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Texas MDS 3.0

**MDS Basics, Sept. 21, 2021:
A Brief Review of High
Points and Common Issues**

THANK YOU

**THANK YOU FOR ALL YOUR WORK AND
FOR ALL YOU DO EVERY DAY FOR SNF
AND NF RESIDENTS IN TEXAS!**



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Susan Edgeman BSN, RN, RAC-CT
State RAI Coordinator

Cell (210) 551-9579

Susan.Edgeman@hhs.texas.gov



Shimron (Shim) Gill, Data
Management & Analysis
MDS Automation Coordinator

Cell 512-565-6681

Shimron.Gill@hhs.texas.gov

Acronyms

- AFO – Ankle - Foot Orthosis
- APU – Annual Payment Update
- ARD – Assessment Reference Date
- CMS – Centers for Medicare & Medicaid Services
- HHA – Home Health Agency
- HIPPS Code – Health Insurance Prospective Payment System rate codes
- IMPACT Act – Improving Medicare Post - Acute Care Transformation Act



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Acronyms

- IRF - Inpatient Rehabilitation Facility
- IRF - PAI – Inpatient Rehabilitation Facility Patient Assessment Instrument
- IPA – Interim Payment Assessment
- LTCH – Long - Term Care Hospital
- LTCMI (Long-term Care Medicaid Information)
- MDS – Minimum Data Set
- NQF – National Quality Forum
- OBRA – Omnibus Budget Reconciliation Act of 1987
- PDPM – Payment - Driven Payment Model



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Acronyms

- PAC – Post - Acute Care
- PN – Parenteral Nutrition
- PPS – Prospective Payment System
- QM – Quality Measure
- QRP – Quality Reporting Program
- RAI – Resident Assessment Instrument
- SNF – Skilled Nursing Facility
- QIES ASAP – CMS Quality Improvement and Evaluation System Assessment Submission and Processing
- QM – Quality Measures
- SNF QRP – SNF Quality Monitoring Program
- VBP – Value Based Purchasing Program



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Disclaimer

- The information in this presentation is current at the time it was written
- CMS and Texas Medicaid Requirements are subject to change
- Visit the [CMS Long-term Care website](#) for MDS Item sets updates and additional information
- Subscribe to HHSC information alerts or visit [Texas MDS Alerts](#)
- Consult the Texas Medicaid Partnership (TMHP), [Long-term Care site](#) for Texas Medicaid info



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**Centers for Medicare &
Medicaid Services**



**Long-Term Care
Facility Resident
Assessment
Instrument 3.0
User's Manual**

Version 1.17

October 2019



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MDS Sources/Resources

- Current RAI Manual
- CMS Experts in Long-term Care
 - Debra Saliba, MD, MPH
 - Steve Levenson, MD,CMD
- CMS Med 3.0 Training, [CMS YouTube Channel](#)
- CMS Skilled Nursing Facility Quality Monitoring Program ([SNF QRP](#)) Training [Aug 2019](#)
- Current State Operations Manual (SOM) [Quality, Safety & Education Portal \(QSEP\)](#)
- [TMHP](#)



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Objectives

- Understand some of the basics and background of MDS assessments
- Understand the growing importance of MDS data in PAC
- Understand ways MDS impacts survey
- Be aware of some common issues and steps for prevention
- Understand some coding tips and tricks₁₀



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Please tell us more:

- **Please list your role in the chat box**
- **Is your facility a SNF, a NF or both?**
- **Please let us know what kind of topics you would like us to cover in future webinars**



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MDS

- “The Minimum Data Set (MDS) is a standardized collection of demographic and clinical information that describes a person's overall condition.
- The Resident Assessment (RAI) Process “The RAI helps nursing home staff look at residents holistically—as individuals for whom quality of life and quality of care are mutually significant and necessary “



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RAI Process Background

Background and Rationale

The Omnibus Budget Reconciliation Act of 1987 (OBRA 1987) mandated that nursing facilities provide necessary care and services to help each resident attain or maintain the highest practicable well-being.



