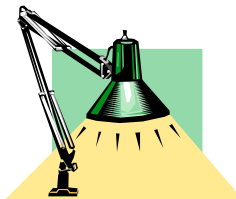


# RAI Spotlight



## MDS 3.0 Training

A series of informational training sessions designed to introduce the coding conventions of MDS 3.0 has been developed by the Commonwealth of Pennsylvania Department of Health (DOH) and Office of Long Term Living (OLTL). The intended audience includes DOH Surveyors, OLTL Field Operations Teams and nursing facility providers.

The sessions were recorded in mid-August and were accurate at that time. If later information released by CMS contradicts the webinar material, the CMS instructions are the standard. The sessions deal with the following MDS 3.0 sections:

1. Introduction
  - A – Identification Information
  - B – Speech, Hearing and Vision
  - C – Cognitive Patterns

2. D – Mood
  - E – Behavior
  - F – Preferences for Customary Routine and Activities
  - G – Functional Status
  - H – Bladder and Bowel

3. I – Active Diagnoses
  - J – Health Conditions
  - K – Swallowing/Nutritional status
  - L – Oral/Dental status
  - M – Skin Conditions
  - N – Medications

4. O – Special Treatments, Procedures and Programs
  - P – Restraints
  - Q – Participation in Assessment and Goal Planning
  - S – State-specific items
  - V – Care Area Assessment (CAA) Summary
  - X – Correction Request
  - Z – Assessment Administration

(Continued on page 5)

## MDS 3.0 Teleconference

**Date:** October 14, 2010  
**Time:** 1:30 – 2:30 pm EDT (Dial-in 10 minutes earlier)  
**Topic:** MDS 3.0 Assessment Management  
**Handouts:** Power Point slides will be available about October 7 on the DOH Message Board at

<http://app2.health.state.pa.us/commonpoc/content/facilityweb/login.asp>

**Call in number:** 1-888-694-4728 or 1-973-582-2745

**Conference ID Number:** 95911262

Company Name: Myers and Stauffer Moderator: Cathy Petko  
A recording of this conference will be available; directions for requesting this will be posted on the DOH Message Board.

**Additional questions:** qa-mds@state.pa.us



**RAI Coordinator**  
1-717-787-1816  
qa-mds@state.pa.us

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**August 2010**

### Questions about the RAI?

Please submit them to  
[qa-mds@state.pa.us](mailto:qa-mds@state.pa.us)

### Inside this issue:

<i>MDS 3.0 CATs and CAAs Q &amp; As</i>	2
<i>7-day Submission Requirement</i>	2
<i>Essential Manuals</i>	3
<i>Keeping CASPER Passwords Active</i>	3
<i>New/Old Survey Process</i>	3
<i>Medicare Short Stay Calculation</i>	4
<i>Information Available!</i>	5
<i>Transition Question</i>	5



## MDS 3.0 CATs and CAAs Q & As



On July 8, 2010, a training teleconference was provided on the MDS 3.0 Care Area Triggers (CATs) and Care Area Assessments (CAAs). The following questions were received.

**Q.** Must we use referral agencies on the Office of Long-Term Living (OLTL) list?

**A.** *The agency lists are created to make you aware of resources available in your area. Many parts of state government are working to aid in the smooth transition of residents back to the community. Area Agencies on Aging are primary providers of these services but contact decisions would be made based on resident needs, e.g., the resident may want to return to her hometown 50 miles away so contacting agencies that are local to the facility would not be helpful.*

**Q.** Are the Local Contact Agencies (LCAs) being alerted/trained on the new requirements of Section Q?

**A.** *A day of training on Section Q was presented in Baltimore in March for the various agencies. In addition, within the state, training is being provided on the new requirements for all the involved units, e.g., nursing facility transition, etc..*

**Q.** What happens if the LCA does not respond within 10 days?

**A.** *If the LCA does not respond within 10 days, it is the facility's responsibility to contact the agency again.*

**Q.** Q0400A asks "Is there an active discharge plan in place for the resident to return to the community?" What does "active" mean in this context?

