

# MDS changes

What you need  
to know for  
Oct. 1, 2020

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# Purpose



During this webinar, we'll take a closer look at the updates to the MDS 3.0 Item Sets that will be used in LTC facilities beginning October 1, 2020.



We'll also explore what the Interdisciplinary Team needs to do now to prepare for MDS Item Set completion during FY2021.

# What You'll Learn

What's changed in Sections GG, I and J for FY2021

Accurate coding of Sections GG, I and J on required MDS Item Sets

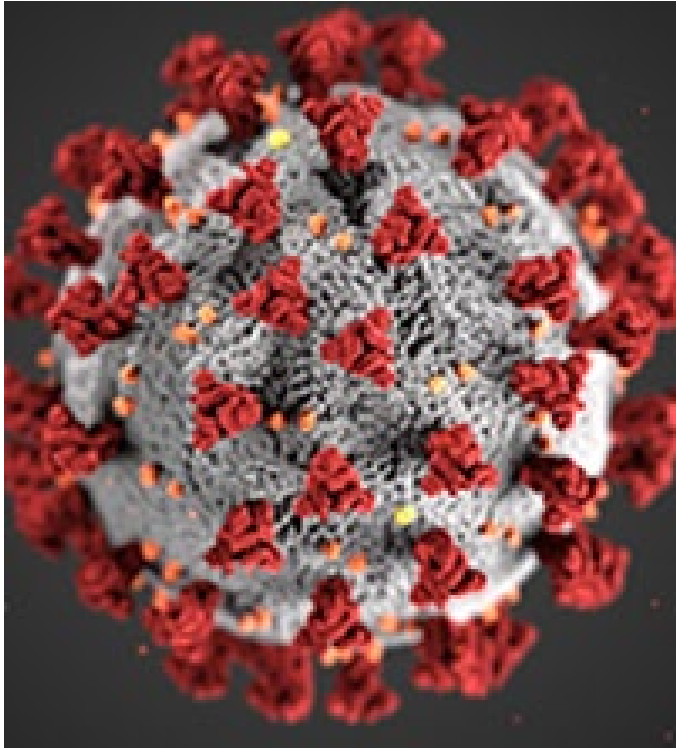
Audit data collection for OBRA assessments that require completion of Sections GG, I and J

The importance of timeliness and the capture of BIMS and PHQ-9 interview data



THANK  
YOU!!!

# MDS 3.0 v1.18.1 and COVID-19



CMS is delaying the release of updated versions of the Minimum Data Set (MDS) needed to support the Transfer of Health (TOH) Information Quality Measures and new or revised Standardized Patient Assessment Data Elements (SPADEs) in order to provide maximum flexibilities for providers of Skilled Nursing Facilities (SNFs) to respond to the COVID-19 Public Health Emergency (PHE).

The release of updated versions of the MDS will be delayed until October 1st of the year that is at least 2 full fiscal years after the end of the COVID-19 PHE. For example, if the COVID-19 PHE ends on September 20, 2020, SNFs will be required to begin collecting data using the updated versions of the item sets beginning with patients discharged on October 1, 2022.

~ 1135 Blanket Waiver... 13 March 2020

# What Happened to v1.18.1?

CMS is delaying the Minimum Data Set (MDS) 3.0 v1.18.1 release, which had been scheduled for October 1, 2020, in response to stakeholder concerns. The MDS item sets are used by Nursing Home and Swing Bed providers to collect and submit patient data to CMS. This MDS data informs payment, quality, and the survey process.

In December of 2019, CMS posted a draft of the MDS 3.0 item set v1.18.0 and received feedback from our stakeholders. We would like to thank the stakeholders for sharing their concerns regarding the *proposed changes to the MDS 3.0 item sets* and more specifically the *removal of the Section G items from OBRA assessments*.

The MDS changes CMS planned for October 1, 2020 will now be delayed. CMS staff are actively engaged in discussions with various stakeholders, regarding the various changes, the impacts of these changes, as well as, the compressed timeline to educate and train facility staff and update software and IT systems.

~ March 27, 2020 ... CMS pulled v1.18.1 draft on 19 March 2020

# The Result ...

“In response to State Medicaid Agency and stakeholder requests, CMS has updated the MDS 3.0 item sets (version 1.17.2) and related technical data specifications. These changes will support the calculation of PDPM payment codes on OBRA assessments when not combined with the 5-day SNF PPS assessment, specifically the OBRA comprehensive (NC) and OBRA quarterly (NQ) assessment item sets, which was not possible with item set version 1.17.1. This will allow State Medicaid Agencies to collect and compare RUG-III/IV payment codes to PDPM ones and thereby inform their future payment models.

Please confirm with your State Medicaid Agency if your State will be requiring the calculation of the PDPM payment codes on the OBRA assessments when not combined with a 5-day SNF PPS assessment.”

~ May 15, 2020





# FY2021 Medicaid Case-Mix by State


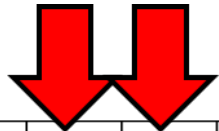
STATE	PDPM	OSA	UNDECIDED AT THIS TIME/STILL DISCUSSING	COMMENTS
Colorado			X	
Connecticut			X	
DC			X	
Georgia			X	
Hawaii			X	
Iowa	X			
Idaho	X			
Illinois			X	No changes to IL Medicaid reimbursement for FY21. There is no other information at this time regarding any future changes to IL Medicaid reimbursement.
Indiana	X			
Kansas			X	
Kentucky	X			
Louisiana		X		Also considering PDPM – no decision yet
Maryland	X			
Maine	X			
Minnesota	X			
Mississippi	X			
Missouri				Missouri is not currently a case-mix state. NFs receive a daily flat rate for residents whose payer source is Medicaid, and this will continue on 10/1/20. For MDS assessments with an ARD of 10/1/20 and after though, Missouri will require the calculation of PDPM HIPPS codes on the OBRA comprehensive and

STATE	PDPM	OSA	UNDECIDED AT THIS TIME/STILL DISCUSSING	COMMENTS
				OBRA Quarterly item sets when not combined with a PPS 5-day. Missouri does not currently require an OSA and will not require one beginning 10/1/20.
Montana				No to PDPM or OSA at this time
North Carolina	X			
North Dakota	X			
Nebraska	X			
New Hampshire			X	
New Jersey				No to PDPM or OSA this FY
Nevada	X			
New York			X	
Ohio	X			
Pennsylvania	X			No earlier than 1/1/2021
Rhode Island			X	
South Dakota	X			
Tennessee	X			
Texas			X	No to PDPM or OSA at this time. PDPM is under consideration
Utah	X			
Virginia	X			
Vermont				No to PDPM or OSA at this time
Washington	X			
Wisconsin	X			
West Virginia				No to PDPM or OSA at this time

