



Idaho Health Care Association MDS Intensive



Agenda

- ▶ Tuesday

- ▶ 8:30 – 11:45: October 1 Item Set Changes and the Optional State Assessment
- ▶ 1:30 – 3:00: MDS and Care Planning for the Interdisciplinary Team
- ▶ 3:15 – 4:45: SPADES Items Coding Instructions and Care Planning

- ▶ Wednesday

- ▶ 8:30 – 10:00: PDPM Components and Drivers
- ▶ 10:15 – 11:45: PDPM Assessment Scheduling Considerations
- ▶ 1:30 – 3:00: Section GG – Coding Functional Status
- ▶ 3:00 – 4:30: Section I: Coding Active Diagnoses

- ▶ Thursday

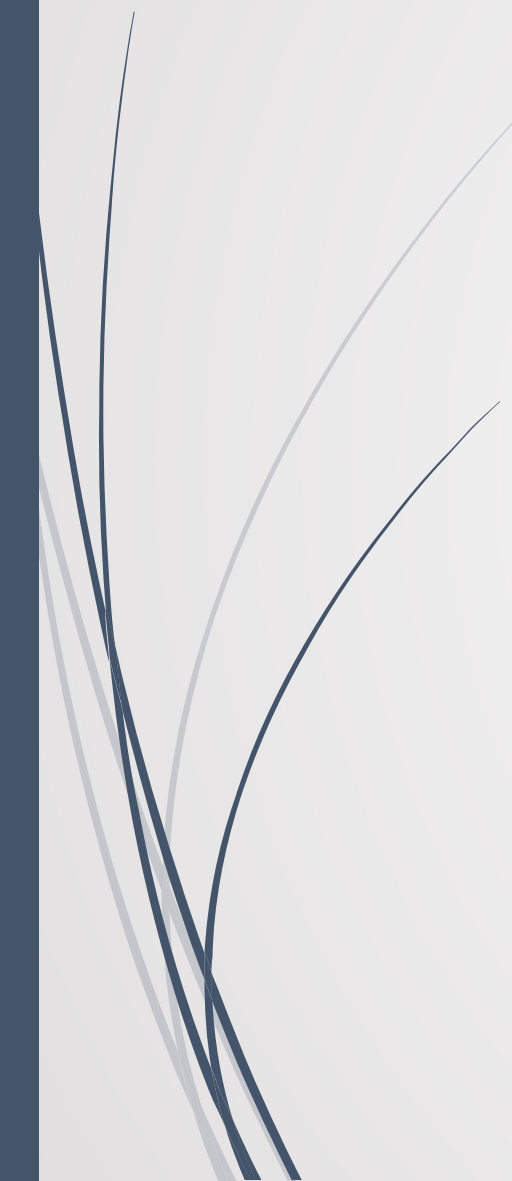
- ▶ 8:30 – 11:15: Section O: Coding Special Treatments, Procedures and Programs
- ▶ 1:00 – 3:00: OBRA Assessment Timing and Scheduling Strategies



Preparing for 2023 Item Set Changes and the OSA



AGENDA

- Overview of MDS Version 1.18.11 Item Set Changes
 - Optional State Assessment (OSA)
 - Planning for Change
- 



Why Change?

- ▶ WHY?

- ▶ SPADES: Standardized Patient Assessment Data Elements

- ▶ Retire Section G

- ▶ When?

- ▶ The new item set will be used with any assessment with an ARD on or after October 1, 2023



Section by Section Overview



Section A

- ▶ A1000: Race/ethnicity becomes two separate questions with more options
 - ▶ A1005 Ethnicity: Are you of Hispanic , Latino/a or Spanish origin?
 - ▶ See various answer options
 - ▶ A1010: Race: What is your race? Check all that apply.
 - ▶ See expanded answer options
- ▶ Considerations
 - ▶ Who, how, when will this data be collected?
 - ▶ Remember regulatory requirement to provide culturally competent and trauma informed care



Section A, Continued

- ▶ A1250 Transportation: Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?
 - ▶ Complete only on Medicare 5-day, planned SNF Part A PPS Discharge assessments
 - ▶ Consider application to discharge planning process
- ▶ A1800 Entered From/A2105 Discharged to – see expanded options
- ▶ A2121 Provision of Current Reconciled Medication List to Subsequent Provider/ A2122 Route of ... transmission; A2123 Provision of ... Med List to Resident at Discharge/A2124 Route of... Transmission
 - ▶ Add to discharge planning procedures for Part A PPS discharges



