IID, or inpatient psychiatric)	22	62.9	7	20.0	6	17.1
% of positive PAS recommending any institutional placement (NF, ICF/IID, or inpatient psychiatric)	21	60.0	7	20.0	7	20.0
# of positive PAS recommending institutional placement (ICF/IID or inpatient psychiatric)	21	60.0	7	20.0	7	20.0
% of positive PAS recommending institutional placement (ICF/IID or inpatient psychiatric)	20	57.1	7	20.0	8	22.9
# of positive PAS recommending institutional placement (NF)	22	62.9	7	20.0	6	17.1
% of positive PAS recommending institutional placement (NF)	22	62.9	7	20.0	6	17.1
# of positive PAS recommending community placement	22	62.9	6	17.1	7	20.0
% of positive PAS recommending community placement	22	62.9	6	17.1	7	20.0
# of positive PAS leading to institutional placement (NF)	16	45.7	11	31.4	8	22.9
% of positive PAS leading to institutional placement (NF)	15	42.9	11	31.4	9	25.7
# of positive PAS leading to institutional placement (ICF/IID or inpatient psychiatric)	10	28.6	16	45.7	9	25.7
% of positive PAS leading to institutional placement (ICF/IID or inpatient psychiatric)	8	22.9	16	45.7	11	31.4
# of positive PAS leading to community placement	9	25.7	16	45.7	10	28.6
% of positive PAS leading to community placement	9	25.7	16	45.7	10	28.6
Annual average time (days) between Level I and Level II PAS determination	21	60.0	5	14.3	9	25.7

n=35

- 63% of states reported collecting information on the number of Level IIs completed prior to admission for people with ID/RC
- 80% of states reported collecting information on the number of preadmission Level IIs recommending Specialized Services for people with ID/RC

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Findings: ID/RC: Resident Reviews

Measure	ID/RC					
	# Yes	% Yes	# No	% No	# NI	% NI
Resident Review – Level II Evaluations						
# of RRs – Level II evaluations	24	68.6	4	11.4	7	20.0
# of positive RRs (i.e., finding of SMI or ID/RC)	23	65.7	5	14.3	7	20.0
% of RRs leading to positive determinations	22	62.9	5	14.3	8	22.9
# of negative RRs (i.e., finding of no SMI, no ID/RC)	22	62.9	6	17.1	7	20.0
% of RRs leading to negative determinations	21	60.0	6	17.1	8	22.9
# of positive RRs recommending continued NF placement	22	62.9	5	14.3	8	22.9
% of positive RRs recommending continued NF placement	22	62.9	4	11.4	9	25.7
# of positive RRs recommending community placement	21	60.0	6	17.1	8	22.9
% of positive RRs recommending community placement	19	54.3	7	20.0	9	25.7
# of positive RRs leading to continued NF placement	17	48.6	10	28.6	8	22.9
% of positive RRs leading to continued NF placement	16	45.7	10	28.6	9	25.7
# of positive RRs leading to community placement	10	28.6	16	45.7	9	25.7
% of positive RRs leading to community placement	9	25.7	16	45.7	10	28.6

n=35

- 69% of states reported collecting data on the number of Resident Reviews completed for people with ID/RC
- 60% of states reported collecting data on the number of Resident Reviews recommending transition to the community for people with ID/RC

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Findings: SMI: Level I Screens

Measure	SMI					
	# Yes	% Yes	# No	% No	# NI	% NI
Total # of NF Admissions Statewide						
Total # of Level I evaluations performed statewide	20	57.1	7	20.0	8	22.9
# of Level I evaluations that were done prior to admission	14	40.0	10	28.6	11	31.4
% of Level I evaluations that were done prior to admission	14	40.0	10	28.6	11	31.4
# of positive Level I evaluations	22	62.9	5	14.3	8	22.9
% of Level I evaluations testing positive	19	54.3	7	20.0	9	25.7
# of negative Level I evaluations	18	51.4	7	20.0	10	28.6
% of Level I evaluations testing negative	19	54.3	7	20.0	9	25.7

n=35

- 40% of states reported collecting information on the number of Level I evaluations completed prior to admission for people with SMI.

