LW Consulting, Inc

MDS Quarterly

Winter 2018

Coming October 2018: MDS 3.0 Item Set Changes

Changes to the Minimum Data Set (MDS) for Skilled Nursing Facilities (SNFs) occur October 1st of the current year. This year is no exception. On November 1, 2017, the Centers for Medicare and Medicaid Services (CMS) released a draft MDS 3.0 Version 1.16.0 with the changes scheduled to be rolled out this October. Updates include grammatical fixes, clarification of language and the addition of new items. The following sections of the MDS will be updated this October.

- Section C1310: Delirium
- Section GG: Functional Abilities and Goals
- Section I: Active Diagnoses
- Section J: Health Conditions
- Section M: Skin conditions
- Section N: Medications
- Section O: Special Treatments, Procedures and Programs

Section C1310: Delirium

Changes to this section consist of grammatical changes only where commas were removed or added, and letters were capitalized.

Section GG: Functional Abilities and Goals

This section had the most changes that includes adding 36 new items, modifying existing text and changes to when the inactivity codes should be used (e.g., 07,09,10, 88). See below:

- A new inactivity code (10) was added. Inactivity coded 10 means the activity was not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
- New items were added relating to the Self-Care Score and Mobility Score that will be required for the new Quality Measures for the SNF Quality Reporting Program (QRP). These new Quality measures will be comparing the admission score to discharge score to identify a change in Self-Care and Mobility.

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Other newly added items refer to Activities of Daily Living and Devices used prior to admission, car transfers and steps with or without a rail.

Section I: Active Diagnoses

New items for Section I include:

- A new item added to prepare for the potential changes in the Prospective Payment System (PPS) to the Resident Classification System (RCS-1) even though a final decision to change from the PPS payment system to the RCS-1 payment system has not been announced.

The new diagnoses added will assist in the risk adjustment for the new SNF Self-Care QRP quality measure stated above. This new item asks for the primary diagnosis for admission. A list of diagnoses is provided to choose from and then the primary diagnosis must be coded. Make sure the primary diagnosis matches the primary diagnosis in the claim. The triple check process will be imperative here.

Section J: Health Conditions

A new item was added regarding major surgeries prior to admission. Again, this looks like CMS is using this item as a risk adjustment in the new SNF QRP Self-Care Quality Measure.

Section M: Skin Conditions

The only changes to this section are modifying existing text and the deletion of four items. See below:

- The word “injuries” was added to “pressure ulcer” and it now reads “pressure ulcer/injuries.”
- The word “devices” was added to “non-removable dressings” and it now reads “non-removable dressings/devices.”

The four items deleted are:

1. M0610: Dimensions of Unhealed Stage 3 or 4 Pressure Ulcers or Eschar
2. M0700: Most Severe Tissue Type
3. M0800: Worsening Pressure Ulcer Status
4. M0900: Healed Pressure Ulcers

Section N: Medications

Changes to this section included: modifying existing text and the addition of 3 new items.

The three new items are:

1. N2001: Drug Regimen Review
   - Did a complete drug regimen review identify potential clinically significant medication issues?
2. N2002: Medication Follow
   - Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?
3. N2005: Medication Intervention
   - Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?

Section O: Special Treatments, Procedures and Programs

Changes to this section include modifying existing text. See below:

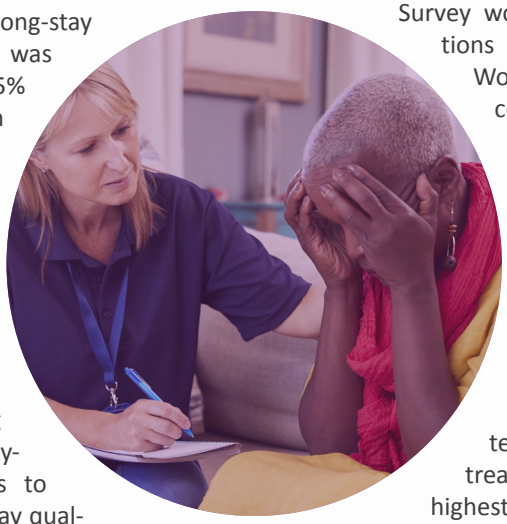
- O0100F: Invasive Mechanical Ventilator (Ventilator/Respirator)
- O0100G: Non-Invasive Mechanical Ventilator

CMS is using this item as a risk adjustment in the new SNF QRP Self-Care Quality Measures ■

Dementia Care Surveys Continue

With all of the regulatory changes in Phase 2 of the Requirements of Participation and the MDS changes, as of November 28, 2017, it's easy to lose focus of other surveys that are also continuing across the country that are separate from the standard survey process. One that has not gained much attention is the Dementia Care Survey.

