

Participant Characteristics Report (PCR) Training

December 9, 2014

Presenters

Denise Peach	Chief, CDA CBAS Branch
Lilit Tovmasian	Manager, CDA CBAS Branch
Adam Smith	Data and Program Analyst, CDA CBAS Branch

Agenda

2:00	Welcome and Housekeeping	Lilit
2:05	Training Objectives	Lilit
2:10	Last PCR Submission and Lessons Learned	Denise and Lilit
2:20	Definitions: Clarifications and Revisions	Denise
2:45	Overview of Revised Submission Instructions	Adam
2:55	Summary	Denise
3:00	Questions	All

Housekeeping

- Webinar is being recorded and will be posted on the CDA website
 - http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/CBAS_Training/Default.asp
- The PCR Form and Instructions and FAQ document will be available on the CDA website
 - <http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Forms/Default.asp>
- Q & A at the end of webinar

Training Objectives

- Share lessons learned from June 2014 PCR submission
- Clarify reporting requirements for December 2014 PCR submission
- Ensure providers understand PCR submission instructions to remain HIPAA compliant

PCR JUNE SUBMISSION AND LESSONS LEARNED

PCR June Submission and Lessons Learned

- Abbreviated PCR due to security concerns
- Violation letters sent to several providers
- Delay in submission by some providers

- Lessons learned
 - Need for further clarification and revisions to definitions
 - Need for additional guidance to providers to ensure quality data

PCR – June 2014 Submission

Enrollment Data

Total Medi-Cal	95%
Total Private Pay	5%

Diagnoses

Dementia	35%
Intellectually / Developmentally Disabled	7%
Mental Health Diagnosis	51%

Status/Needs

Psychiatric Medications	46%
Behavioral Symptoms	37%
Fall risk*	87%
Uses walker/cane/ wheelchair	69%
Hearing/Vision Deficits	74%
Communication Deficits	11%
Speaks English	31%

*Indicates questionable data.

PCR – June 2014 Submission

ADL/IADL Status/Needs	
Requires Ambulation Assistance	30%
Requires Bathing Assistance	70%
Requires Dressing Assistance	55%
Requires Toileting Assistance	24%
Requires Self-Feeding Assistance	13%
Requires Transferring Assistance	41%
Requires Assistance Accessing Resources	91%
Requires Hygiene Assistance	46%
Requires Meal Preparation Assistance	91%
Requires Medication Management Assistance	70%
Requires Money Management Assistance	77%
Requires Transportation Assistance	89%

PCR – June 2014 Submission

CBAS Services Provided	
Special Diet	82%
Group/Individual Psych Services*	42%
Speech Services	2%
Prescribed Medications Administered at Center*	12%
Self-Administers Medications at Center*	15%
Restorative PT and/or OT*	48%
Skilled Nursing Services*	62%

*Indicates questionable data.

PCR – June 2014 Submission

Questionable Data Indicator	Example
All/majority enrolled participants reported as receiving services.	<ul style="list-style-type: none">• Skilled nursing services• Group/individual psych services
Data reported in one field is in direct conflict with data in a related field.	<ul style="list-style-type: none">• Center has reported 100 enrolled participants, 90 of whom “receive medications at the center,” and 60 of whom “self-administer medications” at the center• Center has reported 100 enrolled participants, 80 of whom are a “fall risk”, and 2 of whom “use a walker/cane/wheelchair”
Data reported conflicts with observations at the center or other center reports.	<ul style="list-style-type: none">• Observe participants self-medicating, report indicates zero participants self-medicate

PCR Instructions June 2014 Submission – Incomplete Header Information

	Center Name:	Adult Day Health Care Center		Total Participants Enrolled:	101																		
	Center NPI:	1234567890		Date:	2 25 2014																		
 <table border="1" style="margin: auto;"> <thead> <tr> <th colspan="3">Specify Language(s) Spoken at Center (Other than English)</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Arabic</td> <td><input checked="" type="checkbox"/> Farsi</td> <td><input type="checkbox"/> Russian</td> </tr> <tr> <td><input checked="" type="checkbox"/> Armenian</td> <td><input type="checkbox"/> Hmong</td> <td><input type="checkbox"/> Spanish</td> </tr> <tr> <td><input type="checkbox"/> Cambodian</td> <td><input type="checkbox"/> Korean</td> <td><input checked="" type="checkbox"/> Tagalog</td> </tr> <tr> <td><input type="checkbox"/> Cantonese</td> <td><input type="checkbox"/> Mandarin</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other (Specify)</td> <td colspan="2">Japanese</td> </tr> </tbody> </table>						Specify Language(s) Spoken at Center (Other than English)			<input checked="" type="checkbox"/> Arabic	<input checked="" type="checkbox"/> Farsi	<input type="checkbox"/> Russian	<input checked="" type="checkbox"/> Armenian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Spanish	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Korean	<input checked="" type="checkbox"/> Tagalog	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Vietnamese	<input checked="" type="checkbox"/> Other (Specify)	Japanese	
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The Header Information is at the top of the form and should be completed as follows:

