

PASRR Data Analytics



*Kristeena Wilson, RN
Assistant Deputy
Chief of Operations,
LTSS Bureau of
TennCare, State of
Tennessee*

*Nancy Shanley, MS,
VP Consulting and
Policy Analysis*



Our Objective Today

1. To share the kinds of data analysis we use to understand:
 - PASRR Level I population statistics and patterns
 - Factors in identifying identification of persons subject to Level II activity
 - PASRR Level II population statistics

2. To get you excited to delve into your state's PASRR data
 - The questions you ask your data are important
 - The questions that arise from looking at your data may be more important

Intro to PASRR-

- Who does it touch?
- What does it do?
- Why is it important?
- What types of data can be gathered?
- How can we use this data?

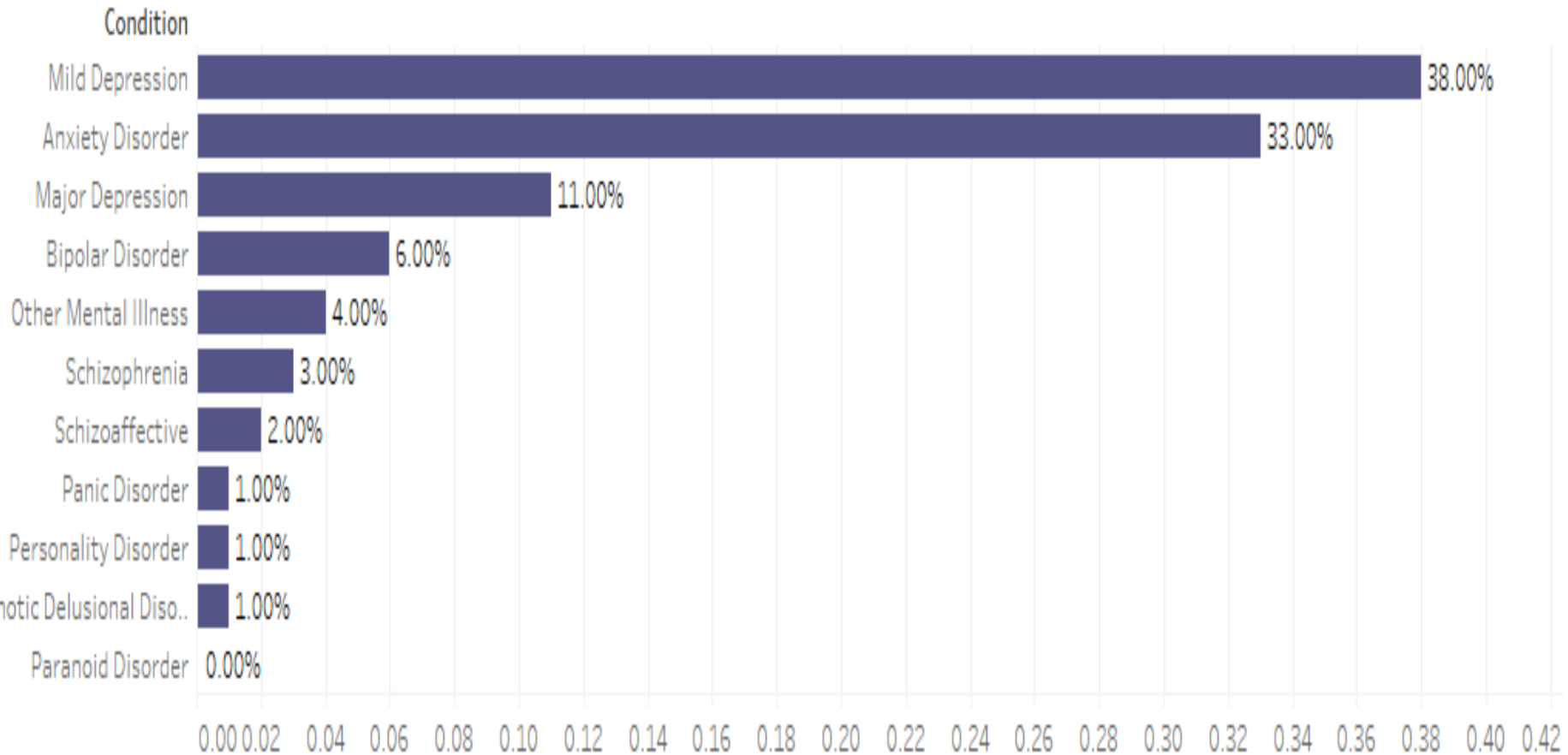
Level I Screening: Known and Suspected Mental Health Conditions

Across 5 states, of all persons entering nursing homes:

- **42%** of persons entering nursing homes have a *known or suspected* mental illness
- **11%** of have a known or suspected *major mental illness*
- **3%** of persons who were found to have a serious mental health condition **did not have *any* mental health diagnoses** reported on a screen filled out by the provider

What Mental Health conditions were reported?

Across 5 states of all persons entering nursing homes:



Preadmission Level 1 Screening Findings

Across 5 states:

- **62%** of Level I screens showed no suspicion of a PASRR Level II condition
- **38%** show some evidence of a PASRR condition and get a “Level 1.5” clinical review*
- **37%** of screens that are reviewed are halted during the Level 1.5 QMHP/ QIDP review
- **14%** percent of all Level I screens require Level II activity
 - **6%** of all Level I screens are determined to qualify for brief Level II activity (categorical decisions) or result in an exclusion or exemption
 - **8%** of Level I screens are determined to require a comprehensive Level II evaluation

Preadmission Level II Referral Statistics by Disability

Across 5 states:

- **87%** of referrals for Level II onsite assessments are for persons with suspected mental illness
- **7%** percent of referrals for Level II onsite assessments are for persons with suspected IDD
- **6%** percent of referrals for Level II onsite assessments are for persons with both suspected MI and IDD

