Fall 2024 Updates

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North Carolina Division of Health Service Regulation

Resident Assessment Instrument version 1.19.1 October 2024

Civil Money Penalties (CMP) fund is currently over 33 million dollars!

Please visit NC Culture Change Coalition for ideas and apply for funding for your facilities

https://www.ncculturechangecoalition.org/

ALLIANT HEALTH SOLUTIONS

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

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No cost resources and services for facilities

Non-regulatory

Disclaimer:

This presentation is not a substitute for reading and reviewing the

- Long-Term Care Resident Assessment Instrument 3.0 User's Manual Version 1.19.1, October 2024
- MDS Item Sets Version 1.19.1, October 2024

or

- State Operations Manual Appendix PP, Revised 8/8/24

Purpose and Objectives to Review:

- RAI and MDS changes starting October 1, 2024
- CMS Schizophrenia Audits
- PASRR Information
- Most Frequent Citations Related to MDS and the Regulations
- Helpful Reports in iQIES
- Resources

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

- Removed examples of coding that involved remaining in the nursing home or SNF or LTC

- If the resident remains long term care after the SNF coverage ends, code 1: Yes, that you provided the medication list to the subsequent provider, even if that provider is you.

RAI page A-44

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?

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

Brief Interview for Mental Status

- Coding Tips:
- If all the BIMS items are coded with a dash (-), then C0500, BIMS Summary Score must also be coded with a dash (-). RAI page C-17

Section GG

- Now called “Functional Abilities”
- All Goals for the PPS 5-day and references to goals have been removed
- The Goals column for the PPS 5-day is gone.
- All references to the Goals column have been removed.

- Goals are no longer a SNF QRP item

GG0310I, Personal Hygiene

- Personal hygiene involves the ability to maintain personal hygiene, including combing hair, shaving, applying makeup, and washing and drying face and hands (excludes baths, showers, and oral hygiene)
- Examples have been adjusted

GG0170 Mobility

- **Coding Tips for GG0170M, 1 step (curb); GG0170N, 4 steps; and GG0170O, 12 steps**

- If, at the time of the assessment, a resident is unable to complete the activity because of a physician-prescribed restriction *of* no stair climbing, *they may be able to complete the stair activities safely by some other means (e.g., stair lift, bumping/scooting on their buttocks). If so, code based on the type and amount of assistance required to complete the activity. If, at the time of assessment, a resident is unable to complete the stair activities because of a physician-prescribed bedrest, code the stair activity using the appropriate "activity not attempted" code.*

- *While a resident may take a break between ascending or descending the 4 steps or 12 steps, once they start the activity, they must be able to ascend (or descend) all the steps, by any safe means, without taking more than a brief rest break to consider the stair activity completed.*

RAI pages GG-62 and GG-63

H0100: Appliances

- **DEFINITIONS**
  EXTERNAL CATHETER

Device attached to the shaft of the penis like a condom, *a female external catheter, or other non-invasive urine output management device or system that routes urine* to a drainage bag.

- **Coding Tips and Special Populations**

Female external catheters and other non-invasive urine output management devices or systems should be coded as external catheters (H0100B).

RAI pages H-2 and H-3

Clarification

- Item I2100 Septicemia:
- For sepsis to be considered septicemia, there needs to be inflammation due to sepsis and evidence of a microbial process.
- If the medical record reflects inflammation due to sepsis and evidence of a microbial process, code I2100, Septicemia.
- If the medical record does not reflect inflammation due to sepsis and evidence of a microbial process, enter the sepsis diagnosis and ICD code in item I8000, Additional Active Diagnoses. RAI page I-13

K0520 Modified Definition of Feeding Tube

DEFINITIONS

FEEDING TUBE

Presence of any type of tube that can deliver food/ nutritional substances/ fluids directly into the gastrointestinal system. Examples include, but are not limited to, nasogastric tubes, gastrostomy tubes, jejunostomy tubes, percutaneous endoscopic gastrostomy (PEG) tubes. RAI page K-10

- Coding tip matches the black box definition

- **Coding Tip for K0520B**
- Only feeding tubes that are used to deliver nutritive substances and/or hydration during the assessment period are coded in K0520B. RAI page K-12

K0520 Parenteral/IV Feeding

- **Coding Tips for K0520A**
- IV fluids can be coded in K0520A if needed to prevent dehydration if the additional fluid intake is specifically needed for nutrition and*/or* hydration. Prevention of dehydration should be clinically indicated and supporting documentation should be provided in the medical record. RAI page K-12

N0415K, Anticonvulsant

- **N0415K1. Anticonvulsant:** *Check if an anticonvulsant medication was taken by the resident at any time during the 7-day observation period (or since admission/entry or reentry if less than 7 days).*
- **N0415K2. Anticonvulsant:** *Check if there is an indication noted for all anticonvulsant medications taken by the resident any time during the observation period (or since admission/entry or reentry if less than 7 days).* RAI page N-8

- Anticonvulsants are used in the treatment of epileptic seizures, and neuropathic pain. Also, for bipolar disorder and borderline personality disorder since many seem to act as mood stabilizers.