-  Center Name: Enter the center's complete legal name.
-  NPI: Enter your center's National Provider Identifier.
-  Total Participants Enrolled: Enter the number of participants enrolled as of the report date.
-  Date: Enter the date the report was generated.
-  Languages Spoken: Enter the languages other than English spoken by any of the participants at the center.

PCR Instructions – Data Validation

- Ensure all header information is complete
- Ensure total participants enrolled are equal to or greater than any total reported in a specific category.
 - **Incorrect:** Total participants enrolled=150, total participants with dementia=155
 - **Correct:** Total participants enrolled=150, total participants with dementia=55

DEFINITIONS

Clarifications and Revisions

Definitions

- Revised definitions as of 12/2014
 - Dementia
 - Intellectual/Developmental Disability
 - Mental Health Diagnosis
 - Fall Risk
 - Group/Individual Psychological Services

Definitions – Revisions

- Added clarifying language to all diagnoses
 - Dementia
 - Intellectually/Developmentally Disabled
 - Mental Health Diagnosis

Please note: Participants diagnosed with one of these diagnoses can be diagnosed with another as well. Report all diagnoses separately in the appropriate fields.

Definitions – Revisions

- **Fall Risk**

- Revised Definition: Participant's fall risk has been measured by the center multidisciplinary team using an industry standard tool, **and has been indicated as high risk.**
- Extensive clarification in FAQ document

Definitions – Revisions

- **Group/Individual Psychological Services**

Services provided by the center's mental health consultant, **scheduled in Box 22 of the participant's IPC**, and as specified in the Medi-Cal Manual, Community IPC Section p.30, Box 22 Instructions for Additional Services.

FAQ Clarification - Definitions

Prescribed Medications Administered by Center

23. Q: Can you clarify what medications should be reported in this field?

A: Report medications prescribed by the physician and administered by the center nurse on a routine medication order, not PRN (as needed). The most common type of medication order is defined as medication that is administered until a discontinuation order is written or until a specified date is reached. An example is Hydrochlorothiazide 50 mg qd, or Amoxicillin 500 mg tid x10 days.

This could include over-the-counter (OTC) medications, so long as they are prescribed by the physician on a routine order and are administered by the center's nurse.

- Do not report a PRN order. PRN orders are conditional and are to be administered only upon the occurrence of a certain clinical event.
- Do not report standing orders. A standing order is generally facility wide, not written for a specific patient.
- Do not report self-administered medications.

To summarize, report medications prescribed by a physician on a routine order (including OTC) that are administered by the center's nurse.

FAQ Clarification - Definitions

Q: If a participant needs reminders to take medication, do we report it in this field?

A: Yes, **if** the medication meets definition #23 above.

To clarify, if an individual requires any help to take medication (including cueing or reminders); they are not independent for self-administering medications at the center. This individual requires reminders to take medications, therefore the CBAS center nurse must adhere to the Title 22 medication administration guidelines for nursing services (see Title 22, CCR, Section 54323(a)(6)(A)(B)(C)(D)) and report under the "Prescribed Medications Administered by Center" field.

If the medication does not meet the definition #23 above, do not report it in this field.

FAQ Clarification - Definitions

Self-Administered Medications at Center

25. Q: Are participants who self-administer OTC medication included in this field?

A: Yes, if the medication is prescribed by the physician and is administered independently by the participant on a routine medication order, not PRN. Note, the participant must meet the criteria for medication self-administration per Title 22, CCR, Sections 54319(e) and 78317(f)(1)(2)(3).

If the medication does not meet this definition, do not report it in this field.

FAQ Clarification - Definitions

Skilled Nursing

Q: Can you provide further clarification about this field? Why are the remaining professional nursing services excluded from this category?

