Questions and Answers

Webinar: MDS 3.0 v1.18.11 is a Really Big Deal (June 13, 2023)

Presented by Mary Madison, Briggs Healthcare

CORRECTION/CLARIFICATION: Slide #56 Missouri has not finalized the plan to transition to PDPM but there is no intent to require OSAs. The new case mix system was designed to support RUG-based acuity adjustments through June 30, 2024 without using the OSA option. There is an FAQ document with includes information about the OSA, specifically: *31. Has a decision been made re: the CMI system effective Oct 1? Will Missouri be using the OSA or will they be transitioning to PDPM?* Answer: The State is planning to transition to PDPM. The State has not finalized its plan to transition to PDPM yet but there is no intent to require OSAs at this time. The new case mix system was designed to support RUG-based acuity adjustments through June 30, 2024 without using the OSA option.	**Rebecca L. Rucker, CPA, Assistant Deputy Director, IRU, Department of Social Services, MO HealthNet Division** Missouri NH Resources Link

Questions and Answers continued below:

Question	Answer	Additional Resource(s)
BIMS can be done within the 7 days correct?	Correct. This interview is conducted during the look-back period of the Assessment Reference Date (ARD).	DRAFT RAI User's Manual October 2023 Page C-2
If the resident is unable to answer the BIMs interview questions (coded as a 9), do you ever proceed to the staff interview?	There is no 9 code for this data element, only 0 – No and 1 – Yes. C0500 is coded as 99 if the resident is unable to complete the interview. If the resident chooses not to participate in the BIMS or if four or more items were coded 0 because the resident chose not to answer or gave a nonsensical response. Continue to C0700, Short-term Memory OK, to perform the Staff Assessment for Mental Status.	DRAFT RAI User's Manual October 2023 Page C-17 Page C-20
With so many other interview-based questions, will these be subject to the time frames like BIMS, PHQ-9 and Pain interviews are? Will they be required to be completed by the ARD date like the mentioned interviews?	Yes. All the interviews are required to be completed by the ARD. Because a PDPM cognitive level is utilized in the speech language pathology (SLP) payment component of PDPM, only in the case of PPS assessments, staff may complete the Staff Assessment for Mental Status for an interviewable resident when the resident is unexpectedly discharged from a Part A stay prior to the completion of the BIMS. In this case, the assessor should enter 0, No in C0100: Should Brief Interview for Mental Status Be Conducted? and proceed to the Staff Assessment for Mental Status.	DRAFT RAI User's Manual October 2023 Page C-2

How will cognition/BIM's score be factored in when asking these questions for interviews?	Check out these pages and the CMS PDPM Worksheets for information on factoring in the BIMS score for reimbursement purposes. The BIMS/Staff Assessment also provides information for resident-specific care planning.	DRAFT RAI User's Manual October 2023 Pages 6-12 -> 6-13 Pages 6-44 -> 6-46 Appendix D https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/MDS_Manual_Ch_6_PDPM_508.pdf
With depression being reportedly under recognized in nursing homes, why would CMS switch from the PHQ-9 to the new interview format? Sometimes, we don't get to the "yes" responses until some of the later questions.	My experience as well. The DRAFT RAI Manual nor the CMS YouTube video and the corresponding PDF training document do not provide a specific answer to that. My thoughts are that if the resident is not having problems with the 1st two interview questions, CMS feels it's unlikely that the remaining 7 interview questions will net a positive response. I do know that the PHQ-2 is used in medical outpatient clinics. I've submitted this question in a similar form for next week's training. I encourage you to pose the question as well!	Slides #20 & #21 from the presentation handout

