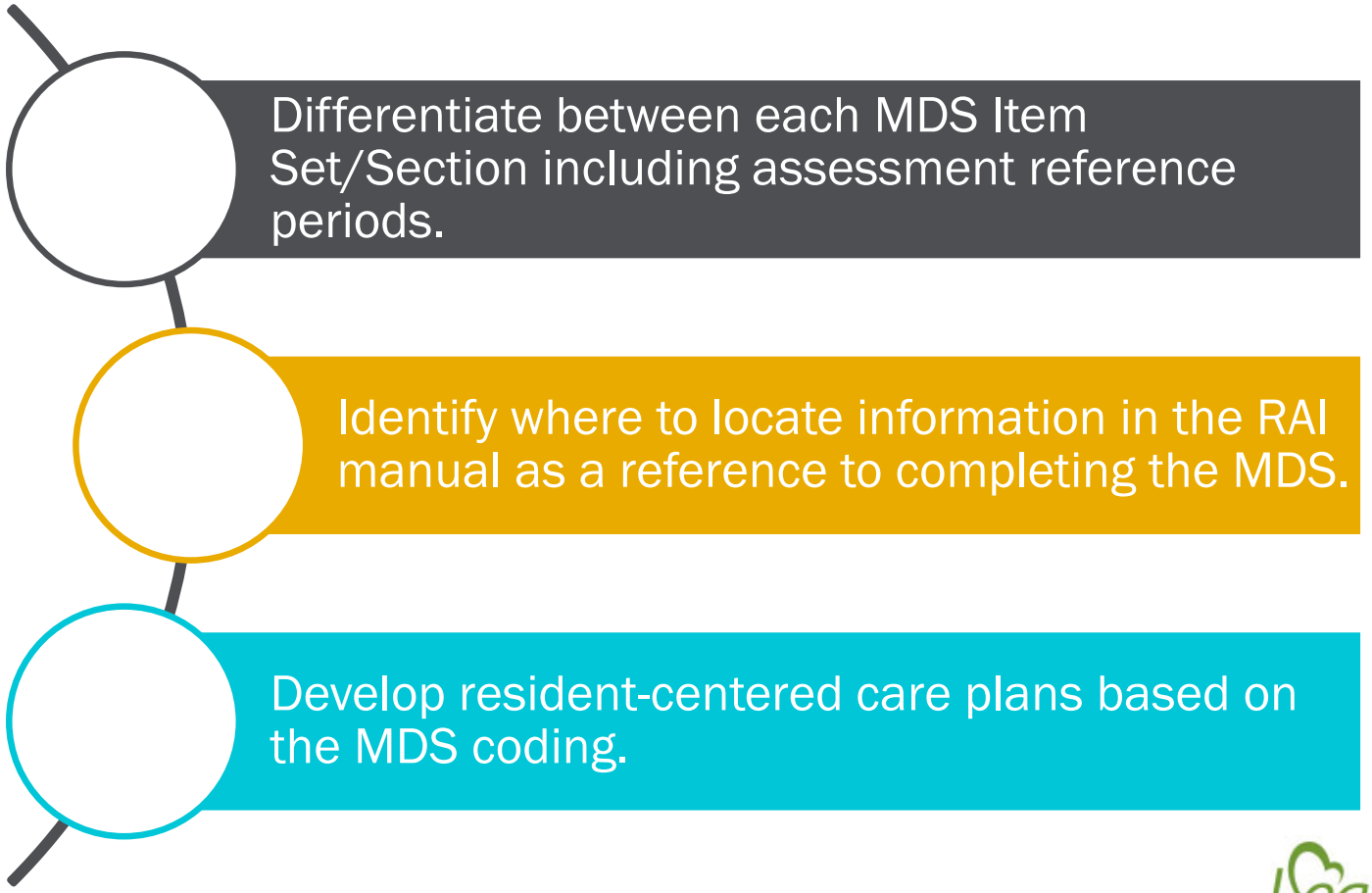
MDS Overview, Regulations & Resident Centered Care Planning

Presented by Kellie Van Ree Director of Clinical Services

Vision: To be the champion for advancement and innovation in aging services
Mission: The voice, support, and connector for non-profit members and the people they serve
Values: Integrity ~ Leadership ~ Compassion

Objectives



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Poll Questions

- Have you ever completed an MDS assessment?
  - Yes
  - No
- Do you feel like you have a lot of experience with MDS assessments?
  - Yes
  - No

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Why do nursing homes complete the MDS?

