

MDS 3.0 – Changes You Need to Know for October 2023

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General Changes to the MDS 3.0

Resources

- MDS 3.0 Resources:
 - The Long Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.18.11, October 2023
 - MDS Item Set, Version 1.18.11, Effective October 2023
- Optional State Assessment
 - Optional State Assessment (OSA) Manual
 - MDS 3.0 Optional State Assessment Version 1.0, Effective 10/01/2023

General Changes

- Revisions related to Improving Medicare Post-Acute Transformation Act of 2014 (IMPACT Act)
- Standardized Patient Assessment Data Elements (SPADES) added
 - Standardized data will enable cross-setting data collection, outcome comparison, exchangeability of data, and comparison of quality within and across post-acute care (PAC) settings
 - Addresses: Ethnicity, Race, Language, Transportation, Health Literacy and Social Isolation (new or revised sections of the MDS for October 1, 2023)

General Changes

- Language in the manual was updated to be gender neutral
- Guidance and examples in numerous chapters revised to reflect current regulations and practices
- Past revisions included manual replacement pages, but due to the scope of the revisions, CMS will not issue replacement pages
- Updated websites, version, dates and page numbers

General Changes

- Coding examples throughout the manual were modified to improve clarity
- Revisions made pertaining to legal/proxy information for family member, significant other, and/or guardian/legally authorized representative to provide consistency
- Quality Improvement and Evaluation System (QIES) was changed to iQIES

Section by Section Changes

Section A: Identification Information

Section A

- Major change to ethnicity and race items
 - Section separated and expanded
 - Check all that apply
 - Included in OSA
- Transportation question added (SNF PPS assessment/discharge & planned discharge)
 - *“Has a lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?”*
- “Entered from” and “discharged to” items expanded

Section A

- Added questions related to medications on discharge from the facility to the subsequent provider and to the resident/family/care giver
 - Goal to improve care coordination between care providers
 - Required when resident is discharged anywhere other than back to community
 - Asks: *“At the time of discharge to another provider, did your facility provide the residents current reconciled medication list to the subsequent provider”* if answer is yes, next question addresses the route in which it was provided.
 - Asks the same question of provided to the resident.

Section B: Hearing, Speech, and Vision

Section B

- Question added related to Health Literacy (SNF PPS Assessment/discharge and planned discharge)
 - Asks *“How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?”*
- Goal is for better care coordination and discharge planning

Section D: Mood

Section D

- Change in the Resident Mood Interview (PHQ-9)
 - PHQ-2 to 9
- If no response to first two questions or answered as symptoms occur never-one day or 2-6 days (several days) the interview may be stopped.
 - If the resident admitted to having been bothered by the problems in the interview more than half the days or nearly every day, the interview must be continued.
 - The OSA requires the completion of the entire interview.
- Question added related to identifying Social Isolation *“How often do you feel lonely or isolated from those around you?”*.

Section G: Activities of Daily Living

Section G

- Greatest change in the MDS 3.0 – most of the items have been retired or moved into Section GG.
 - Range of motion; mobility devices normally used; personal hygiene; and tub/shower transfer questions from Section G were incorporated into Section GG
- Multiple items from Section G used in the Care Area Assessments will be triggered by the functional items in Section GG
- Quality Measures will change. Many utilized Section G ADL coding including:
 - MDS 3.0 QMs: Improvement in function; high-risk pressure ulcers; Low-risk who lose control of their bowel or bladder; whose need for help in ADLs has increased and those whose ability to move independently has worsened

Section G

- The OSA will continue with Section G; however, will collect information on the late loss ADLs only
 - Bed mobility, transfers, eating and toileting will continue
 - “Rule of 3” will remain in place for these items
 - Will remain a 7-day look-back from the assessment reference date (ARD)

Section GG: Functional Abilities and Goals

Section GG

- Data elements from Section G were revised and incorporated into GG
 - ADL assistance
 - Bathing
 - Balance during transfers and walking
 - Rehabilitation Potential
- Section GG is not in the OSA

Section GG

- Look-back periods Self Care and Mobility for each type of assessment:
 - Stand-alone 5 day (Medicare Part A Admission) – first three days of the Part A stay
 - OBRA Admission – first three days of the stay starting with the entry date
 - If combined with the 5-day, the look-back period is the first three days of the start of Medicare Part A
 - Interim Payment Assessment (IPA) – ARD and 2 previous days
 - Part A Discharge – End date of Medicare Part A stay and 2 previous days
 - OBRA other than admission – ARD plus 2 previous days
 - OBRA discharge – Discharge date plus 2 previous days

Section I: Active Diagnoses

Section I

- Clarification now in manual regarding the primary diagnosis and the use of an “acute condition”
 - *When an acute condition represents the primary reason for the resident’s SNF stay, it can be coded in I0020B. However, it is more common that a resident presents to the SNF for care related to an aftereffect of a disease, condition, or injury. Therefore, subsequent encounter or sequelae codes should be used.*
- The OSA includes check marks for diagnoses that affect a RUG category