O0110O1, IV Access

- **O0110O1, IV Access** Code IV access, which refers to a catheter inserted into a vein for a variety of clinical reasons, including long-term medication administration, large volumes of blood or fluid, frequent access for blood samples, intravenous fluid administration, total parenteral nutrition (TPN), or, in some instances, the measurement of central venous pressure. *An arteriovenous (AV) fistula does not meet the definition of IV Access for O0110O1.*

RAI page O-9

- An A-V fistula is a surgical connection made between an artery and a vein, created by a vascular specialist.

Vaccinations: from the LTC Survey Pathway

- **Influenza, Pneumococcal, and COVID-19 Immunizations for Residents:**
- Review the records for documentation of: Screening and eligibility to receive the vaccine(s);
- The provision of education related to the influenza, pneumococcal, and COVID-19 vaccines;
- The administration of vaccines in accordance with national recommendations, which includes doses administered.
- Facilities must follow the CDC and Advisory Committee on Immunization Practices **(**ACIP) recommendations for vaccines; and
- Allowing a resident or representative to accept or refuse the influenza, pneumococcal, and COVID-19 vaccines. If not provided, documentation as to why the vaccine(s) was not provided.

Vaccinations: from the LTC Survey Pathway

- For surveys occurring during influenza season, unavailability of the influenza vaccine can be a valid reason why a facility has not implemented the influenza vaccine program, especially during the early weeks of the influenza season. Similarly, pneumococcal or COVID- 19 vaccine supplies may be limited anytime of the year. Ask the facility to demonstrate that: The vaccine has been ordered and the facility received a confirmation of the order indicating that the vaccine has been shipped or that the product is not available but will be shipped when the supply is available; and
- Plans are developed on how and when the vaccines will be administered when they are available.
- As necessary, determine if the facility developed influenza, pneumococcal, and COVID-19 vaccine policies and procedures for residents….

- Survey Resources: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes

O0300: Pneumococcal Vaccine Examples

- Pneumococcal Vaccine examples now include PCV20
  RAI starting on page O-17

- PCV13, PCV20, PPSV23

Pneumococcal Vaccine

- If a resident has received one or more pneumococcal vaccinations and is indicated to get an additional pneumococcal vaccination but is not yet eligible for the next vaccination because the recommended time interval between vaccines has not lapsed, O0300A is coded 1, yes, indicating the resident's pneumococcal vaccination is up to date.
- Advisory Committee on Immunization Practices (ACIP) Vaccine Recommendations and Guidelines https://www.cdc.gov/vaccines/hcp/acip-recs/index.html

O0350: Resident's COVID-19 vaccination is up to date

O0350. Resident's COVID-19 vaccination is up to date

Enter Code ☐

0. **No**, resident is not up to date
1. **Yes**, resident is up to date

- **Steps for Assessment**
- *Vaccination status may be determined based on information from any available source. Review the resident's medical record or documentation of COVID-19 vaccination and/or interview the resident, family or other caregivers or healthcare providers to determine whether the resident is up to date with their COVID-19 vaccine.*

- *If the resident is **not up to date**, and the facility has the vaccine available, ask the resident if they would like to receive the COVID-19 vaccine.*

RAI starting on page O-19

If you don't know the status= not up to date

O0350: Resident's COVID-19 (continued)

- **Coding Instructions**
- *Code 0, No, resident is not up to date if the resident does not meet the CDC's definition of up to date. This includes residents who have not received one or more recommended COVID-19 vaccine doses **for any reason** including medical, religious, or other qualified exemptions.*
- *This includes residents for whom vaccination status cannot be determined.*

- *Code 1, Yes, resident is up to date if the resident meets the CDC's definition of up to date.*
- *A dash is a valid response, indicating the item was not assessed. CMS expects dash use to be a rare occurrence.*