RoPs

QM Collection

Reimbursement

Care Planning

Requirements of Participation (RoPs)

F636	• Comprehensive Assessments and Timing
F637	• Comprehensive Assessment After Significant Change
F638	• Quarterly Assessment At least Every 3 Months
F639	• Maintain 15 months of Resident Assessments
F640	• Encoding/Transmitting Resident Assessments
F641	• Accuracy of Assessments
F642	• Coordination/Certification of Assessment

https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

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F636 – Resident Assessment

- Nursing homes must conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity.
  - Comprehensive assessments – completed monthly and not less than once every 12 months.

Must use the RAI manual to complete.

Based on resident observation and communication.

Specified time frames for assessment periods and completion dates.

Must use the RAI process to develop a comprehensive care plan.

F637 – Significant Changes

- Within 14 days when a significant change of condition occurs with the resident's physical or mental condition (including major decline or improvement) a comprehensive MDS must be completed.

Hospice	2 or more areas of decline or improvement	2 or more areas of improvement
• Enrolls in a hospice program • Changes hospice providers • Discontinues hospice services	• Decision making ability • Mood • Behaviors • ADL Functioning • Incontinence/catheter • Pressure ulcers • Restraints • Unstable condition/disease	• ADL Functioning • Behaviors • Decision making ability • Incontinence

F638 – Quarterly Review

- Must assess a resident using the quarterly review MDS not less than every 3 months.

ARD must be no longer than 92 days after last comprehensive or quarterly assessment.

If significant change MDS completed, ARD scheduled from that assessment

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F639 – Maintain Records

- Maintain a minimum of 15-months of MDS records in the resident's active clinical chart

Includes tracking MDS'

Can be stored electronically if electronic signature process is used.

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F640 – Encoding and Transmitting

Coding

- Complete within 7 days.
- All MDS'

Transmitting Tracking MDS'

- Submitting to State and CMS
- Transmitted within 7 days after completion

Transmitting Assessment MDS'

- Submitting to State and CMS
- Transmitted within 14 days of the care plan completion

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F641 - Accuracy

- The MDS must be coded accurately according to the RAI.

Person completing each section must have requisite knowledge to complete an accurate assessment.

The person completing individual questions/sections attests to accuracy of that section.

F642 – Coordination, Certification, and Falsification

Coordination

- RN must coordinate each assessment
- Involvement of an interdisciplinary team based on resident's needs.

Certification

- Each person completing the section signs for accuracy
- RN signs that the MDS is complete

Falsification

- The person certifying - $1,000 penalty for each assessment.
- Causes another person to falsify - $5,000 penalty for each assessment.

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RAI Manual

Resources

- CMS – MDS website –
  - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual
- RAI – Version 1.17.1
  - https://downloads.cms.gov/files/mds-3.0-rai-manual-v1.17.1_October_2019.pdf

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Chapters in the RAI

Chapter 1	Chapter 2	Chapter 3	Chapter 4	Chapter 5	Chapter 6	Appendices
• Overview • Components of the RAI • Layout • MDS 3.0	• Assessment Types • Scheduling • Due Dates • Combining Assessments	• *Most Often Utilized • Details coding and examples for each Item Set	• CAAs and Care Planning	• Submitting Assessments • Corrections	• SNF PPS Information	• Glossary & Acronyms • State RAI Coordinators • CAA Resources • Interviewing • PHQ-9 Scoring • MDS Item Matrix • References • Forms