**MDS 3.0 Item Set Change History  
for October 2020  
Version 1.17.2**

**Version 1.17.2 Changes**

**Section GG Items**

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
Footer	Incremented version to 1.17.2 with an effective date of 10/01/2020	X	X	X	X	X	X	X	X	X	X
GG0130	Item header changed to: Functional Abilities and Goals - Start of SNF PPS Stay or State PDPM	X	X	na	na	na	na	na	na	na	na
GG0130	Instructional language changed to: GG0130. Self-Care (If A0310B = 01, the assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B. If state requires completion with an OBRA assessment, the assessment period is the ARD plus 2 previous days; complete only column 1.)	X	X	na	na	na	na	na	na	na	na
GG0170	Item header changed to: Functional Abilities and Goals - Start of SNF PPS Stay or State PDPM	X	X	na	na	na	na	na	na	na	na
GG0170	Instructional language changed to: GG0170. Mobility (If A0310B = 01, the assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B. If state requires completion with an OBRA assessment, the assessment period is the ARD plus 2 previous days; complete only column 1.)	X	X	na	na	na	na	na	na	na	na

**Section I Items**

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
I0020	Instructional language changed to: I0020. Indicate the resident's primary medical condition category Complete only if A0310B = 01 or if state requires completion with an OBRA assessment	X	X	na	na	na	na	na	na	na	na

**Section J Items**

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
J2100	Instructional language changed to: J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or if state requires completion with an OBRA assessment	X	X	na	na	na	na	na	na	na	na

# Final Errata Data Submission Specs

<https://www.cms.gov/files/document/mds-30-data-specs-errata-v3005-final-06-18-2020.pdf>

## Errata V3.00.5 for MDS 3.0-V3.00.1 (FINAL) Data Submission Specifications

### Errata History

Date	Changes Made
08/29/2019	Issues 01-03 were added.
10/28/2019	Issues 04-05 were added.
04/30/2020	Issues 06-14 were added.
06/18/2020	Issues 15-16 were added.

### Issues Added: 04/30/2020

Issue ID	Problem	Resolution	Status
06	States will be able to choose whether PDPM values are calculated for OBRA assessments beginning October 1, 2020. A new item is needed to indicate whether the state has chosen to do so for the assessment.	The new item, STATE_PDPM_OBRA_CD, will be added as of October 1, 2020. This item will have two possible values: 0 (No, do not perform PDPM calculations for OBRA) and 1 (Yes, perform PDPM calculations for OBRA). This item is mandatory for all assessments with target date on or after October 1, 2020, and it is part of the Control section in the data specifications. The value will be placed at position 1827 of the fixed-length string. The item will be mapped to existing edit -3676.	This change will be made in the next version of the MDS 3.0 Data Submission Specs. It will be implemented in production on October 1, 2020.
07	The ASAP system will use the DMS, not the submitted value in STATE_PDPM_OBRA_CD, to determine whether PDPM values should be calculated for the state where the assessment was performed. The state will be able to specify begin and end dates for OBRA PDPM calculations. If the value submitted in STATE_PDPM_OBRA_CD does not match the DMS value specified by the state for the date range where the target date of the assessment falls, then the user will be notified of the mismatch, and the PDPM value will be recalculated by the ASAP system using the DMS value.	A new WARNING edit, -3966, will be issued by ASAP if A0310A=[01,02,03,04,05,06] and A0310B=[99] and the DMS value specified by the state for the date range where the target date of the assessment falls does not match the submitted value for STATE_PDPM_OBRA_CD. This edit will only apply for assessments with target date on or after October 1, 2020.	This change will be made in the next version of the MDS 3.0 Data Submission Specs. It will be implemented in production on October 1, 2020.

# Additional Data Submission Specs

Issue ID	Problem	Resolution	Status
08	<p>Edit -3921b currently reads as follows:</p> <p>b) If A0310B=[99], then the following items must be equal to [^]: GG0130A1, GG0130A2, GG0130B1, GG0130B2, GG0130C1, GG0130C2, GG0130E1, GG0130E2, GG0130F1, GG0130F2, GG0130G1, GG0130G2, GG0130H1, GG0130H2.</p> <p>This edit must be modified to allow entry of GG0130 Admission Performance items on OBRA assessments when states have chosen to have PDPM values calculated for OBRAs.</p>	<p>Edit -3921b will be modified to read as follows:</p> <p>b) If A0310B=[99], then</p> <p>--b1) If STATE_PDPM_OBRA_CD is active and STATE_PDPM_OBRA_CD=[0], then the following items, if active, must be equal to [^]: GG0130A1, GG0130A2, GG0130B1, GG0130B2, GG0130C1, GG0130C2, GG0130E1, GG0130E2, GG0130F1, GG0130F2, GG0130G1, GG0130G2, GG0130H1, GG0130H2.</p> <p>--b2) If STATE_PDPM_OBRA_CD is active and STATE_PDPM_OBRA_CD=[1], then the following items, if active, must not be equal to [^]: GG0130A1, GG0130B1, GG0130C1, GG0130E1, GG0130F1, GG0130G1, GG0130H1.</p> <p>--b3) If STATE_PDPM_OBRA_CD is active and STATE_PDPM_OBRA_CD=[1], then the following items, if active, must be equal to [^]: GG0130A2, GG0130B2, GG0130C2, GG0130E2, GG0130F2, GG0130G2, GG0130H2.</p> <p>--b4) If STATE_PDPM_OBRA_CD is not active, then the following items, if active, must be equal to [^]: GG0130A1, GG0130A2, GG0130B1, GG0130B2, GG0130C1, GG0130C2, GG0130E1, GG0130E2, GG0130F1, GG0130F2, GG0130G1, GG0130G2, GG0130H1, GG0130H2.</p> <p>NOTE: ASAP will use the DMS value (as described in the Resolution to issue 07 above) instead of STATE_PDPM_OBRA_CD in order to determine whether to enforce the b1, b2 and b3 edits.</p>	<p>This change will be made in the next version of the MDS 3.0 Data Submission Specs.</p> <p>It will be implemented in production on October 1, 2020.</p>