Federal Register PASRR References: Going Beyond Known Diagnoses

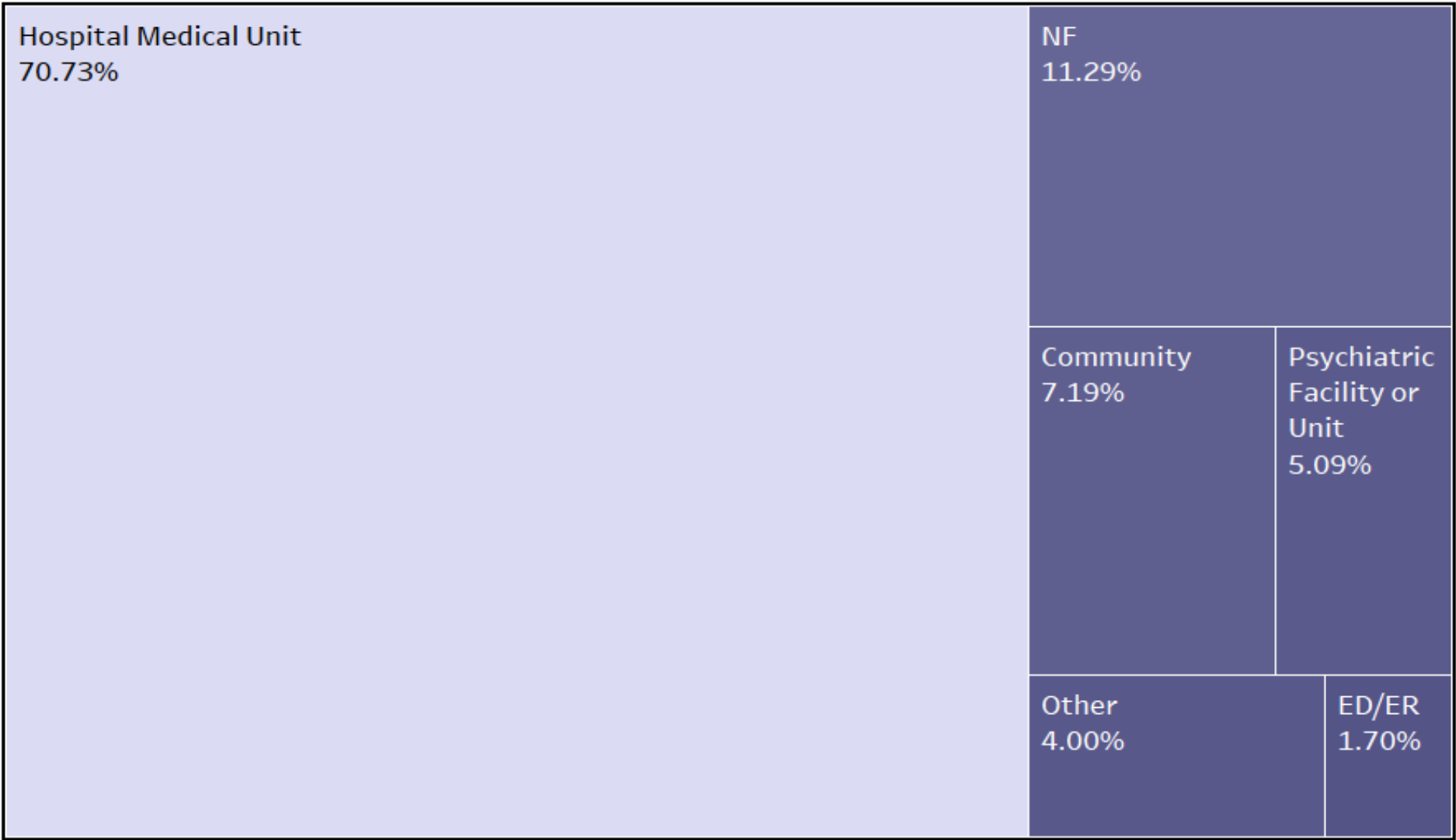
- The Level I process should not just rely on “known diagnosis” but should *“use discretion in reviewing client labels and look beyond diagnostic labels...”*
- *It is clear to us that reliance on known diagnosis would cause the process to miss individuals whose mental illness or [intellectual disability] had not been specifically identified...*
- *We do expect states to take reasonable measures to assure that diagnoses are accurate...*
- *We reiterate that because mental illness/ [intellectual disability] diagnoses may be withheld from individuals or their families.. We do not believe it is appropriate to accept existing diagnostic information without question.*

Level I: Going Beyond Submitter Report of Known or Suspected Mental Health Diagnosis

