The MDS Mentor

Cheryl Shiffer, BSN, RN, RAC-CT
MDS Clinical Coordinator
Brian Johnson
MDS Automation Coordinator

VOLUME 8, ISSUE 2 SEPTEMBER 2015

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)

Registered Nurse (RN)

Resource Utilization Group (RUG)

Significant Change in Status (SCSA)

Skilled Nursing Facility/ Nursing Facility (SNF/NF)

J1700, J1800 and J1900: The Fall "Guise"

Taking a cue from the season at hand, it's an ideal time to discuss how to accurately code falls on the MDS. As falls are often miscoded or not captured at all on the MDS, the Oxford Dictionary definition of guise as "an external form, appearance or manner of presentation, typically concealing the true nature of something" applies. Add in the pun that it rhymes with "guys" and there you have it.

First and foremost, accurate coding of the fall items on the MDS is boosted by reading and applying the definition of a fall found on page J-27 of the RAIM3. A fall, according to this definition, is an "unintentional change in position coming to rest on the ground, floor or onto the next lower surface (e.g., onto a bed, chair, or bedside mat). The fall may be witnessed, reported by the resident or an observer or identified when a resident is found on the floor or ground." Note that the resident does **not** have to end up on the floor or ground. A resident could lose their balance and end up in a chair, a recliner or literally falling into bed and that would still be considered a fall. Furthermore, a resident found on the floor or ground who either cannot or does not explain that they intentionally placed themselves there for some reason is considered to have fallen. Continuing on, "Falls include any fall, no matter whether it occurred at home, while out in the community, in an acute hospital or a nursing home."

However, "falls are not a result of an overwhelming external force (e.g., a resident pushes another resident)." Other examples of incidents, but not falls, include staff pushing equipment (such as carts, hoppers or oxygen concentrators) directly into or into the path of an ambulating resident and tiles, fixtures or pictures falling and knocking over a nearby resident. Nevertheless, wet spots on the floor, icy sidewalks or items left stationary in the walkway are not external forces and these circumstances can easily lead a resident to fall.

Last but not least, the most overlooked portion of the fall definition occurs at the end. "An intercepted fall occurs when the resident would have fallen if he or she had not caught him/herself or had not been intercepted by another person – this is still considered a fall." So a resident that exclaims they almost fell but they managed to grab on to a nearby object or person and kept themselves from hitting the floor or ground is actually describing a fall. In addition, a staff member who explains they intervened and prevented a resident from falling has misidentified the situation—because it actually meets the definition for a fall.

The MDS fall items (Pages J27-J33, RAIM3):

- J1700A - Did the resident have a fall any time in the **last month** prior to admission/entry or reentry?
- J1700B - Did the resident have a fall any time in the **last 2-6 months** prior to admission/entry or reentry?

(Continued on the next page.)

J1700, J1800 and J1900: The Fall "Guise"

(Continued from previous page.)

- J1700C - Did the resident have **any fracture related** to a **fall in the 6 months** prior to admission/entry or reentry?
- J1800 - Has the resident **had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS),** whichever is more recent.
- J1900 - **Number of falls since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS),** whichever is more recent.
- J1900A - **No injury**
- J1900B - **Injury (Except major)**
- J1900C - **Major Injury**

A common error when coding J1800 and J1900 (and A0310E as well) is to include a review of the coding on Medicare assessments completed solely for private insurance, including Medicare Advantage plans. CMS does **not** consider these assessments as Scheduled PPS assessments, as Scheduled PPS assessments are only those for residents on Medicare Part A.

Therefore, if a resident falls on day 2 after readmission from the hospital and this fall is captured in J1800 and J1900 on a Medicare MDS for a MA Plan with an ARD of day 8 of the stay that is **not** transmitted to CMS, the fall would also be captured in J1800 and J1900 on the Admission or SCSA MDS with an ARD on or after day 8 of the stay that is transmitted to CMS. This is because the resident fell since admission/entry or reentry and the fall was not captured on a previous OBRA or Scheduled PPS MDS that was sent to CMS.

Ensure all falls that occur during the timeframe listed in the item are being captured on the MDS. To best accomplish this task, follow the "Steps for Assessment" for item J1700 on page J27 of the RAIM3, for item J1800 on page J30 of the RAIM3 and for item J1900 on page J31-J32 of the RAIM3. Included in the steps are notes that falls reported by the resident or family are captured on the MDS, even if there is no documentation of the fall in the clinical record (J30 & J32, RAIM3). However, best practice would be to make a late entry in the clinical record for supporting documentation of the fall.

J1900: Coding Injuries Related to Falls

"Determine the number of falls that occurred since admission/entry or reentry or prior assessment (OBRA or Scheduled PPS) and code the level of fall-related injury for each. Code each fall **only once.** If the resident has multiple injuries in a single fall, **code the fall for the highest level of injury**." These are the instructions for coding MDS items J1900A, B and C from page J32 of the RAIM3.