A: Skilled nursing services include:

Professional Nursing services listed under Welfare and Institutions Code, Section **14550.5(a)(5)**, and refer to direct one to one care provided by a licensed nurse, per physician's order and the participant's care plan. Such care includes but is not limited to: 1) catheter insertion; 2) injections; 3) ostomy care; 4) complex wound care; 5) blood glucose testing.

Skilled nursing services do not include:

Professional Nursing services listed under Welfare and Institutions Code, Section **14550.5 (a)(1-4)**, such as observation and monitoring, administration of medications, routine blood pressure monitoring, liaison with other health care providers, or supervision of or assistance with personal care services. Services provided by a certified nursing assistant or program aide do not qualify as skilled nursing services. Do not report such services in this category.

At this time, CDA is collecting information specifically for the skilled nursing services component of professional nursing services. This will allow us to better understand the acuity level of participants at CBAS centers.

FAQ Clarification - Definitions

Hearing/Vision Deficits

20. Q: Can you clarify which participants should be recorded in this field?

A: Participants appropriate for this field include:

- Those for whom IPC Box 12 "Glasses or Other Vision Aid" or "Hearing Device" is checked because they use any kind of glasses, vision aid, or hearing device
- Individuals with known hearing or vision deficits but who do not currently use any device

Please Note: Centers who generate this field in the PCR from IPC Box 12 may need to manually enter participants who do not currently use hearing or vision aids because they would not be included in Box 12 but should be reported here.

FAQ Clarification - Definitions

Special Diet

21. Q: Can you clarify the definition of special diet? Is a cut-up diet considered altered texture?

A: CDA has further defined this field as follows: A therapeutic diet prescribed by a physician and provided at the center to help manage chronic illness or other medical conditions. Includes portion control, high/low calorie, low sodium, low cholesterol/low fat, no concentrated sweets, diabetic, and renal. Also includes modified textures when the modified texture alters the nutritional content of the food such as mechanical soft, pureed, or tube feeding diets.

Does not include the following:

- Diets to prevent chronic disease such as a “heart healthy” diet (no added salt, no added fat)
- Cut up, chopped with no alteration of the nutritional content
- Tube feeding that is not formulated for a specific medical condition
- Enteral (TF)/Parenteral Nutrition (IV)

FORM SUBMISSION INSTRUCTIONS

Submission Process Overview



Reminder E-mails:
June and November*

* During this time, CDA will generate a secure email to **ALL** providers

Submission Process

What does CDA mean by “secure” submission in Microsoft Excel format?

- HIPAA compliance = **CANNOT** send by regular email 
- HIPAA compliance = **SECURE** email (requires password to access) 
- Do **NOT** scan and send with Adobe Acrobat (i.e., .pdf file) 
- Must be sent as an **Excel** file (i.e., .xls, .xlsx) 

Submission Process

NEW RULES

- CDA will generate a secure email for all providers on January 2, 2015.
- CDA will work with the designated staff at each center to ensure they have received the secure email from CDA.
- Each center will reply directly to the secure email received from CDA with an attached PCR.

Submission Process

NEXT STEPS

- CDA has developed an electronic survey for providers to update information regarding staff who will submit the PCR to CDA
<https://www.surveymonkey.com/s/V87XLV8>
- Please complete this brief survey by Friday, December 19, 2014.
- CDA needs an updated survey from all providers. THANKS!!!

FAQ Clarification - Submission Process

Q: Can you explain what center generated secure email means? Is this something we have to purchase? How do we set it up? Is this something we need because we are submitting confidential participant information?

A: Secure emails protect sensitive data (such as the confidential participant characteristics on the PCR) by encrypting the message prior to its submission and requiring a password from the recipient to unlock the message and all attachments. This protects the content from being read by any but the intended recipients. To ensure HIPAA guidelines are not violated, CDA will generate a secure email for all providers. Each provider must then directly reply to the secure email with the attached PCR. **Regardless of a provider's capability to generate a secure email, CDA is requesting that all providers submit the PCR attached to the secure email they receive directly from CDA.** Again, this is another measure to ensure HIPAA guidelines are not violated.

KEY POINTS

Summary

- PCR is used to report aggregate data to characterize the program and for program monitoring
- Revisions and definition clarifications allow more accurate way of capturing data and provide ability for more meaningful analysis
- The form must be completed and submitted in a Microsoft Excel format twice a year and be transmitted to CDA via a secure e-mail
- Providers must follow CDA submission instructions to avoid violation of HIPAA guidelines

Q & A



CDA Contact Information

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Thanks for Participating!