The MDS Mentor

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Significant Change in Status Assessment (SCSA) - 13 Fast Facts

MDS 3.0

1. For MDS 3.0, a SCSA is coded as A0310A=04.
2. When a SCSA is completed alone or combined with other MDS 3.0 assessment codes, use a Nursing Home Comprehensive (NC) Item Set (RAIM3, page 2-10).
3. The Assessment Reference Date (ARD) in item A2300 is the last day of the observation/look-back period and ends at 11:59 PM (RAIM3, page 2-8). Nothing that happens after 11:59 PM on the ARD should be reflected on any MDS.
4. When a SCSA is completed, it resets the assessment timing/scheduling. The next quarterly MDS would be scheduled within 92 days, and the next comprehensive MDS would be scheduled within 366 days, after the ARD of the SCSA (RAIM3, page 2-9).
5. A Significant Change in Status Assessment (SCSA) is **required** when a resident elects or revokes a hospice program (RAIM, page 2-21).
6. A SCSA is appropriate when there is a consistent pattern of changes, with either two or more areas of decline or two or more areas of improvement (RAIM, page 2-23).
7. If there is only one change, nursing home staff **must** document the rationale in the resident's medical record if they elect to complete a SCSA that does not meet the criteria for completion (RAIM3, page 2-23).
8. A SCSA is appropriate when the resident's condition is not expected to return to baseline within two weeks (RAIM3, page 2-21).
9. A SCSA is not required when the resident continues to make steady progress under the current course of care. Reassessment is required only when the condition has stabilized (RAIM3, page 2-24).
10. A SCSA would not be appropriate when the resident has stabilized but is expected to be discharged in the immediate future. If the nursing home staff has engaged in discharge planning, then a comprehensive reassessment is not necessary to facilitate discharge planning (RAIM3, page 2-23).
11. When a resident's status changes and it is not clear whether the resident meets the SCSA guidelines, staff may take up to 14 days to determine whether the criteria are met (RAIM3, page 2-20). This only applies if it is questionable whether a SCSA should be completed.
12. In cases where it is clear that a SCSA is required, the facility staff must both select an ARD and complete the SCSA within 14 days after determination that the criteria for a SCSA was met (determination date + 14 calendar days) (RAIM3, page 2-21 and 2-22). However, be mindful of selecting the same date as the ARD and the completion date. Facility staff may want to sign the MDS as complete before leaving for the day (5 or 6 PM) but the ARD does not end until 11:59 PM.
13. If a SCSA occurs for an individual known or suspected to have a "mental illness, mental retardation or related condition", a referral to the state mental health or mental retardation authority must promptly occur (RAIM, page 2-28). In Texas, notify:
    > Mental Retardation Authorities
    > Texas Department of Aging and Disability Services
    > Mail Code W-579
    > P.O. Box 149030
    > Austin, TX 78714-9030
    > Phone Number: 512-438-4886
    > Fax Number: 512-438-4415

MDS 3.0 OBRA Assessments and Tracking Records

The dawn of a
new day for MDS

"If there is no
struggle, there is no
progress."
- Frederick Douglass

"Highest practical
level of well-being."
RAIM3, pg 1-4

   This article summarizes the most important points regarding MDS 3.0 OBRA assessments and tracking records. All MDS 3.0 OBRA MDS assessments must now be transmitted within 14 days of the date of completion. All MDS tracking records must now be transmitted within 14 days of the date of the event. This is different from the 31 day submission due date required by MDS 2.0. The quarterly and annual OBRA assessments (A0310A= 02 or 03) can always be scheduled early, but never late. Please keep in mind that the explanations below are not comprehensive and only highlight the key aspects of each OBRA and tracking MDS. Nursing facility MDS coordinators should be familiar with RAIM3 Chapters 2 and 5 that address OBRA MDS and tracking record scheduling, completion and submission.

   When a person enters a facility, the first MDS due is the entry tracking record (A0310F=01) and must be completed within 7 days of entry. This is new for MDS 3.0. The entry tracking record is completed for ALL residents who are admitted into or reenter a facility, regardless of length of stay, no matter how often the resident enters and regardless of whether or not an Admission assessment has been completed. Entry tracking records are also required on respite residents. If the resident had an OBRA Admission completed, was discharged return anticipated and returned within 30 days of discharge, then the entry is coded as a Reentry (A1700=2). In all other cases, the entry is coded as an Admission (A1700=1). The requirements for admission versus reentry are the same as for MDS 2.0 EXCEPT that a resident who was discharged over 30 days ago is always considered a new admission. The entry tracking record can NOT be combined with any other assessment and the entry tracking record is always the first MDS submitted for the resident's stay at the facility.

