

For Washington State Nursing Home staff

From Residential Care Services, Aging and Disability Services
Department of Social & Health Services

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**our mascot
Cousin IT**

“This is I.T.” Newsletter

**Info and Tips from the MDS-WA Office—*Clinical stuff,
Computer stuff, Reports ‘n stuff, and other STUFF!***

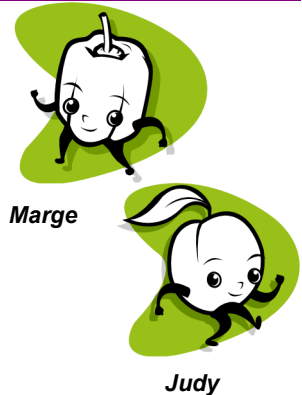
By Marge Ray and Judy Bennett, State of WA, DSHS

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Happy 1st Birthday MDS 3.0!

It is hard to believe that one year ago we were all anticipating the implementation of MDS 3.0 and wondering how we would survive, but we did. Congratulations to all of you for “hanging in there” as we tried to figure out what the “transition” was all about, why those validation reports were not printing, that discharge is not just a tracking form any longer, and countless other situations. We have moved from Novice to Advanced Beginner and headed towards Competent (Benner’s Stages of Clinical Competence). Judy and I will continue to work with you to answer your questions and relay your concerns about the new assessment processes.



Marge

Judy

MDS Manual Updates

CMS posted the third set of updates to the MDS 3.0 User’s Manual on August 31, 2011 with the effective date of 10/01/2011. The primary focus of the updates is related to the implementation of the SNF/PPS final Rule FY2012 and the related Medicare PPS assessment processes. There are also some changes to selected chapters and chapter sections not related to Medicare PPS issues. These changes reflect clarifications of existing policies, addition of coding tips and examples, changes in item definitions and some minor editing.

Each section/chapter that is updated includes a separate “Track Changes” document that describes the chapter, section and page number of the changes as well as the old language and the newly changed language. The second document is the newly revised section, chapter or appendix with the effective month and year noted on the bottom left of each page. The updated sections/chapters are dated October 2011. Please note that not all sections/chapters are updated with this release. Highlights of the update include the following:

- Chapter 1: Revision to the explanation of the regulatory requirements for the RAI process
- Chapter 2: The entire chapter has been revised including definitions, correction of existing examples and addition of new examples, management tips, description of a new PPS assessment type (Change of Therapy OMRA), new process of End of Therapy OMRA when a resident resumes therapy at the same level, and a new Medicare PPS schedule.
- Chapter 3: Changes to item definitions, clarifications, coding tips and examples for sections C, I, K, M, and N. Section O also has 2 new MDS items related to the End of Therapy resumption.
- Chapter 4: Revised information on the care planning process and key steps
- Chapter 6: Major revisions to this chapter related to the changes outlined in Chapter 2 for PPS assessments, including the new Change of Therapy OMRA, allocation of group therapy minutes, supervision of therapy students and the End of Therapy resumption. New examples are included for each as well as billing information.

New Medicare PPS Assessment Schedule

In order to reduce the duplication of information gathered during overlapping look-back periods, CMS revised the PPS assessment schedule. Except for the 5-day assessment, all ARD windows and grace days have been modified. There will still be some duplication with data gathering, but it will be greatly reduced as compared with the current schedule. SNF's must use this new schedule for setting ARDs for all scheduled PPS assessments when the ARD falls on or after 10/01/2011. Failure to follow the new schedule will result in penalties being applied for either early or late assessments.

*When October 1 is day 19, 34, 64 or 94 of the Medicare Part A stay, assessments should have the ARD set by September 30, or the assessment will be considered late and payment penalties will apply. [See attached MDS Assessment Schedule document.](#)

End of Therapy OMRA (EOT)

Two changes were made related to the EOT OMRA:

