

Oct 2014 – MDS Accuracy



**DEPARTMENT OF HEALTH
AND HOSPITALS**

Health Standards Section

October 2014 training

To : Providers:

From: The Louisiana RAI Coordinator:
Jonelle L. Thompson RN LNC

Topics:

- ' The importance of MDS Accuracy & Using the Casper Reports.'
- Section Q – Referral to the community' New directive on Local Contact Agency (LCA) as OAAS'
- Training found at
<http://www.dhh.louisiana.gov/index.cfm/directory/detail/731>



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 13-56-NH

DATE: August 23, 2013

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Minimum Data Set (MDS) 3.0 Discharge Assessments that Have Not Been Completed and/or Submitted

Memorandum Summary

MDS 3.0 Discharge Assessments: The Centers for Medicare & Medicaid Services (CMS) is clarifying steps to take to address Minimum Data Set (MDS) 3.0 discharge assessments that have not been completed and/or submitted as required under 42 CFR §483.20(g) and 42 CFR §483.20(f)(1). The memo is intended to help surveyors understand both (a) what nursing homes should do to address inactive residents remaining on their resident roster due to incomplete and/or unsubmitted discharge assessments and (b) how nursing homes can ensure compliance with discharge assessment requirements.

Action by September 30, 2013: We are providing this information in order to promote nursing home completion of discharge assessments for inactive residents by September 30, 2013.

Background

CMS regulations at 42 CFR §483.20(g) Accuracy of Assessment require that Skilled Nursing Facilities (SNFs) and Nursing Facilities (NFs) provide that assessments “accurately reflect the resident’s status.” Further, 42 CFR §483.20 (f) requires facilities to encode the following information for each resident in the facility within seven (7) days after completing a resident’s assessment: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident’s transfer, reentry, discharge, and death. A “subset of items upon...discharge...” means discharge assessment. See State Operations Manual (SOM), Appendix PP, Interpretive Guidance for F287: “Background (face-sheet) information refers to the MDS Entry tracking record, while the discharge subset of items refers to the MDS discharge assessment.”

In addition, within 14 days after a facility completes a resident's assessment, it must electronically transmit to the CMS system the encoded data and ensure that it is accurate and complete.

The failure to submit or complete MDS 3.0 discharge assessment records leads to inaccurate MDS 3.0 Quality Measures (QMs) data, potentially affecting the resident, the facility's payment, and facility liabilities. For example, failure to submit or complete MDS 3.0 discharge assessment records can also lead to citation of a facility under 42 CFR §483.20(f) and 42 CFR §483.20(g).

Discharge assessments capture a resident's clinical condition at discharge. When discharge assessments are not completed or submitted as required, the true length of stays and episodes are difficult to construct. Lack of completion and/or submission of discharge assessments causes errors on several reports, such as a facility's MDS 3.0 Roster report, the MDS 3.0 Facility Characteristics Report, and MDS 3.0 Missing Assessment report. For example, in the case of the current MDS 3.0 Roster, the lack of discharge assessments in the Quality Improvement and Evaluation System Assessment Submission and Processing (QIES ASAP) system results in more residents appearing on the Roster than the facility has residents and/or beds.

Facility Procedures

Beginning October 1, 2013, MDS assessments older than 3 years will no longer be accepted. Also, to minimize impact on QM data, CMS has selected a reference date of October 1, 2012. The CMS is requiring facilities to take the following steps when facilities have not completed discharge assessments and/or have not submitted discharge assessments prior to September 30, 2013:

1. Identify any residents appearing on the facility's current MDS 3.0 Roster report who are no longer active residents.
2. If the resident was discharged prior to October 1, 2012, a discharge assessment must be completed for the resident indicating the actual date of discharge in Item A2000, Discharge Date. This assessment must have demographic information completed in Section A. Clinical information in Sections B through Z must be dash-filled. Items Z0400, Signatures of Persons Completing the Assessment or Entry/Death Reporting, and Z0500, Signature of RN Assessment Coordinator Verifying Assessment Completion, must reflect the actual completion date of this assessment.
3. If the resident was discharged on or after October 1, 2012, a discharge assessment must be completed for the resident indicating the actual date of discharge in Item A2000, Discharge Date. This assessment must have demographic information completed in Section A. Clinical information in Sections B through Z must be completed as much as possible to reflect the actual status of the resident at the time of discharge. The following coding instruction is applicable for