Section J: Health Conditions

Section J

- Additional questions added to the pain interview
 - Pain effect on sleep
 - Pain interference with therapy activities
 - Pain interference with day-to-day activities (excluding therapy sessions)
- Instead of “yes” or “no” answers; data elements changed to identify how often pain as affected these items.
- Continues to assess a 5-day reference period
- The pain interview is not part of the OSA

Section K: Swallowing/Nutritional Status

Section K

- Added additional columns for nutritional approaches to capture different assessments periods to include:
 - On admission: occurred days 1 through 3 of the SNF PPS stay
 - While not a resident: occurred in the last 7 days
 - While a resident: occurred in the last 7 days
 - At discharge: occurred in the last 3 days of the SNF PPS stay
- Clarification added indicating *“Assessors should not capture a trial of a mechanically altered diet (e.g., pureed food, thickened liquids) during the observation period in K0520C, mechanically altered diet”*.
- The OSA will continue to ask “while a resident”, “while not a resident” for nutritional approaches but only includes fluids/feeding tube

Section M: Skin Conditions

Section M

- Clarifications added:
 - *“Skin changes at the end of life (SCALE), also referred to as Kennedy Terminal Ulcers (KTU’s) and skin failure, are not primarily caused by pressure and are not coded in Section M”*
 - *“At admission, code based on findings from the first skin assessment that is conducted on or after and as close to the admission as possible”*
 - *“A previously closed pressure ulcer that opens again should be reported at its worst stage, unless currently presenting at a higher stage or unstageable”*
 - *“If a resident has a pressure ulcer/injury that was documented on admission then closed that reopens at the same stage (i.e., not a higher stage) the ulcer/injury is coded as “present on admission” ”.*

Section N: Medications

Section N

- Medications Received that captured the number of days medications were received by the resident has been changed to High Risk Drug Classes: Use and Indication
- The question will ask *"Is taking"* and *"Indication noted"* – check if applies.
- Two additional classes have been added to the list:
 - Antiplatelet
 - Hypoglycemic (including insulin)
- Clarification added *"Residents who are on antidepressants should be closely monitored for worsening of depression and/or suicidal ideation/behavior, especially during initiation or changes of dosage in therapy. Stopping antidepressants abruptly puts one at higher risk of suicide ideation and behavior"*

Section O: Special Treatments, Procedures, and Programs

Section O

- Currently, when addressing special treatments, procedures and programs The MDS referred to what occurred over the last 14 days “while not a resident” or “while a resident” – this will change to:
 - On admission: Days 1-3 of the SNF PPS admission
 - While a resident: performed while a resident in the last 14 days
 - At discharge: the last 3 days of the SNF PPS stay ending on discharge from Medicare Part A.
- Categories extended to include: different modes of chemotherapy, oxygen therapy; suctioning; IV medication types; type of dialysis and IV access type.
- The OSA will continue to capture these items that occurred over the last 14 days “while not a resident” and “while a resident” in the facility.

Section O

- Physician examinations and physician orders that occurred over the last 14 days has been removed
 - The OSA will continue to capture this item

Section Q: Participation in Assessment and Goal Setting

Section Q

- Participation in assessment changed from individual questions with “yes” or “no” related who participated in the assessment to a *“Identify all active participants in the assessment process”* checklist
- Resident’s Overall Expectation changed to Resident’s Overall Goal – answered on admission only. Removed the wording “Expects to” and allows them to state their goal.
 - Supports that residents needing long term services and supports have a civil right to receive services in the least restrictive and most integrated setting appropriate to their needs

Optional State Assessment

Optional State Assessment

- **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 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, those include: A0300, D0200, D0300, G0110, K0510, O0100, O0450, O0600, O0700, and X0570

Optional State Assessment

- The Optional State Assessment (OSA) was originally removed from the draft data sets, but was released on April 24, 2023.
 - The OSA will be used in PA for the Medicaid case-mix
 - The OSA is a stand-alone assessment; therefore, impacting the MDS Coordinators workload
 - While the OSA will be utilized now, CMS is planning to phase out the RUG system and we should anticipate a change, such as a transition to PDPM by October 2025

Optional State Assessment

- The guidance in the OSA Manual should only be applied when completing the OSA for payment purposes which includes instructions for the items that were removed from the Federally required item sets.
- The RAI Manual, Chapter 3, provides the guidance for all the other items on the OSA.

Preparation for Changes

Preparation for the Changes

- Check with your software vendor to see if new assessments/forms will be released to capture the new items
- Analyze your current admission and discharge processes
- Implement a process for medication reconciliation to ensure the list gets to the subsequent provider and to the resident
- Think about how you will capture the Health Literacy questions and process for changing discharge processes if needed
- Examine current Section GG documentation (keep in mind Section G late loss ADLs still need to be captured for Medicaid reimbursement in PA)

Preparation for the Changes

- Look at the Pain Interview process, what are you currently doing? What needs changed to incorporate the new questions?
- Ensure all staff that take medication orders, obtain an indication for the medication
- Evaluate how information needed for Section O: Special Treatments, Procedures, and Programs will be present in your supportive documentation
- Train all team members of the changes. October 1 will be here soon!
 - Remember, PA will be using an additional assessment (OSA) for Medicaid reimbursement.

Do You Have Questions?



Thank You for Joining Us

Whatever your next move, we're here to help.

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