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MDS Background

The IMPACT Act of 2014 established the Skilled Nursing Facility Quality Reporting Program (SNF QRP). The IMPACT Act requires post-acute care providers to submit standardized patient/resident assessment data and other necessary data specified by the Secretary with respect to five quality domains. Providers should use MDS 3.0 version 1.14.1 to submit data required for submission for SNF QRP



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MDS

Sections:

- A — Identification Information, type of record, and reasons for assessment.
- B — Hearing, Speech, and Vision
- C — Cognitive Patterns
- D — Mood
- E — Behavior
- F — Preferences for Customary Routine and Activities
- G — Functionals Status



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MDS

Sections Continued:

- GG — Functional Abilities and Goals
- H — Bowel and Bladder
- I — Active Diagnoses
- J — Health Conditions
- K — Swallowing/Nutritional/Status
- L — Oral Dental Status
- M — Skin Conditions
- N — Medications
- O — Special Treatments, Procedures and Programs



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Sections Continued:

- P — Restraints and Alarms
- Q — Participation in in Assessment and Goal Setting
- V — Care Area Assessment Summary CAAs
- X — Correction Request
- Z — Assessment Administration



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Types of Assessments

OBRA

Comprehensive

- Admission
- Annual
- Significant Change in Status
- Significant Correction to Prior Comprehensive

Non-Comprehensive:

- Quarterly
- Entry & Discharge Tracking
- Significant Correction to Quarterly
- (No CAAs)



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Types of Assessments

PPS (SNF)

- **5-Day**
- **IPA**
- **Medicare Part A Discharge**



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MDS Assessment

- MDS OBRA Assessments assess resident wellbeing
- Follow the OBRA schedule
- Part A PPS assessments for Medicare Payment
- Texas has adapted the OBRA assessments for Medicaid payment
- Really separate issues



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Growing importance of Data in PAC Care

- You can really see the importance of MDS data, Resident assessment, Care Planning, SNF QEP, VBP
- SHARED data elements (SPADES) across PAC settings.
- Temporary delayed 2 years post PHE
Coming soon



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MDS

- Three components
- 1) Minimum Data Set Version 3.0 (MDS)
- 2) The Care Area Assessment Process
- 3) RAI Utilization Guidelines



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Ch 4 Care Planning



Evidence Based Practice

See Chapter 4, RAI

- Facilities should ensure all staff know how to assist with data collection for MDS completion and care planning

From Chapter 1

- “Good clinical practice is an expectation of CMS.”



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MDS Care Planning

CAAs and CATS

- 20 common areas
- Detailed check lists about what could be causing a problem
- Facilities must address areas not covered prn
- Appropriate staff and interventions
- Reevaluate and revisit



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Evidence Based Care

- Evidence based practice
- Careful data collection
- Appropriate consultation
- Clear Communication



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MDS Appendix C

1) Does your facility use the materials here?

2) Does your facility use CMS CAA or CAT logic tables entered into your EHR software?

3) Would your facility prefer these resources in a different lay-out etc.?

4) Do you use non-CMS tools?



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CMS 802 Matrix and Survey

- 1. Residents Admitted within the Past 30 days:**
- 2. Alzheimer's/Dementia:**
- 3. MD, ID or RC & No PASARR Level II:**
- 4. Medications:**
- 5. Pressure Ulcer(s) (any stage):**
- 6. Worsened Pressure Ulcer(s) at any stage:**
- 7. Excessive Weight Loss without Prescribed Weight Loss program:**



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CMS 802 Matrix and Surveys

13. Dialysis:

14. Hospice:

**15. End of Life/Comfort
Care/Palliative Care:**

16. Tracheostomy:

17. Ventilator:

18. Transmission-Based Precautions:

19. Intravenous therapy:

20. Infections:



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MDS Use in Surveys

- Avoid potential problems
- Who in your building would show up on an 802 Matrix?
- What resident condition might totally be prevented from ever showing up on this form and never be coded on an MDS?



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MDS and Surveys/Form 802

- Item 9. **Dehydration:** Resident(s) identified with actual hydration concerns takes in less than the recommended 1,500 ml of fluids daily (water or liquids in beverages and water in foods with high fluid content, such as gelatin and soups).



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Problem Conditions

- J1550
- Resident's fluid loss exceeds the amount of fluids he or she takes in (e.g., loss from vomiting, fever, diarrhea that exceeds fluid replacement).