coding BIMS, PHQ-9 and Pain interviews for these late discharge assessments: In lieu of the interviews, the staff assessments should be completed if appropriate based on the clinical record information that is available. In this case the gateway questions (Items C0100, D0100 and/or J0200) should be coded No (0) and the staff assessment should be completed. Z0400, Signatures of Persons Completing the Assessment or Entry/Death Reporting, and Z0500, Signature of RN Assessment Coordinator Verifying Assessment Completion, must reflect the actual completion date of this assessment.

CMS is providing this opportunity to rectify the current situation related to missing and incomplete discharge assessments. Facilities must complete the above steps to address the completion and submission of discharge assessments as soon as possible, but no later than September 30, 2013.



Importance and CMS Policy

The CMS emphasized the importance of meeting requirements related to discharge assessments in the March 2012 MDS Provider Training. QM data integrity is heavily dependent on Discharge assessments. Therefore, facilities should have policies and procedures that ensure timely and accurate completion and submission of these assessments. Details about the timing requirements for Discharge assessments are available in Chapter 2 of the Long-Term Care Facility Resident Assessment Instrument User's Manual, Version 3.0 accessible via the following link: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>.

The previous steps listed under facility procedures above address any currently incomplete and/or unsubmitted discharge assessments in existence from the date of the release of this memo through September 30, 2013. The following is CMS policy for the completion and submission of stand-alone discharge assessments:

- A discharge assessment must be completed when the resident is discharged from the facility (whether or not return is expected).
- A discharge assessment must be completed (Item Z0500B) within 14 days after the discharge date (A2000 + 14 calendar days).
- Submission of the discharge assessment must occur within 14 days after the MDS completion date (Z0500B + 14 calendar days).

Please note that for a discharge assessment, the Assessment Reference Date (ARD) is not set prospectively, as with other assessments. The ARD for a discharge assessment is always the discharge date.

In situations where the resident is discharged prior to the end of the prescribed ARD window, including grace days when appropriate, for a required assessment (e.g., PPS, OBRA) where the discharge assessment is to be combined with the required assessment, the ARD of that required assessment must have been set in order for the facility to adjust the ARD to equal the discharge

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date. In the event the ARD has not been set to allow for adjustment of the ARD of the PPS- or OBRA-required assessment, the stand-alone discharge assessment must be completed and the other PPS- or OBRA-required assessment is considered a missed assessment.

Contact: Please direct any additional questions or concerns regarding this memorandum to your State Resident Assessment Instrument (RAI) Coordinator.

Effective Date: Immediately. This information should be communicated with all survey and certification staff, their managers, and the State/Regional Office training coordinators within 14 days of this memorandum.

/s/
Thomas E. Hamilton

cc: Survey and Certification Regional Office Management



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 14-43-NH

DATE: August 25, 2014

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Completion of Minimum Data Set (MDS) 3.0 Discharge Assessments for Resident Transfers from a Medicare- and/or Medicaid-Certified Bed to a Non-Certified Bed

Memorandum Summary

Completion of Minimum Data Set (MDS) 3.0 Discharge Assessments for Transfer from Medicare- and/or Medicaid-Certified Beds to Non-Certified Beds: The Centers for Medicare & Medicaid Services (CMS) is reinforcing the requirement for MDS 3.0 Discharge assessments to be completed when a resident transfers from a Medicare- and/or Medicaid-certified bed to a non-certified bed. Discharge assessments are required assessments and are critical to ensuring the accuracy of Quality Measures (QMs) and in aiding in resident care planning for discharge from the certified facility.

Background

The CMS is reinforcing the requirement for and the importance of completing MDS 3.0 Discharge assessments when a resident is transferred from a Medicare- and/or Medicaid-certified bed (i.e., a bed located within a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) to a non-certified bed. CMS previously communicated the importance of Discharge assessments with the issuance of S&C Memorandum 13-56-NH: Minimum Data Set (MDS) 3.0 Discharge Assessments that Have Not Been Completed and/or Submitted in August 2013.

