

# The MDS Mentor

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 The MDS Mentor is published in March, June, September, and December each year.

### ACRONYMS:

Assessment Reference Date (ARD)

Care Area Assessment, (CAA)

Care Area Trigger, (CAT)

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)

Quality Measures User's Manual Version 10.0 (QMUM10)

Registered Nurse (RN)

Resource Utilization Group (RUG)

Resident Assessment Instrument (RAI)

Skilled Nursing Facility/ Nursing Facility (SNF/NF)



## MDS 3.0 Updates...GG and NPE Assessment

CMS released the final version (v1.14) of the RAI Manual, on August 25th, 2016. There were very few surprises from the draft version, but there were a couple. Let's go over some of the changes.

**Section C:** The most significant change is the way that the Delirium CAT, (Care Area Trigger), will trigger to the CAA's (Care Area Assessment). Psychomotor Retardation has been removed; hopefully this will help with the need to address Delirium with each CAA. The technical component will trigger this area differently using the new questions in Section C.

**Section GG:** The only real surprise from the Draft to the Final version is the instructions for the Admission component of the GG assessment. Per the Final version, in Chapter 3, Page GG-4:

"For the Admission assessment, code the resident's functional status based on an assessment of the resident's performance that occurs soon after the resident's admission. **This assessment must be completed within 3 calendar days (days 1 through 3 of the Medicare Part A stay), starting with the date in A2400B, Start of most recent Medicare stay, and the following two days, ending at 11:59 PM on day 3. The assessment should occur prior to the start of therapeutic intervention in order to capture the resident's true admission baseline status.**"

This is a fairly significant change from the Draft manual, since the instructions in the previous column were not included in the Draft.

One issue facilities might struggle with is how to obtain a functional assessment prior to beginning therapeutic interventions. I think facilities will have to conduct this baseline assessment upon admission and then review each resident's functional status through the 3 day time frame. This will give you a more comprehensive picture of their abilities for you to code in Section GG.

This **doesn't** mean that therapy can't pick that resident up until the 3rd day and after all of the assessments for Section GG are complete. Therapy evaluations can be conducted at the same time that the nursing assessment for GG is being completed. You just want that initial assessment completed on day 1 if possible.

**Section J: Falls with major injury.** (J1900) If you have submitted an assessment to QIES that states that resident has had a fall, but without a major injury, and you find out afterwards that there is a fracture, joint dislocation, closed head injury, altered level of consciousness, etc., you must modify the submitted assessment to reflect the major injury.

## MDS 3.0 Updates, Continued

**Section J Continued:** For example, Mrs. J. falls at your facility. On initial evaluation, she complains of minor pain. There aren't any outward signs of a fracture or dislocation, but you send her to the hospital for evaluation. She is admitted for dehydration and UTI. You complete your OBRA discharge assessment "Discharge Return Anticipated." Three days later, you find out she has a hairline fracture of her left hip. You must modify the discharge return anticipated assessment that originally stated that there was no major injury. You would code section J 1900C to include the major injury.

**Section M:** Clarifies what is a "Present on Admission" ulcer. CMS states that a resident that has an ulcer that is present on admission, is then hospitalized and returns with the ulcer at the same numerical stage, it will still be coded as Present on Admission. But if you have a resident that develops an ulcer in-house and is hospitalized, on the discharge assessment you would code this as Not Present on Admission (for example: a Stage II on the coccyx). If the resident is hospitalized and returns with that same ulcer, but worsened (to a Stage III), you would now code the Stage III as Present on Admission.

### NPE Discharge Assessment

This assessment is completed when a resident who is in your facility for a Medicare Part A skilled stay discharges off of Part A services but remains in your facility as a LTC resident. This only applies to traditional Medicare Part A residents. However, you should ask your MCO partners if they want this form completed upon discharge from SNF. Remember Managed Care assessments aren't submitted to CMS.

You will only complete the NPE assessment when a resident comes off of skilled and stays in your facility, for however long that will be! You will not complete the NPE assessment if the resident is discharged to the

hospital. Only when they D/C off of SNF and stay in your building.

In the final version of the RAI manual, the "Unplanned" terminology was removed from these instructions, but the coding instructions are pretty clear, to NOT include discharges to the hospital. This is only for planned discharges!

If you have a resident that comes off a Skilled stay, discharges to LTC in your facility and then decides 2 days later to go home, you can combine the NPE discharge assessment with the D/C Return Not Anticipated Assessment. Just remember that the ARD must equal to the Discharge Date in A2000.