Issue ID	Problem	Resolution	Status
09	<p>Edit -3927b currently reads as follows:</p> <p>b) If A0310B=[99], then the following items, when active, must be equal to [^]: GG0170A1, GG0170A2, GG0170B1, GG0170B2, GG0170C1, GG0170C2, GG0170D1, GG0170D2, GG0170E1, GG0170E2, GG0170F1, GG0170F2, GG0170G1, GG0170G2, GG0170H1, GG0170I2, GG0170J2, GG0170K2, GG0170L2, GG0170M1, GG0170M2, GG0170N2, GG0170O2, GG0170P1, GG0170P2, GG0170Q1.</p> <p>This edit must be modified to allow entry of GG0170 Admission Performance items on OBRA assessments when states have chosen to have PDPM values calculated for OBRAs.</p>	<p>Edit -3927b will be modified to read as follows:</p> <p>b) If A0310B=[99], then</p> <p>--b1) If STATE_PDPM_OBRA_CD is active and STATE_PDPM_OBRA_CD=[0], then the following items, if active, must be equal to [^]: GG0170A1, GG0170A2, GG0170B1, GG0170B2, GG0170C1, GG0170C2, GG0170D1, GG0170D2, GG0170E1, GG0170E2, GG0170F1, GG0170F2, GG0170G1, GG0170G2, GG0170I1, GG0170I2, GG0170J2, GG0170K2, GG0170L2, GG0170M1, GG0170M2, GG0170N2, GG0170O2, GG0170P1, GG0170P2, GG0170Q1.</p> <p>--b2) If STATE_PDPM_OBRA_CD is active and STATE_PDPM_OBRA_CD=[1], then the following items, if active, must not be equal to [^]: GG0170A1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, GG0170F1, GG0170G1, GG0170I1, GG0170M1, GG0170P1, GG0170Q1.</p> <p>--b3) If STATE_PDPM_OBRA_CD is active and STATE_PDPM_OBRA_CD=[1], then the following items, if active, must be equal to [^]: GG0170A2, GG0170B2, GG0170C2, GG0170D2, GG0170E2, GG0170F2, GG0170G2, GG0170I2, GG0170J2, GG0170K2, GG0170L2, GG0170M2, GG0170N2, GG0170O2, GG0170P2.</p> <p>--b4) If STATE_PDPM_OBRA_CD is not active, then the following items, if active, must be equal to [^]: GG0170A1, GG0170A2, GG0170B1, GG0170B2, GG0170C1, GG0170C2, GG0170D1, GG0170D2, GG0170E1, GG0170E2, GG0170F1, GG0170F2, GG0170G1, GG0170G2, GG0170I1, GG0170I2, GG0170J2, GG0170K2, GG0170L2, GG0170M1, GG0170M2, GG0170N2, GG0170O2, GG0170P1, GG0170P2, GG0170Q1.</p> <p>NOTE: ASAP will use the DMS value (as described in the Resolution to issue 07 above) instead of STATE_PDPM_OBRA_CD in order to determine whether to enforce the b1, b2 and b3 edits.</p>	<p>This change will be made in the next version of the MDS 3.0 Data Submission Specs.</p> <p>It will be implemented in production on October 1, 2020.</p>

# And ...

Issue ID	Problem	Resolution	Status
10	<p>Edit -3942b reads as follows:                      b) If A0310B=[99], then if J2100 is active, it must be equal to [*].                      This edit must be modified to allow entry of J2100 on OBRA assessments when states have chosen to have PDPM values calculated for OBRAs.</p>	<p>Edit -3942b will be modified to read as follows:                      b) If A0310B=[99], then                      --b1) If STATE_PDPM_OBRA_CD is active and STATE_PDPM_OBRA_CD=[0], then if J2100 is active, it must be equal to [*].                      --b2) If STATE_PDPM_OBRA_CD is active and STATE_PDPM_OBRA_CD=[1], then if J2100 is active, it must not be equal to [*].                      --b3) If STATE_PDPM_OBRA_CD is not active, then if J2100 is active, it must be equal to [*].                      NOTE: ASAP will use the DMS value (as described in the Resolution to issue 07 above) instead of STATE_PDPM_OBRA_CD in order to determine whether to enforce the b1 and b2 edits.</p>	<p>This change will be made in the next version of the MDS 3.0 Data Submission Specs.                      It will be implemented in production on October 1, 2020.</p>
11	<p>Edit -3897 reads as follows:                      Payment Reduction Warning: A dash (-) submitted in this quality measure assessment item may result in a payment reduction for your facility of two percentage points for the affected payment determination.                      This edit does not apply for OBRA assessments where states have chosen to have PDPM values.</p>	<p>Edit -3897 will be modified to read as follows:                      If A0310B=[01,08], then the following warning message will apply if a dash is submitted for this item:                      Payment Reduction Warning: A dash (-) submitted in this quality measure assessment item may result in a payment reduction for your facility of two percentage points for the affected payment determination.</p>	<p>This change will be made in the next version of the MDS 3.0 Data Submission Specs.                      It will be implemented in production on October 1, 2020.</p>

Issue ID	Problem	Resolution	Status
12	<p>PDPM calculations for OBRA assessments will utilize two lookup tables for I0020B: the existing lookup table and a secondary lookup table, which will direct the PDPM to utilize the Medical Management category if the code is found.                      A new WARNING edit will be issued if the submitted value for I0020B is not present in either lookup table.</p>	<p>A new WARNING edit, -3967, will be created and read as follows:                      If A0310B=[99] and STATE_PDPM_OBRA_CD is active and STATE_PDPM_OBRA_CD=[1] and I0020B cannot be found in either data spec dictionary table pdpm_icd_codes_FYxxxx or pdpm_icd_codes_2_FYxxxx (where FYxxxx is the fiscal year matching the target date of the assessment), then the PDPM cannot be determined for this assessment.                      NOTE: ASAP will use the DMS value for the state where the assessment was performed instead of STATE_PDPM_OBRA_CD to determine whether this warning is applicable.                      This edit will only apply for assessments with target date on or after October 1, 2020.</p>	<p>This change will be made in the next version of the MDS 3.0 Data Submission Specs.                      It will be implemented in production on October 1, 2020.</p>
13	<p>Edit -3945 currently reads as follows:                      This ICD code must be one of the codes in the table pdpm_icd_codes of the data spec dictionary, in order to ensure that the PDPM grouper is able to generate a valid HIPPS code.                      This edit should not apply for OBRA assessments where PDPM values will be calculated.</p>	<p>Edit -3945 will be modified to read as follows:                      If A0310B=[01,08], then this ICD code must be one of the codes in the data spec dictionary table pdpm_icd_codes_FYxxxx (where FYxxxx is the fiscal year matching the target date of the assessment), in order to ensure that the PDPM grouper is able to generate a valid HIPPS code.</p>	<p>This change will be made in the next version of the MDS 3.0 Data Submission Specs.                      It will be implemented in production on October 1, 2020.</p>
14	<p>Edit -9020 currently reads as follows:                      The maximum length of Z0100A is 7 characters even though the HIPPS code is currently 5 characters in length. The extra 2 characters are included to allow for future expansion.                      HIPPS codes generated by the PDPM for OBRAs will be 4 characters in length, so the text of this edit must change.</p>	<p>Edit -9020 will be revised to read as follows:                      The maximum length of Z0100A is 7 characters even though the HIPPS code is currently 5 characters in length for 5-day and Interim Payment assessments, and 4 characters in length for OBRAs. The extra characters are included to allow for future expansion.</p>	<p>This change will be made in the next version of the MDS 3.0 Data Submission Specs.                      It will be implemented in production on October 1, 2020.</p>

**Centers for Medicare &  
Medicaid Services**



**Long-Term Care  
Facility Resident  
Assessment  
Instrument 3.0  
User's Manual**

**Version 1.17.1**

**October 2019**

## RAI User's Manual

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- We have updated Item Sets (v1.17.2) but we will not have an updated RAI Manual.
- Continue to use the October 2019 version through September 30, 2021.
- Consult frequently and follow CMS guidance for coding any & all items on an Item Set. Contact your state's RAI Coordinator for questions/guidance with any item.