Regulatory Requirements

Federal Regulation 42 CFR §483.12(a) Transfer and Discharge defines transfer and discharge as "movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed

within the same certified facility.” Federal Regulation 42 CFR §483.20(f) Automated Data Processing Requirement includes the requirement for facilities to “electronically transmit encoded, accurate, and complete MDS data to the CMS System, including ... a subset of items upon a resident’s transfer, reentry, discharge, and death.” State requirements for MDS 3.0 completion for residents residing in licensed but not certified beds have no bearing on federal requirements for MDS 3.0 completion and submission.

Importance and CMS Policy

The CMS recognizes that certified facilities have both certified and non-certified beds housed in the same physical structure or certified facility. Discharge assessments are required for residents that are transferred to non-certified beds housed under the same certified facility. The *Long-Term Care Facility Resident Assessment Instrument User’s Manual, Version 3.0 (RAI User’s Manual)* reinforces that requirements noted in the *RAI User’s Manual* apply to all certified beds including on page 2-2 where it states, “the requirements for the RAI are found at 42 CFR 483.20 and are applicable to all residents in Medicare and/or Medicaid certified long-term care facilities.” All Omnibus Budget Reconciliation Act (OBRA)-required assessments, including Discharge assessments, are required assessments that NFs and SNFs must complete and submit to the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system in accordance with the requirements outlined in the *RAI User’s Manual*. Failure to submit required assessments may result in inaccurate QMs and survey citations as well as negative impacts on discharge planning activities.

The RAI User’s Manual Version 1.12 is scheduled to be posted to CMS’ Nursing Home Quality Initiatives website: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html> on or about September 5, 2014.

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Topics

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Why is Accuracy Important?

- QIES National Database – Resident table
- Billing/Claim Implications
- CASPER Reports
- Quality Measure

FACT - MDS records submitted

MDS records submitted to the

QIES ASAP System

10/01/13 – 01/31/14

6,681,061

Types of error messages

- 2 types of error messages
 - Fatal -"really bad"
 - Record is not accepted into ASAP system, i.e., rejected
 - Must correct record and re-submit 'new' record
 - Warnings -"issue" to "information alert"
 - Record is accepted into ASAP system
 - Should determine if need to address/fix something

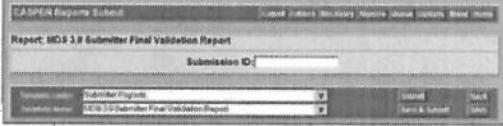
Checking for Accuracy

Read the Validation Report for the following errors to be proactive and troubleshoot.

- Verify the resident information
- Review all edits – Warnings
 - -1027: New Resident Created
 - NEW-1031: Resident Information Mismatch
 - -1032: Resident Provider Updated

Final Validation reports

MDS 3.0 Submitter Final Validation report
 The **CASPER Reports Submit** page is presented so that you may specify the submission ID for which you wish to request a report.



Final Validation reports

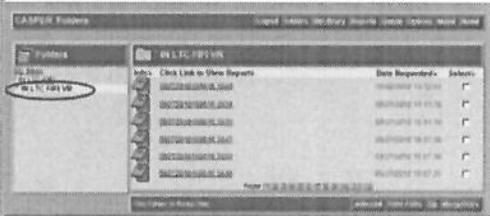
MDS 3.0 Submitter Final Validation :

If the ASAP system was unable to process one or more records of a file you submitted, you would run a Submitter FV report.

- This will identify errors so that they may be corrected; in one or more records of your submission file.

Final Validation Reports

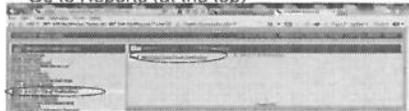
- System Generated Final Validation report.



Final Validation reports

- Can generate a FV report 24 hours after an assessment has been submitted to check.

