

**Department of Health and Human Services**

**OFFICE OF  
INSPECTOR GENERAL**

**Psychosocial Services in  
Skilled Nursing Facilities**



**JANET REHNQUIST  
INSPECTOR GENERAL**

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# ***OFFICE OF INSPECTOR GENERAL***

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# EXECUTIVE SUMMARY

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## OBJECTIVE

To determine whether Medicare skilled nursing facility residents are receiving psychosocial services in compliance with federal requirements.

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## BACKGROUND

The Omnibus Budget Reconciliation Act (OBRA) of 1987 requires skilled nursing facilities (SNFs) to provide "medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident" and specifies that "the services provided or arranged by the facility must meet professional standards of quality." The OBRA of 1987 further states that a skilled nursing facility with over 120 beds is required to employ a minimum of one full-time social worker with at least a bachelors degree in social work, or another human service field, and 1 year of supervised social work experience in a health care setting working directly with individuals. For facilities with 120 beds or less, medically-related social services must still be provided. However, there is no specific requirement that they be performed by a qualified social worker, on either a full-time or part-time basis.

The OBRA of 1987 also mandates that each resident have a comprehensive initial assessment and periodic assessments, which include mental health evaluations. In addition to mental health evaluations, examples of medically-related social services include conducting psychosocial interventions, such as counseling residents and their families, and evaluating residents' progress and functioning. Ideally, all identified psychosocial needs are addressed in a care plan, and all needed services are provided.

Our review of skilled nursing facilities' compliance with federal psychosocial service requirements is based on data from multiple sources. We used a random sample of 299 recently admitted Medicare skilled nursing home beneficiaries to review the credentials of social workers associated with the skilled nursing facilities serving these beneficiaries. In addition, we reviewed the medical records of these same 299 SNF residents to determine the extent to which they were assessed for and received psychosocial services. We selected a separate sample of Medicare certified skilled nursing facilities and interviewed 84 social workers and nursing home administrators. Using data from a third sample, we interviewed 32 state surveyors. Finally, we analyzed Online Survey and Certification Reporting System (OSCAR) data and National Ombudsman Reporting System (NORS) data for deficiencies and complaints related to psychosocial services.

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## FINDINGS

### **Almost all Medicare SNF beneficiaries have at least one psychosocial service need; however, 39 percent of those with needs have inadequate care plans and 46 percent of those with care plans do not receive all planned services**

While 90 percent of Medicare beneficiaries have all their required minimum data set (MDS) assessments completed, 10 percent are missing one or more of their required assessments.<sup>1</sup> Our medical record review shows that, of those Medicare beneficiaries with either a formal MDS assessment or an informal psychosocial assessment, almost all (95 percent) have at least one psychosocial need identified during their SNF stay. Of these, only 61 percent have care plans that address all of the psychosocial needs identified during their SNF stay. Our review shows the following for those beneficiaries with a care plan: 54 percent of Medicare SNF residents receive all their psychosocial services as planned during their stay; 41 percent do not receive all of their planned psychosocial services; and, 5 percent receive none of their planned psychosocial services.

### **OSCAR data show over 15 percent of facilities have been cited for psychosocial deficiencies and just over 1 percent of NORS complaints relate to psychosocial services**

Analysis of OSCAR data shows just over 15 percent of SNFs were cited for one or more psychosocial service-related deficiency in each of the years 1998-2001. Psychosocial deficiencies represented just under 4 percent of all deficiencies in each of the years between 1998 and 2001. However, interviews with a purposive sample of 32 state surveyors reveals that surveyors do not routinely look at all areas that SNFs can potentially be deficient in with regard to the provision of psychosocial services. An analysis of NORS data shows that complaints related to psychosocial services make up 1 percent of all nursing facility complaints.

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<sup>1</sup> When broken down by MDS period, 5 percent of beneficiaries who require a 5-day MDS do not get this assessment; 7 percent of beneficiaries who require a 14-day MDS do not get one; and 12 percent of a relatively small number of beneficiaries who require a 30-day MDS do not get this assessment.

## **Virtually all Medicare beneficiaries reside in skilled nursing facilities that comply with the over 120-bed rule**

Our review of credentials indicates that 98 percent of beneficiaries (116 out of 118) in larger facilities receive psychosocial services from facilities that are in compliance with the over 120-bed regulation. Smaller facilities are not required by federal regulations to employ a qualified social worker; however, just over 80 percent (148 out of 181) of beneficiaries receive services in smaller facilities that employ a full-time social worker with either a bachelors degree or a graduate degree.

## **Forty-five percent of social workers report barriers that affect their ability to provide psychosocial services**

Many social workers report numerous barriers that affect their ability to provide comprehensive psychosocial services to all SNF residents. Forty-five percent of social workers report that they face one or more of the following barriers: not having enough time; burdensome paperwork that limits their ability to provide psychosocial services; and, insufficient staff including social workers and other disciplines in the SNF. Over half of social workers (62 percent) say that their role includes a number of responsibilities beyond providing the psychosocial services which most have been trained to provide. Only 19 percent of social workers report no obstacles in providing social work services. Barriers reported by social workers provide some insight into the reasons that not all residents are getting all of the psychosocial services they need.

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## **CONCLUSION**

While SNFs with over 120 beds are complying with the federal requirement that SNFs employ a full-time social worker with at least a bachelors degree, over a third of SNF beneficiaries have incomplete psychosocial care plans and 46 percent of Medicare beneficiaries do not receive all of their planned psychosocial services during their SNF stay.