1. Effective 10/01/2011, nursing homes will be considered 7-day facilities for the purpose of setting the ARD for EOT OMRA. Anytime a resident misses 3 or more consecutive calendar days of therapy services (PT, OT, SP/L) for any reason an EOT OMRA must be completed in order to reclassify the resident into a non-therapy RUG. It does not matter if the missed days are on a weekday, weekend, or holiday. The ARD must be set for day 1, 2, or 3 from the date of the resident's last therapy session.
2. A new optional process, EOT-Resumption (EOT-R) has been added. Prior to this new process, a resident who had an EOT OMRA completed but was ready to return to therapy would need to have either a start of therapy (SOT) OMRA completed or wait until the next scheduled PPS assessment to return to a therapy based RUG. Starting October 1, facilities can choose to complete 2 new MDS items (O0450A & O0450B) which allow the resident to be reclassified back to the same Rehabilitation or Rehabilitation plus Extensive Services RUG that they were in prior to the therapy being discontinued. This option is only available if the resident is able to resume therapy at the exact same level that previously existed and the therapy must resume no more than 5 calendar days after the last day that therapy was provided.

Dates: A2300 vs Z0500B

With the implementation of MDS 3.0 on October 1, 2010, there was a change in the function of certain dates. On MDS 2.0, the date that the RN Assessment Coordinator signed that the OBRA assessment was complete (R2b) determined the due date for subsequent assessments. This date also determined if the admission comprehensive assessment was completed timely as defined in the Long Term Care Regulations. In addition, this date played an important role in case mix payment and the calculation of defaults for the Medicaid payment system in Washington. Medicare PPS assessments used the assessment reference date-ARD (A3a) as the key date for scheduling assessments. MDS 3.0 changed the driver for OBRA assessment due dates from the completion date (item Z0500B) to the ARD (A2300). Now both the OBRA and Medicare PPS assessments use the same date (the ARD) to determine when assessments are due and it factors into case mix payment and the calculation of defaults, not the completion date.

However, the completion date (item Z0500B) remains **the** date that determines a facility's compliance with federal and state regulations related to the timely completion of the MDS. The RAI User's Manual identifies the timing requirements for OBRA and Medicare PPS assessments. For all admission comprehensive assessments, the MDS completion date must be no later than day 14 (admission date plus 13 days). For all subsequent OBRA and PPS assessments, the completion date must be no later than 14 days after the ARD (ARD plus 14 days). For a discharge assessment, the completion date must be no later than 14 days after the discharge date (A2000 plus 14 days) and the date of discharge must equal the ARD. When the MDS is submitted to the MDS data base a "warning message" is generated when assessments are late. Facilities should pay attention to these messages and correct any facility practices that may be causing the late assessment. Late completion will not be reflected in default RUG reports since defaults are determined by the ARD not Z0500B.

When the MDS is not completed according to the above timing requirements, the facility is not in compliance with the related federal long-term care regulations at 42 CFR 483.20 and with the corresponding state requirements at WAC 388-97-1000. Non-compliance is a significant issue and can result in a deficiency on surveys or complaint investigations.

A recent review of assessments submitted to the CMS data base between April 1, 2011 and June 30, 2011 found over 11.6% of Washington facilities to be out of compliance with the timing requirements.



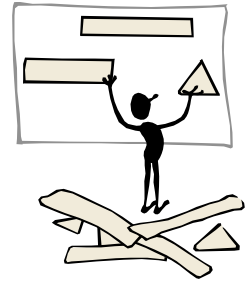
MDS 3.0 Item Set changes for October 1, 2011

There is a new Item Set – Change of Therapy (COT). An additional choice has been added to A0310C to code for this type of assessment – 4. Change of therapy assessment.

The End of Therapy (EOT) assessment has been changed to allow for entry of the date therapy has resumed. The new Items are:

O0450A – Has a previous rehabilitation therapy regimen ended, as reported on the End of Therapy OMRA, and has this regimen now resumed at exactly the same level for each discipline?

O0450B – Date on which therapy regimen resumed:



Section X has been changed to reflect the new COT and the resumption of therapy. An additional choice has been added to X0600C to code for a modification or inactivation of a COT assessment. An additional Reason for Modification has been added to X0900 – E. End of Therapy – Resumption (EOT-R) date.

All of these new items are used for Medicare OMRA assessments only.

These changes require updates to your MDS software. If your MDS software has not been updated for the October 1 changes, please contact your software vendor.

