

October 26, 2021


# **OSDH QIES HELP DESK PRESENTS:**

## **MDS Basics Webinar: An Introduction for New MDS Coordinators**



# QIES Help Desk

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- Q&A Session to follow today's training.
- Submit questions via Q&A icon  in Teams.
- For Assistance Contact:  
405-426-8160 or email at:  
[MDShelp@health.ok.gov](mailto:MDShelp@health.ok.gov)
- Visit Website for materials:  
<https://MDStraining.health.ok.gov>

# Speakers

**Diane Henry, RN, LHHA**  
State RAI Coordinator  
QIES Program Manager

**Wanda Roberts, BSN, RN**  
State Automation Coordinator

**Holly Murphy, RN**  
RN Consultant

# MDS 3.0 Key Strategies and Guidelines

Diane Henry  
State RAI Coordinator

# Objectives

- Review key aspects of the RAI Manual.
- Understand the importance of MDS accuracy and how it relates to the survey and RAI process.
- Identify scheduling, completion, and transmission deadlines for assessments.



# Helpful Handouts

- MDS 3.0 Scheduling Requirements
- Common acronyms
- MDS Resource List



# Resident Assessment Instrument

- Resident Assessment Instrument (RAI)
- Three Components
  - Minimum Data Set (MDS)
  - Care Area Assessments (CAAs)
  - Utilization Guidelines
- Ultimate Goal and Overall Requirement
  - Assist the resident to achieve and/or maintain their highest practicable level of well-being.



# Resident Assessment Instrument

- Standardized tool = Everyone follows the same instruction for completion
- Follow MDS instructions for completion exactly as written
- Contact us when unsure of how to complete a specific item