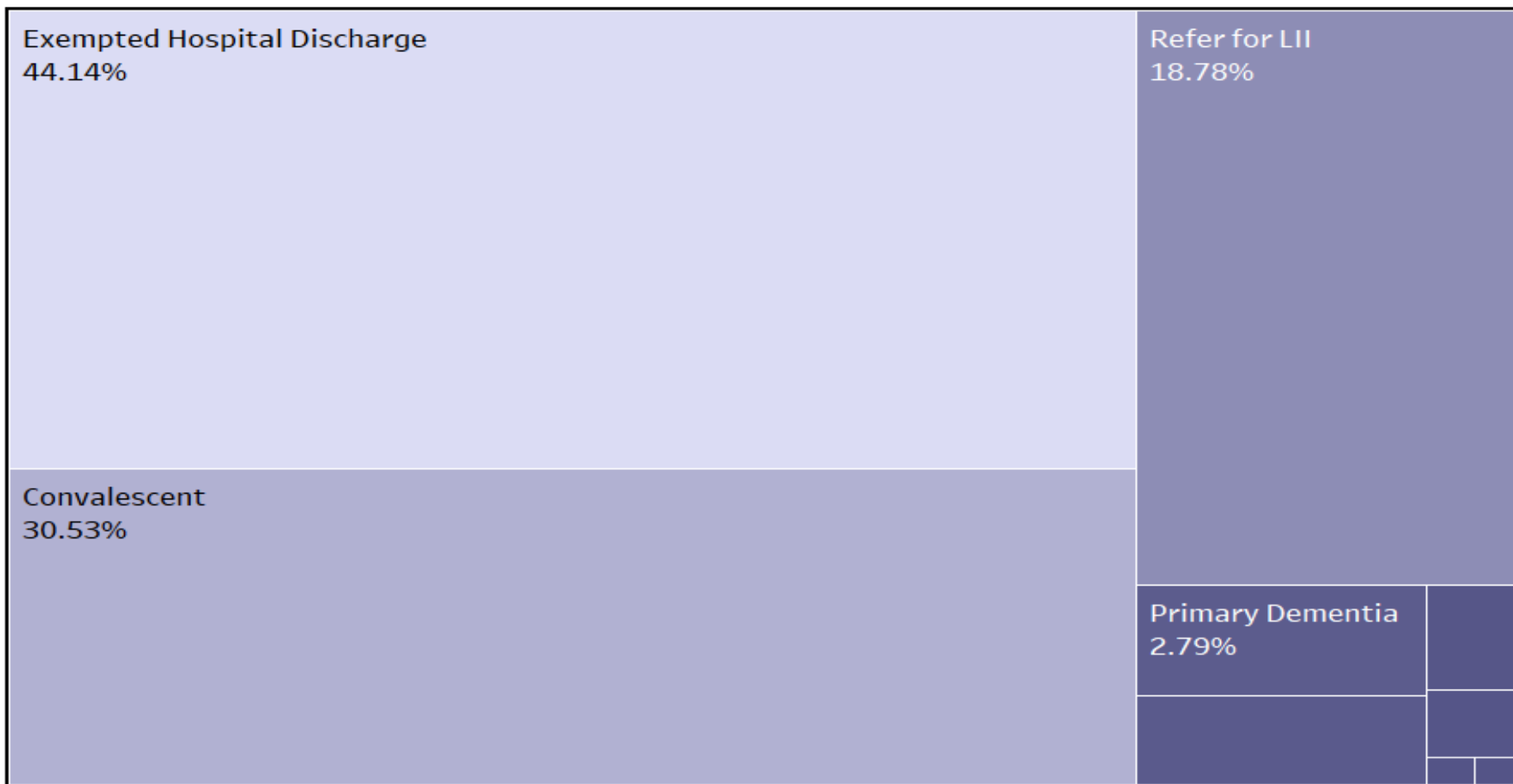
Across 5 states:

1. In 3.2% of Level I screens, **submitters reported no known or suspected mental health condition**, while reporting a pattern of worrisome signs and symptoms of a mental health condition
2. Of this group, on the Level II evaluation, 95% were found to have a serious mental health
 - The 5%: Split between persons with primary neurocognitive disorders and persons who did not have a PASRR serious mental illness

Where are Persons Coming From?

