


2016 MDS Manual Updates


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IMPACT ACT




- **Improving Post Acute Care Transformation Act**
- **Better Care:** Improve the overall quality of care by making healthcare more patient-centered, reliable, accessible, and safe.
- **Healthy People, Healthy Communities:** Improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care.
- **Affordable Care:** Reduce the cost of quality healthcare for individuals, families, employers, and government.






IMPACT ACT




- **Quality Reporting Program (QRP)** measures outcomes of Medicare Beneficiaries across post acute settings
 - Skilled Nursing Homes
 - Inpatient Rehab Facility
 - Long term Care Hospital
 - Home Health Care




	<h2 style="margin: 0;">ADDITIONAL INFORMATION </h2>
	<ul style="list-style-type: none">■ GG data submission<ul style="list-style-type: none">- Missing data is very low in SNF's- To be counted there needs to be a 5 day PPS and either a PPS Discharge or an OBRA Discharge- Need at least 80% of the records submitted with 100% completion of necessary items to not have a payment reduction 

	<h2 style="margin: 0;">QRP QUALITY MEASURES</h2>
	<ul style="list-style-type: none">■ Percent of residents or patients with pressure ulcers that are new or worsened (NQF #0678)■ Percent of residents experiencing one or more falls with major injury (long stay) (NQF #0674)■ Percent of residents with an admission and discharge function assessment & care plan that addresses function (NQF #2631) 

	<h2 style="margin: 0;">MDS 3.0 MANUAL</h2>
	<ul style="list-style-type: none">■ Goes into effect 10/1/16■ Can be found: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursinghomeQualityInits/MDS30RAIManual.html 


CHAPTER 1 CHANGES

- We now have version 1.14
- The contributing experts has been updated
- The traditional discharge is now referred to as an OBRA discharge
- Updated links to CMS
- References to Section GG




CHAPTER 2 CHANGES

- References to the requirement for MDS purposes include information on the IMPACT Act
- In the discussion of Short Term or respite residents it refers to **OBRA** admission and discharge
- For swing beds it reminds providers they are to do Entry records, **PPS** assessments, Discharges & Death in facility




CHAPTER 2 CHANGES

- Section GG discussion in regards to the reason we are doing it and the importance of submission.
- Failure to report the data results in a 2 percent payment reduction
- Reminder that the data collection for Section GG does not substitute for the data collected in Section G. We are required to collect both



CHAPTER 2 CHANGES


- Discharges from the building are now referred as an OBRA Discharge
- Reminder that if we do a Death in Facility record NO Discharge Assessment is required



CHAPTER 2


- Discussion on THREE types of discharge
 - OBRA Discharge return anticipated
 - OBRA Discharge return not anticipated
 - Part A PPS Discharge

The facility policies regarding opening and closing clinical records and bed holds are not part of the MDS requirements




CHAPTER 2

- Entry and Discharge Reporting MDS
 - Entry tracking record
 - OBRA Discharge
 - PPS discharge
 - Death in Facility




CHAPTER 2

- We now have 11 different item subsets for nursing homes and 8 for swing bed providers



CHAPTER 2


- Clarification:
 - OBRA Discharge assessment either return anticipated or not anticipated. Resident physically discharged from the facility.
 - PPS Discharge: Resident's Medicare Part A stay ends but the resident remains in the building.





CHAPTER 2


- Item Set Codes: discussion reminds us there is the new item set because of A0310H which asks the question "Is this a PPS Discharge"


A0310. Type of Assessment - Continued	
Enter Code	<input type="checkbox"/>
F. Entry/discharge reporting	
01. Entry tracking record	
10. Discharge assessment-return not anticipated	
11. Discharge assessment-return anticipated	
12. Death in facility tracking record	
99. None of the above	
G. Type of discharge - Complete only if A0310F = 10 or 11	
1. Planned	
2. Unplanned	
H. Is this a SNF PPS Part A Discharge (End of Stay) Assessment?	
0. No	
1. Yes	





	CHAPTER 2
	<ul style="list-style-type: none">■ Medicare Required PPS Assessments now include the PPS Discharge Assessment■ Respite residents need an entry tracking and an OBRA discharge as long as they stay 14 days or less■ The tables for combining assessments includes OBRA and PPS Assessments 


	CHAPTER 2
	<ul style="list-style-type: none">■ Throughout Discharge assessment discussion if refers to OBRA discharge assessment on pages 2-23 - 40 

