



The MDS Mentor

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Table of Contents

New Design	1
Correcting ADL Coding	1
PPS Potentially Changing Dramatically	2
Clarification: LVN Staging Pressure Ulcers	3
New QIES Applications Security Policy	3
New CASPER Report Category for SNF Quality Reporting Program	3
Questions and Answers	4
Training Opportunities	4
MDS News	5
Useful Web Links	5
Contact Us	7

New Design

As many of you may be aware, the Texas Department of Aging and Disability Services (DADS) is coming to an end on 8/31/2017. While some areas have already transitioned, beginning 9/1/2017, all remaining DADS staff will become Texas Health and Human Services Commission (HHSC) employees. Additional information is available on the [HHS Transformation website](#).

In preparation for this transition, The MDS Mentor has been given a new design to reflect our organization and to ensure compatibility with Texas Health and Human Services (HHS) standards for accessibility. If you have any issues accessing this content through accessibility tools, please send an email to brian.johnson@hhsc.state.tx.us.

Correcting ADL Coding

During several of the recent MDS 3.0 Refresher classes, the topic of inaccurate Activities of Daily Living (ADL) coding has been brought up often. Providers have stated that they have been told that they cannot change the documentation that has been entered by the Certified Nursing Assistants (CNAs). This is correct, you cannot edit the ADL coding entered into the nursing assistant charting, but you must ensure that if this information pre-populates the Minimum Data Set (MDS)

that it is accurate. For example; Section G0110H: Eating, the nursing assistant is documenting an 8/8, (activity did not occur), for a resident on Peg Tube Feedings. You know that this is not the correct code, it should be a 4/2, Dependent with one person assist. This response must be changed in the MDS so that it reflects the correct level of care. The MDS Coordinator (MDSC) should enter the correct coding and make a note to explain why this change was made. Most software system offer an option to make a progress note right in the MDS, but if your software does not, a nursing/MDS note should be created. The Resident Assessment Instrument (RAI) does not state how this information should be documented, that is left up to the facility how this is entered into the clinical record, but the coordinator should always be able to support the information entered into the MDS.

PPS Potentially Changing Dramatically

The Center for Medicare and Medicaid Services (CMS) has released a proposed rule that has the potential for drastic change with how providers are reimbursed for Skilled residents in facilities. This new proposed rule, released in April 2017, revises the Prospective Payment System (PPS) to reflect new assessment items and a new focus on the amount of care provided and takes the focus off of the amount of therapy services as the key to reimbursement. If approved the new rules would go into effect in October 1, 2018 and will offer new challenges for coordinators and facilities.

The proposed rules are on the Federal register website and you should review them if you have not already: [Document 2017-08521](#).

In addition the new MDS assessment items, there will be 4 new Functional based Quality Measures (QMs) added, bringing the total of new QMs to 11 for FY 2018 reporting periods.

The payment levels will be based upon a Resident Classification System (RCS), RCS-1, versus the current Resource Utilization Group (RUG) based system. The payments will be based upon the resident classification and will be established by the 5 day assessment. All other PPS assessments will be eliminated. CMS will adjust the rate for the stay based upon the amount of resources as the stay continues.

Clarification: LVN Staging Pressure Ulcers

I (Shelly) want to issue a clarification and an apology. During recent MDS 3.0 Refresher Classes, I was referencing some information regarding a Licensed Vocational Nurse (LVN) staging pressure ulcers that was misleading. I stated that an LVN could not stage pressure ulcers as this was considered a Comprehensive Assessment and according to the Texas Board of Nursing (BON), an LVN could only perform Focused Assessments. After seeking clarification from the BON, I would like to clarify that comment. Per the BON...the LVN scope of practice is a directed scope of practice and requires appropriate supervision. Nothing in the BON's rules refers to 'wound assessments' specifically. You will need to determine whether the assessments are comprehensive assessments, requiring the advanced knowledge and skill of the Registered Nurse (RN), or whether they are focused assessments performed under the appropriate direction and supervision of an appropriately licensed and credentialed supervisor.

I sincerely apologize for any confusion and want to assure you I will fact check more thoroughly in the future.

New QIES Applications Security Policy

Effective June 26, 2017, the CMS QIES applications will now require users to successfully login every 60 days. If this does not occur, the account will be disabled and can only be re-enabled if the user contacts the QIES Technical Support Office (QTSO) Help Desk at (800) 339-9313.

Accounts that have no activity for more than 365 days will be deleted. Once deleted, an account may not be re-enabled and the user will be required to go through the account request process as if they were a new user.

Users will continue to use the QIES User Maintenance Application (QUMA) to update passwords every 60 days, and to utilize security questions to reset forgotten passwords.

Questions on this policy can be sent to the QTSO Help Desk at (800) 339-9313 or help@qtso.com.

New CASPER Report Category for SNF Quality Reporting Program

CMS has added a new report category to the Certification And Survey Provider Enhanced Reports (CASPER) application called, "SNF Quality Reporting Program", which can be found on the left hand side of the CASPER main page. When you

select this new category, you will see it currently has only one available report, the "SNF Review and Correct Report".

The "SNF Review and Correct Report" allows Skilled Nursing Facility (SNF) providers to review their QM data to identify if there are any corrections or changes necessary prior to the quarter's data submission deadline, which is 4.5 months after the end of the quarter.

Correction periods for each quarter end as follows: Q1 (1/1-3/31) – August 15; Q2 (4/1-6/30) – November 15; Q3 (7/1-9/30) – February 15; Q4 (10/1-12/31) – May 15.

This report provides a breakdown, by measure and by quarter, of the provider's QM data for four rolling quarters. The report also identifies the open/closed status of each quarter's data correction period as of the report run date.