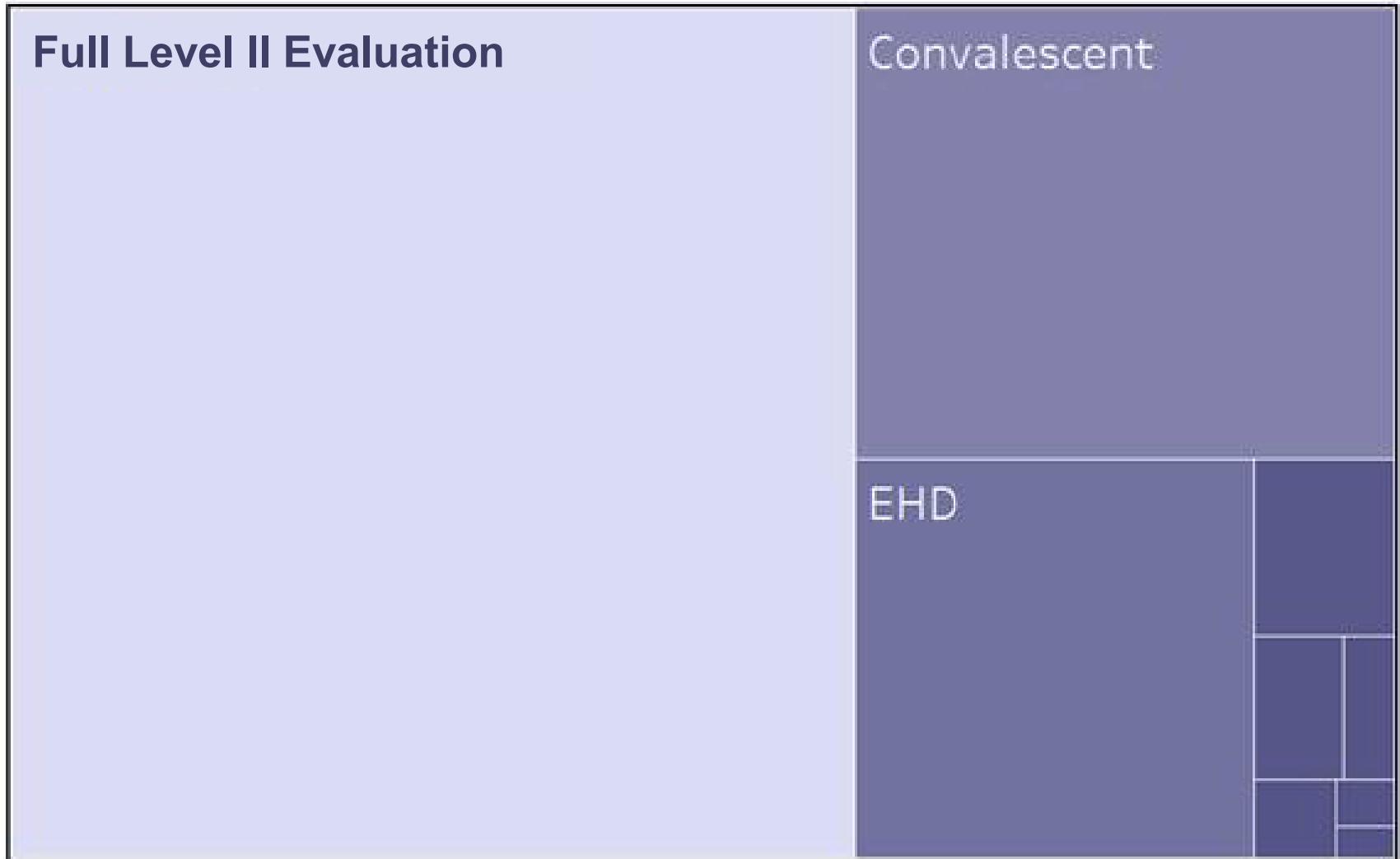


Types of Level II Activity for Persons in Hospital* Settings



*Hospital medical units, not psychiatric units, or psychiatric hospitals

Types and Rates of LII Activity Across 4 States with Vetted EHD and Convalescent Options

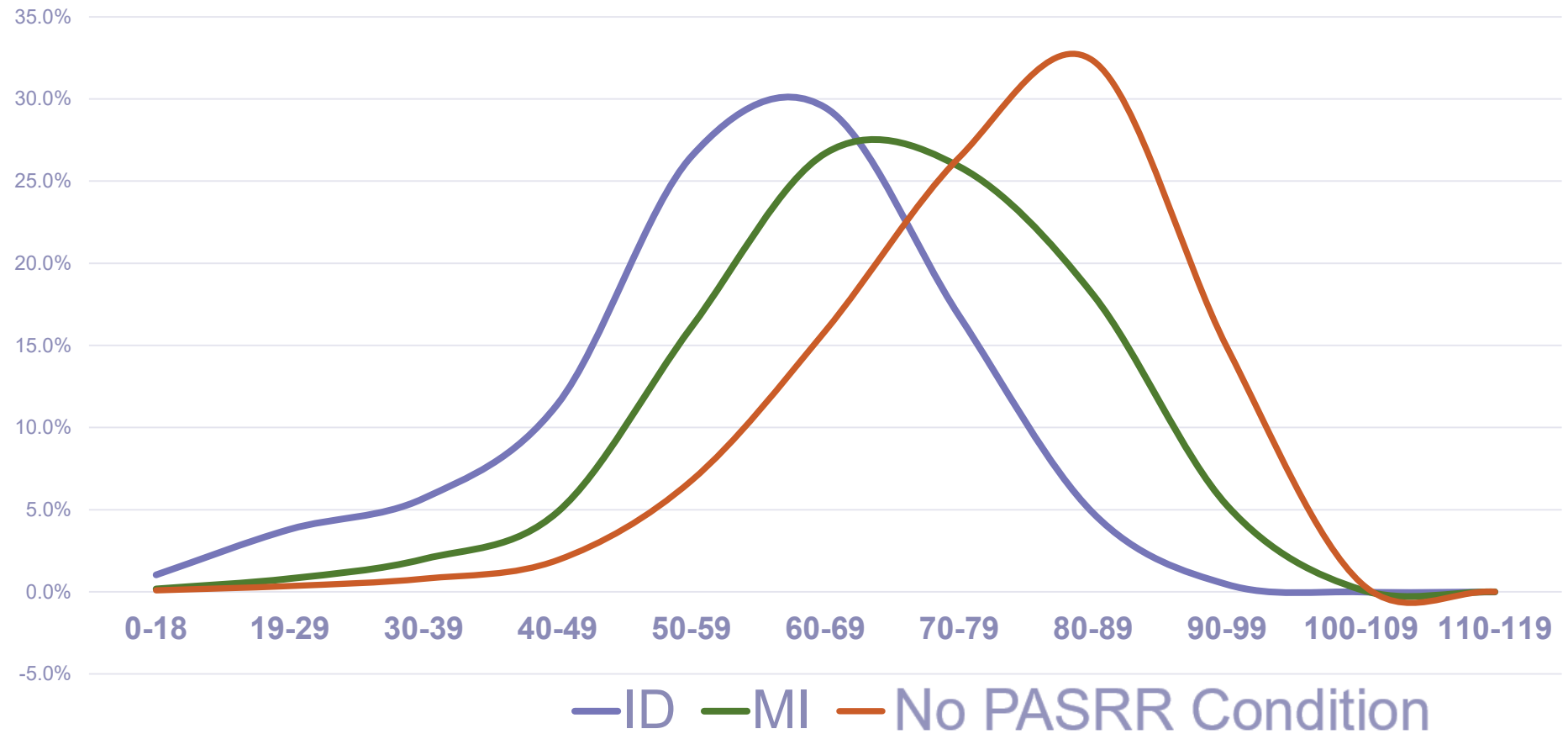


Provisional Delirium, Severity of Illness, Provisional Emergency, Terminal and Respite Categoricals, less than 1%

Payment Source for persons entering nursing facilities who require a Level II:

Reported Source of Payment	Percent
Medicaid Including Medicaid eligible and pending	24%
Medicare	50%
Dual Including Medicaid eligible	13%
Private Insurance Including self-pay	13%

Age Distribution of Persons With and Without Disability who Seek Nursing Facility Admission