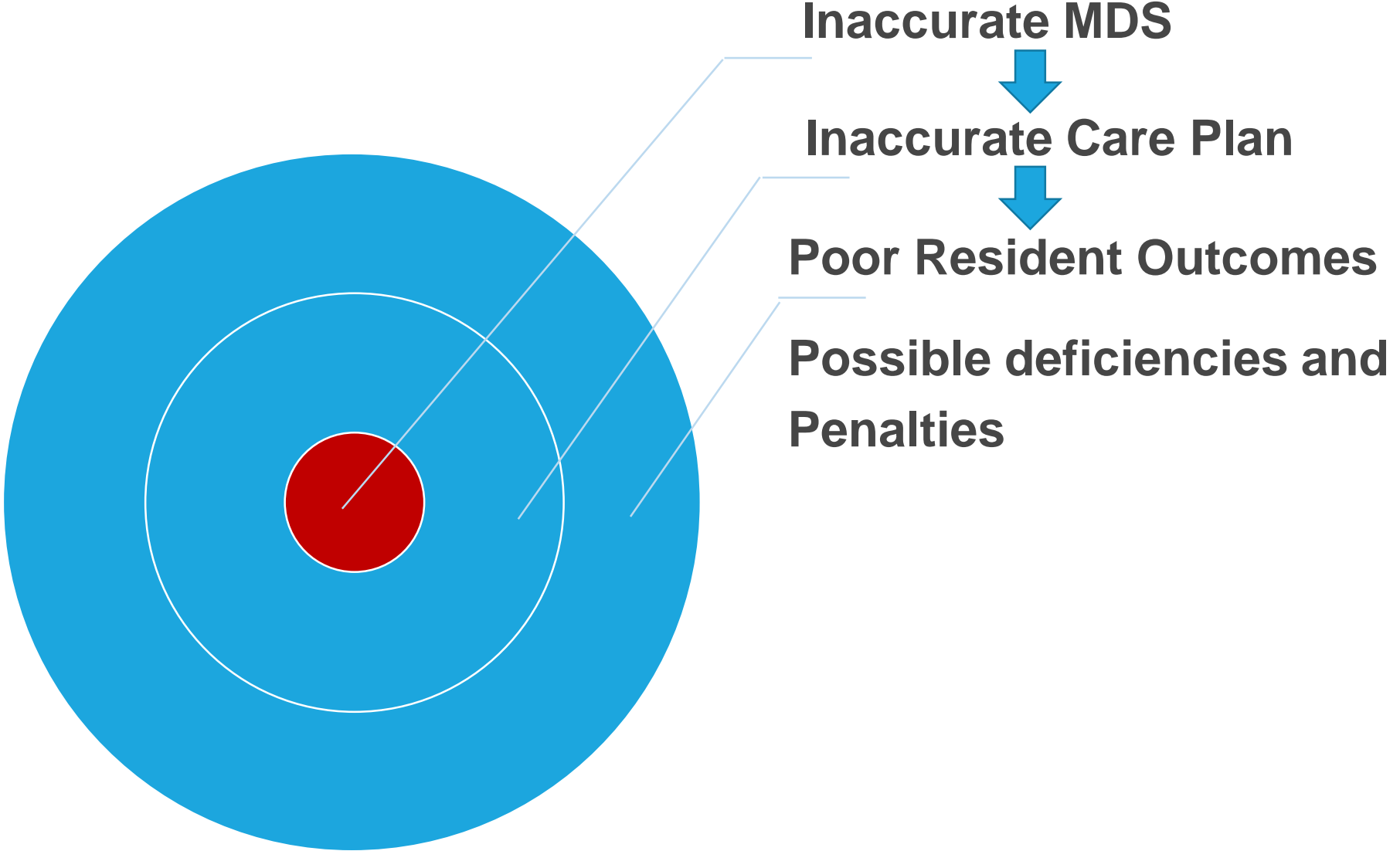




# CATs and CAAs

- Care Area Triggers = CATs
- Care Area Assessment = CAAs
  - 20 CAAs
  - Assists in the Care Planning process
  - Appendix C in RAI Manual for list of CAAs and interventions





# Omnibus Budget Reconciliation Act

Three Key OBRA regulatory requirements:

- MDS assessment must accurately reflect the resident's status.
- A Registered Nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.
- The assessment process includes direct observation, as well as communication with the resident and direct care staff on all shifts.



# OBRA Assessments Regulatory Requirements

Nursing homes must identify:

- Which staff should participate in the assessment process
  - Must have requisite knowledge of the information being completed
- How the assessment process is completed
- How the assessment information is documented while remaining in compliance with the federal regulations and instructions contained in the RAI Manual



# Documentation Requirements

CMS does not specify or impose specific documentation procedures

Expectation of CMS, and therefore Survey:

- Documentation should follow good clinical practice guidelines and include:
- Resident's problem areas/concerns/needs
- ADL functional status
- Treatment interventions and how the resident responded to the interventions

**KEY: Documentation should support the way the MDS was coded and what was care planned!**



# MDS 3.0 and Additional Tools

- MDS 3.0 = **MINIMUM** requirement
- May need additional assessments tools
  - Pain Comprehensive Assessment to address:
    - When the pain occurs?
    - Where is the pain located?
    - What makes the pain worse/better?



# MDS 3.0 Data

MDS Data used for (not all inclusive list):

- Assessment and care planning
- Guiding survey activities
- Generating Quality Measure data that is publically reported on Care Compare (formerly Nursing Home Compare and
- Generates the nursing home's 5-Star Rating
- PPS and Case-Mix reimbursement (Oklahoma is not a case-mix state)
- Payment incentives under the SNF-Quality Reporting Program and Value-Based Purchasing
- Payroll Based Journal (PBJ Staffing information)



# **OBRA MDS Assessments**

**Holly Murphy  
RN Consultant**



# OBRA Assessments

- Must complete OBRA assessments on ALL residents in a Medicare/Medicaid certified nursing home regardless of:
  - Age
  - Diagnosis
  - Payer Source



# OBRA Assessments

- Must be conducted (and COMPLETED) within 14 days of admission
- If the resident is not in your nursing home on day 14, the Admission assessment is not required
- Must complete a Baseline Care Plan within 48 hours of admission
- Provide a written Baseline Care Plan Summary by completion of the Comprehensive Care Plan



# Prospective Payment System

Wanda Roberts  
Automation Coordinator

# Prospective Payment System

- PPS assessments completed for residents admitted to Skilled Nursing/SNF unit under Medicare Part A:
  - 5-Day
  - **Optional** IPA (Interim Payment Assessment) Used for payment
  - PPS Discharge assessment



# PPS Discharge Assessment

- Resident Discharged from SNF to hospital
  - Complete Discharge RA (A0310F), Unplanned (A0310G), SNF Part A PPS Discharge (A0310H)
  - On readmission from hospital, start over with the Entry Tracking Record and 5-Day assessment



# PPS Assessments

- Interrupted Stay
  - Interruption Window – 3 Calendar days.
  - Does not require a PPS Discharge or 5-Day on return
  - Must still complete OBRA Discharge



# Mrs. A Example

- Admitted to the SNF on 10/7
- Went to the hospital on 10/20
- Returned on 10/25

MDS coordinator completed a PPS discharge assessment. This would be considered a new stay. The assessment schedule would be reset to Day 1, beginning with a new 5-Day assessment.