Is it OK to change the cognitive questions (blue, bed sock to red, chair, shoe)? SSD is concerned that they remember the questions from the last time	It is **NOT** okay to change any portion of any interview. The interview questions are to remain as CMS designates – they are scripted. Ask the questions as they appear in the questionnaire. I have heard this comment/concern before. Here's another way to consider this: if the resident remembers the question and provides the same answer, that's a positive thing – cognition and memory (if that's behind the correct answers) would seem to be intact!	DRAFT RAI User's Manual October 2023 Appendix D Page D-2
Are the sections still specific to who does the interviews/sections on MDS, such as social work/dietary/activities? If so, can you clarify who's responsible for what section? Who in the facility will be responsible for documenting GG?	That's a question/assignment best left to your IDT and MDS Coordinator. CMS has never waded in on who should do what. That's always been up to your facility and the IDT. How are you working these sections and interviews now? Is the interview being conducted competently? Is there more than one member of the IDT that can do the interview? A refresher on interviewing would be great. Same for gathering data for specific sections. The data must be accurate and timely, and the assessor must be competent. Those are the requirements. Look at your team and where their strengths are. As for Section GG, this will be a combination of nursing and therapy, especially for a SNF resident. If the resident is not receiving skilled	DRAFT RAI User's Manual October 2023

	services such as therapy, it will likely be nursing assessing and recording the data elements in Section GG.	
As per our previous MDS Coordinator, we are currently splitting the preferences for customary routine and activities between nursing and activities dept. Can this not be completed solely by activities and the info put into the care plan by nursing?	From my own experience as well as hearing how other IDTs do this, absolutely Activities could gather the data in Section F and also work through the CAAs if any are triggered by the data. That would also help that department determine how best to meet the resident's preferences for activities and customary routine in daily life in the facility. Remember also that the care plan belongs to the resident and it's an interdisciplinary care plan to address the resident's strengths, needs and goals.	DRAFT RAI User's Manual October 2023
A resident is on routine pain meds and upon assessment she says she's not in pain for the last 5days. Would I code not in pain?	That would be correct coding. Resident self-report is the most reliable means for assessing pain.	DRAFT RAI User's Manual October 2023 Page J-7 Page J-9
With deceased being discharge status will there no longer be a death in facility? Will we now be required to do a discharge on them?	If the resident dies while still in your facility (including in the ER but not yet admitted to acute), you will continue to encode and transmit a DIF or Death in Facility Tracking Record. No change from what we're currently doing.	DRAFT RAI User's Manual October 2023 Page 2-18 Page 2-36
Would a note in the discharge note stating that the medication list was provided to the resident	Your documentation of the provision of the current Medication Reconciliation List should include providing it in writing - specific form to	DRAFT RAI User's Manual October 2023

at discharge be adequate documentation for the new items regarding reconciled medication list at discharge?	the resident. I strongly encourage you to keep a copy of that documentation in the resident's record. I would also recommend that you verbally review that Medication Reconciliation List with the resident and/or caregiver/family as well as document that as well as a resident/caregiver statement that they understand. Lastly, it would be good PR and provide a safety net to give the resident/caregiver the facility phone number and name of a staff member they could speak to if they have questions.	
Will the new drug categories be included on the 672?	Good question. Having worked with CMS survey forms for a long time, I believe it's safe to believe that the new drug categories will indeed make the move to the 672.	
In the drug indication, say there is an antidepressant for sleep - is that an indication? Please speak to medication indications. I still see medication orders with non-related diagnosis or indication listed such as Lovenox for COPD.	Interestingly, the Glossary/Definitions in Appendix A does not provide the definition of an indication. The indications for initiating, withdrawing, or withholding medication(s), as well as the use of nonpharmacological interventions, are determined by assessing the resident's underlying condition, current signs and symptoms, and preferences and goals for treatment. This includes, where possible, the identification of the underlying cause(s), since a diagnosis alone may not warrant treatment with medication.	DRAFT RAI User's Manual October 2023 Page N-6

	I recommend you work with the physician to ensure that there's a written diagnosis, current sign or symptom – as stated in the above paragraph from the manual. You may also want to consider the statement in the 1st bullet of Page N-10 as that speaks to sleeping aids. As to an indication for Lovenox, is it possible that the prescribing physician is using this medication to prevent blood clots in the lung? Pulmonary embolism? I encourage you to check H&PE, previous progress notes, etc. as you may find a more specific reason. If still in doubt, talk with the prescribing physician.	Page N-10
What about new DM injections like Ozempic? Would those fall into Hypoglycemics?	Ozempic is classified as a glucagon-like peptide 1 (GLP-1) receptor agonist. Ozempic is also used for obesity. As I am not a pharmacist, my best advice is for you to discuss this with your consultant pharmacist.	
Where/how would you capture clysis? Is clysis still coded on MDS?	Parenteral/IV feeding—The following fluids may be included when there is supporting documentation that reflects the need for additional fluid intake specifically addressing a nutrition or hydration need. This supporting documentation should be noted in the resident's medical record according to State	DRAFT RAI User's Manual October 2023 Page K-12

