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CMS Publishes Draft MDS 3.0 RAI Manual

CMS released a **draft** copy of the Minimum Data Set (MDS) 3.0 RAI User's Manual v1.14, which details the requirements for the upcoming October 1, 2016, changes to the MDS. This version of the MDS 3.0 RAI Manual incorporates clarifications to existing coding and transmission policy and addresses clarifications and scenarios concerning complex areas.

Part A: PPS Discharge Assessment

Beginning October 1, 2016, facility staff will be required to complete and submit a new Part A PPS Discharge assessment when a resident is ending a Medicare Part A skilled-care stay. This new assessment will be required whether the resident is discharging from the facility (combined with a Discharge Assessment) or staying in the facility on custodial care (stand-alone assessment). These items will be effective on MDSs completed with an ARD set on or after October 1, 2016, when the resident is ending a Medicare Part A stay. The purpose of this new item set is to calculate SNF QRP Quality Measures. This new item set includes Section GG, as well as falls, and pressure ulcer status data for Quality Measures.

Section C: Delirium Changes

In the draft RAI manual, the current item C1300 will be changed to C1310: Signs and Symptoms of Delirium. The new item eliminates the question related to psychomotor retardation and asks if the resident is experiencing an acute change in mental status from the resident's baseline (moved from C1600). The Delirium Care Area Assessment outlined in Appendix C is also updated to reflect the changes in this item.

Section GG: Functional Abilities and Goals

The draft RAI manual includes 31 pages of instructions on the new section GG, including items GG0310 (Self-Care) and GG0710 (Mobility) (pp. 293–324 [GG1–GG32]). The new GG items are used to calculate SNF QRP Quality Measures.

General Instructions: Determining “Prior Assessment”

To clarify the use of the term *prior assessment* in relation to a number of MDS items, CMS added a helpful statement:

When determining the response to items that have a look-back period to the Admission/Entry, Reentry, or Prior OBRA or scheduled PPS assessment, whichever is most recent, staff must only consider those assessments that are required to be submitted to the QIES ASAP system. PPS assessments that are completed for private insurance and Medicare Advantage Plans must not be submitted to the QIES ASAP system and therefore should not be considered when determining the “prior assessment.” (p. 113 [3-3])

Section F: Preferences for Customary Routine and Activities

For item F0300, Steps for Assessment, CMS clarified that the required interviews for section F should be conducted during the observation period.

Section J: Health Conditions

In order to accurately capture the result of a fall in item J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), CMS clarified that “since injuries can present themselves later than the time of the fall, the assessor may need to look beyond the ARD to obtain the accurate information for the complete picture of the fall that occurs in the look back of the MDS” (p. 378 [J-31]). MDS assessments should be modified when the level of injury is determined to be different than what was coded and submitted to the QIES ASAP system. This can occur when the resident is discharged to the emergency room or hospital and X-ray, MRI, or CT scans later reveal a more serious injury (p. 379 [J-32]).

Section M: Determining “Present on Admission”

An important clarification was included in section M. It states:

If a resident who has a pressure ulcer that was “present on admission” (not acquired in the facility) is hospitalized and returns with that pressure ulcer at the same numerical stage, the pressure ulcer is still coded as “present on admission” because it was originally acquired outside the facility and has not changed in stage. (p. 408 [M-7])

Section N: Medications

While these instructions are not new, CMS added directly to the item set and coding instructions that in items N0410A–G, medications should be coded according to the pharmacological classification, regardless of how they are being used (p. 458 [N-5]).

Section O: Physician Examinations

Coding of Physician Examinations (O0600) should not include licensed psychologists. The RAI manual instructs, “Psychological therapy visits by a licensed psychologist should be recorded in O0400E, Psychological Therapy, and should not be included as a physician visit in this section” (p. 505 [O-43]).

To view the complete draft RAI manual: https://downloads.cms.gov/files/draft_mds_30_rai_manual_v114_may_2016.pdf



CMS Adds New Quality Measures to Nursing Home Compare

On April 27, 2016 The Centers for Medicare & Medicaid Services (CMS) added six new quality measures to its consumer-based Nursing Home Compare website (<https://www.medicare.gov/nursinghomecompare/search.html>).

Three of these six new quality measures are based on Medicare-claims data submitted by hospitals, this is the first time CMS is including quality measures that are not based solely on data that are self-reported by nursing homes. These three quality measures, measure the rate of re-hospitalization, emergency room use, and community discharge among nursing home residents. They include:

1. Percentage of short-stay residents who were successfully discharged to the community (claims-based)
2. Percentage of short-stay residents who have had an outpatient emergency department visit (claims-based)
3. Percentage of short-stay residents who were re-hospitalized after a nursing home admission (claims-based)
4. Percentage of short-stay residents who made improvements in function (MDS-based)
5. Percentage of long-stay residents whose ability to move independently worsened (MDS-based)
6. Percentage of long-stay residents who received an antianxiety or hypnotic medication (MDS-based)

With today's quality measure updates, CMS is nearly doubling the number of short-stay measures, which reflect care provided to residents who are in the nursing home for 100 days or less, on *Nursing Home Compare*. CMS is also providing information about key short-stay outcomes, including the percentage of residents who are successfully discharged and the rate of activities of daily life (ADL) improvement among short-stay residents.