We found that almost all (98 percent) of beneficiaries reside in SNFs that are in compliance with the over 120-bed rule. In addition, 82 percent of beneficiaries reside in smaller facilities that meet the larger facility standard, even though they are not required to do so. However, our medical record review determined that while 95 percent of those SNF Medicare beneficiaries with a psychosocial assessment have at least one psychosocial service need identified, 39 percent of these residents do not have care plans

that address all their psychosocial needs, and 41 percent do not receive all the services outlined in their care plans. In addition, we found that 5 percent of Medicare residents have none of their planned services provided. Our medical record review data, combined with social worker reports that some service barriers exist, lead us to conclude that not all residents are getting all of the psychosocial services they need. There is evidence that, despite the fact that SNFs are complying with the over 120-bed rule, there is not full compliance with the requirement that SNFs provide “medically related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.”<sup>2</sup> Therefore, we question whether the present federal rule regarding social worker credentials is effective in achieving the desired level of psychosocial services for SNF residents.

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## RECOMMENDATIONS

**Oversight of the psychosocial service portion of the resident assessment process should be strengthened.** We found evidence that substantial numbers of SNF beneficiaries have incomplete psychosocial care plans and many Medicare beneficiaries do not receive all of their planned psychosocial services during their SNF stay. Our medical record review reveals that 39 percent of beneficiaries do not have care plans that address all their psychosocial needs. In addition, 46 percent of SNF residents do not receive needed psychosocial services in accordance with their plan of care. The psychosocial assessment portion of the periodic resident assessment tools (comprehensive initial assessment, 5-day MDS, 14-day MDS, etc.) drives the preparation of care plans which are then used to document all needed services that should be provided. If the assessments or the care plans are incomplete, all needed services are not likely to be provided. Therefore, we recommend that the Centers for Medicare & Medicaid Services (CMS) strengthen the oversight processes associated with the psychosocial service portion of the resident assessment and the resulting care plans to ensure that SNF residents receive necessary and appropriate care.

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## AGENCY COMMENTS

The CMS provided comments on our draft report. They concur with our recommendation that the oversight of the psychosocial service portion of the resident assessment process can be strengthened. Additionally, in their comments, they highlight actions they have taken to date in this regard, as well as on-going initiatives. CMS also provided a number of technical comments. As appropriate, these have been incorporated into this final report.

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<sup>2</sup>42 CFR §483.15(g)

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# INTRODUCTION

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## OBJECTIVE

To determine whether Medicare skilled nursing facility residents are receiving psychosocial services in compliance with federal requirements.

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## BACKGROUND

Recent studies have determined that the needs of the nursing home population, including psychosocial needs, are increasing.<sup>3</sup> In this study, we assessed the degree to which psychosocial services provided in skilled nursing facilities (SNFs) are in compliance with federal requirements. This inspection includes an analysis of the types and quantity of psychosocial services being provided, as well as the educational credentials of the professionals who are providing this care. There is no minimum federal requirement on the number of social workers or the educational credentials of social work staff in nursing homes with 120 beds or less. This inspection looks at the following: whether vulnerabilities exist in these smaller facilities; whether facilities with over 120 beds are complying with federal credential requirements; and, finally, whether or not psychosocial services that “attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident”<sup>4</sup> are being provided in all Medicare skilled nursing facilities.

## Federal Regulations Regarding Social Services in Nursing Home

The Omnibus Budget Reconciliation Act (OBRA) of 1987 requires SNFs<sup>5</sup> to provide "medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident" and specifies that "the services

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<sup>3</sup>Sayhoun NR, Pratt LA, Lentzner H, Dey A, Robinson KN. The Changing Profile of Nursing Home Residents: 1985-1997. Aging Trends; No.4. Hyattsville, Maryland: National Center for Health Statistics. 2001.

<sup>4</sup>42 CFR §483.15(g)

<sup>5</sup>The OBRA of 1987 requires both Medicare SNFs and Medicaid custodial care nursing facilities to meet this criteria; however, the scope of this inspection is limited to Medicare nursing skilled facilities.



provided or arranged by the facility must meet professional standards of quality." This law applies to all residents within the federally certified SNFs.

The OBRA 1987 further states that when any federally-certified nursing facility has over 120 beds, the facility is required to employ, on a full-time basis, a minimum of one social worker. Federal regulations state that this social worker must have at least a bachelors degree in social work, or in another human services field, and 1 year of supervised social work experience in a health care setting working directly with individuals.<sup>6</sup> For facilities that have 120 beds or less, medically-related social services must still be provided. However, there is no specific requirement that they be performed by a qualified social worker.

The OBRA 1987 also mandates that each nursing home resident have a comprehensive initial resident assessment, as well as periodic assessments using a standard form called the Minimum Data Set (MDS). Under Medicare payment rules, the Centers for Medicare & Medicaid Services (CMS) requires that a 5-day, 14-day, 30-day, and 60-day MDS be completed for all residents. These assessments include psychosocial assessment indicators that guide the preparation and maintenance of psychosocial-related care plans for each resident. Ideally, all identified psychosocial needs are addressed in a care plan, and for all care plans developed, there is documentation that all services are provided.

## **Services Provided by Nursing Home Social Workers**

State surveyor guidelines used to monitor the quality of care in SNFs spell out a wide array of medically-related social services that should be provided to SNF residents. These include the following: completing the mental health evaluation section of assessment plans, conducting psychosocial interventions, counseling residents and their families, making referrals to other service providers, advocating for the resident on interdisciplinary teams, evaluating the resident's progress and functioning, preparing a discharge plan, and assisting the resident with palliative care.<sup>7</sup>

## **Nursing Home Survey and Certification Requirements**

All Medicare participating nursing homes must meet certain federal requirements. Nursing home certification is achieved through routine surveys. The CMS contracts with

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<sup>6</sup>42 CFR §483.15(g)

<sup>7</sup>End of life planning

states to perform these surveys for Medicare and Medicare/Medicaid nursing homes. All nursing homes are subject to an unannounced standard survey “no later than 15 months after the date of the previous standard survey.”<sup>8</sup> If, during the standard survey, a nursing home is found to have provided substandard quality of care, an additional extended survey will be conducted within 2 weeks. During either type of survey, a surveyor may cite the nursing home for a deficiency, if that facility fails to meet specific requirements.