**A.** *CMS has not explicitly defined this term. It seems to imply that there is a goal and approaches on the care plan dealing with Discharge. Monitor the CMS materials that are released for additional clarification.*

**Q.** We usually just write a summary note to cover our care planning decisions. Is this sufficient for a Care Area Assessment?

**A.** *According to the RAI Manual, when a CAA is triggered, NH staff should follow their facility's chosen protocol or policy for performing the CAA. "The CAA process does not mandate any specific tool for completing the further assessment of the triggered areas, nor does it provide any specific guidance on how to understand or interpret the triggered areas. Instead, facilities are instructed to identify and use tools that are current and grounded in current clinical standards of practice, such as evidence based or expert endorsed research, clinical practice guidelines and resources." (MDS 3.0 RAI Manual p. 4-3) What information are you gathering about the condition? How do you decide on appropriate interventions? What new procedures might be implemented? You will need a basis for the decisions you are making, and this is your chosen protocol or policy for performing the CAA.*

**Q.** Section Q requires that residents be interviewed about their desires to return to the community, or whether they would like to talk with someone about returning to the community. How is this handled for the long-term resident with Alzheimer's disease who is always requesting to go home?

**A.** *Though the resident can verbalize her desire to return home, decisions about her care are probably made by her family or legal guardian due to her dementia. Judgment must be used in these situations to avoid upsetting the resident or creating false hopes that return to her home is possible. Skip patterns within Section Q allow you to avoid raising the issue with the resident with every assessment. Of course, if her mental status improved, the topic should be revisited.*

## 7-Day Submission Requirement



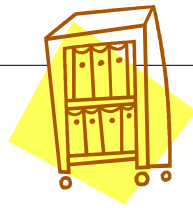
Title 55 §1187.22 of the Pennsylvania Code dealing with Ongoing responsibilities of nursing facilities states: (18) Submit the initial Federally-approved PA Specific MDS record for each resident admitted to the nursing facility to the Department within 7 calendar days of the date the record is completed.

MDS 3.0 requires that an Entry Tracking Form (A0310F = 01) be submitted whenever a resident enters or reenters the nursing facility. This will probably be the first record completed for any resident. It must be completed within 7 days

of the Entry Date (A1600 + 7) and submitted within 14 days of the Entry Date (A1600 + 14) according to federal requirements.

After reviewing the record and the federal requirements for completion and submission, the Office of Long Term Living has decided that timely completion and submission of the Entry Tracking Form will meet the requirement in §1187.22.

## Essential Manuals



CMS has released the MDS 3.0 **Provider User's Guide** at [www.qtso.com/mds30.html](http://www.qtso.com/mds30.html). This manual provides detailed instructions about submitting MDS 3.0 records including

- the hardware and software minimum requirements,
- establishing the communication connection,
- submitting electronic MDS files,
- obtaining validation reports through CASPER and
- the complete list of Error Messages that may appear on validation reports with corrective actions detailed.

To obtain this manual, go to the website listed above. Below the title of MDS 3.0 Provider User's Guide, a drop down box appears with the words "Choose the Section." Click on the down arrow and click on Cover; then click on Select. The page will appear on the screen to be printed and/or saved. Return to the drop-down menu, click on the down arrow, click on Table of Contents and click on Select. Repeat this process until all sections of the manual have been printed/saved. It will be an invaluable resource in the transition to MDS 3.0.

The **CASPER Reporting User's Guide** has been posted on the MDS Welcome Page. The functionality of CASPER

has been greatly expanded with MDS 3.0 beyond being the site where QM/QI Reports were obtained. This manual will guide you through the processes to generate various reports, obtain Final Validation Reports, etc. The date on the Cover page of July 2007 is incorrect; the correct date of 10/2010 is present at the bottom of all pages. Download this manual by section as described for the Provider User's Guide.

