

RAI MDS 3.0 Manual Updates
Part 1
August 18th, 2016 (updated 8/24/16)



PRESENTER

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- Senior Analyst: SNF Regulations and Clinical Reimbursement



Handouts

- PPT presentation
- New PPS Part A Discharge Assessment item set
- Discharge Assessment Flowchart

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Objectives

- Introduce learners to new Discharge assessment requirements.
- Discuss changes to Section C
- Discuss coding guidance changes to Section J
- Discuss coding guidance changes to Section M
- Discuss other minor revisions/clarifications.

RELIAS|LEARNING

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Disclaimer

- RAI Manual Update was issued in **DRAFT** format.
- Close review finds potential issues/conflicts with current coding scenarios related to new discharge assessments.
- Questions arise to coding of A0310G and A2000 as they pertain to the new End of Medicare Discharge Assessment.
- Today's training will focus on overall requirements related to new discharge assessments as well as other coding changes/clarifications (except Section GG).
- Please review final manual when released for updates/corrections/clarifications.

Discharge Assessments

- New Discharge item set being introduced 10/1/2016
 - Part A PPS Discharge (NPE) Item Set
- Required as part of new SNF Quality Reporting Program
 - Required to collection information at start of Medicare stay and end of Medicare stay
 - Currently no mechanism to collect information at end of Medicare stay.
- Part A PPS Discharge (NPE) Item Set
 - Includes 5 sections (A, GG, J and M and X).
 - Allows for collection of clinical data for the 3 QRP QMs.
 - Pressure Ulcers
 - Falls w/ Major Injury
 - Assessment of Functional Status

Discharge Assessments

- Discharge assessments are required on residents discharged from the facility, or when a resident's Medicare Part A stay ends, but the resident remains in the facility.
- Will now be categorized into two types
 - OBRA – required when resident is discharged from the facility.
 - Discharge Return Anticipated
 - Discharge Return Not Anticipated
 - End of Medicare Stay – Medicare Part A stay ends.

Some situations will require coding of both types of discharges!

Discharge Assessments

Part A PPS Discharge Assessment (A0310H)

Enter Code	H. Is this a SNF Part A PPS Discharge Assessment?
<input type="checkbox"/>	G. No
	L. Yes

The SNF Part A PPS Discharge Assessment required under 2 possible circumstances:

Scenario 1

1. The Part A PPS Discharge assessment is completed when a resident's Medicare Part A stay ends, but the resident remains in the facility (i.e., is not physically discharged from the facility).

Discharge Assessments

Standalone Part A PPS Discharge Assessment (A0310H =1)

The ARD (Item A2300) for the Part A PPS Discharge assessment is always equal to the End Date of Most Recent Medicare Stay (A2400C). The ARD may be coded on the assessment any time during the assessment completion period (i.e., End Date of Most Recent Medicare Stay [A2400C] + 14 calendar days).

Discharge Assessments

Standalone Part A PPS Discharge Assessment (A0310H =1)

Mrs. K was under a Medicare Part A stay from 10/4/16 thru 12/17/16. Mrs. K will remain in the facility under some other payer source receiving LTC services.

- A0310F = 99
- A0310G = ^
- A0310H = 1, End of Medicare Discharge Assessment
- A2300 = 12/17/16
- A2400C = 12/17/16

Only a Part A PPS Discharge Assessment would be completed.

Discharge Assessments

Part A PPS Discharge Assessment (A0310H)

Enter Code	H. Is this a SNF Part A PPS Discharge Assessment?
<input type="checkbox"/>	G. No
	L. Yes

The SNF Part A PPS Discharge Assessment required under 2 possible circumstances:

Scenario 2

If the Medicare Part A stay ends **on the day of or one day before** the date of **planned** discharge (A0310G=1) from the facility, the OBRA Discharge assessment and PPS Part A Discharge assessment are **both required and may be combined**.

Discharge Assessments

OBRA Discharge Combine w/ Part A PPS Discharge Assessment

If the End Date of Most Recent Medicare Stay (A2400C) occurs on the day of or one day before the Discharge Date (A2000), the OBRA Discharge assessment and Part A PPS Discharge assessment are both required and may be combined. When the OBRA and Part A PPS Discharge assessments are combined, the ARD (A2300) must be equal to the Discharge Date (A2000).

