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MDS 3.0 Update

October 4, 2010

Your Presenters

Ellen First, RN, MS
Director of Clinical Services
and Reimbursement



Linda Rosecke, RN
Nurse Consultant

Objectives

- Review all updates to the Resident Assessment Instrument (RAI) manual and associated procedures for MDS 3.0 since training was begun in July 2010
- Review any companion documents and training tools published since training began
- Provide a forum for questions and comments related to MDS 3.0 implementation on 10/1/10

Summary of Updates to the RAI Manual

RAI Manual Updates: August 12

- At A0600, the manual initially directed that identifying numbers similar to the Medicare number could be entered—this was clarified to indicate that **only Railroad Retirement # could be documented here**, and that the item is left blank if neither type of number applies

RAI Manual Updates: August 12

(continued)

- At A1000, the manual clarified that the significant other should be questioned regarding **race/ethnicity *only*** if the resident cannot respond
- Also at A1000, the manual clarifies that the **need or desire for an interpreter** is assessed by asking family/significant other **only** if the resident cannot respond, and by review of the medical record **only** if neither is possible

RAI Manual Updates: August 12

(continued)

- Each state may have specific procedures and protocols as to what type of significant changes in condition should result in a **PASRR referral**
 - Facilities/organizations should confer with their local Medicaid agency to assure compliance with such protocols
- At A1550, the revised manual clarifies that the **age differential of 22 years of age or older** is based on the ARD

RAI Manual Updates: August 12

(continued)

- Revision clarifies that for **discharge item sets**, date of discharge at A2000 must be the same as the ARD at A2300
- Revision emphasizes that for the **preferences interviews**, if it is at all possible, information should be obtained from resident or his/her family/significant other

RAI Manual Updates: August 12

(continued)

- Revision clarifies that to code for an **UTI** all of the following must apply:
 - Diagnosis in the past 30 days
 - Signs and symptoms of UTI
 - Significant lab findings
 - Current medication or treatment

RAI Manual Updates: August 12

(continued)

- Revision reinforced CMS' earlier stated instruction that **coding of IV fluids/nutrition** requires supporting documentation that describes the need for the additional fluids, as well as a diagnosis of dehydration
- In the revision, emphasis was placed on the fact that **pressure ulcers** should heal in a “reasonable” amount of time (specified as 60 days for a Stage 2 PU)

RAI Manual Updates: August 12

(continued)

- At Section Q, revision emphasized that the IDT should not make a decision regarding **discharge planning** without consulting with the resident, unless he/she cannot be interviewed

RAI Manual Updates: September 13

- Revision emphasizes that facilities must develop policy and procedures to address whether/which **optional items** will be completed
- This revision **clarified that A310E = 0** for any entry or death in facility tracking record, since these are tracking records and not assessments

RAI Manual Updates: September 13

(continued)

- **A2400, C** was clarified to represent the date identified by the generic notice or the last day of Medicare A coverage
- **Rejection of care definition** was clarified to indicate that the refusal of a particular procedure or treatment should not be coded as rejection of care if this refusal is based upon “informed choice”
- G0900, the **assessment of rehab potential**, is only assessed if A310A = 1 (admission item set)

RAI Manual Updates: September 13

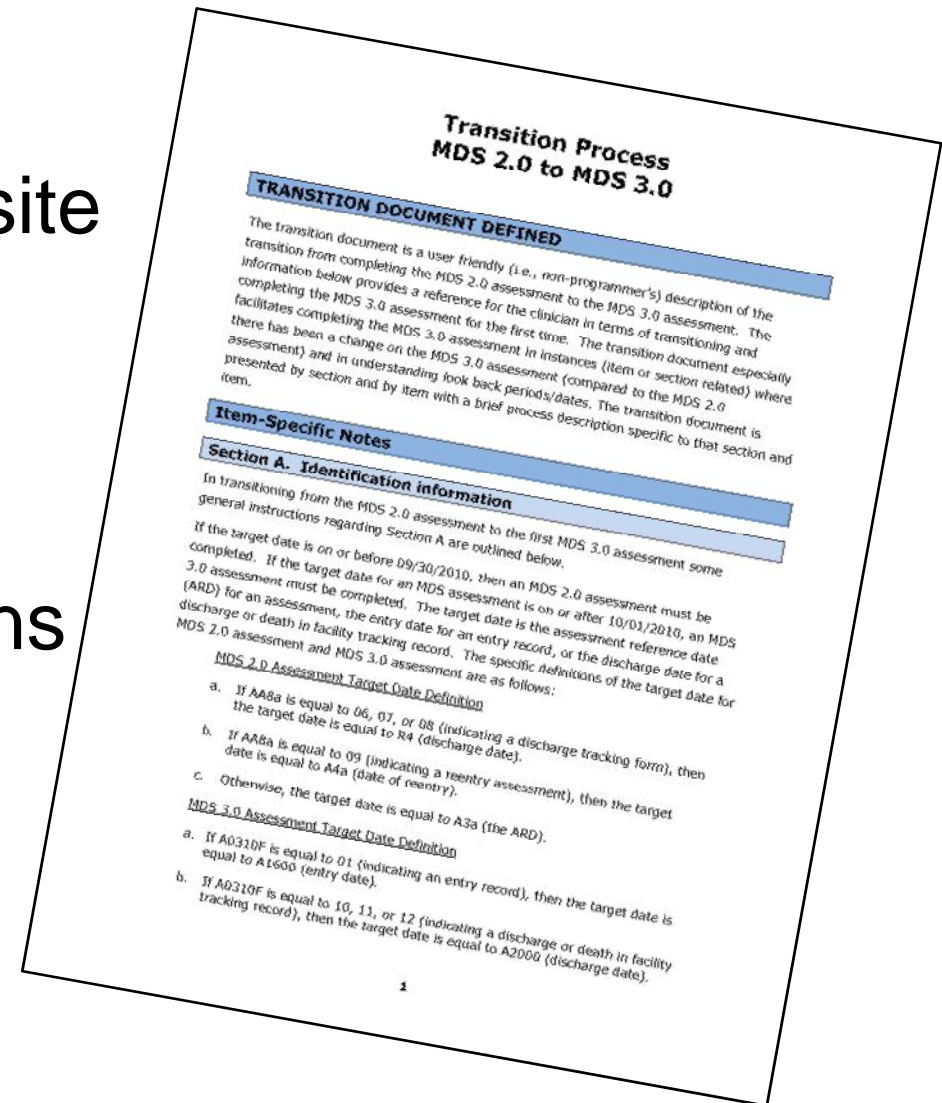
(continued)

