

## **Data Work Group Summary of Meeting, Actions-to-Date, and Next Steps**

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### Data Work Group Meeting: January 23, 2006

The third meeting of the Data Work Group was held on Monday, January 23, 2006. Olmstead Advisory Committee member Kate Wilber of the USC Center for LTC Integration chairs the workgroup. The work group is charged with determining what data the state needs, analyzing the gaps in data that currently exist, the problems with data collection at the state and local level, and recommending specific policy options and strategies to explore in order to meet the goals of the Olmstead decision.

The purpose of meeting was to explore options and develop recommendations regarding the use of the federal Minimum Data Set and the development of baseline, benchmarks, and target numbers for the state to consider in implementation of Olmstead.

**Minimum Data Set:** The work group met with representatives of the Department of Health Services to discuss options for accessing the federal Minimum Data Set (MDS) that outlines residents' preference for leaving nursing home, characteristics of population upon admission and discharge, and other variables. We discussed options for obtaining data, what resources would be necessary to obtain the data and analyze it, what entity would analyze it, and how to use the data in developing benchmarks for Olmstead implementation.

**Background on the MDS:** The MDS is a core set of screening, clinical, and functional status elements, including common definitions and coding categories for the assessment of all residents in long-term care facilities certified to participate in Medicare or Medicaid. MDS assessment forms are completed for all residents in certified nursing homes, regardless of source of payment, within 14 days of admission and at quarterly and yearly intervals (unless there is a significant change in condition).

**Use of MDS to identify nursing home residents who want to return to their homes and communities:** An essential component of nursing home transition efforts is the assertive identification of the nursing home residents who prefer to return to the community (note: the issue

of identifying and assessing individuals who wish to return to the community is also being addressed by the Assessment Work Group). One option for identifying individuals who wish to transition is using the MDS (section Q) dealing with Discharge Potential and Overall Status of the resident. While the data has limitations on its effectiveness, it is the only statewide data source identifying individuals across the state who have expressed an interest in leaving facilities.

To obtain access to the Minimum Data Set, the Centers for Medicare/Medicaid Services (CMS) requires the completion of a Data Use Agreement (DUA), which protects the confidentiality of resident data, defines the conditions under which CMS will disclose, and the user will obtain and use the MDS information.

In addition to identifying residents who have expressed an interest in returning to the community, the MDS data can provide a better understanding of the characteristics of the population that resides within nursing homes including admission data, age, gender, diagnosis, payor source, discharge data, and the proportion of those currently in facilities who may have the potential to transition out.

Process for obtaining the information: The MDS data for California can be obtained with the assistance of the Department of Health Services, but would require an additional Data Use Agreement (DUA) with CMS. The Health and Human Services Agency is working with DHS to develop a DUA to submit to CMS. Once the approved DUA is obtained from CMS, DHS Licensing and Certification will use the information provided to extract data and import into an ACCESS data file. This information can be emailed or saved onto CD-ROM and shipped to designee.

The estimated time frame to complete an *initial* data extraction is approximately 1 week, as this requires time to extract data and format the query. If there are no changes to the initial format then it is estimated that a report can be generated within 2 days.

Analyzing the information: Once the MDS data is compiled by DHS, it will need to be analyzed for possible use by entities engaged in efforts to transition residents out of nursing homes, while including

safeguards to ensure confidentiality of the information. If DHS does not have the capacity or resources to compile the information, the analysis of the data would require additional resources to subcontract to an outside entity for this purpose.

How to Use the MDS in Broader Olmstead Implementation: The MDS may be used to understand resident characteristics including age, gender, functional status, cognitive functioning, and acuity level as well as functional change over time. It could also be used to learn more about the characteristics of those who transition out of facilities over time and those who remain. This information could be used to develop a screen that would work in concert with preference information to determine who to target for transition. In addition, if a coordinated and linked assessment process was developed, the resident's information could be tracked upon discharge into the community. This would facilitate tracking outcomes including re-institutionalization and quality indicators in community care. Facility-specific information could be tracked over time to ascertain the extent to which a facility's case-mix changes, and to compare with utilization of local Home and Community-Based Services, and the characteristics of the population in the community.

#### Next Steps:

- Continue working with DHS to develop and submit a Data Use Agreement to CMS
- Upon approval for data use from MDS, identify potential resources for the analysis of MDS information.

#### Other Issues to Explore:

- Data issues related to the Administration's proposal to develop a uniform/coordinated assessment tool, and recommendations for developing an integrated database to track consumers across programs.