

The MDS Mentor

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 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 8.0 (QMUM8)

Registered Nurse (RN)

Resource Utilization Group (RUG)

Resident Assessment Instrument (RAI)

Skilled Nursing Facility/ Nursing Facility (SNF/NF)

A1500, A1510 and A1550 Coding Conventions

Preadmission Screening and Resident Review (PASRR) is a federally mandated program that is applied to all individuals seeking admission to a Medicaid-certified nursing facility, regardless of funding source. PASRR must be administered to identify:

- individuals who have a mental illness, an intellectual disability or a developmental disability (also known as related conditions),
- the appropriateness of placement in the nursing facility, and
- the eligibility for specialized services. (Source: [DADS PASRR website](#), June 2015),

PASRR requirements do NOT apply to stand-alone skilled nursing facilities, Medicare swing bed facilities or licensed-only nursing facilities. In brief, if the facility is not certified to provide care to any residents on Medicaid, the PASRR provisions do NOT apply.

When completing comprehensive OBRA MDS assessments, there are two items designed to capture PASRR information, A1500. Preadmission Screening and Resident Review (PASRR) and A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions.

For MDS item A1500, the following "Steps for Assessment" are found on page A-18 of the RAIM3:

1. Complete if A0310A = 01, 03, 04 or 05

(Admission assessment, Annual assessment, Significant Change in Status Assessment, Significant Correction to Prior Comprehensive Assessment).

2. Review the Level I PASRR form to determine whether a Level II PASRR was required.
3. Review the PASRR report provided by the State if Level II screening was required."

In Texas, the Level II PASRR is called the PASRR Evaluation, often referred to as the PE. When the Level I PASRR form submitted on the Medicaid Long Term Care (LTC) Portal indicates a PE is required, notification of the appropriate local authority (LA) to conduct the PE is automated in the software. Facility staff are not required to take action if the LA does not respond in a timely fashion. State office personnel monitor and follow-up with the applicable LA to ensure compliance with state PASRR rules.

In Texas, the PASRR report is also an automated function of the LTC Portal. This report is found when using "Form Status Inquiry" and selecting MDS 3.0 Comprehensive or MDS 3.0 Quarterly as the "Type of Form" so that a drop-down box titled "PASRR Eligibility Type" is visible. There are four options for the report: Intellectual or Developmental Disability (IDD) only, Mental Illness (MI) only, IDD and MI and Negative. Each Medicaid-certified facility needs to run

[Continued on the next page.]



A1500, A1510 and A1550 Coding Conventions

these reports so they are aware of the PE results for residents and to code the PASRR questions on the MDS accurately. In addition, three of the lists will help staff know the residents with positive PEs so they can track, care plan and facilitate the specialized services that are recommended by the LA and agreed to by the resident/family.

The following bullets outline the A1500 “Coding Instructions” from pages A-18 to A-19 of the RAIM3:

• **Code 0, no:** and skip to A1550, Conditions Related to ID/DD Status, if any of the following apply:

— PASRR Level I screening did not result in a referral for Level II screening, or

— Level II screening determined that the resident does not have a serious mental illness and/or intellectual/developmental disability or related condition, or

— PASRR screening is not required because the resident was admitted from a hospital after requiring acute inpatient care, is receiving services for the condition for which he or she received care in the hospital, and the attending physician has certified before admission that the resident is likely to require less than 30 days of nursing home care.

• **Code 1, yes:** if PASRR Level II screening determined that the resident has a serious mental illness and/or ID/DD or related condition, and continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions.

• **Code 9, not a Medicaid-certified unit:** if bed is not in a Medicaid-certified nursing home. Skip to A1550, Conditions Related to ID/DD Status. The PASRR process does not apply to nursing home units that are not certified by Medicaid (unless a State requires otherwise) and therefore the question is not applicable.

(Note: Texas does not require otherwise.)

When A1500 is coded as a “1” for yes, staff move on to appropriately code item A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions.

