CMS RAI MANUAL ERRATA DOCUMENT

SECTION I
UTI'S

- In Chapter 3, page I-9, under "Coding Tips" in I: Active Diagnoses in the Last 7 Days, a third bullet has been added:
  - ***If the diagnosis of UTI was made prior to the resident's admission, entry, or reentry into the facility, it is not necessary to obtain or evaluate the evidence-based criteria used to make the diagnosis in the prior setting. A documented physician diagnosis of UTI prior to admission is acceptable. This information may be included in the hospital transfer summary or other paperwork.***

SECTION I
UTI'S

- In Chapter 3, page I-9, under "Coding Tips" in I: Active Diagnoses in the Last 7 Days, a fourth bullet has been added:
  - ***When the resident is transferred, but not admitted, to a hospital (e.g., emergency room visit, observation stay) the facility must use evidence-based criteria to evaluate the resident and determine if the criteria for UTI are met AND verify that there is a physician-documented UTI diagnosis when completing I2300 Urinary Tract Infection (UTI).***

WHAT DOES IT MEAN?

- Documented by physician UTI diagnosis was noted during a hospital **admission** stay, we mark the MDS even if it does not meet evidence based criteria
- Resident was transferred back to facility after being at the hospital (**emergency room, or observation stay**) the facility must use evidence based criteria to evaluate if the criteria is met for a UTI **AND** verify that there is physician documentation. If you do not have both it does not go on the MDS.

EXAMPLE

- Mother in law was given an antibiotic in the hospital under Observation. Admitted to the nursing home BUT it would not go on the MDS Admission Assessment. There were no symptoms and the urine did not meet evidenced based criteria.
- If she had been a full admission then it would have gone on the MDS since it was admission into the hospital not observation.

SECTION N MEDICATIONS

- A transdermal patch is designed to release medication over a period of time (typically 3–5 days); therefore, transdermal patches would be considered long-acting medications for the purpose of coding the MDS, and only the days the staff attaches the patch to the skin are counted for the MDS. For example, if, during the 7-day look-back period, a fentanyl patch was applied on days 1, 4, and 7, N0410H Opioid would be coded 3, because the application occurred on 3 days during the look-back period.

WANT DOES IT MEAN?

- During the 7 day look back only count the days a **NEW** patch was applied.

EXAMPLE

- If during the 7-day look-back period, a fentanyl patch was applied on days 1, 4, and 7, N0410H Opioid would be coded 3, because the application occurred on 3 days during the look-back period.

SECTION N 10

- Page N-10 Third Bullet
- Temazepam 15 mg PO QHS PRN: Received at bedtime on Tuesday and Wednesday only.
- **Coding:** Medications in N0410, would be coded as follows: **A. Antipsychotic = 3,** reisperidone is an antipsychotic medication, **B. Antianxiety = 7,** lorazepam is an antianxiety medication, and **D. Hypnotic = 2,** temazepam is a hypnotic medication.
-

WHAT DOES IT MEAN?

- "Risperidone" was spelled incorrectly.

SECTION N PHARMACOLOGICAL CLASS

- Any medication that has a pharmacological classification or therapeutic category of antipsychotic medication must be recorded in this section, regardless of why the medication is being used.

WHAT DOES IT MEAN?

- Code the medications based on their "class" and not by why we are giving it to that particular resident. Example: Thorazine is an antipsychotic but we are giving it for hiccoughs. It still must be coded under an antipsychotic

SECTION N - 11 RESOURCES

- In Chapter 3, page N-11, in the "Example" section, the explanation accompanying the list of resources and tools has been replaced with revised text, as follows:
- ~~This list is not all-inclusive. CMS is not responsible for the content or accessibility of the pages found at these sites. URL addresses were current as of the date of this publication.~~
- ***The above resource list is not all-inclusive, and use of these resources is not required for MDS completion. The resources are being provided as a convenience, for informational purposes only, and CMS is not responsible for their accessibility, content, or accuracy. Providers are responsible for coding each medication's pharmacological/therapeutic classification accurately. Caution should be exercised when using lists of medication categories, and providers should always refer to the details concerning each medication when determining its medication classification.***
- ***NOTE: References to non-CMS sources do not constitute or imply endorsement of these organizations or their programs by CMS or the U.S. Department of Health and Human Services and were current as of the date of this publication.***

WHAT DOES IT MEAN

- CMS cautions us to be sure we are using good resources to determine the class of the medications to be placed on the MDS. Also an acknowledgement they do not endorse any specific resource

CHAPTER 3 SECTION N-11

- In Chapter 3, page N-11, the following link was deleted from the resources and tools list:
  - ~~DrugLib.com Index of Drugs by Category,http://www.druglib.com/drugindex/category/~~

WHAT DOES IT MEAN?

