



Background Information Sheet

What is DAVE 2?

DAVE 2 is the second phase of the Data Assessment and Verification program to assess the accuracy of nursing home Minimum Data Set (MDS) data. The primary focus of the DAVE 2 project is to assure accuracy and reliability of Minimum Data Set (MDS) assessment data since the MDS drives Medicare Part A payment, publicly reported quality measures (QMs) and indicators (QIs), and, in some states Medicaid case mix payment systems. To achieve this goal, the Centers for Medicare & Medicaid Services (CMS) implemented the original DAVE project that began in September 2001. This resumption of that project will consist of on-site visits to nursing homes by trained nurse reviewers. These nurse reviewers will review resident records to assess the accuracy of MDS assessments, conduct independent resident assessments, and provide educational support to facility staff.

How is DAVE 2 different from the original DAVE project?

The original DAVE project included both on- and off-site medical record review and analysis of MDS data to support improvements to the accuracy of nursing home resident assessment data, largely for payment-related purposes. The work of DAVE 2 will focus chiefly on MDS coding accuracy, rather than on payment review, and will not involve off-site medical review at this time.

Who is the DAVE 2 contractor?

The primary contractor for this project is Abt Associates Inc. of Cambridge, MA; subcontractors include:

- *Stepwise Systems, Austin, TX.* Stepwise will lead data analytic activities.
- *Qualidigm, Middletown, CT.* Connecticut's QIO will manage the on-site review process.
- *Quality Partners Rhode Island, Providence, RI.* Rhode Island's QIO will develop and implement training sessions and materials.
- *Medstat, Cambridge, MA.* Medstat will provide and support the DataProbe software used for MDS data analysis.
- *Relyon Media, Shelburne Falls, MA.* Relyon will design and manage the project's web portal.

What is involved in an on-site visit?

Nurse reviewers will randomly select approximately 12 medical records to review from a list of all assessments completed at targeted facilities in the 30 days prior to the visit. The team will also review a random selection of five discharge and re-entry tracking assessment forms. For several of the medical records selected, the reviewer will complete an independent assessment of residents whose MDS was completed within 14 days prior to the on-site review. This assessment will then be compared and reconciled with the facility assessment, with reviewers providing feedback and education to facility staff as a result of this process.

How many DAVE 2 team members participate in an on-site review, and what is the duration of the visit?

The on-site review takes four days and is conducted by two DAVE 2 reviewers (Registered Nurses).

Are facilities notified prior to the visit?

To expedite the review process and minimize facility disruption and burden, the DAVE 2 team notifies the facility in advance of the visit. Providers will receive an informational packet ten to 14 days prior to the on-site visit. The packet includes information explaining the purpose of the review and the materials that will be needed when the team arrives, e.g., a census of the current residents, list of key staff, list of MDS assessments completed in the last 30 days. A member of the DAVE 2 team will telephone the provider within a week of the review to answer any questions and ensure clear communication with the facility and the on-site team.

How are facilities selected for an on-site visit?

Facility on-site reviews will be conducted at approximately 60 nursing homes across the United States from April to September 2006. Facilities will be selected based on a variety of criteria including geographic location, size and volume of assessments (facilities with higher assessment volumes have a higher probability of being selected).

Under what authority is CMS conducting these on-site MDS accuracy reviews?

The MDS is an integral part of CMS' health care operations which qualifies for an exemption from Human Subjects review under section 45 CFR 46.101(b) (5) which identifies as exempt:

Research and demonstration projects which are conducted by or subject to the approval of Department or Agency heads, and which are designed to study, evaluate or otherwise examine: public benefit or service programs.

This project meets the following criteria under HHS regulations at 45 CFR 46.101(b) (5) to invoke the exemption for research and demonstration public benefit or service:

- (a.) *The program under study delivers a public benefit (e.g., financial or medical benefits as provided under the Social Security Act) or service (e.g., social, supportive, or nutrition services as provided under the Older Americans Act);*

- (b.) *The research or demonstration project is conducted pursuant to specific federal statutory authority;*
- (c.) *There is no statutory requirement that the project be reviewed by an Institutional Review Board (IRB); and*
- (d.) *The project does not involve significant physical invasions or intrusions upon the privacy of participants.*

CMS understands that the cooperation of facilities is critical to advancing the agency's continued efforts to improve MDS assessment accuracy and to provide support and education for facility staff around these issues. CMS encourages and appreciates facility cooperation with the requests of the nurse reviewers while on-site.

Are facilities informed of the results of the reviews?

At the completion of the visit, nurse reviewers will conduct an exit conference with the facility leadership and staff to share any common themes noted and to provide education and support in these areas.

How does the DAVE 2 team communicate with the State Survey Agencies?

The DAVE 2 team will communicate their schedule of on-site visits to the State Survey Agency (SSA) and CMS Regional Offices. The SSA will review the lists and inform the DAVE team of any facility visits that should be deferred because they would interfere with state or Regional Office (RO) operational responsibilities, encumber provider efforts to implement a corrective action plan, or similar serious reasons (fire, flood, ongoing investigations, planned closure).

How will the DAVE 2 data be used?

Information on MDS assessment accuracy will be used to develop training materials focused on those MDS items found to have the greatest potential for discrepancies. In addition, the DAVE 2 team will develop educational resources that will be shared with the provider community through teleconferences, satellite training, and Internet postings. In the event that significant MDS discrepancies are found during a DAVE 2 accuracy review, facilities will be referred to their state RAI Coordinators for further education and training on MDS coding. The CMS DAVE 2 website will be available in the Spring of 2006 and will contain general information about the DAVE 2 program as well as educational materials and upcoming presentations.

Looking for more information on the DAVE 2 project?

If you would like more information about the DAVE 2 project, contact Terry Moore, Abt Associates Project Director at (617) 349-2463 or Ann Spenard at Qualidigm (860) 613-4183. Questions may also be submitted to dave2@abtassoc.com.