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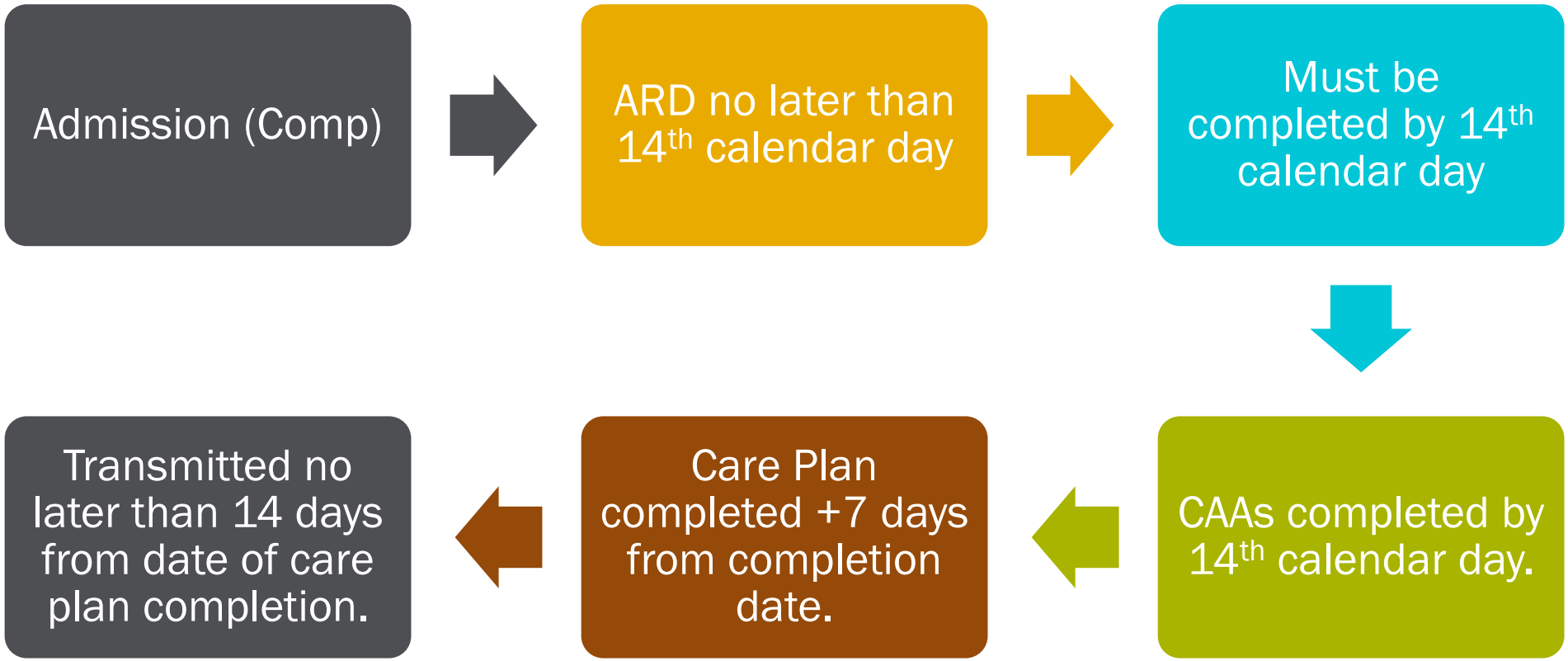
MDS Assessments and Scheduling



