The MDS Mentor

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INSIDE THIS ISSUE:

The MDS Mentor is published in March, June, September, and December each year.

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)

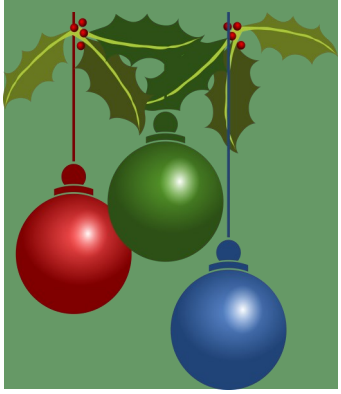
Quality Measures User's Manual Version 10.0 (QMUM10)

Registered Nurse (RN)

Resource Utilization Group (RUG)

Resident Assessment Instrument (RAI)

Skilled Nursing Facility/ Nursing Facility (SNF/NF)



Interviews and the Assessment Reference Date

We've received a lot of questions lately regarding the ARD and interview sections of the MDS. Some examples of those questions include things like the following:

"If the BIMS wasn't conducted prior to the ARD, can we do the staff interview instead?" Or, "We didn't know the interviews for the BIMS weren't done until after the ARD, can we still do these?"

The RAI is very specific: information to be encoded into the MDS must be done during the applicable look-back period for that ARD. Information obtained after the ARD cannot be counted on this MDS.

This doesn't mean the completed interview cannot be encoded into the actual assessment after the ARD, but the information must be obtained prior to midnight on the ARD.

The OIG has initiated recoupment efforts for item sets such as the BIMS assessment that isn't obtained and signed in section Z on the ARD or before.

Some facilities have stated that they aren't able to sign section Z when the assessment is completed, or the assessment isn't technically "opened" when they have completed their interview portions.

There are several steps you can take to correct these issues; we will go over some of those options. Regardless, it is the facilities responsibility to prove they are completing the information prior to the ARD.

If these item sets aren't completed prior to the ARD, you must "dash" this information in the assessment. If the resident is able to complete the interview items but the facility didn't collect that information in a timely fashion, you cannot use any other information into this section.

Facilities should take steps to prevent recoupments from occurring. This can be accomplished in several different ways:

- Make sure that the assessment is open so that staff completing item sets can sign when they are entering data.
- If your software won't allow you to sign assessment sections individually, consider using a paper format for that interview section and signing this when it's complete. Keep a hard copy in a file to be able to prove the interview was conducted in the proper time frame.
- Make a very simple progress note in the clinical record that the interview section was completed on _____date and time. This will allow you to substantiate that the interview was completed.

Interview and ARD Continued...

- Discuss ARD dates in morning meetings and during stand-up meetings. Give reminders to other members of the IDT that the interview sections are due on this date.
- Involve your Administrator or DON in the process so that they can back you up in your efforts to collect and enter this information in the MDS in a timely fashion.
- It is the responsibility of the MDSC to ensure that all team members responsible for collecting assessment data understand the time frames and the deadlines for the applicable MDS.
- There is no "grace period" for late interviews after the ARD. If you have proof that this information was collected prior to the ARD, you can still use this information.

This is an important compliance issue...you have to ensure that the information is collected per the RAI. Facilities should have an internal process to make sure that they are remaining in compliance with the rules.

Observation (Look Back) Period

The time period over which the resident's condition or status is captured by the MDS assessment. When the resident is first admitted to the nursing home, the RN assessment coordinator and the IDT will set the ARD. For subsequent assessments, the observation period for a particular assessment for a particular resident will be chosen based upon the regulatory requirements concerning timing and the ARDs of previous assessments. Most MDS items themselves require an observation period, such as 7 or 14 days, depending on the item. Since a day begins at 12:00 a.m. and ends at 11:59 p.m., the observation period must also cover this time period. When completing the MDS, only those occurrences during the look back period will be captured. In other words, if it did not occur during the look back period, it is not coded on the MDS.

