

MDS

News You Can Use

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Impact Act Phase II

Are you ready? *The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) Phase II will go into effect November 28, 2017. However, you need to prepare now to ensure compliance with the requirements.*

The revisions to the LTC Rule, “The IMPACT Act” has many different themes that you will need to be aware of, including:

Person Centered Care

Person centered care is very important and it helps create a home atmosphere in for the residents. When implemented, it gives the resident a voice in

their care and discharge planning. You will be required to implement a base-line care plan within 48 hours of admission, so start now to implement processes to achieve this requirement.

Quality

Quality of Life and Quality of Care are important for each residents’ health and well being both physically and mentally. Quality of life is impacted negatively with the use of restraints and inadequate pain management. Other special care issues regarding the residents quality of life includes: bowel inconti-

nence, dialysis services, and trauma-informed care. Nursing homes will need to provide careful consideration on how to address these issues in the resident’s care plan.

Facility Assessment and Competency-Base Approach

Facilities need to know themselves, their staff, and residents. Identify what skill set your staff holds in order to identify if your facility can accept higher acuity residents and residents with dementia and other behavioral issues and adequately care for them.

(continued on page 2)

Five-Star Rating System

The Five-Star Rating system on Nursing Home Compare (NHC) calculates the overall Star Rating for each nursing home based on Health inspections, Staffing, and Quality measure ratings. Each of the categories is assigned points based on pre-determined data and then the overall Star rating is assigned.

CMS added six new quality measures to the Five-Star Rating System and included five of those six new measures in the calculations for the Quality Measure Summary Score.

1. Percentage of short-stay residents who were success-

fully discharged to the community.

2. Percentage of short-stay residents who have had an outpatient emergency department visit.
3. Percentage of short-stay residents who were re-hospitalized after a nursing home admission.
4. Percentage of short-stay residents who made improvements in function.
5. Percentage of long-stay residents whose ability to move independently worsened

The sixth new quality measure, the antianxiety hypnotic

medication measure, is not incorporated into the Five-Star Quality Summary Score at this time.

Of the five new quality measures incorporated, the first three listed above are calculated using both MDS data and claims-based data from hospital claims.

Nursing homes would benefit from implementing processes that would address the above measures.

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Oklahoma State
Department of Health

Quality Improvement
& Evaluation Service

James Joslin,
Service Director

Impact Act Phase II (cont.)

Align with Current HHS Initiatives

The aim is to reduce unnecessary hospital readmissions; Reduce the incidences of healthcare acquired infections; Improve behavioral healthcare and safeguard nursing home residents from the use of unnecessary psychotropic (antipsychotic) medication.

Comprehensive Review and Modernization

For facilities this will consist of getting reorganized, updated, and being consistent with current health and safety knowledge.

Phase II Requirements must be met by November 28, 2017. Following is a list of some of the requirements, but is not all-inclusive:

Behavioral Health Services—This is a new requirement that directs you to make sure staff are competent and sufficient in caring for these residents and that you have treatment and services to meet their needs. Non-pharmacological approaches should be implemented and used whenever possible to decrease medication use. Comprehensive assessments and medically related social services should be considered when providing care for these individuals.



Quality Assurance and Performance Improvement QAPI plan—According to the Affordable Care Act, nursing homes will be required to have their QAPI plan in place and have be-

gun implementing QAPI one year after a final regulation is issued. Effective QAPI planning and implementation means improving safety and quality while involving staff from all departments affected in creative problem solving. Nursing homes can start by reviewing the CMS QAPI tools and resources that are being made available to them through the CMS QAPI website at: <http://go.cms.gov/Nhqapi>.

Infection Control Facility Assessment and Antibiotic Stewardship—Antibiotic stewardship is a coordinated program that promotes the appropriate use of antimicrobials, improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms.

Compliance and Ethics Program Program must be reasonably capable of reducing the prospect of criminal, civil, and administrative violations under the Act and promote quality of care and include:

- Appointing a C&E representative for facility and organization
- Enforcing operating standards
- Responding to violations
- Reviewing annually

Physical Environment—

You must be prepared to know and meet the following life safety code requirements:

- Bed frames, mattresses, and bed rails
- Bedrooms must accommodate no more than two residents
- Bathroom equipped with at least a commode and sink
- Call directly to a staff member ... from each resident's bedside



- Establishing policies...regarding smoking

Pharmacy Services—

Many of the same protections continued (freedom from unnecessary medications and medication errors, medication storage); Drug regimen review and reporting will be required by November 28, 2017; A review of the medical chart is also required; The definition of psychotropic medication was updated with PRN usage of psychotropic medication is indicated as 14 days; difference between psychotropic and antipsychotic medications is also included in the updates.

