

MDS Mashup

Preparing for Upcoming MDS 3.0 Changes



Presented by: Eleisha Wilkes, RN, GERO-BC, RAC-CT, DNS-CT

PROACTIVE
LTC CONSULTING

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Objectives

1. Become familiar with the changes to the MDS 3.0 version 1.18.11 for implementation 10/01/2023;
2. Review specific MDS items that may require new or updated facility processes to gather and report accurate patient data;
3. Evaluate the impact of the removal of Section G and the importance of refocusing on Section GG accuracy.

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Big Changes Coming

- iQIES transition (April 17th, 2023)
- CMS has posted final MDS 3.0 v1.18.11 Item Sets and draft RAI, effective 10/01/2023
- CMS will no longer support the Medicare RUG Systems (RUG-III and RUG-IV) on federally required assessments after 10/01/2023
 - Originally scheduled for 2020; delayed by the PHE
- Section G will be removed from federally required assessments

Expand the Collection, Reporting, and Analysis of Standardized Data

CMS strives to improve our collection and use of comprehensive, interoperable, standardized individual-level demographic and social determinants of health (SDOH) data, including race, ethnicity, language, gender identity, sex, sexual orientation, disability status, and SDOH. By increasing our understanding of the needs of those we serve, including social risk factors and changes in communities' needs over time, CMS can leverage quality improvement and other tools to ensure all individuals have access to equitable care and coverage.

Changes to MDS Section A

Identification Information

Obtain key *demographic* information to uniquely identify each resident, *administrative information*, nursing home *in which they reside*, reason for assessment, *and potential care needs, including access to transportation.*

Race/Ethnicity

• Current

A1000: Race/Ethnicity

A1000. Race/Ethnicity	
↓ Check all that apply	
<input type="checkbox"/>	A. American Indian or Alaska Native
<input type="checkbox"/>	B. Asian
<input type="checkbox"/>	C. Black or African American
<input type="checkbox"/>	D. Hispanic or Latino
<input type="checkbox"/>	E. Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	F. White

• Revised

A1005: Ethnicity

A1005. Ethnicity	
Are you of Hispanic, Latino/a, or Spanish origin?	
↓ Check all that apply	
<input type="checkbox"/>	A. No, not of Hispanic, Latino/a, or Spanish origin
<input type="checkbox"/>	B. Yes, Mexican, Mexican American, Chicano/a
<input type="checkbox"/>	C. Yes, Puerto Rican
<input type="checkbox"/>	D. Yes, Cuban
<input type="checkbox"/>	E. Yes, another Hispanic, Latino/a, or Spanish origin
<input type="checkbox"/>	X. Resident unable to respond
<input type="checkbox"/>	Y. Resident declines to respond

A1010. Race

What is your race?

↓ Check all that apply	
<input type="checkbox"/>	A. White
<input type="checkbox"/>	B. Black or African American
<input type="checkbox"/>	C. American Indian or Alaska Native
<input type="checkbox"/>	D. Asian Indian
<input type="checkbox"/>	E. Chinese
<input type="checkbox"/>	F. Filipino
<input type="checkbox"/>	G. Japanese
<input type="checkbox"/>	H. Korean
<input type="checkbox"/>	I. Vietnamese
<input type="checkbox"/>	J. Other Asian
<input type="checkbox"/>	K. Native Hawaiian
<input type="checkbox"/>	L. Guamanian or Chamorro
<input type="checkbox"/>	M. Samoan
<input type="checkbox"/>	N. Other Pacific Islander
<input type="checkbox"/>	X. Resident unable to respond
<input type="checkbox"/>	Y. Resident declines to respond
<input type="checkbox"/>	Z. None of the above

Race/Ethnicity

- The ability to improve understanding of and address ethnic/racial disparities in health care outcomes requires the availability of better data related to social determinants of health, including ethnicity and race.
- Resident interview. Medical record documentation should only be used if the resident is unable to respond and no family member, significant other, and/or guardian/legally authorized representative provides a response for this item.
- If the resident declines to respond, do not code based on other resources.