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

<https://www.briggshealthcare.com/MDS-3.0-Users-Manual-v1.17-October-2019-Edition>

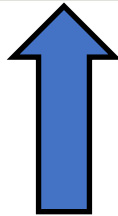
<https://www.briggshealthcare.com/MDS-3.0-Users-Manual-V1.17.1-October-2019-Edition-eManual>

[https://www.briggshealthcare.com/assets/landingpages/flipcatalogs/2020\\_MDS\\_Brochure/2020\\_MDS\\_Brochure.html](https://www.briggshealthcare.com/assets/landingpages/flipcatalogs/2020_MDS_Brochure/2020_MDS_Brochure.html)

# What's changed – Section GG (v1.17.2)



Section GG	Functional Abilities and Goals - Start of SNF PPS Stay or State PDPM
<b>GG0130. Self-Care</b> (If A0310B = 01, the assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B. If state requires completion with an OBRA assessment, the assessment period is the ARD plus 2 previous days; complete only column 1.)	

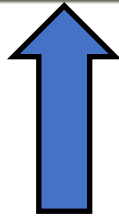


Section GG	Functional Abilities and Goals - Admission (Start of SNF PPS Stay)
<b>GG0130. Self-Care</b> (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B) Complete only if A0310B = 01	

Also ...



Section GG	Functional Abilities and Goals - Start of SNF PPS Stay or State PDPM
<b>GG0170. Mobility</b> (If A0310B = 01, the assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B. If state requires completion with an OBRA assessment, the assessment period is the ARD plus 2 previous days; complete only column 1.)	



Section GG	Functional Abilities and Goals - Admission (Start of SNF PPS Stay)
<b>GG0170. Mobility</b> (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B) Complete only if A0310B = 01	



# I0020 – v1.17.2



Section I		Active Diagnoses
<b>I0020. Indicate the resident's primary medical condition category</b> Complete only if A0310B = 01 or if state requires completion with an OBRA assessment		
Enter Code	<b>Indicate the resident's primary medical condition category that best describes the primary reason for admission</b>	
<input type="text"/>	<ul style="list-style-type: none"><li>01. <b>Stroke</b></li><li>02. <b>Non-Traumatic Brain Dysfunction</b></li><li>03. <b>Traumatic Brain Dysfunction</b></li><li>04. <b>Non-Traumatic Spinal Cord Dysfunction</b></li><li>05. <b>Traumatic Spinal Cord Dysfunction</b></li><li>06. <b>Progressive Neurological Conditions</b></li><li>07. <b>Other Neurological Conditions</b></li><li>08. <b>Amputation</b></li><li>09. <b>Hip and Knee Replacement</b></li><li>10. <b>Fractures and Other Multiple Trauma</b></li><li>11. <b>Other Orthopedic Conditions</b></li><li>12. <b>Debility, Cardiorespiratory Conditions</b></li><li>13. <b>Medically Complex Conditions</b></li></ul>	
	<b>I0020B. ICD Code</b>	
	<input type="text"/>	

Section I		Active Diagnoses
<b>I0020. Indicate the resident's primary medical condition category</b> Complete only if A0310B = 01 or 08		

# J2100 - v1.17.2



<b>J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or if state requires completion with an OBRA assessment</b>	
Enter Code <input type="text"/>	Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay? 0. <b>No</b> 1. <b>Yes</b> 8. <b>Unknown</b>

<b>J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or 08</b>	
Enter Code <input type="text"/>	Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay? 0. <b>No</b> 1. <b>Yes</b> 8. <b>Unknown</b>



# GG: Mobility

## Section GG Functional Abilities and Goals - Start of SNF PPS Stay or State PDPM

**GG0170. Mobility** (If A0310B = 01, the assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B. If state requires completion with an OBRA assessment, the assessment period is the ARD plus 2 previous days; complete only column 1.)

**Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).**

### Coding:

**Safety and Quality of Performance** – If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

- 06. **Independent** – Resident completes the activity by him/herself with no assistance from a helper.
- 05. **Setup or clean-up assistance** – Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- 02. **Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent** – Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

**If activity was not attempted, code reason:**

- 07. **Resident refused**
- 09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88. **Not attempted due to medical condition or safety concerns**

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<b>A. Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
<input type="text"/>	<input type="text"/>	<b>B. Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	<b>C. Lying to sitting on side of bed:</b> The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support. <span style="color: green;">●</span> RUI
<input type="text"/>	<input type="text"/>	<b>D. Sit to stand:</b> The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
<input type="text"/>	<input type="text"/>	<b>E. Chair/bed-to-chair transfer:</b> The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	<b>G. Car transfer:</b> The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
<input type="text"/>	<input type="text"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/>	<input type="text"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

## Section GG Functional Abilities and Goals - Start of SNF PPS Stay or State PDPM

**GG0170. Mobility** (If A0310B = 01, the assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B. If state requires completion with an OBRA assessment, the assessment period is the ARD plus 2 previous days; complete only column 1.) - Continued

**Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).**

### Coding:

**Safety and Quality of Performance** – If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

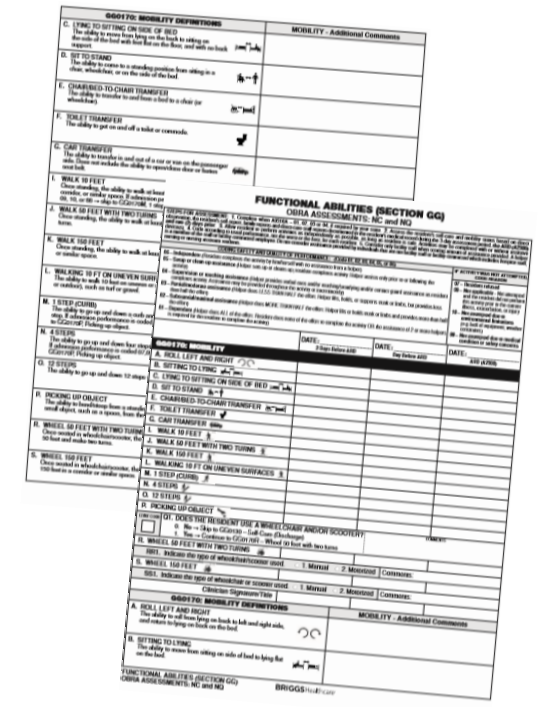
*Activities may be completed with or without assistive devices.*

- 06. **Independent** – Resident completes the activity by him/herself with no assistance from a helper.
- 05. **Setup or clean-up assistance** – Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- 02. **Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent** – Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

**If activity was not attempted, code reason:**

- 07. **Resident refused**
- 09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88. **Not attempted due to medical condition or safety concerns**

