

# 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)

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 9.0 (QMUM9)

Registered Nurse (RN)

Resource Utilization Group (RUG)

Resident Assessment Instrument (RAI)

Skilled Nursing Facility/ Nursing Facility (SNF/NF)

## New Beginnings

As most of you know, Cheryl Shiffer, BSN, RN, RAC-CT, MDS Clinical Coordinator, has retired from state service! Her last day was March 31st, 2016, and although Cheryl will be greatly missed, we wish her nothing but happiness as she begins the next chapter in her life!

I'd like to introduce myself and tell you a little about me! My name is Shelly Nanney, (or Michelle, for all the official forms!).

While I am very excited to take over for Cheryl, I know I have really big shoes to fill. I look forward to working with you!

I'd like to tell you a little about my background. I've been in the Long Term Care industry for my entire career, (almost 30 years!). I started as a CNA and worked my way through nursing school.

I was an ADON/LPN/LVN for 9 years and during that time, I wore many caps. ~~but~~ That's also when I fell in love with the RAI process, MDS and Care Planning.

After obtaining my RN, I was a DON for 5 years and then a consultant for a group that owned and managed nursing homes. I served as a Medicare/Nursing Consultant for 13 years, specializing in the RAI process and skilled nursing. I often visited facilities to help with the MDS and/or Care Plans, ensuring the facilities were not only compliant with State and Federal Regulations but were also maximizing RUG Reimbursement.

My passion lies with Long Term Care and education. I truly believe that each and

every one of us can make a difference in the lives of our residents.

Please don't hesitate to call or email me with any questions. Remember there is never a question that shouldn't be asked!

## Spotlight Question

Each month, I'm going to feature a question and answer that seems to be relevant for that issue. If you have a specific topic that you have questions about, email it to me and we may feature your question in a future newsletter!

Question: If a CNA documents in their ADL charting that a resident is Independent with transfers, but I know this incorrect, do I still have to put this "wrong" information into the MDS? What if I don't find it until after the ARD? I was told that I can't correct data after the ARD because it looks fraudulent. Is this correct?

Answer: No, document and No! If you are reviewing documentation to complete the MDS and you find that the information entered by another staff member is incorrect, it is your obligation to ensure that the correct information is entered into the MDS.

## Spotlight Question Cont.

As the MDS Coordinator (MDSC), it is your job to ensure that each MDS paints the most accurate picture possible of your residents.

When information is found to be inaccurate, the MDSC should enter the correct data into the MDS and then document how that decision was made. "Upon staff interview it was determined that the information entered for 4/1/16 on Mrs. J was incorrect for amount of staff assistance provided for transfers. The information entered was 1/1 when in fact the staff performed 100% of the task and the resident didn't participate in that instance, so 4/2 is the correct response."

Knowingly entering incorrect data into the MDS is fraudulent. Correcting data before the MDS is locked is the appropriate process, even if you didn't find the incorrect information until after the ARD. Correcting the data prior to the assessment being locked is the appropriate process.

Question: I am a new MDSC and I'm not sure where I should start?

Answer: First of all, welcome to MDS! This is a challenging position, but hopefully one you will find very rewarding!

As a new coordinator, there are several things you can do to guarantee success. Below are some tips to get you started on your journey:

- Keep the most current RAI manual on hand. The current RAI is available on the CMS website at [CMS.gov](https://www.cms.gov). Type CMS into the search bar, then go to the downloads section to obtain the most recent updates. If you prefer the written manual there are several companies that publish the manual as it is updated. Always check with facility leadership to see if they have a preferred publisher.
- Do an audit...regardless of whom held the position before you, an audit should always be done to ensure there isn't

any missing or incorrect information that might need to be modified. Most software has a PPS scheduler, but to ensure there are no errors a manual review is recommended.

- Organize! Get situated and develop a system that works for you. Create a tracking process that keeps you on schedule...a white board, tickler file or paper and pencil calendar, do what works for you! Make sure you include the IDCPT in your process, so you have a cohesive environment.
- Get involved! There are several good organizations and forums available online that provide a supportive relationship for Nurse Assessment Coordinators.
- Don't be afraid to ask for help!

## Upcoming Training

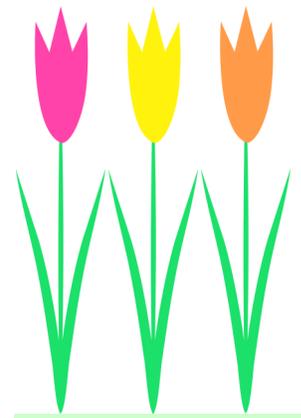
There is still Time to Register for DON Academy!

Do you want to improve the quality of care for your residents? How about making sure you know and understand DADS nursing home regulatory requirements? If so, register today for the free, 3-day "How to be a Successful Director of Nursing in a Texas Nursing Facility DON Academy". Continuing education hours will be provided. The [registration site](#) includes training prerequisites as well as training dates and locations.

Each 3-day course is open to nursing home:

- Directors Of Nursing
- Assistant Directors Of Nursing
- Corporate nurses
- Licensed nursing facility administrators
- Nurses who could become Directors Of Nursing

Go here to register: <https://swift-solutions.org/DADS/>  
Email questions: [laura.arce@dads.state.tx.us](mailto:laura.arce@dads.state.tx.us).