Transportation

A1250. Transportation (from NACHC®)	
Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?	
Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1	
↓ Check all that apply	
<input type="checkbox"/>	A. Yes, it has kept me from medical appointments or from getting my medications
<input type="checkbox"/>	B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
<input type="checkbox"/>	C. No
<input type="checkbox"/>	X. Resident unable to respond
<input type="checkbox"/>	Y. Resident declines to respond
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Transportation

- Assessing for transportation barriers will facilitate better care coordination and discharge planning for follow-up care.
- Ask the resident:
 - “In the past 6 months to a year, has lack of transportation kept you from medical appointments or from getting your medications?”
 - “In the past six months to a year, has lack of transportation kept you from non-medical meetings, appointments, work, or from getting things that you need?”
- Only if the resident is unable to respond and no family member, significant other, and/or guardian/legally authorized representative may provide a response for this item, use medical record documentation.

Entered From

- Current

A1800: Entered From

A1800. Entered From	
Enter Code	01. Community (private home/apt., board/care, assisted living, group home)
<input type="text"/>	02. Another nursing home or swing bed
<input type="text"/>	03. Acute hospital
	04. Psychiatric hospital
	05. Inpatient rehabilitation facility
	06. ID/DD facility
	07. Hospice
	09. Long Term Care Hospital (LTCH)
	99. Other

- Revised

A1805: Entered From

A1805. Entered From	
Enter Code	01. Home/Community (e.g., private home/apt., board/care, assisted living, group home, arrangements)
<input type="text"/>	02. Nursing Home (long-term care facility)
<input type="text"/>	03. Skilled Nursing Facility (SNF, swing beds)
	04. Short-Term General Hospital (acute hospital, IPPS)
	05. Long-Term Care Hospital (LTCH)
	06. Inpatient Rehabilitation Facility (IRF, free standing facility or unit)
	07. Inpatient Psychiatric Facility (psychiatric hospital or unit)
	08. Intermediate Care Facility (ID/DD facility)
	09. Hospice (home/non-institutional)
	10. Hospice (institutional facility)
	11. Critical Access Hospital (CAH)
	12. Home under care of organized home health service organization
	99. Not listed

Discharge Status

• Current

• Revised

A2100: OBRA Discharge Status

A2100. Discharge Status	
Complete only if A0310F = 10, 11, or 12	
Enter Code	01. Community (private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge
<input type="text"/>	02. Another nursing home or swing bed
<input type="text"/>	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

A2105: Discharge Status

A2105. Discharge Status	
Complete only if A0310F = 10, 11, or 12	
Enter Code	01. Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge
<input type="text"/>	02. Nursing Home (long-term care facility)
<input type="text"/>	03. Skilled Nursing Facility (SNF, swing beds)
	04. Short-Term General Hospital (acute hospital, IPPS)
	05. Long-Term Care Hospital (LTCH)
	06. Inpatient Rehabilitation Facility (IRF, free standing facility or unit)
	07. Inpatient Psychiatric Facility (psychiatric hospital or unit)
	08. Intermediate Care Facility (ID/DD facility)
	09. Hospice (home/non-institutional)
	10. Hospice (institutional facility)
	11. Critical Access Hospital (CAH)
	12. Home under care of organized home health service organization
	13. Deceased → Skip to A2200, Previous Assessment Reference Date for Significant Correction
	99. Not listed → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge

Provision of Current Reconciled Medication List to Subsequent Provider at Discharge

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge

Complete only if A0310H = 1 and A2105 = 02-12.

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge	
Complete only if A0310H = 1 and A2105 = 02-12	
Enter Code	At the time of discharge to another provider, did your facility provide the resident's current reconciled medication list to the subsequent provider?
<input type="checkbox"/>	0. No - Current reconciled medication list not provided to the subsequent provider → Skip to A2200, Previous Assessment Reference Date for Significant Correction
	1. Yes - Current reconciled medication list provided to the subsequent provider

A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider

A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider	
Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider.	
Complete only if A2121 = 1	
Check all that apply	Route of Transmission
<input type="checkbox"/>	A. Electronic Health Record
<input type="checkbox"/>	B. Health Information Exchange
<input type="checkbox"/>	C. Verbal (e.g., in-person, telephone, video conferencing)
<input type="checkbox"/>	D. Paper-based (e.g., fax, copies, printouts)
<input type="checkbox"/>	E. Other methods (e.g., texting, email, CDs)

Provision of Current Reconciled Medication List to Subsequent Provider at Discharge

