

MDS 3.0 Record Maintenance

Assessment Moves, Deletes and Corrections

The MDS help desks are still receiving concerns on missing assessment reports nationwide. Certain MDS 3.0 assessment errors cannot be corrected by submitting the modification or inactivation of the MDS records to the QIES ASAP system. For these specific errors, a manual intervention to move, update or delete records is required to make these changes on the CMS data base.

There are three fatal timing edits: (These edits were implemented in October 2013 release)

- **-1063 Invalid Submission:** This record was submitted more than 24 months after the provider's closed date.
- **-1064 Invalid Submission:** The target date (A1600, A2000, or A2300) of this record is after the provider's closed date.
- **-1065 Invalid Submission:** The target date (A1600, A2000, or A2300) of this record is more than 36 months prior to the submission date.

The above edits will cause rejection of records. The facility is not allowed to submit records that fail the above edits.

When a facility has a change of ownership (CHOW) without assignment or was merged with another facility, but is still submitting the records using the former facility ID (FAC ID) rather than using the new FAC ID, this creates a dilemma for the new owner. Some facilities did not realize they were using an incorrect FAC ID.

The facility cannot use the automated correction policy to correct records submitted to the wrong FAC ID. The records must be corrected with the Manual Correction/Deletion policy. Facilities are required to contact the state agency to have the records corrected/deleted manually.

Special Point of Interest

- **Moves, Delete and Corrections of MDS Records**
- **MDS 3.0 Providers new video training on sections I, G, M and O**
- **Revised section S and POLST Information**
- **Questions and Answers**
- **Related Links**



MDS 3.0 Records with an Incorrect Facility ID and with a Target Date Less than 36 Months Prior to Submission Date

Required Actions

MDS 3.0 records containing incorrect FAC ID and target dates less than 36 months to the submission date must be deleted from the QIES ASAP system. Once deleted, the facility must submit replacement records with the correct FAC ID.

The steps below are applicable when the target date of the records is less than 36 months prior to the submission (current) date:

1. State agency provides the facility with current **MDS 3.0 Manual Assessment Delete from Facility Request form**. A user ID and password are required to access the form.
2. Facility completes and returns the form to the state agency for review and approval.
3. Upon receipt, state agency staff reviews the request. If approved, state agency staff signs and dates the form and sends it to the QIES for processing.
4. The QIES staff creates a request for approval.
5. When the request is completed and the specified records are deleted, a QTSO team member will notify the state agency who submitted a request for completion.

MDS 3.0 Records with an Incorrect FAC ID and with a Target Date More than 36 Months Prior to Submission Date

Required Actions

Because of the 36-month submission limitation outlined above, the facility cannot submit replacement records containing the correct FAC ID once the records containing the incorrect FAC ID are deleted. For these records, a request form to update the FAC ID in the affected records in the QIES ASAP system must be implemented.

The steps below are applicable when the target date of the records is more than 36 months prior to the submission (current) date.

1. State agency provides the facility with the current **MDS 3.0 Manual Assessment Move Facility Request form** located on the QTSO website. A user ID and password are required to access this page.
2. Facility completes the form and returns it to the state agency for review and approval.
3. State agency staff reviews the request. If approved, the state agency staff signs and dates the form before faxing it to QTSO Help Desk. The fax number is located on the bottom of the form.
4. The request is evaluated for approval by a QTSO team member. Once the request is completed and the specified records are updated with the correct FAC ID, a QTSO team member will

notify the state agency of its completion.

5. State verifies the request is completed and confirms that the records have been moved from the prior facility to the new facility. If the facility does not have user IDs for the correct FAC ID, the facility must register for new QIES User IDs for the new FAC ID. The facility may contact the QTSO Help Desk if they require assistance in registering for new QIES User IDs.

Other Scenarios:

Listed below are other scenarios that cannot be corrected with the automated correction procedures and must be manually corrected in the database.

Required Actions

MDS 3.0 Test Records Submitted as Production Records

Test records that were inadvertently submitted to and accepted by the QIES ASAP system as production records must be deleted manually.

1. State agency provides the facility with the current **MDS 3.0 Manual Individual Assessment Correction/Deletion Request form**. A user ID and password is required.
2. Facility completes the form; administrator signs and dates the request, then the form is sent to the state agency for review and approval.

Note: Because this form contains resident-specific data, the facility must send the completed form to the state agency by Certified Mail via U.S. Postal Service.

