MDS

A Team Sport

September 22, 2022

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Objectives

Understanding the playbook: RAI

Meet the Players: IDT & patient engagement

The Huddle: Team Communication

Avoiding penalties and fouls

Let's Review the Play!

How to score wins with MDS accuracy

Overtime! MDS 3.0 v1.18.11 proposal for FY2024

"I pressed this button over 3 seconds ago. What took you so long to get here?!"

The Playbook: Resident Assessment Instrument

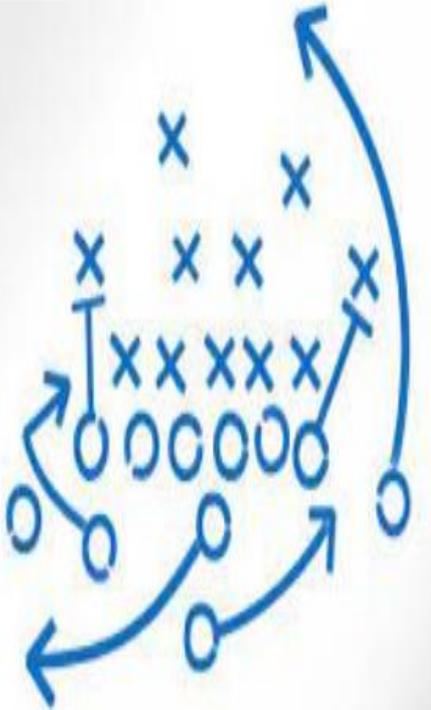**MDS 3.0 RAI v1.17.1 October 2019**

MDS use has expanded over time

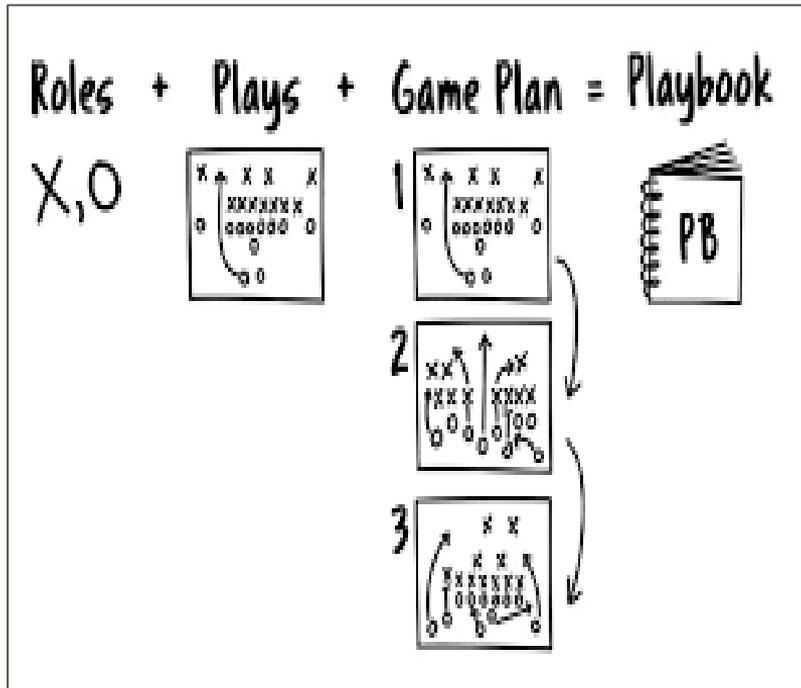Holistic care planning with emphasis on quality care & quality of life based on the resident's strengths & needs

Reimbursement

Monitoring quality of care

QM, QRP, QAPI, Survey, 5 star Care Compare

Assessment (MDS)	→	Decision-Making (CAA)	→	Care Plan Development	→	Care Plan Implementation	→	Evaluation

Regulatory Requirements
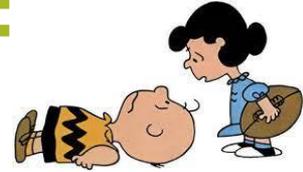

Roles + Plays + Game Plan = Playbook

1. Accurately reflects the resident's status

2. RN conducts & coordinates each assessment with appropriate participation of health professionals

3. Direct observation, as well as communication with the resident & direct care staff on all shifts

Let's Meet the Players

Keep your eye on the ball: RAI Foundation

Shared IDT Leadership

Medical Providers

Nursing

Pharmacy

Rehab Services (PT, OT, SLP)

Social Services

Dietary

Activities

★ Don't forget – Resident's voice!