Survey deficiencies are categorized and reported in the Online Survey Certification and Reporting System (OSCAR). The deficiencies that relate to social work services include the following: F251, which is used to cite a facility that has more than 120 beds and does not have a qualified social worker; F250, which is used to cite a facility that does not provide medically related social services to residents; F319, which cites a facility for failing to provide residents with appropriate treatment for mental or psychosocial problems; F320, which is cited when a facility fails to ensure that residents do not experience an avoidable decline in their psychosocial functioning; F246, which cites a facility for not having policies that accommodate residents' needs and preferences; and F243, which is cited in cases where residents have been denied the right to organize and participate in resident groups.

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## METHODOLOGY

We obtained data for this study from a number of different sources. These include: a review of SNF social worker credentials; a medical record review of recently-admitted Medicare residents; an analysis of OSCAR and the National Ombudsman Reporting System (NORS) data; a telephone survey of nursing home administrators and social work staff; and, finally, a telephone survey of state surveyors. We pulled three separate samples for this study: one was a simple random sample from the universe of Medicare SNF residents; the second was a stratified random sample from the universe of Medicare SNFs, which was used only to conduct interviews with nursing home administrators and social workers; and, the last was a purposive sample of state survey and certification surveyors in eight states.

### **Nursing Home Resident Sample For Social Worker Credential and Medical Record Review**

Our nursing home resident sample was used for both our social worker credentials review

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<sup>8</sup>42 CFR §488.308(a)

and our medical record review. We used National Claims History data to identify our universe of all residents, who were admitted between September 1, 2001, and November 30, 2001, whose stay was covered under Medicare Part A, and whose stay was greater than 7 days. We matched the stays to OSCAR current survey file data and limited the universe to the 303,891 cases with matching OSCAR data. We then pulled a simple random sample of 330 Medicare beneficiaries. We sent letters to their associated skilled nursing facilities requesting medical records for each beneficiary and social work credentials of the relevant staff in these facilities. We received social work credentials and medical records from 305 SNFs, for a response rate of 92 percent. However, six beneficiaries were dropped from analysis because the documentation they submitted was insufficient for a review. As a result, our review of medical records and social worker credentials was based on 299 Medicare beneficiaries and their associated nursing homes.

Although this sample was not stratified by bed size, we analyzed data associated with beneficiary experiences by bed size, as well as overall. When data was broken down by bed size, we compared the experiences of beneficiaries in SNFs with over 120 beds to those in facilities with 120 or fewer beds. This allowed us to project our findings to the universe of beneficiaries who reside in larger and smaller facilities within the time frame associated with our sampling frame (September-November 2001). However, because the unit of analysis was the beneficiary, we do not project our findings to the universe of all larger and smaller SNFs.

**Social Worker Credential Review.** We requested information on the credentials of all social work staff from nursing homes associated with our sample of 330 nursing home residents. Nursing homes were asked to distinguish between employees of the facility and those who work on a consultant basis providing Part A reimbursed services. Nursing homes were also asked to provide information on the number of hours that social work staff work in an average week.

**Medical Record Review.** For each of the residents in our sample, we requested complete clinical records from the date of the resident's admission through the first 60 days of their stay in the nursing home (or their discharge, if they were discharged in less than 60 days). We requested the following documentation: admission sheets; MDS assessments; plans of care; social worker, nurse, and physician notes; medication administration records; psychological and psychiatric assessments; behavior management records; physician orders; and, if relevant, discharge planning notes. We used an independent contractor to conduct the medical record review. Together with the contractor, we developed a screening instrument to review residents' records. This screening instrument was based on requirements for psychosocial

services included in the OBRA 1987 and CMS guidance<sup>9</sup> on the provision of these social work services. Specifically, the medical record review looked at whether a given patient was evaluated for psychosocial needs; whether care plans were developed to address any such needs; and, finally, whether there was evidence that care plan items associated with psychosocial needs were provided as planned. Two licensed social workers with previous nursing home experience conducted the medical record reviews. A registered nurse provided quality assurance for all reviews.

## **Social Worker and Nursing Home Administrator Interviews**

Through a separate selection process, we selected a random sample of Medicare-certified skilled nursing facilities. This sample was used to conduct interviews with nursing home administrators and social workers. Using the OSCAR current survey file, we stratified this population based on bed size; however, when we made comparisons by strata, no differences were found. Therefore, the results we report are for all respondents, not by strata. Our total sample size was 92 SNFs. We were unable to conduct interviews with 8 of these, resulting in a response rate for this sample of 91 percent.

We administered a telephone questionnaire to 84 nursing home administrators from our sample of skilled nursing facilities. This survey instrument included questions related to the provision of psychosocial services to Medicare residents reimbursed under Part A. During a separate telephone interview, nursing home social work directors in the same 84 nursing homes were asked a series of similar questions.

## **Nursing Home State Surveyor Interviews**

We selected a sample of state surveyors from eight states, based on the number of nursing home beds, the average deficiency rate per nursing home, the CMS regional office jurisdiction, and geographical location. They include: Alabama, California, Connecticut, Maryland, Missouri, New York, South Carolina, and South Dakota. We asked each of the state survey agencies for a list of all surveyors in their state who had been a nursing home surveyor for at least 3 years. We then selected a random sample of 4 surveyors in each of our 8 sampled states for a total of 32 respondents. Our response rate was 100 percent.

