Resident Assessment Instrument (RAI) Manual V1.12 Changes

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Presented by:

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MDS 3.0 ITEM SET CHANGES

MDS 3.0 Item Set Changes

- Item A0310
  - "06. Readmission/return assessment" was deleted.

- Item A0410
  - "Unit Certification or Licensure Designation" was modified to read:
    1. Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State.
    2. Unit is neither Medicare nor Medicaid certified but MDS data is required by the State.
    3. Unit is Medicare and/or Medicaid certified.

MDS 3.0 Item Set Changes (cont.)

- Item A1600
  - Deleted "date of this admission/entry or reentry into the facility".
  - It now reads "A1600. Entry Date".
  - Items A1600 through A1800 were grouped under the heading "Most Recent Admission/Entry or Reentry into this Facility".

- Item A1900
  - Added new item A1900. Admission Date (Date this episode of care in this facility began)".
  - Definition of a "stay" versus an "episode" can be found on page 1 of the QM User's Manual.

MDS 3.0 Item Set Changes (cont.)

- PASRR items A1500, A1510 and A1550
  - Removed from non-comprehensive MDS and Medicare PPS MDS Item Sets.

- Item O0250 and Section X items
  - Read these sections on the MDS carefully!
  - There were extensive wording changes.

MDS 3.0 RAI MANUAL CHANGES

MDS 3.0 RAI Manual Changes

Chapter 1

- A web link was added to direct staff to Appendix R of the State Operations Manual for the current MDS 3.0 RAI Manual.

- Issue: Appendix R has not been updated and still lists the MDS 2.0 RAI Manual.

MDS 3.0 RAI Manual Changes (cont.)

Chapter 2

- Removed all references to the deleted readmission/return PPS MDS.

- Page 2-6
  - Clarified requirements for a SCSA when Hospice is elected and the Admission has not yet been completed.

MDS 3.0 RAI Manual Changes (cont.)

Chapter 2 (cont.)

- Page 2-9
  - Added "When an EOT OMRA must be completed, a treatment day is defined exactly the same way as in Chapter 3, Section O, 15 minutes of therapy a day. If a resident receives less than 15 minutes of therapy in a day, it is not coded on the MDS and it cannot be considered a day of therapy."

- Page 2-10
  - Added "Resident is transferred from a Medicare- and/or Medicaid-certified bed to a noncertified bed." as a reason to complete a discharge assessment.

MDS 3.0 RAI Manual Changes (cont.)

Chapter 2
(cont.)

- Page 2-52: Added

  - The COT ARD may not precede the ARD of the first scheduled or unscheduled PPS assessment of the Medicare stay used to establish the patient's current initial RUG-IV therapy classification in a Medicare Part A SNF stay.

  - **Except** as described on the next page, a COT OMRA may <u>only</u> be completed when a resident is currently classified into a RUG-IV therapy group (regardless of whether or not the resident is classified into this group for payment), based on the resident's most recent assessment used for payment.

MDS 3.0 RAI Manual Changes (cont.)

Chapter 2
(cont.)

- Page 2-52: Added
  - The COT OMRA may be completed when a resident is not currently classified into a RUG-IV therapy group, but only if both of the following conditions are met:
    1. Resident has been classified into a RUG-IV therapy group on a prior assessment during the resident's current Medicare Part A stay, and
    2. No discontinuation of therapy services (planned or unplanned) occurred between Day 1 of the COT observation period for the COT OMRA that classified the resident into his/her current non-therapy RUG-IV group and the ARD of the COT OMRA that reclassified the resident into a RUG-IV therapy group.

MDS 3.0 RAI Manual Changes (cont.)

Chapter 3

- Section A – Reworded item A0410 to emphasize the item rationale in coding this item is:
  - The facility must consider Medicare and/or Medicaid status as well as the state's authority to collect MDS records.
  - State regulations may require submission of MDS data to QIES ASAP or directly to the state for residents residing in licensed-only beds.
  - Texas does require the submission of OBRA MDS for residents in licensed-only, noncertified beds to the QIES ASAP system using A0410=2.
  - There must be a federal and/or state authority to submit MDS assessment data to the MDS National Repository.
  - Payer source is not the determinant by which this item is coded.