- **Coding Tip**
- *Current COVID-19 vaccine recommendations are available on the Centers for Disease Control and Prevention's (CDC's) webpage "Stay Up to Date with COVID-19 Vaccines" at https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html*

The Cross-Over Rule, Chapter 5.7

- *When item sets are updated, a* situation *may* exist that will prevent providers from correcting the target date of any assessment crossing over *from* October 1 *of a given year*. That is, providers may not submit a modification to change a target date on an assessment completed prior to October 1 *of a given year* to a target date on or after October 1 *of the same year*, nor can they submit a modification to change a target date on an assessment completed on or after October 1 *of a given year* to a target date prior to October 1 *of a given year when the MDS item sets have had substantial changes.*
- *When t*he *MDS* item sets have had significant changes, including the omission and addition of many items *or significant changes to existing items, clinicians will be required to collect and code new items, may have different look-back periods, or may need to code the MDS according to changes in the coding requirements*. It is the target date of the assessment that identifies the required version of the item set, and, because of the substantial changes *that may exist between versions of* the item sets, they are not interchangeable. Therefore, *commonly when there are updates to item sets,* providers may not change target dates on assessments crossing over October 1 *of specific years.* RAI page 5-12

5.8 Special Manual Record Correction Request

- A few types of errors in a record in iQIES cannot be corrected with an automated Modification or Inactivation request. These errors are:
  - The record has the wrong unit certification or licensure designation in Item A0410.
  - The record has the wrong state code or facility ID in the control Items STATE_CD or FAC_ID.
  - *The record submitted was not for OBRA or Medicare Part A purposes.*
  - The record is a test record inadvertently submitted as production.

RAI page 5-13 and 5-14

Chapter 5 Submission and Correction

- *When a facility erroneously submits a record that was not for OBRA or Medicare Part A purposes, CMS does not have the authority to collect the data contained in the record. An inactivation request will not fix the problem, since it will leave the erroneously submitted record in the history file, that is, the CMS database.* ***A manual deletion is necessary to completely remove the erroneously submitted record and associated information from the CMS database.***
- *In instances in which an erroneous PPS assessment is combined with an OBRA-required assessment, if the item set code does not change, then a modification can be completed. If the item set code does change as a result of a modification, the provider must complete an MDS 3.0 Manual Assessment Correction/Deletion Request. This action will completely remove the assessment from the database. As indicated, the provider would complete and submit a new, stand-alone OBRA assessment.*

NOTE: Assessment item errors, other than those listed below, must be corrected and resubmitted using Correction Policy procedures.

Please Type or Print Legibly

All Fields are Required

☐ **Delete Test Record** ☐ **Correct A0410 Value** ☐ **Delete Wrong FAC_ID** ☐ **Not CMS Required*****

Facility Information

Facility Name: (complete name)

ID (FAC_ID):

Requestor (Administrator/Owner) Information

Name (full name):

Title:

E-mail Address:

Phone Number:

Resident Information

First Name:

Last Name:

SSN:

Birth Date:

Gender:

Resident ID:*

Record Information

A0310A Value:

A0310B Value:

A0310C Value:

A0310D Value:

A0310F Value:

Target Date:**

Assessment ID:*

Submission Information

Submission Date:

Submission ID:*

A0410 (Submission Requirement) Values

Submitted (Incorrect) Value:

Correct Value:

* RES_INT_ID, ASMT_ID, and SUMISSION ID are found on the Final Validation Report

** Target Date is:
MDS Item **A2300** (Assessment Reference Date) for an assessment record
MDS Item **A2000** (Discharge Date) for a discharge record MDS Item **A1600** (Entry Date) for a reentry record

*** Record is not for OBRA and not for Medicare Part A PPS

Submit completed and signed form to the iQIES Service Center by Certified Mail through the US Postal Service.

GDIT
iQIES Service Center
4800 Westown Pkwy, Suite 360
West Des Moines, IA 50266

Signature - Administrator or Owner (Please circle one) Date

Submit **completed** and **signed** form to your State Agency via **Certified Mail** through the US Postal Service. Your State Agency will approve, sign, and forward your request to the iQIES Service Center.

Signature - State Agency Authorizer Date

The request must be sent **Certified Mail** through the US Postal Service.