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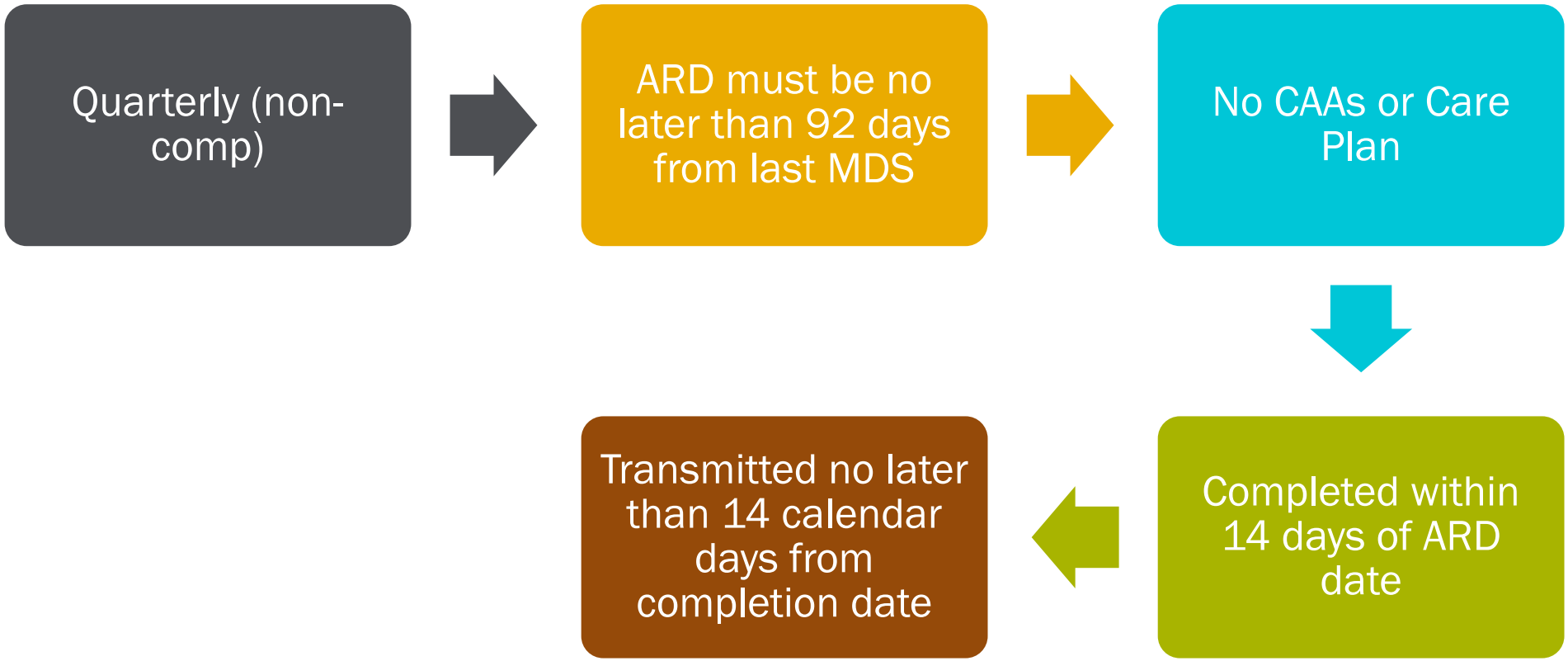
MDS Assessments and Scheduling