### Discharge Assessments Review

There has been a lot of confusion about Discharge Assessments and which type to complete. I've heard from several different facilities and the issue that causes confusion is when to complete a D/C Return Anticipated or a D/C Return Not Anticipated. (DCRA or DCRNA for reference.) Some facilities are choosing to complete DCRA assessments and keep the clinical record open if they think the resident will be back within 30 days, even if the resident and family plan to remain at home.

According to the RAI:

For a resident discharged to a hospital or other setting (such as a respite resident) who comes in and out of the facility on a relatively frequent basis and reentry can be expected, the resident is discharged return anticipated unless it is known on discharge that he or she will not return within 30 days. This status requires an entry tracking record each time the resident returns to the facility and an OBRA discharge assessment each time the resident is discharged



"How beautifully  
leaves grow old.  
How full of light and  
color are their last  
days."

John Burroughs

That old September feeling, left over from school days, of summer passing, vacation nearly done, obligations gathering, books and football in the air ... Another fall, another turned page: there was something of jubilee in that annual autumnal beginning, as if last year's mistakes had been wiped clean by summer."

— Wallace Stegner,  
Angle of Repose



“Whatever you do, do it with passion; learn new things, set new standards. If you fall down, get up; just get going, non-stop. This is how dreams come true.”  
 – Vikrmn, 10 Golden Steps of Life

“Autumn mornings; sunshine and crisp air, birds and calmness, year’s end and day’s beginnings.”- Terri Guillemets



## Miscellaneous

### Discharge Assessments Cont.

Remember, there are no set rules about how long to keep a resident record active. But the RAI states that if a resident is DCRA and is gone longer than 30 days and then returns to your facility an Admission Assessment is required. Doing a DCRA is not necessarily incorrect for a resident that you know will not be able to live at home; even though that’s their plan, realistic or not.

The RAI refers you to your state’s MDS Clinical Coordinator regarding modifications if a resident is DCRA and they do not return. The Texas Administrative Code does not require a modification; however, it is best practice to modify that assessment! This keeps you on track and lets CMS know just where that resident is at each point of care.

There are no federal requirements regarding how long a facility must keep a record “open”. Most facilities have an internal policy regarding maintaining records after a resident discharges. Make sure you know your facility’s policy and ensure it is followed. This is where facilities get themselves in trouble!

Example: You know Mrs. K. will be back, based upon past behavior; She has gone home twice this year and had to return. So when she discharges after her SNF stay, you choose to do a DCRA even though she insists this is the last time you will see her. But this time she does do well, and is flourishing with home health. You never closed that chart and you still have a Return pending assessment out in the system! You are so busy, that you forgot about that assessment and didn’t change it to a DCRNA. Now your survey team comes in and discovers that you didn’t follow your own policy regarding closed records and you could be cited.

### Frequently Asked Questions:

**Question:** My resident had a fall at home while they were out on pass over the weekend. Do I need to do a new assessment?

**Answer:** Not unless the IDT determines that there is a significant change from the last assessment. Did this new fall cause a decline in their overall status? If the answer is no, then a SCSA is not required.

**Question:** My resident on Part A services, went out to the hospital in the evening and was admitted. My 14 day assessment was due the date of discharge. Now what do I do?

**Answer:** You will complete the Discharge Return Assessment and you will include the minutes that were provided that day on the MDS. You won’t complete the 14 day because this pays for days 15-30 and the resident won’t be in your facility. However, the day of discharge is a non-billable day...the facility cannot bill for a day when the resident isn’t in the building at midnight. But, services were provided on the day of discharge, and in order to substantiate the level of care, you have to document them! So code this on your MDS! When the resident returns, you will do a new 5 day and start over on your assessment types.

**Question:** Who should be responsible for setting the ARD? I’m having trouble getting information from other members of our team, who often bring me interviews, etc. after the ARD.

**Answer:** Setting the ARD should be a group effort. Your IDT should be meeting at the time of admission to establish this date. As far as getting information after the ARD, this is a payment issue and could affect reimbursement and even result in recoupment! The MDSC should be responsible for reminding other staff that the ARD deadline is approaching and that assessments are needed.

## Upcoming Training

### Training Opportunities

There are still a few opportunities to register for the “MDS 3.0 Updates for October 2016” webinar. The remaining dates and times are: September 19th, 10:00 AM-11:00 AM, September 21st, 2:00 PM-3:00 PM and September 28th, 10:00 AM-11:00 AM. Go to the Texas MDS webpage and look under the “Events” section and you will find the link to register!

Note: If you attended the August 24th webinar, you might want to re-register, there were a couple of surprise updates to the RAI manual and these are not addressed in that webinar or slides.