All requests require State Agency authorization.
Forms forwarded to the iQIES Service Center without a State Agency signature will be rejected.

iQIES Service Center - Internal Use:

2.14 Determining the Item Set for an MDS Record

- The item set for a particular MDS record is completely determined by the reason for assessment items (A0310A, A0310B, A0310F, and A0310H)….
- The first lookup table is for nursing home records. The first 4 columns are entries for the reason for assessment (RFA) items A0310A, A0310B, A0310F, and A0310H. To determine the item set for a record, locate the row that includes the values of items A0310A, A0310B, A0310F, and A0310H for that record. When the row is located, then the item set is identified in the item set code (ISC) and Description columns for that row. If the combination of items A0310A, A0310B, A0310F, and A0310H values for the record cannot be located in any row, then that combination of RFAs is not allowed and will be rejected by iQIES. RAI page 2-57

Nursing Home Item Set Code (ISC) Reference Table

OBRA RFA (A0310A)	PPS RFA (A0310B)	Entry/ Discharge (A0310F)	Part A PPS Discharge (A0310H)	ISC	Description
01, 03, 04, 05	01, 99	10, 11, 99	0, 1	NC	Comprehensive
02, 06	01, 99	10, 11, 99	0, 1	NQ	Quarterly
99	01	10, 11, 99	0, 1	NP	PPS
99	08	99	0	IPA	PPS (Optional)
99	99	10, 11	0, 1	ND	OBRA Discharge
99	99	01, 12	0	NT	Tracking
99	99	99	1	NPE	Part A PPS Discharge

QSO-23-05-NH

Updates to the Nursing Home Care Compare Website and Five Star Quality Rating System:

Adjusting Quality Measure Ratings Based on Erroneous Schizophrenia Coding, and Posting Citations Under Dispute

https://www.cms.gov/files/document/qso-23-05-nh.pdf

1/18/2023

I6000 Schizophrenia

Memorandum Summary Adjusting Quality Measure Ratings:

CMS will be conducting audits of schizophrenia coding in the Minimum Data Set data and based upon the results, adjust the Nursing Home Care Compare quality measure star ratings for facilities whose audits reveal inaccurate coding.

CMS is concerned that some nursing homes have erroneously coded residents as having schizophrenia, which can mask the facilities' true rate of antipsychotic medication use.

Facilities that have coding inaccuracies identified through the schizophrenia MDS audit will have their QM ratings adjusted as follows:

- The Overall QM and long stay QM ratings will be downgraded to one star for six months (this drops the facility's overall star rating by one star).
- The short stay QM rating will be suppressed for six months.
- The long stay antipsychotic QM will be suppressed for 12 months.

*Four facilities attested to having inaccurate schizophrenia documentation and agreed to implement a plan of correction:

- *Overall QM and Long-Stay QM rating was suppressed for 6 months
- *Short stay QM rating will be calculated and posted as normal
- *Long stay antipsychotic use QM was suppressed for 12 months

*One facility failed its follow-up audit, and penalties continue.

*One facility which underwent the CMS audit for schizophrenia resulted in:

- *Overall QM and long-stay QM ratings downgraded to one star for 6 months
- *Short stay QM ratings suppressed for 6 months
- *Long-stay antipsychotic QM suppressed for 12 months

Determinations:

1. Sufficient documentation of behaviors was not present prior to establishing or validating the diagnosis of schizophrenia.

2. Residents were given a new diagnosis of schizophrenia without comprehensive medical evaluations, excluding other medical conditions.

3. Residents were given a new diagnosis of schizophrenia without comprehensive psychiatric evaluations.

4. Sufficient documentation was not present to support a 'history of schizophrenia' as noted in the medical record.

5. Sufficient documentation of comprehensive evaluations that validate the accuracy of the diagnosis of schizophrenia on-admission, as noted in the medical record, was not present.

6. Coding of schizophrenia on MDS assessments reflect inaccuracies compared to the reviewed medical records.

7. Coding of antipsychotic medications on MDS assessments reflect inaccuracies compared to the reviewed medical records.

8. Sufficient documentation was not present to support the removal of schizophrenia as an active diagnosis.

9. The reviewed medical records lacked the required MDS assessment modifications to remove an inaccurate diagnosis of schizophrenia.

A1500 –Preadmission Screening and Resident Review (PASRR)

- PASRR is a preadmission screening process.
- A positive screen indicates the resident has a mental illness, intellectual disability, or a related condition.
- A1500 documents whether a PASRR Level II determination has been issued.
- Reports on the results of the PASRR process.
- A1500 is only completed on the OBRA comprehensive MDS assessments.

Pre-Admission Screening and Resident Review

- Not everyone with MI has a Level II PASRR determination.
- Everyone with ID/DD should have a Level II PASRR determination.