MDS 3.0 Record Submitted with an Incorrect A0410 Value.

Note: This only applies to changing item A0410 on all records submitted to a facility. If only some records in the facility contain an incorrect A0410 value, follow the corrective action.

For example; if a facility that is licensed only submitted to A0410=3, but the state requires to submit to A0410=2, then the facility must request for manual correction.

If the facility is certified Medicare and/or Medicaid and submitted the MDS records to A0410=2 (State) then the facility needs to request a manual correction of the record/s.

Requires Actions

MDS 3.0 records containing the incorrect A0410 value must be corrected; therefore, a request form to update the A0410 values in the affected records must be implemented in the QIES ASAP system.

1. The state agency provides the facility with the current **MDS 3.0 Manual Facility Level Item A0410 Change Request form** located on the State Download page on the QTSO website.
2. Facility must complete the form; (continued on page 3)

administrator signs and dates the request and the form is sent to the state agency for review and approval.

- The request will be evaluated for approval by a QTSO member. After the approval, the QTSO team will process the request. Once the request is complete, the state agency user may verify that the records have been updated in the QIES ASAP system, or deleted if needed.

MDS 3.0 Records Submitted but not CMS Required (Individual):

The submitted records that do not satisfy the OBRA and/or Medicare Part A PPS requirements are not allowed in the CMS QIES ASAP system and must be manually deleted.

-OR-

MDS 3.0 Records Submitted to the Incorrect FAC ID by User with Permission to submit for Multiple Facilities.

- Notify your QIES State Coordinators to assist with current **MDS 3.0 Manual Individual Assessment Correction/Deletion request form**.
- Facility completes the form; administrator signs and dates the request form and sends it to the state agency for review and approval.
- Upon receipt, the state agency staff reviews the request, once approved, the state agency staff signs and dates the form and sends it Certified Mail via U.S. Postal Service to the QTSO for processing. The QTSO team member will notify the state agency user who submitted the request that the MDS record is completed.

Note: Because this form contains resident-specific data, the facility must send the completed form to the state agency by **Certified Mail via U.S. Postal Service**.

Related links:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html>

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/>

PLAY



YouTube

VIDEO

Free MDS 3.0 on line training videos

During the Open Door Forum (ODF) call on March 2014, CMS highlighted the provider training videos that are available on the CMS You Tube channel. The videos specifically address sections I, G, M, and O. CMS sources stated there will be an overview video for "What is MDS?" Follow the links:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TrainingMaterials.html>

Interviews ???

Resident, Family, Staff

Q. What is the timeframe in conducting interviews for MDS 3.0 on section B, C, D, E, F, J, and Q? Should the interview be done on the day of the ARD or before the ARD or can it be done after the ARD?

A. Interviews can be conducted within the look-back period (7-days). Make sure that the items captured in the MDS are included no later than 11:59 P.M. of the Assessment Reference Date (ARD).

In limited circumstances, it may not be practicable to conduct the resident interview portions of the MDS (Sections C, D, F, J) on or prior to the ARD for a standalone unscheduled PPS assessment. In such cases where the resident interviews (and not the staff assessment) are to be completed and the assessment is a standalone unscheduled assessment, providers may conduct the resident interview portions of that assessment up to two calendar days after the ARD (Item A2300).



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*Facts.....about comple-
tion and submission of
MDS records.*

CMS regulations for the RAI, including the MDS 3.0 and the CAA are found at CFR 483.20, and the guidance is found in Appendix PP of the State Operations Manual at F-tags F272 through F287. These requirements apply to all Medicare and/or Medicaid certified nursing facilities. The regulations relate to assessment accuracy 42 CFR 483.20(g), as well as, completion and timing. All Medicare and/or Medicaid certified nursing homes and swing beds, or agents of those facilities, must transmit required MDS data records to CMS QIES ASAP system.

Important reminders

POLST & MDS 3.0 Section "S"

Changes in MDS 3.0 section "S" responses and the revised Physician Order for Life-Sustaining Treatment (POLST)

In collaboration with POLST Task Force, the POLST Documentation Committee, the California Emergency Medical Services Agency (EMSA), and the Coalition for Compassionate Care for California (CCCC) substantially improved the ambiguity of the POLST form. The revised form will be implemented on October 1, 2014.

