



Oklahoma State Department of Health
Creating a State of Health

March 20, 2012

**RE: MDS 3.0 RAI Manual & Item Set Changes
Effective on Assessments with an ARD of April 1, 2012 or Later**

Dear Nursing Home Administrator and/or MDS Coordinator:

CMS has been in the process of revising the MDS 3.0 for the last few months. In an effort to help prepare you for the revisions, we have compiled a brief summary of the most significant changes to the MDS 3.0 RAI Manual known to date. **This is not an all-inclusive listing and does not cover everything you need to know in order to accurately code assessments after the revisions become effective.**

You must obtain a revised RAI Manual. Various companies publish the MDS 3.0 manual, so you may purchase one or you can download the entire Manual from the CMS website. We provide easy access to the manual from our website. Go to <http://mds.health.ok.gov> and click on "MDS 3.0 Manual" on the far right side of the screen. This will take you directly to the CMS website. Scroll down this page until you reach "Downloads" then click on the file titled "MDS 3.0 RAI Manual V1.08."

All staff participating in the MDS process must read and understand the manual revisions in order to accurately code MDS 3.0 assessments. CMS has provided "Change Tables" as part of the manual to assist in your review. Instead of making additional updates to the April 2012 manual, CMS has opted to issue Errata documents to correct any inaccuracies or additional changes that might occur. Please review all of the April 2012 Change Tables and the Errata document also found in the "Downloads" section underneath the RAI Manual. Check this area of the website periodically as this is where CMS will post any new information.

Your facility MDS software will need to be updated prior to completing any assessments with an ARD of April 1, 2012 or later. Please contact your software vendor to schedule your update if you have not already done so.

In the event you need assistance accessing the current RAI Manual or if you have questions regarding the changes, please feel free to contact the **QIES Help Desk at (405) 271-5278.**

Sincerely,

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Director of MDS/OASIS
Quality Improvement & Evaluation Service

NAVIGATING THE CHANGES TO MDS 3.0

Oklahoma State Department of Health
Quality Improvement and Evaluation Services
QIES Help Desk

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Navigating the Changes: Broadscale Revisions

- ▶ “Admission/Reentry” changed to “Admission/Entry or Reentry”
- ▶ “Mental Retardation (MR)” changed to “Intellectual Disability”
- ▶ Skip pattern changes on some item sets
- ▶ Review Chapter 4 for CAA changes
- ▶ Discharge Assessments divided into “Planned Discharge” & “Unplanned Discharge”
- ▶ Look for upcoming information related to:
 - Definition of “Unplanned Discharge”
 - “Unscheduled Assessment Interviews”

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Navigating the Changes: Section “A” Revisions

- **New Item Set “A0050”;** *Replaces X0100*—Type of Record

Section A		Identification Information
A0050. Type of Record		
Enter Code <input type="text"/>	<ol style="list-style-type: none">1. Add new record → Continue to A0100, Facility Provider Numbers2. Modify existing record → Continue to A0100, Facility Provider Numbers3. Inactivate existing record → Skip to X0150, Type of Provider	



Navigating the Changes: Section “A” Revisions

- **Added A0310G**—Planned or Unplanned Discharge

F. Entry/discharge reporting

01. **Entry** tracking record
10. **Discharge** assessment-**return not anticipated**
11. **Discharge** assessment-**return anticipated**
12. **Death in facility** tracking record
99. **None of the above**

G. Type of discharge - Complete only if A0310F = 10 or 11

1. **Planned**
2. **Unplanned**



Watch for upcoming clarification from CMS on
“Unplanned Discharge”



Navigating the Changes: Section "A" Revisions

“A1500” –Additional type of assessment codes added to:
“Complete only if A0310A = 01, “03, 04, 05” have been added,

A1500. Preadmission Screening and Resident Review (PASRR)	
Complete only if A0310A = 01, 03, 04, or 05	
Enter Code <input type="checkbox"/>	Is the resident currently considered by the state level II PASRR process to ("mental retardation" in federal regulation) or a related condition?
	0. No → Skip to A1550, Conditions Related to ID/DD Status
	1. Yes → Continue to A1510, Level II Preadmission Screening and Resi
	9. Not a Medicaid-certified unit → Skip to A1550, Conditions Relatec