CMS has been releasing revisions to the **LTC Facility RAI User's Manual** available at

[www.cms.gov/NursingHomeQualityInits/45\\_NHQIMDS30TrainingMaterials.asp#TopOfPage](http://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp#TopOfPage) Chapter 3 Item by Item Guide has been issued with a Track Changes document at the beginning of each section. Chapter 4 CAA Process and Care Planning has been redone to include expanded documentation of the triggering conditions for each CAA.

A revised version of the **Resident Data Reporting Manual (RDRM)** has been made available at [www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/DoingBusiness/LTCCaseMixInfo/](http://www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/DoingBusiness/LTCCaseMixInfo/). This includes worksheets detailing the RUG-III v.5.12 44 group classification, and information about changes in the construction of the CMI Report. The RDRM update for MDS 3.0 will be available this fall.

## Keeping CASPER Passwords Active

In order to access the MDS Submission System and CASPER Reports, facility users are required to register for a MDS personal login ID using the MDS Individual User Registration link on the MDS State Welcome Page. Once you have obtained this password, using it just to submit MDS records is not sufficient to keep it active. You must login to CASPER at least every 60 days. If you do not, you will receive a reminder e-mail; if you ignore this, your password will be inactivated after 90 days.

The password can be reactivated through QIES User Maintenance link if you are able to answer the security questions. If not, you will have to contact the QTSO help desk at 1-800-339-9313.



Once MDS 3.0 is implemented October 1, this will be less of an issue since validation reports will be accessed through CASPER so the facility submitter(s) will be a regular user of this site.

## New/Old Survey Process

Implementation of MDS 3.0 on October 1, 2010, is requiring changes to the facility survey process used by the Department of Health. Pennsylvania still uses what is known as the "traditional" survey process based on Quality Measure/Quality Indicator (QM/QI) reports. These reports will be unavailable for an extended period after October 1 until there is sufficient MDS 3.0 data to generate them accurately.

In preparation for a survey, the QM/QI reports are used to identify areas of concern that the surveyors will want to check, as well as allowing early sample selection of residents to be reviewed. Since these are not available, the steps of the survey process first used in 1995 will be followed. The surveyors will review previous Statements of Deficiencies, CASPER (formerly OSCAR) reports for facil-



ity profiles, results of complaint investigations, any staffing waivers or room variances, information from the State Ombudsman Office and PASRR information, if available.

Once onsite, the surveyors will rely heavily on the Roster/Sample Matrix (CMS-802) prepared by the facility and the Initial Tour to identify other concerns and identify residents to be included in the sample.

Further details about these changes can be found in a Survey and Certification letter released July 30, 2010 (S&C-10-27-NH) available at [www.cms.gov/SurveyCertification/GenInfo/PMSR/list.asp](http://www.cms.gov/SurveyCertification/GenInfo/PMSR/list.asp).