With the accepted changes on the revised POLST form, the language and sequence on the form effects the response to the MDS 3.0 section "S", specific to the state of California. The questions and responses on MDS 3.0 section "S" are POLST based. These changes in MDS 3.0 section "S" will also be implemented on October 1, 2014.

The instructions in coding MDS 3.0 Section S will be published through an All Facility Letter (AFL) and accessible on the California Department of Public Health (CDPH) website under Licensing and Certification: www.cdph.ca.gov

Send questions to MDSOASIS@cdph.ca.gov or call the MDS/OASIS Help Desk at (916) 324-2362 for MDS 3.0 section "S" changes.

The link to the revised POLST will be available on the EMSA website at a later date. Providers can access the software specifications for MDS 3.0 Section S from www.QTSO.com under Vendors and MDS 3.0 Final Section S.

The format on MDS 3.0 Section S will be similar to the previous MDS 3.0 Section "S" form. The changes include deleting items S9040C and S9040D and replaced by new items S9040C1 and S9040D1.

The format will also be posted in addition to the instructions for MDS 3.0 Section "S", and will be available at the CDPH website at www.cdph.ca.gov

V0200B1, Signature of the RN coordinating the CAA process

V0200B2, Date that the RN coordinating the CAA process certifies that the CAAs have been completed

Z0500A. Signature of the RN Assessment Coordinator Verifying Assessment Completion

Z0500B. Date RN Assessment Coordinator signed assessment as complete



Questions & Answers

Q1. When CNA students provide most of the ADL care and not the facility staff member, (facility CNA) our staff member (CNA) codes 8/8. If the student is working with them the whole shift and 4-5 days out of the week, do they have to continue coding 8/8?

A1. On page G-4 of the RAI user manual under G0110, Coding Instructions, bullet 4;

For the purpose of completing Section G, “facility staff” pertains to direct employees and facility-contracted employees (e.g. rehabilitation staff, nursing agency staff). This, **does not include individuals hired, compensated or not, by individuals outside of the facilities management and administration. Facility staff does not include**, for example, hospice staff, nursing/ CNA students, etc. Not including these individuals as facility staff supports the idea that the facility retains the primary responsibility for the care of the resident outside of the arranged services another agency may provide to facility residents. The students usually work 8 hours a day, 5 days a week. During the days when the students are off and take their lunch breaks, the facility staff would code the actual performance of the resident and the support provided by the facility staff.

Q2. In section G, the personal hygiene item lists: combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands. I just want to verify the only items I can count as personal hygiene?

A2. The definition of personal hygiene is how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing, drying face and hands (**excludes baths and showers**).

Q3. Is the facility going to be penalized for not submitting the completed MDS records including discharge assessments?

A3. This is not a simple yes or no answer. For clinicians who are familiar with the regulations under 42 CFR Part 483.20, it requires Medicare and Medicaid certified

Extra

MDS 3.0 new provider's videos on Sections G, I, M and O

What's New ???

New MDS Provider Training videos (Section G, I, M and O) have been uploaded to YouTube and can be found in the Related links section on this page. (Please note that there potentially can be a lag time in viewing materials subsequent to the posting request, so if not viewable check back in 24 hours).

The training speaks about the specific items in the sections below.

Section G Focuses on coding clarification and new scenario to help bring key point to life. This section provides additional clarification and guidance as to how the assessors are to code item G0110 and how to apply the ADL Self-Performance coding level definitions and the Rule of 3.

Section I. Active Diagnosis – Physician documented diagnoses in the last 60 days that have a direct relationship to the resident’s current functional status, cognitive status, mood and behavior, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period.

Section M of the MDS 3.0. Skin Conditions covers the MDS 3.0 coding instructions and frequently asked questions for Section M of the MDS 3.0.

Section O, Special Treatments Procedures and Programs: The focus is on difficult to understand items, such as item O0100F, Ventilators or Respirator, coding of respiratory therapy services, and coding of item O0500, Restorative Nursing programs.

Quality Measures links:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html>

MDS 3.0 Training links:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TrainingMaterials.html>

MDS 3.0 Manual links:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

Five Star Previous Report

The Five Star Previous Report is available beginning April 11th. To access this report, select the CASPER Reporting link located at the top of your MDS State Welcome page. Once in the CASPER Reporting system, click on the “Folders” button and access the Five Star Report. In your “st LTC Fac ID” folder, where “st” is the 2-character postal code of the state in which your facility is located and “Fac ID” is the state-assigned Facility ID of your facility.

