MDS 3.0: A Primer

An Introduction to Minimum Data Set (MDS) 3.0

SCHOOL OF PUBLIC HEALTH
UNIVERSITY AT ALBANY State University of New York

MDS 3.0: A Primer - Objectives

At the end of this training you will be able to **describe**:

- The history and purpose of the Minimum Data Set 3.0 (MDS)
- The benefit MDS 3.0 has for the resident, facility and quality management
- The Resident Assessment Instrument manual and its use
- The purpose of the MDS 3.0 assessment form
- The Interdisciplinary Team (IDT)

History Of Resident Assessment Instrument (RAI)

- Omnibus Budget Reconciliation Act of 1987 (OBRA)
  - Gave Centers of Medicare and Medicaid Services (CMS) authority to enact measures to:
    - Reduce unnecessary costs
    - Improve quality of patient care in facilities

Provisions of OBRA- 87

- Emphasis on quality of life as well as quality of care
- New expectations that each resident's ability to walk, bathe, and perform other activities of daily living will be maintained or improved absent medical reasons
- A resident assessment process that leads to an individualized care plan
- 75 hours of training and testing of paraprofessional staff
- Rights to remain in nursing home absent non-payment, dangerous resident behaviors, or significant changes in medical condition

Provisions of OBRA-87 continued

- Opportunities for potential and current residents with mental retardation or mental illnesses for services inside and outside a facility
- Right to safely maintain or bank personal funds with the facility
- Right to return to the nursing home after a hospital stay or overnight visit with family and friends
- Right to choose a personal physician and to access medical records

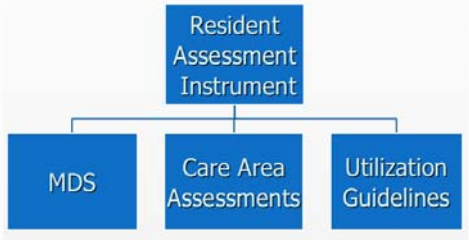
Provisions of OBRA-87 continued

- Right to organize and participate in a resident or family council
- Right to be free of unnecessary and inappropriate physical and chemical restraints
- Uniform certification standards for Medicare and Medicaid facilities
- Prohibitions on turning to family members to pay for Medicare and Medicaid services
- New remedies to be applied to certified facilities that fail to meet minimum federal standards

Purpose of the Minimum Data Set (MDS)

- Quality of Care – Quality of Life
  - Attain and maintain his or her highest practicable physical, mental, and psychosocial well-being

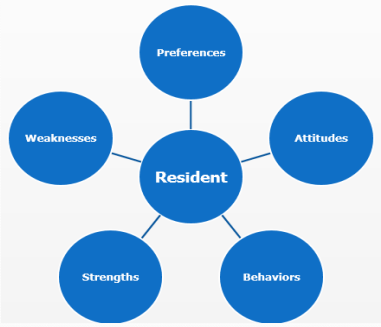
RAI Components



Resident Assessment Instrument (RAI) and Minimum Data Set (MDS) Benefit

- Resident
- Facility
- Quality Management

The Holistic Approach



Benefits of the RAI

- Gather information for care plan
- Use holistic approach
- Track goal achievement/changes
- Work with Interdisciplinary Team (IDT)
- Involve resident and family
- Provide documentation
- Share information

Benefits for the Resident

- Care Planning

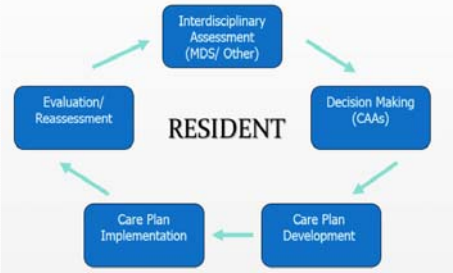
Benefits for the Facility

- Reimbursement
- Staffing
- Reputation

Benefits for Quality Management

- Quality review and audits
  - Monitoring quality of care
    - State Survey and Certification activities
    - Facility Quality Management Efforts
    - Consumer Understanding of quality of care
    - CMS long-term quality monitoring

RAI Process



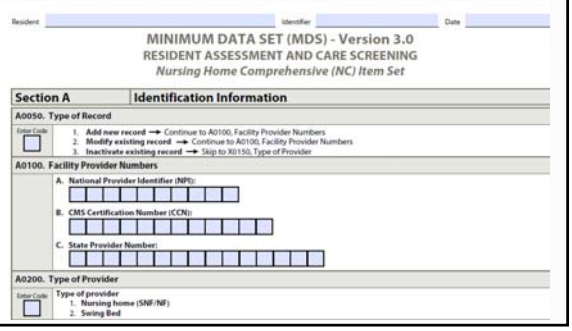
Resident Assessment Instrument (RAI) Manual

- The purpose of the Resident Assessment Instrument (RAI) manual is to offer clear guidance about how to correctly and effectively provide appropriate care.
- Providing care to residents with post-hospital and long-term care needs is complex and challenging work which requires clinical competence, observational, interviewing and critical thinking skills.
- Assessment expertise from all disciplines is required to develop individualized care plans.