	CHAPTER 2
	<ul style="list-style-type: none">■ Part A PPS Discharge (pg. 2 - 44-45)<ul style="list-style-type: none">- Part of the IMPACT Act- Part A PPS Discharge is completed when a resident's Medicare Part A stay ends, but the resident remains in the facility (Item A0310H)- PPS Discharge can be combined with an OBRA discharge as long as the OBRA discharge occurs on the day of or one day after the end date of Medicare 


	<h2>CHAPTER 2</h2>
	<ul style="list-style-type: none">■ Page 2-45 is the discussion of Part A PPS Assessment<ul style="list-style-type: none">- ARD is not set prospectively- ARD equals the end date of the most recent Medicare Stay (A2400C)- Must be completed within 14 calendar days- If the resident is discharged out of the building the next day, combine the PPS Discharge with the OBRA discharge
	


	<h2>CHAPTER 2</h2>
	<ul style="list-style-type: none">■ Must be submitted within 14 days of the completion date■ If resident subsequently returns to a skilled level of care a new Medicare 5 day PPS assessment is done.
	

	<h2>CHAPTER 2</h2>
	<ul style="list-style-type: none">■ Tables on page 2-46 – 48 reflect the addition of the OBRA Discharge and the PPS Discharge■ In the SOT discussion on pages 2-50 – 51 there is emphasis on ONLY doing the SOT to classify resident into a Rehab RUG
	


CHAPTER 2 

- Page 2-55 Clarification: If the date listed in A2400 C is on Day 7 of the COT observation period then the SNF must complete both the COT OMRA and the Part A PPS Discharge Assessment. These assessments must be completed **separately**.




CHAPTER 2 


- BUT
- If it is a discharge from Medicare Part A and discharge from the facility, and day 7 of the COT the facility **may** choose to combine the COT OMRA with the discharge assessment






CHAPTER 2

- Updated tables on page 2-65 and 2-66 reflecting the PPS Discharge and OBRA Discharge




	CHAPTER 2
	<ul style="list-style-type: none">■ Page 2-78 – 81 Discharge Discussion regarding the OBRA Discharge and the PPS Discharge■ Reminder if we do a PPS discharge and the resident resumes Medicare we need to do a new 5 day■ Tables on 2-85 now includes the Part A discharge 

	CHAPTER 2
	<ul style="list-style-type: none">■ Page 2-86-87 lengthy discussion on how to determine what item set is to be used■ SOS (Save Our Sanity): tell the computer the MDS needs of the resident and trust the computer to give you the right set of questions. 

	ADDITIONAL INFORMATION 
	<ul style="list-style-type: none">■ Part A PPS Discharge cannot be combined with unscheduled PPS assessments (OMRA'S) [Statistics show it is a rare occurrence]■ PPS Discharge may be combined with OBRA and scheduled PPS assessments following the combination rules in Chapter 2. (Combined not substituted, reason won't know if you don't tell it.) 


CHAPTER 3

- Page 3-3: Reminder that with the exception of certain items in Section K and O the look back does not include the hospital stay.
- NEW: If we did assessments for private insurance and Medicare Advantage that are not submitted we can't count them as prior assessments that are submitted.




CHAPTER 3

- A0310E (First Assessment)
 - Answer No if
 - Tracking record
 - Stand alone Part A PPS Discharge Assessment
 - A standalone unscheduled PPS assessment




CHAPTER 3

- Definition of Part A PPS Discharge Assessment on page A-7
 - Must be completed when the resident's Medicare Part A stay ends, but the resident remains in the facility (i.e., is not physically discharged from the facility).
- Can do a Part A discharge & combine with an OBRA discharge as long as no more than one day difference between the end of Medicare and discharged from the building page A-28




CHAPTER 3

- OBRA Discharge Status pg. A-33
 - If the end date of the Most Recent Medicare Stay is more than one day before the actual discharge from the facility you must do a PPS Discharge and then an OBRA discharge when the resident leaves the building.
 - If Med A discharge is immediately followed on the next day with the physical discharge then you may combine and the ARD must be the day of physical discharge




CHAPTER 3


- OBRA Discharge Status pg. A-33
 - If the end date of the Most Recent Medicare Stay occurs on the same day as a resident dies: a Death in Facility discharge is done. PPS Discharge is NOT required
 - Standalone PPS Discharge assessment: the end date of most recent Medicare stay must be equal to the ARD
- Excellent examples on page A34-36