Discharge Assessments

OBRA Discharge and Part A PPS Discharge Assessment Example

Mrs. G is receiving skilled services under a Part A stay beginning 10/14/16. It is determined she no longer needs skilled services and a NOMNC is issued indicating the last covered day of Medicare coverage is 11/23/16. She discharges from the facility on 11/24/16.

- A0310F = 10, Discharge Return not anticipated
- A0310G = 1, planned discharge
- A0310H = 1, Yes, end of Medicare Stay assessment
- A2000 – 11/24/16 Discharge date
- A2300 – 11/24/16 ARD
- A2400C – 11/23/16

Both types of discharge assessments required. May be combined since Medicare stay ended 1 day before facility discharge.

Discharge Assessments

Part A PPS Discharge Assessment Example

- Mr. W. began his Medicare Part A stay on 11/15/16 and ended on 11/25/16. He was unexpectedly discharged to the hospital on 11/26/16 and is expected to return.
 - A0310F = 11, Discharge return anticipated
 - A0310G = 2, unplanned discharge
 - A0310H = 0, No
 - A2000 – 11/26/16 Discharge date
 - A2300 – 11/26/16 ARD
 - A2400C – 11/25/16

Because this was an unplanned discharge that occurred within 1 day of the end of Medicare Stay, the PPS Part A Discharge assessment is not required.

Discharge Assessments

Part A PPS Discharge Assessment (A0310H) A2400C Instruction Revisions

- If the End Date of the Most Recent Medicare Stay (A2400C) occurs on the same day that the resident dies, a Death in Facility Tracking Record is completed, with the Discharged Date (A2000) equal to the date the resident died. **A Part A PPS Discharge assessment is not required.**
- No discharge assessments required. Same as current practice.

Discharge Assessments

Part A PPS Discharge Assessment (A0310H) Combining Assessments

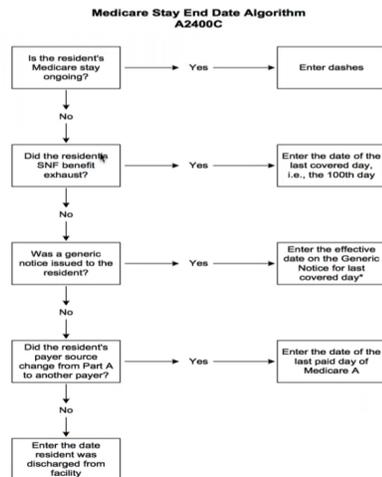
The Medicare Part A PPS Discharge Assessment may be combined with other assessments. The DRAFT RAI manual provides coding guidance and instructions for the following:

- Medicare-required Scheduled Assessment and Part A PPS Discharge Assessment
- Start of Therapy OMRA and Part A PPS Discharge Assessment
- End of Therapy OMRA and Part A PPS Discharge Assessment
- Start and End of Therapy OMRA and Part A PPS Discharge Assessment
- Change of Therapy OMRA and Part A PPS Discharge Assessment

