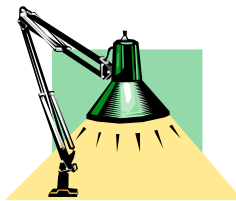


RAI Spotlight



DEPARTMENT OF
HEALTH

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New DOH Initiative

Every nursing facility in Pennsylvania is required, by both federal and state regulation, to complete a standardized resident assessment form known as the Minimum Data Set (MDS). This data is used for many purposes, but its primary goal is to achieve accurate assessment of the resident so that an individualized care plan may be developed and needed quality care provided.

The MDS is a complex document and accurate completion is challenging. The Pennsylvania Department of Health (DOH) is beginning a program to provide training on parts of the MDS identified by nurse assessment coordinators at the facilities as being especially difficult. Current planning calls for a series of teleconferences for which facility staff would call in to listen to a presentation and then be able to ask questions. Handouts will be provided beforehand. Follow-up responses to questions which could not be answered on the call will

occur through this newsletter. In addition, through this quarterly newsletter, new information or areas of concern about the RAI process will be discussed. Responses will be provided to questions about the RAI process recently received by DOH or the Myers and Stauffer Help Desk. A section dealing with submission issues and edit messages is also planned.

This is a new effort, and we want it to be useful to staff dealing with the RAI at the facilities. If you have comments or suggestions, please send them to suswilliam@state.pa.us.



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Send us Questions!

The MDS Training teleconference on January 11, 2007, will deal with the ADLs. What situations are difficult to code? Send your troublesome issues to suswilliam@state.pa.us by December 15, and we will try to answer them!

Section M Teleconference

Date: Thursday, October 12, 2006
Time: 1:30 – 2:30 pm EDT (Dial-in 10 minutes earlier)
Topic: MDS Training Section M – Skin Condition
Handouts: Power Point slides will be available about October 1 on the DOH Message Board at <http://app2.health.state.pa.us/commonpoc/content/facilityweb/login.asp>

Call in number: 1-888-694-4702 or 1-973-582-2741.

Conference ID Number: 7794674

Company Name: Myers and Stauffer Moderator: Cathy Petko
A recording of this conference will be available; directions for accessing this will be posted on the DOH Message Board.

Additional questions: suswilliam@state.pa.us

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Questions and Answers

Introduction: Questions will be accepted after the quarterly MDS Training teleconference presentation is completed, if time permits. If answers cannot be formulated at that time, or other questions are received via e-mail, responses will be published in this newsletter on a quarterly basis. The following questions were received when a survey was completed this summer, and were selected based on the frequency of their appearance on the survey.

Correcting the Reason for Assessment (AA8a/b)

Q: Most data entry errors in MDS assessments can be corrected by a modification. I tried to modify AA8a Reason for Assessment when I mislabeled and submitted my Admission/14 day PPS assessment as AA8a = 0/AA8b=7 rather than AA8a=1/AA8b=7. It was rejected with error – 333 Invalid AA8a/AA8b. Why? What should I do?

A: Each type of MDS assessment or tracking form has certain defined items that must be completed, and they vary greatly. Think of the differences between a Discharge Tracking Form and a Quarterly. The only MDS items saved in the state database are those required by the assessment type indicated in AA8a/AA8b. In the example, all the items required on the Medicare PPS form (MPAF) are in the database correctly. An Admission assessment requires many more items, e.g., Face sheet, additional MDS items, triggers, etc.; these items are not in the database and allowing a change in AA8a/AA8b would result in an incomplete Admission assessment. For this reason, most problems with AA8a and AA8b can only be corrected through the inactivation process.

However, in this case, the assessment in the database is a valid Medicare 14-day assessment and should not be inactivated. Simply create another record identified as AA8a = 1/AA8b = blank and submit the Admission assessment data to the database. No dates (A3a, R2b, etc.) need to be changed since this information was completed accurately, just not submitted to the database.

If the assessment in the database was not valid, e.g., an Annual assessment (AA8a = 2) was submitted and should have been designated as a Significant Change assessment (AA8a = 3), **inactivate the assessment in the database and re-submit the data with the proper designation in AA8a.** For the Inactivation, the Correction Request Form would be

A8a. Primary reason for assessment

1. Admission assessment (required by day 14)
2. Annual assessment
3. Significant change in status assessment
4. Significant correction of prior full assessment
5. Quarterly review assessment
6. Discharged—return not anticipated
7. Discharged—return anticipated
8. Discharged prior to completing initial assessment
9. Reentry
10. Significant correction of prior quarterly assessment
00. NONE OF ABOVE

A8b. Codes for assessments required for Medicare PPS or the State

1. Medicare 5 day assessment
2. Medicare 30 day assessment
3. Medicare 60 day assessment
4. Medicare 90 day assessment
5. Medicare readmission/return assessment
6. Other state required assessment
7. Medicare 14 day assessment
8. Other Medicare required assessment

completed as follows:

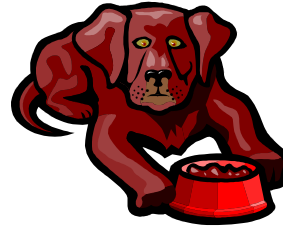
- Prior AA1, AA2, AA3 and AA5: Enter resident's name, Gender, Birthdate and Social Security Number as they appeared on the Annual assessment.
- In Prior AA8, enter 02 indicating it was an Annual assessment. The database must find the incorrect record before any action can be taken. Do not enter the new/correct Reason for Assessment here.
- Prior A3: enter the Assessment Reference Date
- AT1: If this is the first/only action taken in correcting this assessment, enter 01.
- AT2 Action Requested: Select 2 Inactive
- AT3: Skip
- AT4 Reasons for Inactivation: Check b. Event did not occur
- AT5 and AT6: Complete name and date for the Attestation of Completion
- AT7: Sign the Attestation of Accuracy

A copy of the Correction Request Form should be printed, attached to the copy of the inactivated assessment and kept with the resident's clinical record. (RAI Manual p.5-7)

From the [Provider Instructions for Making Automated Corrections Using the MDS Correction Form](https://www.qtso.com/download/mds/PrMn1002.pdf) (https://www.qtso.com/download/mds/PrMn1002.pdf) page 1-11:

“A modification *should not* be used if the erroneous record has the *wrong reasons for assessment* (Items AA8a and/or AA8b). If a modification request record is submitted with changed reason for assessment, then that modification request record *will be rejected* by the MDS system at the state. When the reasons for assessment are wrong, the record is *invalid* and should not be modified. If a record was submitted and accepted for the wrong reason for assessment, then the facility should inactivate that record.”

More Questions!



What's a CHOW?

Q: My administrator tells me that we will be undergoing a "CHOW"? What is it? What are my responsibilities as NAC/RNAC?

A: No, it's not a dog or food! CHOW is the acronym for Change of Ownership. Your facility is undergoing a transition from one owner to the next. Your MDS responsibilities will vary depending on the type of CHOW.

If the new owner assumes the assets and liabilities of the former facility, the facility keeps the same Medicare number but is assigned a new MA/PROMISe number. The facility would keep the same login and password for submitting MDS data to the database. Residents would not have to be discharged and readmitted for MDS purposes, and the established MDS schedule would be continued.

Very rarely, a new owner does not assume assets and liabilities; then, it is just as though you were starting a brand new facility. The facility will get a new Medicare number after a new initial Medicare survey, and a new MA/PROMISe number will also be issued. You will receive a new login and password for MDS submissions. All residents have to be discharged from the "old" facility and admitted to the "new" facility with a new Date of Entry at AB1 for MDS purposes. Admission assessments for all residents would be sent using the new login and password.

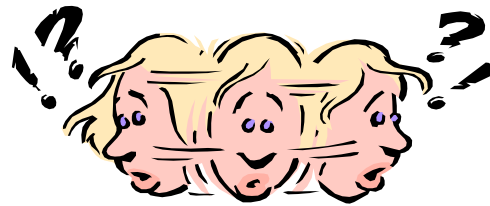
Further information can be found in the RAI Manual on pages 1-16 and 1-17.

E1/E2 Problems

Q: I try to answer all the items in E1 Indicators of Depression and E2 Mood Persistence correctly but sometimes I get warnings from my software. Once when I overrode the warning and submitted the file, it was rejected with -378 Inconsistent E1 value: The submitted data in items E1a through E1p are not consistent with the data in E2. What's the secret to correct completion of these items?

A: You are probably encountering difficulties with the different time frames involved with these two items. E1 requires reporting of Mood Indicators that occurred over the last 30 days using a scale of 0 = No moods; 1 = Up to 5 days a week; 2 = Daily or almost daily (6, 7 days a week). In contrast, E2 Mood Persistence is reported for only the last 7 days: 0 = No mood indicators; 1 = Present but easily altered; 2 = Present, not easily altered.

It is possible to report many mood occurrences in E1, but still report E2 = 0 No moods in the last 7 days. This resident had problems 2 – 4 weeks ago, but nothing in the last week. It will not work the other way, however: If you report E2 Mood Persistence = 1 or 2, there has to be a mood reported in E1! The 7-day observation period of E2 is included in the E1 observation period of the last 30 days, so at least one item in E1 must be coded as 1 or 2.



Where do I find that Manual?

RAI Manual: www.cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp or www.qtso.com/mdsdownload.html

LTC Facility User's Guide: www.qtso.com/mdsdownload.html

MDS Validation Report Messages and Descriptions: www.qtso.com/mdsdownload.html

Revised Facility Guide for the MDS QI/QM Reports: www.qtso.com/mdsdownload.html or www.cms.hhs.gov/MinimumDataSets20/05_QualityIndicatorandResidentReports.asp

Quality Measures for National Public Reporting User's Manual:

www.cms.hhs.gov/NursingHomeQualityInits/downloads/NHQIQMUsersManual.pdf