- Communication of medication information at discharge is critical to ensure safe and effective transitions from one health care setting to another.
- Subsequent Provider – based on the discharge locations at A2105:
 - 02. Nursing home (LTC facility)
 - 03. Skilled nursing facility (SNF, swing beds)
 - 04. Short-term general hospital (acute hospital, IPPS)
 - 05. Long-term care hospital (LTCH)
 - 06. Inpatient rehabilitation facility (IRF, free standing facility or unit)
 - 07. Inpatient psychiatric facility (psychiatric hospital or unit)
 - 08. Intermediate care facility (ID/DD facility)
 - 09. Hospice (home/non-institutional)
 - 10. Hospice (institutional facility)
 - 11. Critical access hospital (CAH)
 - 12. Home under care of organized home health service organization

Provision of Current Reconciled Medication List to Resident at Discharge

A2123. Provision of Current Reconciled Medication List to Resident at Discharge

Complete only if A0310H = 1 and A2105 = 01, 99.

A2123. Provision of Current Reconciled Medication List to Resident at Discharge	
Complete only if A0310H = 1 and A2105 = 01, 99	
Enter Code <input type="checkbox"/>	At the time of discharge, did your facility provide the resident's current reconciled medication list to the resident, family and/or caregiver? 0. No - Current reconciled medication list not provided to the resident, family and/or caregiver → Skip to A2200, Previous Assessment Reference Date for Significant Correction 1. Yes - Current reconciled medication list provided to the resident, family and/or caregiver

A2124. Route of Current Reconciled Medication List Transmission to Resident

A2124. Route of Current Reconciled Medication List Transmission to Resident
Indicate the route(s) of transmission of the current reconciled medication list to the resident/family/caregiver.
Complete only if A2123 = 1

Check all that apply	Route of Transmission
<input type="checkbox"/>	A. Electronic Health Record (e.g., electronic access to patient portal)
<input type="checkbox"/>	B. Health Information Exchange
<input type="checkbox"/>	C. Verbal (e.g., in-person, telephone, video conferencing)
<input type="checkbox"/>	D. Paper-based (e.g., fax, copies, printouts)
<input type="checkbox"/>	E. Other methods (e.g., texting, email, CDs)

Provision of Current Reconciled Medication List to Resident at Discharge

- It is recommended that a reconciled medication list that is provided to the resident, family member, guardian/legally authorized representative, or caregiver use consumer-friendly terminology and plain language to ensure that the information provided is clear and understandable.
- Determine whether the resident was discharged to a home setting, 01, or 99, Not Listed based on discharge location item A2105.
- Understand and document how your facility typically transmits information to each subsequent provider and/or resident at discharge.

Changes to MDS Section B

Hearing, Speech, and Vision

Document *whether the resident is comatose*, the resident's ability to hear, understand, and communicate with others, and *the resident's ability to see objects nearby in their environment*.

Health Literacy

B1300. Health Literacy

Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1.

B1300. Health Literacy

Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1

Enter Code <input type="checkbox"/>	How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 7. Resident declines to respond 8. Resident unable to respond
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Health Literacy

- Low health literacy interferes with communication between provider and resident. Health literacy can also affect residents' ability to understand and follow treatment plans, including medication management.
- This item is intended to be a resident self-report item. No other source should be used to identify the response.

Changes to MDS Section D

Mood

Identify signs and symptoms of mood distress *and social isolation.*

Resident Mood Interview (PHQ – 2 to 9©)

D0150: Resident Mood Interview (PHQ-2 to 9©)

D0150. Resident Mood Interview (PHQ-2 to 9©)

Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the resident: "About **how often** have you been bothered by this?"
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. **Symptom Presence**

- 0. No (enter 0 in column 2)
- 1. Yes (enter 0-3 in column 2)
- 9. No response (leave column 2 blank)

2. **Symptom Frequency**

- 0. Never or 1 day
- 1. 2-6 days (several days)
- 2. 7-11 days (half or more of the days)
- 3. 12-14 days (nearly every day)

	1. Symptom Presence	2. Symptom Frequency
A. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>

↓ Enter Scores in Boxes ↓

If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise, continue.