CHAPTER 3



- No changes in Section B
- Section C Changed CAM from C1300 to C1310
- Acute change in mental status is now the first question
- Removed psychomotor retardation and associated reasons for the CAA assessment related to C1300 D





	CHAPTER 3
	<ul style="list-style-type: none">■ C-27-28: Discussion on identifying Acute Mental Status Change and accompanying examples■ In coding the CAM multiple changes related to the numbering changes C1300 to C1310 and the removal of Psychomotor Retardation
	

	CHAPTER 3
	<ul style="list-style-type: none">■ C1600 Acute onset of metal status change has been deleted. It is now at the beginning of the CAM■ Section D Updated web sites for depression resources■ Section E: no changes
	

	CHAPTER 3
	<ul style="list-style-type: none">■ Section F Customary routines: added that the interview is to be conducted during the observation period
	


	<h2>SECTION GG</h2> 
	<ul style="list-style-type: none">■ ARD coded in A2300 on or after October 1 will include if it is a Medicare 5 day or discharge will include Section GG.■ For the Quality Measure used in the SNF, QRP will begin calculating only when the actual admission date on or after Oct 1. In other word, requires both an admission and a discharge on or after Oct 1 

	<h2>CHAPTER 3</h2>
	<ul style="list-style-type: none">■ Section I: New discussion about the use of Z codes and a reminder that if we have a Z code we also need another diagnosis for the related primary medical condition. Also gave a web site for further assistance from AHIMA■ Updated the CDC web site 

	<h2>CHAPTER 3</h2>
	<ul style="list-style-type: none">■ Section J1900: Planning for care: It is important to ensure the accuracy of the level of injury resulting from a fall. The assessor may need to look beyond the ARD to obtain the accurate information for the complete picture of the fall that occurs in the look back of the MDS 

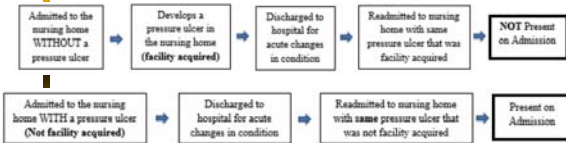
CHAPTER 3

- Coding tip for J1900: We must do a modification to update the level of injury that occurred with the fall, if we find out after submission that we had not coded it correctly.
 - Examples of coding are on page J-34