- 63% of states reported collecting information on the number of positive Level I evaluations for people with SMI.

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Findings: SMI: Exempted Hospital Discharges

Measure	SMI					
	# Yes	% Yes	# No	% No	# NI	% NI
Exempted Hospital Discharges						
# of NF admissions	19	54.3	8	22.9	8	22.9
# of NF admissions under EHDs	14	40.0	10	28.6	11	31.4
% of NF admissions under EHDs	13	37.1	11	31.4	11	31.4
# of EHDs with stays longer than 45 days	15	42.9	11	31.4	9	25.7
% of EHDs longer than 45 days	14	40.0	11	31.4	10	28.6

n=35

- 40% of states reported collecting information on the number of EHD admissions for people with SMI.

- 43% of states reported collecting information on the number of EHD admissions with stays longer than 45 days for people with SMI.

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Findings: SMI: Preadmission Level IIs

Measure	SMI					
	# Yes	% Yes	# No	% No	# NI	% NI
Preadmission Evaluation (Preadmission Screens) – Level II Evaluations						
# of PAS – Level II evaluations	30	85.7	1	2.9	4	11.4
# of PAS that were done prior to admission	23	65.7	6	17.1	6	17.1
% of PAS that were done prior to admission	23	65.7	6	17.1	6	17.1
# of positive PAS (i.e., finding of SMI or ID/RC)	28	80.0	3	8.6	4	11.4
% of PAS leading to positive determinations	27	77.1	3	8.6	5	14.3
# of positive determinations that recommend Specialized Services	26	74.3	3	8.6	6	17.1
% of positive determinations that recommend Specialized Services	25	71.4	3	8.6	7	20.0
# of categorical determinations	24	68.6	4	11.4	7	20.0
% of categorical determinations	23	65.7	5	14.3	7	20.0
# of positive PAS recommending either community placement or any institutional placement	25	71.4	5	14.3	5	14.3
% of positive PAS recommending either community placement or any institutional placement	24	68.6	5	14.3	6	17.1
# of positive PAS recommending any institutional placement (NF, ICF/IID, or inpatient psychiatric)	26	74.3	5	14.3	4	11.4
% of positive PAS recommending any institutional placement (NF, ICF/IID, or inpatient psychiatric)	23	65.7	5	14.3	7	20.0
# of positive PAS recommending institutional placement (ICF/IID or inpatient psychiatric)	24	68.6	5	14.3	6	17.1
% of positive PAS recommending institutional placement (ICF/IID or inpatient psychiatric)	23	65.7	5	14.3	7	20.0
# of positive PAS recommending institutional placement (NF)	26	74.3	5	14.3	4	11.4
% of positive PAS recommending institutional placement (NF)	25	71.4	5	14.3	5	14.3
# of positive PAS recommending community placement	25	71.4	5	14.3	5	14.3
% of positive PAS recommending community placement	23	65.7	5	14.3	7	20.0
# of positive PAS leading to institutional placement (NF)	17	48.6	12	34.3	6	17.1
% of positive PAS leading to institutional placement (NF)	16	45.7	12	34.3	7	20.0
# of positive PAS leading to institutional placement (ICF/IID or inpatient psychiatric)	10	28.6	17	48.6	8	22.9
% of positive PAS leading to institutional placement (ICF/IID or inpatient psychiatric)	9	25.7	17	48.6	9	25.7
# of positive PAS leading to community placement	10	28.6	17	48.6	8	22.9
% of positive PAS leading to community placement	9	25.7	17	48.6	9	25.7
Annual average time (days) between Level I and Level II PAS determination	24	68.6	5	14.3	6	17.1

n=35

- 66% of states reported collecting information on the number of Level IIs completed prior to admission for people with SMI
- 74% of states reported collecting information on the number of preadmission Level IIs recommending Specialized Services for people with SMI

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Findings: SMI: Resident Reviews

