For Washington State Nursing Home staff

From Residential Care Services, Aging and Disability Services
Department of Social & Health Services

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Cousin IT

"This is I.T." Newsletter

*Info and Tips from the MDS-WA Office—**Clinical** stuff, **Computer** stuff, **Reports** 'n stuff, and other STUFF!*

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Marge ***Judy***

MDS MANUAL UPDATES

April showers bring May flowers, but this year April 1 brings some MDS manual and item set changes. The 4th set of MDS 3.0 manual updates was posted to the CMS webpage in January with the changes becoming effective on April 1, 2012. Many of the changes are minor and involve typographical corrections, updates to website addresses, verbiage changes and additions. There are, however, some significant changes and I would like to highlight some of these.

One of the more welcome changes is the addition of item A0310G-Type of Discharge. This item asks if the discharge was planned or unplanned. The significance of this change relates to how many MDS items need to be completed. The current discharge assessment has approximately 111-112 MDS items, all of which are expected to be completed including resident interviews or staff interviews for cognition, mood and pain. As of 4/1, a planned discharge (defined as anticipated and discharge planning has occurred) assessment will have 89 items. An unplanned discharge (defined as an acute-care transfer to a hospital or an emergency department or a resident unexpectedly leaves the nursing home against medical advice or a resident unexpectedly decides to go home or to another setting) assessment will have 77 items and the mood and pain interviews will not be required.

Record Type, which was item X0100, is now moved up front and is re-numbered to be A0050. The content is the same, but it is now addressed early in the assessment.

In Section A, a new PASRR item, A1510 was added to clearly identify the type of condition present if the previous item, A1500 is coded as a "yes". Additionally, the term "mental retardation" has been replaced with Intellectual Disability. In items A1800-Entered From and A2100-Discharge Status the choice of Long Term Care Hospital has been added.

For Section G, the code of "8" Activity did not occur has been clarified to include not only the fact that the activity did not occur during the 7-day look back period, but if family or non-facility staff provided care 100% of the time over the entire 7-day look back period, the code of "8" also applies.

Section K has two changes. A new item, K0310-Weight Gain was added. If you worked with MDS 2.0, this is a familiar item as it was part of the 2.0 MDS. It asks if there was a 5% or more weight gain in the last 30 days or a 10% or more gain in the last 6 months. The coding options are the same as for the weight loss item. The other change in this section is with the Nutritional Approaches section (e.g., IV/Parenteral, Tube Feeding, etc.). It was re-numbered to K0510 and is divided into 2 columns: Column 1 is "While Not a Resident" and column 2 is "While a Resident". A check mark in either column will be used in the RUG classification system.

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With Section M, there are 3 main changes. M0700-Most Severe Tissue Type now has a code to use for conditions where the skin is intact (Stage 1 Pressure Ulcers, Unstageable Pressure Ulcer related to SDTI, etc.) and that is the code of 9-None of the Above. Two items were added to M1040-Other Ulcers, Wounds, Skin Problems: M1040G-Skin Tears, code even if these have already been captured in J1900B (Injury related to a fall) and M1040H-Moisture Associated Skin Damage (MASD). Both of these were added at the request of nursing home providers to assist with care planning.

In Section N, item N0400-Medications Received was renumbered to N0410. It will now require a numeric response of how many days the resident received each medication, not just a check mark if they received the medication at least one time in the past 7 days.

Item O0250-Influenza Vaccine now requires that once the vaccine has been given to a resident for the current influenza season, that the date be carried forward on subsequent assessments until the new influenza season begins.

One of the biggest changes is in Section Q. The intent and item rationale portions were re-written to reflect that this section uses a person-centered approach to ensure that individuals have the opportunity to learn about home and community based services and that they have an opportunity to receive services in the least restrictive setting possible. Several items have been modified and new items have been added. Q0490 is a new item that asks if the resident's clinical record documents that the resident only wants to be asked about returning to the community on comprehensive assessments.

Q0500A was deleted and Q0500B was re-worded to simply ask the resident the following question, "do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?" Another new question, Q0550 addresses whether or not the resident wants to be asked about returning to the community on all assessments (not just the comprehensive) and then who was the source for this information. CMS had received feedback from individuals, family members and nursing facility staff that asking this question for some residents resulted in anger, agitation and sadness so it was decided that the frequency of asking this question could be reduced if that was the wish of the resident and/or family/significant other or legal representative. The preference does need to be documented in the resident's record (as noted in Q0490).

Besides the item coding changes and the modifications to the MDS item sets, CMS has also stated that providers can now carry forward resident interview responses from a scheduled PPS assessment (e.g., 5-day, 14-day, 30-day etc.) to a stand-alone unscheduled assessment (COT, EOT, SOT) provided the interviews were performed no more than 14 days prior. This does not apply to carrying forward interview responses when doing a scheduled assessment or a change of condition assessment. CMS will post this clarification on their website in the near future.

WHAT DO YOU NEED TO DO?

Obtain the MDS updates from the CMS webpage and put them in your manual. Read the updates.

Check with your software vendor to be sure they have updated their software program so you will be ready for April 1.

CMS website until 4/1/2012:

https://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp#TopOfPage

Please note that on April 1, the manual updates will move to this site:

https://www.cms.gov/NursingHomeQualityInits/20_MDS30RAIManual.asp#TopOfPage

FUTURE UPDATES

CMS plans to limit MDS manual updates to no more than twice a year, most likely April 1 and October 1. They would like to reduce the updates to annually in the future.