Further Information and Resources

- RAI page 2-30 through 2-31
- F644, F645, F646
- PASRR Help Desk 888-245-0179, 919-813-5603

https://medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/pre-admission-screening-and-resident-review-pasrr

https://ncliftss.acentra.com/pasrr/

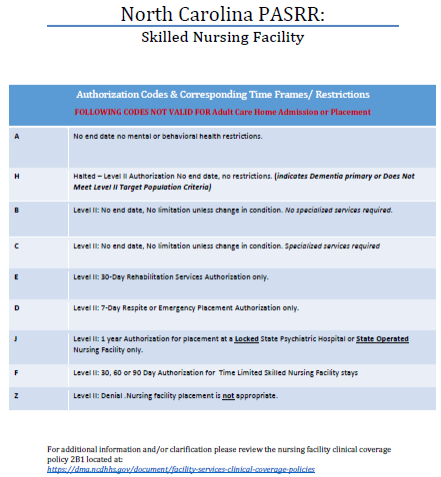
Pre-Admission Screening and Resident Review

- **When is PASRR required?**
- PASRR is required anytime someone is being admitted into a Medicaid-certified nursing facility. The PASRR determination should be recent.
  - All individuals who are admitted to a Medicaid certified nursing facility, must have a Level I PASRR completed to screen for possible mental illness (MI), intellectual disability (ID), ("mental retardation" (MR) in federal regulation)/developmental disability (DD), or related conditions. F645
- Before the end of a time-limited approval if a person is expected to remain in the nursing home for longer than the approved time.
- Any Level II resident experiencing a significant change in status.
- Any Level I resident who experience a psychiatric episode, have a new psychiatric diagnosis or have been placed on antipsychotic medications should have a Level II PASRR referral made.

Halted PASRR

Halted – Level II Authorization No end date, no restrictions.

(*indicates Dementia primary or Does Not Meet Level II Target Population Criteria)*

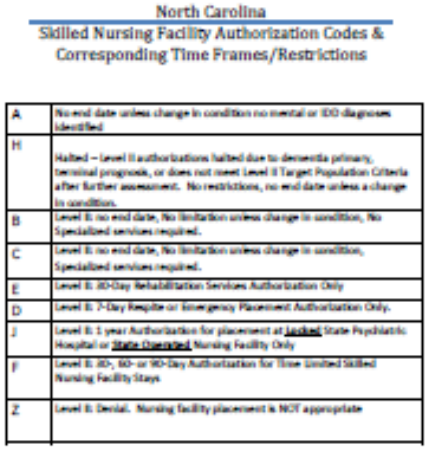


North Carolina PASRR:
Skilled Nursing Facility

Authorization Codes & Corresponding Time Frames/ Restrictions FOLLOWING CODES NOT VALID FOR Adult Care Home Admission or Placement	
A	No end date no mental or behavioral health restrictions.
H	Halted – Level II Authorization No end date, no restrictions. (*indicates Dementia primary or Does Not Meet Level II Target Population Criteria)*
B	Level II: No end date, No limitation unless change in condition. *No specialized services required.*
C	Level II: No end date, No limitation unless change in condition. *Specialized services required*
E	Level II: 30-Day Rehabilitation Services Authorization only.
D	Level II: 7-Day Respite or Emergency Placement Authorization only.
J	Level II: 1 year Authorization for placement at a Locked State Psychiatric Hospital or State Operated Nursing Facility only.
F	Level II: 30, 60 or 90 Day Authorization for Time Limited Skilled Nursing Facility stays
Z	Level II: Denial. Nursing facility placement is not appropriate.

For additional information and/or clarification please review the nursing facility clinical coverage policy 281 located at:
https://dma.ncdhhs.gov/document/facility-services-clinical-coverage-policies

Halted – Level II authorizations halted due to dementia primary, terminal prognosis, or does not meet Level II Target Population Criteria after further assessment. No restrictions, no end date unless a change in condition. 1/19/24



North Carolina
Skilled Nursing Facility Authorization Codes & Corresponding Time Frames/Restrictions

