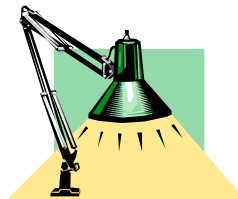


RAI Spotlight



RAI Coordinator
1-717-787-1816
qa-mds@state.pa.us

MDS 3.0 Information



CMS continues to use its websites to disseminate the latest information about MDS 3.0. The current address to obtain the MDS 3.0 RAI Manual and the various forms is www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp. All the chapters of the manual and all appendices have now been released as well as all the individual forms.

At www.cms.hhs.gov/NursingHomeQualityInits/30_NHQIMDS30TechnicalInformation.asp#TopOfPage, extensive details of the data specifications for RUG-IV, Care Assessment Triggers (CATs), data submission, etc. are provided.

On December 17, 2009, CMS presented the first of three satellite broadcasts introducing MDS 3.0 covering CMS' goals, differences in the MDS transmission process, differences between the RUG-III and RUG-IV SNF PPS classi-

fication, use of the new Section Q Participation in Assessment and Goal Setting, and other topics. If you missed this call, it can be heard at <http://surveyortraining.cms.hhs.gov/pubs/Archive.aspx>. A future broadcast dealing with MDS 3.0 Coding is planned for late spring. The broadcast covering the Survey Process and Payment Systems is planned for the summer.

CMS will be holding train-the-trainer conferences for the RAI Coordinators in March, and for provider associations and quality improvement organizations in April. CMS has stated that videos of these spring training conferences will be posted so that everyone can access the official CMS training. Training schedules within the state of Pennsylvania have not yet been established.

Section M Pressure Ulcers Teleconference

Date: April 8, 2010
Time: 1:30 – 2:30 pm EDT (Dial-in 10 minutes earlier)
Topic: Section M Pressure Ulcers (MDS 3.0)
Handouts: Power Point slides will be available about April 1 on the DOH Message Board at <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: 56473975

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@state.pa.us

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February, 2010

Questions about the RAI?

Please submit them to
qa-mds@state.pa.us

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MDS 3.0 Overview Q & As

On January 14, 2010, a training teleconference was provided on MDS 3.0 Overview. The following questions were received:

Q: Will we still do Resident Assessment Protocols (RAPs) and Triggers with MDS 3.0?

A: *MDS 3.0 requires the completion of Care Area Triggers (CATs) and Care Area Assessments (CAAs) with comprehensive assessments. Once a Care Area has been triggered, nursing home providers use current, evidence-based clinical resources to conduct an assessment of the potential problem and determine whether or not to care plan for it. Chapter 4 of the MDS 3.0 RAI Manual provides detailed information on this process with Appendix C providing care area specific tools and a general list of CAA resources.*

Q: Will a full assessment be required when a resident is Discharged – return not anticipated (A0310F = 10) or Discharged – return anticipated (A0310F = 11)?

A: *Most of the items required on a full assessment are also required on the Discharge assessments. This allows analysis of the resident's progress from Admission to Discharge.*

Q: Will the Discharge assessments be used for reimbursement?

A: *This is unknown at this time.*

Q: If the resident is Discharged – return anticipated (A0310F = 11) and dies in the hospital, will a second discharge record be required?

A: *The Discharge—return anticipated assessment (A0310F = 11) must be modified to a Discharge—return not anticipated assessment (A0310F = 10). (Guidance received from CMS 2/4/10). See also Details from the MDS 3.0 RAI Manual on p. 4 of this newsletter.*

Q: Sometimes residents are in the facility for a very short time, e.g., one hour, before they must return to the hospital. How can we complete a full Discharge assessment?

A: *“Almost all MDS 3.0 items allow a dash (—) value to be entered and submitted to the national 3.0 system. A dash value indicates that an item was not assessed. This most often occurs when a resident is discharged before the item could be assessed.” MDS 3.0 RAI Manual p. 3-4, 2-3.*

Q: Will the DPW Field Operations staff be requiring documentation to support the various interview sections of MDS 3.0?

A: *No new review processes have been developed. Evaluation is continuing as to what role Field Operations will play with the transition to MDS 3.0.*

Q: Are all concurrent therapy minutes to be reported? You mentioned something about 50%.

A: *The facility is responsible for reporting all therapy minutes provided that meet the definitions in Section O0400 (MDS 3.0 RAI Manual p. O-14). The directions on the form read, “Concurrent minutes – record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days.” For Medicare Part A residents, the calculations for RUG-IV classification will use only 50% of the reported concurrent minutes.*

Q: Isn't the time allowed to complete an assessment shorter for MDS 3.0 than it was with MDS 2.0?