Skilled Questions/Answers

With all the holidays approaching, the questions typically arise about how to handle LOA days and the Skilled Assessments. Here are the most frequently asked questions:

"My skilled resident wants to go out for Christmas for a couple of days. Is this allowed? I thought they couldn't go out for overnight LOA's?"

CMS is very specific in stating that LOA days are absolutely allowed for SNF residents. There used to be an old rule that stated if they were well enough to go out for a pleasure visit, they weren't sick enough for SNF days. CMS has since clarified that there is no reason that a beneficiary shouldn't be allowed an LOA.

For MDS purposes, LOA days do count as part of your look-back period. This can have a significant impact on payment, but if you work with your SNF residents to schedule LOA time to maximize your time, this is manageable.

Question: My resident wants to travel out of state for a week while they are on SNF services. How do I manage the MDS process?

They are allowed to leave the facility while receiving SNF services. This would be treated just like the LOA overnight. The main difference here is if you would do a discharge assessment and then readmit once they have returned from their out of state trip. You have to take into consideration where you are at in your assessment window and how this will impact your MDS scheduling. Probably the best scenario is to complete a discharge return anticipated assessment and then complete a new 5 day upon their successful return to your SNF facility.

Christmas gives us the opportunity to pause and reflect on the important things around us...a time when we can look back on the year that has passed and prepare for the year ahead.

David Cameron

As we express our gratitude, we must never forget that the highest appreciation is not to utter words, but to live by them.

John F. Kennedy

Year's end is neither an end nor a beginning but a going on, with all the wisdom that experience can instill in us.

-Hal Borland

The new year stands before us, like a chapter in a book, waiting to be written. We can help write that story by setting goals.

Melody Beattie

New Federal Regulations: Big Care Planning Changes!

CMS has released an update to the regulations for Long Term Care. This update was posted in the Federal Register on October 4th, 2016 and represents the first significant changes to the Federal regulations since 1991!

If you haven't had a chance to read the 778 pages of regulations, you can find a copy of them here:

https://federalregister.gov/d/2016-23503

One significant area that has been updated are the requirements for Care Planning. These changes are going to require some adjustment at the facility level, not only in process but in mind-set!

The new rules will implement in 3 phases. The first phase went into effect in November. There are no significant changes that went into effect at this time, regarding Care Plans, but, facilities need to begin preparing for the upcoming changes starting in Phase 2.

Let's look at the final rule and break down the important components.

Baseline Interim Care Plan upon admission to the facility.
Each facility will be required to complete a baseline interim care plan within 48 hours of a resident's admission to the facility. The Interim Plan should include items such as the following: initial goals based upon admission orders, physician orders, dietary orders, therapy services, social services and PASSR recommendations as appropriate. Each facility could decide what additional information needs to be included.

Facilities may choose to complete the comprehensive care plan at this time instead of doing both an interim and comprehensive. But, it still would be required to be completed within 48 hours of admission.

PASSR Regulations
Any specialized services recommended through PASSR would be required to be in the Care Plan.

Discharge Planning
Discharge assessment and planning will be a required component in the development of the comprehensive care plan. Facilities will need to assess the resident's potential for future discharge, as appropriate, early on in the resident's stay to ensure that each resident is given every opportunity to attain their highest quality of life. Facilities will need to determine the resident's desire for information regarding discharge to the community is assessed and that referrals are made as necessary.
The discharge plan must clearly state the residents discharge goals and needs.

The facilities discharge planning process requires regular evaluation of the resident to identify changes that might require modification of the discharge plan. Facilities should consider caregiver/support person availability and their capacity to perform the required care as part of the identification of D/C planning needs.

If it is determined that a Discharge to the community is not feasible, this must be clearly documented in the Discharge Plan; including who made that determination.

A discharge summary must be provided to the resident upon D/C. This must include a recapitulation of the residents stay, diagnosis, course of illness or treatments, therapy, pertinent labs, radiology and consults. A facility must also include what arrangements have been made for post acute care needs.