Dental Services —

Updated regulation to include the replacement of lost dentures.

Pre-admission Screening Resident Review (PASRR)

The PASRR section has been strengthened and if a resident requires a significant change in condition then a call for a new PASRR is made to the Oklahoma Health Care Authority.

The finalized provisions reflect advances in the theory and practice of service delivery and safety, and implement sections of the Affordable Care Act (ACA).

MLN Connects (National Provider Call) *Final Rule to Reform the Requirements for Long-Term Care Facilities* Karen Tritz-Division Nursing Homes Director October 27, 2016.

For example, let's look more closely at the "Percentage of short-stay residents who were successfully discharged to the community." Successful discharge is defined as 30 days following discharge from the nursing home, the resident did not die, was not admitted to the hospital, and was not readmitted to a nursing home.

According to the RAI Manual, failure to provide adequate discharge planning and instructions can result in the resident's decline and increases the chance for rehospitalization and after-care.



To assist in ensuring the resident's successful discharge, discharge instructions should include at a minimum:

- ◆ Personal identification and contact information, including Advance Directives

- ◆ Follow-up appointment with physician and contact information of primary care physician, pharmacy, and community care
- ◆ Current medications, and medication education, treatments, therapies, and allergies
- ◆ Arrangements for durable medical equipment (DME); and telephone number for the DME equipment company
- ◆ Arrangements for transportation to follow-up appointments
- ◆ Contact information for the nursing home if a problem arises during discharge, and
- ◆ Who to call in case of an emergency or if symptoms of decline occur.

For additional guidance, see CMS' **"Planning for Your Discharge: A Checklist for Patients and Caregivers Preparing to Leave a Hospital, Nursing Home, or Other Health Care Setting."** Available at <https://www.medicare.gov/Pubs/pdf/11376.pdf>

1. RAI User's Manual—Oct, 2016
2. Five-Star Technical User's Guide, Jan, 2017

"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)

New Five-Star Cut-Rate Points Effective January, 2017

QM Rating	Point Range July 2016	Point Range January 2017
★	275 – 669	325 – 789
★★	670 – 759	790 – 889
★★★	760 – 829	890 – 969
★★★★	830 – 904	970 – 1054
★★★★★	905 – 1350	1055 – 1600

Five-Star Technical User's Guide—January, 2017

MARK YOUR CALENDAR



April 25, 2017

Encore Stakeholder's Forum
Shawnee, OK

June 5 & 6
MDS Basic 2-Day
Oklahoma City

Sign up for MDS trainings
using our QR Code:



Early Preview Reports

MDS 3.0 Facility Preview Report

New long and short-stay measures will display on the MDS 3.0 Facility Preview Reports.

The early preview reports are run during early January and are updated every quarter (Jan, Apr, July, and Oct). These reports are generated early in the week of the NHC refresh, which is typically on the 3rd Thursday of each month.

These reports are available in CASPER under the category of Folders and are labeled OK LTC NHXXXX.

You can also review your facility Confidential Value-Based Purchasing Report, which addresses readmissions, the Five-star, and confidential resident report.

All reports can be viewed in folder OK LTC XXXX. Information can be verified on all the early preview reports. I strongly recommend that when reviewing these reports that you read any new language appearing on the reports.

Updated Regulation's

Go to <http://mds.health.ok.gov> and click on Educational Resources to view Appendix PP which lists the new State Operations Manual (SOM) that went into effect February 10, 2017.

Stay Up-to-Date!

Would you like to receive email notifications about important CMS and MDS related information?

Visit: mds.health.ok.gov and select "Get Updates".

Or call the QIES Help Desk at
405-271-5278

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Recent Q & A

Q. Why do my 672 and 802 reports differ from CASPER reports?

A. The Roster Matrix 672/802 reports are generated by your software and have a different trigger logic than the CASPER QM reports.

Google "ROSTER Sample Matrix Instructions" to determine 672/802 logic. Then go to www.qtso.com, click on MDS 3.0, then click on MDS 3.0 Quality Measure User Manual for CASPER logic.



Q. Why do my correction/modifications reject?

A. Check if A.S.A.P. originally received the assessment. You can not modify an assessment if A.S.A.P. never received that assessment. The other possibility is you internally changed coding items, dates, or personal identifiers for the resident and A.S.A.P. can not locate that particular assessments.

Call our office with any questions!

405.271.5278



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