

# What has happened after 20 Years of PASRR?

Preadmission Screening & Resident  
Review of nursing facility residents

**Policy, Practice, and Research in Aging and Mental Health**  
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# Scope of MI in Nursing Homes

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- ◉ Number of residents with MI (other than dementia) in a US nursing home on any given day: > 500,000
- ◉ Far more than in all other health care institutions combined.
- ◉ New admissions with MI trend to younger with longer length of stay

Grabowski et al. Mental Illness in Nursing Homes: variations across states. *Health Affairs*, 28 (3):689-700

# Understanding numbers

## ○ “Nursing home” can mean facilities:

Medicaid-certified	3.2%
Medicare-certified	2.2%
Dually-certified	94.5%
Total # Certified Facilities 2007	15,281
Non-Medicare/Medicaid	?

## ○ Annual can mean

- Persons admitted in 1 year  
(unduplicated or number of admissions?)
- Admitted at any one point in time
- Or a subset of the NH population that is available in a year of data, such as OSCAR — facilities surveyed that year.

# By Certification vs. by Payer

## ○ Proportion -- Surveyed in a Year (OSCAR):

- Number of **certified** beds: 1,613,942
- Number of residents: 1,368,230

• Residents by <b>payer</b> :	64%
Medicare	14%
Private / Other	22%

2007 Harrington et al

[http://www.pascenter.org/nursing\\_homes/nursing\\_trends\\_2007.php](http://www.pascenter.org/nursing_homes/nursing_trends_2007.php)

# Proportion of MI Increasing

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- ◉ 2001 to 2007 Percent of residents —
  - with **dementia** increased 7 % (to 45.6 %)
  - with **other serious psychiatric diagnoses** increased 33 % (from 16.1 to 21.4 percent of residents)
  - with need for psychological & behavioral management is increasing
  - with limitations in ADLs remained fairly stable; the need for physical assistance is not increasing

2007 Harrington et al (Oscar data – only surveyed NHs)

[http://www.pascenter.org/nursing\\_homes/nursing\\_trends\\_2007.php](http://www.pascenter.org/nursing_homes/nursing_trends_2007.php)

# Staffing Declines

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- ◎ **RN hours** per resident day
  - 1998 to 2000: declined by 25 percent
  - 2001 to 2007: declined by 14 percent to 0.6 hours
  - 2007 avg total of all staff hours / day: 3.5
- ◎ Number of nursing assistants increased to make up for reduction in RN hours
- ◎ A dramatic decline in skills and training of NH staff since Medicare prospective payment system implemented in 1998
  - Facilities with more RN staffing have higher quality of care on average

# Future is scary

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- ◉ Market is rejecting NH (old, medical model) as setting for LTC
- ◉ NH are increasingly admitting those without other options — and persons with SMI are prime among them
- ◉ One hopeful note: Grabowski et al point out large state variations in NH residents and state policies — this means solutions are possible at state level. You!

# After 20 Years of PASRR

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- ◉ ½ million served in MR/DD home and community-based services (HCBS) waivers
- ◉ ICFs/MR are getting fewer, smaller, and less institutional in character
- ◉ Psychiatric hospitals declining in number & LOS
- ◉ The Olmstead decision put ADA in LTC
- ◉ Nursing home occupancy is slightly down
- ◉ PASRR must be working!

# After 20 Years of PASRR

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- ◉ We don't really know who has MI in NFs
- ◉ Lawsuits in several states claim thousands with MI are inappropriately placed in NFs
- ◉ Lots of Level II evaluations later, how many have been diverted or discharged?
- ◉ In most states specialized services have not resulted in a continuum of supports
- ◉ PASRR must not be working!

# Has PASRR worked?

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## Wrong Question

How could PASRR “work”, when —

- The US still has no healthcare system
- No real LTC MH benefit for most people
- PASRR continues to find, one person at a time, that NF is the only available LTC option for many persons w/ SMI
- PASRR has no data or evaluation requirements to measure success or failure

# What would success be?

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- ◉ When the service gaps are so wide
- ◉ When Medicaid is the biggest payer of MH services, but has no LTC MH benefit except
  - PRTF for under 22 years
  - IMDs over 65 years, most of which are NFs!
  - 4 states: home and community-based services
- ◉ Define PASRR “success” for you

# Specific problems after 20 years

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## ◎ PASRR

- Has not prevented thousands of individuals with SMI to be placed in NFs, per several lawsuits
- Is highly variable state to state

## ◎ NF is the wrong model for LTC

## ◎ Quietly suffering vs. “behavior problem”

- Suicide
- Deaths by “passive” giving up and starvation

## ◎ You list the issues . . .

# Why are we doing this?

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- ◉ Given the limitations from the last 20 years, what should we be doing with PASRR?
- ◉ Yes it's a law, but that does not stop us from considering why we are doing this.
- ◉ What can we, what should we, be doing with all this required PASRR activity?