Family & Community Relationships

Strengthen Communication

Enhance care experience

Workplace practices

Cultural & physical environment

Staff satisfaction

Clinical & care practice delivery

Federal, State & Local regulations

Patient/Resident

MDS 3.0 (Implemented October 2010)

Assessment to focus on "each resident's functional, medical, mental, and psychosocial status"

Designed to give residents a voice & to improve clinical relevance, accuracy, efficiency, and clarity

Resident interview:

Mental status including delirium
Mood
Pain
Quality of Life

About a Nurse

allnurses.com

"I have to use this call button?! I'm too old to learn new technology. Why can't I just scream when I need you?"

MDS Nurse

aka

RAI Coordinator

Clinical Reimbursement Coordinator

"It seems that your body is adjusting itself to the amount of multitasking you've been doing."

"A nurse who is accountable for coordinating and overseeing the full collaborative, interdisciplinary assessment and care planning process in skilled nursing facilities."

This process includes comprehensive resident assessments:
- ★ *care coordination and planning;*
- ★ *resident advocacy and teaching;*
- ★ *facilitation of open communication among team members, the resident, and family;*
- ★ *collection and transmission of data for purposes of quality, improvement; and*
- ★ *adherences to the Minimum Data Set (MDS) and Resident Assessment Instrument (RAI) requirements*

➢ **Detail oriented**
➢ **Professional**
➢ **Specialist of Teamwork**
➢ **Educator**

➢ **Rule follower**
➢ **Holds others accountable**
➢ **Engaged**
➢ **Resilient!**
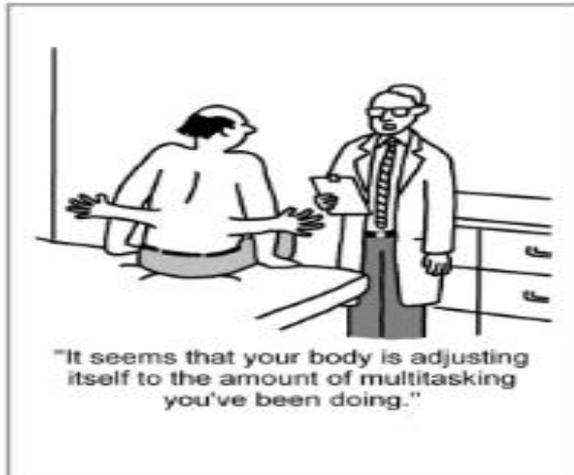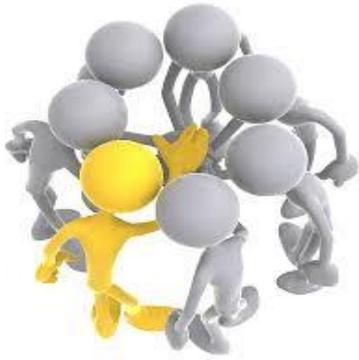
The Huddle:
Team Communication

Overcoming blocked plays

No delay of game: Advance Preparation

No one on the sidelines: Daily

Full roster train backups

- ★ NHA
- ★ Medical Records
- ★ Business Office
- ★ MDS Coordinator
- ★ Rehab
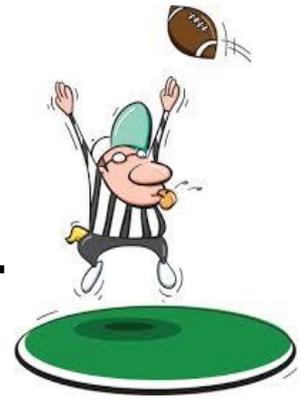- ★ Nursing
- ★ Social Services

