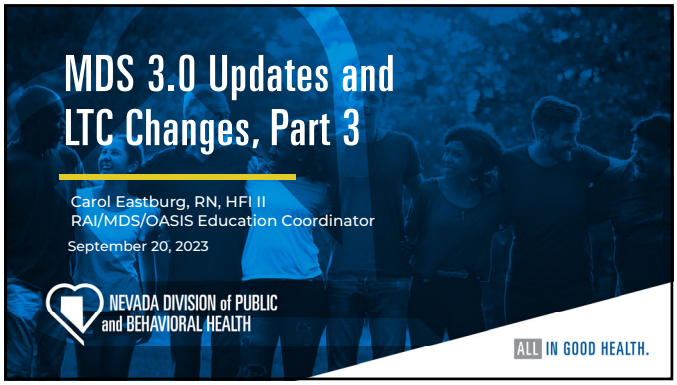
MDS 3.0 Updates and LTC Changes, Part 3
Carol Eastburg, RN, HFI II
RAI/MDS/OASIS Education Coordinator
September 20, 2023
NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH
ALL IN GOOD HEALTH.

1


AGENDA
NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH
09:00 – 10:10 Carol Eastburg, DPBH
10:20 – 11:30 Chris Christiano, DHCFP
11:30 – 12:00 Post-test/Answers/Eval
2

2


OBJECTIVES FOR THIS SESSION
NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH
Attendees will:
✓ Be familiar with recent and future changes to the RAI Item Sets
✓ Understand how to properly code Items addressed
✓ Know where to find information you need
3

3

DISCLAIMER

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

The information in this presentation was current when assembled. As CMS frequently makes changes, the information presented here may also change.

Attendees are encouraged to review the specific statutes, regulations, and other interpretive materials on a regular basis to ensure a full and accurate, up-to-date understanding of CMS requirements.

No AI was purposely used in the preparation of this presentation.

4

4

LAST SESSION:

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- ✓ Active and inactive diagnoses
- ✓ Functional status and limitations
- ✓ Nursing monitoring
- ✓ Different look-back periods (UTI = 30 days)/criteria x2
- ✓ Documentation required and where to find it
- ✓ Major surgery and required skilled care in a SNF

5

5

FOLLOW-UP QUESTION #1

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

UTI Upon LTC Admission

Resident is admitted from acute care to a SNF with a diagnosis of UTI:

Is McGeer criteria / information needed from the transferring hospital?

6

6

FOLLOW-UP RESPONSE #1

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

UTI Criteria Requirement:

"If the diagnosis of UTI was made prior to the resident's admission, entry, or reentry into your facility, it is **not** necessary to obtain **or** evaluate the evidence-based criteria used to make the diagnosis in the prior setting. A **documented** physician (or allowed practitioner) **diagnosis of UTI** prior to admission is acceptable. This information may be included in the hospital transfer summary or other paperwork…

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7

FOLLOW-UP RESPONSE #1, Cont.

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

UTI Criteria Requirement, Continued:

When the resident is transferred, but not admitted, to a hospital (e.g., emergency room visit, observation stay) the facility must use evidence-based criteria to evaluate the resident and determine if the criteria for UTI are met AND verify that there is a physician-documented UTI diagnosis when completing I2300 Urinary Tract Infection (UTI)."

8

8

FOLLOW-UP RESPONSE #1, Cont.

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Code Active UTI <u>only if both</u> of the following are met:

1. Diagnosed using McGeer, NHSN, or Loeb criteria in the last 30 days and
2. A physician or allowed non-physician practitioner documented UTI diagnoses in the last 30 days

9

9

FOLLOW-UP QUESTION #2

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

For a Schizophrenia Diagnosis:

"...when can it be coded because technically, we will never meet the 60-day documentation requirement of behaviors prior to the diagnosis being made."

10

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FOLLOW-UP RESPONSE #2

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

State Operations Manual, Appendix PP:

F605

(Rev. 211; Issued: 02-03-23; Effective: 10-21-22; Implementation: 10-24-22)

§483.10(e) Respect and Dignity.
The resident has a right to be treated with respect and dignity, including:

§483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2).

§483.12(a) The facility must—

§483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.

11

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INACTIVE DIAGNOSIS

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Example F:

A resident was admitted with no documented psychiatric diagnoses. After admission, the primary provider ordered an antipsychotic medication secondary to the resident resisting personal care. The medical record lacked a detailed evaluation by an appropriate practitioner of the resident's mental, physical, psychosocial, and functional status and persistent behaviors for six months prior to the start of the antipsychotic medication, in accordance with professional standards.

