

MDS 3.0 Updates and LTC Changes, Part 4

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NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

ALL IN GOOD HEALTH.

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AGENDA

10:00 – 11:30 Carol Eastburg, BHCQC

11:30 – 12:00 Post-test/Answers/Eval

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OBJECTIVES

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

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DISCLAIMER



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 knowingly used in the preparation of this presentation.

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LAST SESSION




- Which staff can enter data into the RAI
- Training requirements/competency for all involved
- LPN's role in the RAI completion (including NV Nurse Practice Decision)
- RN Coordinator must assign the specific sections to the LPN and document the same each time

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LAST SESSION, Cont.



- Sections J, K, M, N
- Criteria and documentation required to code active UTI
- Criteria and documentation required to code active schizophrenia (SOM; F605) 
- LPNs may complete certain sections of RAI, if trained, competent, and assigned by RN Coordinator

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FOLLOW-UP QUESTION #1



Can therapists complete the BIMS and the PHQ-2 and PHQ-9 Interviews?

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FOLLOW-UP RESPONSE #1



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.

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FOLLOW-UP QUESTION #2



Can we code morbid obesity without a provider's diagnosis? I was told that we can code the diagnosis if we have comorbidities such as DM, heart disease, OSA, etc. and the resident has a BMI of 35 or greater.

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FOLLOW-UP RESPONSE #2



To be coded as active, all diagnoses, **MUST** have documentation indicating the same and be signed by a physician or allowed provider.

Just a few examples: medication order for the condition, lab results, documented need to continue monitoring for complications, (all must be within lookback period)

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FOLLOW-UP RESPONSE #2, Cont.



• **There may be specific documentation in the medical record by a physician, nurse practitioner, physician assistant, or clinical nurse specialist of active diagnosis. The physician may specifically indicate that a condition is active. Specific documentation may be found in progress notes, most recent history and physical, transfer notes, hospital discharge summary, etc.**

-- For example, the physician documents that the resident has inadequately controlled hypertension and will modify medications. This would be sufficient documentation of active disease and would require no additional confirmation.

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FOLLOW-UP RESPONSE #2, Cont.



• **In the absence of specific documentation that a disease is active, the following indicators may be used to confirm active disease:**

-- Recent onset or acute exacerbation of the disease or condition indicated by a positive study, test or procedure; hospitalization for acute symptoms and/or recent change in therapy in the last 7 days. Examples of a recent onset or acute exacerbation include the following: new diagnosis of pneumonia indicated by chest X-ray; hospitalization for fractured hip; a blood transfusion for a hematocrit of 24. Sources may include radiological reports, hospital discharge summaries, doctor's orders, etc.

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SECTION 0
Special Treatments, Procedures, and Programs

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Section 0 - Special Treatments, Procedures, and Programs

O0100. Special Treatments, Procedures, and Programs
Check all of the following treatments, procedures, and programs that were performed during the last 14 days

1. **While NOT a Resident**
Performed while NOT a resident of this facility and within the last 14 days. Only check column 1 if resident entered admission or reentry IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank

2. **While a Resident**
Performed while a resident of this facility and within the last 14 days

	1. While NOT a Resident	2. While a Resident
	<input type="checkbox"/>	<input type="checkbox"/>
	↓ Check all that apply ↓	

Section 0 - Special Treatments, Procedures, and Programs

O0110. Special Treatments, Procedures, and Programs
Check all of the following treatments, procedures, and programs that were performed

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

	a. On Admission	b. While a Resident	c. At Discharge
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	↓ Check all that apply ↓		

NEW!

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SECTION 0
Special Treatments, Procedures, and Programs, Cont.

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

	a. On Admission	b. While a Resident	c. At Discharge
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	↓ Check all that apply ↓		
A1. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2. IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3. Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A10. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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SECTION 0 - CHEMO EXAMPLE

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A resident was diagnosed with estrogen receptor-positive breast cancer and was treated with chemotherapy and radiation. After completing the cancer treatment, tamoxifen (a selective estrogen receptor modulator) was prescribed to decrease the risk of recurrence and/or decrease the growth rate of cancer cells.