In between the manual changes, Errata documents will be written and posted on the CMS website to correct any inaccuracies identified in the current version (V1.08) of the item set. The next expected update, V1.09, will be posted in September, 2012 for implementation October 1.

These will be official CMS clarifications and are to be used as directed.

New Edits

There are several new edits added with the April 1, 2012, MDS changes. The new edits fell into several categories.

1. Edits for the new A0310G field—Type of Discharge—Planned or Unplanned. If the Discharge is combined with another type of assessment, the edits assure the most stringent set of items is used. If the Discharge is completed as a stand-alone assessment, the edits check to see the skip patterns are properly applied.
2. Edits for skip patterns for A1500, B0100 and Q0490.
3. Edits for consistency for M1040, K0510 and Q0400/Q0490.

Whose Job Is It?

To review the RUG reports?

To review the Invalid Medicaid number report?

To make corrections for Defaults and Excluded Residents on the RUG reports?

To make all corrections needed from the Invalid Medicaid number report?

To make sure all MDS submitted are on a Final Validation Report and Accepted?

To correct and re-submit any Rejected items on a Validation Report?

To make sure A1600 Entry Dates match the most recent Entry Tracker?

For those of you who can answer all these questions, congratulations! You probably have a pretty good process in place in your facility. For those of you who do not know whose responsibility each of these are, I encourage you to take a look at your MDS process and make sure someone is assigned to each of these tasks. Even if the RUG reports do not apply to you (such as a Medicare only facility), they are still a good indicator of where there may be inaccuracies in your MDS submissions. Defaults that are due to a stay less than 14 days do not indicate an inaccuracy. All other defaults and Excluded Residents indicate untimely assessments, missed assessments, incorrect dates, or other inaccurate information.

Whose job is it to ensure accurate and timely assessments? Everyone who completes portions of the MDS shares in this responsibility. At the end of the day – it may be you!

The MDS-WA newsletter publishes info that you can **really use** in your work with the MDS: tips and hints, new stuff from CMS, clinical info, technical help, notices about RUG reports, and more.

Sign up for the MDS-WA Listserv Newsletter by emailing LISTSERV@LISTSERV.WA.GOV

In the subject line put: SUBSCRIBE MDS-WA

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NH web sites in WA

Info for NH Professionals
http://www.aasa.dshs.wa.gov/professional/nh.htm

MDS Automation web page
http://www.adsa.dshs.wa.gov/Professional/MDS/Automation/

MDS Clinical web page
http://www.adsa.dshs.wa.gov/Professional/MDS/Clinical/

NH Rates web page
http://www.adsa.dshs.wa.gov/professional/rates/

NH Rates and Reports
http://www.adsa.dshs.wa.gov/professional/rates/reports/

Case Mix web page
http://www.adsa.dshs.wa.gov/professional/CaseMix/

Computer Corner

The Missing Assessment Report

The MDS 3.0 Missing OBRA Assessment report lists the residents for whom the target date of the most recent OBRA assessment (other than a discharge or death record) is more than 138 days prior to the report run date. The report also includes residents for whom no OBRA record was submitted for a current episode that began more than 60 days prior to the report run date. This report can be found in CASPER.

The information you will see on this report is the last accepted assessment for the resident(s) listed. If you think you have transmitted an MDS assessment or discharge after the assessment listed, please check your records to see if it was Accepted on the Validation Report and if the Resident ID matches the previous assessment. If you have questions please contact me at bennej@dshs.wa.gov or (360) 725-2620. Thank you.

Judy Bennett

QUALITY MEASURES

CMS will begin posting the new Quality Measures based on MDS 3.0 data sometime toward the end of April. The report will be available to facilities and State agencies via the CASPER system. The publicly reported Quality Measures will be available via Nursing Home Compare website sometime this summer.

In order to understand how the Quality Measures work and which items are used, you will need to obtain the final manual. It is located at the following website:

http://www.cms.gov/NursingHomeQualityInits/30_NHQIMDS30TechnicalInformation.asp

In states that are still doing the traditional survey process, the new measures will once again be part of the survey process. Washington State uses the Quality Indicator Survey process and the new Quality Measures <u>are not</u> used in that process. One of the survey forms, the CMS 672, is used in the QIS survey and has been updated so that the instructions will now crosswalk to MDS 3.0 items.

The revised form has not yet been made available, but when it is we will send the information out via our list serve.

INACTIVATION

CMS restated the expectations related to the correction of MDS data through Inactivation at the recent RAI Coordinator and Nursing Home Provider training March 5-9 in St. Louis, Mo. As a general policy, once completed, edited and accepted into the QIES ASAP system, providers may not change a previously completed MDS assessment as the resident's status changes during the course of the resident's stay—the MDS must be accurate as of the date of the ARD established by the time of the assessment.

When you determine that an event date (ARD of any clinical assessment, entry date and discharge date) or item A0310 (type of assessment) is inaccurate, you must inactivate the record in the QIES ASAP system. Once that is done, you must then complete and submit a new MDS 3.0 record with the correct event date or type of assessment, ensuring that the clinical information is accurate.

If the ARD or Type of Assessment is incorrect and the provider does not correct it within the encoding period, (the provider has 7 days following the completion of the MDS to correct any errors prior to submission) the provider must complete and submit a new MDS 3.0 record. **<u>A new ARD date must be established which is the date the error is determined or later, but not earlier.</u>**

The new MDS 3.0 record <u>must include</u> new signatures and dates for all items based on the look-back period established by the new ARD and according to established MDS assessment completion requirements.

This policy is undergoing further review and if there are any changes, we will post them on our list-serve.