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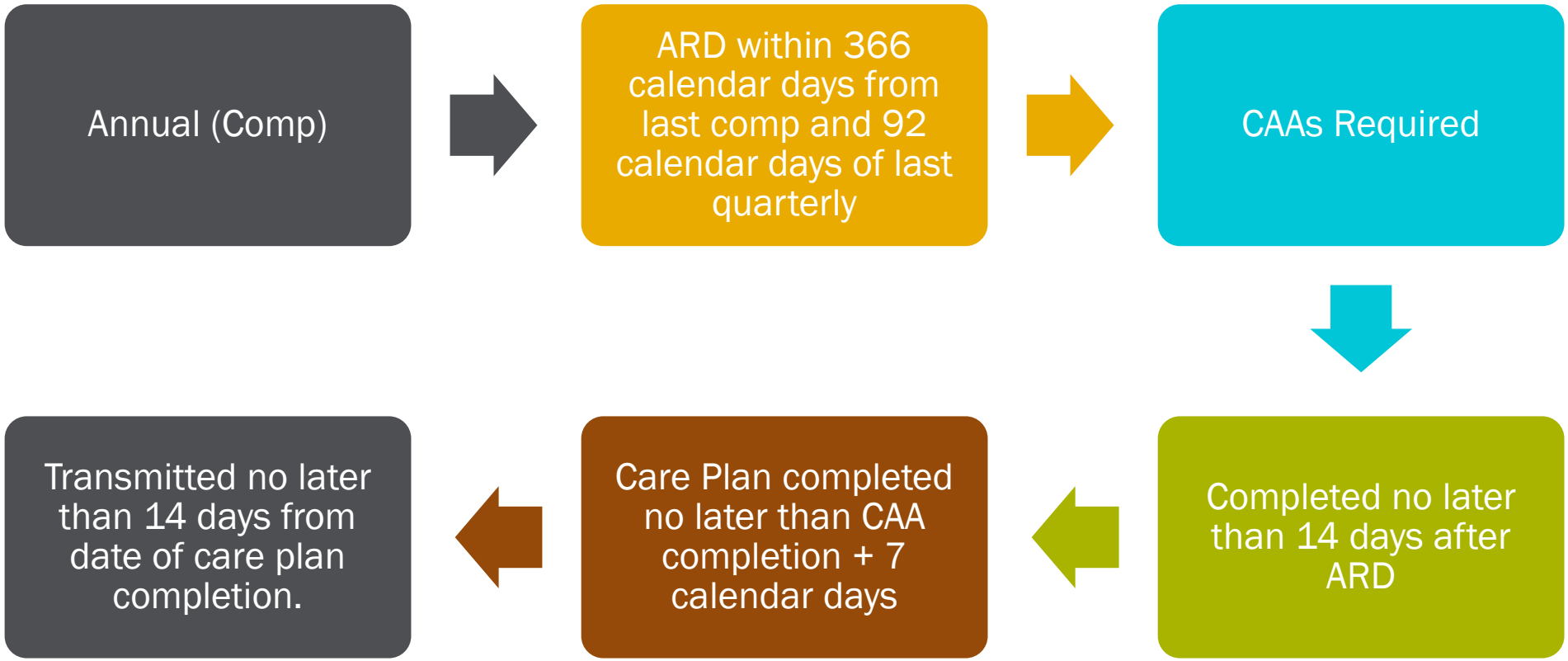
MDS Assessments and Scheduling



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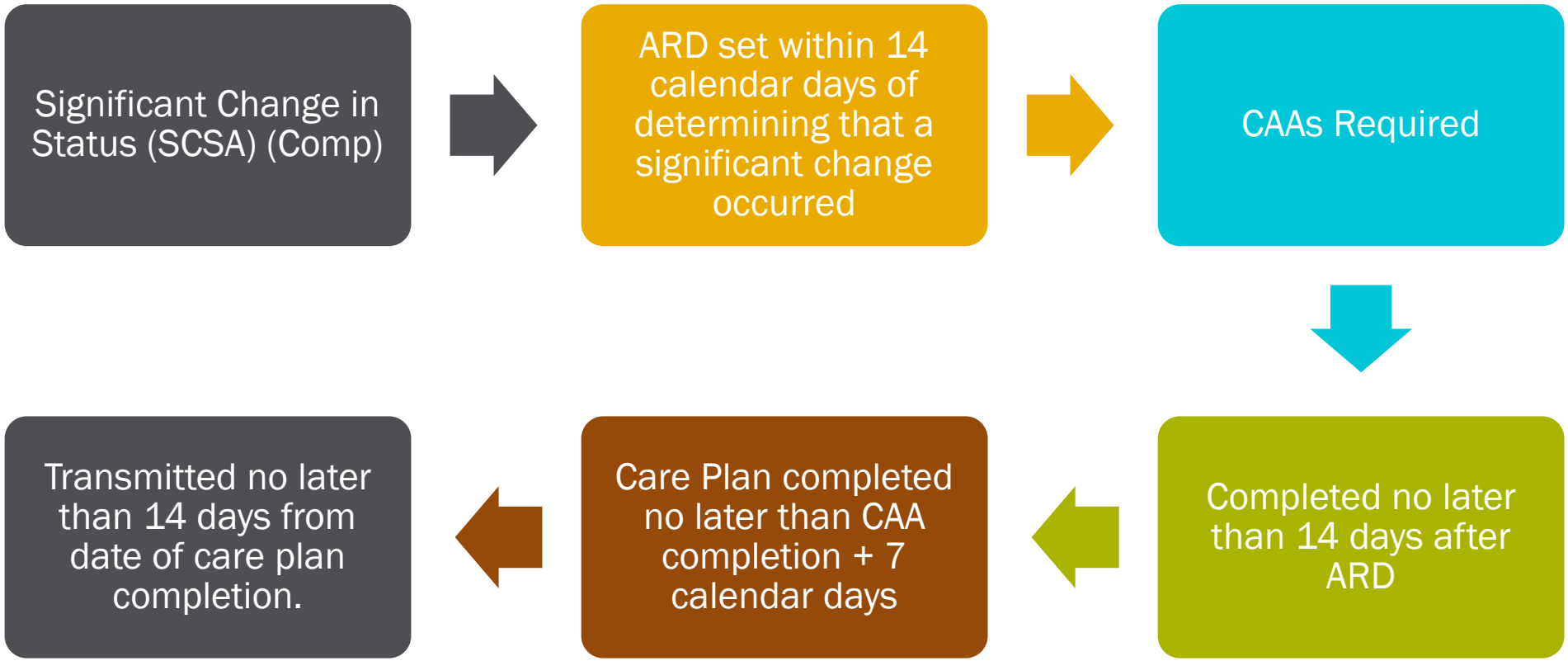
MDS Assessments and Scheduling



