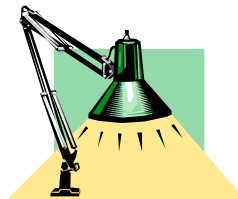


# RAI Spotlight



## Conversion to Personal Login IDs



CMS announced this spring that they would be changing the way nursing facilities login to the MDS Submission System and CASPER Reports to increase security. Currently, there is a facility specific login and password that might be used by multiple personnel. The new security system, which is being phased in on a state-by-state basis, allows two individuals from the facility to obtain an individual user ID and password.

This change will begin in Pennsylvania at the end of the business day on **Tuesday, September 8, 2009.** Beginning at that time, an MDS Individual User Registration link will appear when you connect to the MDS Welcome Page. Enter your existing shared provider login ID and password; click on Login and the MDS Individual User Registration page will be presented.

## RUG-III Teleconference

**Date:** October 8, 2009  
**Time:** 1:30 – 2:30 pm EDT (Dial-in 10 minutes earlier)  
**Topic:** RUG-III v. 5.12 34 groups  
**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:** 1-888-694-4728 or 1-973-582-2745

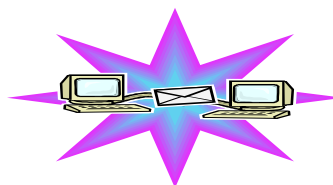
**Conference ID Number:** 27917855

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

Detailed information on this process can be found currently both on the MDS Welcome Page and at [www.qtsso.com](http://www.qtsso.com). At the QTSO site, forms can be found to request additional accounts, request an agent account or to change the user of the account.

These changes do not affect your MDCN/AT&T client login ID or password. Continue to direct questions regarding broadband connections to the MDCN Help Desk at 800-905-2069. Other assistance may be obtained from the Myers and Stauffer Help Desk at 717-541-5809.



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### Questions about the RAI?

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

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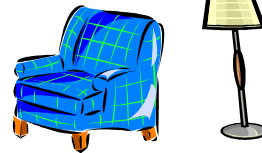


## Section K Oral/Nutritional Status Q & A

On July 9, 2009, a training teleconference was provided on Section K Oral/Nutritional Status. The following questions were received:

- Q. If my resident has good fitting dentures that she has worn for many years, must I report a Chewing problem at K1a?
- A. *The RAI Manual on page 3-149 states that you must "Code chewing problem even when interventions have been successfully introduced." Without the dentures, your resident would have a chewing problem.*
- Q. What height should I record at K2 if my resident has bilateral leg amputations but there are irregular leg lengths, e.g., one amputation was above the knee and one below the knee?
- A. *Measure the height from the longest leg remaining.*
- Q. To identify the 30-day and 180-day intervals required to evaluate weight change at K3, should I count from the date of the current weight or the assessment reference date?
- A. *Count from the date of the current weight. This is a comparison of weights at two "points in time" and does not consider any other changes that might have happened in the interval. Ideally, the current weight would be measured during the observation period.*
- Q. What if I don't have any information on a resident's previous weight at admission?
- A. *Enter the standard no-information code (dash [--]).*
- Q. Do I check K4c Leaves 25% or More of Food Uneaten at Most Meals if my resident also receives tube feeding? What if this was an enriched diet and the 60% the resident consumed contained sufficient calories to meet her nutritional needs?
- A. *The item should be checked in both examples. The question is not whether the resident is receiving sufficient nutrition to meet her needs but whether she is eating less than 75% of the food provided.*
- Q. How should cranberry capsules ordered by the physician be counted on the MDS: medication (O1) or dietary supplement (K5f)?
- A. *Cranberry is considered to be an herbal supplement so it could be reported at K5f if it met the definition. See the article on Dietary Supplements on page 3.*
- Q. Would a diabetic snack provided at HS be reported as a dietary supplement?
- A. *An HS snack must be offered to all residents daily (F368). The RAI Manual directions for K5f on p. 3-154 state "Do not include snacks that everyone receives as part of the unit's daily routine." The diabetic snack may be carefully selected but it is routine.*
- Q. J1d Insufficient Fluid should be marked if the resident Did NOT Consume All/Almost All Liquids Provided During Last 3 Days. What amount would be considered "almost all"?
- A. *The recommended daily fluid intake is 1500 ml (J1c). We interpret "almost all" as consuming close to 1500 ml but not meeting that goal.*

## Make It Homelike!



On June 12, 2009, new Guidance to Surveyors was released ([www.cms.hhs.gov/transmittals/downloads/R48SOMA.pdf](http://www.cms.hhs.gov/transmittals/downloads/R48SOMA.pdf)) that affected several regulatory tags. The common thread was an emphasis on dignity, accommodating resident needs, creating a home-like environment and allowing for resident choice.