I6000, Schizophrenia, should not be coded due to a lack of documentation of a detailed evaluation of the resident's mental, physical, psychosocial, functional status and persistent behaviors for the time period required.

12

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FOLLOW-UP RESPONSE #2, Cont.

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Diagnostic and Statistical Manual of Mental Disorders:

- ✓ Two or more characteristic symptoms (delusions, hallucinations, disorganized speech, disorganized behavior, negative symptoms) for a significant portion of a six-month period (symptoms must include at least one of the first three)
- ✓ Prodromal or attenuated signs of illness with social, occupational, or self-care impairments evident for a six-month period that includes one month of active symptoms

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FOLLOW-UP QUESTION #3

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Section GG:

Must staff documenting this section be licensed?

MODIFIED TO READ:

Who can document in the RAI?

14

14

FOLLOW-UP RESPONSE #3

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

From Page 1-4:

The RAI process has multiple regulatory requirements. Federal regulations at 42 CFR 483.20 (b)(1)(xviii), (g), and (h) require that

(1) the assessment **accurately reflects** the resident's status

(2) a **registered nurse** conducts or coordinates each assessment with the appropriate participation of health professionals

(3) the assessment process **includes** direct observation, as well as communication with the resident and direct care staff on all shifts.

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FOLLOW-UP RESPONSE #3

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Continued from Page 1-4:

Nursing homes are left to determine

(1) **who** should participate in the assessment process

(2) **how** the assessment process is completed

(3) how the assessment information is documented while **remaining in compliance** with the requirements of the Federal regulations and the instructions contained within the manual.

16

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LPN PRACTICE DECISION

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Requirements for LPN to participate in MDS/RAI Assessment:

1. A Registered Nurse (RN) Coordinator has assigned completion of the MDS/RAI Assessment to the LPN consistent with NAC 632.230.

2. The LPN has completed the Center of Medicare and Medicaid Services (CMS) MDS 3.0 Training or equivalent, in compliance with NAC 632.242.

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Z0400

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Signature of Persons Completing the Assessment...

I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.

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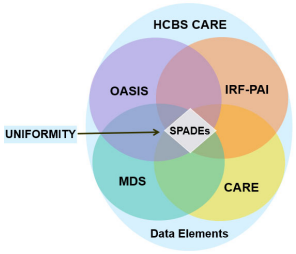
WHO REMEMBERS SPADES?

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Standardized
Patient
Assessment
Data
Elements



19

19

SECTION J

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Pain Interview

Replaces J0400

J0410. Pain Frequency

Enter Code ☐

Ask resident: ***"How much of the time have you experienced pain or hurting** over the last 5 days?"*

1. Rarely or not at all
2. Occasionally
3. Frequently
4. Almost constantly
9. Unable to answer

Order is reversed; previously started with almost constantly and progressed to rarely or not at all.

20

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SECTION J

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Pain Interview, Cont.

Replaces J0500

J0510. Pain Effect on Sleep

Enter Code ☐

Ask resident: *"Over the past 5 days, **how much of the time has pain made it hard for you to sleep at night?"***

1. Rarely or not at all
2. Occasionally
3. Frequently
4. Almost constantly
8. Unable to answer

Order is reversed; previously started with almost constantly and progressed to rarely or not at all.

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SECTION J

NEW

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Pain Interview, Cont.

J0520. Pain Interference with Therapy Activities

Enter Code ☐

Ask resident: *"Over the past 5 days, **how often have you limited your participation in rehabilitation therapy sessions due to pain?"***

0. **Does not apply - I have not received rehabilitation therapy in the past 5 days**
1. **Rarely or not at all**
2. **Occasionally**
3. **Frequently**
4. **Almost constantly**
8. **Unable to answer**

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REHAB/RESTORATIVE REMINDER

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- Rehabilitation therapies **may include** treatment supervised in person by a therapist or nurse or other staff **or** the resident carrying out a prescribed therapy program without staff members present.
- Rehabilitation therapies **do not include restorative nursing** programs.

23

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SECTION J

NEW

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Pain Interview, Cont.

J0530. Pain Interference with Day-to-Day Activities

Enter Code ☐

Ask resident: *"Over the past 5 days, **how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"***

1. **Rarely or not at all**
2. **Occasionally**
3. **Frequently**
4. **Almost constantly**
8. **Unable to answer**

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COMPLETED PAIN INTERVIEW

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

DEFINITION

COMPLETED INTERVIEW

The pain interview is successfully completed if the resident reported no pain (answered No to J0300), or if the resident reported pain (J0300=yes) and the follow-up question J0400 is answered.