Change of Therapy OMRA (COT)-New Assessment Type

For all Medicare Part A SNF residents with an ARD on or after 10/1/2011, a COT OMRA is required if the intensity of therapy increases or decreases so much that the RUG from the most recent assessment is no longer an accurate reflection of the intensity of therapy.

In order to determine if a COT is required, providers should perform an informal evaluation of the intensity of the therapy that the resident received during the COT observation period. This observation period is a 7-day window that starts the day after the ARD of the last PPS assessment used for payment and subsequently, every 7 days thereafter until the next assessment when it will start over again based on the ARD of that assessment. Items that must be considered include the total reimbursable minutes (100% of individual therapy minutes, 50% of concurrent minutes and 25% of group minutes), the number of therapy disciplines, the number of therapy days and restorative nursing services for residents in the Rehab Low Category.

The COT OMRA establishes a new RUG that is applied back to the day after the ARD of the resident's last PPS assessment and will remain until the next scheduled or unscheduled PPS assessment.

Quick screen to see if a COT OMRA is required

Is the resident receiving skilled therapy services?

1. If NO, then no COT OMRA is required
2. If YES, determine if the therapy received during the COT observation period is consistent with the resident's current RUG-IV classification.
 - a. If NO, then a COT OMRA is required.
 - b. If YES, then no COT OMRA is required.

The MDS-WA newsletter publishes info that you can **really use** in your work with the MDS: tips and hints, new stuff from CMS, clinical info, technical help, notices about RUG reports, and more.

Sign up for the MDS-WA Listserv Newsletter by emailing LISTSERV@LISTSERV.WA.GOV

In the subject line put: **SUBSCRIBE MDS-WA**

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Influenza Season

It's that time of year again: fall, football and flu shots! There is no longer a designated "date" that marks the beginning of flu season. Instead, the CDC has stated that flu season begins when the flu vaccine becomes available in your area and this varies across the country. Signs started to appear around Western Washington outside pharmacies advertising that flu shots were available the last week of August. As a result, we would consider flu season to have started here. Flu season will continue as long as vaccine is still available and influenza is still prevalent in the community. Last year February was the peak of flu season in Washington and vaccines were still available into June.

NH web sites in WA

Info for NH Professionals

<http://www.aasa.dshs.wa.gov/professional/nh.htm>

MDS Automation web page

<http://www.adsa.dshs.wa.gov/Professional/MDS/Automation/>

MDS Clinical web page

<http://www.adsa.dshs.wa.gov/Professional/MDS/Clinical/>

NH Rates web page

<http://www.adsa.dshs.wa.gov/professional/rates/>

NH Rates and Reports

<http://www.adsa.dshs.wa.gov/professional/rates/reports/>

Case Mix web page

<http://www.adsa.dshs.wa.gov/professional/CaseMix/>

Additional Medicare related changes:

Group therapy:

- Definition of group therapy is modified for Part A to now be therapy that is provided simultaneously to 4 persons doing the same or similar activities regardless of the payer source. The group therapy sessions have to be planned for these 4 participants.
- The nursing home should report all group time for each resident in the group on the MDS, but the minutes will be divided by 4 when determining each resident's RUG.
- There must be documentation in the resident's medical record to justify why group therapy is the modality of choice for the residents involved.

Therapy students:

- Line of sight supervision by a therapist is no longer required for therapy students. The amount of supervision needed is up to the therapist to determine.

On the last page of your RUG report you will find:

Residents Excluded	
Resident Name	Resident Id

Computer Corner

Where in the world is the missing resident?



If there are names and ID numbers listed, these residents were not included in your facility Case Mix averages. The reason is usually two entries in a row without an intervening discharge, or two discharges in a row without an intervening entry. This can be caused by:

1. A missing or extra Entry Tracker.
2. A missing or extra Discharge Assessment.
3. An erroneous A1600 date on an assessment or tracker.

To correct:

1. Submit any missing discharge assessments or entry trackers.
2. Inactivate any extra or erroneous discharge assessments and/or entry trackers.
3. If an entry date is wrong on an Entry Tracker, inactivate and re-send with the correct date.
4. If an entry date is wrong on anything other than an Entry Tracker, send a modification.