- The resource is no longer in the manual

CHAPTER 3 PAGE N-13

- In Chapter 3, page N-13, under "Coding Tips and Special Populations," information has been added to the N0450A coding instructions:
- ***Coding Tips and Special Populations***
- ***Any medication that has a pharmacological classification or therapeutic category of antipsychotic medication must be recorded in this section, regardless of why the medication is being used.***

WHAT DOES IT MEAN?

- The same thing as a previous slide:
- Code the medications based on their "class" and not by why we are giving it to that particular resident. Example: Thorazine is an antipsychotic but we are giving it for hiccoughs. It still must be coded under an antipsychotic

CHAPTER 3 PAGES N 13-14

- In Chapter 3, pages N-13–N-14, under "Coding Tips and Special Populations," information has been added to the N0450B and N0450C coding instructions:

- ***Within the first year in which a resident is admitted on an antipsychotic medication or after the facility has initiated an antipsychotic medication, the facility must attempt a GDR in two separate quarters (with at least one month between the attempts), unless physician documentation is present in the medical record indicating that a GDR is clinically contraindicated. After the first year, a GDR must be attempted at least annually, unless clinically contraindicated(see F758 in Appendix PP of the State Operations Manual).***
- ***Do not include gradual dose reductions that occurred prior to admission to the facility (e.g., GDRs attempted during the resident's acute care stay prior to admission to the facility).***

CHAPTER 3 PAGES N 13-14 (CONT.)

- ***Do not count as a GDR an antipsychotic medication reduction performed for the purpose of switching the resident from on antipsychotic medication to another.***
- ***In cases in which a resident is or was receiving multiple antipsychotic medications on a routine basis and one medication was reduced or discontinued, record the date of the reduction attempt or discontinuation in N0450C.***
- ***If multiple dose reductions have been attempted since admission OR since initiation of the antipsychotic medication, record the date of the most recent reduction attempt in N0450C.***
- ***Federal requirements regarding GDRs are found at 42 CFR483.45(d) Unnecessary drugs and 483.45(e) Psychotropic drugs.***

WHAT DOES IT MEAN

- Nothing has changed CMS just moved the information to a different area in section N. It is now in a more appropriate location

CHAPTER 3, PAGES N-13–N-14

- In Chapter 3, pages N-13–N-14, under "Coding Tips and Special Populations (N0450B and N0450C)," additional bullet points have been added:
  - ***In N0450B and N0450C, include GDR attempts conducted since the resident was admitted to the facility, if the resident was receiving an antipsychotic medication at the time of admission, OR since the resident was started on the antipsychotic medication, if the medication was started after the resident was admitted.***
  - ***If the resident was admitted to the facility with a documented GDR attempt in progress and the resident received the last dose(s) of the antipsychotic medication of the GDR in the facility, then the GDR would be coded in N0450B andN0450C.***

CHAPTER 3, PAGES N-13–N-14

- ***If the resident received a dose or doses of an antipsychotic medication that was not part of a documented GDR attempt such as if the resident received a dose or doses of the medication PRN or one or two doses were ordered for the resident for a specific day or procedure, these are not coded as a GDR attempt in N0450B and N0450C.***
- ***Discontinuation of an antipsychotic medication, even without a GDR process, should be coded in N0450B and N0450C as a GDR, as the medication was discontinued. When an antipsychotic medication is discontinued without a gradual dose reduction, the date of the GDR in N0450C is the first day the resident did not receive the discontinued antipsychotic medication.***
- ***The start date of the last attempted GDR should be entered inN0450C, Date of last attempted GDR. The GDR start date is the first day the resident received the reduced dose of the antipsychotic medication.***

WHAT DOES IT MEAN?