Review FINAL RAI Manual for any Revisions

Discharge Assessments

Review Coding Instructions for A2400C

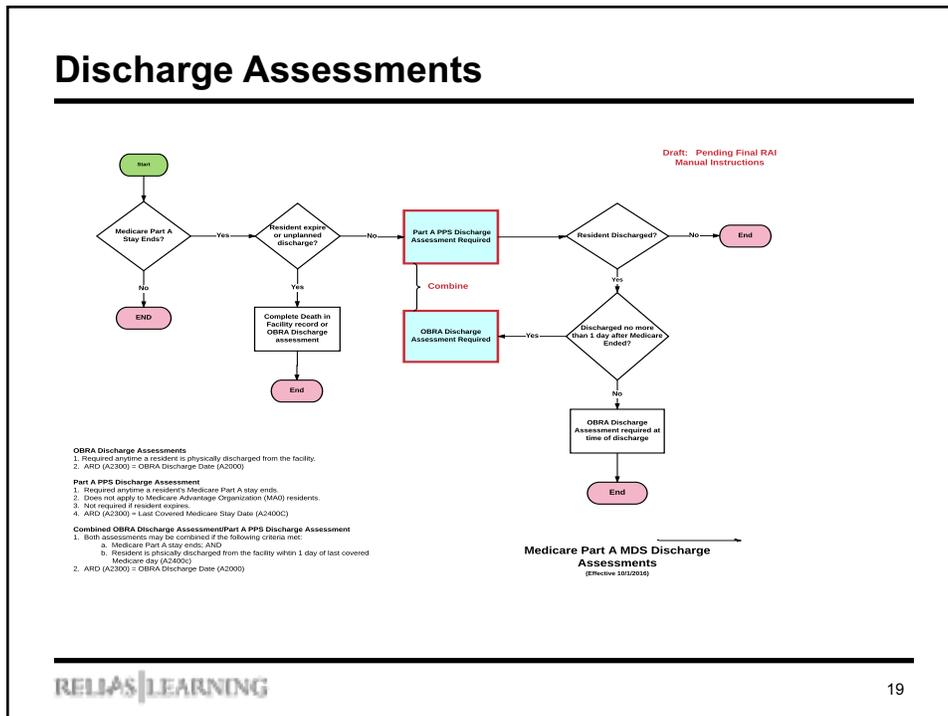


Discharge Assessments

Planned vs. Unplanned Discharge (A03010G)

An unplanned discharge includes, for example:

- Acute-care transfer of the resident to a hospital or an 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 (e.g., due to the resident deciding to complete treatment in an alternate setting).



General Coding Guidance Clarification

- When determining the response to items that have a look-back period to the Admission/Entry, Reentry, or Prior OBRA or scheduled PPS assessment, staff must only consider those assessments that are required to be submitted to the QIES ASAP system. PPS assessments that are completed for private insurance and Medicare Advantage Plans must not be submitted to the QIES ASAP system and therefore should not be considered when determining the “prior assessment”. (Chapter 3, Page 3-3)

J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent

Item Code: Has the resident had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent?

0. No → Skip to R0100, Swallowing Disorder

1. Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)

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General Coding Guidance Clarification

Example:

Resident is a Medicare Advantage resident.

- 5-day assessment completed
- OBRA Admission assessment completed
- 14-day assessment completed
- 30-day assessment completed
- 60-day assessment completed
- 90-day assessment completed
- Quarterly assessment currently in process.

J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent

Enter Code Has the resident had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent?

0. No → Skip to R0100, Swallowing Disorder

1. Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)

General Coding Guidance Clarification

Example:

Resident is a Medicare Advantage resident.

- 5-day assessment completed - not submitted
 - OBRA Admission assessment completed
 - 14-day assessment completed
 - 30-day assessment completed
 - 60-day assessment completed
 - 90-day assessment completed
 - Quarterly Assessment currently in process.
- } Not Submitted

J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent

Enter Code Has the resident had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent?

0. No → Skip to R0100, Swallowing Disorder

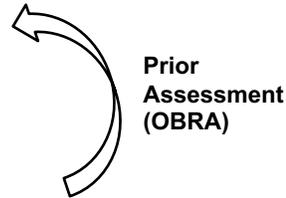
1. Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)

General Coding Guidance Clarification

Example:

Resident is a Medicare Advantage resident.

- ~~5-day assessment completed~~
- OBRA Admission assessment completed
- ~~14-day assessment completed~~
- ~~30-day assessment completed~~
- ~~60-day assessment completed~~
- ~~90-day assessment completed~~
- Quarterly Assessment currently in process.



J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent

Enter Code Has the resident had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent?

0. No → Skip to R0100, Swallowing Disorder
 1. Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)

Section A

A0310E

Is this assessment the first assessment (OBRA, Scheduled PPS, or OBRA Discharge) since the most recent admission/entry or reentry?

Code 0, No – Entry or Death in Facility Records

A standalone Part A PPS Discharge assessment

A standalone unscheduled PPS Assessment

Enter Code **E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?**

0. No
 1. Yes

Section C

C0900

- Added “hospital swing bed” to D.

C0900. Memory/Recall Ability	
↓ Check all that the resident was normally able to recall	
<input type="checkbox"/>	A. Current season
<input type="checkbox"/>	B. Location of own room
<input type="checkbox"/>	C. Staff names and faces
<input type="checkbox"/>	D. That he or she is in a nursing home/hospital swing bed
<input type="checkbox"/>	Z. None of the above were recalled

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Section C

- Changes made to formatting of the Confusion Assessment Method (CAM).
- Combined C1300 and C1600
- Removed Psychomotor Retardation
- Changed C1300 to C1310