Primary Drivers of NF Admission, From Preadmission Level II Evaluations

Why is NF Care Currently Needed? Percent

Assistance with self-care	65%
Management of chronic medical condition(s)	65%
Management of psychiatric condition(s)	57%
Rehabilitation	51%
Assistance with medication administration	51%
Management of substance abuse	5%
Other	3%

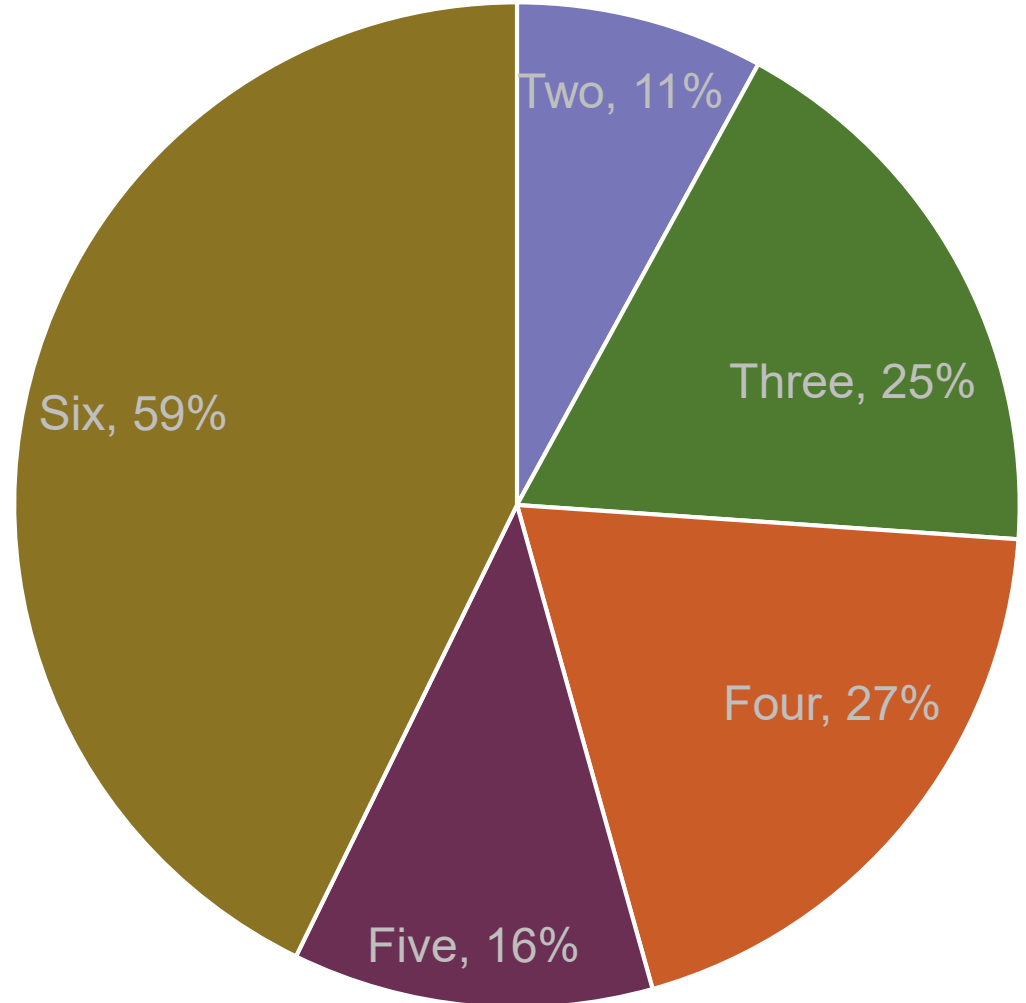
Level II Data: Likely Potential for Discharge to Community after Recuperative or Stabilizing NF Stay

Discharge to Community Potential and Timeframe	Percent
Possibility in the next 0–6 months	33%
Possibility in the next 6–12 months	5%
Possibility in the next 12–24 months	3%
Discharge in the next 24 months does not appear likely	37%
Unsure or can't specify timeframe	22%

Level II Data: PASRR Decisions Regarding Length of Stay

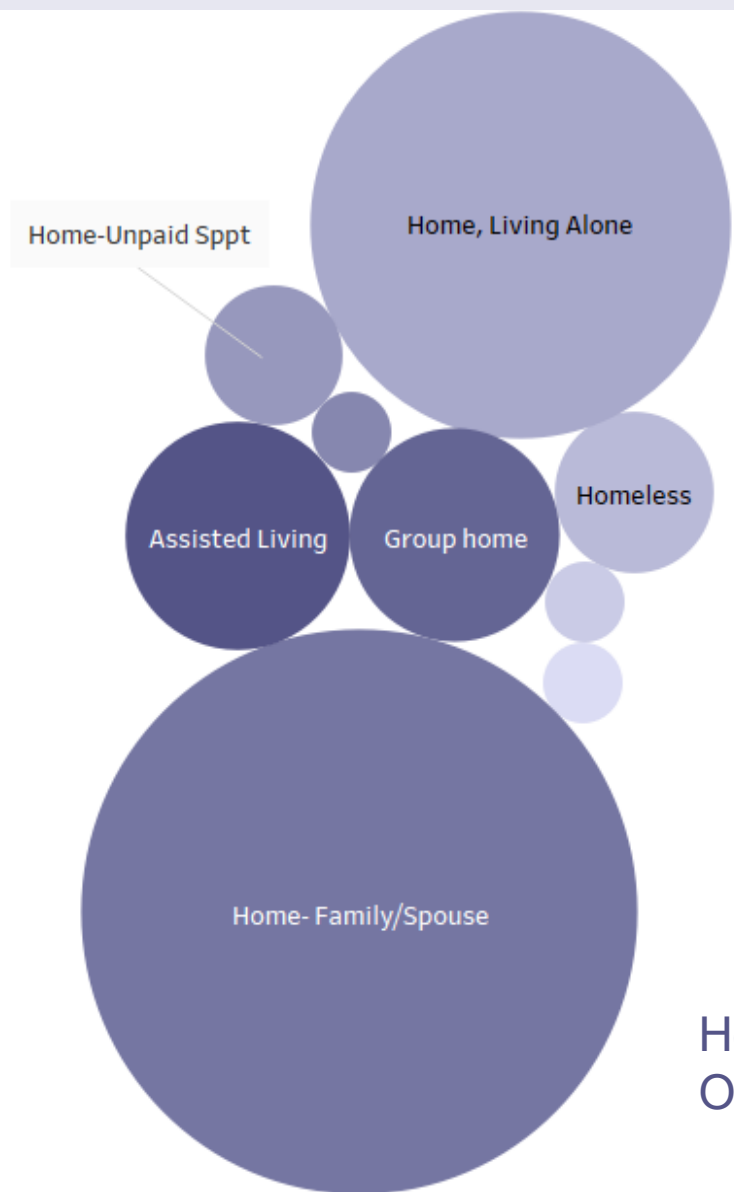
When the Level II evaluation specified short term stay, what term was approved?

