

The MDS Mentor

Shelly Nanney, RN, RAC-CT
MDS Clinical Coordinator

Brian Johnson
QIES and MDS Automation Coordinator



VOLUME 99, ISSUE 22

June 2016

INSIDE THIS ISSUE:

- 1 Summer of Change
- 1 Spotlight Questions
- 2 Section GG: Preparing for Change
- 2 New Quality Measures
- 3 MDS Highlight: Recreational Therapy
- 3 MDS 3.0 CASPER Report Changes
- 4 MDS News in Review
- 5 Contact Us

 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 10.0 (QMUM10)

Registered Nurse (RN)

Resource Utilization Group (RUG)

Resident Assessment Instrument (RAI)

Skilled Nursing Facility/
Nursing Facility (SNF/NF)

Summer of Change

Many changes are coming this year, not only to the MDS 3.0 process but also to the Quality Measures and the PASRR process. The Payroll Based Journal for staffing will be implemented, as well.

With change there is always a certain amount of anxiety and dread. How can a facility prepare for all these changes? The answer is simple...education!

Facilities often stress about change, and of course worry about the financial burden of change. But education is often free or low-cost! Take advantage of seminars, webinars or newsletters. There are many free resources available for education, and you can share the information with others in your facility. Subscribe to as many newsletters as you can...they will often offer free webinars or online educational opportunities that are free to their subscribers.

Of course, you can always look to DADS and the many educational opportunities that are available through the state. Sign-up for email notifications through GovDelivery...copy and paste this link into your browser and it will take you to the subscription page.

<https://service.govdelivery.com/accounts/TXHHSC/subscriber/new>

Beginning in late July, I will be hosting several webinar's based upon the changes coming to MDS 3.0. I will mostly focus on Section GG, but will address the other changes as well.

Once the schedule is set, I will post a link on the Texas MDS 3.0 Webpage (<http://www.dads.state.tx.us/providers/mds/>).

Spotlight Question

Question: My resident admitted to Skilled services on 5/16/2016 after an acute hospital stay for a fractured hip. Unfortunately, they discharged the same day back to the hospital and was readmitted. Since this isn't a billable day, are any assessments due?

Answer: Yes, even though there won't be any reimbursement, you still must follow OBRA rules. This means that you will complete an Entry and a Discharge Assessment. Even though much of the information on the DC assessment will be dashed, you must still complete these assessments. Remember, these types of assessments are the only way that CMS can track a resident in the various levels of care.



Section GG: Preparing for Change

As many of you so kindly addressed, I made an error in my article regarding Section GG. What follows is the revised information!

Section GG is beginning on October 1, 2016 and is going to address the goals of the Skilled Resident at the time of admission and when there is a planned discharge.

This section will be completed with the PPS 5 day and the planned discharge. The challenge for providers will be with the frequent admissions that we sometimes see in our skilled residents.

Remember the Section GG will need to be completed with ALL PPS 5 day assessments...so even if this is the 2nd or 3rd Re-Admission, Section GG will need to be completed. You won't have to complete Section GG upon transfer to the hospital, if this is an unplanned discharge, but it will need to be completed upon the residents return to SNF services in your facility.

For those of you that deal with Managed Care skilled residents, you should ask the MCO upon admission if they will require Section GG if an unplanned discharge occurs. This is completely up to that MCO as to completion of GG.

Section GG is geared towards helping us to determine what the true level of function is for our residents is upon admission to our SNF. This section will look at the goals of the resident at admission and what their anticipated discharge goal will be. It only looks at the functional data collected from day 1-3 of the SNF stay and the residents current functional status. At the time of discharge, it will look at the last 3 days of the residents stay to see if functional goals were met.

This section will require facilities to get their therapy departments more involved in assisting the Interdisciplinary team to appropriately code Section GG. The terminology is different from traditional Section G coding and this could cause confusion.

Again, education is the key, train your staff to understand the different terminology

and use your interview skills to talk to your staff, resident and therapists to complete Section GG.

Simple LTC. has graciously agreed to sponsor two webinars for DADS, to be held on June 30th and August 3rd. I will post details on the MDS page as soon as the details are finalized!