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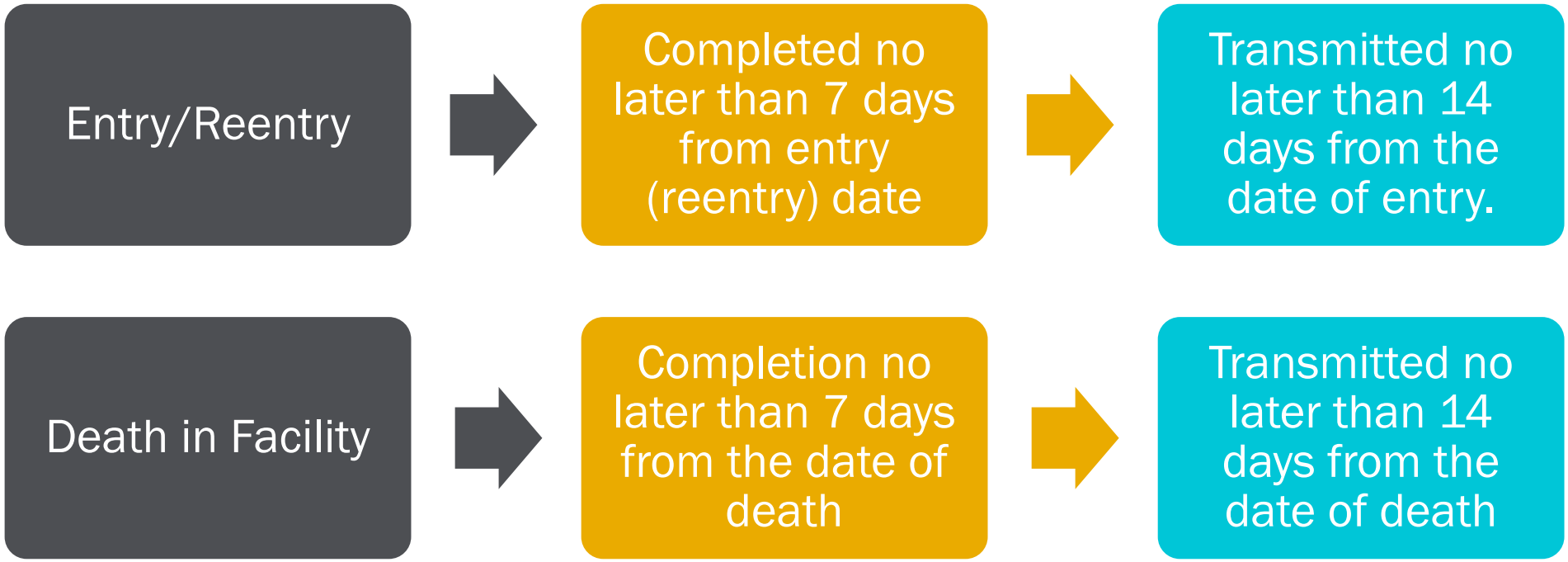
MDS Assessments and Scheduling