- **70% of all Level II activity** (exemption, exclusion, categorial, full Level II evaluation) results in short term decision
- 10% of Level II evaluations specified short term stay approval



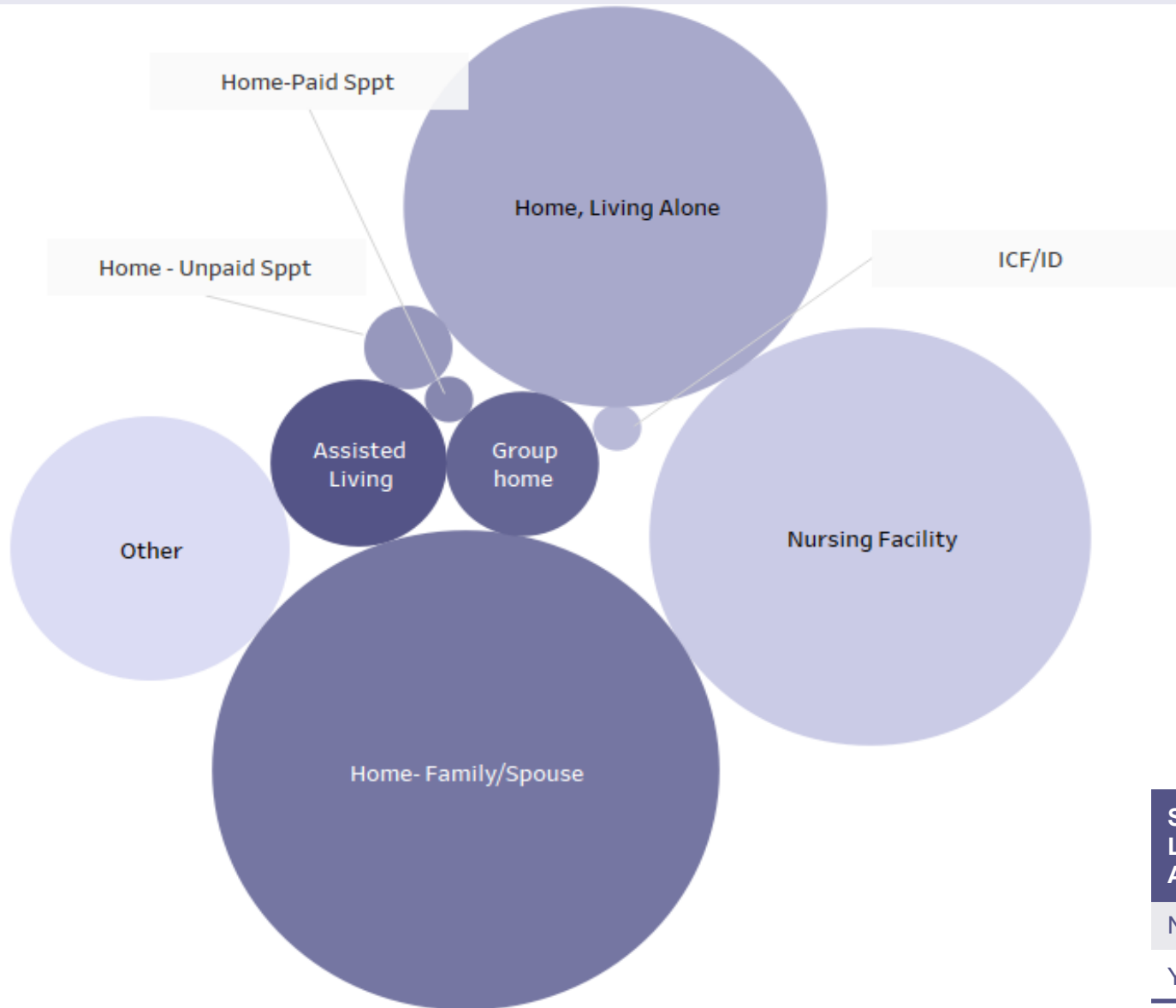
Two states

Most Recent Living Setting Prior to Level II Preadmission Evaluation



Home-Paid Support, ICF/ID, and Other account for ~3% of total

Where Level II Individuals Say They Want to Live



Still Has Active Living Arrangement	Percent
No	40%
Yes	60%

Level II: Guardianship, and Guardian Placement Preference

Has a Guardian	Percent
No	93%
Yes	7%

Guardian Supports Community Living after NF stay?	Percent
Yes	22%
No	24%
Guardian Uninvolved	15%
Guardian Undecided	39%