# MRS. C Example

- Admitted to the SNF on 10/07
- She went to the hospital on 10/20
- She returned to the same SNF on 10/22.

The MDS Coordinator completed the OBRA discharge with an Interrupted Stay since Mrs. C returned within three days.





# SNF NOT Medicare Part A

- Payer source NOT Medicare Part A = DO NOT SUBMIT
  - Medicare HMO or Medicare Advantage Plans
- Medicare not the payer source, then no authority to have resident's skilled assessment data
- Still required to complete AND submit the OBRA assessments on these residents with different payer source



# Assessment Reference Date (ARD) and Look-Back Period

- ARD is the last day of the observation (look-back) period
- Assessment information covers all resident information up to 11:59 p.m. of the ARD.
- MUST “set” the ARD on the MDS Item Set or software within the required timeframe
- Most MDS items have a 7-day look back period, but some may have a longer or shorter observation period (e.g., Falls and Pain)



# MDS Scheduling Chart

Refer to Scheduling Chart  
Handout

### RAI OBRA-required Assessment Summary

Assessment Type/Item Set	MDS Assessment Code (A0310A or A0310F)	Assessment Reference Date (ARD) (Item A2300) No Later Than	7-day Observation Period (Look Back) Consists Of	14-day Observation Period (Look Back) Consists Of	MDS Completion Date (Item Z0500B) No Later Than	CAA(s) Completion Date (Item V0200B2) No Later Than	Care Plan Completion Date (Item V0200C2) No Later Than	Transmission Date No Later Than	Regulatory Requirement	Assessment Combination
Admission (Comprehensive)	A0310A = 01	14 <sup>th</sup> calendar day of the resident's admission (admission date + 13 calendar days)	ARD + 6 previous calendar days	ARD + 13 previous calendar days	14th calendar day of the resident's admission (admission date + 13 calendar days)	14th calendar day of the resident's admission (admission date + 13 calendar days)	CAA(s) Completion Date + 7 calendar days	Care Plan Completion Date + 14 calendar days	42 CFR 483.20 (Initial) 42 CFR 483.20 (b)(2)(i) (by the 14th day)	May be combined with any OBRA assessment; 5-Day or Part A PPS Discharge Assessment
Annual (Comprehensive)	A0310A = 03	ARD of previous OBRA comprehensive assessment + 366 calendar days <u>AND</u> ARD of previous OBRA Quarterly assessment + 92 calendar days	ARD + 6 previous calendar days	ARD + 13 previous calendar days	ARD + 14 calendar days	ARD + 14 calendar days	CAA(s) Completion Date + 7 calendar days	Care Plan Completion Date + 14 calendar days	42 CFR 483.20 (b)(2)(iii) (every 12 months)	May be combined with any OBRA or 5-Day or Part A PPS Discharge Assessment
Significant Change in Status (SCSA) (Comprehensive)	A0310A = 04	14 <sup>th</sup> calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days)	ARD + 6 previous calendar days	ARD + 13 previous calendar days	14th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days)	14th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days)	CAA(s) Completion Date + 7 calendar days	Care Plan Completion Date + 14 calendar days	42 CFR 483.20 (b)(2)(ii) (within 14 days)	May be combined with any OBRA or 5-Day or Part A PPS Discharge Assessment

(continued)