Section B

- ▶ B3100 Health Literacy: How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?
 - ▶ Only applicable to Medicare 5-day and Planned Part A PPS Discharge
 - ▶ Consider discharge planning implications



Section D

- ▶ D0150 Resident Mood Interview (PHQ-2 to 9)
 - ▶ First, ask about (A) Little interest or pleasure in doing things and (B) Feeling down, depressed or hopeless
 - ▶ Only if either one of those symptoms are reported as being present 7-11 days or 12-14 days, will you ask about the remaining symptoms
- ▶ D0700 Social Isolation: How often do you feel lonely or isolated from those around you?



Section G: Retired

- ▶ Implications?
 - ▶ Medicaid Case Mix
 - ▶ Quality Measures
 - ▶ Care Area Assessment triggers and worksheets
 - ▶ Care planning language



Section GG

- ▶ GG0115 Functional Limitation in Range of Motion; GG00120 Mobility Devices, GG0130I Personal Hygiene/Self Care; GG0170FF Tub/Shower Transfer/Mobility
 - ▶ These items simply moves from section G over to GG, with similar language and coding options
- ▶ Section GG has a modified layout to accommodate the various reasons it is being completed
 - ▶ Medicare 5-day or OBRA admission
 - ▶ OBRA assessments or IPA
 - ▶ PPS Part A or OBRA Discharge



Section J

- ▶ Changes in wording and answer options for pain interview
 - ▶ Pain frequency – revised answer options
 - ▶ Pain effect on sleep, pain interfering with day-to-day activities revised to capture frequency instead of yes/no
 - ▶ New question J0520 Pain Interference with Therapy Activities: Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?
- ▶ This is a good opportunity to evaluate your pain management care plans



Section K

- ▶ K0520 Nutritional Approaches; K0710 Percent Intake by Artificial Route – new assessment time frames
 - ▶ **On Admission**
 - ▶ Assessment period is days 1 – 3 of the SNF PPS Stay based on A2400B
 - ▶ **While Not a Resident**
 - ▶ Performed while not a resident of this facility and within the past 7 days
 - ▶ **While a Resident**
 - ▶ Performed while a resident of this facility and within the last 7 days
 - ▶ **At Discharge**
 - ▶ Assessment period is the last three days of the SNF PPS stay ending on A2400C



Section N

- ▶ N0415 High-Risk Drug Classes: Use and Indication
 - ▶ Expanded to two columns
 - ▶ Is Taking
 - ▶ Indication Noted
 - ▶ Two new drug classes added
 - ▶ Antiplatelet
 - ▶ Hypoglycemic (including insulin)



Section O

- ▶ O0110 Special Treatments, Procedures, and Programs
 - ▶ New assessment time frames
 - ▶ On admission: assessment period is days 1-3 of the SNF PPS Stay based on A2400B
 - ▶ While a Resident: Performed while a resident of this facility and within the last 14 days
 - ▶ At Discharge: assessment period is the last 3 days of the SNF PPS Stay, ending on A2400C
 - ▶ More detailed treatment options
 - ▶ See next slides



Section O: Cancer Treatments

- ▶ Cancer Treatments
 - ▶ A1. Chemotherapy
 - ▶ A2. IV
 - ▶ A3. Oral
 - ▶ A10. Other
 - ▶ B1. Radiation



Section O: Respiratory Treatments

- ▶ **C1. Oxygen therapy**

- ▶ C2. Continuous

- ▶ C3. Intermittent

- ▶ C4. High-concentration

- ▶ **D1. Suctioning**

- ▶ D2. Scheduled

- ▶ D3. As Needed

- ▶ **E1. Tracheostomy care**

- ▶ **F1. Invasive Mechanical Ventilator (ventilator or respirator)**

- ▶ **G1. Non-invasive mechanical Ventilator**

- ▶ G2. BiPap

- ▶ G3. CPAP



Section O: Other

- ▶ **H1. IV Medications**

- ▶ H2. Vasoactive medications

- ▶ H3. Antibiotics

- ▶ H4. Anticoagulant

- ▶ H10. Other

- ▶ **I1. Transfusions**

- ▶ **J1. Dialysis**

- ▶ J2. Hemodialysis

- ▶ J3. Peritoneal dialysis

- ▶ **K1. Hospice care**

- ▶ **M1. Isolation or quarantine for active infectious disease**

- ▶ **O1. IV Access**

- ▶ O2. Peripheral

- ▶ O3. Midline

- ▶ O4. Central (e.g. PICC, tunneled, port)