Admission date

MDS type, ARD, projected RUG/HIPPS code

Clinical review for gaps

Coordinated plan of care: Nursing, Rehab, Psychosocial goals, barriers, & progress

Discharge planning

Every interaction impacts the quality of documentation of care for the resident

Nursing	Daily Skilled Care
CNA	ADLs
Activity & Meal duty staff	ADLs
Therapy	PT, OT, ST, RT skilled services
MDS Coordinators	Accuracy of assessment • Reproducible
Physician	Medical Coordination

- ➢ Outline fully
- ➢ Investigate root cause
- ➢ Implement interventions
- ➢ Monitor outcomes
- ➢ Observation
- ➢ Analysis

Avoid flags on the play!

Triple Aim
- Improve Health
- Lower Costs
- Better Care
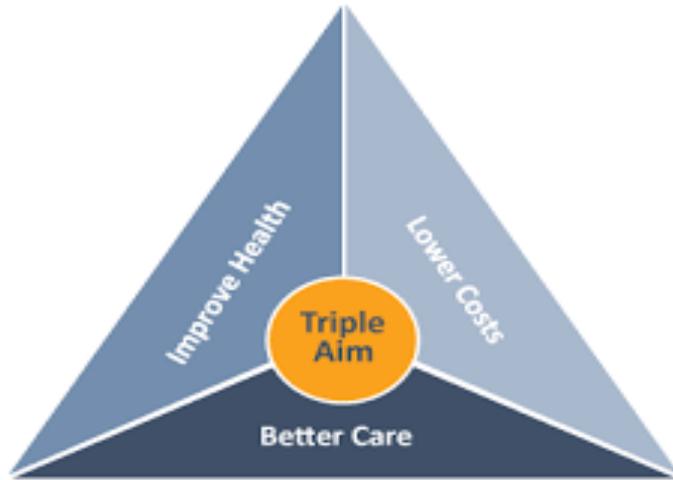
Timely & accurate MDS

➢ **Communication**

➢ **Facilitate Care**

➢ **Compliance**

Financial Penalties:

★ Provider Liable
★ Default Payment

Survey Regulations Related to MDS

F636 Comprehensive Assessments & Timing

Facility must conduct initially & periodically a comprehensive, accurate, standardized, reproducible assessment.

Examples of citation:
➔ No comprehensive assessment at least every 366 days

➔ Not having interviews completed

F637 Comprehensive Assessment after Significant Change

Facility must complete a significant change assessment within 14 days after the facility determines that a significant change occurred

Example of citation:
➔ No Significant Change MDS after start of hospice services

Survey Regulations Related to MDS

F638 Quarterly Assessment at least every 3 months

> Facility must complete a quarterly assessment at least every 92 days

F639 Maintain 15 months of resident assessments

> Facility must maintain all resident assessments completed within previous 15 months

F640 Encoding/Transmitting Resident Assessment

> Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data

Survey Regulations Related to MDS

F641 Accuracy of Assessment

Each resident receives an accurate assessment, reflective of their status at the time of the assessment

Examples of survey citations:

➔ MDS missing diagnosis of active labs requiring new medications

➔ Flu/Pnemovax information not charted

➔ Hospice & end of life certifications not supported

F642 Coordination/Certification of Assessment

A registered nurse must conduct or coordinate each assessment with appropriate participation of health professionals

A RN must sign and certify that the assessment is complete

Each individual that completes a portion of the assessment must sign and certify accuracy of that portion

Survey Regulations Related to MDS

F644 Coordination of PASRR & Assessments

A facility must coordinate assessments with the PASRR program under Medicaid

Incorporate recommendations from Level II into a residents assessment and care plan

Refer all Level II residents for review upon a significant change in status assessment

F656 Develop/Implement Comprehensive Care Plan

Facility must develop and implement a comprehensive, person-centered care plan

F657 Care Plan Timing & Revision

Care plans must be reviewed and revised by the IDT after each assessment, including both comprehensive and quarterly assessments

Let's Review the Play!

The best defense is a good offense?

"Every experience, good or bad, you have to learn from it."

—Patrick Mahomes

Fumble on the play!