Nursing Home Compare will update with March’s Five Star data on April 17, 2014.

Important Note: The 5 Star Help line phone number is: (800) 839-9290. Provider preview reports will continue to be available on a monthly basis in advance of public posting and will include the dates and hours of helpline availability.

BetterCare@cms.hhs.gov is an alternative communication medium to direct inquiries.

(from p. 5) ...nursing facility providers to collect the resident assessment data that comprises the MDS.

The statutory authority for the RAI is located in Section 1819(f)(6)(A-B) for Medicare, and 1919(f)(6)(A-B) for Medicaid of the Social Security Act (SSA), as amended by the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987).

All Medicare and/or Medicaid-certified nursing homes and swing beds, or agents of those facilities, must transmit required MDS data records to CMS Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. Required MDS records are those assessments and tracking records that are mandated under OBRA and SNF PPS.

(Reference: RAI manual 3.0 versions, Chapter 5)

Q4. How will you code the following scenario on section K0710B3; the ARD was 4/7 and the resident received IV from 4/1 to 4/5 while a resident?

A4. Similarly this question came up at the Open Door Forum (ODF) last January, 2014. Remember item K0710: Percent Intake by Artificial route, (Parenteral/IV Feeding – introduction of nutritive substance into the body by means other than the intestinal tract.

(Reference on page K-10 of the RAI manual , October 2013)

The total fluid the resident received within the last 7 days while Not a resident must be added and divide the total amount by the number of days the resident received the IV fluids or tube feeding to get the average fluid intake per day. The same calculation on item K0710B2 only “while a resident”. Calculate the total of fluid intake while the resident is in your facility and divide by the number of days the resident received IV fluids or tube feeding while in your facility. For item K0710B3, add the total amount of IV fluids and tube feeding and divide by 7 to get the average fluid intake per day. Divide by 7 even if the resident did not receive IV fluids and/or tube feeding on each of the 7 days. Code “1” if 500 cc/day or less or Code “2:” if 501 cc/day or more.

References:

RAI Manual 3.0 version, October 2013

Monthly All State CMS, RAI/SMA Teleconferences

CMS Nursing Home Initiative Website

CMS ODF (Open Door Forum LTC) Provider’s Teleconference

All Facility Letter/CMS Survey & Certification Letter

**For MDS Clinical & Technical Questions
Please Contact:**

Susana Belda, RN, RAC-CT
State RAI Educational Coordinator:
(916) 324-2362 or (916) 552-8700

Roberto Toffoletti
State Automation Coordinator
(916) 324-2362 or (800) 236-9747

MDS Specifications Postings for

October 2014 Release

- Two new documents are posted on the CMS website. For access, use the MDS 3.0 link on the QTSO website, and select MDS Technical Information link.

Version 1.14.0 of the data submission specifications on 11-25-2013, and Version 1.12.0 of the MDS item set are now available.

An Errata document has also been posted identifying updates to the data specifications since the first draft.

- Some of the major changes includes:
 - * Response option [06] (readmission/return PPS assessment) was removed from A0310B. This type of assessment is functionally equivalent to a 5-day PPS assessment, so it really isn’t needed.
 - * The wording of the response options for A410(submission requirement) was changed. This change is intended to clarify the meaning of the three response options, but doesn’t change their intent.
 - * Caret (^) is no longer allowed for A0500 (resident first name). This makes first name a mandatory item. This change will be retroactive and will apply to all records submitted regardless of Target Date.
 - * The PASSR and ID/DD ITEMS A1500, A1510, and A1550 were removed from all ISC except for NC.
 - * A new item A1900 (admission date) was added to the Item set. The admission date is tied to three other items: type of most recent entry (A1700), most recent entered from location (A1800). And most recent entry date (A1600). It is also tied to the concepts of a “stay” and an “episode”.

A stay is contiguous days in the facility and an episode is a series of one or more stays that may be separated by brief interruptions in the resident’s time in the facility. An episode continues across stays until one of three events occurs; the resident is discharged with return not anticipated, the resident is discharged with return anticipated but is out of the facility for more than 30 days, or the resident dies in the facility.

More information regarding data submission specifications and approved final section S items is available on the Vendor page of the QTSO website at:

<https://www.qtso.com/vendormds.html>

The content of this newsletter may be time-limited and the information may be superseded by the guidance published by CMS and CDPH at a later date. It is the provider’s responsibility to keep with current updates from CMS and the State .