The MDS Mentor

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ACRONYMS:

Assessment Reference Date (ARD)

Centers for Medicare & Medicaid Services (CMS)

CMS Long-Term Care Facility Resident Assessment Instrument User's Manual Version 3.0 (RAIM3)

Interdisciplinary Team (IDT)

Minimum Data Set (MDS)

Omnibus Budget Reconciliation Act (OBRA)

Prospective Payment System (PPS)

Quality Measures User's Manual Version 8.0 (QMUM8)

Resource Utilization Group (RUG)

Resident Assessment Instrument (RAI)

Skilled Nursing Facility/Nursing Facility (SNF/NF)

A1600, A1700 and A1900 Coding Conventions

Since the October 2014 update to the RAIM3, the most frequent provider questions have been about the intent and coding of MDS items A1600 Entry Date, A1700 Type of Entry and A1900 Admission Date.

Item A1600 Entry Date is designed to document "the initial date of admission to the facility, or the date the resident most recently returned to your facility after being discharged." (Page A-22, RAIM3). It does not matter what type of discharge the resident experienced or how long the resident was gone from the facility, the date in A1600 is always updated with the date of the resident's return. This is due to the fact that the intent of item A1600 is to capture every stay the resident experiences in the facility. As defined in the QMUM8, a stay is a set of contiguous (i.e., adjoining) days in the facility that starts with an admission or reentry and ends with any type of discharge assessment or a death in facility tracking record. (Page 1). The intent and coding of item A1600 has not changed since the inception of MDS 3.0.

However, with the October 2014 update, the intent for item A1700 Type of Entry remained the same but the coding instructions did change. As noted on page A-22 of the RAIM3, A1700 Type of Entry "captures whether the date in A1600 is an admission/entry or reentry date." Yet it no longer matters whether or not an OBRA Admission was completed prior to discharge when determining how A1700

Type of Entry is coded. Instead, the coding instructions for A1700 Type of Entry were updated on page A-22 of the RAIM3 to direct staff to:

• **Code 1, admission/entry**: when one of the following occurs:

1. resident has never been admitted to this facility before; OR

2. resident has been in this facility previously and was discharged return not anticipated; OR

3. resident has been in this facility previously and was discharged return anticipated and did not return within 30 days of discharge.

• **Code 2, reentry:** when all three of the following occurred prior to this entry; the resident was:

1. admitted to this facility, AND

2. discharged return anticipated, AND

3. returned to facility within 30 days of discharge.

So, ever since this year's October update, if a resident is discharged return anticipated prior to the completion of the OBRA Admission MDS and returns within 30 days of discharge, the correct coding for item A1700 would be "**2**" reentry. In addition, as clarified on page A-22 of the RAIM3, "both swing bed facilities and nursing homes must apply the above rules when determining whether a patient or resident is an admission/entry or reentry."

A1600, A1700 and A1900 Coding Conventions

{Continued from the previous page}

As a final point for A1700 Type of Entry, ensure facility staff are aware of how to determine whether the date of return after a discharge return anticipated is within 30 days. As noted on pages A-22 to A-23 of the RAIM3, "In determining if a patient or resident returns to the facility within 30 days, the day of discharge from the facility is **not** counted in the 30 days. For example, a resident discharged return anticipated on December 1 would need to return to the facility by December 31 to meet the 'within 30 day' requirement."

[NOTE: CMS staff unintentionally left out the instructions in Chapter 2 for when an OBRA Admission is not completed prior to a resident's discharge. This information will be reinserted in the RAIM3 in the next update. In the meantime, CMS staff have reiterated that when a resident is discharged prior to the completion of an OBRA Admission, an OBRA Admission is required to be completed within 14 days of the return date (i.e., Admission date + 13 calendar days). However, the removal of all references to the OBRA Admission when coding the Type of Entry in item A1700 was intentional. As noted in the paragraphs above, coding of A1700 is now based strictly on whether the resident is a new admission or returning within 30 days from the date of a discharge return anticipated (i.e., a reentry).]

Last but not least, A1900 is a brand new item added to the MDS in the October 2014 update. As outlined on page A-25 of the RAIM3, the rationale for this item is to "document the date this episode of care in this facility began." An episode of care is defined on page 1 in the QMUM8 as beginning with a new admission to the facility and ending with either a death in facility record, a discharge assessment with return not anticipated or a discharge return anticipated where the resident did **not** return within 30 days after the date of discharge. If a resident is admitted and never discharged, the Entry Date in A1600 will match the Admission Date in A1900. (Page A-25, RAIM3).