Never cut a tree down in the wintertime. Never make a negative decision in the low time. Never make your most important decisions when you are in your worst moods. Wait. Be patient. The storm will pass. The spring will come.

- **Robert H. Schuller**

Life stands before me like an eternal spring with new and brilliant clothes.

- **Carl Friedrich Gauss**





## OBRA Assessments, The Basics

Sometimes it is just a good idea to go back to the basics. With changes coming with in the new Fiscal Year, (October 1st, 2016), many have questioned if the OBRA requirements will change. There isn't any indication that there is a change coming this year with the OBRA required assessments.

Let's go over some OBRA basics:

- Every resident admitted to a Nursing Facility in the state of Texas must follow the OBRA assessment rules.
- **Comprehensive:** Includes the completion of the MDS, the Care Area Assessment (CAA) process and care planning. Comprehensive MDSs include Admission, Annual, Significant Change in Status Assessment (SCSA), and Significant Correction to Prior Comprehensive Assessment (SCPA ).
- **Non-Comprehensive:** -Includes a select number of items from the MDS used to track the resident's status between comprehensive assessments and to ensure monitoring of critical indicators of the gradual onset of significant changes in resident status. They do not include completion of the CAA process and care planning. Non-comprehensive assessments include Quarterly and Significant Correction to Prior Quarterly (SCQA) assessments.
- **Significant Correction to Prior Comprehensive Assessment (SCPA) (A0310A=05):** The SCPA is a comprehensive assessment for an existing resident that must be completed when the IDT determines that a resident's prior comprehensive assessment contains a significant error. It can be performed at any time after the completion of an Admission assessment, and its ARD and completion dates (MDS/CAA(s)/care plan) depend on the date the determination

was made that the significant error exists in a comprehensive assessment.

- **OBRA-required non-comprehensive MDS assessments:** include a select number of MDS items, but not completion of the CAA process and care planning. The OBRA non-comprehensive assessments include:
  - Quarterly Assessment
  - Significant Correction to Prior Quarterly Assessment
  - Discharge Assessment – Return not Anticipated
  - Discharge Assessment – Return Anticipated.

Instructions for completing OBRA required assessments are found in Chapter 2 of the RAI Manual.

Because Texas is a Case Mix state, Off-cycle assessments can be done to reflect the most accurate picture of a residents status. These assessments do not have to be a Comprehensive Item set unless the residents status supports that item set.

With the new day comes new strength and new thoughts.

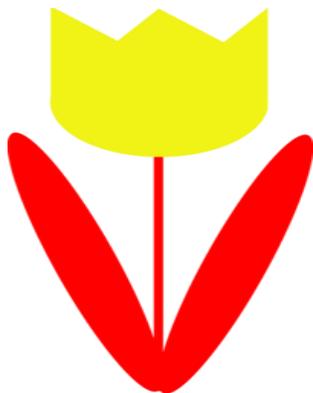
- Eleanor Roosevelt

We keep moving forward, opening new doors, and doing new things, because we're curious and curiosity keeps leading us down new paths.

- Walt Disney

The joy of life comes from our encounters with new experiences, and hence there is no greater joy than to have an endlessly changing horizon, for each day to have a new and different sun.

- Christopher McCandless



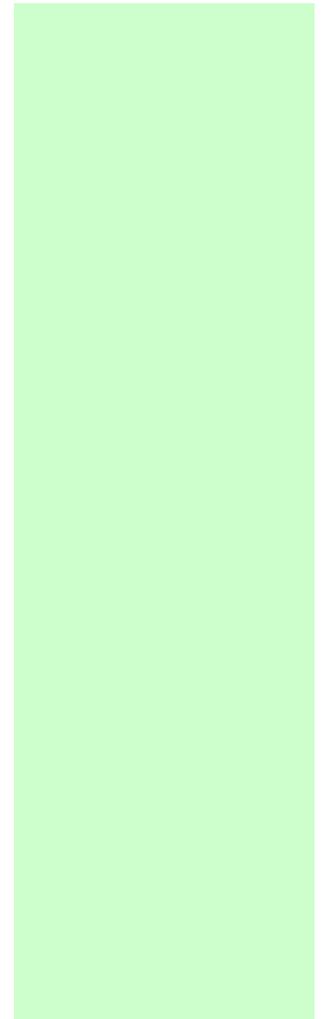
## MDS News in Review

- ◆ An updated errata was posted for DRAFT version v2.00.0 of the MDS 3.0 Data Specifications scheduled to go into effect on Oct. 1, 2016.

Three additional issues were identified: there was a revision to an issue from the previous errata, a new edit introduced for A0310 items and the item subset code SPE has been discontinued.

You may download this latest errata document from the Downloads section at the bottom of the [CMS MDS 3.0 Technical Information website](#).

- ◆ Don't forget that electronic submission of staffing data through the Payroll-Based Journal (PBJ) is required of all Long Term Care Facilities in July 2016. ALL nursing homes will need to register to submit data in order to comply with this requirement. Providers are strongly encouraged to sign up now to ensure system compatibility and a smooth transition. For more information, visit the PBJ website at [CMS Staffing Data Sub-mission PBJ](#).





## Contact Us

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This guidance is being provided on the published date of The MDS Mentor (April 12, 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.

## 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/RUGIV12.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>