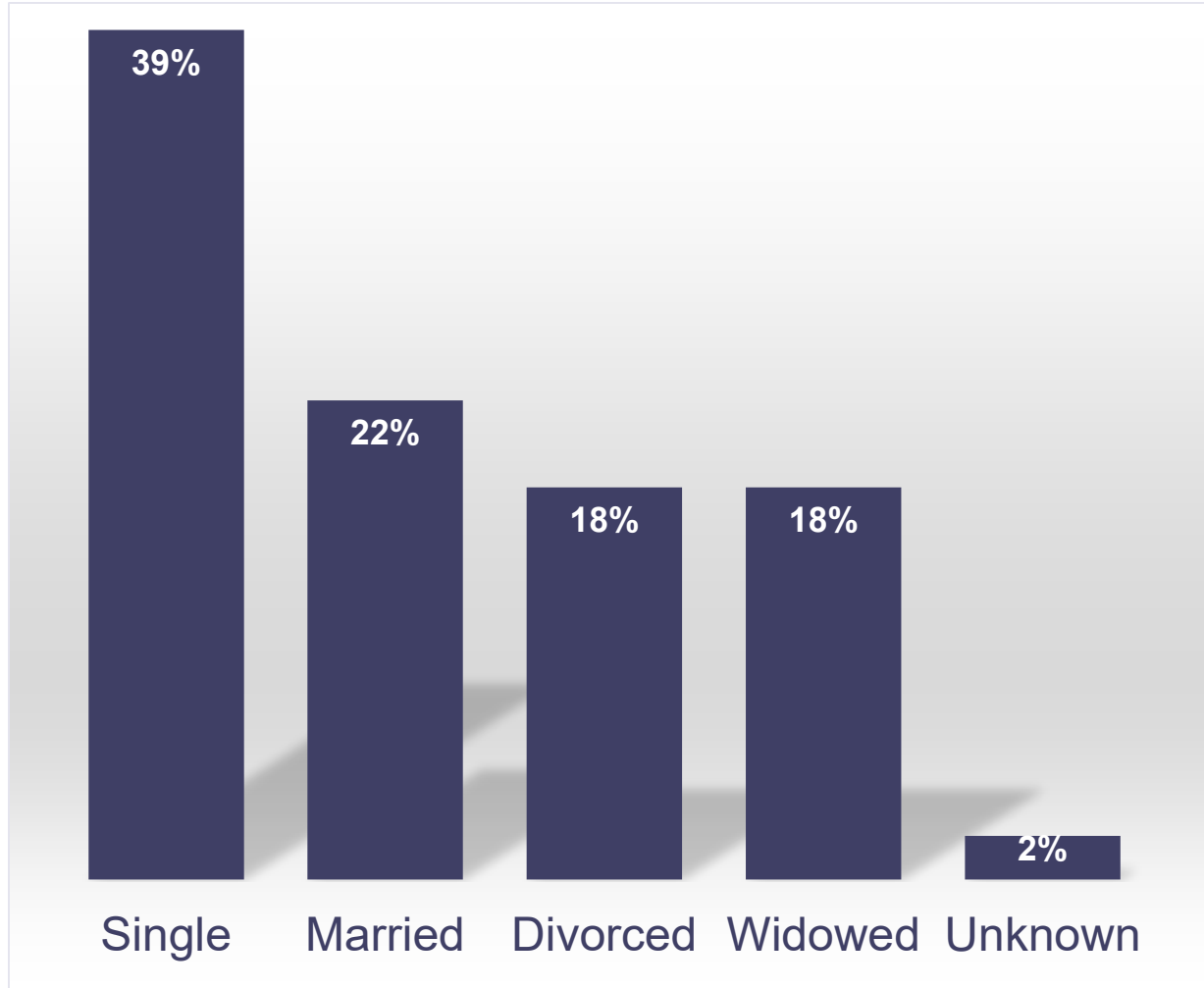
Geographic Setting of all LII Individuals

Geographic Setting	Percent of Total	Percent of Population of the Included States
Rural	8.95%	29.77%
Urban	91.05%	71.23%

Race and Ethnicity of Individuals Included in any Level II Activity

Percentage	All Level Is- (All persons seeking NF)	Level II Activity- (Persons with Disability)	Compared to Average of the Census for Study States
White	90%	90%	78%
Black	9%	8%	7%
Hispanic	.5%	.6%	9%
Other	.4%	.4%	2%
Native American	.3%	.3%	4%
Asian	.2%	.2%	3%

Marital Status and Gender of Individuals Included in any Level II Activity



Gender	Percent
Female	58%
Male	42%

Level I: Reported Psychoactive Medication use Among Level II Individuals

Disability Type	Percent Reported to be Receiving Psychoactive Medications	Average Number of Psychoactive Medications Received
IDD	44%	4
Dual IDD/MH	92%	5
MH	94%	4

Percent: RC 50% and ID 42%

Average # psy meds: RC 7, ID 4

Self- Reported History of Trauma in Level II Individuals

- 23% of Level II individuals report an experience of trauma that will impact their NF needs.

Type of Trauma Reported	Percentage Reporting
Loss of health; illness/injury ; thinking about end of life issues	54%
Loss of independence ; financial difficulty	39%
Loss of spouse /significant other, child, or other person	37%
Loss of residence or displacement	31%
Abuse/violence of a physical or sexual nature	28%
Other	28%
Neglect	4%
Exploitation	3%

Level II Evaluation Data: Did the individual work outside the home?

