RAI Spotlight

RAI Manual Revisions

On November 7, 2012, CMS posted the latest revision of the RAI Manual (v. 1.09) at [www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html). The Title Page has a date of October 2012 but the manual is effective on November 7. Change documents were issued for most sections to easily identify the latest updates. Much of the material added or revised is not new, but incorporates the various clarification documents released in August and November 2011 and March 2012. If a section is not mentioned, there were no significant changes for October 2012.

**Chapter 1 RAI:** Several changes were made to reinforce the need for individualized care and resident participation in decision making.

**Chapter 2 Assessments for RAI:** Updates information about COT, EOT and SOT assessments:
- Must set the ARD within the allowable assessment window no more than two days after the window has passed for COT, EOT, SOT and discharge assessments (p. 2-40, 2-52).
- Resident discharged on or prior to the third consecutive day of missed therapy does not require an EOT (p. 2-48).
- COT optional if resident discharged from SNF on or prior to Day 7 (p. 2-51).
- Added definition for Used for Payment: “An assessment is considered to be “used for payment” in that it either controls the payment for a given period or with scheduled assessments may set the basis for payment for a given period.” (p. 2-53)
- Discussion about the relationship of LOA days with scheduled and unscheduled PPS assessments (p. 2-71).
- Discussion of effects of early and late PPS assessments on scheduling and

*(Continued on page 3)*

Section K Teleconference

**Date:** January 17, 2013
**Time:** 1:30 – 2:30 pm EDT (Dial-in 10 minutes earlier)
**Topic:** Section K Swallowing/Nutritional Status
**Handouts:** Power Point slides will be available about January 14 on the DOH Message Board at
[http://app2.health.state.pa.us/commonpoc/content/facilityweb/login.asp](http://app2.health.state.pa.us/commonpoc/content/facilityweb/login.asp)
**Call in number:** 1-888-694-4728 or 1-973-582-2745
**Conference ID Number:** 73944184

Company Name: Myers and Stauffer Moderator: Cathy Petko
A recording of this conference will be available; directions for requesting this will be posted on the DOH Message Board.
**Additional questions:** qa-mds@pa.gov

Questions about the RAI?
Please submit them to qa-mds@pa.gov

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Utilization Guidelines Q & A

On October 18, 2012, a training teleconference was provided on the Utilization Guidelines. No questions were received at the end of the presentation.

In addition to being part of the Resident Assessment Instrument, this State Operations Manual Guidance to Surveyors Appendix PP provides extensive information about care that must be provided to nursing facility residents. Recent updates to F155 Advance Directives, F309 Care at the End of Life and F322 Feeding Tubes can be found at [http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html) If there are further questions, please submit them to qa-mds@pa.gov.

QMs and Antipsychotic Medications


This table also details that for the long stay population, CASPER includes Prevalence of Psychoactive Medication Use, in the Absence of Psychotic or Related Conditions (CMS ID N031.01.00) while Nursing Home Compare uses Percent of long-stay residents who received an antipsychotic medication (CMS ID N031.02.00). This is significant because, as the QM Manual details, different exclusions are used for these two similar QMs. The resulting numbers/percentages may be quite different depending on the nursing facility’s population.

CMS is aware of these differences, and is discussing possible solutions. For further information about these issues, refer to the RAI Spotlight, volume 7, issue 1 dated August 2012.

Hand in Hand Training Materials

Section 6121 of the Affordable Care Act requires CMS to ensure that nurse aides receive regular training on how to care for residents with dementia and on preventing abuse. The Hand in Hand Training Materials consist of an orientation guide and six one-hour video-based modules, each of which has a DVD and an accompanying instructor guide. This will be mailed free to all nursing homes no later than December 2012. Watch for it!

OIG Workplan

Each year, the U.S. Department of Health and Human Services Office of Inspector General (OIG) releases a workplan detailing the areas they will be concentrating on in their reviews for the next year. Some of the topics they will review for nursing homes in 2013 include:

- Adverse events in Post Acute Care for Medicare Beneficiaries: Identify contributing factors, determine the extent to which the events were preventable, and estimate the associated costs to Medicare.
- Medicare Requirements for Quality of Care in Skilled Nursing Facilities: Determine the extent to which SNFs use the RAI to develop care plans, plan for discharge, and assure that planned care is provided.
- Oversight of Poorly Performing Facilities: Determine the extent to which CMS and the States use enforcement measures to improve nursing home performance.
- Use of Atypical Antipsychotic Drugs: Evaluate the percentage of residents receiving these drugs and the types of drugs most commonly received. Describe the characteristics associated with nursing homes that frequently administer atypical antipsychotic drugs.
- Hospitalization of Nursing Home Residents: Determine the extent to which hospitalizations were a result of manageable or preventable conditions.
- Oversight of the Minimum Data Set Submitted by Long-Term-Care Facilities: Determine whether and the extent to which CMS and the States oversee the accuracy and completeness of Minimum Data Set (MDS) data submitted by nursing facilities.
RAI Manual Revisions (continued)

(Continued from page 1)

• Added definitions for Intervening Assessment and Days Out of Compliance (p. 2-74).

