

# RAI Spotlight



DEPARTMENT OF  
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## RAI Manual Update



CMS has posted new updates to the RAI Manual that became effective January 1, 2008. The complete document can be found at [www.cms.hhs.gov/NursingHomeQualityInits/20\\_NHQIMDS20.asp](http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp). This file includes not only a summary of the changes, but also contains corrected pages that should be inserted in your copy of the RAI Manual. The changes most significant to your work as nurse assessment coordinators are as follows:

**I2j Urinary Tract Infections:** On page 3-136 after the first sentence, the following sentence was added: “*Symptomatic*” refers to both chronic and acute infections; if symptoms are not present, do not code this item.”

**I3 Other Current or More Detailed Diagnoses and ICD-9 Codes:** The directions on the Quarterly form have always stated “Include **only those diseases diagnosed in the last 90 days that have a relationship** to current ADL status, cognitive status, mood or behavior status, medical treatments, nursing monitoring, or risk of death.” Only new information was to be submitted in I3a, b on the Quarterly. However, in this update, CMS has felt it necessary to emphasize this point by issuing the following clarification:

On page 3-137: “Revise the I3 title to include within the parenthesis: (7-day look back except for all *Quarterly Assessment forms which require a 90-day look back*)

Add the following to the end of the Intent section: *When using Quarterly Assessment Forms (MDS Quarterly Assessment Form, MDS Quarterly Assessment Form)*  
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## Restorative Nursing Teleconference

**Date:** April 10, 2008  
**Time:** 1:30 – 2:30 pm EDT (Dial-in 10 minutes earlier)  
**Topic:** Restorative Nursing  
**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:** 34047271

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:** qa-mds@state.pa.us

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### Questions about the RAI?

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

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## Quality Indicators/Quality Measures Q & As



On January 10, 2008, a training teleconference was provided on the Quality Indicators/Quality Measures. The following questions were received.

Q1. My numbers on QI 10.1 Prevalence of antipsychotic use, in the absence of psychotic or related conditions, are very high. What should I be reviewing to identify the problem?

A. *This QI is calculated using the number of residents receiving anti-psychotics (O4a >= 1) on the target assessment as the numerator, and dividing this by all residents with a target assessment except those with psychotic or related conditions. Residents are excluded from the calculation in the following situations:*

- *The target assessment is an Admission assessment (AA8a = 01)*
- *I3a – e includes ICD-9 codes 295.\*\*, 297.\*\*, 298.\*\*, (\*\* indicates any numbers may appear); 307.23 (Tourette's syndrome); 333.4/333.40 (Huntington's chorea)*
- *I1gg Schizophrenia or J1i Hallucinations is checked.*

*Review the MDS data for each resident who is listed on the Resident List as triggering on this QI. Be certain that all proper codes or MDS item responses have been entered on their assessments. If you still feel that this QI is being calculated inaccurately, contact the Myers and Stauffer Helpdesk (717-541-5809) to discuss the issue further. Checking the actual MDS data that has been submitted may clarify the situation.*

Q2. Dehydration is considered a sentinel event, identified by ICD-9 code 276.5. However, new coding requirements dictate the use of a fifth digit. Will the selection

of that fifth digit influence the designation as a sentinel event?

A. *In December 2005, the pseudocode for RAP 14 Dehydration/Fluid Maintenance was updated to include ICD-9 codes 276.5, 276.50, 276.51 and 276.52 as triggering codes. The latest edition of the QI/QM Manual is dated in July 2005 and includes only ICD-9 code 276.5 as a trigger for QI/QM 7.3 Prevalence of Dehydration. We were unable to elicit further clarification from the Iowa Foundation for Medical Care concerning exactly how this QI/QM is calculated; our presumption is that ICD-9 codes 276.50, 276.51 and 276.52 would also trigger this QI/QM.*

Q3. When a patient is admitted/readmitted from the hospital after treatment for dehydration, I do not include it unless there is an indication from the discharge/latest laboratory results that dehydration is still present. Is that correct?

A. *The directions for completion of MDS Section I3 Other Current Diagnoses and ICD-9-CM Codes indicate that for the 7-day lookback period, additional conditions not listed in Item I1 and I2 that affect the resident's current ADL status, mood and behavioral status, medical treatments, nursing monitoring or risk of death should be entered here. Directions for completing J1c Dehydration also include a 7-day lookback period. It does not ask for the status today or at hospital discharge, but rather over the 7-day period. The resident's records should be evaluated and the MDS item responses selected accordingly. You need to be certain that the MDS accurately reflects your resident's conditions, and that observations and care planning reflect the provision of care to avoid this situation in the future.*

## Just Checking!



Mrs. R has a baseline temperature of 99° F. She is not feeling well and is complaining of a headache. The nurse records her temperature at 100.8° F. When coding the MDS, this temperature would be coded in item J1h as a fever.