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<b>L. Walking 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
<input type="text"/>	<input type="text"/>	<b>M. 1 step (curb):</b> The ability to go up and down a curb and/or up and down one step. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/>	<input type="text"/>	<b>N. 4 steps:</b> The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/>	<input type="text"/>	<b>O. 12 steps:</b> The ability to go up and down 12 steps with or without a rail.
<input type="text"/>	<input type="text"/>	<b>P. Picking up object:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
<input type="text"/>	<input type="text"/>	<b>Q1. Does the resident use a wheelchair and/or scooter?</b> 0. No → Skip to GG0130, Self Care (Discharge) 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	<b>RRT. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
<input type="text"/>	<input type="text"/>	<b>SS1. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized



# Coding GG – Functional Abilities

## Coding:

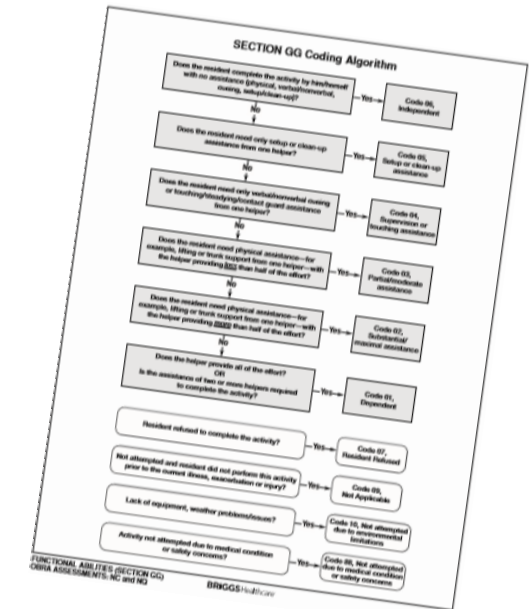
**Safety and Quality of Performance** – If helper assistance is required because resident’s performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

06. **Independent** – Resident completes the activity by him/herself with no assistance from a helper.
05. **Setup or clean-up assistance** – Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** – Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

## If activity was not attempted, code reason:

07. **Resident refused**
09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**



# Coding G – Activities of Daily Living (ADL) Assistance

G0110. Activities of Daily Living (ADL) Assistance					
Refer to the ADL flow chart in the RAI manual to facilitate accurate coding					
<p><b>Instructions for Rule of 3</b></p> <ul style="list-style-type: none"> <li>■ When an activity occurs three times at any one given level, code that level.</li> <li>■ When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3).</li> <li>■ When an activity occurs at various levels, but not three times at any given level, apply the following:               <ul style="list-style-type: none"> <li>○ When there is a combination of full staff performance, and extensive assistance, code extensive assistance.</li> <li>○ When there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2).</li> </ul> </li> </ul> <p><b>If none of the above are met, code supervision.</b></p>					
<p><b>1. ADL Self-Performance</b> Code for <b>resident's performance</b> over all shifts – not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent – except for total dependence, which requires full staff performance every time</p> <p><b>Coding:</b></p> <p><b>Activity Occurred 3 or More Times</b></p> <ul style="list-style-type: none"> <li>0. <b>Independent</b> – no help or staff oversight at any time</li> <li><input checked="" type="radio"/> <input type="radio"/> 1. <b>Supervision</b> – oversight, encouragement or cueing</li> <li><input checked="" type="radio"/> <input type="radio"/> 2. <b>Limited assistance</b> – resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance</li> <li><input checked="" type="radio"/> <input type="radio"/> 3. <b>Extensive assistance</b> – resident involved in activity, staff provide weight-bearing support</li> <li><input checked="" type="radio"/> <input type="radio"/> 4. <b>Total dependence</b> – full staff performance every time during entire <b>7-day</b> period</li> </ul> <p><b>Activity Occurred 2 or Fewer Times</b></p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> <input type="radio"/> 7. <b>Activity occurred only once or twice</b> – activity did occur but only once or twice</li> <li><input checked="" type="radio"/> <input type="radio"/> 8. <b>Activity did not occur</b> – activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire <b>7-day</b> period</li> </ul>	<p><b>2. ADL Support Provided</b> Code for <b>most support provided</b> over all shifts; code regardless of resident's self-performance classification</p> <p><b>Coding:</b></p> <ul style="list-style-type: none"> <li>0. <b>No</b> setup or physical help from staff</li> <li>1. <b>Setup</b> help only</li> <li>2. <b>One</b> person physical assist</li> <li>3. <b>Two+</b> persons physical assist</li> <li>8. ADL activity itself <b>did not occur</b> or family and/or non-facility staff provided care 100% of the time for that activity over the entire <b>7-day</b> period</li> </ul> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;"><b>1. Self-Performance</b></td> <td style="width: 50%;"><b>2. Support</b></td> </tr> <tr> <td colspan="2">↓ Enter Codes in Boxes ↓</td> </tr> </table>	<b>1. Self-Performance</b>	<b>2. Support</b>	↓ Enter Codes in Boxes ↓	
<b>1. Self-Performance</b>	<b>2. Support</b>				
↓ Enter Codes in Boxes ↓					

# G vs. GG

- Now would be an *excellent* time to review observation & coding with direct caregivers and members of the IDT that work w/the MDS. They are NOT coded the same!
  - G0110H – Eating...How resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration).
  - GG0130A – Eating...The ability to use suitable utensils to bring food and/or liquids to the mouth and swallow food and/or liquid once the meal is placed before the resident.
  - Look at the 10 GG items used for PDPM function scores and the 4 late-loss ADLs (Section G) used for RUG payment – there are NO identical items!
- There are similarities as well as differences between G and GG tasks and subtasks. Review the RAI Manual with your team – you’ll all need a refresher.
- Review how you collect data for both G and GG – paper worksheets, kiosk/EMR. Audit how data is collected frequently and re-educate staff as needed. More than 1 auditor – don’t audit own documentation w/o an additional auditor. There must be supporting documentation. Remember that G and GG are both used in reimbursement calculations!
- No CMS requirement for a specific discipline to code – WORK AS A TEAM WHEN POSSIBLE: Therapy & Nursing
- Are you observing/coding for the each 24-hours during the observation period?
  - Section G is a 7-day look-back
  - Section GG is a 3-day observation period

# Tips for Coding GG – SNF/PPS & OBRA

- **Skilled Part A residents**

- Observe, collect & code GG Self-Care and Mobility for usual performance during 1<sup>st</sup> 3 days following skilled admission.
- Must care plan at least one discharge goal. Don't use hyphens in the performance column!
- Observe, collect & code last 3 days of skilled stay.
- SNF QRP measures belong to the skilled stay.

- **OBRA (non-skilled) residents – if required by state for Medicaid case-mix**

- Observe, collect & code GG Self-Care and Mobility for functional abilities for the 3-day period ending with the ARD.
- Code only the performance column (1).
- Follow state directives for use with OBRA assessments (NC & NQ).
- Case-mix is a snapshot - you'll work with the OBRA assessments throughout any given *quarter* while the resident is in the facility. These changes will not affect Medicaid reimbursement on October 1<sup>st</sup>.