A	No end date unless change in condition no mental or IDD diagnoses identified
H	Halted – Level II authorizations halted due to dementia primary, terminal prognosis, or does not meet Level II Target Population Criteria after further assessment. No restrictions, no end date unless a change in condition.
B	Level II: no end date, No limitation unless change in condition, No Specialized services required.
C	Level II: no end date, No limitation unless change in condition, Specialized services required.
E	Level II: 30-Day Rehabilitation Services Authorization Only
D	Level II: 7-Day Respite or Emergency Placement Authorization Only.
J	Level II: 1 year Authorization for placement at Locked State Psychiatric Hospital or State Operated Nursing Facility Only
F	Level II: 30-, 60- or 90-Day Authorization for Time Limited Skilled Nursing Facility Stays
Z	Level II: Denial. Nursing facility placement is NOT appropriate

https://medicaid.ncdhhs.gov/documents/providers/programs-services/pasrr/pasrr-authorizations-quick-reference/download

Halted Level II PASRR

- Halted – Level II authorizations halted due to dementia primary, terminal prognosis, or does not meet Level II Target Population Criteria after further assessment. No restrictions, no end date unless a change in condition
  - *Continues to be a level II PASRR*
  - *Should your facility say the H designation PASRR is a Level I, the burden of proof is on the facility to provide that documentation from NCMUST*
  - *If the H designation is related to dementia, the physician must document dementia is the primary diagnosis*
  - *PASRR determinations can only be made by NCMUST*

Code of Federal Regulations (CFR)

- State Operations Manual Appendix PP revised 8/8/24: https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf
- Resident Assessment
  - Regulations F635-F646
- Comprehensive Resident Centered Care Plans
  - Regulations F655-F661

CASPER Report 0314S
Most Frequently Cited Tags
Number of Citations at Scope and Severity Level Listed by Frequency
Current Surveys
Atlanta Regional Office - North Carolina

												# of Providers for:	NC	Reg 04	US
													419	2,660	14,825
Tag F	Description	B and C	D	E	F	G	H	I	J	K	L	Total	% of Providers		
0867	QAPI/QAA Improvement Activities	5	80	95	25	4	0	0	0	0	0	209	49.88	11.65	4.63
0812	Food Procurement, Store/Prepare/Serve Sanitary	0	1	110	28	0	0	0	0	1	0	140	33.41	33.61	43.74
0761	Label/Store Drugs and Biologicals	0	67	56	0	0	0	0	0	0	0	123	29.36	21.77	28.05
0641	Accuracy of Assessments	33	68	20	0	0	0	0	0	0	0	121	28.88	16.02	15.64
0677	ADL Care Provided for Dependent Residents	0	60	16	0	2	0	0	0	0	0	78	18.62	14.85	19.10
0656	Develop/Implement Comprehensive Care Plan	4	58	5	0	0	0	0	0	0	0	67	15.99	24.40	26.99
0880	Infection Prevention & Control	0	39	13	7	0	0	0	5	2	0	66	15.75	29.17	40.90
0689	Free of Accident Hazards/Supervision/Devices	0	27	6	0	19	0	0	9	2	0	63	15.04	15.53	27.02
0584	Safe/Clean/Comfortable/Homelike Environment	14	22	18	0	0	0	0	0	0	0	54	12.89	14.25	16.58
0657	Care Plan Timing and Revision	8	35	10	0	0	0	0	0	0	0	53	12.65	11.84	17.94
0695	Respiratory/Tracheostomy Care and Suctioning	0	44	8	0	0	0	0	0	0	0	52	12.41	18.27	20.13
0550	Resident Rights/Exercise of Rights	0	37	1	0	9	1	0	0	0	0	48	11.46	12.93	16.20
0578	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir	0	39	7	1	0	0	0	0	0	0	47	11.22	5.98	9.89
0842	Resident Records - Identifiable Information	11	27	3	0	0	0	0	0	0	0	41	9.79	8.46	11.45
0554	Resident Self-Admin Meds-Clinically Approp	0	37	2	0	0	0	0	0	0	0	39	9.31	5.26	4.84
0623	Notice Requirements Before Transfer/Discharge	38	1	0	0	0	0	0	0	0	0	39	9.31	4.89	8.28
0684	Quality of Care	0	24	4	0	4	0	0	5	2	0	39	9.31	14.14	22.50
0760	Residents are Free of Significant Med Errors	0	9	22	0	2	0	0	4	2	0	39	9.31	3.98	6.70
0644	Coordination of PASARR and Assessments	1	34	3	0	0	0	0	0	0	0	38	9.07	7.78	6.05

Regulation F641
Accuracy of Assessments

- ***The assessment must accurately reflect the resident's status.***

- ***INTENT****: To assure that each resident receives an accurate assessment, reflective of the resident's status at the time of the assessment, by staff qualified to assess relevant care areas and are knowledgeable about the resident's status, needs, strengths, and areas of decline.*

F641 Guidance

- Facilities are responsible for ensuring that all participants in the assessment process have the requisite knowledge to complete an accurate assessment.
- The assessment must represent an accurate picture of the resident's status during the observation period of the MDS…. Be aware that different items on the MDS have different Observation Periods.
- When the MDS is completed, only those occurrences during the observation period will be captured on the assessment. In other words, if it did not occur during the observation period, it is not coded on the MDS.