- Go to Reports (at the top)



- Double click in center section – submit & save

Warning Messages

- **Warning Messages**
 - *Timing and Sequencing Messages*
 - *Informational Messages*

Informational Warnings

- **Resident Information *Mismatch*: (-1031)**
- **Resident Provider Updated: (-1032)**
- **RUG Inconsistency: (-3616a, -3616b, -1067, -1056)**
- **Section S Missing/Invalid Data: (-3808)**
- **Incorrect CCN: (-3695)**

Timing and Sequencing Warnings

- **Late Assessment (-3749a-e, -3810a-e, -1040)**
 - Completed late
 - Submitted late
- **Inconsistent Record Sequence (-1018)**
 - Did not complete an entry record
 - Did not complete/submit a discharge record
 - Did not complete/submit a required assessment
- **New resident & No Matching Entry Record (-1027)**
 - This subsequent MDS record does not match any resident's identifying information already stored in the QIES ASAP System

Top Warnings

1. -3806 Inconsistent A0100C

- o The value submitted for A0100C (State Provider Number) does not match the State Provider Number in the QIES ASAP System for the provider identified by the FAC_ID in the file.

2. -1031 "Resident Information Mismatch" (New)

- o Submitted values for the items listed do not match the values in the QIES ASAP database. If the record was accepted, the resident information in the database was updated. Verify that the new information is correct"

3. -1032 Resident Provider Updated

- o Our records indicated that a different provider previously cared for this resident. The provider associated with this resident was updated. Please verify.

Accuracy is important

- Be proactive in verification of assessment accuracy
- Verify accuracy of assessments before they are submitted
- Make the Casper Reports work for you
 - o Proactive approach
 - o Trouble shooting

Resident ID

- A Resident ID - is created initially from the resident-identifying information included in the first record submitted for that resident.
- Ideally, only one resident record exists for each resident. Subsequent assessment records for the resident are then associated with that resident record by means of the Resident Match process.

How Do Residents Match?

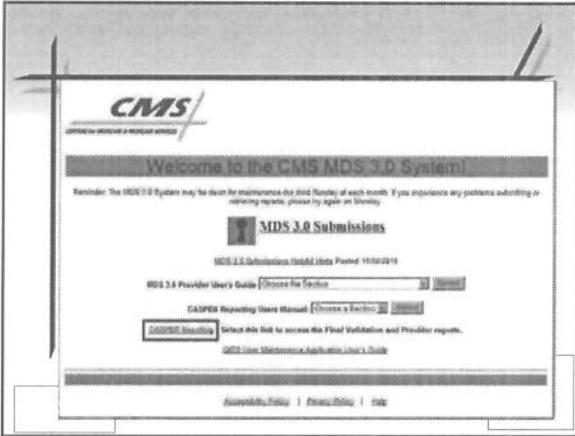
- Submitted items used to identify a resident
 - State
 - Facility Internal ID
 - Social Security Number
 - Last Name
 - First Name
 - Date of Birth
 - Gender

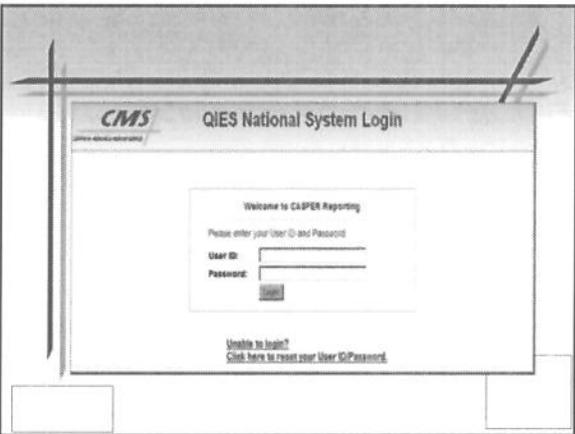
No Match?

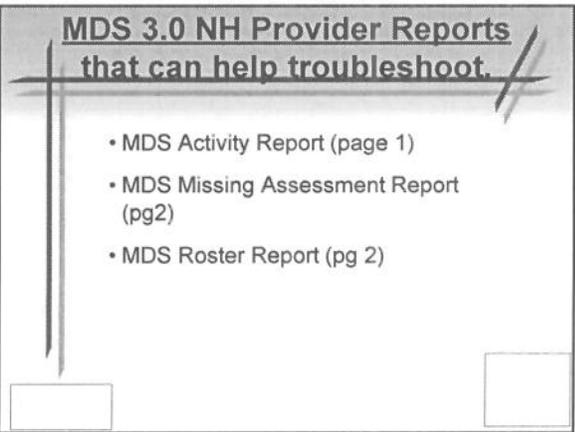
- If the identifying information in the record is not sufficiently similar to an existing Resident ID, a new resident record is created in the Resident table and the record is associated with that new Resident ID.