### 2016 Infection Prevention and Control Conferences

DADS and DSHS are hosting free [Infection Prevention and Control Conferences](#) in September 2016 at the following locations:  
 Sept. 21, 2016 – Austin  
 Sept. 28, 2016 – Dallas

Topics will include:  
 Evidence-based components of an Prevention and control program.  
 Environmental and Dietary Services  
 Employee Health and Infection Prevention  
 Infection Control Surveillance  
 Regulatory Information Related to Infection Control

Seating is limited, so register today! Continuing Education credits will be available.

For more information, contact [shaena.pickett@hhsc.state.tx.us](mailto:shaena.pickett@hhsc.state.tx.us) or [infectioncontrol@dshs.texas.gov](mailto:infectioncontrol@dshs.texas.gov).

### Texas Culture Change Coalition Fall 2016 Conference

HHSC and the Texas Culture Change Coalition are hosting the “Taking on Turn-over in Texas through Culture Change” conference Oct. 6, 2016, at the Norris Conference Center in San Antonio.

This powerful culture change conference will provide tracks for both leadership and care partners. Join us for a wonderful lineup of speakers, including keynote speakers Diana Waugh RN, BSN, CDP, and Christopher Ridenhour.

[Register today!](#) Continuing education credits will be available.

### Dementia Academy

Register today for the [Texas OASIS: Dementia Training Academy!](#) This free, 2-day event is hosted by HHSC in collaboration with Dr. Susan Wehry. The Academy will focus on dementia basics, including person-centered care; managing behaviors and alternatives to antipsychotic medications; assessments and care planning; sexuality in dementia; and cultural and socioeconomic considerations.

Seating is limited, so register today! CEUs will be available.

### DATES AND LOCATIONS

Nov. 1-2, 2016 – Lubbock  
 Nov. 3-4, 2016 – Abilene  
 Nov. 15-16, 2016 – Dallas  
 Dec. 1-2, 2016 – Houston  
 Dec. 12-13, 2016 – San Antonio

Don't Forget!!!

*October is  
 Breast  
 Cancer  
 Awareness  
 Month*





## MDS News in Review

By all these lovely tokens  
September days are here,  
With summer's best of weather  
And autumn's best of cheer.

— Helen Hunt Jackson

We cling to our own point of view,  
as though everything depended on it.  
Yet our opinions have no permanence;  
like autumn and winter,  
they gradually pass away.

— Zhuangzi

I trust in nature for the stable laws of  
beauty and utility.  
Spring shall plant and autumn garner  
to the end of time.

— Robert Browning



- ◆ A new version (v1.14.1) of the MDS 3.0 item sets was posted to the [CMS MDS 3.0 Technical Information website](#). This version is scheduled to become effective October 1, 2016. The item sets should be considered final.
- ◆ MDS 3.0 RAI Manual v1.14 was posted to the [CMS MDS 3.0 RAI Manual website](#). This manual is in effect on October 1, 2016.
- ◆ A new version (V2.00.1) of the MDS 3.0 Data Specifications was posted to the [CMS MDS 3.0 Technical Information website](#). This version is scheduled to become effective October 1, 2016. This FINAL version incorporates the changes identified in errata V2.00.4 for the previously posted DRAFT version of the specifications.
- ◆ The Validation Utility Tool, v2.00.1, was posted to the [QTSO MDS Vendor website](#). The VUT is used by MDS 3.0 software developers and vendors to test software built to create and/or transmit assessments.
- ◆ jRAVEN v1.4.0 was posted to the [QTSO jRAVEN website](#). Please be sure to refer to the jRAVEN v1.4.0 Installation Guide prior to installation. The QTSO Help Desk is available to assist with technical questions at 800-339-9313 or [help@qtso.com](mailto:help@qtso.com).
- ◆ **Reminder**—Effective Nov. 1, 2016, MDS 3.0 Facility-Level Quality Measure and Resident-Level Quality Measure Preview reports will only be stored in the shared facility folder for 90 days. This change does not affect the MDS 3.0 Five Star Preview reports.
- ◆ Currently, these automatically-created preview reports are stored in each nursing home's shared facility folder for 230 days.
- ◆ The retention change affects the following:
  - ◇ New MDS 3.0 Facility-Level Quality Measure and Resident-Level Quality Measure Preview reports saved into each nursing home's shared facility folder after Nov. 1, 2016, will be retained for 90 days following the date the report was added to the folder.
  - ◇ Existing MDS 3.0 Facility-Level Quality Measure and Resident-Level Quality Measure Preview reports that were created more than 90 days before Nov. 1, 2016, will automatically be deleted from the system.

Facilities are encouraged to print or save a copy of reports scheduled to be deleted on Nov. 1 as they can't be recreated once they have been deleted.

## Contact Us

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## 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” link at the top right 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/CertificationandCompliance/FSQRS.html>

This guidance is being provided on the published date of The MDS Mentor (September 22, 2016). 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.

