

Preparing for MDS 3.0

Updated for release of full RAI Manual and Healthcare Reform Law - July 2010

Implementation of MDS 3.0 will be here before we know it. Now is the time to study the MDS 3.0 RAI Manual, become familiar with the MDS 3.0 form and software, and plan your facility's implementation including hardware. Keane Care's MDS 3.0 software is in beta testing with general release scheduled for early August.

The MDS is a critical part of CMS' program for skilled nursing. Its data is used for RAP/CAAs, payment, surveys, and Quality Measures. The following items remain in the timeline CMS released in May 2010:

- July/August 2010 - SNF PPS Final Rule published with payment rates
- August 2010 - added CMS train-the-trainer session
- December 2010 - National Quality Forum endorsement of Quality Measures based on MDS 3.0
- October 1, 2010 - MDS 3.0 Implementation
- April/May 2012 - New MDS 3.0 Quality Measures data published on CMS' Nursing Home Compare Website

The MDS 3.0 Resident Assessment Instrument (RAI) Manual with instructions for coding MDS 3.0 was released in November 2009. Minor revisions were released in May thru July 2010.

Change in Plans: RUG-III returns

Skilled Nursing Facilities (SNFs) are paid for beneficiaries in a Medicare Part A stay through the Medicare Prospective Payment System (PPS). PPS works by assigning residents to groups representing the quantity of resources used by patients and certain patient characteristics. Each group has a dollar amount associated with it that is the daily rate paid to SNFs for a beneficiary.

The system uses MDS data to calculate a group for each beneficiary. Under MDS 2.0, the grouping system is RUG-III (Resource Utilization Group, Version 3). The plan in the July 2009 Final Rule was for an updated version, RUG-IV, to go into effect when MDS 3.0 is implemented on October 1, 2010.

That plan was changed by the Healthcare Reform Act of March 2010 that postponed RUG-IV until October 2011, while not delaying MDS 3.0 implementation in October 2010. An exception was that the new concurrent and look-back rules in MDS 3.0 are to be implemented in 2010.

Implementation of MDS 3.0 will be here before we know it. Now is the time to study the MDS 3.0 RAI Manual, become familiar with the MDS 3.0 form and software, and plan your facility's implementation. Keane Care's MDS 3.0 software is scheduled for release in early August 2010.

This was a problem for CMS since they were fully committed to implementing an MDS 3.0 / RUG-IV system. In April 2010 CMS announced that they did not have hybrid grouper software to handle MDS 3.0 / RUG-III and that they would pay claims submitted after October 1, 2010 with the MDS 3.0 / RUG-IV system. When they have the hybrid software they will reprocess those claims.

Differences Between MDS 2.0 and MDS 3.0

Data Submission Changes

Changes in submission requirements under MDS 3.0 are detailed in Chapter 5 of the MDS 3.0 RAI Manual. For MDS 3.0, assessments must be submitted to the national system: CMS' QIES Assessment Submission and Processing (ASAP) system, instead of state systems.

Completion Timing: In earlier versions of the MDS 3.0 RAI Manual the timing of assessment completion was to change to 7 days. However the May 2010 version, page 5-2, states that "For all Federal/OBRA and PPS assessments, the MDS Completion Date (Z0500B) may be no later than 14 days from the Assessment Reference Date (A2300)." Same as MDS 2.0.

As with MDS 2.0, a facility has 7 days after completing an MDS or tracking information form to encode it.

Transmitting Data: under MDS 3.0, comprehensive assessments must be transmitted electronically within 14 days of the Care Plan Completion Date (V0200C2). All other MDS assessments must be submitted within 14 days of the MDS Completion Date (Z0500B). For MDS 2.0, the time period was 31 days for comprehensive and other assessments.

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Entry and death-in-facility tracking records must be transmitted within 14 (31 under MDS 2.0) days of the Event Date (A1600 or A2000). MDS 3.0 submission files will be in a compressed ZIP file.