Measure	SMI					
	# Yes	% Yes	# No	% No	# NI	% NI
Resident Review – Level II Evaluations						
# of RRs – Level II evaluations	26	74.3	3	8.6	6	17.1
# of positive RRs (i.e., finding of SMI or ID/RC)	25	71.4	4	11.4	6	17.1
% of RRs leading to positive determinations	24	68.6	4	11.4	7	20.0
# of negative RRs (i.e., finding of no SMI, no ID/RC)	24	68.6	4	11.4	7	20.0
% of RRs leading to negative determinations	23	65.7	4	11.4	8	22.9
# of positive RRs recommending continued NF placement	24	68.6	5	14.3	6	17.1
% of positive RRs recommending continued NF placement	23	65.7	5	14.3	7	20.0
# of positive RRs recommending community placement	22	62.9	6	17.1	7	20.0
% of positive RRs recommending community placement	21	60.0	6	17.1	8	22.9
# of positive RRs leading to continued NF placement	17	48.6	11	31.4	7	20.0
% of positive RRs leading to continued NF placement	16	45.7	11	31.4	8	22.9
# of positive RRs leading to community placement	9	25.7	17	48.6	9	25.7
% of positive RRs leading to community placement	8	22.9	17	48.6	10	28.6

n=35

- 74% of states reported collecting data for the number of Resident Reviews completed for people with SMI

- 63% of states reported collecting data for the number of Resident Reviews recommending transition to the community for people with SMI

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Summary of QM/QI Findings

- A range of 8 to 28 states (23%-80%) can report on specific data elements.

- The more specific/specialized the data element (e.g., positive resident reviews leading to community placement), the less likely a state is to be able to report it.

- *This pattern remains largely unchanged from our 2017 analysis.*

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Review of MDS

Purposes of MDS

1. Assess nursing home quality and help monitor the health and welfare of 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

- PASRR is a *specialized process* with a preadmission component and (if needed) a resident review component.

- MDS does not evaluate for disabilities defined for the purposes of PASRR.

- MDS is a broad functional needs assessment.

- MDS is a *general record* of resident condition/well-being at a point in time; significant change in status is recorded on MDS and can trigger a resident review when referred to the relevant state authority.

Timing of MDS

- MDS assessment forms are completed for all residents Medicaid- or Medicare-certified nursing homes, regardless of payment type.

- Timing:

  - Within 14 days of admission

  - At quarterly and yearly intervals; annual surveys are more detailed

  - Upon significant change in condition

PASRR Related Questions in MDS

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**

- A1500: Asks whether the individual has been identified by PASRR as having a SMI, ID, or RC.

- A1510: If A1500 is "yes," asks which PASRR disability an individual has (SMI, ID, or RC).

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MDS Analyses in 2019 National Report

- **National Dataset**: October 1, 2010-December 31, 2018
- **Section 3:** Number of NF residents with a PASRR-identified SMI or ID/RC compared to NF residents with ID/RC as identified by other (non-PASRR) diagnostic items in the MDS
- **Section 4**: Prevalence of problematic behavioral symptoms among PASRR-identified individuals compared with same symptoms among other NF residents
- **Section 5**: Prevalence of dementia among individuals who have a PASRR-identified SMI versus SMI identified in other diagnostics
  - Purpose: to explore use of the "dementia exclusion," which allows Level II to be terminated if an individual's dementia is "primary" relative to their SMI.

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"Census" Method of Counting Individuals in NFs

- Everyone in a Medicaid-certified NF as of December 31

- Who has been observed at least once in past 150 days.