Current Version

DEFINITION

COMPLETED *PAIN ASSESSMENT* INTERVIEW

The *P*ain *Assessment* *I*nterview is successfully completed if the resident reported no pain (J0300 = *0. No*), or if the resident reported pain (J0300 = *1. Y*es) and the follow-up question J04*1*0 is answered.

Effective October 1, 2023

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SECTION K

Nutritional Approaches

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Replaces K0510

K0520. Nutritional Approaches

Check all of the following nutritional approaches that apply

1. On Admission
   Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B
2. While Not a Resident
   Performed ***while NOT a resident*** of this facility and within the ***last 7 days***
   Only check column 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 2 blank.
3. While a Resident
   Performed ***while a resident*** of this facility and within the ***last 7 days***
4. At Discharge
   Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

(Second part of this data element is continued on the next slide)

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SECTION K

Nutritional Approaches, Cont.

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

(K0520 continued from previous slide)

	1. On Admission	2. While Not a Resident	3. While a Resident	4. At Discharge
	↓ Check all that apply ↓			
A. **Parenteral/IV feeding**	☐	☐	☐	☐
B. **Feeding tube** (e.g., nasogastric or abdominal (PEG))	☐	☐	☐	☐
C. **Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐	[redacted]	☐	☐
D. **Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☐		☐	☐
Z. **None of the above**	☐	☐	☐	☐

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SECTION K, Cont.

Nutritional Approaches, Cont.

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Replaces K0510

K0520. Nutritional Approaches

Check all of the following nutritional approaches that apply

1. On Admission
   Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B
2. While Not a Resident
   Performed ***while NOT a resident*** of this facility and within the ***last 7 days***
   Only check column 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 2 blank.
3. While a Resident
   Performed ***while a resident*** of this facility and within the ***last 7 days***
4. At Discharge
   Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

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SECTION K, Cont.

Nutritional Approaches, Cont.

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

K0510. Nutritional Approaches

Check all of the following nutritional approaches that were performed during the last **7 days**

1. **While NOT a Resident**
   Performed ***while NOT a resident*** of this facility and within the ***last 7 days***. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank.
2. **While a Resident**
   Performed ***while a resident*** of this facility and within the ***last 7 days***

	1. While NOT a Resident	2. While a Resident
	↓ Check all that apply ↓	
A. **Parenteral/IV feeding**	☐	☐
B. **Feeding tube** - nasogastric or abdominal (PEG)	☐	☐
C. **Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	■	☐
D. **Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	■	☐
Z. **None of the above**	☐	☐

Current Version

K0520. Nutritional Approaches

Check all of the following nutritional approaches that apply

1. **On Admission**
   Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B
2. **While Not a Resident**
   Performed ***while NOT a resident*** of this facility and within the ***last 7 days***
   Only check column 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 2 blank.
3. **While a Resident**
   Performed ***while a resident*** of this facility and within the ***last 7 days***
4. **At Discharge**
   Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

	1. On Admission	2. While Not a Resident	3. While a Resident	4. At Discharge
		↓ Check all that apply ↓		
A. **Parenteral/IV feeding**	☐	☐	☐	☐
B. **Feeding tube** (e.g., nasogastric or abdominal (PEG))	☐	☐	☐	☐
C. **Mechanically altered diet** - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	☐	■	☐	☐
D. **Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)	☐	■	☐	☐
Z. **None of the above**	☐	☐	☐	☐

Effective October 1, 2023

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SECTION M

Read the Red!

Skin conditions

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- A previously closed pressure injury that opens again should be reported at its worst stage, unless it now presents at a higher state or is unstageable.
- If a resident had a pressure ulcer/injury documented on admission that then closes and subsequently reopens at the same stage, the ulcer/injury is coded as "present on admission."

  (However, if a previously healed pressure injury opens at a higher stage than the resident was admitted with, it is not considered "present on admission," but facility acquired. Very important difference!)
- Skin changes at the end of life (SCALE), also referred to as Kennedy Terminal Ulcers (KTUs) and skin failure, are not primarily caused by pressure and are not coded in Section M. (Page M-6)