Correcting assessments:

If an error is discovered before submission to the QIES ASAP system, the response may be corrected using standard editing procedures on the hard copy and correction of the MDS record in the facility's database.

The MDS 2.0 correction process restricted modification of key resident ID items, reason for assessment items, and event dates. Correction of those items requires an Inactivation followed by submission of a new correct record. MDS 3.0 allows correction of all of these items with a single Modification record.

Under MDS 3.0, if a major error is discovered in an OBRA in the CMS system, the assessment must be corrected by submitting a new Significant Correction of a Prior assessment or Significant Change in Status assessment and updating the care plan. Full explanations are in Chapters 2 and 5 of the MDS 3.0 RAI Manual.

Therapy Changes

Because approximately 90 percent of the days of service for Medicare Part A SNF stays include therapy, in developing RUG-IV and MDS 3.0 CMS looked carefully at utilization patterns and changes in the practice of therapy identified through the STRIVE time study conducted in 2007. CMS has made several changes in how data is collected through MDS 3.0 that will affect payment for therapy.

One modification is to change how residents qualify for Rehab Plus Extensive Services RUGs by **eliminating the look-back periods** in MDS 2.0 Section P1a (MDS 3.0 Section O00100). With MDS 3.0, data will be reported in two columns: Care received in the hospital before SNF admission and care received after admission (while a resident). Items received while not a resident, such as oxygen therapy and IVs, would be used only for care planning and not payment.

Counting Therapy Minutes

In MDS 3.0 Section O, therapy minutes are entered by discipline in three categories: 1) individual, 2) concurrent (administered to two residents at the same time, who are not performing same or similar activities), and 3) group (2-4 residents at same time who may be performing similar activities).

The total number of minutes are entered in MDS 3.0 and the grouper software multiplies the totals by

- 100 percent for individual therapy
- 50 percent for concurrent therapy
- 25 percent for group therapy

The resulting number is used to calculate RUG-IV scores. Therapy minutes entered in MDS 3.0 should not include time spent on initial evaluation and documentation.

Another major change is the **deletion of Section T** for MDS 3.0. In MDS 2.0 Section T is used to record ordered therapy scheduled to occur, but not necessarily delivered during the early days of the patient's SNF stay.

PPS Unscheduled Assessments for a Part A Stay

The technical files released October 30, 2009 include four OMRA (Other Medicare Required Assessment) forms instead of the one MDS 2.0 OMRA. The four MDS 3.0 OMRAs are

- Start of Therapy
- End of Therapy
- Significant Correction to Prior Comprehensive
- Significant Change in Status Assessment

The Start-of-Therapy OMRA is an optional, unscheduled assessment that is completed only to classify a resident into a RUG-IV Rehab Plus Extensive Services or Rehab group. It includes only required demographic information, therapy items, bladder and bowel training items, and the Extensive Service items.

Rules for the use of MDS 3.0 unscheduled assessments are in Chapter 2 of the MDS 3.0 RAI Manual.

RAPs become CAAs - Section V

Section V of MDS 3.0 is titled Care Area Assessment (CAA) Summary. It lists 20 Care Area problem areas that are triggered by MDS 3.0 responses. The CAAs are the same as the 18 RAPs in MDS 2.0 with the addition of Pain and Return to Community Referral.

At the May 28, 2009 Open Door Forum, CMS officials stated that for MDS 3.0, providers will have more choice in the clinical guidelines and source materials they use to "work the RAPs." Facilities may use the clinical care guidelines of their choice to develop the care plan.

Detailed instructions on the CAA process, the care areas, and developing an individualized care plan are in the MDS 3.0 RAI Manual, Chapter 4. The chapter includes a Care Area Trigger Legend that lists the MDS 3.0 item responses that cause a CAA to be checked on the list at Section V.

Standardized Look-backs and Present-on-Admission Items

A stated goal for MDS 3.0 is to standardize look-back periods. The specific time periods on the MDS 3.0 form have changes from MDS 2.0, including not showing look-back periods on the form for Sections C, E, F, G, H, K, L, M, P, and Q. For many sections, look-backs are specified in the MDS 3.0 RAI Manual, Chapter 3.