It is very important for staff to understand this MDS item is coded based entirely on the result of the resident’s PE and not on the basis of any of their diagnoses, whether active or inactive.

Under “Steps for Assessment” and “Coding Instructions” on page A-19 of the RAIM3, staff must:

1. Complete if A0310A = 01, 03, 04 or 05 (Admission assessment, Annual assessment, Significant Change in Status Assessment, Significant Correction to Prior Comprehensive Assessment).

2. Check all that apply.

(Note: There is a checkbox in front of A, B and C on the MDS Item Set.)

• **Code A, Serious mental illness:** if resident has been diagnosed with a serious mental illness.

• **Code B, Intellectual Disability (“mental retardation” in federal regulation)/ Developmental Disability:** if resident has been diagnosed with intellectual disability/developmental disability.

• **Code C, Other related conditions:** if resident has been diagnosed with other related conditions.

In order for staff to check A, Serious mental illness, the PE must reflect the resident meets the PASRR definition of MI in item C0800 (i.e. C0800 is coded “1. Yes”).

In order for staff to check B, Intellectual Disability (ID), the PE must reveal the resident meets the PASRR definition of ID in item B0100 (i.e. B0100 is coded “1. Yes”).

In order for staff to check C, Related Condition (i.e., Developmental Disability (DD)), the PE must indicate the resident meets the PASRR definition of DD in item B0200 (i.e. B0200 is coded “1. Yes”).

Next, MDS item A1550. Conditions Related to Intellectual Disability/ Developmental Disability (ID/DD) Status is completed. As noted on page A-20 of the RAIM3, complete this item only on
[Continued on the next page.]



Questions?

For MDS Question, see page 5 of this issue for DADS MDS staff contact information.

For PASRR questions, contact the PASRR unit message line at (855) 435-7180 or email pasrr@dads.state.tx.us.

You may also find information on the [DADS PASRR website](#).





'Hope' is the thing
with feathers—
That perches in the
soul—
And sings the tune
without the words—
And never stops—
at all—

And sweetest—in
the Gale—is heard—
And sore must be
the storm—
That could abash the
little Bird
That kept so many
warm—

I've heard it in the
chillest land—
And on the strangest
Sea—
Yet, never, in Ex-
tremity,
It asked a crumb—
of Me.

By Emily Dickinson



A1500, A1510 and A1550 Coding Conventions

an Admission MDS (A0310A=01) if the resident is 22 years of age or older on the ARD in MDS item A2300. If the resident is 21 or younger on the ARD, complete this item for all comprehensive MDS (A0310A=01, 03, 04 or 05). Whenever B0100 or B0200 is coded "1. Yes", the "Coding Instructions" on page A-20 and A-21 of the RAIM3 require staff to:

- Check all conditions related to ID/DD status that were present before age 22.
- When age of onset is not specified, assume that the condition meets this criterion AND is likely to continue indefinitely.

(Note: There is a checkbox in front of A, B, C, D, E and Z on the MDS Item Set.)

- Code A: if Down syndrome is present.
- Code B: if autism is present.
- Code C: if epilepsy is present.
- Code D: if other organic condition relat-

ed to ID/DD is present.

- Code E: if an ID/DD condition is present but the resident does not have any of the specific conditions listed.

In order to code any of the conditions listed in A-E above, staff must review the physician's written list of diagnoses in the resident's clinical record. In order to determine if an ID/DD condition is present (other than those listed in A-D), there is an incomplete list of diagnostic conditions on page A-21 of the RAIM3. For a more complete list, staff need to review the [DADS Approved Diagnostic Codes for Persons with Related Conditions document](#).

When A1550 is an active item on the MDS and a thorough review of the resident's clinical record uncovers no diagnoses related to ID/DD, page A-21 of the RAIM3 instructs staff to:

- Code Z: if ID/DD condition is not present.

ICD10: Is Your Facility Ready?

The 10th Revision of the International Classification of Diseases (ICD-10) implementation date is rapidly approaching, but there is still time to get ready.