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<sup>9</sup> Including survey and certification deficiency (f-tag) specifications and references included in federal regulations.

We spoke with surveyors about the practices they are currently using to monitor the provision of psychosocial services under Medicare Part A reimbursement rules. Because this was a small purposive sample, surveyor data cannot be projected to the universe.

## **Analysis of Nursing Home Survey and Certification and Ombudsman Data**

We analyzed data from OSCAR and NORS for all Medicare-certified skilled nursing facilities. We used OSCAR data to identify nursing home deficiencies related to inadequate provision of psychosocial services from 1998 to 2001. We used NORS data to look at related SNF complaint categories from 1999 to 2000.

## **Limitations**

Our methodology had the a number of limitations. First, our findings, based on social work credentials and SNF medical records, can be projected only to Medicare beneficiaries admitted to a Part A Medicare-covered stay between September 1, 2001, and November 30, 2001, whose stay was greater than 7 days. Second, we assessed the degree to which required psychosocial services are being provided, based on a medical record review rather than on in-person clinical assessments of residents in our sample. Third, the interviews conducted with the purposive sample of state surveyors cannot be projected to the universe.

This inspection was conducted in accordance with the *Quality Standards for Inspections* issued by the President's Council on Integrity and Efficiency.

# FINDINGS

Our review of skilled nursing facilities' (SNF) compliance with Medicare psychosocial service requirements is based on data from a review of medical records of 299 SNF residents and a review of the credentials of the social workers in their facilities. Additionally, we interviewed social workers, nursing home administrators, and state surveyors. Finally we analyzed OSCAR and NORS data for deficiencies and complaints related to psychosocial services. Medicare requires that SNFs with over 120 beds have a full-time social worker with a minimum of a bachelors degree. We found that virtually all Medicare SNF beneficiaries reside in SNFs that are in compliance with the federal rule regarding social worker credentials. However, our medical record review determined that, while 95 percent of facility residents have at least one identified psychosocial service need, almost half do not receive all the services called for in their care plans. This medical record review data, combined with social worker reports that numerous barriers exist, indicate that not all residents are getting all of the psychosocial services they need.

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## **Almost all Medicare SNF beneficiaries have at least one psychosocial service need; however, 39 percent of those with such needs have inadequate care plans, and 46 percent of those with care plans do not receive all planned psychosocial services**

Our medical record review consisted of a review of all MDS assessments, other medical record documentation of psychosocial needs and care plans, as well as a review of psychosocial services provided. We looked at this documentation to determine the following: the proportion of Medicare beneficiaries that have their required MDS completed; the proportion of beneficiaries who have identified psychosocial needs; the proportion of Medicare beneficiaries who are receiving all required psychosocial assessments; the proportion of Medicare beneficiaries who have care plans for all of their psychosocial needs identified; and finally, the proportion of beneficiaries who subsequently have all services provided.

**Psychosocial assessments and identified psychosocial needs.** Psychosocial needs assessments are performed one of two ways. The first is the MDS assessment, a formal process for identifying residents' needs, which involves collecting information in a standardized fashion. The second, a less formal way of identifying psychosocial needs, occurs through routine staff interactions with the resident. Staff may document these psychosocial needs in their progress notes or on the patient's chart. While 90 percent of

Medicare beneficiaries have all their required MDS assessments completed, 10 percent are missing one or more of their required assessments.<sup>10</sup> One percent of all beneficiaries are missing both forms of assessments. Of those Medicare beneficiaries who have an assessment, our medical record review shows that almost all (95 percent) have at least one psychosocial need identified during their SNF stay. The types of psychosocial needs vary greatly. Table 1 below shows the most common psychosocial service needs.

Table 1  
**Percentage of Beneficiaries With Psychosocial Need Identified**

Need	Percent
Depression, anxiety, or sad mood	42
Behavioral symptoms	20
Issues relating to past roles	20
Indications of mood persistence	18
Changes in mood	17
Lack of initiative or involvement	14
Unsettled relationships	13
Changes in behavioral symptoms	10

Source: OIG medical record review, 2002

**Developed care plans.** After an assessment is completed, a care plan should be developed that addresses each outstanding psychosocial need with an indication of the appropriate service to be provided. We found that 61 percent of Medicare beneficiaries with identified needs have care plans that address all of the psychosocial needs identified during their SNF stay. However, we found that 39 percent of beneficiaries have care plans that do not address all of their psychosocial needs. Five percent of these beneficiaries have none of their psychosocial needs addressed in a care plan.

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<sup>10</sup> When broken down by MDS period, 5 percent of beneficiaries, who require a 5-day MDS, do not get this assessment; 7 percent of beneficiaries, who require a 14-day MDS, do not get one; and 12 percent of a relatively small number of beneficiaries, who require a 30-day MDS, do not get this assessment.

**Provided psychosocial services.** All psychosocial services addressed in a care plan should be provided, as planned, at some point during a resident’s stay. Our review shows that 54 percent of Medicare SNF residents who have one or more care plans receive all their psychosocial services as planned during their stay, while 41 percent do not receive all their planned psychosocial services. An additional 5 percent of beneficiaries receive none of their planned psychosocial services.

Based on our review of all documented services provided, we found that the three most common psychosocial services that SNFs provide are: assessments (such as a social history), discharge planning, and medications for mood or behavioral problems. Other slightly less common psychosocial services include psychiatric or psychological consultations and social work visits with the resident.