# On-Demand Training Webinars: Section GG



<https://www.simpleltc.com/section-gg-functional-outcomes-free-webinar/>



<https://www.simpleltc.com/gg-good-to-great-webinar/>

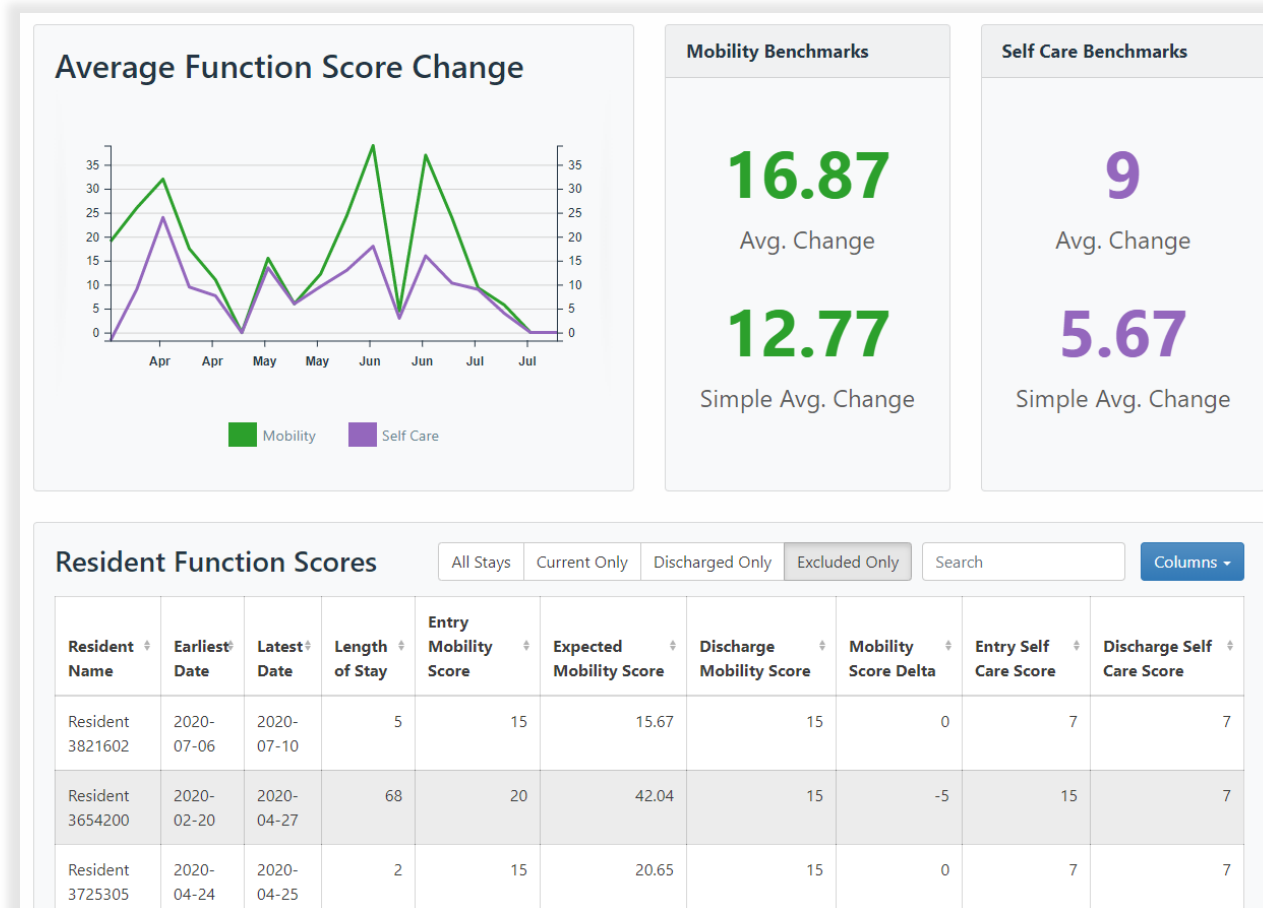
# Introducing: SimpleLTC Function Scores Report

The screenshot shows the SimpleLTC SimpleAnalyzer™ interface. At the top, there are navigation tabs for MDS, PBJ, Analytics (highlighted with a yellow circle), Admin, and Help. Below the tabs, the 'SimpleAnalyzer™' header is visible. The main content area is titled 'Function Scores' and includes a description: 'A real time summary of the admission, expected, and discharge function scores from Section GG of the MDS. Expected Discharge scores calculated according to CMS'. A search box labeled 'Search Diagnosis' is on the right. On the left sidebar, there are menu items for Workflow, Financial, Clinical (highlighted with a yellow circle), Quality, and State. A dropdown menu is open from the Clinical menu, with 'Function Scores' highlighted (circled in yellow). The main content area features a line graph titled 'Function Score Change' and a 'Mobility Bench' section with a large number '15'.

**SIMPLELTC™**  
A BRIGGS HEALTHCARE COMPANY

*SimpleLTC users:  
If you have the 'Analytics'  
tab in your software, you  
already have access to this  
report.*

# Demo: Section GG Function Scores report



*SimpleLTC users:  
If you have the 'Analytics' tab in your software, you already have access to this report.*

# 10020 Coding

## SECTION I: ACTIVE DIAGNOSES

**Intent:** The items in this section are intended to code diseases that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitoring, or risk of death. One of the important functions of the MDS assessment is to generate an updated, accurate picture of the resident's current health status.

Section I		Active Diagnoses	
<b>10020. Indicate the resident's primary medical condition category</b> Complete only if A0310B = 01 or if state requires completion with an OBRA assessment			
Enter Code <input type="text"/> <input type="text"/>	<b>Indicate the resident's primary medical condition category that best describes the primary reason for admission</b>		
	01.	Stroke	<input checked="" type="checkbox"/>
	02.	Non-Traumatic Brain Dysfunction	<input checked="" type="checkbox"/>
	03.	Traumatic Brain Dysfunction	<input checked="" type="checkbox"/>
	04.	Non-Traumatic Spinal Cord Dysfunction	<input checked="" type="checkbox"/>
	05.	Traumatic Spinal Cord Dysfunction	<input checked="" type="checkbox"/>
	06.	Progressive Neurological Conditions	<input checked="" type="checkbox"/>
	07.	Other Neurological Conditions	<input checked="" type="checkbox"/>
	08.	Amputation	<input checked="" type="checkbox"/>
	09.	Hip and Knee Replacement	<input checked="" type="checkbox"/>
	10.	Fractures and Other Multiple Trauma	<input checked="" type="checkbox"/>
	11.	Other Orthopedic Conditions	<input checked="" type="checkbox"/>
	12.	Debility, Cardiorespiratory Conditions	<input checked="" type="checkbox"/>
	13.	Medically Complex Conditions	<input checked="" type="checkbox"/>
<b>10020B. ICD Code</b>			
<input type="text"/>			
<a href="http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html">http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html</a>			

### Item Rationale

#### Health-related Quality of Life

- Disease processes can have a significant adverse effect on residents' functional improvement.