A Medication reconciliation must also be included in the D/C summary, with both prescribed and non-prescribed medications.

The object of a New Year is not that we should have a new year. It is that we should have a new soul and a new nose; new feet, a new backbone, new ears, and new eyes. Unless a particular man made New Year resolutions, he would make no resolutions. Unless a man starts afresh about things, he will certainly do nothing effective.

Gilbert K. Chesterton

The spirit of Christmas is the spirit of love and of generosity and of goodness. It illuminates the picture window of the soul, and we look out upon the world's busy life and become more interested in people than in things.

Thomas S. Monson

Federal Regulations Continued…

Interdisciplinary Care Plan Team
Requirements currently in effect for the IDT team include the physician, a Registered Nurse with responsibility for the resident, other staff in disciplines as determined by the residents needs and to the extent possible the resident or the residents family, legal representatives.

The new rules will require a CNA with responsibility for the resident and appropriate member of the food and nutrition services staff, to be a part of the IDT.
If the resident and/or responsible party are not included in the development of the Care Plan or they choose not to participate an explanation must be included in the residents medical record.

RN responsibilities for development of the Interim Plan of Care: Facilities are required to have 7 day per week for at least 8 hours per day. This RN is expected to develop the interim plan of care regardless if it is a weekend or holiday.

Culturally Competent and Trauma-informed care.
The final component surrounds the need to ensure that each care plan is resident centered and addresses cultural challenges and the impact of trauma in a residents life. Events such as the Holocaust, survivors of war and natural disasters such as Katrina, should have this information included in the Plan of Care.

This part of the rules will not go into effect until Phase 3, so facilities have time to learn about Trauma-Informed Care Issues.

Some resources cited in the Federal rules are SAMSHA's Concept of Trauma and guidance for a Trauma-Informed Approach. This is available at http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf
You can also look at the NASW's standards and indicators for cultural competence.

As you can see all of this is very comprehensive. The Care Plan section in itself is 30 pages long. Although, this is just a small portion of the new Regulations, the added scrutiny of each facilities care plan process will be intensified!

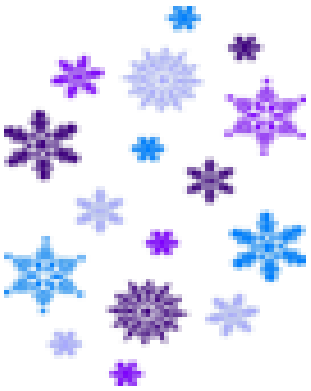
Upcoming Training

I'm very excited to announce the upcoming joint provider training sessions for anyone involved in the MDS process that wants a refresher on the RAI.

This class is not just for MDSC, it can be your DON, Administrator, Social Services, Dietary or Activities staff! Anyone that wants to attend is welcome. Please keep your eyes open to the Joint Provider Training Website for any updates. We are adding additional classes all the time, so keep your eyes open!

January 4th, 2017-Wichita Falls
January 10th, 2017-Corpus Christi
January 23rd, 2017-San Antonio
February 1st, 2017-Waco
March 1st, 2017-Houston

Registration Site
http://www.dads.state.tx.us/providers/



Christmas is not a time nor a season, but a state of mind. To cherish peace and goodwill, to be plenteous in mercy, is to have the real spirit of Christmas.
Calvin Coolidge

As we give presents at Christmas, we need to recognize that sharing our time and ourselves is such an important part of giving.
Gordon B. Hinckley

No winter lasts forever; no spring skips its turn.
Hal Borland

In the depth of winter I finally learned that there was in me an invincible summer.
Albert Camus

The spring, summer, is quite a hectic time for people in their lives, but then it comes to autumn, and to winter, and you can't but help think back to the year that was, and then hopefully looking forward to the year that is approaching.
Enya