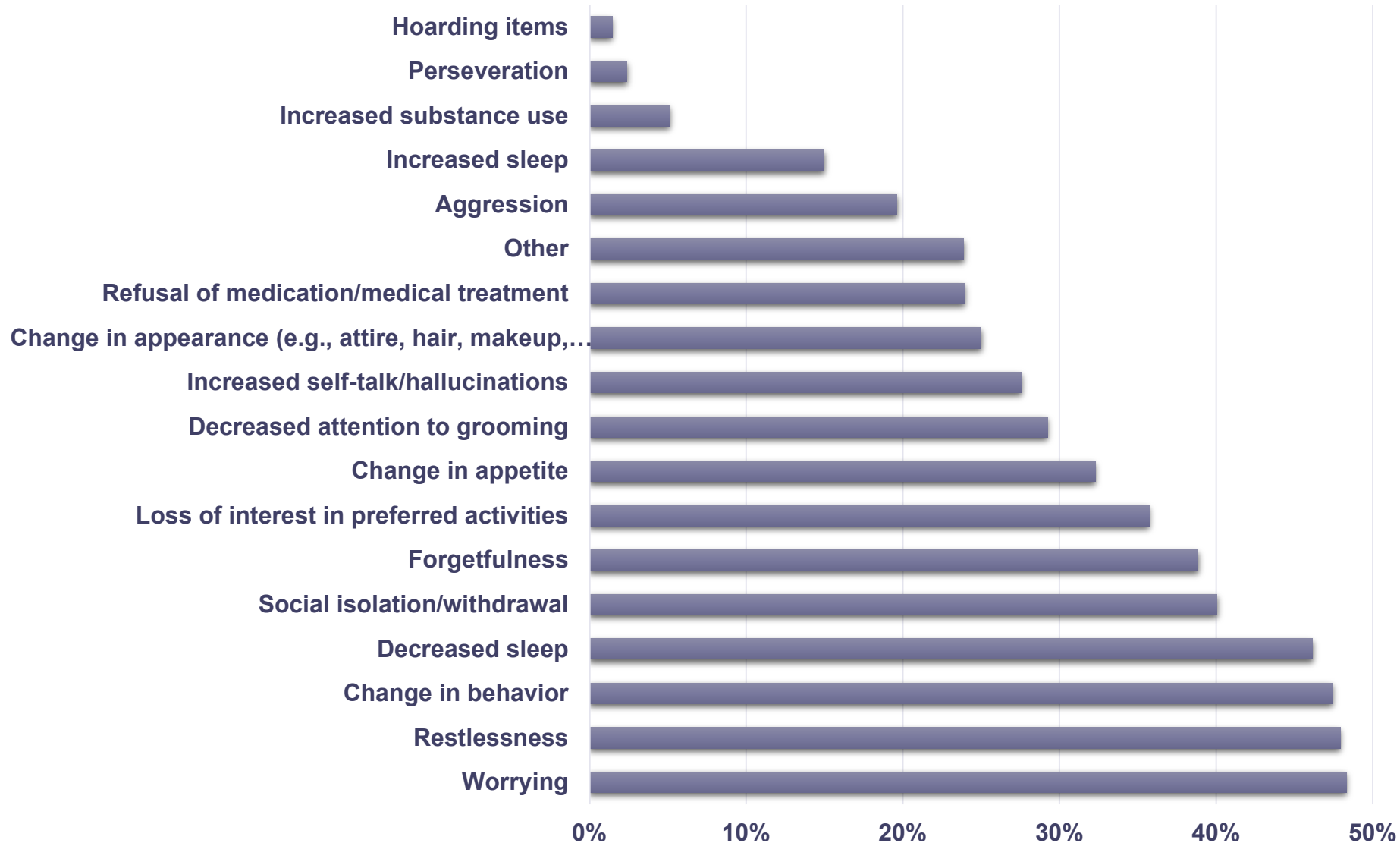
Work?	Percent
No	77%
Yes	23%

Time of Last Work	Percentage
Within the past month	0%
Within the past several months	1%
Within the past year	1%
Within the past two years	2%
Within the past several years	19%
About 10 years ago	16%
About 15 years ago	14%
About 20 years ago	11%
More than 20 years ago	23%
Does not apply (homemaker or rarely/never worked)	12%

Level II Evaluation Data: Have There Been Identifiable Triggers that Lead to Worsening of Behavioral or MH Symptoms?

Illness/Pain/Decline	Med Noncompliance	Relationship Conflict	Personal Loss	
	Financial Stressors		Life Transition	
Other	Substance Use		Anniversary	Med Effects

Level II Evaluation Data: Early Indicators of Worsening Mental Health Episodes as Reported by Individuals, Family, Caregivers



Level II Specialized Service Decisions

1. The same number of recommendations are made across states, what changes is whether or not they are called specialized
2. The PASRR Summary of Findings will always name the disability related services each person uniquely needs. Whether specific services are called specialized depends on:
 - What that State's definition of PASRR Specialized Services is
 - Whether or not the service is considered part of what NFs must provide as part of their daily rate in that state
2. Therefore the percent of Level II evaluations that result in a determination of specialized PASRR services ranges very widely across states, from a low of <1% to a high of 47%

Today's Data

1. We left some parameters (such as time span of data pulls) unspecified so that individual states included in the aggregation cannot be inferred
2. We included 433,323 Level I submissions and 63,059 Level II activities
3. Focus on Level I as much as Level II, because its richness is often ignored

The PASRR Data We Talk About Today

1. We have permission from several states to include their data in these analyses.
 - Most states preferred that we conduct and report analyses in a manner that did not permit the identification of their specific state
2. To deidentify individual states, we grouped data from across 5 of our 13 states
 - Cross-state comparisons are super interesting, but we'll not do so much of that this time
3. We agreed to NOT identify which states were included in the analysis today
4. We will leave some parameters (such as time span of data pulls) unspecified so that individual states included in the aggregation cannot be inferred
5. We included 433,323 Level I submissions and 63,059 Level II activities
 - Focus on Level I as much as Level II, because its richness is often ignored
 - Preadmissions, resident reviews, and status changes, and categorical decisions, exclusions, exemptions, and comprehensive Level II evaluations