Social Isolation

D0700: Social Isolation

D0700. Social Isolation	
Enter Code <input type="checkbox"/>	How often do you feel lonely or isolated from those around you? 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 7. Resident declines to respond 8. Resident unable to respond

Social Isolation

- Social isolation refers to an actual or perceived lack of contact with other people and tends to increase with age. It is a risk factor for physical and mental illness, is a predictor of mortality, and is important to assess in order to identify engagement strategies.
- This item is intended to be a resident self-report item. No other source should be used to identify the response.
- Programs to increase residents' social engagement should be designed and implemented, while also taking into account individual needs and preferences.

Changes to MDS Section GG

Functional Abilities and Goals

Assess the need for assistance with self-care and mobility activities, *prior function, admission performance, discharge goals, discharge performance, functional limitations in range of motion, and current and prior device use.*

Incorporated from Section GG

GG0115: Functional Limitation in Range of Motion


GG0115. Functional Limitation in Range of Motion	
Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days	
↓ Enter Codes in Boxes	
Coding: 0. No impairment 1. Impairment on one side 2. Impairment on both sides	<input type="checkbox"/> A. Upper extremity (shoulder, elbow, wrist, hand)
	<input type="checkbox"/> B. Lower extremity (hip, knee, ankle, foot)

GG0120: Mobility Devices


GG0120. Mobility Devices	
↓ Check all that were normally used in the last 7 days	
<input type="checkbox"/>	A. Cane/crutch
<input type="checkbox"/>	B. Walker
<input type="checkbox"/>	C. Wheelchair (manual or electric)
<input type="checkbox"/>	D. Limb prosthesis
<input type="checkbox"/>	Z. None of the above were used

Section GG New Items

- GG0130I. Personal hygiene

	I. Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).
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- GG0170FF. Tub/shower transfer

	FF. Tub/shower transfer: The ability to get in and out of a tub/shower.
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Section GG Assessment

- Functional Abilities and Goals – Admission
 - Assessment period: first 3 days of stay
 - When A0310B = 1 (PPS 5-day), the stay begins on A2400B (Medicare Stay start date)
 - When A0310B = 99 (Not PPS Assessment), the stay begins on A1600 (Entry Date)
- Functional Abilities and Goals – Discharge
 - Assessment period: last 3 days of stay
 - For Discharge assessment other than End of PPS, the stay ends on A2000 (Discharge Date)
- Functional Abilities and Goals – OBRA/Interim
 - Assessment period: ARD plus 2 previous calendar days
 - Complete when A0310A = 02-06 and A0310B = 99 or when A0310B = 08 (IPA)

Changes to MDS Section J

- Expanded Pain Assessment Interview

J0510. Pain Effect on Sleep	
Enter Code <input type="checkbox"/>	Ask resident: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night? " 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer
J0520. Pain Interference with Therapy Activities	
Enter Code <input type="checkbox"/>	Ask resident: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain? " 0. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer
J0530. Pain Interference with Day-to-Day Activities	
Enter Code <input type="checkbox"/>	Ask resident: "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain? " 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer

Changes to MDS Section K

- Columns 1 and 4: 3-day look-back period
- Columns 2 and 3: 7-day look-back period

K0520: Nutritional Approaches

K0520. Nutritional Approaches				
Check all of the following nutritional approaches that apply				
	1. On Admission	2. While Not a Resident	3. While a Resident	4. At Discharge
1. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B				
2. 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 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 2 blank.				
3. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>				
4. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C				
	↓	↓	↓	↓
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Changes to MDS Section N

Medications

Record the number of days that any type of injection, insulin, and/or select medication was received by the resident. *Also includes use and indication of high-risk drug classes, antipsychotic use and drug regimen review to identify potentially significant medication issues.*

High-Risk Drug Classes: Use and Indication

N0415: High-Risk Drug Classes: Use and Indication

N0415. High-Risk Drug Classes: Use and Indication		
1. Is taking Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days	1. Is taking	2. Indication noted
2. Indication noted If Column 1 is checked, check if there is an indication noted for all medications in the drug class	↓ Check all that apply ↓	
A. Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>
B. Antianxiety	<input type="checkbox"/>	<input type="checkbox"/>
C. Antidepressant	<input type="checkbox"/>	<input type="checkbox"/>
D. Hypnotic	<input type="checkbox"/>	<input type="checkbox"/>
E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)	<input type="checkbox"/>	<input type="checkbox"/>
F. Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>
G. Diuretic	<input type="checkbox"/>	<input type="checkbox"/>
H. Opioid	<input type="checkbox"/>	<input type="checkbox"/>
I. Antiplatelet	<input type="checkbox"/>	<input type="checkbox"/>
J. Hypoglycemic (including insulin)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