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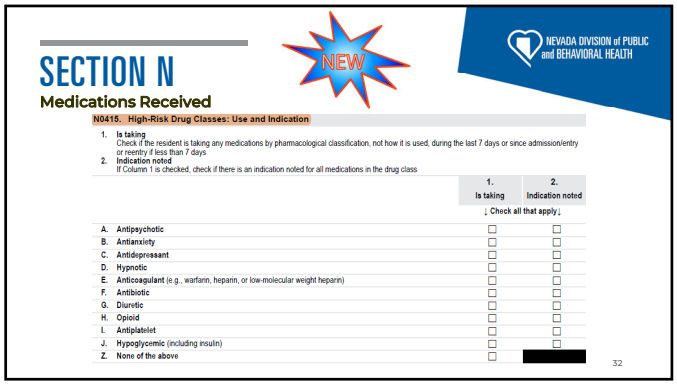
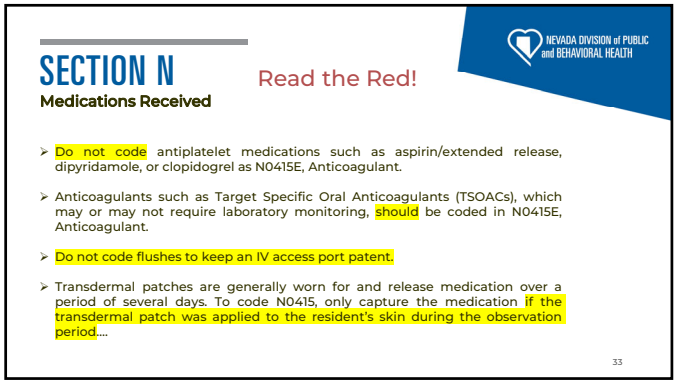
SECTION N
Medications Received
OLD
NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH
N0410. Medications Received
# of days
A. Antipsychotic
B. Antianxiety
C. Antidepressant
D. Hypnotic
E. Anticoagulant
F. Antibiotic
G. Diuretic
H. Opioid
31

31


SECTION N
Medications Received
NEW
NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH
N0415. High-Risk Drug Classes: Use and Indication
1. Is taking
Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days
2. Indication noted
If Column 1 is checked, check if there is an indication noted for all medications in the drug class
1. Is taking
2. Indication noted
↓ Check all that apply ↓
A. Antipsychotic
B. Antianxiety
C. Antidepressant
D. Hypnotic
E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)
F. Antibiotic
G. Diuretic
H. Opioid
I. Antiplatelet
J. Hypoglycemic (including insulin)
Z. None of the above
32

32


SECTION N
Medications Received
Read the Red!
NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH
Do not code antiplatelet medications such as aspirin/extended release, dipyridamole, or clopidogrel as N0415E, Anticoagulant.
Anticoagulants such as Target Specific Oral Anticoagulants (TSOACs), which may or may not require laboratory monitoring, should be coded in N0415E, Anticoagulant.
Do not code flushes to keep an IV access port patent.
Transdermal patches are generally worn for and release medication over a period of several days. To code N0415, only capture the medication if the transdermal patch was applied to the resident's skin during the observation period....
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RECAP/SUMMARY

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- ✓Required criteria (type and source) for coding UTI active
- ✓Documentation requirements for legitimate use of anti-psychotics
- ✓Who can participate in completing the RAI
- ✓Changes and new items in Section J (Pain)
- ✓Updates regarding rehab therapies and residents carrying out their programs independently
- ✓Changes in Section K (Nutrition)
- ✓Changes in Sections M and N
- ✓There is a lot of new information written in RED and everyone needs to, at the minimum, Read the Red!

34

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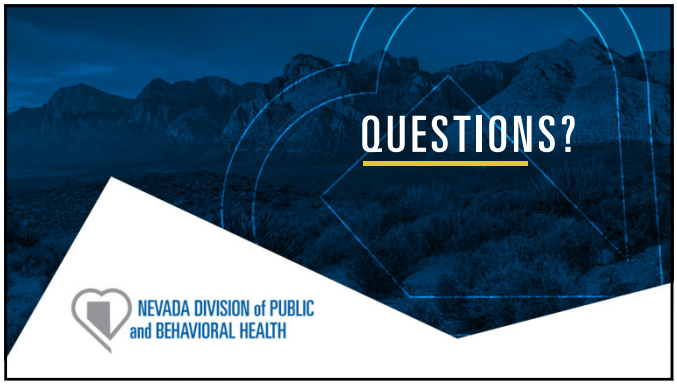

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CONTACT INFORMATION

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

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RAI/MDS/OASIS Education Coordinator
ceastburg@health.nv.gov
(702) 622-9380 (Direct line)