CMS staff have posted the [ICD-10 Quick Start Guide](#) to help providers get ready for ICD-10 by the October 1, 2015 compliance date. The Quick Start Guide outlines 5 steps health care professionals should

take to prepare for ICD-10.

General information on ICD-10 is also available on the [CMS ICD-10 website](#). In addition, DADS has developed an [ICD-10 Transition website](#).

All MDS assessments with an ARD in MDS item A2300 of October 1, 2015 or later must contain ICD-10 codes.

MDS 3.0 CASPER Report Modifications

Beginning Sunday, March 22, 2015 CMS released modifications to two of its CASPER reports, the MDS 3.0 Missing OBRA Assessment Report and the MDS 3.0 Roster Report.

As of this date, these two reports have implemented a 36-month roll-off period for resident information. Prior to this change, both reports had no limitations on how long resident information was displayed.

CMS implemented these changes at the

behest of several states, that felt showing resident data that exceeded the existing 36-month ARD entry limit was unproductive, since the providers could no longer enter missing discharges or modify existing assessments, whose ARD was outside that time limit.

This change is only reflected on the information presented on these two reports and does not change any assessment data in the MDS 3.0 federal database.

MDS News in Review

- ◆ CMS has released the final versions of the 1.15.0 data specifications and 1.13.0 of the items sets that are set to become effective with the next update to MDS 3.0 on October 1, 2015. Both files may be downloaded from the [MDS 3.0 Technical Information website](#).

- ◆ CMS has released an updated errata document, labeled “MDS 3.0 RAI Manual V1.12R Errata”, which contains revisions to pages in the RAI V1.12R. These updated pages clarify the meaning of entry/reentry and the coding for MDS items A1600, A1700, A1800 and A1900.

Changed manual pages are marked with the footer “October 2014 (R)” or “October 2014 (R2)” if the page was previously revised.

The file contains the changed pages as well as a table of changes and can be downloaded from the [MDS 3.0 RAI Manual website](#).

- ◆ CMS has released two new ICD-10 videos that help explain key concepts. Less than four minutes each, “Introduction to ICD-10 Coding” and “ICD-10 Coding and Diabetes” are available on the [ICD-10 Provider Resources website](#).
- ◆ The TMF Quality Innovation Network’s video series about the [CMS CASPER Quality Measures](#) is now complete. The series consists of individual 15 to 20 minute webinars, with each webinar dedicated to a single quality measure.

Providers who don’t have a TMF website account will need to create one before viewing the videos. Accounts are free and can be obtained by following the instructions on the link above.

While TMF is the CMS Quality Improvement Organization (QIO) for CMS Region 6, anyone may sign up for an account and view these webinars.

- ◆ CMS has released modifications to two CASPER Reports, the MDS 3.0 Missing OBRA Assessment Report and the MDS 3.0 Roster Report, beginning March 22, 2015. These reports now implement a 36-month cutoff for displaying resident information. More information is available in Article Three of this newsletter on page 3.
- ◆ CMS is planning to move their web applications encryption standard from TLS 1.0 to TLS 1.2. This would affect all CMS and QTSO websites, and include all web-based applications, such as CASPER, QUMA, QIES Workbench, and MDS Submissions.

This will pose an issue for any state agency or nursing home provider who may still be running Microsoft Vista, as Vista is not compatible with TLS 1.2 standards. While CMS has previously stated that Vista will be supported until 9/30/2015, they may be forced to roll out the TLS 1.2 update before then.

So, if you are using Microsoft Vista, you might need to adjust your upgrade plan. Notices will be posted to the [CMS QIES to Success website](#) soon as CMS has finalized their plans.



“Don’t ever become a pessimist... a pessimist is correct oftener than an optimist, but an optimist has more fun, and neither can stop the march of events.”
— Robert A. Heinlein

“The march of invention has clothed mankind with powers of which a century ago the boldest imagination could not have dreamt.”
— Henry George

“You can never reach the promised land. You can march towards it.”
— James Callaghan