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## **OSCAR data show over 15 percent of facilities have been cited for psychosocial deficiencies, and just over 1 percent of NORS complaints relate to psychosocial services**

**Psychosocial deficiencies reported in OSCAR.** Federal survey and certification guidelines outline a number of items that surveyors are directed to look at during their routine nursing home surveys to determine whether or not facilities are providing adequate psychosocial services to residents. Our review of 6 psychosocial service-related deficiencies<sup>11</sup> shows just over 15 percent of SNFs were cited for one or more of these psychosocial deficiencies in each of the years between 1998 and 2001. (See Table 2.) Facilities that were cited in 2001 averaged 1.15 psychosocial deficiencies per facility. In addition, we found that psychosocial deficiencies represented just under 4 percent of all deficiencies in each of the years between 1998 and 2001. It is worth noting that two psychosocial deficiency F-tags make up a disproportionate percentage of the six psychosocial deficiencies total. These two F-tags, F246 and F250, are used to cite facilities without policies that accommodate residents’ needs and preferences and facilities that do not provide medically-related social services.

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<sup>11</sup>Most of the substandard quality of care deficiencies related to the provision of psychosocial services fall under the quality of life section of federal regulations. These include the following: F251 – to cite a facility with more than 120 beds not employing a qualified social worker on a full-time basis; F250 – to cite a facility that does not provide medically-related social services; F319 – to cite a facility failing to provide residents with appropriate treatment for mental or psychosocial problems; F320 – to cite facilities failing to ensure that residents do not have avoidable decline in their psychosocial functioning; F246 – to cite facilities without policies that accommodate residents’ needs and preferences; and, F243 – to cite facilities where residents have been denied the right to organize and participate in resident groups.



Table 2  
**Psychosocial Service Deficiencies, 1998-2001**

Year	Psychosocial deficiencies as % of all deficiencies	% of facilities with one or more psychosocial deficiencies
1998	3.9 %	17 %
1999	3.7 %	18 %
2000	3.2 %	17 %
2001	3.0 %	16 %

Source: OSCAR data, 1998-2001

**Nursing home complaint data reported in NORS.** We also reviewed NORS data, which is complaint data collected by nursing home long term care ombudsmen whose role is to monitor the quality of care of nursing home residents. We looked at the following three psychosocial-related complaint categories in NORS: G.56, for mental health psychosocial service-related complaints; I.67, for availability and appropriateness of social service complaints; and, finally, I.68, for other activity and social service complaints. The NORS data show that complaints related to psychosocial services make up only 1 percent of all nursing facility complaints. In terms of numbers, these complaints total in the low 2000 range each year. (See Table 3.)

Table 3  
**Psychosocial Service-Related Complaints, 1999-2000**

Year	% of all complaints	# of complaints
1999	1.3 %	2211
2000	1.2 %	2145

Source: NORS data, 1999-2000<sup>12</sup>

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<sup>12</sup> Complaints cover both SNFs and nursing facilities.

**State surveyor interviews.** In addition to reviewing OSCAR and NORS data, we interviewed 32 nursing home state surveyors. We asked them questions about how, if at all, they monitor the provision of psychosocial services and the credentials of those providing these services. Twenty-nine of the 32 surveyors said that, during a standard survey visit, they do look at whether psychosocial services are being provided to residents that need them. When we asked surveyors if they look at whether facilities are providing one specific psychosocial service – family counseling – 9 say “yes,” 10 say “no,” and the majority (13) say “sometimes.” Many of those that say “sometimes” indicate that they do not look at this unless they have reason to believe that a provider is deficient in this area. With regard to the review of social worker credentials, almost all surveyors we interviewed (31 of 32) indicate that, during a standard survey visit, they check to see if a nursing home employs a social worker. However, 22 of the 32 report that they either do not look at the educational credentials of social workers, or they sometimes do so. Sixteen of the 22 who volunteer that they do not look at credentials all the time say they only review this information when they see indications of social work-related problems. Another two report that whether or not they look at this is dependent on the number of beds in the facility. With regard to whether or not facilities are providing needed psychosocial services, we heard consistently from sample surveyors that they do not routinely look at all areas in which SNFs can potentially be deficient with regard to the provision of psychosocial services.

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## **Virtually all Medicare beneficiaries reside in skilled nursing facilities that comply with the over 120-bed rule**

Medicare regulations require that facilities that have over 120 beds employ a minimum of one full-time social worker with a minimum of a bachelors degree.<sup>13</sup> We analyzed social worker credential data both overall and based on the bed size of the SNFs associated with our sample beneficiaries. Of our 299 sample SNF beneficiaries, 118 had been recently admitted to SNFs with over 120 beds (larger facilities) and 181 beneficiaries had been admitted to facilities with 120 beds or fewer (smaller facilities).

Our review of credentials indicates that 98 percent of beneficiaries (116 out of 118) in larger facilities receive psychosocial services from facilities that are in compliance with

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<sup>13</sup>As defined by 42 CFR §481.15(g)(2)(3), “a facility with more than 120 beds must employ a qualified social worker on a full-time basis. A qualified social worker is an individual with a bachelors degree in social work or a bachelor’s degree in the human services field, including, but not limited to, sociology, special education, rehabilitation counseling, and psychology, and 1 year of supervised social work experience in a health care setting working directly with individuals.” Given the open ended nature of this requirement, for practical reasons, we limited our analysis to a determination as to whether or not the social worker had a bachelors degree and worked in the facility on a full-time basis.

the over 120-bed regulation. With regard to beneficiaries in larger facilities, 47 percent are cared for by social workers with a bachelors degree and 51 percent of beneficiaries are served by facilities that go beyond the minimum requirements and employ at least one social worker with a graduate degree.<sup>14</sup> Two percent of beneficiaries receive services in larger SNFs that did not send us the educational credentials of any staff who provide psychosocial services.

