

Frequently asked questions

[On-demand webinar] RAI manual revisions: The name of the new game is SPADEs

On Tue, Jan. 28, 2020, SimpleLTC and Broad River Rehab offered a free webinar, "[RAI manual revisions: The name of the new game is SPADEs](#)", covering standardized patient assessment data elements (SPADEs), the IMPACT Act, and more. Based on questions asked during the webinar, industry expert Joel VanEaton, BSN, RN, RAC-CT MT, prepared this follow-up document.

1. Which new sections are only on PPS MDS item sets vs all item sets including OBRA?

As noted in the presentation, the DRAFT revised data set can be found [here](#). When you have the opportunity, spend some time looking through each of them. All assessment types are affected in some way by these revisions. Even the revised OSA contains the new Race and Ethnicity questions A1005 and A1010.

2. Is section GG ONLY being done by all post-acute care settings? Is the hospital also doing it?

The IMPACT act, which is the legislation that is driving the standardization of data applies to POST acute care only. Here is a table from a CMS presentation indicating implementation timelines for section GG.

PAC Setting	Section GG Items	Implementation
LTCH	GG0100. Prior Functioning: Everyday Activities GG0110. Prior Device Use GG0130. Self-Care GG0170. Mobility	April 2016
IRF	GG0100. Prior Functioning: Everyday Activities GG0110. Prior Device Use GG0130. Self-Care GG0170. Mobility	October 2016
SNF	GG0100. Prior Functioning: Everyday Activities GG0110. Prior Device Use GG0130. Self-Care GG0170. Mobility	October 2016 and October 2018
HHA	GG0100. Prior Functioning: Everyday Activities GG0110. Prior Device Use GG0130. Self-Care GG0170. Mobility	January 2017 and January 2019

3. Are non-critical hospital swing beds affected by these changes?

Yes

4. On new section N for medications, what is meant by "indication noted"?

While there is not a complete set of guidelines yet, here are the actual item coding guidelines from the revised data set:

*2. **Indication noted:** If Column 1 is checked, check if there is an indication noted for all medications in the drug class*

I understand this to be asking if there is documented reason, i.e. diagnosis etc., supporting the use of these High-Risk drug classes.

5. Would the race and ethnicity be an optional area if the resident does not desire to share that information?

There are no skip patterns associated with these items and the only non-answer is, "X. Resident is unable to respond". We will learn more when the revised RAI Manual is released later this year. Here is CMS' rationale for collecting these items from the SPADE manual which can be located here, <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/Final-Specifications-for-IRF-QRP-Quality-Measures-and-SPADEs.pdf>.

"The persistence of racial and ethnic disparities in health and health care is widely documented, including in PAC settings. 228 Although racial and ethnic disparities decrease when social factors are controlled for, they often remain. The root causes of these disparities are not always clear because data on many SDOH are not collected. Measuring SDOH in SNF settings is an important step to addressing these avoidable differences in health outcomes. Collecting data on race and ethnicity supports patient-centered care and informs understanding of patient complexity and risk factors that may affect payment, quality measurement, and care outcomes for SNFs. Improving how race and ethnicity data are collected is an important component of improving quality by identifying and addressing health disparities that affect Medicare beneficiaries."

6. Will Section G be eliminated from all MDS assessments or for only Medicare?

The only assessment that will contain a portion of Section G, late loss ADLs, will be the OSA. Section G has been removed from all Federally required assessments including PPS and OBRA. The only items from Section G that remain in federally required assessments will be new item GG0115 - Functional Limitation in Range of Motion.

7. Is there any insight into how the removal of section G will impact the three five-star quality measures that calculate based on section G?

No specific direction yet. In fact, in addition to state Medicaid Case Mix calculations, the following will be impacted by the removal of section G and bears asking the same question you have posed regarding the effect of removing section G.