But let's cover a few examples when one or both dates in A1600 or A1900 would change:

Example One: A resident is a new admission on 10/1/2014 and this date is entered in both A1600 and A1900. The resident is discharged return anticipated on 11/4/2014 and returns on 11/7/2014. The Entry Date in A1600 would be updated to reflect the reentry date of 11/7/2014. However, the Admission Date in A1900 would remain 10/1/2014, because the resident returned within 30 days from the discharge return anticipated

Example Two: What if the same resident discharged return anticipated on 11/4/2014, but returned on 12/4/2014? The Entry Date in A1600 would be updated to reflect the reentry date of 12/4/2014. However, the Admission Date in A1900 would once again remain 10/1/2014, as 12/4/2014 was within 30 days after the date of discharge.

Example Three: Now, if this same resident discharged return anticipated on 11/4/2014 and returned on 12/11/2014, the Entry Date in A1600 would be updated to reflect the reentry date of 12/11/2014. In addition, the Admission Date in A1900 would also be updated to reflect a new admission date of 12/11/2014, because the return was not within 30 days from the date of the return anticipated discharge.

Example Four: A resident is a new admission on 12/8/2014 and is discharged return not anticipated on 12/13/2014. Although unexpected, the resident returns to the facility on 12/25/2014. In this case, both the Entry Date at A1600 and the Admission Date at A1900 would be updated to reflect 12/25/2014. Whenever a resident is discharge return not anticipated and returns, both the A1600 and A1900 dates would always be updated to consist of the date of the resident's return.
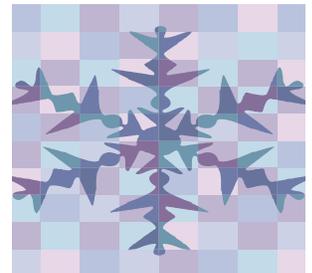
STOPPING BY THE WOODS ON A SNOWY EVENING

"Whose woods these are I think I know.
His house is in the village, though;
He will not see me stopping here
To watch his woods fill up with snow.

My little horse must think it queer
To stop without a farmhouse near
Between the woods and frozen lake
The darkest evening of the year.

He gives his harness bells a shake
To ask if there is some mistake.
The only other sound's the sweep
Of easy wind and downy flake.

The woods are lovely, dark, and deep,
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep.

—Robert Frost

S&C Memorandum on Bed Transfers

CMS has issued Survey & Certification Memorandum 14-43-NH, 'Completion of Minimum Data Set (MDS) 3.0 Discharge Assessments for Resident Transfers from a Medicare- and/or Medicaid-Certified Bed to a Non-Certified Bed'.

From the Memorandum Summary,

"Completion of Minimum Data Set (MDS) 3.0 Discharge Assessments for Transfer from Medicare- and/or Medicaid-Certified Beds to Non-Certified Beds: The Centers for Medicare & Medicaid Services (CMS) is reinforcing the requirement for MDS 3.0 Discharge assessments to be completed when a resident transfers from a Medicare- and/or Medicaid-certified bed to a non-certified bed. Discharge assessments are required assessments and are critical to ensuring the accuracy of Quality Measures (QMs) and in aiding in resident care planning for discharge

from the certified facility."

For Texas nursing homes with licensed-only beds, anytime a resident transfers into one from a certified bed, or out of one to a certified bed, the facility must do a discharge, return not anticipated. This also means the resident's assessment cycle starts over again each time they transfer beds under these conditions. Resident transfers between certified beds in the same facility are not covered by this policy, do not require discharge assessments and do not alter the resident's current assessment cycle.

Following this policy will help facilities with both certified and licensed-only units keep their residents off the CASPER Missing Assessment report, should a resident have assessments from both bed types. This process will also ensure a complete record of assessments, from entry tracking to discharge, are available for episodes of care done while a resident is in each unit.

Computer Standards Effective 10/1/14

In their FY 2014 System Requirements document, available at the top of the QIES Technical Support Office (QTSO) website, CMS states,

"Please note that Microsoft will no longer maintain the support for the Windows XP operating system as of April 2014. Therefore, effective FY 2015 the Windows XP operating system will not be supported."

As well as,

"Please note that Internet Explorer v 8.0 will not be supported effective FY 2015. "

According to CMS, this restrictions also apply to any WebEx presentations or on-line training sessions sponsored by CMS.

CMS has stated that the purpose of these restrictions is to limit the exposure of CMS systems to known and unknown computer exploits that utilize the Windows XP operating system and all brows-

er versions that are no longer being supported by Microsoft.