"Ditch the Dash"!

Almost all MDS 3.0 items allow a dash (-) value to be entered and submitted to the MDS QIES ASAP system

A dash value indicates an item was not assessed. This most often occurs when a resident is discharged before the item could be assessed

A few of the identification items <u>do not</u> allow dash values

Legal name, Gender

Type of assessment & Assessment Reference Date

ICD diagnosis codes

A0310A: Reason for Assessment
Significant Change in Status Assessment (SCSA)

Required to complete MDS SCSA when resident elects or revokes hospice benefit

Time frame for completion

- 14 days

Players

Resident

Family, significant other, guardian, legal representative

Social Services

Business Office

Participating hospice partners

Providers

The Coin Toss: Identification Section A
Legal Name, Birth Date, Social Security, Medicare & Medicaid Numbers

Medicare, Medicaid card or government issued document
- ★ Medicare A PPS assessments - must include Medicare number
- ★ "+" Medicaid pending
- ★ "N" Medicaid recipient

Allows records to be matched in the system

Watch for triggered errors on transmission reports

Players

Resident

Family, significant other, guardian, legal representative

Admissions

Business Office: Common Working File

Social Services

Pregame:
Preadmission Screening & Resident Review (PASRR)

Regardless of payment source
Level 1 PASRR screen for possible mental illness (MI), intellectual disability (ID), developmental disability (DD), or related condition

Level II PASRR may require certain care & services (A1500)
- Coded based on PASRR Notice of Determination (NOD)
- Crucial for Care Plan
- Medicaid Reimbursement

Players

★ **Admissions**

★ **Social Services**

❖ **Medicaid Census Date: May 1st**
pulled from Comprehensive MDS
$1832.30 year/resident*

❖ Supplemental behavioral application
Another $1832.30 year/resident*

July 2022 Medicaid Rate Letter

Resident Voice: Makes Self Understood

Ability to Understand Others

Preferred language or method of communication (Interpreter?)

- Hearing aid or device

- Communication systems
  - Writing, pointing, braille, sign language or cue cards

Inconsistencies should be evaluated

Players

Resident

Family, significant other, guardian, legal representative

Social Services

CNA/Nursing interviews

Therapy

Resident Voice: BIMS Cognitive Interview

Highly correlated with Mini-Mental State Exam

Structured interview to provide insight into resident's condition to enhance care

If not conducted within the 7 day look-back period (preferably the day before or the day of the ARD)

    No information = a "-"

    Not able to utilize the staff interview for an omission of resident interview

    PPS assessment unexpected DC can use staff interview

Players

Resident

Family, significant other, guardian, legal representative

Social Services

Activities

CNA/Nursing

Therapy

Resident Voice: PHQ-9 Mood Interview

Presence of depression indicators

Symptom specific to create an individualized care plan

If not conducted within the 7 day look-back period (preferably the day before or the day of the ARD)

    No information = a "-"

    Not able to utilize the staff interview for an omission of resident interview

    PPS assessment unexpected DC can use staff interview

Players

Resident

Family, significant other, guardian, legal representative

Social Services

Activities

CNA/Nursing

Therapy

Functional Status: Section G

A wide range of physical, neurological, & psychological conditions & cognitive factors can adversely affect physical function

Identify strengths and weaknesses for individualized care plans

"Facility staff" - direct & facility contracted employees (not hospice staff, students)

Players

Anyone staff member that provides direct care!

$

➢ **Bed Mobility**

➢ **Eating**

➢ **Toileting**

➢ **Transfers**

All episodes over a 24 hour period for the 7 day

NURSING HOME IN A POST-TEXTING WORLD

6·19·12

Functional Abilities & Goals: Section GG

Prior function, admission performance, discharge goals, and discharge performance

PPS omission could risk 2% Medicare rate drop for non-compliance (80%)

"Helper" does not include hospice, students, or hired help outside of the facility's management & administration