In 2012, CMS launched the National Partnership to Improve Dementia Care. This initiative was created to expand the use of non-pharmacological approaches to care and reduce antipsychotic medication use in long-stay nursing home residents. The first year was aimed at reducing medication use by 15% nationally. In 2014, a 19.4% reduction in antipsychotic drug use, in the U.S., was achieved. The survey was expanded between 2015–2016 with a focus on citing poor dementia care, over utilization of antipsychotic medications and broadening opportunities in quality improvement for providers.



The Centers for Medicare and Medicaid Services (CMS) is targeting nursing homes that have high rates of antipsychotic medication use and continues to monitor both the long-stay and short-stay quality measures (residents who were newly prescribed an antipsychotic medication) used for star rating calculations in the Five Star Quality Rating System. CMS is also monitoring across states, citation patterns for F329 (Unnecessary Drugs, November 28, 2017 F757) as well as scope and severity.

Moving forward, nursing homes that have lowered their antipsychotic medication use, below 15%, should continue working towards further lowering their rate. However, those facilities with a continued rate higher than 15% will have until 2019 to decrease it below 15%.

Data, as of March 2016, shows a slight increase in the use of Schizophrenia diagnosis, which is one of the diagnosis that excludes the resident from the quality measure, along with Tourette's Syndrome and Huntington's disease. Even though facilities are working to lower their antipsychotic drug use and quality measure percentage, it is important that the MDS is coded accurately and according to regulation with supportive documentation, as stated in the Resident Assessment Instrument (RAI) manual.

Nursing homes should be aware that surveyors are using an audit tool designed specifically for the Focused Dementia Care Survey. According to the Dementia Nursing Home (DNH) Behavioral Health Team, "the intent is that facilities would use the tools to assess their own practices in providing resident care." The worksheet tool can be found at the following website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SC-Letter-16-04-Focused-Survey-Tools.pdf.

Additionally, there are two new Focused Dementia Care Survey worksheets for 2018: (1) Resident Questions Worksheet; and (2) Facility Questions Worksheet. These worksheets can be accessed at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/National-Partnership-to-Improve-Dementia-Care-in-Nursing-Homes.html.

CMS has also rolled the Dementia Care focus into the new Survey Process Dementia Care Critical Element Pathway that went into effect on November 28, 2017. In this pathway, the intent is to determine if the facility provided appropriate treatment and services to meet the resident's highest practicable physical, mental and psychosocial well-being. The use of this pathway is determined by the resident having a diagnosis of Dementia and the MDS coding of Section C–Cognitive BIMS, Section D–Mood Interview, Section E–Behaviors and Section N–Medications. To access the Pathway, visit: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/LTC-Survey-Pathways.zip. ■

Ask an Expert Corner

Q. If the assessment reference date (ARD) for a standalone Change of Therapy OMRA (COT), End of Therapy OMRA (EOT) or a Start of Therapy OMRA (SOT) is set and the interviews in Section C, D and J have not been completed, do you have to dash these responses?

A. No

The RAI Manual page 2–60 offers coding tips on when you can perform the interviews for these unscheduled assessments. On standalone COTs, standalone EOT and standalone SOTs, a previous scheduled assessment may be utilized if the responses were obtained within the last 14 days prior to completion of the interview items in these sections.

The RAI Manual further explains that in limited circumstances, facilities may not be able to complete the interviews prior to the ARD as the RAI manual allows these assessments to be scheduled up to two days after the ARD window. In these circumstances, the interviews may be conducted up to two days after the ARD.

Q. Our facility turns residents with poor mobility every two hours to prevent skin breakdown; can we code turning and repositioning in Section M?

A. Yes, but see explanation below for clarification.

Page M-40 of the RAI manual refers to specific approaches needed to code item M1200C. The turning and repositioning program must include specific interventions such as frequency of repositioning, how the resident is to be positioned, and inculde documentation of the interventions with ongoing monitoring and re-evaluation of the program.

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