A: *The MDS 3.0 RAI Manual has some discrepancies on this topic. On p. 5-2, it states “For all Federal/OBRA and PPS assessments, the MDS Completion Date (Z0500B) may be no later than 7 days from the ARD (A2300).” However, in the tables on pages 2-12 and 2-13, in the sixth column, the interval is given as either 14 days after admission or the ARD + 14 days. Watch for further clarification!*

The submission period has been shortened. MDS 3.0 assessments/tracking records must be submitted within 14 days of completion rather than the 31-day interval allowed with MDS 2.0. (MDS 3.0 RAI Manual p. 5-3).

Q: Must we print out copies of the MDS 3.0 records or may they simply be kept in the computer system?

A: *In the State Operations Manual Appendix PP Guidance to Surveyors for Long Term Care Facilities (www.cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf) under F286 concerning resident assessment maintenance, it states “The requirement to maintain 15 months of data in the resident's active clinical record applies **regardless of form of storage** to all MDS forms...” Section 2.4 of the MDS 3.0 RAI Manual (p. 2-6) states: “Nursing homes also have the option for a resident's clinical record to be maintained electronically rather than in hard copy.” It is the facility's choice.*

Q: Has anyone provided estimates of the number of RNACs a facility will need to complete all the MDS 3.0 assessments? The more extensive Discharge assessments will add to the burden.

(Continued on page 3)



Case Mix Interim Reporting

In preparation for the implementation of MDS 3.0 in October 2010, The Office of Long Term Living (OLTL) is considering changes to the Case-Mix Reimbursement System. The changes are necessary in order to be compatible with MDS 3.0. Since these decisions are not final, two reports will be issued for the February 1, 2010 Picture Date and any subsequent Picture Dates until final decisions have been made:

- **Basic CMI Report:** This is the standard CMI Report listing MA and non-MA residents, Assessment Reference Date (ARD) of the latest Admission, Annual or Significant Change assessment and the RUG/CMI values identified using the RUG-III v. 5.01 44-group system with PA Normalized Nursing Only CMIs. The signed Certification Page must be mailed to Myers and Stauffer LC. This report is generated in the same way CMI Reports have been created for the last 12 years as described in the [Resident Data Reporting Manual](#).
- **Latest Assessment Roster Report (LARR):** This report will list the Resident Name, Social Security Number, ARD, AT1 Attestation Sequence Number and Assessment Type. The residents will be listed as MA or non-MA. The assessment selected will be the latest assessment (AA8a = 01 - 05, 10, 00; AA8b = 1 - 5, 7, 8) available for the resident. The signed Certification Page must be mailed to Myers and Stauffer LC. This roster may be used in the future to generate CMI Reports using the latest assessment.

The LARR will be posted to your MDS directory just as the Basic CMI Report is posted. The file will be identified as, e.g., LARR-Feb2010-1234567890123-20100301-143654.htm, designating the report, picture date, provider number, date of creation and time of creation in military time.

The LARR should be reviewed carefully for three (3) things:

- Are the correct residents appearing on the report compared to the census of the residents on the Picture Date?
- Is the resident's MA for MA Case-Mix status correct for the Picture Date?
- Is the correct assessment for the resident appearing on the report for the Picture Date?

Corrective actions are the same as those followed for the Basic CMI Report detailed in the [Resident Data Reporting Manual](#) available in the Bulletins Section of the MDS Welcome Page. Two differences from the Basic CMI Report Resident List may be noted:

- More residents may appear on the LARR due to the use of all types of assessments rather than just three comprehensive types. For example, a resident who only had a Medicare 5-day assessment (AA8a = 00; AA8b = 1) completed will appear on the LARR but will not appear on the Basic CMI Report.



(Continued on page 4)

MDS 3.0 Overview Q & As (continued)

(Continued from page 2)

A: Currently, the MDS 3.0 appears overwhelming since it is all very new. However, when the RAND corporation, which developed MDS 3.0 for CMS, studied completion times for staff who were very familiar with both instruments, it took less time to complete an MDS 3.0 assessment (61.5 minutes average) than it did to complete an MDS 2.0 assessment (111.6 minutes average). There will be more assessments required. Each facility will have to evaluate staffing needs after they become familiar with MDS 3.0.

Q: Does Section F Preferences for Customary Routine and Activities really start with Item F0300?