CHAPTER 3

- Section M Page M-7 Further clarification on Present on admission




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    graph LR
      subgraph Scenario1 [Scenario 1: Facility Acquired]
        A1[Admitted to the nursing home WITHOUT a pressure ulcer] --> B1[Develops a pressure ulcer in the nursing home (facility acquired)]
        B1 --> C1[Discharged to hospital for acute changes in condition]
        C1 --> D1[Readmitted to nursing home with same pressure ulcer that was facility acquired]
        D1 --> E1[NOT Present on Admission]
      end
      subgraph Scenario2 [Scenario 2: Not Facility Acquired]
        A2[Admitted to the nursing home WITH a pressure ulcer (Not facility acquired)] --> B2[Discharged to hospital for acute changes in condition]
        B2 --> C2[Readmitted to nursing home with same pressure ulcer that was not facility acquired]
        C2 --> D2[Present on Admission]
      end
  
```



CHAPTER 3

4. If the pressure ulcer was unstageable on admission/entry or reentry, but becomes numerically stageable later, it should be considered as "present on admission" at the stage at which it first becomes numerically stageable. If it subsequently increases in numerical stage, that higher stage **should not be considered "present on admission."**
5. If a resident who has a pressure ulcer that was **originally acquired in the facility** is hospitalized and returns with that pressure ulcer at the same numerical stage, the pressure ulcer **should not be coded as "present on admission"** because it was present and acquired at the facility prior to the hospitalization.
6. If a resident who has a pressure ulcer that was **"present on admission"** (not acquired in the facility) is hospitalized and returns with that pressure ulcer at the same numerical stage, the pressure ulcer is **still coded as "present on admission"** because it was **originally acquired outside the facility** and has not changed in stage.
7. If a resident who has a pressure ulcer is hospitalized and the ulcer increases in numerical stage during the hospitalization, it **should be coded as "present on admission"** at that higher stage upon reentry.



CHAPTER 3

M0300G: Unstageable Pressure Ulcers Related to Suspected Deep Tissue Injury


G. Unstageable - Deep tissue injury: Suspected deep tissue injury in evolution

Enter Number

1. Number of unstageable pressure ulcers with suspected deep tissue injury in evolution - if 0 → Skip to M0510, Dimension of Unhealed Stage 3 or 4 Pressure Ulcers or Eschar

Enter Number

2. Number of these unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry



CHAPTER 3

OLD

M1040H: Other Ulcers, Wounds and Skin Problems

Check all that apply

Foot Problems

- A. Infection of the foot (e.g., cellulitis, paronychia, dermatitis)
- B. Discoloration of the foot
- C. Other open lesions on the foot

Other Problems

- D. Open lesions (other than ulcers, vesicles, rashes, etc.) (e.g., cancer lesions)
- E. Trauma of wounds?
- F. Wounds (contused or third degree)
- G. Skin tears?
- H. Moisture Associated Skin Damage (MASD) (e.g., incontinence associated dermatitis (IAD), periantheloma, dermatitis)

None of the Above

I. None of the above were present

NEW

M1040H: Other Ulcers, Wounds and Skin Problems

Check all that apply

Foot Problems


- A. Infection of the foot (e.g., cellulitis, paronychia, dermatitis)
- B. Discoloration of the foot
- C. Other open lesions on the foot

Other Problems

- D. Open lesions (other than ulcers, vesicles, rashes, etc.) (e.g., cancer lesions)
- E. Trauma of wounds?
- F. Wounds (contused or third degree)
- G. Skin tears?
- H. Moisture Associated Skin Damage (MASD) (e.g., incontinence associated dermatitis (IAD), periantheloma, dermatitis)


None of the Above

I. None of the above were present




CHAPTER 3

- M 1040H MASD now includes IAD



CHAPTER 3


- N0410 A-G Code medications according to the pharmacological classification, not how they are being used.
- Updated web sites in Section N including where to find appropriate classifications, warnings, dosing, etc.



CHAPTER 3


- Section O: updated web sites for vaccine information

- The licensed psychological therapy by a Psychologist (PhD) should be recorded in O0400E. ~~Psychological Therapy~~. Psychological therapy visits by a licensed psychologist (PhD) should be recorded in O0400E, Psychological Therapy, and should not be included as a physician visit in this section.



CHAPTER 3

- Section Q: Updated the website for Planning for your discharge, which is a checklist for residents and caregivers



CHAPTER 3

OLD

Q0490. Resident's Preference to Avoid Being Asked Question Q0500B
 Complete only if A3315A - 32, 36, or 99

Does the resident's clinical record document a request that this question be asked only on comprehensive assessments?

0. No
 1. **Yes** → Skip to Q0600, Referral
 2. **Information not available**

NEW

Q0490. Resident's Preference to Avoid Being Asked Question Q0500B
 Complete only if A3315A - C2, D6, or 99

Does the resident's clinical record document a request that this question be asked only on comprehensive assessments?

0. No
 1. **Yes** → Skip to Q0600, Referral

CHAPTER 3

OLD

Q0550. Resident's Preference to Avoid Being Asked Question Q0500B Again

Does the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond) want to be asked about returning to the community on all assessments? (Other than only on comprehensive assessments)

0. No - then document in resident's clinical record and ask again only on the next comprehensive assessment
 1. **Yes**
 2. **Information not available**

Indicate information source for Q0550A

0. Resident
 1. If not resident, then family or significant other
 2. If not resident, family or significant other, then guardian or legally authorized representative
 3. **No information source available**

NEW

Q0550. Resident's Preference to Avoid Being Asked Question Q0500B Again

Does the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond) want to be asked about returning to the community on all assessments? (Other than only on comprehensive assessments)


0. No - then document in resident's clinical record and ask again only on the next comprehensive assessment
 1. **Yes**
 2. **Information not available**


Indicate information source for Q0550A

0. Resident
 1. If not resident, then family or significant other
 2. If not resident, family or significant other, then guardian or legally authorized representative
 3. **None of the above**

CHAPTER 3

- Section Q: CMS has removed the Information not available and added None of the above option for Question Q0550B



	REFERENCES
	<ul style="list-style-type: none">■ RAI Manual October 2016: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html■ Skilled Nursing Facility Quality Reporting Program Provider Training August 24, 2016: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training.html 

	REFERENCES
	<ul style="list-style-type: none">■ Skilled Nursing Facility Quality Reporting Program: Provider Training Questions and Feedback on MDS 3.0 Sept 2016: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-QRP-Questions-from-Training-August-2016.pdf 