High-Risk Drug Classes: Use and Indication

- Code all high-risk drug class medications according to their pharmacological classification, not how they are being used.
- Herbal and alternative medicine products are considered to be dietary supplements by the FDA. They should not be counted as medications (e.g., melatonin, chamomile, valerian root). Intake of such products should be documented elsewhere in the medical record and monitored.

Changes to MDS Section O

Special Treatments, Procedures, and Programs

Identify any special treatments, procedures, and programs that the resident received *or performed* during the specified time periods.

Special Treatments, Procedures, and Programs

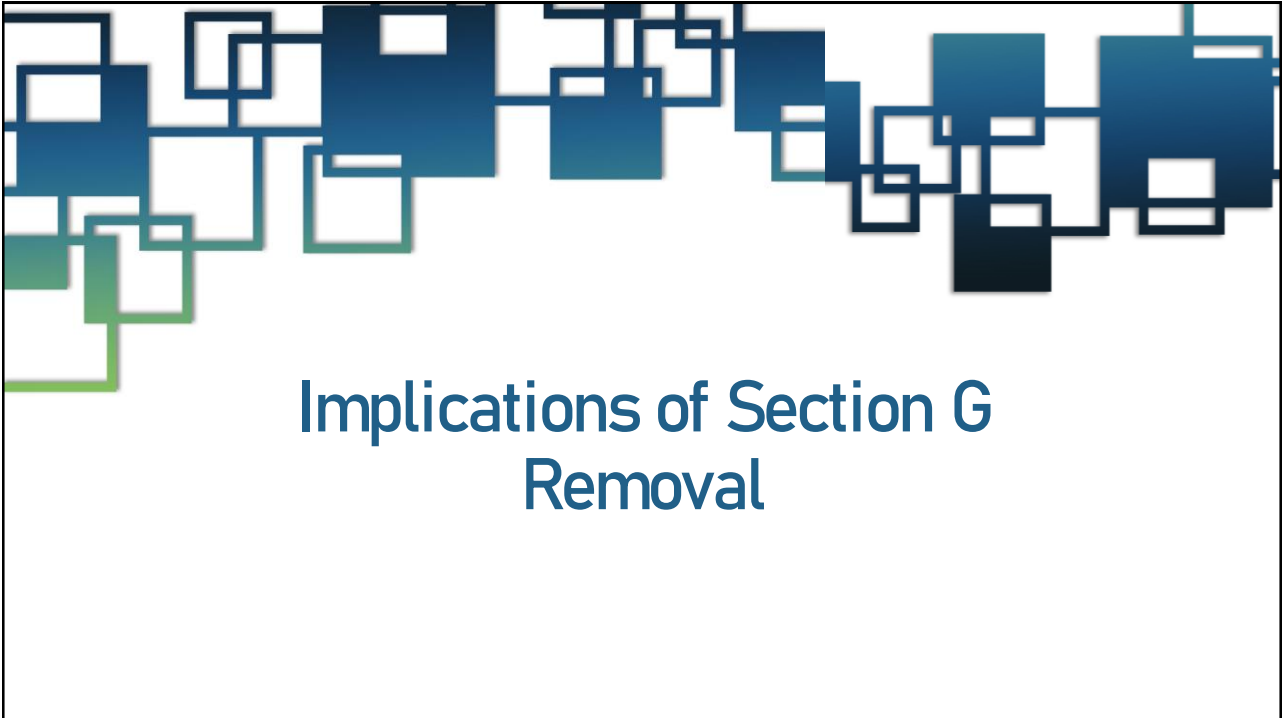
Cancer Treatments
A1. Chemotherapy
A2. IV
A3. Oral
A10. Other
B1. Radiation
Respiratory Treatments
C1. Oxygen therapy
C2. Continuous
C3. Intermittent
C4. High-concentration
D1. Suctioning
D2. Scheduled
D3. As needed
E1. Tracheostomy care