   If a resident entry is an Admission instead of a Reentry, the next MDS for nursing facilities after the entry tracking record is the OBRA Admission assessment (A0310A = 01). The Admission assessment is a comprehensive assessment that is

completed when it is the resident's first entry to the facility; a return after discharge prior to completion of the OBRA Admission assessment; a return after a discharge return not anticipated; or a return over 30 days after a discharge return anticipated.

   Upon reentry, or at any time during a resident's stay, the resident may have a significant change in status. This is when a Significant Change in Status Assessment (SCSA) (A0310A=04) would be appropriate. The SCSA is a comprehensive assessment that is completed when a "significant change" is identified. The MDS 3.0 requirements for a SCSA are complex and different from the MDS 2.0 requirements.. You can find the new MDS 3.0 definition, and several examples, in Chapter 2 of the RAIM3, as well as in the first article in this publication. You may complete a SCSA at any time, and as often as you need, when the conditions of a "significant change" are met (except prior to an Admission Assessment).

   The Quarterly assessment (A0310A=02) is a non-comprehensive assessment that is completed no later than 92 days from the Assessment Reference Date (ARD) of the most recent MDS 3.0 OBRA assessment of any type. Note that this is different from MDS 2.0 where the Quarterly was scheduled from the completion date of the previous OBRA assessment. Texas uses the standard Quarterly Item Set defined by CMS.

   The Annual assessment (A0310A=03) is a comprehensive assessment that is completed no later than 366 days from the ARD of the most recent MDS 3.0 OBRA comprehensive assessment (Admission, Annual, SCSA or Significant Correction of a Prior Comprehensive Assessment) AND no later than 92 days from the ARD of the most recent MDS 3.0 OBRA quarterly. Note that this is different from MDS 2.0 where the Annual was scheduled from the completion date of the previous comprehensive assessment.

MDS 3.0 OBRA Assessments and Tracking Records Cont'd

If an error is discovered in an assessment, the facility must determine if it is a "significant error" as defined in Chapter 2 of the RAIM3. The MDS 3.0 definition of "significant error" is **different** from the MDS 2.0 definition. If staff discover a "significant error" in a comprehensive assessment, then a Significant Correction of a Prior Comprehensive Assessment (SCPA) (A0310A=05) must be completed. If the facility discovers a "significant error" in a Quarterly, then they must complete a non-comprehensive Significant Correction of a Prior Quarterly Assessment (SCQA) (A0310A=06). When a SCPA or SCQA is completed, the erroneous assessment with the error must also be corrected with a modification using Section X.

Whenever a resident leaves the facility, a Discharge Assessment must be completed. This is **different** from MDS 2.0, where the Discharge was only a tracking form. A Discharge Assessment – return not anticipated (A0310F=10) is completed when the resident is discharged from the facility and is not expected to return to the facility **within 30 days**. A Discharge Assessment – return anticipated (A0310F=11) is completed when the resident is discharged from the facility and is expected to return to the facility **within 30 days**. If the resident is discharged return anticipated and does not return, then no further action is required by the facility. When a discharge is unplanned, facility staff should complete the Discharge Assessment to the best of their ability, using a dash, "-", for items where staff are unable to determine a response. Whenever a discharge assessment of either type is completed, the ARD MUST equal the date of the resident's discharge. If you want to combine other assessments with a discharge assessment, ensure that an ARD of the date of discharge is used, otherwise DO NOT combine the assessments.

When a resident dies in the facility, or while on a leave of absence, then the staff completes a Death in Facility tracking record (A0310F=12). This is new for MDS 3.0. It must be completed within 7 days after the resident's death and cannot be combined with any other type of assessment.

