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Services

MDS Basics

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Introduction

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Policy & Rules

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Webinar Objectives

- Understand the MDS
- Understand the RAI process
- Understand assessment types
- Understand MDS timeframes
- Understand Care Area Assessments
- Provide available resources



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RAI Components

The Resident Assessment Instrument (RAI) consists of:

- Minimum Data Set
- Care Area Assessment
- RAI Utilization Guidelines



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MDS Sections

MDS Sections

A — Identification Information

B — Hearing, Speech, and Vision

C — Cognitive Patterns (BIMS)

D — Mood

E — Behavior

F — Preferences for Customary Routine and Activities

G — Functional Status*

GG — Functional Abilities and Goals

H — Bladder and Bowel

I — Active Diagnoses

J — Health Conditions



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MDS Sections (cont.)

MDS Sections (continued)

K — Swallowing/Nutritional Status

L — Oral Dental Status

M — Skin Conditions

N — Medications

O — Special Treatments, Procedures and Programs

P — Restraints and Alarms

Q — Participation in Assessment and Goal Setting

V — Care Area Assessment Summary

X — Correction Request

Z — Assessment Administration



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Participation in the Assessment

- The resident should participate in the RAI process whenever possible. The family participates in certain circumstances.
- When residents are unable to participate in the RAI process providers should follow the instructions for staff assessment of applicable sections.
- Document details about who participated and data gathering methods in the resident's clinical record.



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RAI Manual

Chapter 4 contains information on:

- Care Area Assessments
- Care Planning
- Evidenced-based practices
- Links to resources

Note: CMS doesn't mandate the use of a specific evidence-based tool. CMS does require providers use evidence-based practices.



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Chapter 4 CAAs

Care Area Assessments	
1. Delirium	11. Falls
2. Cognitive Loss/Dementia	12. Nutritional Status
3. Visual Function	13. Feeding Tubes
4. Communication	14. Dehydration/Fluid Maintenance
5. ADL Function Rehabilitation Potential	15. Dental Care
6. Urinary Incontinence and Indwelling Catheter	16. Pressure Ulcer
7. Psychosocial Wellbeing	17. Psychotropic Drug Use
8. Mood State	18. Physical Restraints
9. Behavioral Symptoms	19. Pain
10. Activities	20. Return to the Community Referral



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Types of Assessments

A NF must conduct a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity.

Types of Assessments	
Admission	Significant Change In Status
Annual	Significant Correction of Prior Comprehensive
Quarterly	Significant Correction of Prior Quarterly
Other MDS assessments include:	
<ul style="list-style-type: none">• Entry Tracking• Death in Facility Tracking• Discharge	
Medicare Part A Payment assessments include:	
<ul style="list-style-type: none">• 5-day PPS assessment• Interim Payment assessment (IPA)• Part A Discharge	



MDS Timelines



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MDS Tips

Encode the MDS accurately according to manual coding and item-set instructions

Ensure charting supports MDS documentation.

Note that MDS data might not match the clinical record at certain times.

- MDS uses “look back periods”
- Clinical record data is captured in real-time



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MDS Uses & Limitations

The MDS is a screening tool, a starting point.

- It's a standardized assessment method.
- It's not all inclusive.
- Resident issues, strengths or problems may not be covered on the MDS.

NFs must still:

- Identify triggers and causes of issues or problems
- Develop appropriate interventions
- Create person-centered care plans



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Changes to MDS: October 2023

General changes include:

- Standardized Patient Assessment Data Elements (SPADES)
 - Common data elements on the MDS across all post Acute-care settings
- Greater emphasis on Value-based Purchasing (VBP)



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Sections A and D Changes: October 2023

Section A now includes:

- Self-reported questions on race and ethnicity.
- Questions about health literacy and transportation as part of Social Determinants of Health.
- Added medication reconciliation - residents going home or to assisted living will receive the medication list.

Section D now includes:

- Revised screening for depression – allows residents who are not experiencing symptoms to answer only the first two questions instead of all nine.



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Section J Health Conditions

Changes to Section J October 2023 now include revised pain questions to allow more specificity.

They include:

- Pain management, pain presence, pain frequency, pain interference with therapy and pain interference with day-to-day activities.



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Section N Changes: October 2023

Section N now includes:

- High-risk drug classes: Use and Indication

Classifications of Medications	
A. Antipsychotic	G. Diuretic
B. Antianxiety	H. Opioid
C. Antidepressant	I. Antiplatelet
D. Hypnotic	J. Hypoglycemic
E. Anticoagulant	K. Anticonvulsant
F. Antibiotic	Z. None of the above

Section N2001 Changes



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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 (1 of 3)

Example scenario:

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



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N2001 Example (2 of 3)

While completing a review and comparison of Mr. Harris' 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. Harris' 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.



N2001 Example (3 of 3)

The nurse questioned the INR level listed on the admitting physician's order, based on the therapeutic parameters of 2.5–3.5 documented in the physician's admission note, which prompted the nurse to call the physician immediately to address the issue.



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Section Q Changes: October 2023

Section Q language has and now includes:

Participation in Assessment and Goal setting. Identify all active participants

- Resident
- Family
- Significant other
- Legal guardian
- Other legally authorized representative
- None of the above



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Changes to the RAI Manual: October 2023

- Content was updated with gender neutral language
- Minor updates to wording to enhance understanding
- Coding examples modified to improve clarity
- Quality Improvement and Evaluation System (Qies) was changed to iQies
- Revisions made to legal proxy/proxy information for family member, significant other, and or guardian/legally authorized representative to provide consistency



Expected Changes to MDS: 2024

Section GG: Self-care and Mobility - removes the discharge goal column from the 5-day Medicare MDS

Section O: Immunizations – adds information collection about the resident’s COVID vaccination status

Section N; High Risk Medications and Indication for use – adds information collection about use of anticonvulsant medications



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Resident Assessment Regulations

F-tags Related to Resident Assessments

F-635 Admission & Physician's orders for Immediate Care

F-635 Comprehensive Assessment and Timing

F-637 Comprehensive Assessment after Significant Change in Status

F-638 Quarterly assessment at least Every 3 Months

F-639 Maintain 15 Months of Resident Assessments

F-640 Encoding and Transmitting Resident Assessments

F-641 Accuracy of Assessments

F-642 Coordination Certification of Assessments

F-644 Coordination of PASARR Screening for MD & ID

F-646 MD, ID Significant change Notification

Website: [CMS Appendix PP](#)



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MDS Training Resources

- [Current RAI Manual v1.18.11](#)
- CMS MDS 3.0 Training:
 - [CMS YouTube Channel](#)
 - [CMS Quality, Safety & Education Portal \(QSEP\)](#)
- SNF QRP: [Skilled Nursing Facility \(SNF\) Quality Reporting Program \(QRP\) Training | CMS](#)



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Resources

[CMS Long-term Care website](#) provides updates and additional information about Nursing Home requirements.

[RAI manual](#) website provides guidance about entering information on the MDS.

CMS State Operations Manual and Procedure Guide [Survey Resource Folder](#) provides info about survey process and requirements.

[Texas Medicaid & Healthcare Partnership](#) (TMHP) website provides information about Texas Medicaid MDS Reporting.



Recap

Today's webinar covered:

- MDS: background, uses, and limitations
- RAI process
- The various types of assessments
- MDS timeframes
- Care Area Assessments
- Available resources and training links



Questions?

You can email questions to:
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Thank you!

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