Navigating the Changes: Section "A" Revisions

➤ **New Item added:** “A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions”

A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions	
Complete only if A0310A = 01, 03, 04, or 05	
↓ Check all that apply	
<input type="checkbox"/>	A. Serious mental illness
<input type="checkbox"/>	B. Intellectual Disability ("mental retardation" in federal regulation)
<input type="checkbox"/>	C. Other related conditions



Navigating the Changes: Section “A” Revisions

Section A Identification Information

A1800. Entered From

Enter Code	
	01. Community (private home/apt., board and care, etc.)
	02. Another nursing home or swing bed
	03. Acute hospital
	04. Psychiatric hospital
	05. Inpatient rehabilitation facility
	06. ID/DD facility
	07. Hospice
	09. Long Term Care Hospital (LTCH)
	99. Other

Added “09: Long Term Care Hospital (LTCH)” to Item “A1800: Entered From” AND “A2100: Discharged To”

A2100. Discharge Status

Complete only if A0310F = 10, 11, or 12

Enter Code	
	01. Community (private home/apt., board and care, etc.)
	02. Another nursing home or swing bed
	03. Acute hospital
	04. Psychiatric hospital
	05. Inpatient rehabilitation facility
	06. ID/DD facility
	07. Hospice
	08. Deceased
	09. Long Term Care Hospital (LTCH)
	99. Other



Navigating the Changes: Section “I” Revisions

- I4800 “Dementia” changed to “Non-Alzheimer’s Dementia” and definition changed to include “Lewy body dementia”

Neurological
I4200. Alzheimer's Disease
I4300. Aphasia
I4400. Cerebral Palsy
I4500. Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke
➤ I4800. Non-Alzheimer's Dementia (e.g. Lewy body dementia, vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases)

- Other Changes to “Section I”: Existing definitions changed and new definition “Nursing Monitoring” added on Page I-3 of the RAI Manual



Navigating the Changes: Section “G” Revisions

➤ Coding definition on #8 “Activity did not occur” has been changed

<p>1. ADL Self-Performance Code for resident’s performance 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>Coding:</p> <p>Activity Occurred 3 or More Times</p> <p>0. Independent - no help or staff oversight at any time</p> <p>1. Supervision - oversight, encouragement or cueing</p> <p>2. Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance</p> <p>3. Extensive assistance - resident involved in activity, staff provide weight-bearing support</p> <p>4. Total dependence - full staff performance every time during entire 7-day period</p> <p>Activity Occurred 2 or Fewer Times</p> <p>7. Activity occurred only once or twice - activity did occur but only once or twice</p> <p>8. Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period</p>



Watch for the new definition throughout Section G



Navigating the Changes: Section “K” Revisions

- 1) **New Item Set** added “K0310 Weight Gain”
- 2) “K0500” renumbered to “K0510”

<p>➤ K0310. Weight Gain</p>	
<p>Enter Code</p> <input type="checkbox"/>	<p>Gain of 5% or more in the last month or gain of 10% or more in last 6 months</p> <p>0. No or unknown</p> <p>1. Yes, on physician-prescribed weight-gain regimen</p> <p>2. Yes, not on physician-prescribed weight-gain regimen</p>
<p>➤ K0510. Nutritional Approaches</p> <p>Check all of the following nutritional approaches that were performed during the last 7 days</p>	
<p>1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i>. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank</p>	
<p>2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i></p>	



Navigating the Changes: Section “K” Revisions

- “K0510” has two columns “While NOT a resident” and “While a Resident”

K0510. Nutritional Approaches		
Check all of the following nutritional approaches that were performed during the last 7 days		
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank 2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	1. While NOT a Resident	2. While a Resident
	↓ Check all that apply ↓	
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>	<input type="checkbox"/>

- K0700 revised to reflect above changes



Navigating the Changes: Section “M” Revisions

- Added Number “9”—“None of the Above”