Chapter 3 MDS Item-by-Item Guide

• Section I Active Diagnoses: Further clarification concerning Determine whether diagnoses are active: “Once a diagnosis is identified, it must be determined if the diagnosis is active.” Active diagnoses are diagnoses that have a direct relationship to the resident’s current functional, cognitive, or mood or behavior status, medical treatments, nursing monitoring or risk of death during the 7-day look-back period. Do not include conditions that have been resolved, do not affect the resident’s current status, or do not drive the resident’s plan of care during the 7-day look-back period, as these would be considered inactive diagnoses.” (p. I-3 and I-4)

• Section K0300 Weight Loss and K0310 Weight Gain: Every reference to “weight in the current observation period” has been changed to “weight in the 7-day look-back period.” (beginning on p. K-4)

• Section M Skin Conditions: A discussion about the difference between scabs and eschar has been added: “Scabs and eschar are different both physically and chemically. Eschar is a collection of dead tissue within the wound that is flush with the surface of the wound. As scab is made up of dried blood cells and serum, sits on the top of the skin, and forms over exposed wounds…” The complete definition begins on p. M-5.

• Section O0100M Isolation for active infectious diseases: Every reference to “strict isolation” has been changed to “single room isolation” beginning on p. O-4.

• Section X Correction Request: Additional instructions emphasize that if a Reason for Assessment (A0310) was incorrect, the original assessment be inactivated and a new record with a new date must be submitted. (p. X-5, X-6)

Chapter 4 CAA Process and Care Planning: Contains clarifications as to the coded responses (“checked” reported as 1) and reasons a CAA was triggered.

Chapter 6 MC SNF PPS: Expands further on the effects of Early and Late Assessments on scheduling and billing. (p. 6-52 to 6-54)

Appendix A Glossary: Contains a revised definition of Continence: “Any void into a commode, urinal, or bedpan that occurs voluntarily, or as the result of prompted toileting, assisted toileting, or scheduled toileting.” (Appendix A p. A-5)

Resident Data Reporting Manual

The Resident Data Reporting Manual has been updated to coordinate with the November 7, 2012 changes to the RAI Manual. The Documentation Guidelines in particular have been adjusted to coordinate with the changes in Section I Active Diagnoses, Section K0300 Weight Loss and Section M Skin Conditions.

Revised 672 and 802 Forms

The State Operations Manual Section P detailing the steps surveyors follow for the traditional survey used in Pennsylvania has been recently updated at http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-12-45.pdf. Of particular significance is the update of form 672 Resident Census and Conditions of Residents (5/12), and form 802 Roster/Sample Matrix (4/12). In Pennsylvania, the use of these revised forms is required by December 1, 2012.
Directions on Discharge Assessment

At many facilities, the MDS is completed in a completely electronic environment – you may never see the actual paper form. On the Discharge assessment form, there are some instructions that you don’t see even though your software is following them. On April 1, 2012, a new item was added: A0310G allows you to designate whether a discharge was planned (1) or unplanned (2). If unplanned, portions of the usual Discharge assessment may be skipped. The following four snapshots include these additional instructions as they appear on the Discharge assessment; they do not appear in the current RAI Manual except on the Discharge ISC in Appendix H.

Skip to C0700 Staff Assessment for Mental Status rather than complete BIMS.

<table>
<thead>
<tr>
<th>C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Code</td>
</tr>
</tbody>
</table>

Skip to E0100 Potential indicators of Psychosis at the beginning of the Behavior section rather than complete PHQ-9 or PHQ-9-OV.

<table>
<thead>
<tr>
<th>D0100. Should Resident Mood Interview be Conducted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Code</td>
</tr>
</tbody>
</table>

The staff assessment for pain is also skipped; resume at J1100 Shortness of Breath.

<table>
<thead>
<tr>
<th>J0200. Should Pain Assessment Interview be Conducted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Code</td>
</tr>
</tbody>
</table>

For this skip pattern, you complete K0510A Parenteral/IV feeding and B Feeding tube but skip items C, D and Z; resume at M0100 Determination of Pressure Ulcer Risk.

<table>
<thead>
<tr>
<th>K0510. Nutritional Approaches</th>
</tr>
</thead>
</table>
| Check all of the following nutritional approaches that were performed during the last 7 days

1. While NOT a Resident
   - Performed while NOT a resident of this facility and within the last 7 days. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank.
   2. While a Resident
   - Performed while a resident of this facility and within the last 7 days

A. Parenteral/IV feeding
   - [ ]

B. Feeding tube - nasogastic or abdominal (PEG)
   - [ ]

C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)
   - [ ]

D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)
   - [ ]

Z. None of the above
   - [ ]

MDS Frequency Reports

Curious about how many NF residents are diagnosed with Alzheimer’s Disease? CMS has reposted the MDS Frequency Reports at [http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Minimum-Data-Set-3-0-Public-Reports/Minimum-Data-Set-3-0-Frequency-Report.html](http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Minimum-Data-Set-3-0-Public-Reports/Minimum-Data-Set-3-0-Frequency-Report.html). If the item appears on the MDS, percentages are provided both by state and nationally. The total number of residents in the state/nation is also included so you can do the math!

In Pennsylvania, for the third quarter of 2012, 16.03% (12,265) of the NF residents have a diagnosis of Alzheimer’s Disease. Nationally, the percentage is 15.61% (208,865).