Discharge – return anticipated & return not anticipated

Complete within 14 calendar days of discharge date

Transmitted no later than 14 days from date of completion

MDS Tracking



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Significant Change in Status

Defined as: a major decline in or improvement in a resident's status that:

- Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered "self-limiting"
- Impacts more than one area of the resident's health status.
- Requires interdisciplinary review and/or revision of the care plan.

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Significant Change in Status

Hospice (Any of these)

- Enrolls in hospice services
- Changes hospice providers and remains at the NH
- Discharged/discontinued hospice services

Cognitive/Behavioral

- Decision-making
- Presence of mood
- Increase/decrease in symptom frequency
- Behavior symptoms
- Behavior frequencies

ADL Functioning

- Newly coded as extensive assistance, total dependence, or activity did not occur since last assessment
- Newly coded as independent, supervision, or limited assistance

Urinary/Bowel

- Newly placed indwelling catheter
- Incontinence increased/decreased

Nutrition

- Unplanned weight loss (5% or more in 30 days; 10% or more in last 6 months)

Skin

- New pressure ulcer at a Stage 2 or higher
- A new unstageable pressure ulcer/injury
- New DTI
- Worsening pressure ulcer status

Misc

- Use of a restraint when was not previously used
- Emergence of a condition/disease that is “unstable”

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When NOT to Complete a Significant Change

When an admission MDS has not been completed yet.

If hospice is elected prior to admission or prior to admit ARD

A resident has improved in functioning and is anticipating discharge in the immediate future

Decline in function is self-limiting

Decline does not reflect normal fluctuations in functioning

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Correction MDS'

- A coding error occurred that is considered significant.
- Significant includes:
  - Overall clinical status is not accurately represented and/or results in an inappropriate plan of care.
  - The error has not been corrected via submission of a more recent assessments.

PPS (Prospective Payment System)

5-day PPS

- ARD can be days 1-8 of Medicare A stay.
- Establishes payment (PDPM) for entire Med A stay.
- CAA completed only if combined with admit or significant change MDS

Interim Payment Assessment (IPA)

- Optional assessment.
- Develop policies and procedures for consistency as to when these are completed.
- ARD can be set whenever.
- Does not reset the variable per diem adjustment schedule.

Part A PPS Discharge

- ARD is the last day of Medicare A services.
- Can be combined with OBRA discharge assessment if the resident is discharging from the NH.

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Section A

Type of assessment

Information on provider

Resident demographics

PASRR status

Status and dates pre-admission and discharge

ARD

Section B – Hearing, Speech, Vision

Ability to hear

Speech Clarity

Ability to make self understood and understand others

Ability to see

Adaptive devices (hearing aides, glasses)

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Section C – Cognition

BIMS Interview

Staff assessment for mental status

Signs and symptoms of delirium

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Section D – Mood

PHQ-9

Staff assessment of resident mood.