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Key MDS Items for These Analyses

Item #	Response Options
A1510: Level II Preadmission Screening and Resident Review conditions	A: Serious mental illness B: Intellectual disability C: Other related conditions
A1550: Conditions related to ID/RC status	A: Down syndrome B: Autism C: Epilepsy D: Other organic conditions related to ID/DD E: ID/DD with no organic condition Z: none of the above
I5700–I6100: Psychiatric mood disorders	I5700: Anxiety disorder I5800: Depression I5900: Bipolar disorder I5950: Psychotic disorder I6000: Schizophrenia I6100: PTSD
I8000: Additional active diagnoses	Can be used to record ICD-9/10 codes for all conditions of SMI, ID, and RC not otherwise recorded

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MDS: Prevalence of Intellectual Disabilities (ID) and Related Conditions (RC), as Recorded in the MDS

Section A: "Checkbox" ID/RC Items

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

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Section I: Other Active 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

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. _____ ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

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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

Findings: Detection Rates of ID/RC by Different Diagnostic Items

Table 22: Percentages of NF Residents Identified as Having ID/RC by Different MDS Measures, by Year

Measure	2016	2017	2018
B: Level II PASRR ID/RC (A1510B or A1510C)	2.3	2.3	2.4
C: Level II PASRR ID/RC *or* MDS ID/RC Questions	2.6	2.6	2.6
D: Level II PASRR ID/RC *or* MDS ID/RC Questions *or* ID/RC ICD Codes	3.3	3.3	3.4

Finding: PASRR identification for ID/RC closely approximates identification using diagnostic items in the MDS.

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MDS: Prevalence of Mental Illness (SMI)

Section I: "Checkbox" SMI 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)**

Section I: Other Active 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

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. _____

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Two Categories of Mental Illness: Narrow and Broad

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

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Findings: Detection Rates of Narrow SMI by Different Diagnostic Items

Table 18: Percentages of NF Residents Identified as Having SMI – Narrow Definition by Different MDS Measures, by Year

Measure	2016	2017	2018
B: Level II PASRR SMI (A1510A)	5.0	5.3	5.6
C: Level II PASRR SMI *or* MDS SMI Questions (Narrow)	19.8	20.0	20.1
D: Level II PASRR SMI *or* SMI Questions (Narrow) *or* SMI ICD Codes (Narrow)	24.2	24.1	23.9

Abbreviations: ICD, International Classification of Diseases; MDS, Minimum Data Set; PASRR, Preadmission Screening and Resident Review; SMI, serious mental illness.

Roughly 20% of NF residents have SMI narrowly defined (including all MDS diagnostic items), but 5-6% have been identified by PASRR as having SMI.

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Findings: Detection Rates of Broad SMI by Different Diagnostic Items

Table 14: Percentages of NF Residents Identified as Having SMI – Broad Definition by Different MDS Measures, by Year

Measure	2016	2017	2018
B: Level II PASRR SMI (A1510A)	5.0	5.3	5.6
C: Level II PASRR SMI *or* MDS SMI Questions (Broad)	62.0	62.0	61.6
D: Level II PASRR SMI *or* SMI Questions (Broad) *or* SMI ICD Codes (Broad)	63.8	63.8	63.5

Abbreviations: ICD, International Classification of Diseases; MDS, Minimum Data Set; PASRR, Preadmission Screening and Resident Review; SMI, serious mental illness.

Roughly 60% of NF residents have a SMI broadly defined (including all MDS diagnostic items), but 5-6% of residents have been identified by PASRR as having SMI

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Summary

- PASRR identifies ID/RC at approximately the same rate as identification using all diagnostic items in the MDS.

- However, PASRR only identifies a small portion of NF residents with an SMI compared to NF residents identified in the MDS.

- There are limitations to the MDS and assessment process:

  - MDS is unable to capture individuals with an SMI or ID/RC diagnosis admitted under an EHD because they have not yet been assessed by PASRR.

  - Some individuals have SMI or ID/RC that does *not* qualify as a PASRR disability (less so for ID/RC).

  - Data reporting issues: Some assessors may falsely believe that a determination that no Specialized Services are needed means that the individual lacks a PASRR identification altogether, when this is not the case, especially for categorical determinations.

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Prevalence of Problematic Behavioral Health Symptoms Among Individuals with PASRR Disabilities

Purpose

- Assess whether problematic behavioral symptoms are more common among individuals identified as having a PASRR condition than among NF residents with an SMI, but without a PASRR condition

Methodology

- Produce summary statistics for problematic behavioral symptoms for individuals with a PASRR-identified SMI versus NF residents with a non-PASRR-identified SMI for 2016, 2017, and 2018.
- Parallel analysis conducted for individuals with ID/RC.