F172 Access and Visitation Rights: Nursing facilities have always been required to allow 24-hour/day access to the resident by various governmental representatives and relatives. The new Guidance adds: "Likewise, facilities must provide 24-hour access to other non-relative visitors who are visiting

with the consent of the resident. These other visitors are subject to 'reasonable restrictions' according to the regulatory language." As Karen Schoeneman, deputy director of the CMS Division of Nursing Homes stated in a teleconference, "Signs hanging up in the lobby that say, 'Visiting hours end at eight' need to be coming down now."

F175 Married Couples: Spouses sharing a room when both consent has been allowed for many years. The new Guidance states: "The regulation does not prohibit the

*(Continued on page 4)*



## Dietary Supplements

Instructions for completing K5f Dietary Supplement Between Meals direct the assessor to record: “Any type of dietary supplement provided between scheduled meals (e.g., high protein/calorie shake, or 3 pm snack for resident who receives q.am dose of NPH insulin). Do not include snacks that everyone receives as part of the unit’s daily routine.” On page 3-177 under Section O Medications, the RAI Manual further states that “Herbal and alternative medicine products are considered to be dietary supplements by the Food and Drug Administration (FDA). They are not regulated by the FDA (e.g., they are not reviewed for safety and effectiveness like medications) and their composition is not standardized (e.g., the composition varies among manufacturers). Therefore, they should not be counted in this item [O]. These substances may be coded at MDS Item K5f provided they meet the definition of dietary supplement for this item.”

What exactly is a dietary supplement? According to the Office of Dietary Supplements at the National Institutes of Health (<http://ods.od.nih.gov/factsheets/DietarySupplements.asp>), a dietary supplement is a product (other than tobacco) that:

- Is intended to supplement the diet;
- Contains one or more dietary ingredients (including vitamins; minerals; herbs or other botanicals; amino acids; and other substances) or their constituents;
- Is intended to be taken by mouth as a pill, capsule, tablet, or liquid; and
- Is labeled on the front panel as being a dietary supplement.

Although dietary supplements are regulated by the U.S. Food and Drug Administration (FDA) as foods, they are regulated differently from other foods and from drugs. Under the Dietary Supplement Health and Education Act of 1994, any new ingredient that was not on the market prior to 1994 must be shown to be safe but the seller does not have to show any effectiveness. There does not have to be any registration with the FDA before selling the product; it’s viewed as food.

The types of claims that can be made on the labels of dietary supplements and drugs differ. Drug manufacturers may claim that their product will diagnose, cure, mitigate, treat or prevent a disease. These claims must be proven to, and licensed by, the FDA. Any claims made for the efficacy of dietary supplements must be avoided.

The nurse often must research individual substances given to the resident to decide whether they are medications or dietary supplements. For example, Arthroflex contains glucosamine sulfate, manganese and vitamin C. Glucosamine sulfate is considered to be a dietary supplement, so even though the preparation contains vitamin C, it would not be counted at O1 Medications. (RAI Manual p.3-177). Other items such as Debrox, Metamucil or a capsule of Vitamin C, however, are considered to be medications and could be counted.

## Final PPS Regulation!

On August 11, 2009, the final Medicare Prospective Payment System (MC PPS) regulation was published in the Federal Register (<http://edocket.access.gpo.gov/2009/pdf/E9-18662.pdf>). For October 1, 2009, the major change was a recalibration of the nursing CMI for each classification group in the RUG-III 53 group system. This was done to refine the calculations made in the implementation of that system in January 2006. The result will be a decrease in overall payments to nursing facilities which will be offset by the inclusion of the full Market Basket (inflation) update of 2.2%. The final decrease will be about 360 million dollars in payments, about 1.1% less than last year.

Implementation of MDS 3.0 for all nursing facilities participating in the Medicare and Medicaid programs and use of the RUG-IV classification system for MC PPS is required on October 1, 2010 by this regulation. Some changes in the assessment document and the classification system were made in response to comments and as corrections. The final form, RAI Manual and Data Specifications are scheduled for release in October 2009.