Beginning in July 2016, CMS will incorporate all of these measures, except for the antianxiety/hypnotic medication measure, into the calculation of the *Nursing Home Five-Star Quality Ratings*. CMS is not incorporating the antianxiety/hypnotic medication measure because it has been difficult to determine appropriate nursing home benchmarks for the acceptable use of these medications.

For more information please visit here: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-04-27.html>



CMS Publishes Final Rule on Fire Safety Requirements for Health Care Facilities

The Centers for Medicare & Medicaid Services (CMS) announced a final rule to update health care facilities' fire protection guidelines to improve protections for all Medicare beneficiaries in facilities from fire.

The new guidelines apply to hospitals; long term care (LTC) facilities; critical access hospitals (CAHs); inpatient hospice facilities; programs for all-inclusive care for the elderly (PACE); religious non-medical healthcare institutions (RNHCI); ambulatory surgical centers (ASCs); and intermediate care facilities for individuals with intellectual disabilities (ICF-IID).

The provisions in this final rule cover construction, protection, and operational features designed to provide safety for Medicare beneficiaries from fire, smoke, and panic. Some of the main requirements laid out in this final rule include:

- Health care facilities located in buildings that are taller than 75 feet are required to install automatic sprinkler systems within 12 years after the rule's effective date.
- Health care facilities are required to have a fire watch or building evacuation if their sprinkler systems is out of service for more than ten hours.
- The provisions offer LTC facilities greater flexibility in what they can place in corridors. Currently, they cannot include benches or other seating areas because of fire code requirements limiting potential barriers to firefighters. Moving forward, LTC facilities will be able to include more home-like items such as fixed seating in the corridor for resting and certain decorations in patient rooms (such as pictures and other items of home décor).
- Fireplaces will be permitted in smoke compartments without a one-hour fire wall rating, which makes a facility more home-like for residents.
- Cooking facilities now may have an opening to the hallway corridor. This will permit residents of inpatient facilities such as nursing homes to make food for themselves or others if they choose to, and, if the patient does decide to make food, facility staff is able to provide supervision of the patient.
- For ASCs, all doors to hazardous areas must be self-closing or must close automatically. Additionally, alcohol based hand rub dispensers now may be placed in corridors to allow for easier access.

Health care providers affected by this rule must comply with all regulations within 60 days of the publication date of today's final rule, which is May 4, 2016, unless otherwise specified in the final rule.

To view the complete final rule: <https://www.federalregister.gov/public-inspection>



OSHA Releases New Workplace Injury and Illness Reporting Requirement

Skilled nursing facilities (SNFs) will be required to electronically submit their workplace injury and illness data under a new final rule released May 11, 2016 by the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA). The new rule requires employers in high-hazard industries, including skilled nursing facilities, to electronically submit the injury and illness data. The requirements will take effect on August 10, 2016 with phased in data submission beginning in January 2017.

Employers in high-risk industries are already required to collect this data, OSHA noted, but adding electronic submission will allow the agency to share the information publicly on the agency's website in what will become the largest public database of work injuries and illnesses. These requirements do not add or change an employer's obligation to complete and retain injury and illness records under the Recording and Reporting Occupational Injuries and Illness regulation. Increasing access to injury data will also help the agency send compliance resources to workplaces where employees are at greatest risk, and allow researchers to mine the data for studies on injuries causation, safety hazards and prevention activities.

In addition to the electronic submission provision, the final rule adds safeguards for employees wishing to report injuries and illnesses without fear of retaliation. Under the rule workplaces will be required to have a "reasonable," non-threatening procedure for reporting work-related injuries.

The final rule is available on Federal Register at: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-10443.pdf>

**Polaris Group Solution Center
Hotline Q&A
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Question:

We had a long term resident that went out on a LOA and was gone 5 days. During that LOA she fell and broke her hip. We completed a discharge return anticipated with the day that she left the facility. When she returns we will have to code that fall with major injury on the Significant Change in Status MDS. Will this fall with major injury affect our Quality Measures (QM)?

Answer:

No because when you code the Significant Change in Status MDS upon the resident's re-entry you will code it under J1700A, J1700B, J1700C but not J1800 or J1900 because this MDS is a reentry and the fall did not happen after the re-entry. This is one of the exclusions under the QM criteria for Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay).

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	<u>Date</u>
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Dementia Care & Psychotropic Drug Use <i>*New Topic</i>	June 7
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New Quality Measures on Nursing Home Compare <i>*New Topic</i>	
	June 13
Overview of Proposed Regulations Impacting LTC <i>*New Topic</i>	
	June 16
PEPPER Reports Training	
Using the New PEPPER to Support Auditing & Monitoring Efforts	June 20
Medicare Basics Training	
Medicare Part A Basics	June 21
Nursing Documentation Training	
Medicare Documentation & Skilled Criteria	June 22
Survey Preparation Training Series	
Survey Prep, Process & Management Part 1	June 28
Traditional Survey Process Part 2	June 30
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