MDS 3.0 RAI Manual Changes (cont.)

Chapter 3 (cont.)

- Section C
  - Changed the wording for the disclaimer on the BIMS.
- Section E
  - Added "and visual" to the definition of a hallucination, so that it now reads "an auditory and visual sensation that occurs in the absence of any external stimulus".
- Section G
  - Added the ADL definitions to the MDS 3.0 RAI Manual, so now they are there as well as on the item sets.
- Section H
  - Minor wording changes to item H0200.

MDS 3.0 RAI Manual Changes (cont.)

Chapter 3 (cont.)

- Section J
  - Added to the definition for "non-medication pain intervention" to clarify it does not include "alternative medicine products".

- Section K
  - Added a coding example for item K0710.

- Section M
  - Added to the coding instructions for item M0610 so it now reads "7. Considering only the largest Stage 3 or 4 pressure ulcer **or pressure ulcer that is unstageable** due to slough or eschar, determine the deepest area and record the depth in centimeters."

- Section N
  - Minor wording changes, including that the options in item N0410 are coded, not checked.

MDS 3.0 RAI Manual Changes (cont.)

Chapter 3 (cont.)

- Section O
  - Clarified the definitions for O0100A, C, J and L (Chemo, Vent, Transfusions and Dialysis), as well as extensively revised the wording for influenza vaccination in item O0250.
  - Also, clarified that item O0400 is skipped (left blank) when no co-treatment minutes are provided.

- Section X
  - The wording for most of the items in Section X was revised.

- Section Z
  - Minor wording changes for item Z0400.

MDS 3.0 RAI Manual Changes (cont.)

Chapter 5

- Updated the instructions for item A0410 as we already discussed.

- Added "A correction can be submitted for any accepted record within **3 years** of the target date of the record for facilities that are still open. If a facility is closed/terminated, then corrections must be submitted within **2 years** of the facility closed/termination date."

MDS 3.0 RAI Manual Changes (cont.)

Chapter 6

- Page 6-11
  - Added an example when all therapy ends, an EOT is completed, and then a scheduled PPS MDS is completed quickly that contains enough rehab to result in a rehab RUG in item Z0100. Because of EOT OMRA, bill the non-therapy RUG in item Z0150.

- Page 6-12
  - Added an example on page 6-12 that has been questioned and is under review.

DISCHARGE ASSESSMENTS

Discharge Assessments

Chapter 2

- Examples of when required:
  - A resident discharges from the facility to home or to another facility.
  - A resident discharges from the facility and is admitted to the hospital.
  - A resident discharges from the facility, is sent to the ER, and is out of the facility for greater than 24 hours.
  - When transferring from a certified bed to a non-certified bed.
  - (Texas) When transferring from a non-certified bed to a certified bed.

FOR MORE INFORMATION

For additional information

- Download manual change tables and replacement pages on CMS.gov:

Downloads

MDS 3.0 RAI Manual v1.12 and Change Tables_October 2014 [ZIP, 24MB]

MDS 3.0 RAI Manual v.1.12 Replacement Manual Pages and Change Tables_October 2014 [ZIP, 10MB]

MDS RAI Manual Appendix B 8.18.2014 [PDF, 138KB]

- SimpleLTC has links to these documents at simpleltc.com/mds-changes

  – You can also download **this slide presentation** on that page

For additional information

Texas MDS Automation and QIES Coordinator

- For questions about MDS reporting schedule, data file submission, Texas-specific requirements, validation reports, data correction, QIES access, CASPER Reports, Quality Measure Reports and data requests:

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For additional information

MDS Clinical Coordinator, Texas State RAI Coordinator, Texas

- For questions about the MDS RAI Manual, specific MDS sections or items, RUGs, CAAs, Care Plans and Swing Bed MDS.

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QUESTIONS & ANSWERS

Thank you for attending!

For more information, visit

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