MDS Change Hot Sheet

Below are highlights of the changes in actual coding or interpretation. This is not the complete list of changes and this does **not** replace your need to go to the website and down load all changes in its entirety. I have included only those things that I felt relevant to point out. The full discussion on the changes can be found at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html

Chapter	Section	Page	Change	Discussion
1	1.8	1-16. 17 &18	The Privacy Statement – Health Care Records form has been updated	This updated notice must be included in the admission packet for all new nursing home admissions. Signature of receipt is NOT required but many homes get the signature to acknowledge the receipt of the information.
2	2.6	2-15	CAA completion is to be no later than: 14th calendar day of the resident's admission (admission +13 calendar days). They have deleted the "same day as MDS Completion Date.	Same information but is saying the MDS and the CAAs do not have to be completed the same day as the MDS.
2	2.6	2-36	For a Discharge assessment, the ARD (Item A2300) is not set prospectively as with other assessments. The ARD (Item A2300) for a Discharge assessment is always equal the Discharge date (Item A2000) and may be coded on the assessment any time during the Discharge assessment completion period (i.e., discharge date (A2000) + 14 calendar days).~~Discharge date (Item A2000) must be the ARD (Item A2300) of the Discharge assessment.~~	This is fantastic news for those of us who listened to the last open door forum call. Plain discharges can be place in the computer anytime up to 2 weeks after discharge. BUT if you have a Medicare assessment combined with the discharge remember the Medicare assessment ARD has to be set to be able to move it to the day of discharge.
2	2.9	2-48	In cases where the last day of the Medicare Part A benefit, that is the date used to code A2400C on the MDS, is prior to the third consecutive day of missed therapy services, then no EOT OMRA is required. If the date listed in A2400C is on or after the third consecutive day of missed therapy services, then an EOT OMRA would be required. • In cases where the date used to	Discussion again reminding us that it is our CHOICE if the EOT date lands on day 3 and that is the last day Med A benefits.

			code A2400C is equal to the date used to code A2000, that is cases where the discharge from Medicare Part A is the same day as the discharge from the facility, and this date is on or prior to the third consecutive day of missed therapy services, then no EOT OMRA is required. Facilities may choose to combine the EOT OMRA with the discharge assessment under the rules outlined for such combinations in Chapter 2 of the MDS RAI manual.	
2	2.9	2-50	Required when the resident was receiving ~~any amount of skilled therapy service~~s a sufficient level of rehabilitation therapy to qualify for an Ultra High, Very High, High, Medium, or Low Rehabilitation category	COT review discussion in that the COT review is to be done every 7 days
			• When the most recent assessment used for PPS, excluding an End of Therapy OMRA, has a sufficient level of rehabilitation therapy to qualify for an Ultra High, Very High, High, Medium, or Low Rehabilitation category (even if the final classification index maximizes to a group below Rehabilitation), then a change in the provision of therapy services is evaluated in successive 7-day Change of Therapy observation periods until a new assessment used for PPS occurs.	Further discussion on COT OMRA in that IF the resident had enough rehab minutes and days to qualify for rehab BUT nursing over ruled due to CMI you would still need to do the COT review. If therapy did not have enough minutes/days to qualify and the nursing RUG was the only RUG the resident would qualify for then you do not need to do a COT review. So when looking at your RUG you must know your CMI to see if the therapy RUG on the COT reviews is going to beat it. If it doesn't then you would continue with the nursing RUG.
2	2.9	2-52	• Note: In limited circumstances, it may not be practicable to conduct the resident interview portions of the MDS (Sections C, D, F, J) on or prior to the ARD for a standalone unscheduled PPS assessment. In such cases where the resident interviews (and not the staff assessment) are to be completed and the assessment is a standalone unscheduled assessment, providers may	Good news

			conduct the resident interview portions of that assessment up to two calendar days after the ARD (Item A2300).	
2	2.13	2-72	Moreover, a SNF may use a date outside the SNF Part A Medicare Benefit (i.e., 100 days) as the ARD for an unscheduled PPS assessment, but only in the case where the ARD for the unscheduled assessment falls on a day that is not counted among the beneficiary's 100 days due to a leave of absence (LOA), as defined above, and the resident returns to the facility from the LOA on Medicare Part A. For example, Day 7 of the COT observation period occurs 7 days following the ARD of the most recent PPS assessment used for payment, regardless if a LOA occurs at any point during the COT observation period. If the ARD for a resident's 30-day assessment were set for November 7 and the resident went to the emergency room at 11:00pm on November 14, returning on November 15, Day 7 of the COT observation period would remain November 14 for purposes of coding the COT OMRA. Finally, there may be cases in which a SNF plans to combine a scheduled and unscheduled assessment on a given day, but then that day becomes an LOA day for the resident. In such cases, while that day may still be used as the ARD of the unscheduled assessment, this day cannot be used as the ARD of the scheduled assessment. For example if the ARD for a resident's 5-day assessment were set for May 10 and the resident went to the emergency room at 1:00pm on May 17,	Good news and better clarification

			returning on May 18, a facility could not complete a combined 14-day/COT OMRA with an ARD set for May 17. Rather, while the COT OMRA could still have an ARD of May 17, the 14-day assessment would need to have an ARD that falls on one of the resident's Medicare A benefit days	
3	G0110			Lots of discussion on coding ADL's and the rule of 3. You need to read the Track changes in its entirety. It clarifies very well how to use the rule of 3. We might not all agree but it does make more sense. The Algorithm is much clearer now. They have also added new scenarios in regards to the clarifications.
3	H	H-5 and H-7		Some minor changes in the definition of toileting program and then in the definition of Continence.
3	K0510	K 12		Food elimination diets related to food allergies (e.g. peanut allergy) can be coded as a therapeutic diet
3	K0710	K 14 and 15		Read the track changes in its entirety. The discussion in the examples explains more how to code this section.
3	M0700	M-23		Screen shots of the MDS have changed related to some changes in verbiage.
3	O0400	O-14		Screen shots have changed due to the changes in the form
3	O0400	O14	**Co-treatment minutes**—Enter the total number of minutes each discipline of therapy was administered to the resident in co-treatment sessions in the last 7 days. Enter 0 if none were provided.	Definition of co-treatment
3	O0400	O 27 O 28		Extensive example on coding start and end dates in relationship to an EOT-R and then the next assessment after.
3	O0420	O 32 and O 33	Distinct Calendar discussion	Here is the discussion of the distinct calendar days with examples.
3	Q 0100		Q 3	Changing of what a Code 9 means: Resident has no family or significant other.
3	Z0400		• If an individual who completed a portion of the MDS is not available to sign it (e.g., in situations in which a staff member is no longer employed by the facility and left MDS sections completed but not	What to do when a person completes a portion of the MDS but then leaves before signing for the accuracy

			signed for), there are portions of the MDS that may be verified with the medical record and/or resident/staff/family interview as appropriate. For these sections, the person signing the attestation must review the information to assure accuracy and sign for those portions on the date the review was conducted. For sections requiring resident interviews, the person signing the attestation for completion of that section should interview the resident to ensure the accuracy of information and sign on the date this verification occurred.	