# Medicare Short Stay Calculation



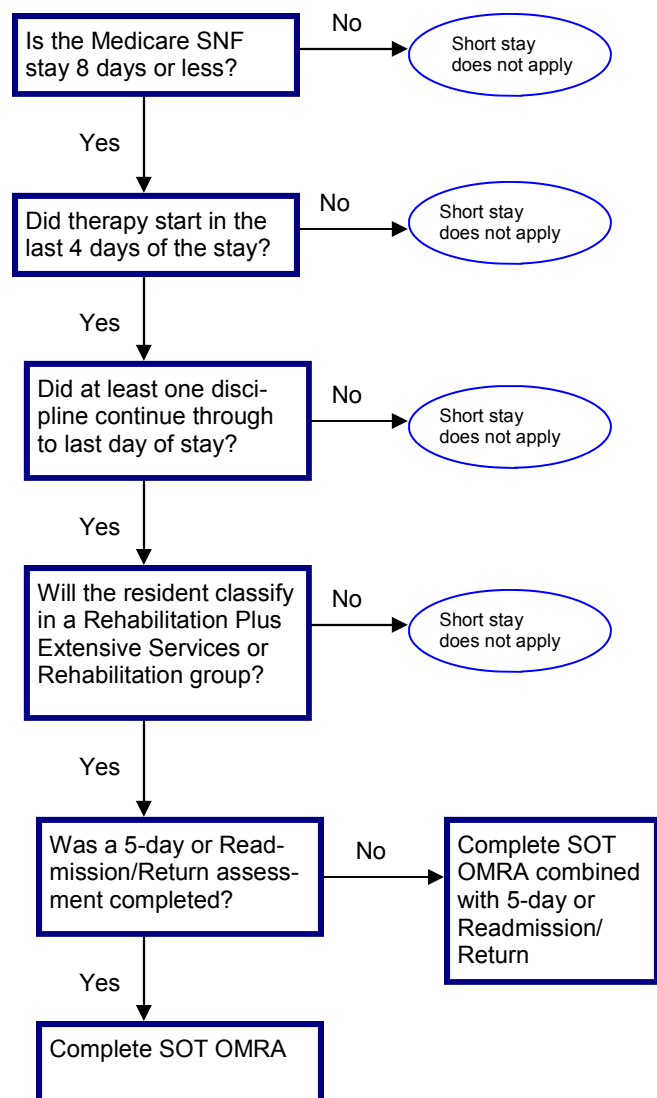
On MDS 2.0 MC PPS records, nursing facilities were able to project the amount of therapy they expected to provide to a resident during the first fifteen days of their stay in Section T. This allowed the assessment to be classified into Rehabilitation Low, Medium or High categories even if the resident had actually received very little therapy by the Assessment Reference Date. This was felt to reflect the intensity of the services provided by the facility even if the resident stayed only a few days.

To handle such situations and classify a short-stay resident (eight days or less) into a RUG-IV Rehabilitation category, MDS 3.0 asks at Z0100C, Is this a Medicare Short Stay assessment? To decide whether to answer this Yes or No is a very complex process and, hopefully, one with which your vendor software will assist. In order to answer Yes, the assessment must meet all eight of the criteria outlined on page 6-22 of the MDS 3.0 RAI Manual.

1. The assessment must be a Start of Therapy (SOT) OMRA (A0310C = 1 or 3). This can be combined with a limited set of other assessment types.
2. A PPS 5-day (A0310B = 01) or readmission/return assessment (A0310B = 06) has been completed, or is being completed in combination with the Start of Therapy OMRA.
3. The ARD (A2300) of the Start of Therapy OMRA must be on or before the 8<sup>th</sup> day of the Part A Medicare covered stay. (A2300 minus the start of Medicare stay date (A2400B) must be 7 days or less.)
4. The ARD (A2300) of the Start of Therapy OMRA must be the last day of the Medicare Part A stay (A2400C).
5. The ARD (A2300) of the Start of Therapy OMRA may not be more than 3 days after the start of therapy date (O0400A5, O0400B5 or O0400C5, whichever is earliest).
6. Rehabilitation therapy (OT, ST or PT) must have started during the last 4 days of the Medicare Part A stay (including weekends). The end of Medicare stay date (A2400C) minus the earliest start date for the three therapy disciplines must be 3 days or less.
7. At least one therapy discipline must continue through the last day of the Medicare Part A stay. At least one of the therapy disciplines must have a dash-filled end of therapy date indicating ongoing therapy or an end of therapy date equal to the end of the covered Medicare stay date (A2400C).
8. The RUG assigned to the Start of Therapy OMRA must be Rehabilitation Plus Extensive Services or a Rehabilitation group (Z0100A). Otherwise the assessment will be rejected.

A Start of Therapy OMRA is an optional assessment designed to report the start of therapy between scheduled Medicare assessments, e.g., therapy started on Day 40 midway between the 30-day and 60-day assessments. It is always the facility's choice as to whether to perform this assessment; it is never required. In the short-stay situation, meeting all these criteria may result in a RUG-IV Rehabilitation RUG that will result in a higher payment level for a resident who received four or fewer days of therapy.