Old

Delirium	
C1300. Signs and Symptoms of Delirium (from CAM)	
Code after completing Brief Interview for Mental Status or Staff Assessment, and reviewing medical record	
↓ Enter Codes in Boxes	
Cloning: 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	<input type="checkbox"/> A. Inattention - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)? <input type="checkbox"/> B. Divergent thinking - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)? <input type="checkbox"/> C. Altered level of consciousness - Did the resident have altered level of consciousness (e.g., vigilant - started easily to any sound or touch; lethargic - repeatedly dozed off when being asked questions, but responded to voice or touch; stagnant - very difficult to arouse and keep aroused for the interview; comatose - could not be aroused)? <input type="checkbox"/> D. Psychomotor retardation - Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?
C1600. Acute Onset Mental Status Change	
Is there evidence of an acute change in mental status from the resident's baseline?	
Enter Code	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes

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Section C

- Changes made to formatting of the Confusion Assessment Method (CAM).
- Combined C1300 and C1600
- Removed Psychomotor Retardation
- Changed C1300 to C1310

New

Delirium	
C1310: Signs and Symptoms of Delirium (from CAMc)	
Code after completing brief interview for Mental Status or Staff Assessment, and reviewing medical record	
A. Acute Onset Mental Status Change	
Enter Code	Is there evidence of an acute change in mental status from the resident's baseline?
<input type="checkbox"/>	0. No
<input type="checkbox"/>	1. Yes
Enter Codes in Boxes	
Coding: 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	B. Inattention - Did the resident have difficulty focusing attention, for example being easily distractible, or having difficulty keeping track of what was being said? <input type="checkbox"/> C. Disorganized thinking - Was the resident's thinking disorganized or incoherent (rambling or incoherent conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)? <input type="checkbox"/> D. Altered level of consciousness - Did the resident have altered level of consciousness as indicated by any of the following criteria? <input type="checkbox"/> <ul style="list-style-type: none"> ■ vigilant - started easily to any sound or touch ■ lethargic - repeatedly closed off when being asked questions, but responded to voice or touch ■ stuporous - very difficult to arouse and keep aroused for the interview ■ comatose - could not be aroused
Confusion Assessment Method © 1998, 2001, Institute of Elder Life Program, all rights reserved. Adapted from Inouye SK et al. Ann Intern Med. 1992;117:944-8. Used with permission.	

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Section F

- One small clarification
- Under Steps for the Assessment (page F-1)
 - Added information related to when the assessments should be completed.
 - **Conduct the interview during the observation period.**
- Also, under Coding Tips and Special Populations (page F-5)
 - No look-back is provided for resident. He or she is being asked about current preferences while in the nursing home but is not limited to a 7-day look-back period to convey what his/her preferences are.
 - **The facility is still obligated to complete the interview within the 7-day lookback period.**

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Section J

J1800 – J1900

- CMS providing clarification instructions to ensure accuracy of these items
- These items do impact the Quality Reporting Program (QRP) QM on Falls w/ Major Injury.
- Facilities had been cited on this or at least questioned coding on this particular issue during an MDS Focused Survey.

Section J

J1900 (Page J-31)

Planning for Care

- It is important to ensure the accuracy of the level of injury resulting from a fall. Since injuries can present themselves later than the time of the fall, the assessor may need to **look beyond the ARD to obtain the accurate information** for the complete picture of the fall that occurs in the look-back of the MDS.

Section J

J1900 (Page J-32)

Steps for Assessment

6. Review any follow-up medical information received pertaining to the fall, **even if this information is received after the ARD** (e.g., emergency room x-ray, MRI, CT scan results), and ensure that this information is used to code the assessment.

Section J

J1900 (Page J-33)

• Coding Tip

- If the level of injury directly related to a fall that occurred during the look-back period is identified after the ARD and is at a different injury level than what was originally coded on an assessment that was submitted to the QIES ASAP, the assessment must be modified to update the level of injury that occurred with that fall.
- See example in manual, page J-34
- Would also apply to modification of discharge assessments.

Section M

Clarified/Changed coding related to “Present on Admission” (Page M-7)

5. If a resident who has a pressure ulcer that was originally acquired in the facility is hospitalized and returns with that pressure ulcer at the same numerical stage, the pressure ulcer should not be coded as “present on admission” because it was present and acquired at the facility prior to the hospitalization.

Section M

Clarified/Changed coding related to “Present on Admission” (Page M-7)

6. If a resident who has a pressure ulcer that was “**present on admission**” (not acquired in the facility) is hospitalized and returns with that pressure ulcer at the same numerical stage, the pressure ulcer is still coded as “present on admission” because it was originally acquired outside the facility and has not changed in stage.

