

Final Decisions
MDS 3.0
PACAH – April 2010

Bonnie L. Rose
Randall J. Sipe
Office of Long Term Living

Healthcare Reform Bill

- Implementation of MDS 3.0 is to be accomplished on October 1, 2010
- RUG-IV for MC PPS
 - Delayed until October 1, 2011
 - Some pieces incorporated October 1, 2010
 - Will implement the change specific to therapy furnished on a concurrent basis (count 50%)
 - Will implement changes to the lookback period to ensure that only those services furnished after admission are used to determine a case-mix classification

Current MA RUG System

- RUG-III v. 5.01 44 group
 - Based on time studies done in 1989-1990
 - Implemented in PA 1/1/96
 - Uses classifying items that are not included on MDS 3.0
 - CMS will not support this older system, e.g., provide programming or guidance

RUG History

- RUG-II
- RUG-III
 - V. 5.01 44 group developed with the time studies and MDS 1.2 in the case-mix demonstration states in 1989-90 (12 Rehab groups)
 - V. 5.12 44 group developed from time studies in 1995 and 1997 as CMS moved to MC PPS on 10/1/98 (14 Rehab groups)
 - V. 5.12 34 group developed for MA systems in the late 90s (4 Rehab groups)
 - V. 5.20 53 group was implemented for MC PPS in 2006 (9 Rehab + Ext. added to v. 5.12 44)
- RUG-IV for MC PPS 10/1/11

RUG-III v. 5.12 and v. 5.01

- Special Rehabilitation:
 - v. 5.12 44 group has 14 groups
 - 3 Ultra High Intensity groups added
 - Only 3 High Intensity groups rather than 4 present in v. 5.01
- Extensive Services (ES):
 - In 5.01, ES has 4 qualifiers: Parenteral/IV, Suctioning, Tracheostomy, Ventilator/ Respirator
 - In 5.12, placing in ES is a two step process:
 - 5 qualifiers: Parenteral/IV, IV Medications, Suctioning, Tracheostomy, Ventilator/ Respirator
 - 5 items awarded classification points: Parenteral/IV, IV Medications, qualifying for Special Care, Clinically Complex and Impaired Cognition

RUG-III v. 5.12 and v. 5.01 (2)

- More supporting documentation required
 - K5a Tube feeding must always be supported by data from K6 Parenteral/Enteral Intake
 - Several diagnoses must be supported by a RUG ADL Score of 10 or more
- Impaired Cognition identified by Cognitive Performance Scale Score of 3 or more
- Nursing Rehabilitation Activities must be provided 6 or more days
- Classifying items added/dropped

RUG-III v. 5.12 44 Group

- Used in Picture Date CMI Reports beginning with 2/1/10.
- Historic Picture Dates will be redone to coordinate with cost report periods
- 11/1/09 will be redone to compare with 2/1/10 for qualification for P4P

Differences Between RUG-III v. 5.12 34 and 44 Group

- Special Rehabilitation returns as the highest category above Extensive Services
- 14 Rehabilitation categories are included
- Different CMS Nursing Only CMI set
 - 34 group: 0.59 – 2.10
 - 44 group: 0.51 – 1.86

Normalized Nursing Only CMIs

- Set CMIs so that average resident in PA NF has a CMI of 1.00.
- Using 2/1/10 data and CMS NO CMIs for 44 group RUG classification:
 - Classify all residents in PA NFs
 - Add together all the resulting CMIs
 - Divide by the number of residents
 - If the result is anything but 1.00, adjust the CMIs
 - e.g.. If Average = 1.02: Divide every CMI by 1.02 to establish Normalized Nursing Only CMIs
- Normalization is only done once

Index Maximization

- Index Maximization: Identifying all RUGs for which the resident qualifies, with final placement in the group with the highest CMI
- PA will continue to use Index Maximization
- Assures that the resident is credited for the highest resource use
 - Lower hierarchical group may have higher CMI
 - Common within the Rehabilitation categories, e.g., has enough minutes/days to place in RHC but also qualifies for RMC which has higher CMI. Will be placed in RMC.

Assessment Selection

- PA will use the latest assessment (including MC PPS only)
- Latest Assessment Roster Report (LARR) for 2/1/10 identified this resident population and appropriate latest assessment
- Results in
 - More accurate picture of current resident population
 - Reflects changes in services being provided
 - Including residents previously missing from CMI Report, e.g., only had MC 5-day
 - Reduction in the number of Picture Dates using a combination of MDS 2.0 and 3.0 records
- CMIs normalized based on LARR resident population and latest assessment

Rate Setting Phase-in

- Begin with rates set 7/1/10
- Over the next three years, a blended Resident Care rate will be calculated:
 - Use a resident care base rate calculated using RUG-III v. 5.01 with comprehensive only assessments, and the resident care rate calculated using RUG-III v. 5.12 and the latest assessments
 - Blend calculated rates:
 - Year 1: 75% (5.01)/ 25%(5.12)
 - Year 2: 50%/50%
 - Year 3: 25%/75%
 - Recalculate every quarter
- Doesn't apply to County nursing facilities

What happens after Quarter 1?

