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*Oklahoma State
 Department of Health
 Quality Improvement &
 Evaluation Service*

*James Joslin,
 Service Director
 (405) 271-5278*

MDS

News You Can Use

MEET OUR NEW SERVICE DIRECTOR:

We are excited to welcome James Joslin, Service Director for Health Resource Development Service (HRDS) and now Service Director for Quality Improvement and Evaluation Service (QIES). Mr. Joslin has many years of public health experience and has successfully led program areas he is responsible for. Mr. Joslin has served in public health for over twenty-eight years, and his former appointments with the Department include Assistant Chief of Long Term Care and the Director of Long Term Care Survey.

Mr. Joslin has a BA in Public Administration and certification in Training and Development from the University of Oklahoma. He is a Fellow of the Oklahoma Public Health Leadership Institute and Governor's Executive Development Program for State Officials, and is currently completing his Master's in Public Administration at the University of Central Oklahoma.

While serving in HRDS, Mr. Joslin implemented OK-SCREEN, the Department's Background Check Program. The program was developed through a grant from CMS in April of 2011, for the exploration and development of a fingerprint based national background check system for long-term care and other health care providers in Oklahoma. He was the grant manager and led the cross-sector collaborative that developed the program's enabling legislation. The program launched in February of 2014 and over 46,000 eligibility determinations have been completed through August of this year. In addition, Mr. Joslin has oversight for several programs including licensure of long-term care facilities, certification of Home Care Administrators and their preparedness programs, Nurse Aide Training and Certification, and Jail Inspections. He is the Health Department's Rule Liaison to the Oklahoma Secretary of State with responsibility for coordination of all rule promulgation activities at the Department.

Mr. Joslin brings fresh new ideas to QIES Help Desk and we look forward to partnering with him in helping to promote quality of care in Oklahoma's nursing homes!

Welcome James!

MDS CHANGE HIGHLIGHTS



On October 1, 2016 there are several MDS changes that will take effect. Below are the key points:

PPS Medicare Part A End of Medicare Stay Assessment

A new Nursing Home and Swing Bed PPS Medicare Part A Discharge (End of stay) item set will be required to be completed when a Part A stay ends before the resident is discharged from the facility. This is only for planned discharges. If the resident has an unplanned discharge from Part A, this item set is not required to be completed. The item set will be opened by coding the reason for assessment in the new item A310H—SNF PPS Medicare Part A Discharge. If the Medicare Part A stay ends on the day of or one day before the date of physical discharge, the OBRA Discharge assessment and Part A PPS Discharge assessment are both required and may be combined.



Section C 1310

Section C1300-Signs and Symptoms of Delirium and Section C1600-Acute Change in Mental Status have been deleted and replaced by Section C1310. This change is mainly renumbering and combining of items, as Section C1310 contains the items previously coded in section C1300, except for item D-Psychomotor Retardation, which is no longer coded. Section C1310 also includes the information that was previously coded in item C1600.

Section GG “Functional Abilities and Goals”

This is a PPS only assessment and should be completed 1-3 days after the resident is admitted to Part A as indicated in A2400. It is to be completed with the 5-day and the new PPS discharge assessments only. Section GG has two parts:

GG0130-Self Care: This item codes the functional status of the resident which includes the self care items of eating, hygiene, and toilet hygiene.

Licensed clinicians can establish a resident’s discharge goal(s) at the time of admission based on discussions with the resident and family, professional judgment, and the professional’s standard of practice. Goals should be established as part of the resident’s care plan.

- Clinicians may code one goal for each self-care and mobility item included in Section GG at the time of the 5-day PPS assessment.
- A minimum of one self-care or mobility goal must be coded per resident stay on the 5-day PPS assessment.

GG0170-Mobility: This item includes an assessment of how the resident moves from sitting to lying and from lying to sitting on the side of the bed. It also assesses how the resident moves from sitting to standing and chair, bed, and toileting transfers as well as assessment of how far a resident is able to walk. This item is coding the resident’s usual performance in each task area with a range from 1-6. With “01” being dependent and “06” being independent. The item also includes additional codes if the activity didn’t occur. The following codes are given as options: “07”- resident refused, “08”- Not applicable, or “09”- not attempted due to medical condition or safety concerns.

Pressure Ulcers M0300

M0300- Current Number of Unhealed Pressure Ulcers at Each Stage

The items in Section M0300 used for coding the number of pressure ulcers present on admission/reentry will be added to the discharge assessments. This will include the current Nursing Home Discharge as well as the new End of Medicare Part A Discharge.



