

Summary of MDS changes for April 1, 2012 by Evvie Munley, LeadingAge

Following is a sneak peek of the information presented at the CMS MDS 3.0 National Conference in St. Louis during these past few days. All handouts from the conference will be posted on the CMS website in the next few weeks.

Updates to the MDS 3.0 RAI Manual

- ***Inactivations***

All inactivations must have a current ARD and completion date and if that makes the assessment late, SNFs may not get reimbursed for any days covered by that now missed assessment. This generated a lively discussion from providers. LeadingAge will get more clarification from CMS as this may be a change in how CMS is interpreting the RAI Manual. **LeadingAge is looking into this issue further.** *This change (as with all others listed below) is effective April 1, so none of these apply to current assessment.*

Below is the information from the CMS handouts related to the “Inactivation” policy:

“General Policy: Once completed, edited, and accepted into the QIES ASAP system, providers may not change a previously completed MDS assessment as the resident’s status changes during the course of the resident’s stay – **the MDS must be accurate as of the date of the ARD established by the time of the assessment.** Providers should have a process in place to ensure assessments are accurate prior to submissions. Such monitoring and documentation is a part of the provider’s responsibility to provide the necessary care to the resident.”

“Inactivation Related to Event Date or Reason for Assessment: When the provider determines that the event date of a clinical assessment, entry date, discharge date, or item A0310 (Type of Assessment) is inaccurate, the provider must inactivate the assessment in the QIES ASAP system, then complete and submit the new MDS 3.0 record with the correct event date or type of assessment, ensuring that the clinical information is accurate. (RAI Manual, pg 5-12).”

“Inactivation Related to Event Date or Type of Assessment: If the ARD or Type of Assessment is entered incorrectly, and the provider does NOT correct it within the encoding period, the

provider must complete and submit a new MDS 3.0 record. In this instance a new ARD date must be established based on MDS requirements, which is the date the error is determined or later, but not earlier. The new MDS 3.0 record being submitted to replace the inactivated record must include new signature and dates for all items based on the look-back period established by the new ARD and according to established MDS assessment completion requirements”.

SOME GOOD NEWS !

- ***Stand-alone Unscheduled Assessment Interviews (EOT, SOT, COT)***

- Effective April 1, 2012, “when coding a stand-alone unscheduled PPS assessment, the interview items may be coded using the responses provided by the resident on a previous scheduled assessment. There is however, a 14 day limit. The responses can only be used if the interview responses from the scheduled assessment were obtained no more than 14 days prior to the ARD of the unscheduled assessment on which those responses will be used”. For example, if a PHQ-9 interview was done in that 14-day window, then those answers can be carried over to the next PHQ-9 interview. This does not change other assessment policies with regard to the frequencies of the resident interview.

Carrying forward interview responses does NOT apply for:

- Unscheduled PPS assessment is combined with scheduled PPS assessments (only applies to stand-alone unscheduled PPS assessments)
- If a change is observed during the observation period for the unscheduled PPS, then responses may not be carried forward (this decision will be at the discretion of the provider)
- Staff assessments – it only applies to the resident interview

SOME GOOD NEWS !

- ***Discharge assessments***

- Due to industry and provider feedback, CMS decided to take out the interview requirement for un-planned assessments.
- With the new un-planned discharge assessment, there will be a maximum of 77 questions (possibly less depending on whether skip patterns are used). The new planned assessments

will have a maximum of 89 questions. The existing assessment has a maximum of 111 questions.

- The MDS has been updated to reflect planned or unplanned assessments. Definition of unplanned discharge: “acute care transfer of the resident to a hospital or emergency department in order to either stabilize a condition or determine if an acute-care admission is required based on emergency department evaluation OR resident unexpectedly leaving the facility against medical advice, OR resident unexpectedly deciding to go home or to another setting”. The definition of a planned discharge is anything that doesn’t fit in any of the cases for un-planned discharge (above).

- ***New QMs Vs. New QM Reports***

- New QM reports available in April
- Traditional survey being revised to accommodate use of the new QM reports
- Some QMs were useful for public reporting but not useful for surveyors, so not included
- National percentile instead of the state percentile used for comparison purposes
- Effort underway to validate more QM’s, possibly revise some for public reporting – won’t affect the Reports surveyors use, since the fields selected are frozen for now so they could be programmed for surveyor use.