The over 120-bed social work rule does not apply to 61 percent of Medicare beneficiaries receiving services in skilled nursing facilities; these smaller facilities are not required by Medicare regulations to employ a social worker with a bachelors degree, on either a full-time or part-time basis. However, 82 percent of beneficiaries (148 out of 181) in smaller facilities receive services in facilities that employ a full-time social worker with a bachelors degree or higher, thus meeting the standard that applies to larger facilities, even though they are not required by federal rules to do so. Five percent of SNF beneficiaries receive services in smaller facilities that employ a social worker with an associates or high school degree. The remaining 13 percent of Medicare beneficiaries receive care in smaller facilities that did not provide us with the educational credentials of their psychosocial service providers. Charts 1 and 2 below detail the highest degree held by a staff member in both larger and smaller skilled nursing facilities.

Chart 1  
Social Worker Education  
in Larger Facilities

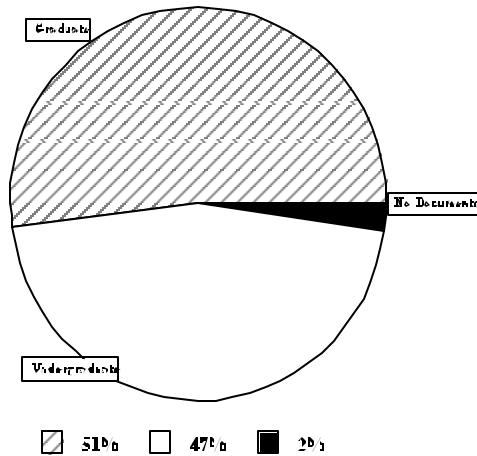
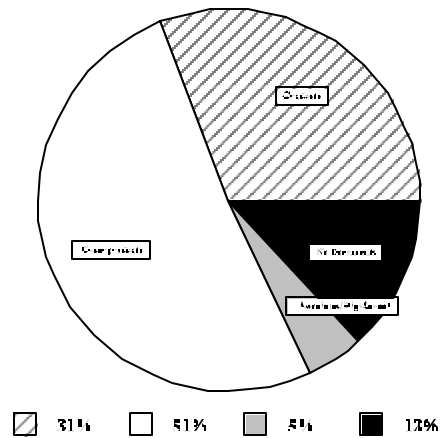


Chart 2  
Social Worker Education  
in Smaller Facilities



Source: Social work credentials from SNFs associated with sample of nursing home residents, 2002

We sought to determine whether or not SNFs, whose social workers have less education, are not as likely to meet federal requirements regarding the provision of psychosocial services. In order to test this hypothesis, at each educational level, we looked at the degree to which psychosocial services were provided to residents as planned. Because there were so few facilities in our

<sup>14</sup>Percentage is based on the highest education-level social worker in each facility.

sample that employ only a high school or associate level social worker, our analysis was inconclusive.

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## **Forty-five percent of social workers report barriers that affect their ability to provide psychosocial services**

Many social workers report numerous barriers that affect their ability to provide comprehensive psychosocial services to all SNF residents. Forty-five percent of social workers report that they face one or more of the following barriers: not having enough time; burdensome paperwork that limits their ability to provide psychosocial services; and, insufficient staff in the SNF, including social workers and other disciplines. Over half of social workers (62 percent) say that their role includes a number of responsibilities beyond providing the psychosocial services which most have been trained to provide. The various other tasks social workers report performing range from running errands outside the facility to assisting with dining room arrangements to getting residents' eyeglasses fixed. Only 19 percent of social workers report no obstacles in providing social work services. Time constraints and paperwork demands are also the top two obstacles which nursing home administrators report that their nursing home faces in providing comprehensive social work services to all residents. Barriers reported by social workers and nursing home administrators provide a degree of insight into some of the reasons that not all residents are getting all of the psychosocial services they need.

## CONCLUSION

While SNFs with over 120 beds are complying with the federal requirement that SNFs employ a full-time social worker with at least a bachelors degree, over a third of SNF beneficiaries have incomplete psychosocial care plans and 46 percent of Medicare beneficiaries do not receive all of their planned psychosocial services during their SNF stay.

We found that almost all (98 percent) of beneficiaries reside in SNFs that are in compliance with the over 120-bed rule. In addition, 82 percent of beneficiaries reside in smaller facilities that meet the larger facility standard, even though they are not required to do so. However, our medical record review determined that while 95 percent of those SNF Medicare beneficiaries with a psychosocial assessment have at least one psychosocial service need identified, 39 percent of these residents do not have care plans that address all their psychosocial needs, and 41 percent do not receive all the psychosocial services outlined in their care plans. In addition, we found that 5 percent of Medicare residents have none of their planned psychosocial services provided. Our medical record review data, combined with social worker reports that some service barriers exist, lead us to conclude that not all residents are getting all of the psychosocial services they need. There is evidence that, despite the fact that SNFs are complying with the over 120-bed rule, there is not full compliance with the requirement that SNFs provide “medically related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.”<sup>15</sup> Therefore, we question whether the present federal rule regarding social worker credentials is effective in achieving the desired level of psychosocial services for SNF residents.

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<sup>15</sup>42 CFR §483.15(g)

## RECOMMENDATION

**Oversight of the psychosocial service portion of the resident assessment process should be strengthened.** We found evidence that substantial numbers of SNF beneficiaries have incomplete psychosocial care plans, and many Medicare beneficiaries do not receive all of their planned psychosocial services during their SNF stay. Our medical record review revealed that 39 percent of beneficiaries do not have care plans that address all their psychosocial needs. In addition, 46 percent of SNF residents do not receive needed psychosocial services in accordance with their plan of care. The psychosocial assessment portion of the periodic resident assessment tools (comprehensive initial assessment, 5-day MDS, 14-day MDS, etc.) drives the preparation of care plans, which are then used to document all needed services that should be provided. If the assessments or the care plans are incomplete, all needed services are not likely to be provided. Therefore, we recommend that CMS strengthen the oversight processes associated with the psychosocial service portion of the resident assessment and the resulting care plans to ensure that SNF residents receive necessary and appropriate care.