M0700. Most Severe Tissue Type for Any Pressure Ulcer	
Enter Code <input type="text"/>	Select the best description of the most severe type of tissue present in any pressure ulcer bed 1. Epithelial tissue - new skin growing in superficial ulcer. It can be light pink and shiny, even in persons with darkly pigmented skin 2. Granulation tissue - pink or red tissue with shiny, moist, granular appearance 3. Slough - yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous 4. Necrotic tissue (Eschar) - black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin 9. None of the Above



Notice multiple changes throughout Section M related to placing emphasis on number of these pressure ulcers (i.e., “Number of these Stage 2 pressure ulcers that were present upon admission/entry or reentry”)



Navigating the Changes: Section “M” Revisions

Two new categories added under “M1040”; “G” Skin Tear(s) and “H” Moisture Associated Skin Damage (MASD)

M1040. Other Ulcers, Wounds and Skin Problems

G. Skin tear(s)

H. Moisture Associated Skin Damage (MASD) (i.e. incontinence (IAD), perspiration, drainage)



Navigating the Changes: Section “N” Revisions

N0410. Medications Received

➤ Indicate the number of **DAYS** the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter “0” if medication was not received by the resident during the last 7 days

- “N0400” replaced with “N0410”; AND now includes “**number of days**” the resident received any of the listed classes of medications during the preceding 7 days since admission/entry or re-entry if less than 7 days
- Definition change in RAI Manual Pages N-4, N-5 and N-7



Navigating the Changes: Section “O” Revisions

- ▶ Look for changes throughout “Section O” in RAI Manual
- ▶ Notice change in information related to Therapy Start Date on Page 0-17



Navigating the Changes: Section “Q” Revisions

- Review all of “Section Q” for multiple changes
- **Deleted** Q0400B and added **New Item Set “Q0490”**

Q0400. Discharge Plan	
Enter Code	A. Is active discharge planning already occurring for the resident to return to the community?
<input type="checkbox"/>	0. No
	1. Yes → Skip to Q0600, Referral
Q0490. Resident's Preference to Avoid Being Asked Question Q0500B	
Complete only if A0310A = 02, 06, or 99	
Enter Code	Does the resident's clinical record document a request that this question be asked only on comprehensive assessments?
<input type="checkbox"/>	0. No
	1. Yes → Skip to Q0600, Referral
	8. Information not available



Navigating the Changes: Section “Q” Revisions

New Item Set added “Q0550”

Q0550. Resident's Preference to Avoid Being Asked Question Q0500B Again	
Enter Code <input type="checkbox"/>	A. Does the resident (or family or significant other or guardian, if resident is unable to respond) want to be asked about returning to the community on all assessments? (Rather than only on comprehensive assessments.) 0. No - then document in resident's clinical record and ask again only on the next comprehensive assessment 1. Yes 8. Information not available

“Q0600” Revised

Q0600. Referral	
Enter Code <input type="checkbox"/>	Has a referral been made to the Local Contact Agency? (Document reasons in resident's clinical record) 0. No - referral not needed 1. No - referral is or may be needed (For more information see Appendix C, Care Area Assessment Resources #20) 2. Yes - referral made



Navigating the Changes: Section “X” Revisions

- ▶ Review “Intent” on Page X-1 RAI Manual
- ▶ “X0100”—Type of Record was deleted and replaced by “A0050—Type of Record
- ▶ Changes to “X0600 A & F” Number 99 revised
- ▶ “X0600C” Number 4—Change of Therapy added
- ▶ “X0900” Revised to reflect change in Item Number from “X0100” to “A0050”



Training Resources

- ▶ Visit QIES website for valuable resource information: <http://mds.health.ok.gov>
 - Easy access to MDS 3.0 RAI Manual and Errata Documents
 - “Educational Resources” see announcements of upcoming workshops
 - MDS 3.0 RAI Panel Questions and Answers
 - MDS Code of Federal Regulations
 - Many other links and resources



Training Resources

Quality Improvement and Evaluation Services
(QIES) Help Desk

Phone: (405) 271 – 5278

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