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ACRONYMS

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- ADLs – Activities of Daily Living
- AI-Artificial Intelligence
- ARD – Assessment Reference Date
- ASPEN – Automated Survey Processing Environment
- BIMS – Brief Interview for Mental Status
- CAA – Care Area Assessment
- CARE – Continuity Assessment Record and Evaluation
- CASPER – Certification and Survey Provider Enhanced Reports
- CCN – CMS Certification Number
- CMS – Centers for Medicare & Medicaid Services
- DSM-5-TR – Diagnostic and Statistical Manual of Mental Disorders, Fifth Ed. Text Rev.
- HCBS - Home and Community-Based Services
- IDT – Interdisciplinary Team
- IMPACT - Improving Medicare Post-Acute Care Transformation (Act of 2014)

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ACRONYMS

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

- iQIES – internet Quality Improvement Evaluation System
- IRF – Inpatient Rehabilitation Facility
- LTCH – Long Term Care Hospital
- MDS – Minimum Data Set, aka RAI
- NAC* – Nevada Administrative Code
- NAC* – Nurse Assessment Coordinator
- NF – Nursing Facility
- NPP – Non-Physician Practitioner (also known as allowed practitioner)
- OASIS – Outcomes and Assessment Instrument Set
- PAI – Patient Assessment Instrument
- PHQ – Patient Health Questionnaire
- RAI – Resident Assessment Instrument, aka MDS
- SNF – Skilled Nursing Facility
- SPADEs – Standardized Patient Assessment Data Elements

*Context!

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RESOURCES, 1

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

RAI Manual

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

DHHS Official YouTube Channel

https://www.youtube.com/channel/UC5Bfpf86CylhRm6vP5rjfRA

Medicare Benefit Policy Manual Chapter 8

https://beta.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c08pdf.pdf

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RESOURCES, 2

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Pathway Health
https://pathway-interact.com/

DSM-5-TR History
https://www.psychiatry.org/psychiatrists/practice/dsm/about-dsm/history-of-the-dsm

Antipsychotic Medications
https://nursinghome411.org/ap-list/

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40

RESOURCES, 3

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

State Operations Manual (SOM) Appendix PP
https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf (See Page 127 and guidance; Tags F757 and F758)

LPN Scope of Practice Decision Regarding MDS/RAI
https://nevadanursingboard.org/wp-content/uploads/2022/03/LPN-MDS-RAI-final.pdf

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Joe Lombardo
Governor

Richard Whitley
Director

Medicaid Review Process

Division of Healthcare Financing and policy
Christopher Christiano RN RAC-CT HCC IV
State of Nevada Case Mix Coordinator
September 20th, 2023

Department of Health and Human Services

Helping people. It's who we are and what we do.

Nevada Department of Health and Human Services
DIVISION OF HEALTH CARE FINANCING AND POLICY

1

Agenda

- PDPM Transition update
- Diagnosis
- Isolation
- Section D Moods
- Section GG
- Questions

2

2

PDPM Transition

- Nevada Medicaid will transition from RUG III payment model to PDPM on July 1st, 2024
- Stakeholder meetings are currently being held to discuss, determine and finalize components of transition to PDPM
- Section G data will no longer be collected
- Section GG will be reviewed
- Most of previously reviewed RUG III Items will be reviewed

3

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PDPM Transition

- Reviews will start as early as January 2024
- Nevada Medicaid is investigating/working towards a mostly remote review process
- Reviews will still be annually
- Point of time vs. time weighted CMI average system
- Review notification process will be most likely be unchanged
- All updates will be provided through MDS-PDPM emails

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Diagnosis I0020

- Section I - Primary Diagnosis Items An improper response for a resident's primary diagnosis in Section I prevents PDPM classification into any PDPM case mix group
- Section I, items I0020 and I0020B require a medical condition category and valid ICD10 code representing the diagnosis. When the ICD-10 code is blank or invalid, the HIPPS code is not generated for the assessment
- When diagnosis is completed for OBRA assessment be sure to enter diagnosis

5

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I0020: Indicate the resident's primary medical condition category

I0020. Indicate the resident's primary medical condition category
Complete only if A0310B = 01 or if state requires completion with an OBRA assessment

Enter Code

Indicate the resident's primary medical condition category that best describes the primary reason for admission

01. Stroke
02. Non-Traumatic Brain Dysfunction
03. Traumatic Brain Dysfunction
04. Non-Traumatic Spinal Cord Dysfunction
05. Traumatic Spinal Cord Dysfunction
06. Progressive Neurological Conditions
07. Other Neurological Conditions
08. Amputation
09. Hip and Knee Replacement
10. Fractures and Other Multiple Trauma
11. Other Orthopedic Conditions
12. Debility, Cardiorespiratory Conditions
13. Medically Complex Conditions

I0020B. ICD Code

6

6

Active Diagnoses in the Last 7 Days

- This section identifies active diseases and infections that drive the current plan of care
- There are two look back periods for this section 60 day and 7 day
- Determine if diagnosis are active(Is resident currently being affected by this)
- Item I2300 UTI not included

7

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Isolation

Per the MDS 3.0 RAI User's Manual, Isolation is coded only when the resident requires transmission-based precautions and single room isolation (alone in a separate room) because of an active infection

8

8

Isolation Requirements

- A Physicians order
- Documentation supporting the need for a private room.
- Documentation to support the need for the resident to remain in their room.