**RAI OBRA-required Assessment Summary (cont.)**

Assessment Type/Item Set	MDS Assessment Code (A0310A or A0310F)	Assessment Reference Date (ARD) (Item A2300) No Later Than	7-day Observation Period (Look Back) Consists Of	14-day Observation Period (Look Back) Consists Of	MDS Completion Date (Item Z0500B) No Later Than	CAA(s) Completion Date (Item V0200B2) No Later Than	Care Plan Completion Date (Item V0200C2) No Later Than	Transmission Date No Later Than	Regulatory Requirement	Assessment Combination
Significant Correction to Prior Comprehensive (SCPA) (Comprehensive)	A0310A = 05	14 <sup>th</sup> calendar day after determination that significant error in prior comprehensive assessment occurred (determination date + 14 calendar days)	ARD + 6 previous calendar days	ARD + 13 previous calendar days	14th calendar day after determination that significant error in prior comprehensive assessment occurred (determination date + 14 calendar days)	14th calendar day after determination that significant error in prior comprehensive assessment occurred (determination date + 14 calendar days)	CAA(s) Completion Date + 7 calendar days	Care Plan Completion Date + 14 calendar days	42 CFR 483.20(f)(3)(iv)	May be combined with any OBRA or 5-Day or Part A PPS Discharge Assessment
Quarterly (Non-Comprehensive)	A0310A = 02	ARD of previous OBRA assessment of any type + 92 calendar days	ARD + 6 previous calendar days	ARD + 13 previous calendar days	ARD + 14 calendar days	N/A	N/A	MDS Completion Date + 14 calendar days	42 CFR 483.20(c) (every 3 months)	May be combined with any OBRA or 5-Day or Part A PPS Discharge Assessment
Significant Correction to Prior Quarterly (SCQA) (Non-Comprehensive)	A0310A = 06	14th day after determination that significant error in prior quarterly assessment occurred (determination date + 14 calendar days)	ARD + 6 previous calendar days	ARD + 13 previous calendar days	14th day after determination that significant error in prior quarterly assessment occurred (determination date + 14 calendar days)	N/A	N/A	MDS Completion Date + 14 calendar days	42 CFR 483.20(f)(3)(v)	May be combined with any OBRA or 5-Day or Part A PPS Discharge Assessment
Discharge Assessment – return not anticipated (Non-Comprehensive)	A0310F = 10	N/A	N/A	N/A	Discharge Date + 14 calendar days	N/A	N/A	MDS Completion Date + 14 calendar days		May be combined with any OBRA or 5-Day or Part A PPS Discharge Assessment

(continued)

**RAI OBRA-required Assessment Summary (cont.)**

<b>Assessment Type/Item Set</b>	<b>MDS Assessment Code (A0310A or A0310F)</b>	<b>Assessment Reference Date (ARD) (Item A2300) No Later Than</b>	<b>7-day Observation Period (Look Back) Consists Of</b>	<b>14-day Observation Period (Look Back) Consists Of</b>	<b>MDS Completion Date (Item Z0500B) No Later Than</b>	<b>CAA(s) Completion Date (Item V0200B2) No Later Than</b>	<b>Care Plan Completion Date (Item V0200C2) No Later Than</b>	<b>Transmission Date No Later Than</b>	<b>Regulatory Requirement</b>	<b>Assessment Combination</b>
Discharge Assessment – return anticipated (Non-Comprehensive)	A0310F = 11	N/A	N/A	N/A	Discharge Date + 14 calendar days	N/A	N/A	MDS Completion Date + 14 calendar days		May be combined with any OBRA or 5-Day or Part A PPS Discharge Assessment
Entry tracking record	A0310F = 01	N/A	N/A	N/A	Entry Date + 7 calendar days			Entry Date + 14 calendar days		May not be combined with another assessment
Death in facility tracking record	A0310F = 12	N/A	N/A	N/A	Discharge (death) Date + 7 calendar days	N/A	N/A	Discharge (death) Date +14 calendar days		May not be combined with another assessment

## PPS Assessments, Tracking Records, and Discharge Assessment Reporting Schedule for SNFs and Swing Bed Facilities

Assessment Type/ Item Set for PPS	Assessment Reference Date (ARD) Can be Set on Any of Following Days	Billing Cycle Used by the Business Office	Special Comment
5-Day A0310B = 01	Days 1-8	Sets payment rate for the entire stay (unless an IPA is completed. See below.)	<ul style="list-style-type: none"> <li>• See Section 2.12 for instructions involving beneficiaries who transfer or expire day 8 or earlier.</li> <li>• CAAs must be completed only if the 5-Day assessment is dually coded as an OBRA Admission, Annual, SCSA or SCPA.</li> </ul>
Interim Payment Assessment (IPA) A0310B = 08	Optional	Sets payment for remainder of the stay beginning on the ARD.	<ul style="list-style-type: none"> <li>• Optional assessment.</li> <li>• Does not reset variable per diem adjustment schedule.</li> <li>• May not be combined with another assessment.</li> </ul>
Part A PPS Discharge Assessment A0310H = 1	End date of most recent Medicare Stay (A2400C)	N/A	<ul style="list-style-type: none"> <li>• Completed when the resident's Medicare Part A stay ends, but the resident remains in the facility, or can be combined with an OBRA Discharge assessment if the Part A stay ends on the same day or the day before the resident's Discharge Date (A2000).</li> </ul>

# RAI and Nursing Process





# Q&A Session

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Submit questions via Q&A  icon

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**Thank you for Attending!**