Regulation F656

Develop/Implement Comprehensive Care Plan

- **The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.**
- **The comprehensive care plan must describe the following —**
- **1. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being and**
- **2. Any services that would otherwise be required but are not provided due to the resident's exercise of rights, including the right to refuse treatment**
- **3. Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations.**

F656 Comprehensive Care Plan

- **4. In consultation with the resident and the resident's representative(s)—**
  - **A. The resident's goals for admission and desired outcomes.**
  - **B. The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.**
  - **C. Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.**
- **5. The services provided or arranged by the facility, as outlined by the comprehensive care plan, must be culturally-competent and trauma–informed.**

F656 Intent

- Each resident will have a person-centered comprehensive care plan developed and implemented to meet his or her preferences and goals, and address the resident's medical, physical, mental and psychosocial needs.

F656 Guidance

- Through the care planning process, facility staff must work with the resident and his/her representative, if applicable, to understand and meet the resident's preferences, choices and goals during their stay at the facility.
- The facility must establish, document and implement the care and services to be provided to each resident to assist in attaining or maintaining his or her highest practicable quality of life.
- Care planning drives the type of care and services that a resident receives.
- If care planning is not complete, or is inadequate, the consequences may negatively impact the resident's quality of life, as well as the quality of care and services received.

F657 Care Plan Timing and Revision

- *A comprehensive care plan must be—*
- *Developed within 7 days after completion of the comprehensive assessment/CAA.*
- *Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.*
- *Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.*

F657 Intent

- *To ensure the timeliness of each resident's person-centered, comprehensive care plan, and to ensure that the comprehensive care plan is reviewed and revised by an interdisciplinary team composed of individuals who have knowledge of the resident and his/her needs, and that each resident and resident representative, if applicable, is involved in developing the care plan and making decisions about his or her care.*

F657 Guidance

- GUIDANCE: Facility staff must develop the comprehensive care plan within seven days of the completion of the comprehensive assessment and review and revise the care plan after each assessment. “After each assessment” means after each assessment known as the Resident Assessment Instrument (RAI) or Minimum Data Set (MDS), except discharge assessments.
- For newly admitted residents, the comprehensive care plan must be completed within seven days of the completion of the comprehensive assessment and no more than 21 days after admission.

F644 Coordination of PASRR and Assessments

- **A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes:**
- **1. Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care.**
- **2. Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment.**

F644 Intent

To ensure that the facility coordinates with the appropriate, State-designated authority, to ensure that individuals with a mental disorder, intellectual disability or a related condition receives care and services in the most integrated setting appropriate to their needs.

F644 Guidance

- The PASARR process requires that all applicants to Medicaid-certified nursing facilities be screened for possible serious mental disorders or intellectual disabilities and related conditions.
- This initial pre-screening is referred to as PASARR Level I and is completed prior to admission to a nursing facility.
- A negative Level I screen permits admission to proceed and ends the PASARR process unless a possible serious mental disorder or intellectual disability arises later.
- A positive Level I screen necessitates an in-depth evaluation of the individual by the state-designated authority, known as PASARR Level II, which must be conducted prior to admission to a nursing facility.

Validation Reports

- *Please* review your transmission validation reports regularly.
  - Reviewing will help you identify and correct errors
  - Reviewing will help prevent “missing assessments” and duplicate folders in the CMS data base
  - Reviewing will help ensure the facility will be paid

Section A:
Identification Information

Remember:

The CMS Database

matching process includes:

- First Name
- Last Name
- Social Security Number
- Gender
- Date of Birth
- Please communicate regarding any changes to the resident's demographic information

From RAI page 5-2

-When the transmission file is received by iQIES, the system performs a series of validation edits to evaluate whether or not the data submitted meet the required standards.

-MDS records are edited to verify that clinical responses are within valid ranges and are consistent, dates are reasonable, and records are in the proper order with regard to records that were previously accepted by iQIES for the same resident.

-The provider is notified of the results of this evaluation by error and warning messages on a Final Validation Report.