The following algorithm appears on page 6-14 of the MDS 3.0 RAI Manual to assist in this response:



## Information Available!

Many websites have detailed information available about MDS 3.0:

[www.cms.gov/SNFPPS/02\\_Spotlight.asp](http://www.cms.gov/SNFPPS/02_Spotlight.asp) has materials from the August 24 and September 1 teleconferences dealing with SNF PPS transition issues. What assessments need to be done in late September and October to insure proper payment? Scroll to the Downloads section to obtain these materials.

[www.cms.gov/NursingHomeQualityInits/25\\_NHQIMDS30.asp](http://www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp) is a CMS website which provides general information, technical details, training materials

## Transition Question

How do I decide when the first MDS 3.0 OBRA assessment is due for a long term resident?

- If the last assessment is a quarterly, there must be no more than 92 days between the R2b date of the MDS 2.0 assessment and the ARD (A2300) of the MDS 3.0 assessment.
- If an annual assessment is due, there must be no more than 366 days between the VB2 date of the MDS 2.0 com-

## MDS 3.0 Training (continued)

*(Continued from page 1)*

5. MDS 3.0 Submission processes and Use of MDS 3.0 data in the PA Medical Assistance rate setting system, including phase-in of RUG-III v. 5.12.

The handouts for all sessions are available with the Department of Health announcement posted September 8, 2010 at <https://app2.health.state.pa.us/CommonPOC/Login/Login.aspx>

Select Nursing Care Facilities from the drop-down menu and then click on Message Board.

The webinars may be accessed at [http://www.portal.health.state.pa.us/portal/server.pt/community/nursing\\_home\\_care/14152](http://www.portal.health.state.pa.us/portal/server.pt/community/nursing_home_care/14152)

Scroll to the bottom of the page.

The first four sessions are each eligible for two hours of continuing education credit. The fifth session is eligible for 1.5 hours. Facilities may accept responsibility for Continuing Education hours for the Division of Nursing Care Facilities, DOH-sponsored webinar presentations. The facility acts as the provider and is responsible for issuing the certificate of attendance and verifying staff attendance.

Per Commonwealth of Pennsylvania, Title 49. Professional and Vocational Standards, §21.134 Continuing education sources, a Certificate of Attendance must contain the following items:

(including the RAI Manual), etc. Select the area you are interested in on the left hand margin and then scroll down to access the various items of interest.

The [www.qtso.com/](http://www.qtso.com/) link to the QIES Technical Support Office which provides detailed information about maintaining passwords and connectivity on the home page. Select MDS 3.0 on the left hand margin to access further information and manuals.

The [www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/DoingBusiness/LTCCaseMixInfo/](http://www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/DoingBusiness/LTCCaseMixInfo/) link provides information about Medical Assistance Case Mix rate setting in Pennsylvania.

prehensive assessment and the ARD (A2300) of the MDS 3.0 assessment. It must also meet the 92-day interval requirement discussed above.

The QIES Assessment Submission and Processing system (ASAP) will find the last MDS 2.0 record and issue a warning if records are not in proper sequence or exceed the time intervals. (MDS 3.0 RAI Manual p. 2-65)



- Name of the individual to whom the certificate is awarded
- Full name and address of the Provider
- Title of the activity
- Date and Location of activity
- Hours of Continuing Education



It should also include the name of the state agency as the sponsor of the program. The following is an example of the certificate that might be created:

Certificate of Attendance  
Jane Doe  
XYZ Nursing Home  
123 Maple Ave  
Anytown, PA 12345  
MDS 3.0 Session 1 Introduction, A - C  
Webinar Presentation  
September 15, 2010  
XYZ Nursing Home  
2 Continuing Education Hours  
1:30 to 3:30 pm EDT  
Sponsored by the Division of Nursing Care Facilities,  
Pennsylvania Department of Health

Any questions regarding the facility accepting this responsibility can be directed to the Department of State, Bureau of Professional & Occupational Affairs, State Board of Nursing.