Care Areas Using Section G ADLs: CAA 1 – Delirium, CAA 2 - Cognitive Loss/Dementia, CAA 4 – Communication, CAA 5 - Activity of Daily Living (ADL) Functional / Rehabilitation Potential, CAA 6 - Urinary Incontinence and Indwelling Catheter, CAA 7 - Psychosocial Well-Being, CAA 8 - Mood State, CAA 10 – Activities, CAA 11 – Falls, CAA 12 - Nutritional Status, CAA 14 - Dehydration/Fluid Maintenance, CAA 15 - Dental Care, CAA 16 - Pressure Ulcer/Injury, CAA 17 - Psychotropic Medication Use, CAA 18 - Physical Restraints, CAA 19 – Pain, CAA 20 - Return to Community Referral.

MDS 3.0 Quality Measures using section G ADLs: **Short Stay** - Percent of Residents or Patients with Pressure Ulcers That are New or worsened, Percent of Residents Who Made Improvement in Function. **Long Stay** - Percent of High-Risk Residents with Pressure Ulcers, Percent of Residents Whose Need for Help with ADLs has Increased, Percent of Residents whose Ability to Move Independently Worsened, Percent of Low Risk Residents Who Lose control of Their Bowel or Bladder

Claims Based Measures – That currently use section G ADLs: Short Stay Residents who Were Re-Hospitalized after a Nursing Home Admission, Number of hospitalizations per 1,000 Long-Stay Resident Days, Short Stay Residents Who Had an Outpatient ED Visit, Number of Outpatient ED Visits per 1,000 Long-Stay Resident Days.

8. What was the pain section about wounds?

The pain items in section J have been revised to the following, J0300. Pain Presence, J0410. Pain Frequency, J0510. Pain Effect on Sleep, J0520. Pain Interference with Therapy Activities, J0530. Pain Interference with Day-to-Day Activities and J0600. Pain Intensity.

9. Will section G only be 'eliminated' on Federal assessments or will state assessments also have it removed and section GG added?

See answer to question 1. Section G has been removed from all Federally required assessments and Section GG has been added to the OBRA assessments. The only assessment that does not contain section GG is the OSA.

10. For Sect O, what is the difference between on admission and while a resident or at discharge? Isn't it still within the stay - as a resident?

While no specific instruction or coding guidelines have been provided yet, here is the coding instruction in the MDS so far:

- a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B*
- b. While a Resident. Performed while a resident of this facility and within the last 14 days.*
- c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C*

Also, here is what CMS has stated related to these items in the SPADE Manual, “*Providers should be aware of the patient or resident’s clinical needs to plan the provision of these important therapies, ensure the continued appropriateness of care, and support care transitions. The assessment of special services, treatments, and interventions may also help identify resource use intensity by capturing the medical complexity of patients/residents.*”

11. Regarding the new measures for PU injury: it used to be new and worsened. What are the new guidelines for Quality reporting?

See the MDS 3.0 Quality Measures USER’S MANUAL (v13.0) and Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User’s Manual Version 3.0 the at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures>. The new measure is “Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02)”. This measure reports the percentage of Medicare Part A SNF Stays (Type 1 SNF Stays and Type 2 SNF Stays) with Stage 2-4 pressure ulcers, or unstageable pressure ulcers due to slough/eschar, non-removable dressing/device, or deep tissue injury, that are new or worsened since admission.

12. How are case mix states being affected without section G?

Each state will determine how it will move forward with Case Mix Calculations once section G is no longer recorded on Federally required assessments. States will have the option to require the OSA to accommodate section G for state Medicaid CMI purposes. Check with your State Medicaid agencies for further instruction regarding what your state will decide to do.

13. If Section G goes away, how will payment be calculated for RUG III on the Medicaid side? Will GG take on more ADL info?

See answer to question number 12. Each state will need to make a determination as to how to accomplish this.

14. I heard Medicare Advantages must use PDPM this fall, is that correct?

There has been no specific guidance related to that. MA plans are not under the guidance of CMS and therefore are allowed to set their own guidelines with regard to reimbursement.

15. Are the Broad River tools available to non-clients? Is there a charge? Where do we order these tools from?

Yes. Please contact us via our web page www.broadriverrehab.com for a demo and pricing.