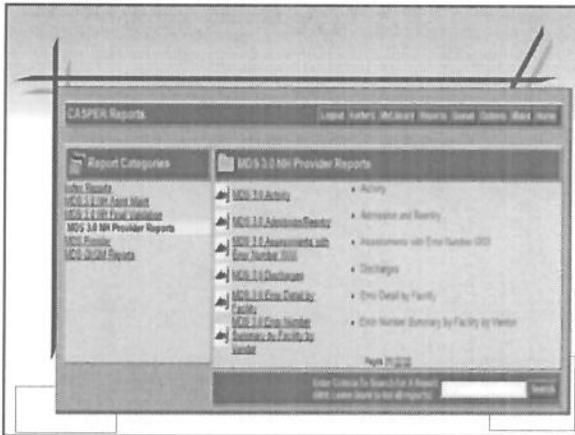
Using the Casper Reports

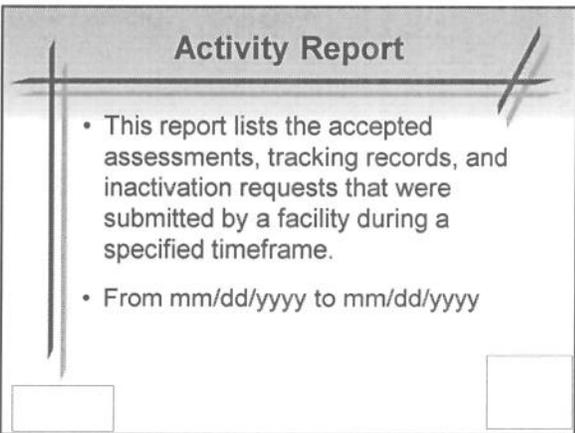
- Some of the MDS 3.0 reports can be found in the following report categories:
 - MDS 3.0 NH Provider
 - MDS 3.0 NH Final Validation
 - MDS 3.0 NH Provider
 - MDS 3.0 NH Final Validation
 - MDS 3.0 SB Final Validation
 - MDS 3.0 QM Reports

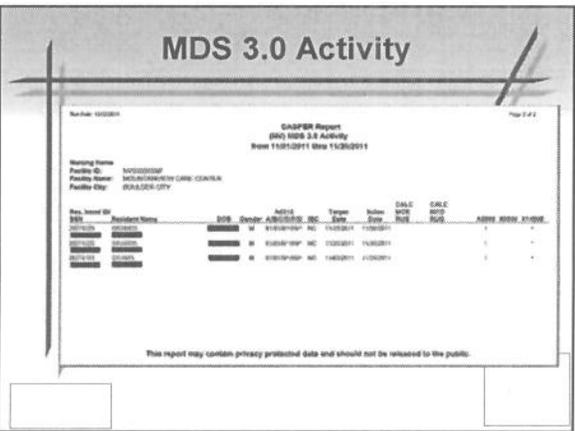












Item Q0500

Return to Community

(Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?)

Q0500B Coding Instructions

- Document whether the resident, family, or significant other wants to talk to someone about returning to the community.
 - **Code 0, No:** if the resident (or family or significant other, or guardian or legally authorized representative) states that he or she does not want to talk to someone about the possibility of returning to the community.
 - **Code 1, Yes:** if the resident (or family or significant other, or guardian or legally authorized representative) states that he or she does want to talk to someone about the possibility of returning to the community.
 - **Code 9, Unknown or uncertain:** if the resident cannot understand or respond and the family or significant other is not available to respond on the resident's behalf and a guardian or legally authorized representative is not available or has not been appointed by the court.

Section Q

- **Item Q0500B must be asked on all comprehensive assessments.**
- Item Q0550 allows them to opt-out of being asked Q0500B on quarterly assessments.
- If there is a notation in the clinical record that the resident does not want to be asked again, and this is not an annual, comprehensive assessment - skip to item Q0600, **referral**.

