

Note from CMS. We received from the American Geriatrics Society and the American Association for Geriatric Psychiatry: A consensus statement and policy recommendations developed by an interdisciplinary expert panel, comprised of representatives from numerous organizations and professional societies, containing recommendations on improving the quality of mental health care for nursing home residents with depression and behavioral symptoms associated with dementia. These groups do not wish to have this draft, pre-publication information placed on our website for public viewing at this time. CMS will review this material and will consider this consensus statement and these policy recommendations.

May 22, 2003

Comments to: Robert Connolly

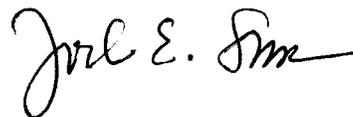
Dear Mr. Connolly:

Attached is a consensus statement and policy recommendations developed by an interdisciplinary expert panel, comprised of representatives from numerous organizations and professional societies, containing recommendations on improving the quality of mental health care for nursing home residents with depression and behavioral symptoms associated with dementia.

We believe the consensus statement will be useful to the Centers for Medicare and Medicaid Services (CMS) as they work to refine the Minimum Data Set (MDS) 3.0 long term care resident assessment instrument and other related items.

We look forward to working with CMS in this regard. If you should have questions or comments on this letter, please contact Susan Emmer, American Geriatrics Society, (301) 320-3873 or Stephanie Reed, American Association for Geriatric Psychiatry office, (301) 654-7850.

Sincerely,



Richard W. Besdine

President
American Geriatrics Society

President
American Association for Geriatric Psychiatry

**Additional comments from Carol S. Goodwin of the American Geriatrics Society
and the American Association for Geriatric Psychiatry:**

The following documents are in press and will be published in the September 2003 issue of the Journal of the American Geriatrics Society:

1) American Geriatrics Society and American Association for Geriatric Psychiatry Expert Panel on Quality Mental Health Care in Nursing Homes.

Consensus statement on improving the quality of mental health care in U.S. nursing homes: Management of depression and behavioral symptoms associated with dementia. J Am Geriatr Soc 2003; 51,9:000-000.

2) The American Geriatrics Society and American Association for Geriatric Psychiatry. Recommendations for policies in support of quality mental health care in U.S. nursing homes. J Am Geriatr Soc 2003;51,9:000-000.

3) Snowden M, Sato K, Roy-Byrne P. Assessment and treatment of nursing home residents with depression or behavioral symptoms associated with dementia: A review of the literature. J Am Geriatr Soc 2003;51,9:000-000.

For more information, contact:

Carol S. Goodwin
AGS Project Management Consultant
carol@goodwinhall.com

June 13, 2003

Dear Mr. Connolly:

The American Geriatrics Society (AGS) is an organization comprised of over 6,000 geriatric health care providers, the majority of whom are primary care physicians for frail, chronically ill elderly individuals. Many AGS members serve as medical directors in nursing home settings. In this regard, we have the following comments on various components of the long term care resident assessment tool, the Minimum Data Set (MDS) 3.0.

1. **E1B and F1.** In its current form, these provisions appear to include severely demented individuals. Applying these to severely demented individuals would lead to inappropriate information collection. Instead, E1B and F1 should apply only to cognitively intact residents.
2. **F2.** We recognize that F2 raises important quality of life issues. The staff may be unable to answer F2. However, obtaining this information from friends and/or family may be considered an invasion of privacy. F2 should be modified to acknowledge this apparent conflict. In addition, F2 should be modified to determine whether the patterns of interaction reflect chronic personality or a change from baseline.
3. **J3.** The pain management assessment merits further revision. In its current form, there is no ability to state that the patient has chronic pain that is being appropriately managed within the current regimen. In addition, it may be difficult for the person completing the MDS form to determine how best to answer the question in general. Finally, the pain management should contain elements that allow for reassessment.
4. **J5.** This element involves stability of conditions and several sub-elements, specifically A and C are highly subjective. We believe more narrow and descriptive criteria are merited for issues involving prognostication.

We look forward to working with CMS as you further refine the MDS. If you should have questions or comments on this letter, please contact Susan Emmer, American Geriatrics Society, 301-320-3873.

Sincerely,

Richard W. Besdine, MD, FACP, AGSF
President