# What can we do with PASRR?

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- ◉ Step back, look at the system, look at the needs, look at your PASRR activities as new
- ◉ Now, what are your PASRR activities best able to accomplish?
  - Not what are you doing now
  - Or what will others in your system say . . .
  - Use our collective imagination. That's the unique resource we have here only today and tomorrow

# Lets Recap

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## For PASRR MR

- ◉ We have (some) LTC for individuals with MR/DD; PASRR has prevented a class of bad actor facilities; and most Level II evaluatees are known to the state DD system
- ◉ Not perfect, but we can help individuals with PASRR MR, or at least continue to prevent large numbers of inappropriate placements
- ◉ We know a lot about the population

# Recap

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## PASRR MI — Different picture

- ◉ We lack placement alternatives other than NF in most states
- ◉ For whatever reasons (variable by state) we don't identify SMI in the NF population well
- ◉ Few states have devised MH services for NF residents (whether you call them specialized services or not)
- ◉ So, due to our environment, PASRR is not helping individuals in proportion to the effort

# Re-imagine PASRR MI

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So maybe PASRR MI is not just about individuals. Think about that!

Keep trying to help individuals, of course!

- Continue to identify, evaluate and place creatively
  - Pursue clinical options (per other sessions)
  - In absence of placement options, figure out how to deliver person-centered care within facilities
- ◎ But what are the real opportunities to make use of your efforts — all these evaluations?

# National View of Opportunities

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- ⦿ Populations. Systems. Building capacity.
- ⦿ Think Macro, not Micro, for a few minutes
- ⦿ Imagine that we are assembled here in Iowa to address for the first time the problems of SMI in elders, particularly in NHs. We don't know about PASRR
  - What would we want to know?
  - How would we go about finding the information?
  - What resources would be needed?

# Suppose . . .

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We undertake a really really big **study of SMI in NHs**

- ⦿ 100% sample of all NH residents with SMI !
- ⦿ Clinical evaluations of each person !
- ⦿ Required data elements across all states !
- ⦿ A donor offered to fund 75% of individualized evaluations of every person in the sample !
  - Forever. No time limit to funding
  - And states just had to agree to pick up the rest
  - Penalties for not participating

# Imagine . . .

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- ◉ What we could learn from this extravagant and impossible study
  - What would you want to know?
  - Researchers? State and Federal policy makers? Providers? Advocates?
- ◉ That in every state the infrastructure already exists to implement this study

# Are you seeing this picture?

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- ◉ This is, or could be, PASRR
- ◉ Before we leave Iowa, anyone with goose bumps over this possibility, lets talk!
- ◉ We can do this
  - Mostly it just needs cross state collaboration
  - Who wants in on designing the investigation?
  - Running a state program no one understands often allows you to do more or less what you want
  - You could talk the Feds into providing guidance to states to support the idea . . .

# Data elements required now

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## § 483.134 (PASRR/MI) (b) Minimum data collected must include—

- (1) Comprehensive history & physical exam:
  - (i) Complete medical history;
  - (ii) Review of all body systems;
  - (iii) Neurological: motor, sensory, etc.;
  - (iv) For findings that are basis for NF placement: specialist evaluations.

# Data elements required by reg

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- (2) Comprehensive drug history, noting possible psychiatric side effects.
- (3) A psychosocial evaluation including housing & current supports.
- (4) Comprehensive psychiatric evaluation.

# Data elements required by reg

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## (5) Functional assessment:

ADLS

IADLS

Intellectual functioning

Affect

Attitudes and overt behaviors,

Self-monitoring health status,

Self-administering medication

Compliance with treatments

Self-monitoring of nutritional status,

 Level of support needed to live in community

# You will awake feeling refreshed

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- ◉ OK, now you are back in your majorly irritating bureaucracy and the way you have always done things and you have to keep your job to pay for your kid's college
- ◉ But as long as we are going to expend all this effort doing 100% evals on the population — lets really think about it
- ◉ You'll hear about some PASRR innovations in some sessions, and our PTAC will be ferreting out all the cool stuff anyone is doing

# PASRR as data for policy

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- ◉ What can you include?
  - Imbed standardized validated instruments
  - Person-centered elements
  - Quality of life indicators
  - Quality of care indicators
  - Plans for foreseeable variable course
  - Measures after placement
  - Cause of death
  - Your ideas

# PASRR as data for policy

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- ◉ What can you link to? Either for evaluations, or in analyzing your evaluation data
  - Public safety databases
  - Insurance warehouse
  - State rebalancing data
  - Quality of care indicators
  - Your creativity

# Find Allies

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- ◉ There are people with skills you need, who want what you have
  - E.g., academics who want your data, and can help you improve it
  - Make a community advisory group
  - (Or, maybe under-the-radar consultations)
- ◉ Keep in touch with the people you meet here!!

# Next time I give this talk

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What's happened after 25 years of PASRR?

We will have a different answer

- Health care reform may or may not have come to LTC and mental health
- But we will know exactly what is happening to who with MI in NFs, and what they need
- We will know what the service gaps and opportunities are
- You and your incredible PASRR data will be in demand at the policy table in every state

# Acknowledgements

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