Since the hormonal agent is being administered to decrease the risk of cancer recurrence, it cannot be coded as chemotherapy.

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SECTION 0
Special Treatments, Procedures, and Programs, Cont.

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

	A On Admission	B While a Resident	C At Discharge
Respiratory Treatments			
C1. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. Continuous	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C3. Intermittent	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C4. High-concentration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D1. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2. Scheduled	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D3. As needed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E1. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F1. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G1. Non-invasive Mechanical Ventilator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G2. BiPAP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G3. CPAP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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SECTION 0 - OXYGEN EXAMPLE

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Due to an irreversible neurological injury resulting in the inability to breathe unassisted, a resident is connected to a ventilator (invasive mechanical ventilation) via tracheostomy 24 hours a day while a resident.

Because the resident is unable to breathe independently, the ventilator is programmed to control their breathing. Therefore, O0110F1b should be checked.

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SECTION 0
Special Treatments, Procedures, and Programs, Cont.

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	A On Admission	B While a Resident	C At Discharge
Other			
H1. IV Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2. Vasodilative medications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H4. Anticoagulant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H10. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J1. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J2. Hemodialysis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J3. Peritoneal dialysis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
K1. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O1. IV Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O3. Midline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled port)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
None of the Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z1. None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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SECTION O

Isolation

R E M I N D E R Code for "single room isolation" **only when all** the following are met:

- The resident has active infection with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.
- Precautions are over and above standard precautions. That is, transmission-based precautions (contact, droplet, and/or airborne) must be in effect.
- The resident is in a room alone because of active infection and cannot have a roommate (cannot be in a room with someone else with the same infection).
- The resident must remain in their room and all services must be brought to the resident's room (activities, meals, rehabilitation, etc.).

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SECTION P

P0100: Physical Restraints

Enter Codes in Boxes

Used in Bed

- A. Bed rail
- B. Trunk restraint
- C. Limb restraint
- D. Other

Coding:
0. Not used
1. Used less than daily
2. Used daily

Used in Chair or Out of Bed

- E. Trunk restraint
- F. Limb restraint
- G. Chair prevents rising
- H. Other

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SECTION P

Physical Restraints, Cont.

Definition:

Any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body (State Operations Manual, Appendix PP, Page 115).

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SECTION P

Physical Restraints, Cont.

- ❑ Not prohibited by CMS
- ❑ Alternatives should be considered first
- ❑ Requires signed physician order which includes medical symptom that establishes the need
- ❑ Use the least restrictive option available
- ❑ Must be utilized for resident's benefit, not for discipline or staff convenience
- ❑ Care planning must focus on preventing adverse effects that can result from restraint use

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SECTION P

Physical Restraints, Cont.

All physical restraints **require** the following:

- ✓ physician documentation of a medical symptom that supports the use of the restraint,
- ✓ a physician's order for the type of restraint and parameters of use, and
- ✓ a care plan and a process in place for systematic and gradual reduction (and/or elimination, if possible), as appropriate.

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SECTION P

Physical Restraints – Bed Rails

Full length



Partial



Portable



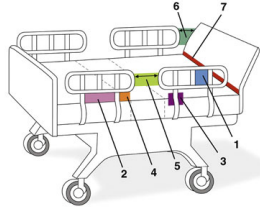
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SECTION P

Physical Restraints – Bed Rails

- ZONE 1** Within the rail
- ZONE 2** Under the rail, between the rail supports or next to a single rail support
- ZONE 3** Between the rail and the mattress
- ZONE 4** Under the rail, at the ends of the rails
- ZONE 5** Between split bed rails
- ZONE 6** Between the end of the rail and the side edge of the head or foot board
- ZONE 7** Between the head or foot board and the mattress end



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SECTION P

Physical Restraints:



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SECTION P

Physical Restraints, Cont.