Table 3: Minimum Data Set Items Indicating Problematic Behavioral Symptoms

Item #	Response Options
E0200: Behavioral Symptom – Presence & Frequency	A – Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing other sexually) B – Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others) C – Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)
E0500: Impact on Resident	Did any of the identified symptom(s) – A – Put the resident at significant risk for physical illness or injury? (yes/no) B – Significantly interfere with the resident's care? (yes/no) C – Significantly interfere with the resident's participation in activities or social interactions? (yes/no)
E0600: Impact on Others	Did any of the identified symptom(s): A – Put others at significant risk for physical injury? (yes/no) B – Significantly intrude on the privacy or activity of others? (yes/no) C – Significantly disrupt care or living environment? (yes/no)

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Findings: Problematic Behavioral Symptoms & SMI

- The prevalence of problematic behavioral symptoms was significantly higher among individuals with a PASRR-identified SMI.

Table 26: Percentages of NF Residents Showing Problematic Behavioral Symptoms in the MDS, with and without PASRR SMI, by Year

MDS Item	2016		2017		2018	
	PASRR SMI	Other NF Residents	PASRR SMI	Other NF Residents	PASRR SMI	Other NF Residents
E0200A: Physical behavioral symptoms toward others	4.6	3.9	4.4	3.6	4.2	3.5
E0200B: Verbal behavioral symptoms toward others	9.5	6.3	12.3	5.9	11.7	5.7
E0200C: Behavioral symptoms not toward others	12.7	5.2	11.9	4.8	11.1	4.4
E0500A: Behavior put resident at risk of illness or injury	2.4	1.4	2.3	1.2	2.1	1.1
E0500B: Behavior interfered with resident's care	4.3	2.4	4.3	2.2	3.9	2.0
E0500C: Behavior interfered with resident's activities or social interactions	5.1	2.0	4.8	1.8	4.5	1.7
E0600A: Behavior put others at risk of illness or injury	2.1	1.4	1.9	1.2	1.8	1.1
E0600B: Behavior interfered with privacy or activity of others	3.1	1.4	3.0	1.2	2.8	1.1
E0600C: Behavior disrupted care or living environment	5.0	2.4	4.7	2.1	4.4	2.0

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Findings: Problematic Behavioral Symptoms & ID/RC

- The prevalence of problematic behavioral symptoms was also significantly higher among individuals with a PASRR-identified ID/RC.

Table 30: Percentages of NF Residents Showing Problematic Behavioral Symptoms, with and without a PASRR ID/RC, by Year

MDS Item	2016		2017		2018	
	PASRR ID/RC	Other NF Residents	PASRR ID/RC	Other NF Residents	PASRR ID/RC	Other NF Residents
E0200A: Physical behavioral symptoms toward others	4.6	3.9	4.6	3.7	4.2	3.5
E0200B: Verbal behavioral symptoms toward others	9.5	6.5	9.5	6.2	8.8	6.0
E0200C: Behavioral symptoms not toward others	11.0	5.5	10.5	5.0	9.4	4.7
E0500A: Behavior put resident at risk of illness or injury	2.5	1.4	2.4	1.2	2.0	1.1
E0500B: Behavior interfered with resident's care	3.4	2.5	3.4	2.3	2.9	2.1
E0500C: Behavior interfered with resident's activities or social interactions	4.1	2.1	3.8	1.9	3.4	1.8
E0600A: Behavior put others at risk of illness or injury	2.1	1.4	2.1	1.3	1.7	1.2
E0600B: Behavior interfered with privacy or activity of others	2.8	1.5	2.7	1.3	2.3	1.2
E0600C: Behavior disrupted care or living environment	4.7	2.4	4.3	2.2	3.9	2.1

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Summary

- In all cases, the prevalence of problematic behavioral symptoms was higher among individuals with a reported PASRR identification.

- There were only minor variations from year to year.

- These findings highlight the importance of using PASRR to help identify Specialized Services and supports for people with ID/RC and/or SMI.