If your facility moved to Internet Explorer (IE) v 9.0 to maintain access to these sites and systems, please be aware that in the current FY 2015 System Requirements document, in effect for October 2014 through September 2015 (also available at the QIES Technical Support Office website), CMS states,

" Please note that Internet Explorer v 9.0 may not be supported during the FY 2016."

This means CMS might decide to increase the minimum level of IE to v 10.0 in FY 2016.

The current version of IE is 11, but CMS has said they have no plan to support it during this fiscal year. Anyone choosing to use it should thoroughly test it first and be aware that the QIES Help Desk may not be able to assist, should problems occur.


Early to bed and early to rise makes a man healthy, wealthy and wise.
—Benjamin Franklin

I'm so fast that last night I turned off the light switch in my hotel room and was in bed before the room was dark.
—Muhammad Ali

If you think you're too small to have an impact, try going to bed with a mosquito.
—Anita Roddick

When I'm lying in my bed I think about life and I think about death and neither one particularly appeals to me.
—Steven Patrick Morrissey

(O0250A) How to be Keen about the Flu Vaccine

An influenza (flu) outbreak is a serious event in any healthcare setting. As noted on page O-6 of the RAIM3, "An institutional Influenza A outbreak can result in up to 60 percent of the population becoming ill, with 25 percent of those affected developing complications severe enough to result in hospitalization or death." One of the best ways to minimize the flu's impact is to get the seasonal flu vaccine. "Influenza vaccines have been proven effective in preventing hospitalizations." (Page O-6, RAIM3).

While there is little controversy in SNF/NF regarding the benefits of administering the influenza vaccine, there is a great deal of debate about when to administer it. In order to correctly code item O0250A regarding whether or not the resident received the influenza vaccine in this facility for this year's influenza vaccination season, staff must first understand how the yearly influenza vaccination season is defined.

The guidance from page O-8 of the RAIM3 notes, "Influenza can occur at any time, but most influenza occurs from October through May. However, residents should be immunized as soon as the vaccine becomes available and continue until influenza is no longer circulating in your geographic area." A common follow-up question results, "Do we start vaccinating when the facility, the corporation, the region or the entire state has the flu vaccine available?" CMS staff recently clarified that the time to begin administration of the flu vaccine is when the state health department (in Texas, this is the Department of State Health Services (DSHS)) determines that flu vaccination season has begun. The time to end flu vaccination is when the flu is no longer circulating or when the state health department announces the end of flu vaccination season. In Texas, the flu is always circulating. So, best practice for Texas staff is to subscribe to the DSHS Flu Report to be aware of the start and end of flu vaccination season. Also, ensure staff continues to enter the date of this year's flu vaccination on every MDS until the next flu vaccination season begins (Page O-8).
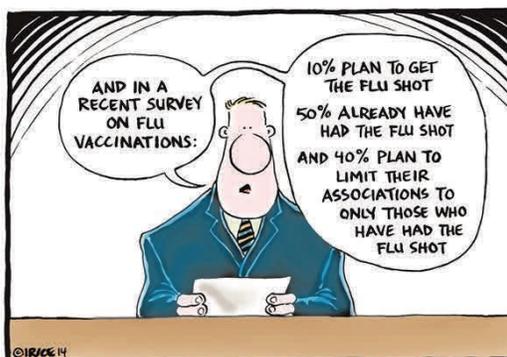
(O0300) What You Need to Know About "Pneumo"

A bleak statistic from page O-10 of the RAIM3 educates staff that "Pneumococcal disease accounts for more deaths than any other vaccine-preventable bacterial disease. Case fatality rates for pneumococcal bacteremia are approximately 20%; however, they can be as high as 60% in the elderly (CDC, 2009)." So, it is important to note that not only should all residents over 65 and immunocompromised persons 2 years old and older receive the pneumococcal vaccine (Page O-10, RAIM3), but also "Individuals living in environments or social settings (e.g. nursing homes and other long-term care facilities) with an identified increased risk of invasive pneumococcal disease or its complications…" (Page O-11, RAIM3).

The RAIM3 contains an algorithm on page O-12 that is very helpful for facility staff to use to determine if the pneumococcal vaccine needs to be administered. In addition, although both the PCV7 and PCV13 are valid types of pneumococcal vaccines and either may be coded on the MDS, it is helpful to be aware that PCV13 protects against 13 different bacteria that cause pneumonia, while PCV7 only protects against seven (7).