9

9

Isolation continued

- Precautions are over and above standard precautions.
- The resident is in a room alone.
- The resident must remain in his/her room

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Isolation continued

- If the resident only has a history of infectious disease Ex: MRSA or C-Diff with no active symptoms.
- Urinary Tract Infections, Encapsulated Pneumonia and Wound Infections.

11

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Isolation Considerations

- Psychosocial risks- balanced with infection control
- Transporting and coding
- Frequent assessment

12

12

B0700: Makes Self Understood

B0700. Makes Self Understood

Enter Code

Ability to express ideas and wants, consider both verbal and non-verbal expression

0. **Understood**
1. **Usually understood** - difficulty communicating some words or finishing thoughts **but** is able if prompted or given time
2. **Sometimes understood** - ability is limited to making concrete requests
3. **Rarely/never understood**

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13

Who can complete the BIMS, PHQ9 and PHQ9-OV MDS Items?

- RNs- YES
- Social Workers- YES
- LPNs- YES
- CNAs- NO

14

14

RUG Item: Section D - Mood

D0100. Should Resident Mood Interview be Conducted? - Attempt to conduct interview with all residents

Enter Code

0. **No** (resident is rarely/never understood) ➞ Skip to and complete D0500-D0600, Staff Assessment of Resident Mood (PHQ-9-OV)
1. **Yes** ➞ Continue to D0150, Resident Mood Interview (PHQ-2 to 9@)

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D0100 Assessment

- Assess residents' ability to understand
- What methods were used
- Interpretations services
- Document what occurred

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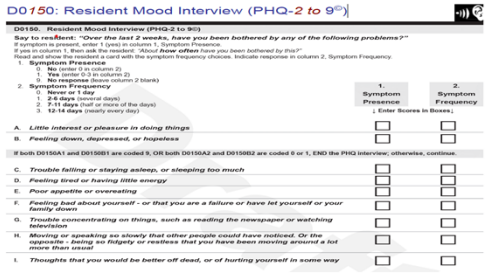
D0150: Resident Mood Interview (PHQ-2 to 9©)



D0150. Resident Mood Interview (PHQ-2 to 9©)

Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the resident: "About **how often** have you been bothered by this?"
Read and show the response card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. **Symptom Presence**
   0. **No** (enter 0 in column 2)
   1. **Yes** (enter 0-3 in column 2)
   9. **No response** (leave column 2 blank)
2. **Symptom Frequency**
   0. **Never or 1 day**
   1. **2-6 days** (less than half of the days)
   2. **7-11 days** (half or more of the days)
   3. **12-14 days** (nearly every day)

		1. Symptom Presence	2. Symptom Frequency
		↓ Enter Scores in Boxes ↓	
A.	*Little interest or pleasure in doing things*	☐	☐
B.	*Feeling down, depressed, or hopeless*	☐	☐
	If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise, continue.		
C.	*Trouble falling or staying asleep, or sleeping too much*	☐	☐
D.	*Feeling tired or having little energy*	☐	☐
E.	*Poor appetite or overeating*	☐	☐
F.	*Feeling bad about yourself - or that you are a failure or have let yourself or your family down*	☐	☐
G.	*Trouble concentrating on things, such as reading the newspaper or watching television*	☐	☐
H.	*Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual*	☐	☐
I.	*Thoughts that you would be better off dead, or of hurting yourself in some way*	☐	☐

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D0160 Total Severity Score

D0160. Total Severity Score

Enter Score ☐☐ **Add scores for all frequency responses in Column 2,** Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items).

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D0500-Staff Assessment of Resident Mood (PHQ-9-OV)

NV Documentation Guideline Requirement:

- AEB statement
- Must include frequency

EXAMPLE OF STAFF RESPONSES:

1. Harry is feeling down AEB spending most of his time in his room daily over the past two weeks.
2. Lily is always tired for the past 8 out of 14 days because she wanders during HS.