Section E – Behaviors

Potential indicators of psychosis

Behavior symptoms

- Physical, verbal, others

Impact on self and others

Wandering

Rejection of care

Changes in behaviors

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Section F – Resident Preferences

Daily Preferences

- Clothing, personal belongings, shower/bathing, routines

Activity Preferences

- Music, books, tv
- Pets
- Current events
- Groups of people

Staff assessment for personal and activity preferences

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Section G – Functional Status

ADL Self Performance and Supports

Coded using "rule of 3"

Bathing

Balance

ROM

Mobility devices

Rehab potential

Section GG – Functional Abilities and Goals

Prior functioning (before illness/injury)

Self Care – Admit and D/C

Mobility – Admit and D/C

Actual D/C functional performance

Section H – Bladder and Bowel

Appliances

Toileting programs

Incontinence

Section I – Active Diagnoses

Primary and active diagnoses

- Last 7 days
- ICD-10 coding

Section J – Health Conditions

Pain management

Pain assessment (self or staff)

Other health conditions

- SOB, smoking/tobacco, life expectancy, problem conditions

Falls (including injuries)

Prior/Recent surgeries

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Section K – Swallowing/Nutrition

Swallowing disorders

Height and weight

Changes in weight

Nutritional approaches

Artificial hydration/nutrition

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Section L – Oral/Dental Status

Broken or loosely fitting full or partial dentures

No natural teeth

Abnormal mouth tissue

Cavities or broken teeth

Inflamed or bleeding gums/teeth

Mouth or facial pain

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Section M – Skin Conditions

Pressure ulcer risk

Number of unhealed pressure ulcers by stage

Venous & arterial ulcers

Other ulcers and wounds

- Foot
- Open wounds other than ulcers, surgical, burns, skin tears, MASD

Skin interventions and treatments

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Section N – Medications

Injections

Insulin

Other Medications

- Antipsych
- Antianxiety
- Antidepressants
- Hypnotics
- Anticoagulants
- Antibiotics
- Diuretics
- opiods

GDRs

DRR

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Section O – Special Treatment, Procedures, and Programs

Cancer

Respiratory

Other
- IV meds
- Transfusions
- Dialysis
- Hospice Care
- Isolation

Vaccinations
- Influenza
- Pneumonia

Therapy (Speech, Physical, Occupational, Respiratory, Psychological, Recreational)

Restorative

Physician examinations and orders

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Section P – Restraints & Alarms

Presence of physical restraint

Alarms

- Bed, chair, floor mat, motion sensor, wander, other

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Section Q – Participation in Assessment and Goal Setting

Residents, family, guardian participation in assessment

Overall expectation

Discharge plan

Referral to return to the community

Preference of being asked about d/c plan

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Section V – Care Area Assessment (CAA) Summary

Delirium	Cognitive Loss/Dementia	Vision	Communication	ADL/Rehab Potential
Urinary Incontinence/Indwelling Catheter	Psychosocial wellbeing	Mood	Behaviors	Activities
Falls	Nutrition	Dehydration/fluid status	Dental	Pressure Ulcers
Psychotropics	Pain	Restraints	Return to community	

Section P – Restraints & Alarms

Section X - Corrections

Section Z –

- Part A HIPPS Code and State CMI
- Signatures

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Resident Centered Care Planning

F655 – Baseline Care Plan

Developed and Implemented within 48 hours of admission	At a minimum must include	Can substitute a baseline with a comprehensive care plan if
• Must provide the resident and their representative with a summary	• Initial goals • Physician orders • Dietary orders • Therapy services • Social services • PASRR recommendations, if applicable	• Comprehensive care plan is developed within 48 hours of admission • Meets all the minimum requirements

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F656 – Comprehensive Care Plan

Must develop and implement a comprehensive care plan for each resident	The care plan must include:	New Language from 2022
• Include measurable objectives and timeframes • Include medical, nursing, mental and psychosocial needs as identified in the MDS	• Services that are furnished • Services that were offered, but the resident refuses • Specialized services, rehabilitative services as a result of PASRR recommendations • Residents goals and preferences including discharge	• The care plan must be culturally competent and trauma informed.

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Poll Question

- I have a good understanding of what culturally competent and trauma informed means?
  - Yes
  - No

F657 – Comprehensive Care Plans

Completion

- Developed within 7 days after completion of the MDS

Include IDT

- Physician
- RN
- Nurse Aide
- Dietary
- Resident/Rep
- Others according to resident needs

Review/Revise

- After each assessment
- As the resident's care changes

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