A: Yes. The item designations on MDS 3.0 follow some basic patterns, but space has been left to allow addition of more items and responses.

Q: The MDS 3.0 data must be submitted to a national database. If the facility participates in the Medical Assistance program, must MDS data also be submitted to a state database?

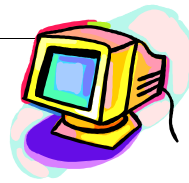
A: No, the data will be sent from the national server to the remaining state server on a daily basis. It will then be transferred to a state-owned server (NIS+) where the data will be available for state purposes.

Q: Will there be an MA Change Tracking Form? If not, how will the facility report the MA for MA Case-Mix status?

A: At this time, it does not seem that there will be an MA Change Tracking Form. The plan is to include these items in Section S which will be required with every assessment/record. The MA for MA Case-Mix status will be identified from the latest submitted assessment/record.

Q: How can we interview a deaf resident?

A: Use whatever method you currently use to communicate with the resident: amplifiers/hearing aids, sign language, written materials. Only if the resident speaks a language other than English will an interpreter probably be required. to complete the interview sections.



Updating Individual Logins

On September 8, 2009, an MDS Individual User Registration link appeared on the MDS Welcome Page. Two individuals from each facility were allowed to enter the old existing shared provider login ID and password, click on Login and complete the MDS Individual User Registration Page.

CMS feels that, in the six months since this process started, most individual IDs have been issued and now only occasional maintenance processes are needed, e.g., deleting the individual ID for a staff member who has resigned and receiving new individual login numbers for her replacement. Beginning February 21, 2010, the Individual User Registra-

tion link will be removed from the MDS Welcome Page and any changes will be handled through a paper process.

The official announcement can be found at www.qtso.com/download/User_Registration_Removal.pdf. The appropriate forms can be obtained at www.qtso.com; scroll down and on the right-hand side a box will appear containing MDS Personal Login ID Maintenance Forms. Select the appropriate form. Directions are provided for completing the .pdf file which may either be faxed or e-mailed to QTSO. It will take approximately five days to process your request.



Details from the MDS 3.0 RAI Manual

Reading of the new RAI Manual reveals some interesting details; however, there may be some changes yet after the March RAI Conference:

- With MDS 3.0, intervals between assessments will be measured between the Assessment Reference Dates (A2300) rather than the completion dates. There still must be no more than 92 days between quarterly assessments and 366 days between comprehensives; the intervals are just measured using the ARDs. (p. 2-8)
- The definition of a Urinary Tract Infection (I2300) has been adjusted. There must either be a Physician diagnosis of a UTI in the last 30 days OR Sign or symptom attributed to UTI AND
 - A positive test, study or procedure (e.g., urine culture with growth $\geq 100,000$ colony forming units of a urinary pathogen indicating UTI) OR
 - Current medication or treatment for a UTI in the last 30 days. (Chapter 3, p. I-8)
- An Entry Record, a new type of tracking record, is required with every Entry and Reentry event. This consists predominantly of demographic information including date and place from which the resident came. (p. 2-27)
- An Admission assessment must be completed when the resident returns to the facility if the resident was discharged return anticipated (A0310F = 11) but did not return for more than 30 days. (p. 2-7, 2-15) The discharge record must be modified to Discharge Return not anticipated (A0310F = 10). (p. 2-29)
- You can modify any item on MDS 3.0 except Type of Provider (A0200), Submission Requirement (A0410) and the State assigned facility submission ID (FAC_ID). Yes, you can modify the Reason for Assessment (A0310). (p. 5-10)

See what else you can find!



Case Mix Interim Reporting (continued)

(Continued from page 3)

- A resident may appear in the Valid section of the Basic CMI Report but appear on the Non-Valid section of the LARR. This might occur when an Annual assessment was completed in August 2009, but the quarterly due in November 2009 was not submitted. For purposes of selecting the latest assessment for inclusion on the LARR, an assessment is considered Valid if the ARD is within four (4) months prior to the Picture Date. For the Picture Date of February 1, 2010, an assessment with an ARD between October 1, 2009 and February 1, 2010 will be considered valid.

A LARR Certification Page similar to that created with the Basic CMI Report will be included. After the facility is certain the LARR is accurate, this page should be signed by the Nursing Home Administrator/Acting Administrator and mailed to Myers and Stauffer LC within five (5) business days of the Picture Date deadline.

The Myers and Stauffer Helpdesk (717-541-5809) is available for questions from vendors and providers concerning MDS 2.0 technical information, CMI Reports and LARR Reports.