#### Planning for Care

- *Indicate the resident's primary medical condition category that best describes the primary reason for the Medicare Part A stay.*

- NOF #2633 SNF Functional Outcome Measure: Change in Self-Care for Medical Rehabilitation Patients (included in Risk Adjustment)
- NOF #2634 SNF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (included in Risk Adjustment)
- NOF #2635 SNF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (included in Risk Adjustment)
- NOF #2636 SNF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (included in Risk Adjustment)

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM>

[FY 2021 PDPM ICD-10 Mappings \(ZIP\)](#)

# FY2021 PDPM ICD-10 Mappings

- See web address on previous slide
- PPS: Remember RTPs
- OBRA: Waiting on state/CMS guidance

34117	S52125S	Nondisplaced fracture of head of left radius, sequela	Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)
34118	S52126A	Nondisplaced fracture of head of unspecified radius, initial encounter for closed fracture	Return to Provider
34119	S52126B	Nondisplaced fracture of head of unspecified radius, initial encounter for open fracture type I or II	Return to Provider
34120	S52126C	Nondisplaced fracture of head of unspecified radius, initial encounter for open fracture type IIIA, IIB, or IIIC	Return to Provider
34121	S52126D	Nondisplaced fracture of head of unspecified radius, subsequent encounter for closed fracture with infection	Return to Provider
34122	S52126E	Nondisplaced fracture of head of unspecified radius, subsequent encounter for open fracture type I or II	Return to Provider
34123	S52126F	Nondisplaced fracture of head of unspecified radius, subsequent encounter for open fracture type IIIA, IIB, or IIIC	Return to Provider
34124	S52126G	Nondisplaced fracture of head of unspecified radius, subsequent encounter for closed fracture with infection	Return to Provider
34125	S52126H	Nondisplaced fracture of head of unspecified radius, subsequent encounter for open fracture type I or II	Return to Provider
34126	S52126J	Nondisplaced fracture of head of unspecified radius, subsequent encounter for open fracture type IIIA, IIB, or IIIC	Return to Provider
34127	S52126K	Nondisplaced fracture of head of unspecified radius, subsequent encounter for closed fracture with infection	Return to Provider
34128	S52126M	Nondisplaced fracture of head of unspecified radius, subsequent encounter for open fracture type I or II	Return to Provider
34129	S52126N	Nondisplaced fracture of head of unspecified radius, subsequent encounter for open fracture type IIIA, IIB, or IIIC	Return to Provider
34130	S52126P	Nondisplaced fracture of head of unspecified radius, subsequent encounter for closed fracture with infection	Return to Provider
34131	S52126Q	Nondisplaced fracture of head of unspecified radius, subsequent encounter for open fracture type I or II	Return to Provider
34132	S52126R	Nondisplaced fracture of head of unspecified radius, subsequent encounter for open fracture type IIIA, IIB, or IIIC	Return to Provider
34133	S52126S	Nondisplaced fracture of head of unspecified radius, sequela	Return to Provider
34134	S52131A	Displaced fracture of neck of right radius, initial encounter for closed fracture	Non-Surgical Orthopedic/Musculoskeletal
34135	S52131B	Displaced fracture of neck of right radius, initial encounter for open fracture type I or II	Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)

## PDPM ICD-10-CM Mappings FY2021

### Purpose

ICD-10-CM related mappings for the purposes of resident classification under the Patient-Driven Payment Model (PDPM) for Medicare Part A SNF stays.

### Table of Contents

#### ICD-10-CM to Clinical Category Mapping

#### Clinical Category

Mapping of the ICD-10-CM Recorded in Item I0020B of the MDS Assessment to PDPM Clinical Categories  
*Note: To identify proposed FY2021 changes, filter out "Blank" and "No Data" in Columns F and G.*

#### SLP Comorbidity to ICD-10-CM Mapping

#### SLP Comorbidity

Mapping of Comorbidities Included in the PDPM SLP Component to ICD-10-CM Codes

#### NTA Comorbidity to ICD-10-CM Mapping

#### NTA Comorbidity

*Note: There are no proposed FY2021 changes.*  
 Mapping of Comorbidities Included in the PDPM NTA Component to ICD-10-CM Codes  
*Note: To identify proposed FY2021 changes, filter out "Blank" and "No Data" in Column E.*

### Updates

1. Updated all three mappings to FY2021 code list.
2. Reflected all changes finalized in the FY2021 SNF PPS Rule.

### Overview

### Clinical\_Categories\_By\_Dx

### SLP\_Comorbidity

### NTA\_Comorbidity



# J2100 Coding

J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or if state requires completion with an OBRA assessment	
Enter Code <input type="checkbox"/>	Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay? 0.  No 1.  Yes 8.  Unknown

## Item Rationale

### Health-related Quality of Life

- *A recent history of major surgery during the inpatient stay that preceded the resident's Part A admission can affect a resident's recovery.*

### Planning for Care

- *This item identifies whether the resident had major surgery during the inpatient stay that immediately preceded the resident's Part A admission. A recent history of major surgery can affect a resident's recovery.*

## Coding Tips

- *Generally, major surgery for item J2100 refers to a procedure that meets the following criteria:*
  1. *the resident was an inpatient in an acute care hospital for at least one day in the 30 days prior to admission to the skilled nursing facility (SNF), **and***
  2. *the surgery carried some degree of risk to the resident's life or the potential for severe disability.*

# Coding Major Surgery: OBRA-required

- Section J is a 30-day look-back.
- Surgery must be:
  - Inpatient and
  - Major - surgery carried some degree of risk to the resident's life or the potential for severe disability.
- Ensure the resident's medical record contains a copy of the surgical report.
- Reminder for PPS: Major surgery in past 30 days is coded if relates to the primary diagnosis (active care during the SNF stay). Don't code the same surgery twice in more than 1 area of J2300 – J2500.
- OBRA: Waiting for guidance from state/CMS

# Resident Interviews

- Mental Status (C), Mood (D), Preferences for Customary Routine and Activities (F), Pain (J) and Resident's Overall Expectations (Q)
- Provides resident w/a voice.
- Provides 1<sup>st</sup> person account – they own their response,
- Part of reimbursement calculations – BIMS
  - BIMS and CPS score combined for PPS classification.
  - No BIMS interview nor staff assessment completed = PDPM considers resident cognitively intact.
  - No BIMS = potential loss of about \$15 each day in reimbursement.
- Part of reimbursement calculations – PHQ-9
  - Presence of potential depression (PHQ-9)
  - Staff assessment for Mood cannot be done for an interviewable resident (i.e., unplanned discharge & the resident was not interviewed)
    - Reimbursement defaults into a non-depressive nursing case-mix component.
    - You could potentially lose about \$40 or more each day in reimbursement.