Section Q

- ▶ Existing section Q items are reworded and reformatted
- ▶ New item Q0620 Reason Referral to LCA Not Made: indicate the reason why referral to LCA wasn't made
 - ▶ 1. LCA unknown
 - ▶ 2. Referral previously made
 - ▶ 3. Referral not wanted
 - ▶ 4. Discharge date 3 or fewer months away
 - ▶ 5. discharge date more than 3 months away



Optional State Assessment (OSA)



OSA Manual

- ▶ Intent: The Optional State Assessment (OSA) item set may be required by a State Medicaid Agency to calculate the Resource Utilization Group (RUG)-III or RUG-IV case mix group Health Insurance Prospective Payment System (HIPPS) code for state payment purposes.
- ▶ Several items—A0300, D0200, D0300, G0110, K0510, O0100, O0450, O0600, O0700, and X0570—that have been removed from all Federally required item sets remain on the OSA for the purpose of calculating RUG-III/RUG-IV HIPPS codes.
- ▶ Instructions for completing these items are included in this manual. Instructions for completing other items on the OSA can be found in the respective sections of Chapter 3 of the Minimum Data Set (MDS) Resident Assessment Instrument (RAI) 3.0 User's Manual.



OSA Manual, Continued

- The guidance in the OSA Manual should only be applied when completing an OSA for payment purposes. Providers should use the guidance in the MDS RAI 3.0 User's Manual to guide their completion of Federally required assessments
- The OSA is not a Federally required assessment; rather, it is required at the discretion of the State Agency for payment purposes. Each state will determine whether the OSA is required and when the assessment must be completed. For questions regarding completion of the OSA, please contact your State Agency.




A0300: Optional State Assessment

- A. Is this assessment for state purposes only?
 - 0. Yes
 - 1. No
- B. Assessment Type
 - 5. Other Payment Assessment
- You will complete a companion OSA with each OBRA assessment that you complete (Admission, Quarterly, Significant Change, Annual)
- This must be a standalone assessment (i.e., cannot be combined with any other type of assessment)

D0200: Resident Mood Interview (PHQ-9©)

- ▶ The new federal item set is transitioning to the PHQ 2 to 9©
 - ▶ Residents will be asked the first two questions:
 - ▶ Little interest or pleasure in doing things
 - ▶ Down, depressed or hopeless
 - ▶ If these two questions are coded as a 9 (no response), 0 (never or one day) or 1 (2-6 days or several days), the interview will stop for the federal assessment and calculate a severity score based on the response to these two questions
 - ▶ If either question is answered as 2 (7-11 days or half or more of the days) or 3 (12-14 days or nearly every day) then the interviewer will ask and code the response to the remaining seven interview questions and calculate the severity score based on all nine questions
- ▶ For the OSA, all nine questions will be asked of the resident and coded on the OSA; a severity score will be calculated based on the responses to all nine questions
- ▶ The interviewer will ask all nine questions once, and code both assessments according to each assessment's instructions



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

- ▶ If the resident is not able to complete the PHQ 2 to 9©, the staff assessment of the resident mood will be completed as we do today, asking the staff all nine of the interview questions.
- ▶ This will be coded into the federal assessment being completed



G0110: Activities of Daily Living (ADL) Assistance

- ▶ A. Bed Mobility – how the resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture
- ▶ B. Transfer – how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet)
- ▶ H. Eating – how resident eats and drinks regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)
- ▶ I. Toilet Use – how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag.