- a. True b. False

According to the RAI Manual on page 3-139, a fever is present when the residents temperature (° F) is 2.4 degrees greater than the baseline temperature. For this resident, a temperature of 100.8° F does not meet the definition, and the correct answer is b. False.

Mrs. Q. is readmitted to the facility. Her physician visits her on day one and writes admission orders. He returns two days later to sign her Medicare certification. On day 6 after her admission, the physician returns to review her medical record and orders a consult to be scheduled in three months. When coding on her initial MDS using day 7 as the assessment reference date in A3a, Mrs. Q. could have how many orders coded in item P8?

- a. 1 b. 2 c. 3 d. None

According to the RAI Manual on pages 3-205 through 3-206, only the consult order could be counted; the correct answer is a. 1. Standard admission orders and monthly Medicare Certifications are not counted.



## Updated MDS 3.0 Timeline

In the RAI Spotlight of November, 2007, an MDS 3.0 Timeline was included. A more comprehensive version has now been released at [www.cms.hhs.gov/NursingHomeQualityInits/Downloads/MDS30Timeline.pdf](http://www.cms.hhs.gov/NursingHomeQualityInits/Downloads/MDS30Timeline.pdf) including the following events:

Milestone	Date
State Medicaid National Meeting – MDS 3.0 presentation	March 2008
MDS 2.0/MDS 3.0 Crosswalk	Spring 2008
MDS 3.0 Transition Plan	Spring 2008
Draft MDS 3.0 Data Specifications with preliminary STRIVE changes	November 2008
Final MDS 3.0 Data Specifications with STRIVE changes	February 2009
FY 2010 SNF Payment Update Federal Register Notice including RUGs changes	July 2009
MDS 3.0 Implementation	October 1, 2009
MDS 3.0 Used in Survey Process	October 2009
Survey Quality Indicators	
QIs Use MDS 2.0 Data Only	Through September 30, 2009
QIs Use MDS 2.0 and MDS 3.0 Data	October 2009 – June 2010
QIs use MDS 3.0 Data (minor 2.0 carry forward)	July 2010 – September 2011
QIs Use MDS 3.0 Data Only	October 1, 2011
NH Compare Quality Measures Transition	
QMs Use MDS 2.0 Data Only	October 2009 – March 2010
QMs Use Partial MDS 2.0 and MDS 3.0 Data	April 2010 – September 2010
QMs Use MDS 3.0 Data (minor 2.0 carry forward)	October 2010 – September 2011
QMs Use MDS 3.0 Data only	October 1, 2011

The Staff Time Resource Intensity Verification (STRIVE) study has only recently been completed, and data analysis is still underway. The current draft version of the MDS 3.0 does not include any changes that may be needed to implement a new RUG classification system for Medicare. The final document will be released in February 2009.

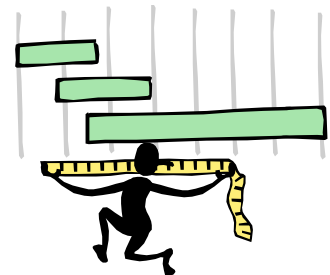
The latest draft of the MDS 3.0 was released on January 15, 2008; it may be found at [www.cms.hhs.gov/NursingHomeQualityInits/Downloads/MDS30DraftVersion.pdf](http://www.cms.hhs.gov/NursingHomeQualityInits/Downloads/MDS30DraftVersion.pdf). A teleconference was held on January 24, 2008, to discuss this new instrument. A replay of the conference may be accessed through [www.cms.hhs.gov/OpenDoorForums/05\\_ODF\\_SpecialODF.asp](http://www.cms.hhs.gov/OpenDoorForums/05_ODF_SpecialODF.asp).

## RUG-III Distributions

Every facility's case mix (resident population) is unique. The distribution of RUG groups for this population, whether for Medicare PPS or Medical Assistance, will also be unique. However, it is always interesting to discover how your facility's distribution compares to the overall pattern.

RUG count information for MC PPS (RUG-III version 5.20) may be found at [www.cms.hhs.gov/MDSPubQIandResRep/08\\_rugsassessreport.asp](http://www.cms.hhs.gov/MDSPubQIandResRep/08_rugsassessreport.asp).

