



**Center for Clinical Standards and Quality/Survey & Certification Group**

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**Ref: S&C: 14-22-NH**

**DATE:** April 18, 2014

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Focused Minimum Data Set (MDS) and Dementia Care Surveys

**Memorandum Summary**

**Focused Nursing Home Surveys Under Development:** The Centers for Medicare & Medicaid Services (CMS) is currently developing two distinct focused survey processes to assess dementia care and Minimum Data Set, Version 3.0 (MDS 3.0) coding practices in nursing homes. CMS is planning to pilot these survey types beginning in 2014. The intent of the dementia care focused survey is to document dementia care practices in nursing homes. The intent of the MDS focused survey is to document MDS 3.0 coding practices and associated care planning in facilities.

**Training:** CMS will provide training for those States participating in the focused reviews via webinar. This training will be mandatory for those State Survey Agency (SA) staff conducting reviews as well as one manager or trainer within the SA.

**Enforcement Implications:** Deficient practices noted during the survey will result in relevant citations.

**Background**

*Dementia Care*

In 2012, CMS launched the National Partnership to Improve Dementia Care. One important aspect of the initiative is to reduce antipsychotic medication use in long-stay nursing home residents with an initial national target of a 15 percent reduction. Nearly two years later, nursing homes in the U.S. have achieved a 15.1 percent reduction in this antipsychotic drug use, including much higher reductions in certain states and regions. However, much more remains to

be done to evaluate issues such as symptom (e.g., pain) management<sup>1</sup>, decision-making<sup>2</sup>, caregiver stress<sup>3</sup>, and others related to comprehensive dementia care in nursing homes.

One component of the National Plan to Address Alzheimer's Disease (<http://aspe.hhs.gov/daltcp/napa/#Plan>) includes improving assessment of dementia care practices across settings. Providers, advocates, professional associations, and other groups are working together in state coalitions and independently to implement person-centered care practices, individualized care plans and enhanced resident and family engagement.

Surveyors have been assessing compliance at F309 and F329 using new guidance released in 2013; 75 percent of surveyors have viewed the three mandatory surveyor training videos available on the surveyor training website and the remainder have been scheduled.

In order to optimize survey efficiency and effectiveness, CMS is undertaking a pilot to more thoroughly examine the process for prescribing antipsychotic medication as well as other dementia care practices in nursing homes. We will pilot this focused survey in order to gain new insights about surveyor knowledge, skills and attitudes and ways that the current survey process may be streamlined to more efficiently and accurately identify and cite deficient practice as well as to recognize successful dementia care programs.

### *MDS 3.0*

CMS regulations for the Resident Assessment Instrument (RAI), including the MDS 3.0 and the Care Area Assessments (CAAs), are found at 42 CFR 483.20, and the guidance is found in Appendix PP of the State Operations Manual at F-Tags F272 through F287. These requirements apply to all residents in Medicare and/or Medicaid certified nursing homes. These regulations relate to assessment accuracy (42 CFR 483.20(g) Accuracy of Assessment) as well as completion and timing (42 CFR 483.20(b) Comprehensive Assessments and 42 CFR 483.20(c) Quarterly Review Assessment). In 42 CFR 483.20(i) Certification, CMS requires that each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment and that a registered nurse (RN) must sign and certify that the assessment is completed. Federal regulations state at 42 CFR 483.20(j) Penalty for Falsification that those who falsify assessments are subject to civil monetary penalties. Additionally, when such patterns or practices are noticed, they should be reported by the State Agency (SA) to the proper authority. While the primary purpose of the MDS 3.0 is to serve as the clinical basis for individualized care planning and delivery of person-centered care, CMS recognizes that the MDS 3.0 also supports resource utilization group (RUG) scores and associated Medicare and, in some cases, Medicaid

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<sup>1</sup> Mitchell, S.L., Black, B.S., Ersek, M., Hanson, L.C., Miller, S.C., Sachs, G.A., Teno, J.M., and Morrison, R.S. (2012) "Advanced dementia: State of the art and priorities for the next decade." *Annals of Internal Medicine* 156:45-51.

<sup>2</sup> Sachs, G.A., Shega, J.W., and Cox-Hayley, D. (2004) "Barriers to excellent end-of-life care for patients with dementia." *Journal of General Internal Medicine* 19:1057-1063.

<sup>3</sup> Callahan, C.M., Arling, G., Tu, W., Rosenman, M.B., Counsell, S.R., Stump, T.E., and Hendrie, H.C. (2012) "Transitions in care for older adults with and without dementia." *Journal of the American Geriatrics Society* 60(5):813-820.

payment rates, quality monitoring, and more. Assessment accuracy is critical to the aforementioned outputs and is paramount to optimizing person-centered care planning and to ensuring each resident is able to attain or maintain the highest practicable physical, mental, and psychosocial well-being.

### **Focused Survey Processes Under Development:**

CMS is currently developing two distinct focused survey processes in order to inform future activities to enhance dementia care and MDS 3.0 accuracy and care planning in nursing homes, including potentially more widespread survey activities. CMS is planning to conduct two short-term, small-scale, focused reviews of the survey processes. Each of the reviews will be conducted through partnerships with approximately five SAs each.

The first survey process will include a detailed review of dementia care in nursing homes, including reviewing resident-level and organizational-level processes. The intent of this review is to review and document dementia care practices by nursing homes. CMS will identify the specific facilities to be surveyed and will work with the States to identify dementia care experts to accompany surveyors for the first survey whenever possible.

The second survey will focus on Minimum Data Set, Version 3.0 (MDS 3.0) coding practices and will evaluate the MDS assessments and the associated care planning for nursing facility residents. CMS will identify the specific facilities to be surveyed.

For both focused surveys, SAs participating will be asked to allocate two surveyors to the project for a period of two to four weeks for onsite SA surveys in up to five facilities as well as time required for training. CMS will work with each State to schedule the specific pilots. We are planning to pilot these surveys beginning in mid-2014. CMS is developing the surveyor tools and will provide them for the States' use.

### **Training:**

CMS will provide training for those states participating in the focused reviews via webinar. This training will be mandatory for those SA staff conducting reviews as well as one manager or trainer within the SA. CMS will also be available for ongoing phone and email support while SAs are conducting the reviews.

The information contained in this memorandum should be shared with appropriate survey and certification staff (including the State RAI Coordinator), their managers, and State and Regional Office training coordinators.

### **Enforcement Implications:**

Deficient practices noted during the survey will result in relevant citations. In the event that additional care concerns are identified during on-site reviews, those concerns will be investigated during the survey or will be referred to the SA as a complaint for further review.

**Next Steps:**

For questions on this memorandum related to the dementia care survey, please contact Michele Laughman via email at [dnh\\_behavioralhealth@cms.hhs.gov](mailto:dnh_behavioralhealth@cms.hhs.gov).

For questions regarding the MDS 3.0 survey, please contact Shelly Ray or Jen Pettis via email at [MDSFORSandC@cms.hhs.gov](mailto:MDSFORSandC@cms.hhs.gov).

**Effective Date:** Immediately. The information in this memorandum should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management