Q0500 Assessment Guidelines

- The intention is to allow a resident his or her right to explore all services options.
- Answering "Yes" is a request for more information made by the resident.
- Answering "Yes" does not commit the resident to leave the nursing home at a specific time, or at all.

When an individual responds "YES" to question Q0500B

- The facility is required to make a (referral) to the Local Contact Agency (LCA).
- The Office of Aging and Adult Services (OAAS) Regional Offices - will serve as the LCA.

New referral form OAAS-PF-13-016

- Effective August 21, 2014, facilities will be required to send (form no. OAAS-PF-13-016) via Right Fax (secured fax) to the **OAAS Regional Office in the facility's area**.
- A fillable PDF version of the form can be found on the OAAS website or the MDS Section Q0500 link on the DHH/HSS MDS program page at:
- <http://www.dhh.louisiana.gov/index.cfm/directory/detail/731>

Item Q0600

Referral

(Local contact agencies)

Q0600 Coding Instructions

- Document whether a referral has been made to a local contact agency.
- The LCA is the OAAS office in the area of the facility.

Referral Question Follow-up

- If a referral has not been made, NH is to conduct additional information gathering and assessment to determine why.
- Care Areas Assessment is a checklist that assists NH to do further assessment.
- If assessment shows that a referral should have been made and resident wants to talk to someone about community care, referral is initiated.

Bobby Jindal
GOVERNOR



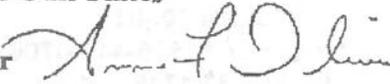
Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Aging and Adult Services

MEMORANDUM

OAAS-P-14-003

TO: Louisiana Nursing Facilities
Louisiana Nursing Home Association
Leading Age Gulf States

FROM: Anne Olivier 
Division Director, Program Operations

DATE: August 21, 2014

SUBJECT: Procedural Change for Section Q Referrals

Please note there is a procedural change for MDS 3.0 Section Q referrals. Effective August 21, 2014, facilities will be required to send the attached form (Form No. OAAS-PF-13-016) via Right Fax (secured fax) to the OAAS Regional Office in the facility's area. A fillable PDF version of the form can be found on the OAAS website at www.dhh.la.gov/oaas under the Resources tab, Provider Resources link:
<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/73>.

Right Fax numbers for the Regional Offices can be found at:
<http://new.dhh.louisiana.gov/assets/docs/OAAS/publications/SectionQ/Reg-Office-Right-Fax.pdf>

A list of the Offices is attached for your convenience.

Please contact OAAS Regional Office in your area if you have any questions.

AO: jk

Enclosures

**NURSING FACILITY
MDS 3.0 SECTION Q REFERRAL**

1. Completion of this form is required under federal regulation 42 CFR 483.20, which requires federally certified nursing facilities to complete the Minimum Data Set (MDS) assessment for all residents. Nursing facilities are required to make a referral to the local contact agency for any resident who, in response to the MDS Section Q questions, indicates that he/she wishes to talk to someone about returning to the community. When a resident indicates that he or she does not want to talk to someone about the possibility of returning to the community or if the result of the Section Q questions is that a referral is not needed, then this referral is not necessary.

2. Keep a copy of the referral form in the resident's medical record.

Date of Referral

Resident Being Referred

Resident Name: _____ Resident DOB: _____ Resident SSN: _____

Resident Gender: M F Resident Phone Number: _____ Is resident a Veteran? Yes No

Does resident have family contact? Yes No

If yes, who? _____ Family Contact Phone Number: _____

Is the resident any of the following..?

Interdicted*? Yes No

Court ordered to be in a NF? Yes No

*If interdicted, indicate name of curator: _____

Curator Phone Number: _____

Is resident a registered sex offender? Yes No

Does resident have a criminal history? Yes No Unknown

Nursing Facility

Nursing Facility Name: _____

Nursing Facility Parish: _____ Nursing Facility Region: _____

Staff Person Name: _____ Staff Person Title: _____

Staff Person Email: _____ Staff Person Ph. Number: _____

Date of admission: _____ # of days since admission: _____