The MA distribution numbers (RUG-III version 5.01) may be found on the DPW site along with other case mix information: [www.dpw.state.pa.us/omap/provinf/ltc/rug/omaprugmain.asp](http://www.dpw.state.pa.us/omap/provinf/ltc/rug/omaprugmain.asp).



## RAI Manual Update



(Continued from page 1)

terly Assessment Form Optional Version for RUG-III, or MDS Quarterly Form Optional Version for RUG-III 1997 Update [used in PA]), Section 13 is coded using a 90-day look back period. The intent of this item on the Quarterly Assessment Form is to update newly diagnosed diseases; however, only those diseases diagnosed in the last 90 days that have a relationship to current ADL status, mood or behavior status, medical treatments, nursing monitoring, or risk of death should be coded in this section.”

**K2a Height and Weight:** There have been many questions asked concerning the proper coding of this item for residents who have undergone amputations. On page 3-150, the Update directs: “Add the following at the end of the Coding section: *If a resident cannot stand to obtain a current height or is missing limbs, use another means of determining height per current standards of clinical practice.*” A question to the RAI Coordinators group clarified that no one method is decreed, only that a facility should consistently use the same method for all amputees.

**K3 Weight Change:** This item also has consistently raised questions. CMS issued two clarifications for January 2008: On page 3-152, “Add the following as a third bullet point under Clarifications: *MDS coding for items K3a and K3b captures the resident’s weight at the 30-day and 180-day time points. K3a and K3b capture the resident’s weight at these two distinct points in time only and note if there has been a weight loss or gain in either of those time periods.*” According to the RAI Coordinator’s group, these weights do not have to be obtained at exact 30-day or 180-day intervals; a few days either side of the time point is acceptable.

On page 3-152, “**Remove** the following sentence from the third paragraph in the current third bullet point under Clarifications: *For example, a 10% loss/gain within 4 months should also be coded here, and carefully evaluated.*” This conflicting instruction has caused much concern among conscientious MDS coders. Its removal, however, does not eliminate the need for a NF to carefully monitor a resident’s weight and take appropriate actions if changes are observed, even if they do not fit into the MDS item parameters.

**M Introduction** (page 3-159) and **M4 Intent** (page 3-165): Clarification is provided that “*Skin does not include eyes or oral mucosa.*” Similarly, for **M4g Surgical Wounds** (page 3-168), the addition is made that “*This category does not include surgical wounds of the eyes or oral mucosa, ...*”

The cover page for the RAI Manual and the Contacts lists in Appendix B have also been updated.

## Special Focus Facilities

CMS and States visit nursing homes on a regular basis to determine if the nursing homes are providing the quality of care that Medicare and Medical Assistance require. These “survey” or “inspection” teams will identify deficiencies in the quality of care that is provided. Most nursing homes have some deficiencies with the average being 6-7 deficiencies per survey. Most nursing homes correct their problems within a reasonable period of time. However, CMS has found that a minority of nursing homes have:

- More problems than other nursing homes (about twice the number of deficiencies),
- More serious problems than most other nursing homes (including harm or injury experienced by residents), and
- A pattern of serious problems that has persisted over a long period of time as measured over the three years before the date the nursing home was first put on the SFF list.

Although such nursing homes would periodically institute enough improvements in the presenting problems that they would be in substantial compliance on one survey, signifi-



cant problems would often re-surface by the time of the next survey. Such facilities with a “yo-yo” or “in and out” compliance history rarely addressed underlying systemic problems that were giving rise to repeated cycles of serious deficiencies. To address this problem, CMS created the “Special Focus Facility” (SFF) initiative.

CMS requires that SFF nursing homes be visited in person by survey teams twice as frequently as other nursing homes (about twice per year). The longer the problems persist, the more stringent are the enforcement actions that are taken. In addition, the names of SFF nursing homes are made available to the public. A link appears on the first page of the NH Compare website ([www.medicare.gov/NHCompare/home.asp](http://www.medicare.gov/NHCompare/home.asp)) just after the Welcome. This directs you to the CMS website at [www.cms.hhs.gov/CertificationandComplianc/12\\_NHs.asp](http://www.cms.hhs.gov/CertificationandComplianc/12_NHs.asp). The first download is the SFF Nursing home list: [www.cms.hhs.gov/CertificationandComplianc/Downloads/SFFList.pdf](http://www.cms.hhs.gov/CertificationandComplianc/Downloads/SFFList.pdf). Five Pennsylvania facilities currently appear on that list.