F1. Invasive Mechanical Ventilator (ventilator or respirator)
G1. Non-invasive Mechanical Ventilator
G2. BiPAP
G3. CPAP
Other
H1. IV Medications
H2. Vasoactive medications
H3. Antibiotics
H4. Anticoagulant
H10. Other
I1. Transfusions

J1. Dialysis
J2. Hemodialysis
J3. Peritoneal dialysis
K1. Hospice care
M1. Isolation or quarantine for active infection/fluid precautions
O1. IV Access
O2. Peripheral
O3. Midline
O4. Central (e.g., PICC, tunneled, port)

Special Treatments, Procedures, and Programs

- Column a. On Admission
 - Check all treatments, procedures, and programs received by, performed on, or participated in by the resident on days 1-3 of the SNF PPS Stay starting with A2400 B.
- Column b. While a Resident
 - 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.
- Column c. At Discharge
 - Check all treatments, procedures, and programs received by, performed on, or participated in by the resident in the last 3 days of the SNF PPS Stay ending with A2400C.



Implications of Section G Removal

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Care Area Assessments

- ADL Functional/Rehabilitation Potential CAT Logic
 - Triggering Conditions (any of the following):
 - Cognitive skills for daily decision making has a value of 0 through 2 or BIMS summary score is 5 or greater; and
 - ADL assistance was required for any of the self-care or mobility activities as indicated by any of the following:
 - GG0130A5 = 01-05 OR
 - GG0130B5 = 01-05 OR
 - GG0130C5 = 01-05 OR
 - GG0130E5 = 01-05 OR
 - GG0130F5 = 01-05 OR
 - GG0130G5 = 01-05 OR
 - GG0130H5 = 01-05 OR
 - GG0130I5 = 01-05 OR
 - GG0170A5 = 01-05 OR
 - GG0170B5 = 01-05 OR
 - GG0170C5 = 01-05 OR
 - GG0170D5 = 01-05 OR
 - GG0170E5 = 01-05 OR
 - GG0170F5 = 01-05 OR
 - GG0170FF5 = 01-05 OR
 - GG0170I5 = 01-05 OR
 - GG0170J5 = 01-05 OR
 - GG0170K5 = 01-05 OR
 - GG0170 R5 = 01-05 OR
 - GG0170 S5 = 01-05

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Care Area Assessments

- Urinary Incontinence and Indwelling Catheter CAT Logic
 - Triggering Conditions include:
 - ADL assistance for toileting hygiene or toilet transfer was needed as indicated by:
 - GG0130C5 = 01-05 OR GG0170F5 = 01-05
- Pressure Ulcer/Injury CAT Logic
 - Triggering Conditions include:
 - ADL assistance for movement in bed was needed, or activity was not attempted as indicated by:
 - GG0170A5 does not = 06 OR GG0170B5 does not = 06 OR GG0170C5 does not = 06

Yet to Come...

- Changes to Quality Measures/5-Star
 - Data Elements, Covariates, Exclusions
 - Residents Who Made Improvements in Function (SS)
 - High-Risk Residents With Pressure Ulcers (LS)
 - Low-Risk Residents Who Lose Control of Their Bowel or Bladder (LS)
 - Residents Whose Need for Help with Activities of Daily Living Has Increased (LS)
 - Residents Whose Ability to Move Independently Worsened (LS)
- Medicaid Reimbursement
 - Optional State Assessment
 - States can continue to use RUG-III or RUG-IV until 10/01/2025
 - Other proposed changes
- Significant Change in Status
 - Any decline in ADL physical functioning area where a resident is newly coded as Extensive assistance, Total dependence, or Activity did not occur...

Action Items

- Educate IDT members involved in MDS data collection and reporting
- Review/update facility processes for:
 - Section GG
 - Resident interviews
 - Discharge planning
 - Cultural Competence
 - Care Planning
 - Medication Reconciliation
 - Medication Indications for Use
- Monitor for updated guidance including the Final RAI and QM User's Manuals

References and Resources

- Draft Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) User's Manual version (v) 1.18.11.
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual>
- Final Minimum Data Set (MDS) 3.0 Item Sets version (v) 1.18.11.
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual>
- Transfer of Health Items Explainer Video.
<https://www.youtube.com/watch?v=cVJK90hjLH4>