MDS 3.0 includes more questions to distinguish resident status before and after admission than MDS 2.0. The final form includes a new item, "Is this assessment the first (OBRA or PPS) since the most recent admission." (A0310E)

Resident Interviews

One of the major goals in creating MDS 3.0 was to increase the resident's voice by introducing more resident interview items. Appendix D of the MDS 3.0 RAI Manual, "Interviewing to Increase Resident Voice in MDS Assessments," contains approaches to use to make interviews simple and more effective. The manual states that if a resident needs an interpreter, every effort should be made to have one present.

Sections of MDS 3.0 that contain resident interviews:

- Cognitive Patterns - Section C
- Mood - Section D
- Preferences for Customary Routine & Activities - Section F
- Pain - in Health Conditions - Section J
- Return to Community/Overall Goals - Section Q

Section-by-Section Instructions

Chapter 3 of the MDS 3.0 RAI Manual includes detailed instructions on each MDS 3.0 section. The following information summarizes the differences between MDS 2.0 and 3.0 and includes coding rules from the MDS 3.0 RAI Manual.

Cognitive Patterns – Section C

The MDS 3.0 Cognitive Patterns section includes two assessment tools that in testing were found to yield more accurate results than MDS 2.0. Chapter 3(C) of the MDS 3.0 RAI Manual contains detailed instructions, examples, and tips for conducting both interviews.

The Brief Interview for Mental Status (BIMS) is a screener to help detect cognitive impairment. The BIMS total score is highly correlated with Mini-Mental State Exam scores and suggests the following:

- 13-15: cognitively intact
- 8-12: moderately impaired
- 0-7: severe impairment

If staff judge the BIMS should not be conducted, they assess the resident based on their observations.

For Section C1300-Delirium, MDS 3.0 uses the Confusion Assessment Method© (CAM,) a standard instrument for detecting delirium. It has a 7-day look-back period and is completed by staff, based on observations during the BIMS and on their review of the medical record.

Mood - Depression Items - Section D

Geriatric experts and associations have concluded that MDS 2.0 Section E was not adequate for depression screening. To replace it, MDS 3.0 uses the PHQ-9©, Patient Health Questionnaire, a checklist of nine symptoms of depression that is completed as a resident interview.

Instructions and background information are in Chapter 3(D) of the MDS 3.0 RAI Manual. Assessment steps include a look-back period of 14 days, conducting the interview preferably the day before or day of the Assessment Reference Date (ARD), and conducting the interview in a private setting.

Item D0300 – Total Severity Score is the sum of responses, including frequency, and it will be totaled for you by Keane Care software. A score of 99 means it's an incomplete interview and must be completed by staff assessment (D0500).

The key to the scores:

Score	Depression Severity measured by PHQ-9
0-4	Minimal
5-9	Mild
10-14	Moderate
15-19	Moderately Severe
20-27	Severe

Behavior - Section E

MDS 3.0 Section E, Behavior, includes items on Psychosis, Rejection of Care, Wandering, and an assessment of all behavioral symptoms compared to the prior assessment.

The MDS 3.0 RAI Manual, Chapter 3(E0100) directs assessors to "code based on behaviors observed and/or thoughts expressed in the last 7 days rather than the presence of a medical diagnosis. Check all that apply."

Customary Routine Items – Section F

Because they were perceived as not helping with care planning, most of the questions in MDS 2.0 AC, Customary Routine, and Section N, Activity Pursuit, were dropped from MDS 3.0. The new section F is a resident interview that may be completed by a family member or significant other.

Chapter 3(F) of the MDS 3.0 RAI Manual includes interviewing and coding instructions and examples.

Activities of Daily Living - Section G

This section is remarkable by the lack of changes from MDS 2.0 to MDS 3.0. Among the changes for MDS 3.0 are the "Instructions for Rule of 3," and a coding level of 7 (for activity occurred only once or twice).