Must understand the definitions

3 day lookback

Players

Resident

Family, significant other, guardian, legal representative

Nursing/CNA

Rehab professionals

Documentation in the medical record is used to support section GG

Assessment can be conducted by appropriate healthcare personnel

Active Diagnosis in the Last 7 days

MD documented diagnoses in last 60 days that have a direct relationship to current functional, cognitive, mood or behavior status, medical treatments, nursing monitoring, or risk of death during the last 7 days

★ **MDS coding accuracy matters**
  ○ Watch for coding in the wrong place
  ○ Affects reimbursement

Missed Diagnosis (Query)

ICD-10 Guidelines

Therapy treatment diagnosis

Players

Physician and extenders: Endocrinologists, Ophthalmologist, Specialists

Medical Records aka Health Information Manager

MDS/Clinical Nurse

Therapy

Active Diagnosis in the Last 7 days

PDPM Reimbursement & Accuracy
- ★ MDS coding accuracy matters
  - ○ Watch for coding in the wrong place
  - ○ Affects reimbursement

Respiratory Failure I6300 vs I8000

Wound Infection I8000 vs I2500
        Active MDRO - lab culture? I1700

Burns - Section M vs I8000

Dysphagia (R47.02 vs I69.xxx)

Players

Physician and extenders

Medical Records aka Health Information Manager

MDS/Clinical Nurse

Activities

Dietitian, Food & Nutrition Services

Therapy

Swallowing Disorder

Signs/symptoms occurred and documented in the 7 day lookback

K0100. Swallowing Disorder	
Signs and symptoms of possible swallowing disorder	
↓ Check all that apply	
☐	A. Loss of liquids/solids from mouth when eating or drinking
☐	B. Holding food in mouth/cheeks or residual food in mouth after meals
☐	C. Coughing or choking during meals or when swallowing medications
☐	D. Complaints of difficulty or pain with swallowing
☐	Z. None of the above

Players

Nursing, CNA

MD

Speech Language Pathologist

Occupational Therapist

Dietitian

Food & Nutrition Services

Nutritional Approaches

Quality of Life nutritional approaches that vary from the normal

Mechanically altered food

Alternative methods
IV/feeding tube

★ All <u>nutritional & hydration</u> received in the last 7 days either at SNF, hospital
  ○ Need supportive documentation

★ Food elimination diets related to food allergies (e.g. peanut allergy) can be coded as therapeutic diet

Players

Admissions, Medical Records

Nursing, CNA

MD, NP, PA

Speech Language Pathologist, Occupational Therapist

Dietitian, Food & Nutrition Services

Medicare & Medicaid CMI
PDPM- Hospital IV Fluids
  Increases Nursing CMG
  ~$100/day

$

Drug Regimen Review (DRR)

Medication reconciliation

Review <u>all medication</u> use by any route
- Prescribed, over the counter, nutritional supplements, vitamins, homeopathic and herbal products
- Includes TPN & oxygen

Review of drug regimen to identify, &, if possible, prevent <u>clinically significant</u> medication adverse consequences

★ MDS must be reproducible through supportive documentation

Players

Nursing

MD, NP, PA

Pharmacist

Risk 2% Medicare Rate Drop

Overtime! MDS 3.0 v1.18.11 planned for October 2023

Most significant MDS changes since MDS 3.0

- ➤ Elimination of Functional Status (Section G)
  - ○ - CNA documentation

- ➤ Seven full pages of additional & revised items
  - ○ 8 sections (A, B, C, D, J, K, N, O)

- ➤ PHQ-9 → PHQ-2 to 9 - potential 2 interview questions

- ➤ Medications (N0410) → High Risk Drug Classes (N0415)
  - ○ Hypoglycemics & antiplatelets

- ➤ No identified changes to the diagnosis section

- ➤ MD visits & MD orders removed

- ➤ More information about chemotherapy, IV meds, medication classifications & other higher clinical areas

Other effects:

- ➤ Care Area Assessments

- ➤ Quality Measures

- ➤ SNF QRP

- ➤ Five Star ratings

- ➤ Reimbursement systems: Medicaid (RUG III & RUG IV)

"Being there every week for my teammates is really important to me. It's about accountability."

–Peyton Manning

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ViVAGE