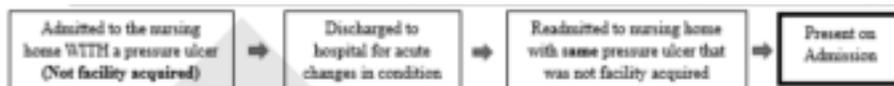
Section M

Clarified/Changed coding related to “Present on Admission” (Page M-7)

7. If a resident who has a pressure ulcer is hospitalized and the ulcer increases in numerical stage during the hospitalization, it should be coded as “present on admission” at that higher stage upon reentry.

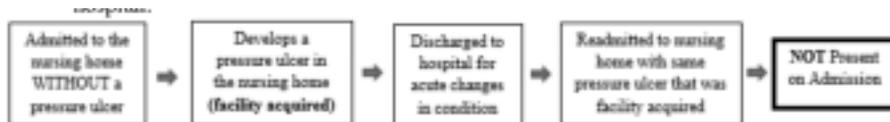
Section M

Mr. J is a new admission to the facility and is admitted with a stage 2 pressure ulcer. This pressure ulcer is considered as “**present on admission**” as it was **not acquired in the facility**. Mr. J is hospitalized and returns with the same stage 2 pressure ulcer, unchanged from the prior admission/entry. This pressure ulcer is **still considered “present on admission”** because it was **originally acquired outside the facility** and has not changed.



Section M

Ms. K is admitted to the facility without a pressure ulcer. During the stay, she develops a stage 2 pressure ulcer. This is a **facility acquired** pressure ulcer and was **not “present on admission.”** Ms. K is hospitalized and returns to the facility with the same stage 2 pressure ulcer. This pressure ulcer was **originally acquired in the nursing home** and **should not be considered as “present on admission”** when she returns from the hospital.



Other “minor” clarifications

- Section N – Code medications according to the pharmacological classification, not how they are being used.
- Section N – updated drug resources and web sites.
- Section O – Psychological therapy visits by a licensed psychologist (PhD) should be recorded in O0400E, Psychological Therapy, and should not be included as a physician visit in this section.
- Made revisions to the Delirium CAA information in Chapter 4 due to changes in Section C.
- Section Q, some wording revisions in Q0490 and Q0550.

Section GG

- Section GG will be covered in our RAI Manual Updates Part 2.
- September 16th, 2016 11am – 12:30 CT
- Will discuss coding and any updates from CMS training.

Resources

- RAI Manual Draft Version 1.14 May 2016

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>



is now part of
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THANK YOU

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Medicare Part A Discharge Assessment Scenarios

1. Resident ends Medicare Part A and remains in the facility LTC.

Assessments: Part A PPS Discharge Assessment (A0310G = 1).

Rationale: Since the resident's Medicare Part A stay ended and they are remaining in the facility, only a Medicare Part A Discharge assessment is required.

2. Resident's Medicare Part A stay ends on 12/15, resident is discharged to home on 12/16.

Assessments: OBRA Discharge assessment and Medicare Part A PPS discharge assessment.

Rationale: Since the resident was discharged **no later than 1 day after the end of their Medicare Part A stay**, both types of discharge assessments would be required. The two assessments may be combined.

3. Resident's Medicare Part A stay ends on 12/14 and remains in the facility under private pay for an addition week. Resident is discharged to his assisted living apt. on 12/21.

Assessments: Part A PPS Discharge assessment and OBRA Discharge Assessment

Rationale: The Medicare Part A PPS Discharge assessment would be required at the time his Medicare Stay ended. Since he was also discharged from the facility, an OBRA Discharge assessment would also be required at the time of his actual discharge. **These two assessments could not be combined since his actual discharge was more than 1 day after the end of his Medicare Part A stay.**

4. Mr. Smith, currently covered under Medicare Part A, is unexpectedly discharged to the hospital due to increased SOB and chest pain.