Some of the items' definitions were changed, for example "alternate sleep furniture" was added to Bed Mobility and Dressing no longer specifies "street" clothes. The Eating

item now instructs to “not include eating/drinking during medication pass,” and Toilet use now includes “Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag.” The Bathing item was made a separate item, G0120, with a separate coding scale.

Most references to a 7-day period were deleted from the form. The MDS 3.0 RAI Manual specifies the 7-day look-back. In its 35 pages in Chapter 3(G), the Manual covers rationales, care planning, and coding instructions.

Falls: Section G and Section J

Experts agreed that MDS 2.0 could be improved to help reduce the number of falls. Falls are a serious problem, with 45 to 70 percent of nursing home residents having a fall, 30 to 40 percent falling two or more times, and 11 percent experiencing serious injury.

Fall History in Section J: MDS 3.0 items J1700 thru J1900 include a Fall History on Admission with a review period of 180 days prior to admission, looking back from the resident’s entry date.

Balance in Section G0300: Input from Physical Therapists and other experts on falls resulted in adding balance items designed to guide in identifying parts of gait and transition that relate to fall risk.

The MDS 3.0 RAI Manual, Chapter 3(G) calls for a 7-day look-back period for G0300 and includes detailed instructions.

Bladder and Bowel - Section H

MDS 3.0 clears up confusion about wording of continence items such as coding residents with catheter as continent. It covers trial toileting programs. The fecal impaction item in MDS 2.0 was dropped for MDS 3.0. In response to expert input, constipation is addressed with a yes/no response.

The MDS 3.0 RAI Manual calls for a 7-day look-back period for Section H except for H0200: Urinary Toileting Program. For that item the look-back period is to the most recent admission/readmission assessment, the most recent prior assessment, or to when incontinence was first noted.

Diagnoses – Section I

Chapter 3(I) of the MDS 3.0 RAI Manual states that there are two look-back periods for this section. Diagnosis identification (Step 1) has a 60-day look-back period. To meet its criteria, the disease conditions require a physician-documented diagnosis in the last 60 days. Once a diagnosis is identified, it must be determined if the diagnosis is active (Step 2), looking back 7 days. An exception is Item I2300 UTI, that uses a 30-day look-back period.

The list of diagnoses in MDS 3.0 include more information in parentheses than MDS 2.0 to improve reliability and decrease use of the “other” category.

Pain Items in Section J

Studies have shown that MDS 2.0 does not support good pain assessment and management. Research indicates that 40 to 85 percent of LTC residents have persistent pain.

Self-reporting has been found to be feasible for nursing home residents and is considered the most reliable way to assess pain. Section J includes an item that is to be answered by staff about the resident’s pain management, a resident interview, and a staff assessment if the resident cannot complete the interview. For pain intensity, residents are asked to rate theirs using either a scale with numbers or words.

Swallowing/Nutrition, Height/Weight – Section K

A Swallowing Disorder item (K0100) was added to help staff detect swallowing problems that might be addressed with therapy or with dietary modifications. The look-back period is 7 days for K0100, K0500, and K0700.

Weights from X.1 to X.4 should be rounded down to the whole pound; weights of X.5 or more should be rounded up.

The MDS 2.0 item for Weight Gain was dropped. The RAI Manual states for K0300: Weight Loss, the resident’s weight should be compared with their weight at 2 points: 30 days and 180 days preceding the current weight.

Oral/Dental Status – Section L

A staff examination of the mouth was added to MDS 3.0 in response to the urging of the American Dental Association. The items are worded more clearly and include six possible groups of findings such as dentures, inflamed gums, and mouth pain as well as unable to examine. Chapter 3(L) of the MDS 3.0 RAI Manual specifies a 7-day look-back period.