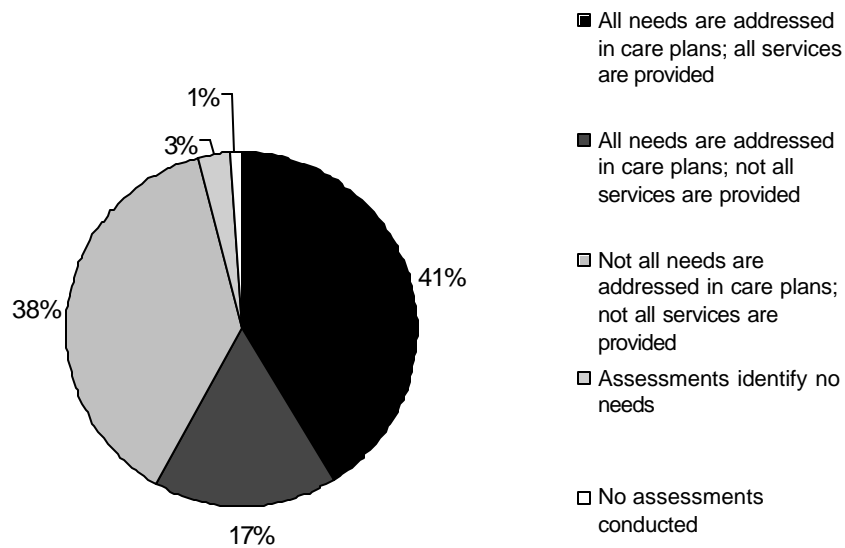
## AGENCY COMMENTS

The CMS provided comments on our draft report. They concur with our recommendation that the oversight of the psychosocial service portion of the resident assessment process can be strengthened. Additionally, in their comments, they highlight actions they have taken to date in this regard, as well as on-going initiatives. CMS also provided a number of technical comments. As appropriate, these have been incorporated into this final report.

## Summary Analysis of Needs, Care Plans, and Services

When looking at the overall picture of care provided to all Medicare beneficiaries in SNFs, 41 percent of Medicare beneficiaries have all their psychosocial needs addressed in care plans and receive all psychosocial services as planned. On the other end of the spectrum is the following picture: 17 percent of beneficiaries have all needs addressed in a care plan, but not all services are provided; and 38 percent of beneficiaries do not have all needs addressed in a care plan and not all services are provided. Three percent of beneficiaries have assessments that do not identify any needs, and 1 percent of beneficiaries do not receive any assessments during their stay. (See Chart 3.)

**Chart 3  
Needs Addressed and Services Provided**



Source: OIG medical record review, 2002



## Selected List of Recent Office of Inspector General Nursing Home Inspections

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*Physical, Occupational, and Speech Therapy for Medicare Nursing Home Patients: Medical Necessity, Cost and Documentation Under the \$1500 Therapy Caps*, OEI-09-99-00560, August 2001.

*Medicare Beneficiary Access to Skilled Nursing Facilities - 2001*, OEI-02-01-00160, July 2001.

*Trends in the Assignment of Resource Utilization Groups by Skilled Nursing Facilities*, OEI-02-01-00280, July 2001.

*Younger Nursing Facility Residents with Mental Illness: Preadmission Screening and Resident Review Implementation and Oversight*, OEI-05-99-00700, January 2001.

*Younger Nursing Facility Residents with Mental Illness: An Unidentified Population*, OEI-05-99-00701, January 2001.

*Medicare Payments for Psychiatric Services in Nursing Homes: A Follow-Up*, OEI-02-99-00140, January 2001.

*Nursing Home Resident Assessment: Quality of Care*, OEI-02-99-00040, January 2001.

*Nursing Home Resident Assessment: Resource Utilization Group*, OEI-02-99-00041, January 2001.

## Confidence Intervals For Key Findings

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We calculated confidence intervals for key findings. The point estimate and 95 percent confidence interval are given for each of the following:


KEY FINDINGS	N	POINT ESTIMATE	CONFIDENCE INTERVAL
Ninety percent of Medicare beneficiaries have all their required MDS assessments completed.	299	90%	87% - 93%
Of the Medicare beneficiaries who have an assessment, 95 percent have at least one need identified during their SNF stay.	296	95%	93% - 98%
Thirty-nine percent of SNF beneficiaries have care plans that do not address all of Medicare beneficiaries' psychosocial needs.	288	39%	33% - 45%
Forty-six percent of SNF beneficiaries do not receive all their planned psychosocial services.	275	46%	40% - 52%
Forty-one percent of Medicare beneficiaries have all their psychosocial needs addressed in care plans and receive all psychosocial services as planned.	299	41%	35% - 47%
Seventeen percent of Medicare beneficiaries have all their psychosocial needs addressed in care plans, but not all services are provided.	299	17%	13% - 21%
Thirty-eight percent of beneficiaries do not have all needs addressed in a care plan and not all services are provided.	299	38%	32% - 44%
Ninety-eight percent of beneficiaries receive psychosocial services from facilities that are in compliance with the over 120-bed regulation.	118	98%	96% - 100%
Forty-seven percent of beneficiaries are cared for in larger facilities that employ at least one social worker with a bachelors degree.	118	47%	38% - 56%