For more information, please see, "Section 13, SNF Quality Reporting Program", from the "CASPER Reporting User's Guide for MDS Providers" link on either the [Welcome to the CMS QIES Systems for Providers page](#), if logged into CMSNet, or at [MDS 3.0 User Guides & Training Information](#), for those without CMSNet accounts.

Questions and Answers

Q: I am a new MDS Coordinator, how do I learn more about the MDS process?

A: One excellent resource is to visit the [CMS YouTube channel](#). They actually have a video for each section of the MDS and a whole series on the Skilled Nursing Facility Quality Reporting Program.

Training Opportunities

There are only a few MDS 3.0 Refresher classes left, June 29, 2017 in San Antonio and July 6, 2017 in Austin. Also, there will be one class scheduled sometime in August for the Brownwood, San Angelo area. After these classes, there will not be any other MDS classes until 2018, so reserve your spot soon!

Find classes and register on the [Joint Provider Training website](#).

Do not forget the following Training Opportunities:

2017 GERIATRIC SYMPOSIUM, AUGUST 7-8, AUSTIN, TX. THERE WILL ALSO BE A DAY AND HALF LONG TRAINING RELATED TO PASSR.

[Symposium page with registration link.](#)

ABUSE, NEGLECT AND EXPLOITATION TRAINING ACADEMY - ABILENE, HOUSTON AND AUSTIN DATES IN JULY AND AUGUST.

[Training page with registration link.](#)

MDS News

V2.01.0 of the draft MDS 3.0 Data Specifications was posted to the [CMS MDS 3.0 Technical Information website](#) to incorporate the draft V1.15.0 MDS 3.0 Item Sets that add items to Sections N and P.

An errata V2.01.1 was posted for the draft V2.01.0 MDS 3.0 Data Specifications to address changes to the calculations section. None of the item sets were affected. The errata document may be found on the [CMS MDS 3.0 Technical Information website](#).

V11.0 of the MDS 3.0 Quality Measures User's Manual has been posted to the [CMS MDS 3.0 Quality Measures website](#). Prior versions of the manual have been moved to the [Quality Measures Archive website](#).

An errata for the MDS 3.0 QM User's Manual V11.0 has been posted to the [CMS MDS 3.0 Quality Measures website](#) to address an error in the manual regarding N015.01, Percent of High-Risk Residents with Pressure Ulcers (long stay).

Useful Web Links

[Texas Minimum Data Set website](#). Find MDS policy, procedures, clinical and technical information, Texas Medicaid MDS settings, notifications and The MDS Mentor newsletters. Consider visiting the [Texas HHS Nursing Facility Provider Portal](#) for other nursing facility related information and links.

Sign up for MDS Resource E-mail updates from GovDelivery. Go to the [Texas Health and Human Services website](#), click on the "Subscribe" link at the top right and follow the directions. The "Texas Minimum Data Set (MDS) Resources" emails are a key line of communication for MDS updates and alerts to nursing home and swing bed facilities from the Texas MDS staff. Consider signing up for other nursing home-related information, as well.

Centers for Medicare & Medicaid Services (CMS) [Nursing Home Quality Initiative website](#). Main site that links to related CMS websites, like the MDS 3.0 RAI Manual, Quality Measures, Technical Information (MDS 3.0 Item Sets, data

specifications, RUG information, jRAVEN), MDS Training and SNF Quality Reporting.

Centers for Medicare & Medicaid Services (CMS) [Skilled Nursing Facility PPS](#). For clarification and follow-up documents related to the Medicare Proscribed Payment System.

[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/CASPER online access request), 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.

QTSO also maintains the national QIES Help Desk, which is available to assist with MDS 3.0 technical issues, including transmission error messages and account issues with MDS and CASPER. They can be reached at 800-330-9313 or help@qtso.com.

CMSNet User Support at 888-238-2122 or by email at MDCN.mco@palmettogba.com. This is the help desk responsible for assisting users with CMSNet accounts, the Juniper client and connection issues with accessing the CMS network. If you cannot connect to the CMS network this is the help desk to contact. If you are able to access the CMS network, but are having issues accessing MDS submissions or CASPER, please contact the QIES Help Desk using the information above.

[Skilled Nursing Facilities/Long-Term Care Open Door Forum](#). Routine conference calls that addresses the concerns and issues of both the Medicare SNF, the Medicaid NF, and the nursing home industry generally. Sign up for email notices for this and other CMS notifications at the [CMS Email Updates website](#).

[Texas Long Term Care Provider Search](#). Rating site for all Texas long-term care facilities, home health and hospice agencies, and Home and Community-based waiver Programs.

[Nursing Home Compare](#). CMS rating site for Medicare and/or Medicaid nursing homes across the country. Data used for this site is also available for download in whole or by select data subset at Data.Medicare.gov.

[CMS Five-Star Quality Rating website](#). Information on the Five-Star rating system used on the Nursing Home Compare website, including the technical user's guide, staffing data, fact sheet, data files, etc.

[CMS MDS 3.0 Frequency Report](#). Summarizes information for active residents currently in nursing homes based on MDS assessment records. The assessment information for each active nursing home resident is consolidated to create a profile of the most recent standard information for the resident. Arranged by MDS item with state and national results. Available by quarter and year for the past five years.

Texas Medicaid Healthcare Partnership (TMHP) [Long Term Care website](#). Supports the LTC provider community in submitting claims through the Claims Management System, in addition to other required Texas forms, such as for the PASRR program and Medical Necessity Level of Care (MNLOC) assessments.

Contact Us

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The content in this newsletter may be time-limited and superseded by guidance published by CMS or DADS in the future. It is the provider's responsibility to stay current on the latest information.