New Quality Measures

There are new Quality Measures that will go into effect this July 1st. These new QM's are as follows...

- Percentage of short-stay residents who were successfully discharged to the community.
- Percentage of short-stay residents who have had an outpatient emergency department visit.
- Percentage of short-stay residents who were re-hospitalized after a nursing home admission.
- Percentage of short-stay residents who made improvements in function.
- Percentage of long-stay residents whose ability to move independently worsened.
- Percentage of long-stay residents who received an antianxiety or hypnotic medication.

As you can see most of these relate to short-stay residents with only the last two measures linked to long-stay residents.

Several of these measures are going to be part of the VBP initiative that is coming very soon to our nursing facilities. There will be a penalty imposed when residents are readmitted to the hospital within a 30 day admission to SNF.

Spotlight On Texas Quality Measure

One of the Quality Monitoring Key Focus areas is the QM for "Percentage of resident who receive an Antipsychotic Medication, Long-stay." As of March 2016, the average for Texas facilities is 19.27%, which is a reduction from March of 2015 when we were at 23.33%. **Good Job Texas!** For more information go to the Quality Monitoring Website.

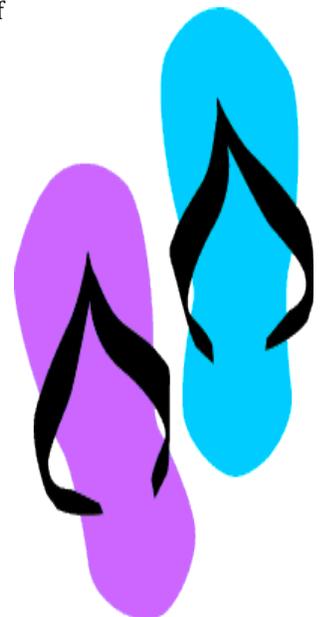
<http://www.dads.state.tx.us/providers/qmp/evidence-based-best-practices/nursing-facilities/antipsychotics.html>



"One benefit of Summer was that each day we had more light to read by."
— [Jeannette Walls](#),
[The Glass Castle](#)

"Some of the best memories are made in flip flops."
— [Kellie Elmore](#)

A perfect summer day is when the sun is shining, the breeze is blowing, the birds are singing, and the lawn mower is broken.
-- [James Dent](#)





MDS Highlight: Recreational Therapy

Did you know that if your facility participates in the Quality Monitoring Program Initiative for Music and Memory that you can capture this on your MDS?

Many facilities don't realize that this counts on Section O, under Recreational Therapy!

Those minutes can be entered for all of the time that is spent with your residents on the Music and Memory program during the 7 day look-back period for that assessment.

For example: you spend 30 minutes 3 days per week providing Music and Memory therapy for Mr. Jones. On Section O, 0400F, you can code 90 minutes to count this time spent in Music and Memory activities.

Section O, 0400F: (Includes Recreational and Music Therapy)

Coding Instructions for Respiratory,

Upcoming Training

Registration is open for the Geriatric Symposium in Austin, August 1st and 2nd! Click on this link to register!

<http://www.dads.state.tx.us/providers/qmp/geriatricsymposium.cfm>

MDS 3.0 CASPER Report Changes

Effective Nov. 1, 2016, MDS 3.0 Facility-Level Quality Measure and Resident-Level Quality Measure Preview reports will only be stored in the shared facility folder for 90 days. This change does not affect the MDS 3.0 Five Star Preview reports.

Currently, these automatically-created preview reports are stored in each nursing home's shared facility folder for 230 days.

The retention change affects the following:

- New MDS 3.0 Facility-Level Quality Measure and Resident-Level Quality

Psychological, and Recreational Therapies

• **Total Minutes**—Enter the actual number of minutes therapy services were provided in the last 7 days. **Enter 0** if none were provided.

• **Days**—Enter the number of days therapy services were provided in the last 7 days. A day of therapy is defined as treatment for 15 minutes or more in the day. **Enter 0** if therapy was provided but for less than 15 minutes every day for the last 7 days. If the total number of minutes during the last 7 days is 0, skip this item and leave blank.

This is one more reason to sign up for DADS Music and Memory Program!