- Adds clarification of how to capture dose reductions.
- Discusses how to capture the date appropriately
- A dose or doses of an antipsychotic medication given for a specific day or procedure is not considered a GDR
- Meds stopped without a GDR should be captured

CHAPTER 3 PAGE N-14

- In Chapter 3, page N-14, the header "Coding Tips and Special Populations" has been revised to include the applicable item numbers:
- **Coding Tips and Special Populations (N0450D and N0450E)**

WHAT DOS IT MEAN

- CMS is clarifying that this section of the MDS pertains to specific questions N0450D and N0450E

CHAPTER 3 PAGE N-14

- In Chapter 3, page N-14, the bulleted list under "Coding Tips and Special Populations (N0450D and N0450E)" has been revised as follows:
- ~~Any medication that has a pharmacological classification or therapeutic category as an antipsychotic medication must be recorded in this section, regardless of why the medication is being used.~~
- In this section, the term physician also includes physician assistant, nurse practitioner, or clinical nurse specialist.
- ***In N0450D and N0450E, include physician documentation that a GDR attempt is clinically contraindicated since the resident was admitted to the facility, if the resident was receiving an antipsychotic medication at the time of admission, OR since the resident was started on the antipsychotic medication, if the medication was started after the resident was admitted to the facility.***

WHAT DOES IT MEAN??

- Reminds us that the GDR does not have to be done BUT physician documentation must be in place stating why it was not done. Physician may include a physician assistant, nurse practitioner or clinical nurse specialist.

CHAPTER 3 PAGE N-14

- ~~Do not include Gradual Dose Reductions that occurred prior to admission to the facility (e.g., GDRs attempted during the resident's acute care stay prior to admission to the facility).~~
- Physician documentation indicating dose reduction attempts are clinically contraindicated must include the clinical rationale for why an attempted dose reduction is in advisable. This decision should be based on the fact that tapering of the medication would not achieve the desired therapeutic effects and the current dose is necessary to maintain or improve the resident's function, well-being, safety, and quality of life.
- ~~Within the first year in which a resident is admitted on an antipsychotic medication or after the facility has initiated an antipsychotic medication, the facility must attempt a GDR in two separate quarters (with at least one month between the attempts), unless physician documentation is present in the medical record indicating a GDR is clinically contraindicated. After the first year, a GDR must be attempted at least annually, unless clinically contraindicated.~~

- Do not count an antipsychotic medication taper performed for the purpose of switching the resident from one antipsychotic medication to another as a GDR in this section.
- In cases where a resident is or was receiving multiple antipsychotic medications on a routine basis, and one medication was reduced or discontinued, record the date of the reduction attempt or discontinuation in N0450C, Date of last attempted GDR.
- If multiple dose reductions have been attempted since admission/entry or reentry or the prior OBRA assessment, record the date of the most recent reduction attempt in N0450C, Date of last attempted GDR.

CHAPTER 3, PAGE P-5
P0100 PHYSICAL RESTRAINTS

- In Chapter 3, page P-5, in the "Coding Tips and Special Populations" section in P0100 Physical Restraints, a new fourth bullet has been added:
  - ***When coding this section, do not consider as a restraint a locked/secured unit or building in which the resident has the freedom to move about the locked/secured unit or building. Additional guidance regarding locked/secured units is provided in the section "Considerations Involving Secured/Locked Areas" of F603 in Appendix PP of the State Operations Manual.***
- *A resident in a secured/locked area would not be considered to be involuntarily secluded if all of the following are met:*
  - *The facility has identified the clinical criteria for placing a resident in the secured/locked area;*

- **SOM F 603 Placement in a secured/locked area is not:**
  - **1. Used for staff convenience or discipline;**
  - **2. Based on the resident's diagnosis alone since the determination for placement in the area must be made on an individualized basis; and/or**
  - **3. Based on a request from the resident's representative or family member without clinical justification;**

CHAPTER 3, PAGE 10

- **Wander/elopement alarm** includes devices such as bracelets, pins/buttons worn on the resident's clothing, sensors in shoes, or building/unit exit sensors worn ***by***/attached to the resident that ***activate an alarm and/or alert the staff*** when the resident nears or exits ***a specific area*** or ***the building***. This includes devices that are attached to the resident's assistive device (e.g., walker, wheelchair, cane) or other belongings.