Prevalence of Dementia Among Individuals with SMI

Purpose

- Level II evaluations for SMI can be terminated if the evaluator determines that an individual has dementia which is *primary* – more pronounced than SMI. See 42 CFR 483.128(m)(2).
- The analysis compares the prevalence of people identified in the MDS as having both dementia and an SMI to the prevalence of people with both dementia and a PASSR-identified SMI.
- The goal of this analysis is to help inform future conversations to ensure that individuals with an SMI and a dementia diagnosis are not improperly excluded from PASRR consideration.

Methodology

- Determine percentage of individuals with a dementia diagnosis as reported in Items I4200 (Alzheimer's Disease), I4800 (non-Alzheimer's Dementia), or the Unspecified dementia without behavioral disturbance ICD-10 code in Item I8000

- Compare results for NF residents with a PASRR-identified SMI and NF residents with an SMI identified elsewhere in the MDS

Results

- The percentage of individuals with dementia was higher in NF residents with a non-PASRR-identified SMI.

- Results were similar across years.

Table 34: Percentages of NF Residents with Dementia Diagnoses, with and without PASRR SMI, by Year

MDS Item	2016		2017		2018	
	PASRR SMI	SMI without PASRR Dx	PASRR SMI	SMI without PASRR Dx	PASRR SMI	SMI without PASRR Dx
Dementia reported in I4200 or I4800	36.5	59.6	36.2	59.3	36.1	58.6
Dementia reported in I8000	1.5	4.4	1.3	3.7	0.0	0.0
Dementia reported in I4200, I4800, or I8000	36.8	60.2	36.4	59.8	36.1	58.6

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Summary

- The percentage of individuals with dementia was higher in NF residents with a non-PASRR-identified SMI compared to NF residents with a PASRR-identified SMI.

- The MDS does not currently record whether dementia is "primary." Further analysis is needed to identify any relationship between the identification of dementia and SMI under PASRR.

Overall MDS Data Summary

- Individuals with ID/RC appear to be identified accurately through PASRR.

- Individuals with SMI appear to be under-identified by PASRR.

- In all cases, the prevalence of problematic behavioral symptoms was higher among individuals with a reported PASRR identification.

- The percentage of individuals with dementia was higher in NF residents with a non-PASRR-identified SMI compared to NF residents with a PASRR-identified SMI.

Possible Explanations

1. Nursing home assessors accurately record PASRR status, but PASRR programs under-identify individuals with SMI, because, for example, 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 (still) to detect the full impact of those changes on detection rates in NFs.

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In Conclusion

- The data has changed very little from 2017.

- Better QM/QI data would increase the number of individuals that PASRR detects.

- Analysis of MDS continues to indicate that PASRR may under-identify the number of people who have SMI.

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What's Next?

- Return to previous analysis of state-level PASRR claims on form CMS-64 for variations (i.e., the 75% match).

- Analyze aspects of PASRR program design that might relate to variations in expenditures (e.g., whether there are inter-agency agreements in place).

Remember: Technical Assistance (TA) is Available!

- Free TA is available from PTAC to review tools, procedures, etc.
- PTAC can help states analyze MDS data (within limits).
- Free on-site meetings with PTAC consultants is available, if needed.
- Links to request TA and additional resources are available on the newly redesigned PTAC website, which is located at: https://www.pasrrassist.org/

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QUESTIONS
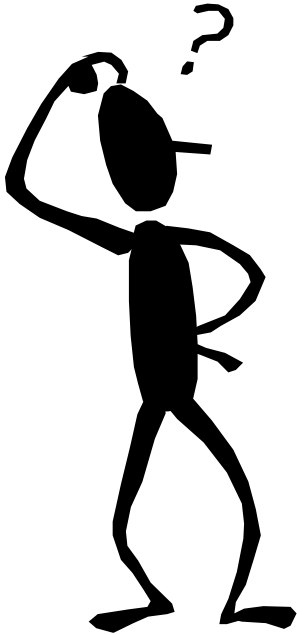
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