Resident Assessment Instrument (RAI) Manual

- The RAI helps nursing home staff gather definitive information on a resident's strengths and needs, which must be addressed in an individualized care plan.
- It also Assists staff with evaluation goal achievement and revising care plans accordingly by enabling the facility to track changes in the resident's status
- The care plan becomes each resident's unique path toward achieving or maintaining his or her highest practical level of well-being.

MDS Assessment Form



Resident Identifier Date

MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Nursing Home Comprehensive (NC) Item Set

Section A	Identification Information

A0050. Type of Record

Enter Code
1. Add new record → Continue to A0100, Facility Provider Numbers
2. Modify existing record → Continue to A0100, Facility Provider Numbers
3. Inactivate existing record → Skip to X0150, Type of Provider

A0100. Facility Provider Numbers

A. National Provider Identifier (NPI):
B. CMS Certification Number (CCN):
C. State Provider Number:

A0200. Type of Provider

Enter Code
Type of provider
1. Nursing home (SNF/NF)
2. Swing Bed

Type of Assessment

A0310. Type of Assessment

Enter Code

A. Federal OBRA Reason for Assessment
01. **Admission** assessment (required by day 14)
02. **Quarterly** review assessment
03. **Annual** assessment
04. **Significant change in status** assessment
05. **Significant correction** to **prior comprehensive** assessment
06. **Significant correction** to **prior quarterly** assessment
99. **None of the above**

Enter Code

B. PPS Assessment
PPS Scheduled Assessments for a Medicare Part A Stay
01. **5-day** scheduled assessment
02. **14-day** scheduled assessment
03. **30-day** scheduled assessment
04. **60-day** scheduled assessment
05. **90-day** scheduled assessment
PPS Unscheduled Assessments for a Medicare Part A Stay
07. **Unscheduled assessment used for PPS** (OMRA, significant or clinical change, or significant correction assessment)
Not PPS Assessment
99. **None of the above**

Enter Code

C. PPS Other Medicare Required Assessment - OMRA
0. **No**
1. **Start of therapy** assessment
2. **End of therapy** assessment
3. **Both Start and End of therapy** assessment
4. **Change of therapy** assessment

MDS 3.0 Assessment Sections

Section	Title	Intent
A	Identification Information	Obtain key information to uniquely identify each resident, nursing home, type of record, and reasons for assessment.
B	Hearing, Speech, and Vision	Document the resident's ability to hear, understand, and communicate with others and whether the resident experiences visual, hearing or speech limitations and/or difficulties.
C	Cognitive Patterns	Determine the resident's attention, orientation, and ability to register and recall information.
D	Mood	Identify signs and symptoms of mood distress.
E	Behavior	Identify behavioral symptoms that may cause distress or are potentially harmful to the resident, or may be distressing or disruptive to facility residents, staff members or the environment.
F	Preferences for Customary Routine and Activities	Obtain information regarding the resident's preferences for his or her daily routine and activities.
G	Functional Status	Assess the need for assistance with activities of daily living (ADLs), altered gait and balance, and decreased range of motion.
H	Bladder and Bowel	Gather information on the use of bowel and bladder appliances, the use of and response to urinary toileting programs, urinary and bowel continence, bowel training programs, and bowel patterns.
I	Active Disease Diagnosis	Code diseases that have a relationship to the resident's current functional, cognitive, mood or behavior status, medical treatments, nursing monitoring, or risk of death.
J	Health Conditions	Document health conditions that impact the resident's functional status and quality of life.
K	Swallowing/Nutritional Status	Assess conditions that could affect the resident's ability to maintain adequate nutrition and hydration.
L	Oral/Dental Status	Record any oral or dental problems present.
M	Skin Conditions	Document the risk, presence, appearance, and change of pressure

The Interdisciplinary Team (IDT)

Interdisciplinary Team (IDT)

- Dieticians,
- Social workers
- Physical or occupational therapists
- Speech pathologists
- Pharmacists
- Therapists
- Nurses
- Physicians
- Certified Nursing Assistants
- Recreation therapists or representatives from recreation or activities.

- Each member of the team will be familiar with a different aspect of the resident's life and working together allows them to see the complete picture.

Interdisciplinary Team

- Staff should look at residents holistically – quality of life and quality of care are mutually significant and necessary and interdisciplinary use of the RAI promotes this
- Involve disciplines such as dietary, social work, physical therapy, occupational therapy, speech language pathology, pharmacy
- All necessary disciplines must be used to ensure that residents achieve the highest level of functioning possible (quality of care) and maintain their sense of individuality (quality of life).

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www.mds-ny.org