MDS News in Review

- CMS posted a draft version of the MDS 3.0 Item Sets V1.15.0, which is scheduled to become effective Oct. 1, 2017. This should be considered draft until a final version is released. The file can be found in the Downloads section at the bottom of the CMS MDS 3.0 Technical Information website.
- Appendix B of the RAI Manual contains changes to the list of State RAI Coordinators, MDS Coordinators, RAI Panel members and CMS Regional Office contacts. The file can be found in the Related Links section of the CMS MDS 3.0 RAI Manual website.
- CMS has posted a new interactive training video on Section M: Skin Conditions to http://surveyortraining.cms.hhs.gov/Courses/126/SectionMVideo/SectionMVideo.html.

  This video was recorded at the 2016 State RAI Coordinator Training and presented by Elizabeth Ayello, PhD and focuses on staging pressure ulcers correctly and accurately coding pressure ulcers and other skin conditions on the MDS 3.0.

  The video contains interactive polling and quiz questions. As you reach questions throughout the training, you will be prompted to enter your response, just as participants were during the live training session. Be sure to study the image on screen carefully before proceeding to the interaction, as the question will involve correctly identifying the wound type. Once you submit your answer, you will be able to view the correct answer before continuing the presentation.
- A four-part video series on Section GG has been posted to the CMS YouTube Channel at : https://www.youtube.com/playlist?list=PLaV7m2-zFKpgYhG0FQv82l9dcqNl_9eO4.

  ◊ Part 1: GG0130 Self-Care
    - Intent of Section GG
    - Look-back periods of each item
    - Section GG coding scenarios

  ◊ Part 2: GG0130 Sections A-C
    - Eating
    - Oral Hygiene
    - Toileting Hygiene
    - 5-Day PPS Assessment
    - Part A PPS Discharge Assessment
    - 6-Point Scale
    - Dash Usage

  ◊ Part 3: GG0170 Mobility Sections B-C
    - Admission/Discharge Performance
    - Goal Identification
    - Sit to lying, lying to sitting on side of bed
    - Gateway questions or screening questions

  ◊ Part 4: GG0170 Mobility Sections D-S
    - Transfers
    - Ambulation
    - Wheelchair/scooter use

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Useful Web Links

DADS MDS Web Site: Texas MDS site for MDS policy, procedures, clinical and technical information , Texas Medicaid MDS settings, notifications and The MDS Mentor; http://www.dads.state.tx.us/providers/MDS/

Sign up for MDS Resource E-mail updates: Go to http://www.dads.state.tx.us/, click on the "Subscribe" link at the top right and follow the directions. The "DADS Texas Minimum Data Set (MDS) Resources" emails are the key line of communication for MDS updates and alerts to nursing home and swing bed facilities from the DADS MDS staff. Consider signing up for other nursing home related information, as well.

Centers for Medicare & Medicaid Services (CMS) Nursing Home Quality Initiative website: MDS 3.0 RAI Manual, Quality Measures, Technical Information (MDS 3.0 Item Sets (forms), data specifications, RUG information, jRAVEN), MDS Training and SNF Quality Reporting; http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/index.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 provider materials (including MDS 3.0 Provider User's Guide, CASPER Reporting User's Guide for MDS Providers, notices on 5 Star preview reports availability and MDS access forms), system downtime notices, jRAVEN, CMSNet (Verizon) information and online submission access,, and links to CMS websites. This site also contains information specific to MDS software developers and vendors, including notices for vendor calls, call minutes, the latest MDS Validation Utility Tool (VUT) and Vendor Q&A documents; https://www.qtso.com/

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

Nursing Home Compare: CMS rating site for nursing homes across the country; 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

This guidance is being provided on the published date of The MDS Mentor (December 22, 2016). The reader should be aware that guidance regarding topics in The MDS Mentor may be time-limited and may be superseded by guidance published by CMS or DADS at a later date. It is each provider's responsibility to stay abreast of the latest CMS and DADS guidance.