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Problem Conditions

- Example: J 1550C—Dehydrated
Dehydrated: Check this item if the resident presents with two or more of the following potential indicators for dehydration:
- Resident takes in less than the recommended 1,500 ml of fluids daily (water or liquids in beverages and water in foods with high fluid content, such as gelatin and soups).



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Problem Conditions

- Resident has one or more potential clinical signs (indicators) of dehydration, **including but not limited to** dry mucous membranes, poor skin turgor, cracked lips, thirst, sunken eyes, dark urine, new onset or increased confusion, fever, or abnormal laboratory values (e.g., elevated hemoglobin and hematocrit, potassium chloride, sodium, albumin, blood urea nitrogen, or urine specific gravity)



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MDS and Surveys/Form 802

- J 1550 Problem Conditions
 - J1550A, Fever
 - J1550B, Vomiting
 - J1550C, Dehydrated
 - J1550D, Internal bleeding
 - J1550z, None of the above



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Examples: Section N

For Medicare SNF Part A Stays

N2001. Drug Regimen Review - Complete only if A0310B = 01

Enter Code

Did a complete drug regimen review identify potential clinically significant medication issues?

- 0. **No** - No issues found during review
- 1. **Yes** - Issues found during review
- 9. **NA** - Resident is not taking any medications

N2001 Example:

Mr. H was admitted to the nursing facility after undergoing cardiac surgery for mitral valve replacement. The acute care hospital discharge information indicated that Mr. H had a mechanical mitral heart valve and was to continue receiving anticoagulant medication.



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N2001

While completing a review and comparison of Mr. H's discharge records from the hospital with the physician's admission medication orders and admission note, the nurse noted that the admitting physician had ordered Mr. H's anticoagulation medication to be held if the international normalized ratio (INR) was below 1.0, however, the physician's admission note indicated that the desired therapeutic INR parameters for Mr. H was 2.5–3.5.



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N2003

N2003. Medication Follow-up - Complete only if N2001 =1

Enter Code

Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?

- 0. No
- 1. Yes



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DEFINITION

MEDICATION FOLLOW-UP

The process of contacting a physician to communicate an identified medication issue and completing all physician-prescribed/recommended actions by midnight of the next calendar day at the latest.

Hand-Off Communication

The Joint Commission
September 12, 2017
Sentinel Event Alert #58 *Inadequate*
Hand-off communication



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- FOR INFORMATIONAL USE ONLY

Warm Hand-Off

Do you feel your facility receives a “warm hand-off” and appropriate communication from acute care & other facilities, concerning resident condition, including paperwork, active diagnoses, meds etc.

- 1) Strongly Agree**
- 2) Agree**
- 3) Slightly Agree**
- 4) Disagree**
- 5) Slightly Disagree**
- 6) Strongly disagree**



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A Final word on Coding

Section A—Demographics

- Ensure Legal name.
- Should match Medicare Card/Medicaid Card
- Mr. Smith: John Smith, John Joseph Smith
- Ensure correct gender
- Some of the above can create split records



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To recap, we talked about:

- Brief overview about MDS background and components
- Considerations for evidence-based practice
- An example of how the MDS may be used in survey
- Some clinical considerations
- A bit about common demographic errors



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Recap Resources:

- CMS SNF QRP MDS 3.0 Training, [CMS YouTube Channel](#)
- CMS Skilled Nursing Facility Quality Monitoring Program SNF QRP Training
- CMS Medicare Learning Network ([MLN Connects](#))
- [TMHP](#)



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Additional Resources:

Information on MDS, Post Acute Care Nursing is available:

Please do a web search (links to non-CMS, Texas affiliated sites are not provided)

This is not an all-inclusive list (sites may require membership or fees)

- The American Association of Post-Acute Care Nursing (AAPACN)
- allnurses.com/mds-coordinator-information
- Simple LTC

The resources shared on this slide are for informational & educational use only. No recommendation, or endorsement by the Texas SRAI Coordinator, HHSC Long term-Care Regulation, or Texas HHS should be inferred.



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THANK YOU!

Susan Edgeman BSN, RN, RAC-CT

State RAI Coordinator,

Policy & Rules, Long-term Care Regulation

susan.edgeman@hhs.texas.gov



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