MDS News in Review

Version 1.12 of the Resident Assessment Instrument (RAI) Manual has been posted as of September 5, 2014. This version of the manual corresponds to the updated Minimum Data Set (MDS) going into effect on October 1, 2014.
NOTE: CMS made several changes to the manual after the initial release. As of the date of this newsletter, the changed pages have an "R" in the footer. Please be sure you are using the latest version by going to the CMS MDS 3.0 RAI Manual website.

The current MDS 3.0 data specifications are v 1.14.1 and can be downloaded from the CMS MDS 3.0 Technical Information website.
NOTE: CMS released an Errata Document in November due their decision to remove edits –3855 and –3856. That errata document is also in the Downloads section of the link above.

CMS has posted v 1.15.0 of the MDS 3.0 data specifications scheduled for the October 2015 release. These specifications should be considered draft and subject to change. They are available in the Download section of the CMS MDS 3.0 Technical Information website.

CMS has posted 'CMS-1605-F: Medicare Program: Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2015' . The associated wage index file can be downloaded at the Wage Index website.

jRAVEN has been updated to version 1.2.1 for the current version of MDS 3.0 and is available from the jRAVEN Download website. jRAVEN is the free assessment software released by CMS and those interested in it can find User and Installation guides at the link above. The QIES Technical Support Office (QTSO) released the Validation Utility Tool v1.7.0 (VUT) on July 31, 2014. The VUT is a software utility that can be used to validate MDS 3.0 submission files in XML format. The tool enforces the edits that are mapped to the MDS 3.0 items, as published in the MDS 3.0 specifications. The initial release of the VUT incorporated the V1.00.3 specifications plus the errata identified prior to the VUT release. The current release now supports version 1.14.1 of the MDS 3 Data Specifications, while continuing to support versions 1.0, 1.01, 1.02, 1.10, 1.11, 1.12, and 1.13 for older assessments.
NOTE: Due to recent edit changes, the VUT is now at v 1.7.2 and can be downloaded at the MDS Vendor Information website.

CMS also posted Survey & Certification Memorandum 15-06, *Nationwide Expansion of Minimum Data Set (MDS) Focused Survey.* The memo outlines CMS plans for MDS/Staffing Focused Surveys. In mid-2014, the Centers for Medicare & Medicaid Services (CMS) piloted a short-term focused survey to assess Minimum Data Set, Version 3.0 (MDS 3.0) coding practices and its relationship to resident care in nursing homes in five states. CMS will expand these surveys in 2015 to be conducted nationwide. In addition, the scope of some or all of the focused surveys will be expanded to include an assessment of the staffing levels of nursing facilities. This assessment will aim to verify the data self-reported by the nursing home, and identify changes in staffing levels throughout the year.

DADS posted a provider alert, *Managed Care Initiatives Provider Trainings.* The alert announced free state-wide provider training sessions on Medicaid managed care initiatives implementing 3/1/2015. No registration is required.

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Useful Web Links

DADS MDS Website: Texas MDS site for MDS policy, procedures, and clinical and technical information (including The MDS Mentor); http://www.dads.state.tx.us/providers/MDS/

Sign up for MDS Resource E-mail updates: Go to the DADS MDS Website at http://www.dads.state.tx.us/providers/MDS/ and select the Email Updates link on the left hand side menu. Follow the directions and link to select the "DADS Texas Minimum Data Set (MDS) Resources" email dlist. These email notices are the key line of communication for MDS updates and alerts to nursing home and swing bed facilities from the DADS MDS staff.

Centers for Medicare & Medicaid Services (CMS) MDS 3.0 website : MDS 3.0 RAI Manual, Item Sets (forms), related MDS 3.0 materials and left-side table links to MDS technical information and MDS 2.0; http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html

Centers for Medicare & Medicaid Services (CMS) FY 2012 RUG-IV Education & Training: Clarification and follow-up documents related to Medicare MDS; http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/RUGIVEdu12.html

QIES Technical Support Office (QTSO): MDS 3.0/2.0, jRAVEN/RAVEN and CMSNet (Verizon) information. Validation Report Messages, Guides, Training and DAVE/DAVE 2 Tip sheets; https://www.qtso.com/

Quality Reporting System (QRS): DADS information site on Texas nursing homes; http://facilityquality.dads.state.tx.us/qrs/public/qrs.do

Nursing Home Compare: CMS site that compares nursing homes in a given area; http://www.medicare.gov/NHCompare/Include/DataSection/Questions/SearchCriteria.asp

5 Star Technical Manual: Explains data used to create the 5 Star Report; http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/FSQRS.html