CHAPTER 3 PAGE 10 PLANNING FOR CARE IN P0200 ALARMS

- In Chapter 3, page P-10, under "Coding Tips" in P0200: Alarms, the eighth bullet has been revised as follows:
  - Bracelets or devices worn ***by*** or attached to the resident and/or his or her belongings that signal a door to lock when the resident approaches should be coded in P0200***E*** ***Wander/elopement alarm*** ~~F Other alarm~~, whether or not the device activates a sound ***or alerts the staff.***
-

CHAPTER 3, PAGE 10, UNDER "CODING TIPS"

- The following bullet has been added:

When determining whether the use of an alarm also meets the criteria of a restraint, refer to the section "Determination of the Use of Position Change Alarms as Restraints" of F604 in Appendix PP of the State Operations Manual.

DETERMINATION OF THE USE OF POSITION CHANGE ALARMS AS RESTRAINTS

- ***Determination of the Use of Position Change Alarms as Restraints***
  - *Position change alarms are any physical or electronic device that monitors resident movement and alerts the staff when movement is detected. Types of position change alarms include chair and bed sensor pads, bedside alarmed mats, alarms clipped to a resident's clothing, seatbelt alarms, and infrared beam motion detectors. Position change alarms do not include alarms intended to monitor for unsafe wandering such as door or elevator alarms.*
  - *While position change alarms may be implemented to monitor a resident's movements, for some residents, the use of position change alarms that are audible to the resident(s) may have the unintended consequence of inhibiting freedom of movement. For example, a resident may be afraid to move to avoid setting off the alarm and creating noise that is a nuisance to the resident(s) and staff, or is embarrassing to the resident. For this resident, a position change alarm may have the potential effect of a physical restraint.*

DETERMINATION OF THE USE OF POSITION CHANGE ALARMS AS RESTRAINTS

- *Examples of negative potential or actual outcomes which may result from the use of position change alarms as a physical restraint, include:*
  - *Loss of dignity;*
  - *Decreased mobility;*
  - *Bowel and bladder incontinence;*
  - *Sleep disturbances due to the sound of the alarm or because the resident is afraid to move in bed thereby setting off the alarm; and*
  - *Confusion, fear, agitation, anxiety, or irritation in response to the sound of the alarm as residents may mistake the alarm as a warning or as something they need to get away from.*

WHAT DOES IT MEAN

- Locked units are not considered restraints as long a it does not meet the definition
- Defines/clarifies alarms vs restraints
- Gives us a direct follow through for determining how to code

ADDITIONAL NEW S&C'S

- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Admin-Info-Letter-18-06.pdf
- **The Centers for Medicare & Medicaid Services (CMS) will be piloting a two phase Federal Oversight Support Survey (FOSS) process beginning in January of 2018.** This pilot will replace the FOSS process used for traditional surveys and the Federal Oversight of Quality Indicator Survey (FOQIS) process used for Quality Indicator Survey (QIS), and includes the following:
- The revised FOSS process will focus on specific areas of concern. For purposes of the national pilot, the areas of focus will be Abuse and Neglect, Admission/Transfer/ Discharge, and Dementia Care services.
- The Phase 1 Resource and Support Surveys (RSS) will be conducted between January 1 and April 30 of 2018. The Phase 2, Focused Comparative surveys will begin May 1, 2018, and conclude on September 30th, 2018.
- **The new process will be used for all Federal Oversight Support Surveys required in the current scope memo. The full-comparative process remains unchanged.**

ADDITIONAL NEW S&C'S

- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-18-08.pdf
- **Federal regulations allow facilities to initiate discharges of residents only in specific instances.** Despite these protections, discharges which violate Federal regulations continue to be one of the most frequent complaints made to State Long Term Care Ombudsman Programs.
- **The Centers for Medicare & Medicaid Services (CMS) has begun an initiative to examine and mitigate facility-initiated discharges that violate federal regulations.** CMS is examining State survey agency's intake and triage practices for these type of discharge complaints, developing examples of inappropriate and appropriate discharges for surveyors, identifying best practices for nursing homes, developing training and evaluating enforcement options for these types violations.
- **Civil Money Penalty (CMP) Reinvestment Projects Assistance**. CMS is encouraging States to pursue CMP-funded projects that may help prevent facility initiated discharges that violate federal regulations.

ADDITIONAL NEW S&C'S

- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-18-10.pdf
- **Texting patient information** among members of the health care team is permissible if accomplished through a secure platform.
- **Texting of patient orders** is prohibited regardless of the platform utilized.
- **Computerized Provider Order Entry (CPOE)** is the preferred method of order entry by a provider.

RESOURCES

- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-RAI-Manual-v115R-Errata.pdf
- QIPMO: www.nursinghomehelp.org