Ghosts and goblins

Walking dead

These are things we

Learn to dread

Of 3.0

Be not afraid

Andy and Cheryl

Offer aid

MDS News in Review

- The RAIM3 on the CMS website was updated on July 15th, August 11th, September 13th and September 23rd.
- MDS 3.0 Training Slides and Instructor Slides on the CMS website were updated as recently as September 2nd.
- The CMS Skilled Nursing Facilities Prospective Payment System Spotlight includes slides and audio recordings of June, August, and September trainings that address the RUG-III to RUG-IV transition caused by the October 1st implementation of MDS 3.0. http://www.cms.gov/SNFPPS/02_Spotlight.asp

- The Texas Department of Aging and Disability Services (DADS) MDS website was updated on September 13th. Changes include new and updated information as well as an easier-to-use format. New information includes sections related to MDS 3.0, preparing for Medicaid applicants and MDS issues related to Change of Ownerships. http://www.dads.state.tx.us/providers/MDS/
- Cheryl Shiffer, the Texas RAI Coordinator, has been out of the office a lot recently, and will be in coming months, in order to train providers and state surveyors on MDS 3.0.

When should A0310B = 07?

It is important to understand how the MDS 3.0 item A0310 Type of Assessment values should be selected, even if a facility's MDS software helps to select the values. Based on the questions that the DADS MDS coordinators have received so far, the most confusing part of item A0310 is when to mark A0310B with the value 07 "Unscheduled assessment used for PPS." The three uses of A0310B = 07 are an OMRA, a significant change and a significant correction to a prior comprehensive assessment when they are not combined with a PPS scheduled assessment.

If an OMRA assessment (A0310C = 1, 2 or 3) is completed by itself then A0310B must be marked 07. When combining a scheduled PPS assessment with an unscheduled OMRA assessment, such as a 5-day combined with a start of therapy, A0310B will be marked with the appropriate value for the PPS scheduled assessment (A0310B = 01, 02, 03, 04, 05 or 06).

If an OBRA significant change in status (A0310A = 04) or OBRA significant correction to a prior comprehensive assessment (A0310A = 05) is completed by itself for a resident that is on Medicare as of the ARD of the assessment, then A0310B must be marked 07. When combining a scheduled PPS assessment with any OBRA assessment, such as a 5-day combined with a significant change in status, A0310B will be marked with the appropriate value for the PPS scheduled assessment (A0310B = 01, 02, 03, 04, 05 or 06).

Resident Legal Name

The resident name on the MDS (both 2.0 and 3.0) must be the legal name. The resident name on the Medicaid card must match the name on the Medicare card (or equivalent legal identification). If the name on the Medicare card is not the legal name, then it must be fixed on the Medicare card. If the name on the Medicare card is correct, then the name on the Medicaid card and in the MDS must match the name on the Medicare card.

Mismatches generally occur when the resident or a family member gives a nickname during the facility (nursing and swing bed) admission process or during the Medicaid application process. One strategy is to ask for a copy of the Medicare card. If that is not available, then ask for the Railroad

insurance card, Social Security card or driver's license. This preventive step will ensure correct information on the MDS and avoid Medicaid and Medicare issues later on.

We understand that non-matching names can be a headache for facilities but you cannot use MDS to fix mismatched names on Medicare and Medicaid cards. Facility staff may NOT, under any circumstances, send the same assessment twice with different names. MDS are not only utilized for payment but also for statistical research, facility rating (for public review), and quality monitoring (used to survey facilities). Double MDS would artificially and inappropriately skew these numbers.

Be Aware of Medicare

Medicare assessment scheduling requirements in MDS 3.0 can be a challenge. What should you be aware of when reporting Medicare assessments?

All scheduled Medicare PPS assessments have an Assessment Reference Date (ARD) window. Setting the ARD of the Medicare assessment before or after that window can cause your facility to collect the default rate for the number of days that the assessment is early or late. When combining MDS, always make sure that you meet the deadline and window requirements of ALL the MDS that are being combined. For example, you have 14 days in which to set the ARD of the OBRA Admission but a PPS 5-day can only have an ARD in days 1-5 with grace days 6-8. This means a combined Admission and PPS 5-day can have an ARD no later than day 8.

All scheduled and unscheduled Medicare PPS assessments must be preceded by an entry tracking form for that stay if the resident was admitted on or after 10/1/10, must be completed within 14 days after the ARD and all must be submitted and accepted by CMS within 14 days after the date of completion. Medicare PPS assessments follow the same correction rules for modification and inactivation as do OBRA assessments.