## NPUAP Coding Alert

The National Pressure Ulcer Advisory Panel is a respected organization whose guidelines are followed by many nursing facilities for classifying and treating pressure ulcers. These guidelines differ in many ways from the instructions for completion of MDS Section M. Recently, the panel released guidance for coding Section M that is not supported by CMS. Follow the directions in the RAI Manual for Section M coding of pressure ulcers. Specifically:

- If the skin is unbroken, the pressure ulcer should be reported as Stage I.
- A blister, no matter what the contents, should be reported as Stage II.



## Continuing Education Hours for Teleconference Participation



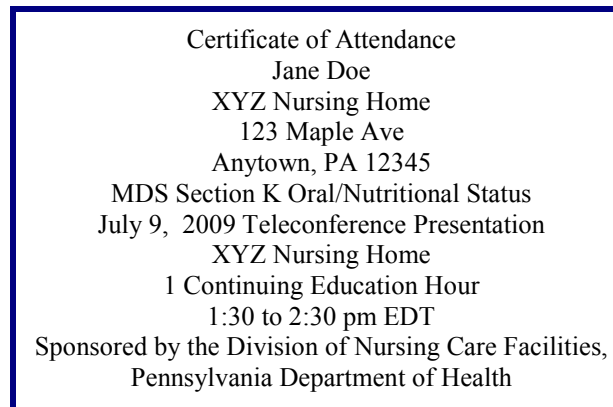
Questions have been asked regarding whether the Department of Health will be providing Continuing Education hours for teleconference presentations. The Department of Health is unable to verify facility staff attendance for these presentations and cannot issue certificates of attendance.

Facilities may accept responsibility for Continuing Education hours for the Division of Nursing Care Facilities, Department of Health-sponsored teleconference presentations. The facility acts as the provider and is responsible for issuing the certificate of attendance and verifying staff attendance.

Per Commonwealth of Pennsylvania, Title 49. Professional and Vocational Standards, §21.134 Continuing education sources, a Certificate of Attendance must contain the following items:

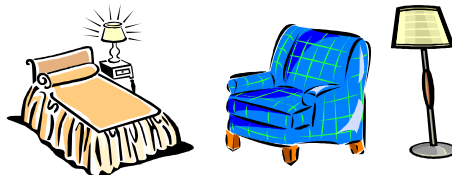
- Name of the individual to whom the certificate is awarded
- Full name and address of the Provider
- Title of the activity
- Date and Location of activity
- Hours of Continuing Education

It should also include the name of the state agency as the sponsor of the program. The following is an example of the certificate that might be created:



Any questions regarding the facility accepting this responsibility can be directed to the Department of State, Bureau of Professional & Occupational Affairs, State Board of Nursing.

## Make It Homelike!



*(Continued from page 2)*

facility from accommodating residents who wish to room with another nursing home resident of their choice.” Ms. Schoeneman suggested combinations such as mother/son, brother/sister or friends of the opposite gender. “Tradition should not surpass a resident’s right to make this choice in America.” Issues found by surveyors would be recorded under F242 Self-determination and Participation where it states that the resident has “...the right to choose to room with a person of the resident’s choice if...both consent to the choice.”

**F241 Dignity:** This guidance requires that the staff carry out activities that assist the resident to maintain and enhance his/her self-esteem and self-worth. In addition to previous requirements, wordage has been added about residents dressing in clothing rather than hospital gowns; decreasing use of bibs; staff sitting and talking with residents during meals rather than standing over the resident and talking to each other; removing institutional signs, e.g., Soiled Utility Room; being careful not to use words that could be considered undignified, e.g., feeder.

**F242 Self-determination and Participation:** New guidance states that residents have the right to have a choice over their schedules, consistent with their interests, assessments and plans of care. Choice over “schedules” includes having “...choices over the schedules that are important to the resident, such as daily waking, eating, bathing and the time for going to bed at night.”

**F246 Accommodation of Needs:** There must be reasonable accommodations of individual needs and preferences particularly in individualizing the resident’s physical environment. This includes the resident’s bedroom and bathroom, as well as individualizing as much as feasible the facility’s common living areas.

Through the examples of the Pioneer Network and the Green Home systems, efforts are being made in most nursing facilities to accommodate individual resident wishes. These examples from this new Guidance to Surveyors illustrate that these issues will be evaluated whenever the NF is visited.