Fifty-two percent of beneficiaries are cared for in larger facilities that employ at least one social worker with a graduate degree.	118	52%	43% - 61%
The over 120-bed social work rule does not apply to 61 percent of beneficiaries receiving services in skilled nursing facilities.	299	61%	56% - 67%
Eighty-two percent of beneficiaries receive services in smaller facilities that employ a social worker with either a bachelors degree or a graduate degree.	181	82%	76% - 88%
Twenty-eight percent of social workers report that one of the barriers they face is not having enough time.*	84	28%	17% - 40%
Nineteen percent of social workers say that burdensome paperwork limits their ability to provide psychosocial services.*	84	19%	9% - 29%
Six percent of social workers say that not having enough staff, including social workers and other disciplines, is also an obstacle.*	84	6%	2% - 10%
Over half of social workers (62 percent) say that their role includes a number of responsibilities beyond providing the psychosocial services which most have been trained to provide.	84	62%	50% - 74%
Only 19 percent of social workers report no obstacles in providing social work services.	84	19%	9% - 29%

\* Presented as unduplicated obstacles on page 13.

## AGENCY COMMENTS

In this appendix, we present in full the comments from the Centers for Medicare & Medicaid Services.

		DEPARTMENT OF HEALTH & HUMAN SERVICES <small>Centers for Medicare &amp; Medicaid Services</small>
		<b>RECEIVED</b> 2003 FEB 24 PM 2: 58 OFFICE OF INSPECTOR GENERAL
<b>DATE:</b>	FEB 21 2003	<i>Administrator</i> Washington, DC 20201
<b>TO:</b>	Janet Rehnquist Inspector General Office of Inspector General	
<b>FROM:</b>	Thomas A. Scully Administrator Centers for Medicare & Medicaid Services	<i>Tom Scully</i>
<b>SUBJECT:</b>	Office of Inspector General (OIG) Draft Report: "Psychosocial Services in Skilled Nursing Facilities" (OEI-02-01-00610)	

Thank you for the opportunity to review and comment on the above-referenced draft report. The information gathered by the OIG will assist the Centers for Medicare & Medicaid Services (CMS) in making sound policy decisions for beneficiaries who are in need of psychosocial services while residing in certified nursing homes.

Nursing home residents deserve and expect access to services that will provide them with quality of life in addition to quality of care. We appreciate the effort that went into drafting the audit report and welcome the opportunity to comment on the issues it raises. Below are our responses to your recommendations and comments.

OIG Recommendation  
 Oversight of the psychosocial service portion of the resident assessment process should be strengthened. We recommend that CMS strengthen the oversight processes associated with the psychosocial service portion of the resident assessment and the resulting care plans to ensure that SNF residents receive necessary and appropriate care.

CMS Response  
 Currently, during a standard survey, CMS reviews the psychosocial section along with the other sections of the resident assessment for compliance with Federal requirements for accuracy of the residents' comprehensive assessments and the adequacy of care plans based on these assessments. While this process is generally satisfactory, we continually strive to improve our oversight activities through training of surveyors at CMS's Basic Long Term Care training course and at the annual Resident Assessment Instrument (RAI) Coordinators Conferences. We are in the process of reviewing the State Operations Manual Guidelines to Surveyors that include psychosocial needs and quality of life. As part of this effort, we are convening an expert panel to discuss determining severity of

Page 2- Janet Rehnquist

psychosocial harm. The goal is to provide additional interpretive guidance that reflects current standards of practice and will assist the surveyor assessing compliance with Federal requirements.

Another activity that will impact on the accuracy of the residents' assessment is our Data Assessment and Verification project. A contractor is conducting offsite and onsite reviews to assess the accuracy of the resident assessments in nursing homes and provide feedback to providers, survey agencies, and Federal regional offices.

The CMS has additional efforts underway to strengthen the oversight of psychosocial services and has implemented programs to address the specific areas of concern addressed in this report. We are developing a Web based training module to assist surveyors in learning and better understanding the RAI and the specific elements of the Minimum Data Set (MDS) assessment tool, including those relevant to psychosocial needs. We believe this training module will have an impact on the accuracy of the resident assessment process.

Effective January 1, 2003, the Revised Resident Assessment Instrument User's Manual 2.0 is available on the CMS Web site at <http://cms.hhs.gov/medicaid/mds20/manual.asp>. This manual provides clarification to MDS items to assist the professionals completing MDS assessments. We believe these changes will help professionals to more accurately complete resident assessments.

We are continuing our efforts to educate regional and state surveyors and nursing facility staff who are responsible for assessing resident needs. In August 2002, at the annual national RAI Assessment Coordinators conference, a nationally known psychiatrist, Dr. Susan Wehry, presented one of the programs. The CMS invited Dr. Wehry to speak on psychosocial issues in nursing homes in order for conference participants to better learn how to identify and assess residents for signs and symptoms of mental illness, including depression, dementia, and delirium.

# ACKNOWLEDGMENTS

This report was prepared under the direction of John I. Molnar, Regional Inspector General for Evaluation and Inspections in the New York Regional Office, and Jodi Nudelman, Assistant Regional Inspector General. Other principal Office of Evaluation and Inspections staff who contributed include:

Ellen Vinkey, *Project Leader*

Sandy Khoury, *Program Specialist, Division*

Christi Macrina, *Lead Analyst*

*of Medicare and Medicaid, Baltimore*

Judy Kellis, *Program Analyst*

David Rudich, *Program Analyst*

Renee Dunn, *Former Deputy Regional Inspector General*

## **Technical Assistance**

Brian Ritchie, *Director Technical Support Staff, Baltimore*

Barbara Tedesco, *Mathematical Statistician, Baltimore*

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