QRP: Quality Reporting Program



In response to the reporting requirements under the IMPACT Act, CMS established the SNF Quality Reporting Program (QRP) and its quality reporting requirements in the FY 2016 SNF Prospective Payment System (PPS) final rule. This program is effective October 1, 2016 and is associated with many of the changes seen in the MDS. Three quality measures affecting payment determination were finalized for adoption into the SNF QRP. All three of these quality measures use assessment data from the MDS.

1. **Percent of Residents experiencing one or more falls with major injury (long stay).** The stay is identified by a 5-day PPS assessment and an associated discharge (which may be standalone SNF Part A PPS Discharge or a Part A PPS Discharge combined with an OBRA Discharge).
2. **Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (Short-Stay)** New or worsened pressure ulcers are determined based on examination of all assessments in a resident's episode for reports of Stage 2–4 pressure ulcers that were not present or were at a lesser stage on admission.
3. **Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function.** Section GG items which are used to calculate this measure were developed and tested for use in post-acute care settings in order to gather the assessment data for this measure. These items assess the need for assistance with self-care and mobility activities. For residents with incomplete stays, admission functional status data and at least one treatment goal would be required, discharge functional status data would not be required to be reported.

“Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being...”

(Code of Federal Regulation, 42 FR 483.25)

Don't Dash! A 2% penalty to the market basket increase (beginning October 1, 2017) will be in effect if more than 80% of MDSs submitted do not contain 100% of the data elements needed to calculate all 3 of the new QRP Quality Measures.



CODING J1900-LEVEL OF INJURY

It is important to ensure the accuracy of the level of injury resulting from a fall. Since injuries can present themselves later than the time of the fall, the assessor may need to look beyond the ARD to obtain the accurate information for the complete picture of the fall that occurs in the look back of the MDS.

Review any follow-up medical information received pertaining to the fall, even if this information is received after the ARD (e.g., emergency room x-ray, MRI, CT scan results), and ensure that this information is used to code the assessment.

If the level of injury directly related to a fall that occurred during the look-back period is identified after the ARD and is at a different injury level than what was originally coded on an assessment that was submitted to QIES ASAP, the assessment must be modified to update the level of injury that occurred with that fall.



MDS AUTOMATION TIPS

MARK YOUR CALENDAR

Upcoming MDS
Training



2-Day Clinical Training,
including NEW PPS and MDS
Item-set changes

December 7-8, 2016

QIES Team:

Diane Henry, RN
Wanda Roberts, RN
Stephanie Sandlin, RN
Bob Bischoff

CONTACT US

Oklahoma State
Department of Health

QIES Help Desk
1000 N. E. 10th Street
Oklahoma City, OK
73117-1207

Phone: (405) 271-5278

Fax: (405) 271-1402

Website:

<http://mds.health.ok.gov>



ARE YOU PREPARED??

- ◆ Are all your computers and laptops upgraded with your new software?

Billing and MDS , OBRA and PPS calendars.

- ◆ Are PBJ (payroll based journal) submissions being addressed that went into effect 7-1-16?

At present, you will still be required to complete Form 671 for survey.

- ◆ New HIPPS codes and some new ICD-10 codes will go into effect also on 10-1-2016. Watch validation reports for error messages and call our office for any assistance.

HIPPS. RUGS and Version codes.

- ◆ All assessments will continue to be transmitted to ASAP. In the beginning, we recommend to only submit one new and one old assessment, in order to keep fatal error messages to a minimal. Submission's may be delayed up to 24 hours for receipt of validation reports.



CASPER REPORTS

Providers Reports:

Missing OBRA Assessments
Roster Report
Admission/Reentry Reports
Error Summary Reports
Discharge Reports

Quality Measure Reports (QM)

Facility Characteristic Reports
Monthly Comparison Reports
Resident Level QM's
Facility Level QM's
QM Package Reports

Early Preview Reports

5 Star Reports
Early NH Compare Reports

Each one of these reports, and a few others, are available within your CASPER reports . These should be reviewed periodically and facilities should decide on the frequency your facility reviews and runs these reports.

Contact our office for any assistance required with locating these reports and how to interpret, if needed.

Automation Tip:

Closely review validation reports during the late September and October submission time frames and contact our office with questions relating to these new messages.



The Oklahoma State Department of Health (OSDH) is an equal opportunity employer and provider. This publication, issued by the OSDH, was authorized by Terry L. Cline, Ph.D., Commissioner of Health, Secretary of Health and Human Services. 320 copies were printed by Docutech at a cost of \$92.80. Copies are available for download from the OSDH website at www.health.ok.gov.