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Section D | Mood

D0500. Staff Assessment of Resident Mood (PHQ-9-OV*)
Do not conduct if Resident Mood Interview (D0200-D0300) was completed
Over the last 2 weeks, did the resident have any of the following problems or behaviors?
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
Then move to column 2, Symptom Frequency, and indicate symptom frequency.

1. **Symptom Presence**
   0. **No** (enter 0 in column 2)
   1. **Yes** (enter 0-3 in column 2)
2. **Symptom Frequency**
   0. **Never or 1 day**
   1. **2-6 days** (several days)
   2. **7-11 days** (half or more of the days)
   3. **12-14 days** (nearly every day)

	1. Symptom Presence	2. Symptom Frequency
	↓ Enter Scores in Boxes ↓	
A. Little interest or pleasure in doing things		
B. Feeling or appearing down, depressed, or hopeless		
C. Trouble falling or staying asleep, or sleeping too much		
D. Feeling tired or having little energy		
E. Poor appetite or overeating		
F. Indicating that s/he feels bad about self, is a failure, or has let self or family down		
G. Trouble concentrating on things, such as reading the newspaper or watching television		
H. Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that s/he has been moving around a lot more than usual		
I. States that life isn't worth living, wishes for death, or attempts to harm self		
J. Being short-tempered, easily annoyed		

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D0150 & D0500 considerations

Depression can be associated with:

- psychological and physical distress
- Decreased participation
- Decreased functional status
- Poorer outcomes

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D0150 & D0500 considerations cont....

- Goal Setting: improve resident quality of life & ensure resident safety
- Assessment/identify causes and contributing factors for symptoms.
- Plan/develop interventions: (treatment, personal support, or environmental modifications) that could address symptoms

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RUG Item: D0600

D0600. Total Severity Score

Enter Score

Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 30.

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D0700 Social Isolation

D0700: Social Isolation

D0700. Social Isolation

Enter Code

How often do you feel lonely or isolated from those around you?

0. **Never**
1. **Rarely**
2. **Sometimes**
3. **Often**
4. **Always**
7. **Resident declines to respond**
8. **Resident unable to respond**

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Section GG: Nursing Function Score Items

- GG0130A1- Eating.
- GG0130C1- Toileting Hygiene.
- GG0170B1- Sit to lying.
- GG0170C1- Lying to sitting on side of bed
- GG0170D1- Sit to stand
- GG0170E1- Chair/bed-to chair transfer
- GG017F1- Toilet transfer

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GG considerations

- Usual performance
- Observing the resident's interactions in different settings
- Variations in performance
- Best or Worst performance

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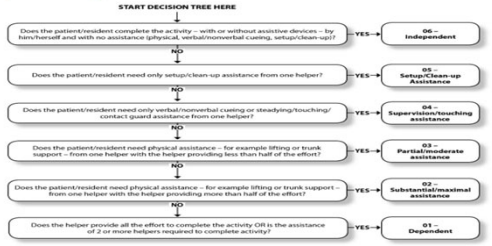
Decision Tree

Use this decision tree to code the resident's performance on the assessment instrument. If helper assistance is required because the resident's performance is unsafe or of poor quality, score according to the amount of assistance provided. Only use the "activity not attempted codes" if the activity did not occur; that is, the resident did not perform the activity and a helper did not perform that activity for the resident.



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Section GG: Steps for Assessment

Steps for Assessment

1. Assess performance based on:

a) Direct observation

b) Resident's self-report

c) Reports from qualified clinicians, care staff, or family

documented in the resident's medical record during the three-day assessment period

2. Residents should be allowed to perform activities as independently as possible.

3. When helper assistance is required, consider only facility staff when scoring.

4. Activities may be completed with or without assistive device(s).

5. Admission functional assessment should be completed prior to the person benefitting from treatment interventions (when possible).

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GG0130A1- Eating

- The MDS manual defines eating as follows:
- GG0130A, Eating involves bringing food and liquids to the mouth and swallowing food.
- *The administration of tube feedings and parenteral nutrition is not considered when coding this activity.*

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GG0130C1- Toileting Hygiene

- **Coding Tips for GG0130C, Toileting hygiene**
- Toileting hygiene includes managing undergarments, clothing, and incontinence products and performing perineal cleansing before and after voiding or having a bowel movement.
- If the resident has an indwelling urinary catheter and has bowel movements, code the Toilet hygiene item based on the amount of assistance needed by the resident before and after moving *their* bowels.