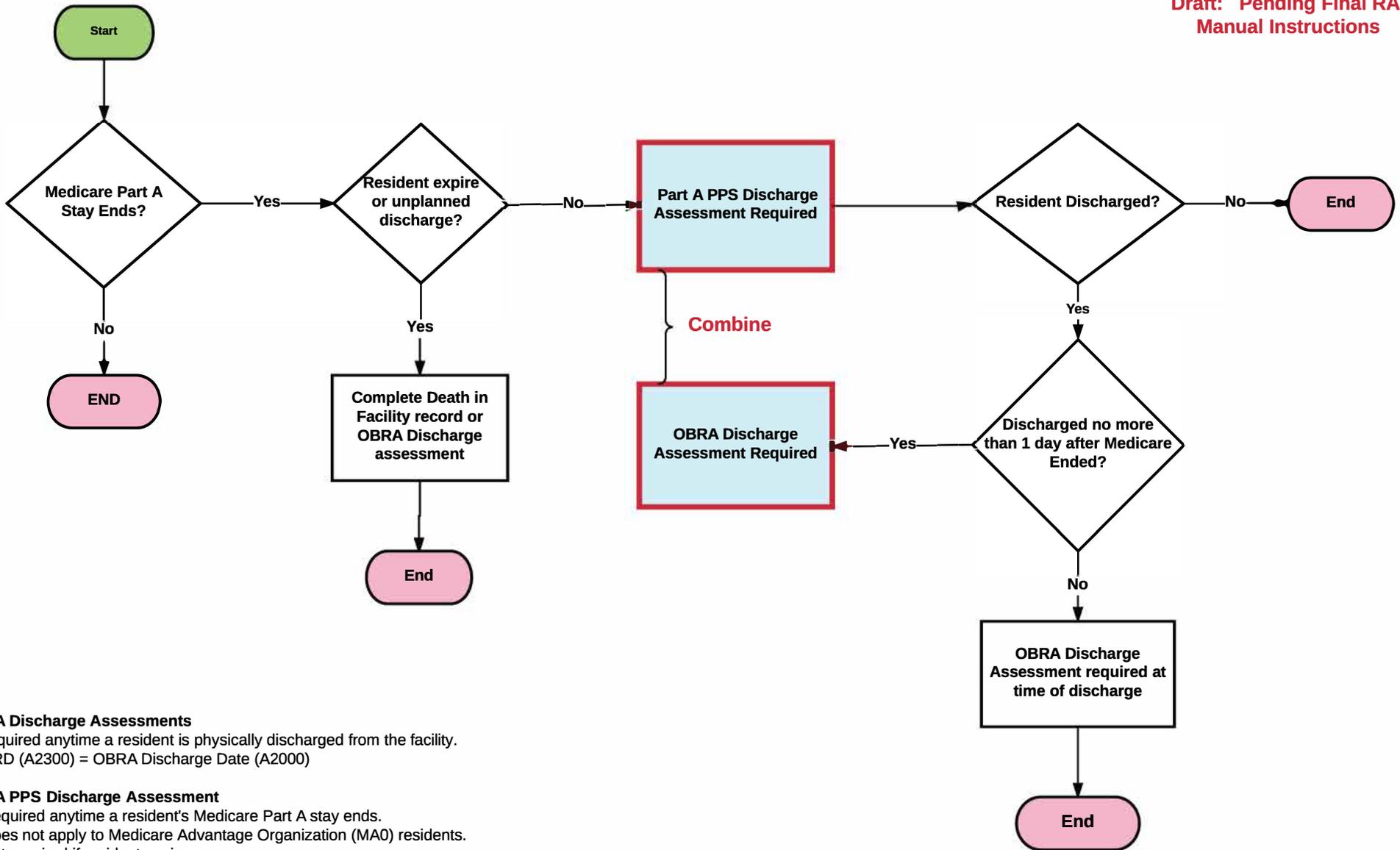
Assessments: OBRA Discharge Assessment only.

Rationale: This would be an unplanned discharge (A0310G = 2). Medicare Part A PPS Assessments are not required for unplanned discharges.

5. Ms. B, currently under a Medicare Part A stay, expires.

Assessments: Death in Facility Record only

Rationale: Neither type of discharge assessment is required when a resident expires.



OBRA Discharge Assessments

1. Required anytime a resident is physically discharged from the facility.
2. ARD (A2300) = OBRA Discharge Date (A2000)

Part A PPS Discharge Assessment

1. Required anytime a resident's Medicare Part A stay ends.
2. Does not apply to Medicare Advantage Organization (MAO) residents.
3. Not required if resident expires.
4. ARD (A2300) = Last Covered Medicare Stay Date (A2400C)

Combined OBRA Discharge Assessment/Part A PPS Discharge Assessment

1. Both assessments may be combined if the following criteria met:
 - a. Medicare Part A stay ends; AND
 - b. Resident is physically discharged from the facility within 1 day of last covered Medicare day (A2400c)
2. ARD (A2300) = OBRA Discharge Date (A2000)

Medicare Part A MDS Discharge Assessments

(Effective 10/1/2016)