In order to include a fall in **J1900A. No Injury**, there must be no assessed evidence of any injury after the fall, the resident must not complain of pain or injury and there must be no change in the resident's behavior after the fall.

When coding **J1900B. Injury (except major),** include any fall that results in skin tears, abrasions, lacerations, superficial bruises, hematomas (but not subdural) and sprains, or any fall-related injury that causes the resident to complain of pain or to change their behavior.

And for **J1900C. Major Injury** coding, include those falls that resulted in bone fractures (including fractures of the nose), joint dislocations, closed head injuries with altered consciousness or a subdural hematoma.

Every MDS must be accurate. If the extent of the injury is not noted until after the fall, the MDS assessment (including the discharge MDS) must be corrected to capture the correct level of injury.

Our greatest glory is not in never falling, but in rising every time we fall.
— Confucius

Never look backwards or you'll fall down the stairs.
— Rudyard Kipling

Wise sayings often fall on barren ground, but a kind word is never thrown away.
— Arthur Helps

Those who stand for nothing fall for anything.
—Alexander Hamilton

Even if you fall on your face, you're still moving forward.
— Victor Kiam

Into each life some rain must fall.
— Henry Wadsworth Longfellow

I love sleep. My life has the tendency to fall apart when I'm awake.
— Ernest Hemingway

The greatest accomplishment is not in never falling, but in rising again after you fall.
— Vince Lombardi.

We may stumble and fall but shall rise again; it should be enough if we did not run away from the battle.
— Mahatma Gandhi

A man may die, nations may rise and fall, but an idea lives on.
— John F. Kennedy

I believe in an open mind, but not so open that your brains fall out.
— Arthur Hays Sulzberger

MDS News in Review

- CMS released RAI Manual V1.13 on September 15, 2015. The file may be found in the Downloads section at the bottom of the CMS MDS 3.0 RAI website. V1.13 was effective on October 1, 2015.

  Update: As of October 26, 2015, CMS has released a single PDF file version of the RAI Manual V1.13 available on the same website above.

- CMS has released MDS 3.0 QM User's Manual V9.0, effective October 1, 2015. This file includes two key changes: first, a change in time period for calculation of the measures and a change to a single calculation per year. Second, a change to the missing values for risk adjusted measures, such that missing values for items used to calculate coefficients result in resident being assigned to the 'low' risk category, rather than being dropped from the calculation.

  The new manual may be found in the Downloads section at the bottom of the CMS Quality Measures website.

- jRAVEN version 1.3.0 was made available on the QTSO jRAVEN website.

  jRAVEN 1.3.0 includes the following updates:

  - Item Set changes
  - Data Specification updates
  - VUT update
  - HotKey updates
  - ICD 10
  - Help Contents/RAI manual updates
  - New Disclaimer and CAM verbiage
  - Cosmetic Report changes
  - Enhanced Resident Match
  - Facility Information Display
  - Resident Lock/Unlock
  - Encryption updates
  - Server upgrade
  - Database restore enhancements

  Note: If jRAVEN has NOT been upgraded to at least 1.2.0, this must be done BEFORE installing version 1.3.0. Please contact the QTSO Help Desk at 800-339-9313 OR help@qtso.com for additional instructions or assistance if needed.

- The Minimum Data Set (MDS) final 2016 Part A Discharge (End of Stay) (NPE/SPE) item set and a document containing the final MDS 3.0 Sections A and GG can be found in the Downloads section below. Additionally, the final SNF QRP specifications for the quality measures adopted through the FY 2016 final rule can be found in the Downloads section at the bottom of the SNF Quality Reporting Program Measures and Technical Information website.

- CMS has instituted a new system security requirement that all users must enable Transport Layer Security (TLS) 1.0, 1.1 and 1.2 in their Internet Explorer browser by October 17, 2015. Instructions on How to Activate TLS are available on the QIES to Success website home page. Please be aware these changes require the user to have administrative rights on their computer. You may need to contact your facility's IT support for assistance.

- Effective September 20, 2015, the MDS ASAP system will begin producing the system-generated Final Validation Report in an XML format, in addition to the normal text format. The XML format is intended for third party vendors who wish to incorporate this in their software.

Contact Us

Cheryl Shiffer, BSN, RN, RAC-CT
MDS Clinical Coordinator
11307 Roszell Street, Room 1310
Mail Code: 279-4
San Antonio, TX 78217
Phone: 210.619.8010
Fax: 210.871.6484 (shared fax—call first)
Email: cheryl.shiffer@dads.state.tx.us

Brian Johnson
QIES and MDS Automation Coordinator
DADS P.O. Box 149030
Mail Code: E-345
Austin, TX 78714-9030
Phone: 512.438.2396
Fax: 512.438.4285 (shared fax—call first)
Email: brian.johnson@dads.state.tx.us

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" tab in the upper right hand corner 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/

This guidance is being provided on the published date of The MDS Mentor (November 6, 2015). 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.