-All error and warning messages are detailed and explained in the Error Messages guide.

Validation Report References

- **iQIES Resources are available at:** https://qtso.cms.gov/software/iqies/reference-manuals
- **MDS 3.0 Provider User's Guide** is available at: https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinits/mds30raimanual
- **CASPER Reporting User's Guide For MDS Providers** is available at: https://qtso.cms.gov/reference-and-manuals/casper-reporting-users-guide-mds-providers

A0310: OBRA Required Assessments

- Certified beds (Title 18 and/or Title 19): OBRA schedule is required and transmitted regardless of the payer source.
- Licensed only beds are *not* transmitted.
- If you accidently transmit a record for a licensed only bed, you need to call me. A manual Correction/Deletion Request Form must be completed.

A0410

- A0410 Unit Certification or Licensure Designation

1. Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State

2. Unit is neither Medicare nor Medicaid certified but MDS data is required by the State

3. Unit is Medicare and/or Medicaid certified

‘1’ Should always be ‘3’ unless it should not be transmitted then would be coded

Section A – Identification Information

A0310. Type of Assessment - Continued

Enter Code ☐

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

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

Enter Code ☐

G1. Is this a SNF Part A Interrupted Stay?

0. **No**
1. **Yes**

Enter Code ☐

H. Is this a SNF Part A PPS Discharge Assessment?

0. **No**
1. **Yes**

A0410. Unit Certification or Licensure Designation

Enter Code ☐

1. **Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State**
2. **Unit is neither Medicare nor Medicaid certified but MDS data is required by the State**
3. **Unit is Medicare and/or Medicaid certified**

Section A (continued)

- A0500: Legal Name of Resident: First and Last Names: needs to be what Medicare has on file, match the Medicare/Medicaid card, the common working file.
- A0500 D: Suffix: *Please use!*
- A0600A Social Security Number
- A0700 Medicaid Number
- A0800 Gender: What it says on the Medicare card.
- A0900 Date of Birth
- Used in the CMS Database Matching Process!

- A2400 Medicare Stay: This is for traditional Medicare ONLY

Choose “Spotlights and Announcements” for newest information for SNFs

CMS GG Training Videos

- Lesson 1: Importance of Section GG for Post-Acute Care
- Lesson 2: Section GG Assessment and Coding Principles
- Lesson 3: Coding GG0130.Self-Care Items
- Lesson 4: Coding GG0170.Mobility Items
- Coding GG0110. Prior Device Use with Information From Multiple Sources (3:58)
- Decision Tree for Coding Section GG0130. Self-Care and GG0170. Mobility (11:56)
- Coding GG0130B. Oral Hygiene (4:25)
- Coding GG0170C. Lying to Sitting on side of bed (4:33)
- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training.html
- https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinits/skilled-nursing-facility-quality-reporting-program/snf-quality-reporting-program-spotlights-and-announcements
- Accessed 3/23/23

Helpful Resource for Documentation

- Medicare Benefit Policy Chapter 8 Coverage of SNF Services:
- https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08pdf.pdf
- NC Medicaid, Nursing Facility Services Clinical Coverage Policy:
- https://Medicaid.ncdhhs.gov/media/12254/open

- Myers and Stauffer:
- https://myersandstauffer.com/client-portal/north-carolina/

Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Measures and Technical Information

- https://www.cms.gov/medicare/quality/snf-quality-reporting-program/measures-and-technical-information

MDS RAI Manual Version 1.19.1 effective October 2024

- MDS RAI Manual version 1.19.1 and Item Sets available: https://www.cms.gov/medicare/quality/nursing-home-improvement/resident-assessment-instrument-manual

- Final Rule: https://www.federalregister.gov/documents/2023/08/07/2023-16249/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities

State Operations Manual, Appendix PP

- https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf 8/8/24

Other helpful sites

CMS Nursing Home Resource Center

https://www.cms.gov/nursing-homes

CMS You-tube training videos June 2023

https://www.youtube.com/playlist?list=PLaV7m2-zFKphoXW6cc3NwUfxra0A1LYDi

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Thank you!

- Thank you for all the work you do to ensure the care, comfort and safety of our most vulnerable in society. This is not an easy job you do, and it must come from the heart. Weariness and frustration can easily become your best friends, but don’t let them take over! Know that you are not alone in your work. Reach out, make friends and contacts who will encourage your soul.
  Please know that you are welcome to call or email me anytime.
- Sincerely, Janet