Unscheduled PPS OMRA assessments are a new kind of MDS assessment added with MDS 3.0. Start of Therapy OMRA assessments are optional and may only be used when the RUG-IV Rehabilitation Plus Extensive Services or Rehabilitation group category will result and is higher than the RUG-IV category without the Start of Therapy RUG. Be aware that the Short Stay policy can affect your completion of the Start of

Therapy OMRA. End of Therapy OMRA assessments are required when the resident is classified in a RUG-IV Rehabilitation Plus Extensive Services or Rehabilitation group and continues to need Part A SNF-level services after the discontinuation of all rehabilitation therapies. Unscheduled OMRA assessments can be combined with scheduled PPS assessments and with OBRA assessments, but you must pay extra attention to the deadlines and windows of all MDS involved.

The RAIM3 Chapter 2 addresses Medicare assessments in detail. You must become familiar with the rules and schedule of Medicare assessments, as well as the special "Factors Impacting the SNF Medicare Assessment Schedule" near the end of Chapter 2.

We also highly recommend that you review all of the National Provider Call materials found on the CMS website at http://www.cms.gov/SNFPPS/02_Spotlight.asp#TopOfPage (Skilled Nursing Facilities PPS Spotlight) to receive additional CMS training on completion of Medicare MDS during the transition from RUG III to RUG-IV. You must be aware that if you do a Medicare PPS MDS in September that has days of payment that flow into October 2010, you will get the default payment for the days in October unless you follow the instructions on the above listed website. That is because a MDS 2.0 PPS MDS can not and will not calculate a RUG IV for payment, and effective October 1, 2010, RUG IV implements for Medicare and is the only source for Medicare payment.
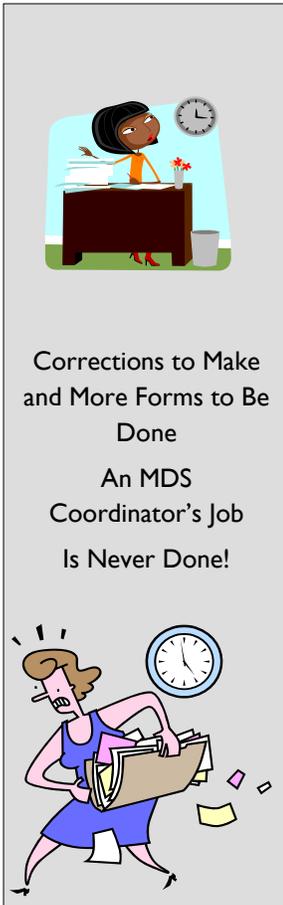
Corrections to Make and More Forms to Be Done

An MDS Coordinator's Job

Is Never Done!

References and Rumors

- Looking for the List of Local Contact Agencies? Visit http://www.dads.state.tx.us/providers/MDS/library/index.html and look for "Texas Local Contact Agencies."
- The rumor that all MDS 2.0 forms must be completed and transmitted by September 30, 2010 is NOT true. The MDS 2.0 RAI Manual tells you how long you have to complete the MDS 2.0 after the ARD and then you still have 31 days to transmit a MDS 2.0 form.
- The rumor that respiratory nurses still must be trained by a respiratory therapist or a RN trained in respiratory therapy or that the nurse must have completed advanced clinical

training in respiratory therapy - and this training must be documented - is true.
- The rumor that you can not rely on the instructions in the MDS 3.0 Item Set to answer all the MDS Items is true. For example, CMS changed the "Instructions for the Rule of 3" in the RAIM3 but not on the MDS 3.0 Item Sets. Rely on the RAIM3!
- CMS did not answer questions in time for inclusion in this issue. Therefore, call your state MDS Coordinators for your answers (see page 6).

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Useful Web Links

DADS MDS Web Site: Texas MDS site for MDS policy, procedures, 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 http://www.dads.state.tx.us/, click on the "E-mail updates" tab and follow the directions. The "DADS Texas Minimum Data Set (MDS) Resources" E-mails 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 Web Site for MDS 3.0: MDS 3.0 Highlights, RAI Manual, Item Sets (forms), related MDS 3.0 materials, and a link to MDS 2.0.

http://www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp

QIES TECHNICAL SUPPORT OFFICE (QTSO): MDS 3.0/2.0, jRAVEN/RAVEN and AT&T Client Software information. Validation Report Messages, Guides, Training and DAVE/DAVE 2 Tip sheets.

https://www.qtso.com/

CMS MDS Training Web Site: MDS 2.0 computer-based training (CBT).

http://www.mdstraining.org/upfront/u1.asp

Quality Reporting System (QRS): DADS information site on Texas nursing homes.

http://facilityquality.dads.state.tx.us/

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/CertificationandComplianc/13_FSQRS.asp#TopOfPage