Skin Changes – Section M

Experts agreed that MDS 2.0 items did not deliver necessary information about pressure ulcers. In response MDS 3.0 includes more items and the following:

- Reverse staging is not allowed
- Unstageable ulcers are assessed separately
- Staging is based on deepest anatomical change
- Information is collected on pressure ulcers present on admission
- Information is collected on worsening pressure ulcers
- Pressure Ulcer Scale for Healing (PUSH) items were added for tissue type for most advanced stage and measurements (length and width) at each stage for 2-4

M0100 - Determination of Pressure Ulcer Risk is a new item that asks about current status. It also asks whether a formal assessment instrument has been completed such as the Braden Scale and/or a clinical assessment.

The look-back period for M0210: Unhealed Pressure Ulcer is 7 days. The instructions for M0300: Current Number of Unhealed Pressure Ulcers at Each Stage in Chapter 3(M) of the MDS 3.0 RAI Manual include: For each pressure ulcer, determine the deepest anatomical stage. Do not reverse or back stage. Consider current and historical levels of tissue involvement.

For M1030, M1040, and M1200 the lookback is 7 days. For M1030 and M0104, pressure ulcers coded in M0210 thru M0900 should not be coded there.

The July 2010 revision of the MDS 3.0 RAI manual includes many additions and changes to the instructions in the November 2009 version. Be sure to use the latest version.

Medications - Section N

Section N now includes items about number of injections received in the last 7 days. Insulin injections are counted in N00300 and in N0350. Anticoagulants and Antibiotics were added to the list of medication categories.

Special Treatments, Procedures - Sect. O

MDS 3.0 Section O combines MDS 2.0 Sections P, W, and part of T. The list of special treatments and programs is shorter than that in MDS 2.0 Section P and in MDS 3.0 there are two columns for coding: one to check if received "while Not a resident" and one for "while a resident."

In Section O400-Therapies, minutes are entered by discipline in three categories: 1) individual, 2) concurrent (administered to two residents at the same time, who are not performing same or similar activities), and 3) group (2-4 residents at same time who may be performing similar activities).

Total number of minutes are entered and RUG-IV grouper software multiplies the totals by 100 percent for individual, by 50 percent for concurrent, and by 25 percent for group therapy. The resulting number is used to calculate RUG-IV scores.

Therapy minutes entered in MDS 3.0 should not include time spent on initial evaluation and documentation. Starting and Ending dates for Therapy are now required.

Recreational Therapy, that was collected in MDS 2.0 Section T, is now part of MDS 3.0 item O0400.

Restraints - Section P

Restraint information now has its own section with revisions from MDS 2.0 focusing on clarification. A definition of physical restraints is on the form and items are divided into

Used in Bed and Used in Chair/Out of Bed. A choice was added to both for Other. The MDS 3.0 RAI Manual instructs assessors to record frequency over a 7-day look-back period.

Testers (91 percent) reported that dividing restraints by bed and chair made coding clearer and easier.

Participation, Goal Setting - Section Q

Section Q was expanded to five items. Q0300, Resident's Overall Expectation, is to be completed on the admission assessment and through a resident interview.

Item Q0500: Return to Community is to be completed for Admission, Quarterly, and Annual Assessments according to the MDS 3.0 RAI Manual, Chapter 3(Q). Item B is a resident (or family/significant other) interview question.

Reference Documents

Information and documents on MDS 3.0 and RUG-IV are posted at the following federal Websites:

CMS' MDS 3.0 Training Materials Website includes the following (accessed July 14, 2010):

- RAI Manual
- Training Slides
- Instructor Guides
- Q&A
- ADL Flowchart
- Satellite Broadcast Part I

www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp

CMS' MDS 3.0 Website includes an MDS 3.0 Implementation Timeline and the RAND MDS 3.0 report of 2008 (accessed July 14, 2010):

www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp

SNF PPS Spotlight Website includes materials from provider conference calls on SNF PPS and RUG-IV as well as example RUG-IV rates (accessed July 14, 2010):

www.cms.gov/SNFPPS/02_Spotlight.asp

Final Rule for FY 2010 SNF Medicare Prospective Payment published August 11, 2009 in the Federal Register:

<http://edocket.access.gpo.gov/2009/pdf/E9-18662.pdf>

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