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GG0170B1- Sit to lying

1. Residents should be allowed to perform activities as independently as possible
2. "Helper" is defined as facility staff who are direct employees and facility contracted employees (e.g., rehabilitation staff, nursing agency staff)
3. Activities may be completed with or without assistive device(s)
4. Should be done prior to benefitting from treatments

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GG0170B1- Sit to lying

- Code based on the resident's performance only not residents potential.
- When coding the resident's usual performance, "effort" refers to the type and amount of assistance a helper provides in order for the activity to be completed.
- The six-point rating scale definitions include the following types of assistance: setup/cleanup, touching assistance, verbal cueing, and lifting assistance

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GG0170C1- Lying To Sitting on Side of Bed

- The activity includes resident transitions from lying on his or her back to sitting on the side of the bed with his or her feet flat on the floor and sitting upright on the bed without back support.
- If bed mobility cannot be assessed because of the degree to which the head of the bed must be elevated because of a medical condition, then code the activities as 88, Not attempted due to medical condition or safety concern.

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GG0170D1- Sit to Stand

Coding Tip for GG0170D,

If a sit-to-stand (stand assist) lift is used and two helpers are needed to assist with the sit-to stand lift, then code as 01, Dependent.

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GG0170E1- Chair/Bed-To Chair Transfer

- GG0170E, Chair/bed-to-chair transfer, begins with the resident sitting in a chair or wheelchair or sitting upright at the edge of the bed and returning to sitting in a chair or wheelchair or sitting upright at the edge of the bed.
- If a mechanical lift is used to assist in transferring a resident for a chair/bed-to-chair transfer and two helpers are needed to assist with the mechanical lift transfer, then code as 01, Dependent, even if the resident assists with any part of the chair/bed-to-chair transfer.

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GG017F1- Toilet transfer

- Follow decision tree as in previous examples
- Remember to code usual performance

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Tips For Success

- Understand importance of functional improvement and how to best facilitate resident progress
- Review and adapt current GG coding practices to ensure a collaborative approach to coding determination
- Review 6-point rating scale and activity not attempted codes
- Establish documentation protocols to support GG coding decisions
- Practice coding a variety of scenarios
- Review (audit) GG items for accuracy on an ongoing basis

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Nevada Supportive Documentation Guidelines

- The Nevada Supportive Documentation Guidelines form (referred to as NMO-6180) is being incorporated into the Medicaid Services Manual. This form includes federal MDS descriptions and categories. It also presents Nevada-specific requirements in addition to federal requirements. These more stringent standards and documentation requirements are described in the column named "Nevada Specific Requirements."
- Nevada Supportive Documentation Guidelines will be updated to reflect PDPM Changes
- Document can be found at LTSSNursing (nv.gov)
- When new version is completed, it will also be sent to providers through PDPM-MDS email.

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Nevada Supportive Documentation Guidelines

Review Procedures

Supporting Documentation Related to the MDS/Case Mix Documentation Review:

a) Any corrections made including but not limited to, the Activities of Daily Living (ADL) grid must have an associated note of

explanation per correction within the observation period.

b) A quarterly, annual, or summary note will not substitute for Documentation which is date specific to the observation period.

c) Improper or illegible corrections will not be accepted for the MDS case mix documentation review.

d) All documentation, including corrections, must be part of the original legal medical record.

e) Any and all MDS coding and interpretation questions shall be referred to the local State RAI Coordinator.

f) Late entry documentation more than 72 hours from the ARD will not be accepted

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Nevada Supportive Documentation Guidelines

Signature Date at Z0400:

a) Interview items (BIMS and PHQ-9) must be conducted during the observation periods stated in the RAI Manual and the signature date entered at Z0400 must be prior to or on the ARD.

b) The signature date for these interview items entered at Z0400 must match the date the interview was actually conducted in the medical records. If these dates do not match, facility will not receive credits for these interview items due to conflicting documentation.

c) In the rare situation that interview items were collected (completed) by two people or by the same person but on different dates,

(e.g. half of the interview questions were conducted on the next day), each person must enter the signature date at Z0400 and indicate specific interview questions conducted (e.g. D0200 2.A through D; D0200 2.E through I and D0300) in "Sections."

d) The definition of "date collected" and "date completed": date information was collected and coding decision were made. They are one, the same date. This is not the same as the data entry date.

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Additional Resource Contacts

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Questions?

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References

1. Center for Medicare and Medicaid Services. (2023). MDS 3.0 RAI Manual. Retrieved from: https://www.cms.gov/Medicare/Quality-InitiativesPatient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html
2. Centers for Medicare and Medicaid Services. (2023). . SNF PPS Payment Model Research. Retrieved from: https://www.cms.gov/Medicare/Medicare-Fee-for-ServicePayment/SNFPPS/therapyresearch.html
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