- Base portion is to be carried forward every quarter beginning October 1, 2010, calculated by adjusting the previous quarter's Base Portion (or adjusted base portion) by the percentage change between the previous quarter's 5.12 portion and the current quarter's 5.12 portion.

Rate Calculation Example

	July 1	October 1	% Change
Base Portion	\$120	\$126 (\$120 x 105%)	105%
5.12 Portion	\$100	\$105	105%
Rate (75/25)	\$115	\$120.75	

MDS 3.0 and RUG 5.12 44 Group

- CMS will provide resources so that states can insert MDS 3.0 item responses into their current classification systems – a “crosswalk”
http://www.cms.hhs.gov/NursingHomeQualityInits/30_NHQIMDS30TechnicalInformation.asp#TopOfPage
- Item responses are stored in a classification table that the software uses in doing RUG classification

Crosswalk

- Many item responses may be directly crosswalked, e.g., B1 Coma is considered equivalent to B0100 Comatose. A '1' would be inserted in the classification table.
- Adjustment is made for different coding instructions
 - On MDS 3.0, a 7 Occurred once or twice may be used in ADL Self-Performance. A '0' would be entered in the classification table since the MDS 2.0 required this to be coded as Independent.
 - No single item on MDS 3.0 identifies the highest stage of pressure ulcer (MDS 2.0 M2a) so this is identified by reviewing five pressure ulcer items (M0300A, M0300B1, M0300C1, M0300D1, and M0300F1) to identify the highest stage present.

Crosswalk (2)

- Calculate response from MDS 3.0 data
 - M0300F1 # of Unstageable Ulcers due to Slough/Eschar is added to M0300D1 # of Stage 4 Ulcers to enter in the classification table for M1d Stage 4 ulcers since MDS 2.0 does not differentiate these types of ulcers
 - Three types of therapy minutes (individual, concurrent, group) are added to create item response for P1bB Therapy minutes
 - Pre- and post-admission treatments from MDS 3.0 Section O are counted to identify the proper item response for MDS 2.0 Section P1a Special Care

Crosswalk (3)

- Substitution of alternate process
 - MDS 2.0 Depression: If 3 items in E1a – p Indicators of Depression, Anxiety, Sad Mood are coded 2 Up to 5 days/week or 3 Almost daily or daily, the resident is designated as Depressed for classification in Clinically Complex.
 - MDS 3.0 Depression: If the Resident Mood Interview (PHQ-9©) or Staff Assessment of Resident Mood (PHQ-9-OV©) results in a Total Severity Score (D0300 or D0600) of 10 or greater, the resident is designated as Depressed for classification in Clinically Complex.

“Resident’s Voice”

- Preparation
 - Staff training
 - Have private quiet areas available
 - Interpreters may be necessary
 - Have amplifiers available
- Interviews
 - C0200-C0600 Brief Interview for Mental Status (BIMS)
 - D0200 Resident Mood Interview (PHQ-9©)
 - F0400F0500 Interview for Daily/Activity Preferences
 - J0300-J0600 Pain Assessment Interview

Brief Interview for Mental Status (BIMS)

- C0200 Repetition of Three Words
 - Ask resident: “I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words.”
 - After the resident’s first attempt, repeat the words using cues (“sock, something to wear; blue, a color; bed, a piece of furniture”). The words may be repeated up to two more times.

Brief Interview for Mental Status (BIMS)

- C0300 Temporal Orientation
 - Ask resident: “Please tell me what year it is right now.”
 - Ask resident: “What month are we in right now?”
 - Ask resident: “What day of the week is today?”

Brief Interview for Mental Status (BIMS)

- C0400 Recall
 - Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?"
 - If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.
- C0500 Summary Score

MDS 3.0 Section S - Demographic

- S0120 Residence prior to admission: ZIP code
 - ZIP code of prior primary residence
 - MDS 2.0 Item AB4
- S0123 Prior Primary Residence: County code of prior primary residence
 - 3 character code so all begin with 0, e.g., Adams county would be entered as 001, York as 067
 - Code 999 if out-of-state

MDS 3.0 Section S – PA Source of Payment

- S9080A Is the resident Medical Assistance for MA Case-Mix? 0 No 1 Yes
- S9080B Date of change to/from Medical Assistance for MA Case-Mix
- S9080C Recipient Number from PA ACCESS Card (must be completed if item S9080A = 1)
- S9080D MA NF Effective date from PA/FS 162
- S9080E Is the resident DAY ONE MA eligible? 0 No 1 Yes

MDS 3.0 Section S Completion

- All items completed with MDS 3.0 Tracking Forms – Entry, Death in facility
- S9080A – D completed with Comprehensive, Quarterly, MPAF and Discharge assessments
- Modify the latest assessment to reflect change in MA status for the Picture Date.

MDS Vendor Notification

- CMS developing data specifications for Section S
- Section S form and instructions will be provided as soon as possible
- RUG-III v. 5.12 44-group PA Normalized Nursing Only CMIIs will be provided as soon as possible