- It was clarified that facilities should make every effort to **obtain the date of the oldest Stage 2 PU**, and should dash-fill all of the boxes if unable to determine.

Summary of Transition Process Document

Transition Process Document

- Published on MDS 3.0 training materials website in mid-September
- Includes guidance and supporting material related to many sections of the MDS



Transition Process Document Summary

- In A1600, entry date was clarified to be the target date (ARD) for an entry record; and the discharge date in A2000 as the target date (ARD) for the discharge item set
 - If A310F = 0 (not an entry or discharge record), then the target date is the ARD at A2300
- First MDS 3.0 assessment is marked **1. Yes** at A310E, even if an MDS 2.0 had been completed (as there is no comparison item in 2.0 for many items in 3.0)

Transition Process Document

Summary (continued)

- If discharge date is October 1 or later, MDS 3.0 discharge item set is completed; for these item sets A2000 must be the same date as A2300
 - For entries October 1 or later, entry record is completed
- If most recent prior comprehensive assessment is an MDS 3.0, the next 3.0 comprehensive assessment is due within 366 days of the ARD
- If most recent prior comprehensive assessment is an MDS 2.0, then the next comprehensive 3.0 assessment is due within 366 days of the VB2 date of the prior assessment

Transition Process Document

Summary (continued)

- If coding error requiring correction or inactivation is identified for an MDS 2.0 that was transmitted and accepted, the 2.0 submission system will be available to process these modification/inactivation requests
- If ARD for significant correction of prior assessment is October 1 or after, that assessment must be a 3.0, even if the assessment it is correcting was a 2.0

Transition Process Document

Summary (continued)

- At E1100 (change in behavior or other symptoms), the first MDS 3.0 would be dash-filled since there are no companion items on the 2.0
- Section F is completed based on resident or staff interview; preferences should not be carried forward from 2.0 assessment
- J1900 (number of falls since admission) should be coded from available medical records documentation

Transition Process Document

Summary (continued)

- Number of pressure ulcers on MDS 3.0 might not match number on previous 2.0, since we are no longer staging stasis ulcers, and we now have the unstageable subsets
- O0250 influenza vaccine now reflects variation in flu season; and captures variation in vaccine availability

Transition Process Document Summary (continued)

- Q0300 is coded if:
 - This is first assessment for this resident; or
 - This is first MDS 3.0 for this resident
- If the first 3.0 assessment is marked as a “1” at A310E, will cause items V0100A-F to be skipped (since there is no prior 3.0 assessment for comparison)

Errata Document: September 23, 2010

- Clarifies that at Section O, page O-17, set-up time is recorded under the mode for which the resident receives initial treatment, if multiple modes of therapy (individual, concurrent, and group) were provided.

Errata Document
MDS 3.0 Chapter 3, Section O, Page O-17
September 23, 2010

Identified Issue:

In the document labeled "MDS_3.0_Chapter_3_-_Section_O_V1.04_Sept_2010.pdf" that was published on September 13, 2010 a formatting error has been identified on page O-17 under the coding tips for item O0400 that may result in mis-coding of the item.

The bulleted list at the top of the page should read as follows:

- Set-up time shall be recorded under the mode for which the resident receives initial treatment when he/she receives more than one mode of therapy per visit.
 - Code as individual minutes when the resident receives only individual therapy or individual therapy followed by another mode(s);
 - Code as concurrent minutes when the resident receives only concurrent therapy or concurrent therapy followed by another mode(s); and
 - Code as group minutes when the resident receives only group therapy or group therapy followed by another mode(s).

Please discard page O-17 of Chapter 3 Section O of your existing MDS 3.0 RAI Manual and replace it with the following page of this document.

Questions and Answers



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