	and Federal Regulations and/or internal facility policy: — IV fluids or hyperalimentation, including total parenteral nutrition (TPN), administered continuously or intermittently — IV fluids running at KVO (Keep Vein Open) — IV fluids contained in IV Piggybacks — ***Hypodermoclysis and subcutaneous ports in hydration therapy*** — IV fluids can be coded in K0520A if needed to prevent dehydration if the additional fluid intake is specifically needed for nutrition and hydration. Prevention of dehydration should be clinically indicated and supporting documentation should be provided in the medical record.	
If it is not a skilled admission but a long-term care patient, does the on admission column apply or do you just do the while a resident?	While a resident.	
In Section O - is there no longer the option of using anything they had done in the hospital, such as IV meds - was that removed with the option of while not a resident? Can we code IV Fluids while in the Hospital prior to Admission?	You are correct. Check all treatments, procedures, and programs that the resident received or performed *after admission/entry or reentry to the facility and within the last 14 days*.	DRAFT RAI User's Manual October 2023 Page O-3 Slide #50 from the presentation handout

Will there be cue cards for the race/ethnicity questions? Will there be cue cards for all interview items?	I am not aware of any CMS-provided cue cards for Ethnicity or Race. That would be a good question to pose during next week's CMS training. There are cue cards for the BIMS in Appendix E.	DRAFT RAI User's Manual October 2023
I find with wearing a mask residents may have a hard time hearing. Can you write the questions?	Only for the BIMS and only for the following circumstance: When staff identify that the resident's primary method of communication is in written format, the BIMS can be administered in writing. The administration of the BIMS in writing should be limited to only this circumstance. See Appendix E for details regarding how to administer the BIMS in writing.	DRAFT RAI User's Manual October 2023 Page C-6
Can you clarify what the definition of "trial" for mech alt diet is? Does it have to be SLP directed?	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 above statement that I included on slide #45 is found on this page.	DRAFT RAI User's Manual October 2023 Page K-13

	This would be a good question to submit to CMS, perhaps at next week's training or your state RAI Coordinator.	Appendix B May 2023
Is payment attached to the 3-part breakdown in the special treatment Section (O)?	The short answer is yes, mainly in the Nursing component.	DRAFT RAI User's Manual October 2023 Page 6-6 PDPM Calculation Worksheet for SNFs
Am I correct in thinking that you can not code isolation for enhanced barrier precautions? With all of the new guidance on keeping residents with history of MDROs on EBP for life, I just wanted to confirm. That's a lot of supplies with no reimbursement.	You are correct. I encourage you to review the CDC FAQ document re: Enhanced Barrier Precautions in NHs. Enhanced Barrier Precautions require the use of gown and gloves only for high-contact resident care activities (unless otherwise indicated as part of Standard Precautions). Residents are not restricted to their rooms and do not require placement in a private room. Enhanced Barrier Precautions also allow residents to participate in group activities. Because Enhanced Barrier Precautions do not impose the same activity and room placement restrictions as Contact Precautions, they are intended to be in place for the duration of a resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk. For the above reasons, you cannot code Isolation for Active Infectious Disease on either the current nor v1.18.11 MDS 3.0.	Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes DRAFT RAI User's Manual October 2023 Page O-8