# Interviews are Important!

- Conduct resident interview on the day of or the day before the ARD.
- Included in quality measures: Moderate to Severe Pain, Depressive Symptoms
- ALWAYS follow the script for each interview – go back now to review & retrain! Repeat training/auditing as needed.
- “Heir & a spare” – train more than 1 individual to do the interviews.
- If you conduct the interviews on the day of admission, keep in mind that you should not use it for the admission assessment unless that ARD is the day of admission. Go back and conduct the interviews closer to the ARD – see 1<sup>st</sup> bullet.
- COVID-19 is presenting challenges! You’ll need to be creative to get the interviews completed. Reference 4<sup>th</sup> bullet above. **ALWAYS FOLLOW IPCP PRACTICES!**

# Coding Isolation During COVID-19 (O0100M)

- **O0100M, Isolation for active infectious disease (does not include standard precautions)**

Code only when the resident requires transmission-based precautions and single room isolation (alone in a separate room) because of active infection (i.e., symptomatic and/or have a positive test and are in the contagious stage) with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission. Do not code this item if the resident only has a history of infectious disease (e.g., s/p MRSA or s/p C-Diff - no active symptoms). Do not code this item if the precautions are standard precautions, because these types of precautions apply to everyone. Standard precautions include hand hygiene compliance, glove use, and additionally may include masks, eye protection, and gowns. Examples of when the isolation criterion would not apply include urinary tract infections, encapsulated pneumonia, and wound infections.

Code for “single room isolation” only when all of the following conditions are met:

1. The resident has active infection with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.
2. Precautions are over and above standard precautions. That is, transmission-based precautions (contact, droplet, and/or airborne) must be in effect.
3. The resident is in a room alone because of active infection and cannot have a roommate. This means that the resident must be in the room alone and not cohorted with a roommate regardless of whether the roommate has a similar active infection that requires isolation.
4. The resident must remain in his/her room. This requires that all services be brought to the resident (e.g. rehabilitation, activities, dining, etc.).

The following resources are being provided to help the facility interdisciplinary team determine the best method to contain and/or prevent the spread of infectious disease based on the type of infection and clinical presentation of the resident related to the specific communicable disease. The CDC guidelines also outline isolation precautions and go into detail regarding the different types of Transmission-Based Precautions (Contact, Droplet, and Airborne).

- 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>
- SHEA/APIC Guideline: Infection Prevention and Control in the Long Term Care Facility [http://www.apic.org/Resource/TinyMceFileManager/Practice\\_Guidance/id APIC-SHEA\\_GuidelineforiCinLTCFs.pdf](http://www.apic.org/Resource/TinyMceFileManager/Practice_Guidance/id_APIC-SHEA_GuidelineforiCinLTCFs.pdf)

# Key Elements

Code for “single room isolation” only when all the following conditions are met:

1. The resident has **active infection** with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.
2. Precautions are over and above standard precautions. That is, transmission-based precautions (contact, droplet, and/or airborne) must be in effect.
3. **The resident is in a room alone because of active infection and cannot have a roommate. This means that the resident must be in the room alone and not cohorted with a roommate regardless of whether the roommate has a similar active infection that requires isolation.**
4. The resident must remain in his/her room. This requires that all services be brought to the resident (e.g. rehabilitation, activities, dining, etc.).

# If You Want to See What MDS 3.0 v1.18 Looked Like...



ON-DEMAND WEBINAR

## 20/20 vision

What's in store for  
PDPM, RoPs, and  
the MDS

<https://www.simpleltc.com/2020-vision-webinar/>

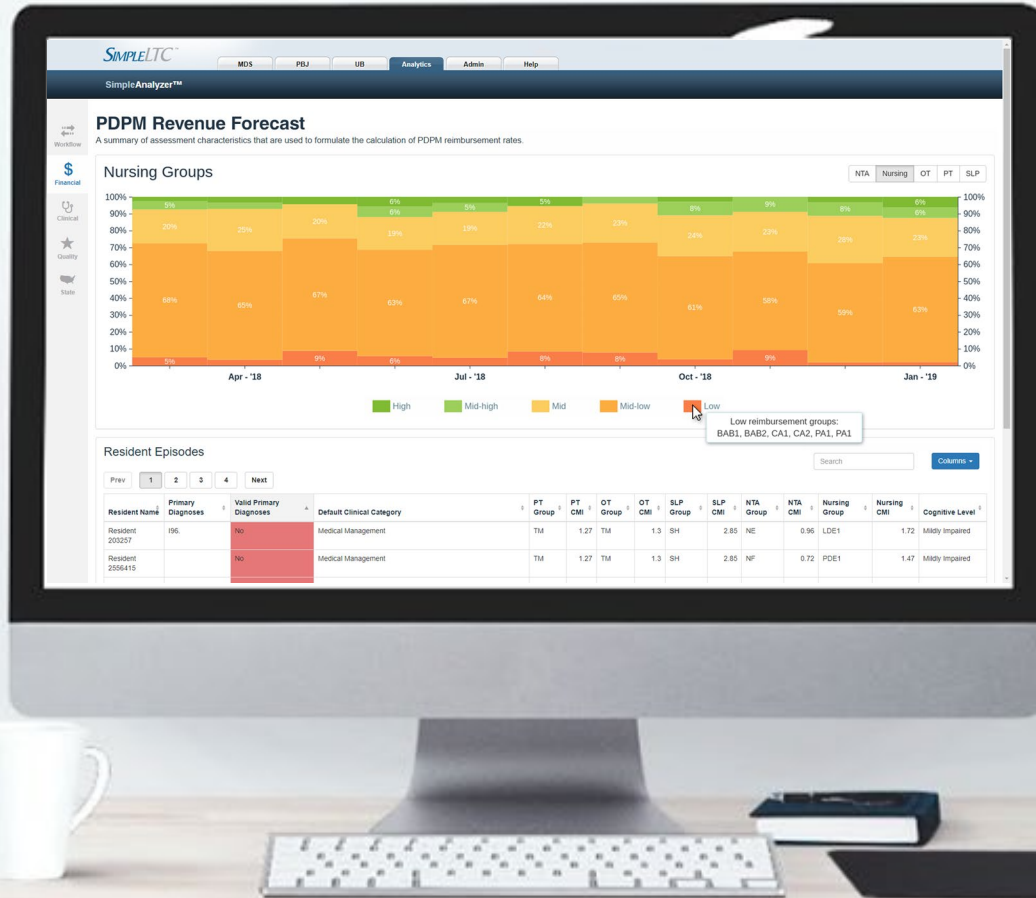


ON-DEMAND WEBINAR

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# Attendee poll

# Q&A

## Today's Speaker

**Mary Madison**, RN, RAC-CT, CDP, is a registered nurse with over 46 years of healthcare experience, including 45+ years in long-term care. She has held positions of Director of Nursing in a 330-bed SNF, DON in two 60-bed SNFs, Reviewer with Telligen (Iowa QIO), Director of Continuing Education, Manager of Clinical Software Support, Clinical Software Implementer and Clinical Educator. Mary has conducted numerous MDS training and other educational sessions across the country in the past two+ decades. Mary joined Briggs Healthcare as their LTC/Senior Care Clinical Consultant in July 2014.

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Thank you for attending!

Recording and slides available at  
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