Column 1: Self Performance

- ▶ 0. Independent – no help or staff oversight at any time
- ▶ 1. Supervision – oversight, encouragement or cuing
- ▶ 2. Limited Assistance – resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
- ▶ 3. Extensive Assistance – resident involved in activity, staff provide weight-bearing support
- ▶ 4. Total Dependence – full staff performance every time during the entire 7-day period
- ▶ 7. Activity occurred only once or twice – activity did occur, but only once or twice
- ▶ 8. Activity did not occur – activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period



Column 1: Self Performance

- ▶ Except for Independent or dependent, must follow the rule of three
 - ▶ Code the highest level of assistance that happened three or more times during the seven day observation period
 - ▶ The OSA manual includes the Rule of Three Algorithm
 - ▶ Pay attention to each specifically identified task within each activity
 - ▶ Ask probing questions to determine if staff are bearing any of the resident's weight



Column 2: Support Provided

- 0. No setup or physical help from staff
- 1. Setup help only
- 2. One person physical assist
- 3. Two+ persons physical assist
- 8. Activity did not occur – activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
- Remember this column is coded for the most support provided over all shifts; code regardless of resident's self-performance classification

K0510: Nutritional Approaches

- ▶ A. Parenteral/IV feeding
- ▶ B. Feeding Tube – nasogastric or abdominal (PEG)
- ▶ Z. None of the above
- ▶ These questions have a seven day observation period, are reported in two different columns
 - ▶ 1. While not a resident
 - ▶ 2. While a resident
- ▶ This question has to be on the OSA because the similar items on the federal item set (moved to item K0520) have new look back periods; I believe this will pull in after the OBRA assessment is coded



O0100: Special Treatments, Procedures, and Programs

- ▶ A. Chemotherapy
- ▶ B. radiation
- ▶ C. Oxygen therapy
- ▶ D. Suctioning
- ▶ E. Tracheostomy care
- ▶ F. Invasive Mechanical Ventilator
- ▶ H. IV medications
- ▶ J. Dialysis
- ▶ M. Isolation or quarantine for active infectious disease
- ▶ Z. None of the above



O0100: Special Treatments, Procedures, and Programs

- ▶ This item is a fourteen day observation period, reported in two columns:
 - ▶ 1. While NOT a resident
 - ▶ 2. While a resident
- ▶ This item is required on the OSA because the federal item set will not longer have a replace to report “while NOT a resident” and has some new coding detail not used in RUG scores



O0600: Physician Examinations

O0700: Physician Orders

- ▶ O0600: Physician Examinations: Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) examine the resident?
- ▶ O0700: Physician Orders: Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) change the resident's orders?
- ▶ These items include medical doctors, doctors of osteopathy, podiatrists, dentists, and authorized physician assistants, nurse practitioners, or clinical nurse specialists working in collaboration with the physician as allowable by state law

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Now What?



Develop an Action Plan

- ▶ Review new item set and determine potential “gaps”
 - ▶ New process needs
 - ▶ Additional information needed on admission – race, ethnicity, SPADES items
 - ▶ How will CAA process change with removal of Section G
 - ▶ Care plan changes – section GG compatible language, culturally competent care, pain,
 - ▶ Discharge planning to include social determinants of health, health literacy,
 - ▶ Review each item set individually – for example a lot of new information is required on NPE (PPS Discharge), including interviews
 - ▶ New documentation needs
 - ▶ Indication of use for Section N drugs, details in Section O treatments, Section GG for direct care staff



Action Plan, Continued

- ▶ Review new item set and determine potential “gaps”
 - ▶ Training Needs
 - ▶ MDS staff training on new items once draft RAI manual is released
 - ▶ Documentation training for nurses
 - ▶ Section GG training
 - ▶ Consider “train the trainer” training
 - ▶ Direct care staff training should probable occur much closer to October 1, as section G accuracy will continue to be important through September 30
 - ▶ Interview training
 - ▶ New interview process PHQ-2 to 9
 - ▶ Refresher on good interview techniques
 - ▶ Case mix training for the IDT as details become available



CMS Timeline

- ➔ RAI Manual draft April 2023
- ➔ Online training posted May 2023
- ➔ Live workshops held in June 2023
- ➔ Final RAI manual to be posted in August 2023
- ➔ Quality Measure updates expected after October transition



How Does the Transition to the New MDS (Item Set) Work?

- ▶ Assessments with an ARD on or before September 30 will use our current item set
- ▶ Assessments with an ARD on or after October 1 will use the new item set
- ▶ OSA's will be required in Idaho with each OBRA assessment with ARD on or after October 1



About the Speaker

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