The Music and Memory Program is also a great way to reduce Antipsychotic Medications!

Measure Preview reports saved into each nursing home's shared facility folder after Nov. 1, 2016, will be retained for 90 days following the date the report was added to the folder.

- Existing MDS 3.0 Facility-Level Quality Measure and Resident-Level Quality Measure Preview reports that were created more than 90 days before Nov. 1, 2016, will automatically be deleted from the system.

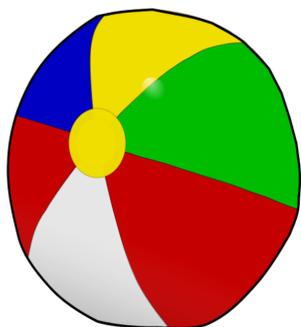
Facilities are encouraged to print or save a copy of reports scheduled to be deleted on Nov. 1 as they can't be recreated once they have been deleted.

“Challenges are what make life interesting and overcoming them is what makes life meaningful.” -

Joshua J. Marine

“Forget all the reasons it won't work and believe the one reason that it will.” - Unknown

What is the recipe for successful achievement? To my mind there are just four essential ingredients: Choose a career you love, give it the best there is in you, seize your opportunities, and be a member of the team. -**Benjamin Fairless**



MDS News in Review

- ◆ The MDS 3.0 QM User’s Manual Version 10 has been posted. The MDS 3.0 QM User’s Manual V10.0 contains detailed specifications for the MDS 3.0 quality measures. The MDS 3.0 QM User’s Manual Version 10 can be found in the Downloads section at the bottom of the [CMS Quality Measures website](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html) (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html).

- ◆ A new DRAFT RAI Manual v1.14 has been posted in the Related Links section on the [CMS MDS 3.0 RAI Manual website](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html) (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html).

Users can preview significant changes before they become effective October 1, 2016.

There are many item set changes, including the new Chapter 3, Section GG: Functional Abilities and Goals. Chapter 2 and Chapter 3, Section A provide information on the new Part A PPS Discharge assessment.

The draft manual is a single PDF file with bookmarks that you can click on to take you to each section of the manual. It includes the manual chapters, sections, appendices, and the change tables that crosswalk the changes made to v1.14.

Please note that it does not include Appendices F and H or replacement pages, which will be published with the final version 1.14 in September 2016.

- ◆ An updated errata (V2.00.3) was post-

ed for DRAFT version (v2.00.0) of the MDS 3.0 Data Specifications, which are scheduled to go into effect on October 1, 2016. Four additional issues have been identified.

Note that errata documents will now be assigned a version number for clarity. The minor number (last digit on the right) will be incremented each time the errata is updated. As this is the third release of the errata for the V2.00.0 data specifications, it is V2.00.3.

This document may be found in the Downloads section at the bottom of the [CMS MDS 3.0 Technical Information website](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html) (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html).

Earlier versions of the errata document were posted in January and March, but this latest version contains those changes.

- ◆ The Payroll Based Journal (PBJ) system is scheduled to go into its mandatory use phase on July 1, 2016. Please be sure you visit the [CMS Staffing Data Submission PBJ website](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html) (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html) to download the “PBJ Policy Manual (V2.1) 4-18-16” and “PBJ Policy Manual FAQ 4-11-16”.



“The only way that we can live is if we grow. The only way that we can grow is if we change. The only way that we can change is if we learn. The only way we learn is if we are exposed. And the only way that we can become exposed is if we throw ourselves out into the open. Do it. Throw yourself.”

-C. Joybell





Contact Us

Shelly Nanney, RN, RAC-CT
 MDS Clinical Coordinator
 1220 Bowie
 Mail Code: 068-7
 Columbus, TX 78962
 Phone: 512.534.1235
 Shelly.nanney@dads.state.tx.us

Brian Johnson
 QIES and MDS Automation Coordinator
 DADS P.O. Box 149030, Mail Code: E-345
 Austin, TX 78714-9030
 Phone: 512.438.2396
 Fax: 512.438.4285 (shared fax—call first)
 Brian.johnson@dads.state.tx.us

This guidance is being provided on the published date of The MDS Mentor (June 10, 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/RUGIVedu12.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>