- ❖ For residents unable to transfer independently, the geriatric chair does not meet the definition of a restraint.
- ❖ For residents with no voluntary or involuntary movement, the geriatric chair does not meet the definition of a restraint.

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SECTION P - EXAMPLE

Physical Restraint?

A cognitively impaired resident frequently stood up without assistance and wandered about the hallways, going in and out of other residents' rooms and upsetting the "trespassed" residents.

A staff member placed the resident in a geriatric chair, reclined it with the head at 30 degrees and feet elevated and parked it by the nurse's station. The resident was unable to get up unassisted.

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SECTION P

P0100: Physical Restraints

Enter Codes in Boxes

1

- Used in Bed
- A. Bed rail
 - B. Trunk restraint
 - C. Limb restraint
 - D. Other

Coding:
0. Not used
1. Used less than daily
2. Used daily

- Used in Chair or Out of Bed
- E. Trunk restraint
 - F. Limb restraint
 - G. Chair prevents rising
 - H. Other

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SECTION P

P0200: Alarms

Enter Codes in Boxes

1

- A. Bed alarm
- B. Chair alarm
- C. Floor mat alarm
- D. Motion sensor alarm
- E. Wander/elopement alarm
- F. Other alarm

Coding:
0. Not used
1. Used less than daily
2. Used daily

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SECTION P

P0200: Alarms

Audible –

- Loud, obnoxious; heard by everyone
- Not removeable by resident
- May cause fear, anxiety, agitation, decreased mobility for resident
- May startle resident and cause a fall
- May result in alarm fatigue for staff

Inaudible –

- At nursing station
- Tone or light is activated at a desk
- May be missed (or ignored)

Have not been proven to prevent falls

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SECTION Q

Participation in Assessment and Goal Setting

Replaces Q0100

Q0110. Participation in Assessment and Goal Setting

Identify all active participants in the assessment process

Check all that apply

- A. Resident
- B. Family
- C. Significant other
- D. Legal guardian
- E. Other legally authorized representative
- Z. None of the above



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SECTION Q

Participation in Assessment and Goal Setting, Cont.

Replaces Q0300

Q0310. Resident's Overall Goal

Complete only if A0310E = 1

A. Resident's overall goal for discharge established during the assessment process

Enter Code

- 1. Discharge to the community
- 2. Remain in this facility
- 3. Discharge to another facility/institution
- 9. Unknown or uncertain

B. Indicate information source for Q0310A

Enter Code

- 1. Resident
- 2. Family
- 3. Significant other
- 4. Legal guardian
- 5. Other legally authorized representative
- 9. None of the above



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RECAP/SUMMARY

- ✓ Who can participate in completing the RAI
- ✓ The need for a physician's written diagnosis to code a diagnosis as active
- ✓ Changes and updated items in Section O, Special Treatments, Procedures, and Programs
- ✓ Important information related to Section P, Restraints and Alarms
- ✓ Changes and updated items in Section Q, Participation in Assessment and Goal Setting

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QUESTIONS?

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ACRONYMS




- 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



- 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



RAI Manual
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQuality/Inits/MDS30RAIManual>

DHHS Official YouTube Channel
<https://www.youtube.com/channel/UC5Bfpf86CylhRm6vP5rjfRA>

Physician Query
<https://www.aapacn.org/article/coding-diagnoses-in-mds-section-i-the-art-of-the-physician-query/>

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RESOURCES, 2



State Operations Manual (SOM) Appendix PP

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

Bed Rail Use and Bed Inspection

<https://leadingageil.org/resources/8-Bed%20Rail%20Use%20and%20Bed%20Inspection%20Training%20Final.pdf>

Link to DPBH YouTube Channel

<https://www.youtube.com/@nevadadepartmentofhealthan3934/videos>

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