For the Section A new entered categories: Do we have to go back and look at our Long-Term residents that were lateral transfers to determine if they were SNF or nsg home?	I don't believe so however, that would be a good question to ask at next week's training or your state RAI Coordinator.	Appendix B May 2023
For daily charting to see how the resident is doing, are we going to chart section GG daily? Will we get our data for section GG from CNA POC charting? Should CNA staff be taught to chart on GG? When Section G is retired will the CNA charting change too? In regards to GG, we do not use Kiosk for ADL documentation at our facility (we are still paper); is there a form that you could suggest we use here that we could use to document GGs on like we are currently doing for the ADLs/section G?	I'm going to answer using the approach of daily charting for ADLs for a non-skilled resident. As I mentioned during the webinar, Section G is being retired from the Federal MDS 3.0 on October 1, 2023. Many EMRs use a kiosk for CNAs/STNAs to document care provided for the resident – including outside any observation period for the MDS. F676 requires that NHs prevent avoidable decline in the resident's status – specifically the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. F677 says: A resident who is unable to carry out activities of daily living receives the necessary services to maintain good	State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities ... 3 February 2023

	nutrition, grooming, and personal and oral hygiene. There needs to be a system or provision for documentation of care provided to be compliant with both regulations. I feel that specific items in Section GG can be used for CNA/STNA documentation to meet those requirements. I'm working on a flowsheet for CNA/STNA to accomplish such charting. Check with your EMR vendor re: POC charting for daily CNA/STNA charting as well as for SNF service/PPS coding. I believe CNAs/STNAs can be trained on Section GG charting to record the care they provide.	
Did you say the spreadsheet for the states regarding Medicaid is on NCAL/AHCA?	You'll find that spreadsheet beneath the hyperlink in the field to the right.	States' Medicaid Fee-for-Service Nursing Facility Payment Policies
Going from RUGs to PDPM, does this mean we will continue to do OSA? Will the OSA be required for Iowa after 10/1/2023?	(I know these questioners from Iowa!) Please check out the information on the BNN Blog – hyperlink in the field to the right.	Iowa SNF/LTC Providers: Medicaid Case Mix – October 1, 2023

From what I am understanding PA is not transitioning to PDPM yet.	I encourage you to check with your State Medicaid Agency. I have received information from an EMR vendor that PA is not using OSA but is PDPM. Please check to be sure!	
Who can assist/assign to interview regarding transportation and social isolation?	Anyone that is trained properly for interviewing and understands the requirements!	
How about activities? 7 days look-back period? 14 days back period?	The resident, family member or significant other is being asked about current preferences while in the nursing home but is not limited to a 7-day period to convey what these preferences are. The facility is still obligated to complete the interview within the observation period.	DRAFT RAI User's Manual October 2023 Page F-5
When will Briggs have a manual copy of new MDS?	We have digital and hard copies of the DRAFT Manual now. CMS has stated that the FINAL RAI User's Manual will be posted in August. As soon as that's posted, we'll be working to release it as quickly as possible.	DRAFT - MDS 3.0 User's Manual v1.18.11 - eManual and DRAFT - MDS 3.0 User's Manual v1.18.11 Check out slide #70 on the presentation handout for the current as well as upcoming FINAL MDS 3.0 User's Manual.
How can you sign by ARD if you are using last 2 days and ARD for questions?	All staff who completed any part of the MDS must enter their signatures, titles, sections or portion(s) of section(s) they completed, and the date completed.	DRAFT RAI User's Manual October 2023 Page Z-5

	If a staff member cannot sign Z0400 on the same day that they completed a section or portion of a section, when the staff member signs, use the date the item originally was completed.	
Do we only include the DX we are treating in Section I?	I0020 is the resident's primary medical condition category that best describes the primary reason for the Medicare Part A stay with I0020B being the ICD code. Beginning with I0100, you will select all of the Active Diagnoses in the Last 7 Days with I8000 indicating the additional active diagnoses.	DRAFT RAI User's Manual October 2023 Pages I1 -> I-16
Does it count if the nurse is putting the order in system from a verbal order and we put the dx? or does it have to the actual md documenting it?	Medical record sources for physician diagnoses include the most recent history and physical, transfer documents, discharge summaries, progress notes, and other resources as available. Nurses legally cannot diagnose so be sure to ask the physician for a diagnosis with any/all orders or prompt the physician to provide a diagnosis.	DRAFT RAI User's Manual October 2023 Page I1 through I-16 State Nurse Practice Act