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Center for Clinical Standards and Quality/Survey & Certification Group

Admin Info: 16-22-NH

DATE: **April 1, 2016**

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Seeking Input on the Planned Changes to Minimum Data Set (MDS)

Memorandum Summary

The Centers for Medicare & Medicaid Services (CMS) is planning to make changes to the MDS Resident Assessment Instrument (RAI) to support the care planning process and improve efficiency. The planned changes include:

- Additional assessment elements related to the use of antipsychotic medications.
- A new section for care planning related a resident's use of alarms (e.g., chair alarms).
- An addition to the medication section (section N) to capture the use of opioids.
- Indicate that the coding of the number of physician orders and visits (items O0600 and O0700) are only required to be completed based on State requirements.

We plan to implement the changes to the MDS on **October 1, 2017**. We are seeking comments on the planned changes in order to plan an effective implementation including releasing technical specifications, revising the RAI Manual, and providing training.

Comments related to these changes must be submitted by **April 18, 2016.**

The contents of this memo support activities or actions to improve resident safety and increase quality and reliability of care for better outcomes.

Background

The MDS is a core set of screening, clinical, and functional status elements, including common definitions and coding categories, which form the foundation of a comprehensive assessment and care plan for all residents of long term care facilities. The items in the MDS standardize communication about resident problems and conditions within nursing homes, between nursing homes, and between nursing homes and outside agencies.

The MDS is one piece of the RAI that helps nursing home staff gather information on a resident's strengths and needs and is an important tool in the development of an individualized, comprehensive care plan for the resident. As changes in care, resident characteristics, and

advances in resident assessment evolve, revisions to the MDS become necessary. Therefore we are planning several within this policy memorandum.

Antipsychotic Medications

Consistent with CMS's National Partnership to Improve Dementia Care in Nursing Homes, CMS is planning to add a new section to the MDS 3.0 entitled Antipsychotic Medication Review. The items within this new section will delve deeper into the manner in which residents are receiving antipsychotic medications, such as routinely, as needed, or a combination of both, as well as attempts to reduce or eliminate antipsychotic medication usage, and clinical contraindications to reduction attempts.

We plan to indicate that coding in this section will reflect the usage of antipsychotic medications over the preceding 90 days. By looking back 90 days on each assessment, a more complete picture of the resident's status throughout the year will be captured. This section will also ask about gradual dose reduction attempts. Attempts to reduce or eliminate antipsychotic medication use should be made at regular intervals, unless clinically contraindicated and such contraindication is documented by the physician.

Each of these aspects of antipsychotic medication use and management have important associations with the quality of life and quality of care residents receiving these medications experience. Including this information in the MDS 3.0 will help facilities evaluate the use and management of these medications, as well as inform person-centered care planning.

Alarms

Alarms are devices designed to monitor resident movement and may include bed, chair and floor sensor pads, cords that clip to the resident's clothing, motion sensors, door alarms or elopement/wandering devices. While often used as an intervention in a resident's fall prevention strategy, the efficacy of alarms to prevent falls has not been proven. Adverse consequences of alarm use include, but are not limited to, fear, anxiety or agitation related to the alarm sound, decreased mobility, sleep disturbances, infringement on freedom of movement, dignity and privacy.

The new Alarms section will capture the resident's type and frequency of alarm use in the preceding seven days.

Individualized, person-centered care planning surrounding the resident's use of an alarm is important to the resident's overall well-being. Adding this section on alarms to the MDS 3.0 will broaden and improve the assessment of resident's needs, and aid in evaluating appropriate alarm usage and care planning.

Opioids

Managing a resident's pain is a critical part of achieving and maintaining his or her highest practicable level of physical, mental and psychosocial well-being. Section J: Health Conditions, of the MDS 3.0 currently captures information about the resident's pain status such as the

frequency and intensity of pain, effect on function, and if the resident is receiving a scheduled pain medication regimen. However, this section does not distinguish whether or not the pain medication regimen includes opioids.

Opioid medications can be very effective to treat pain, but also carries risks such as overuse and constipation. Therefore, we believe assessment and care planning would be enhanced by identifying the use of opioids. To address this, we plan to add a new item in Section N: Medications, titled Opioids, which will capture the number of days, in the preceding seven days, that the resident received opioid medications.

Physician visits and orders

Currently, the MDS 3.0 asks how many days did the physician examine and change orders for a resident over the last 14 days (items O0600 and O0700). Previously, these items were used by CMS as part of calculating payment under the SNF Prospective Payment System (PPS). However, since the implementation of RUG-IV on October 1, 2010, these items are no longer used to calculate payment. We also do not believe these items are critical as it is the results of examinations and orders that contribute to assessment and care planning, rather than the mere number of these activities.

We are not planning to remove these items. However, we plan to change the MDS/RAI manual to indicate these two items on the MDS 3.0, items O0600 Physician Examinations, and O0700 Physician orders, are optional based on State requirements. In States that use the coding of these items (e.g., for payment), facilities would still be required to complete them.

While these are just two questions within the MDS 3.0 assessment, we are aware that they can take substantial effort to complete. Therefore, this planned change would reduce provider burden in circumstances where the information is not necessary.

Conclusion

We plan to implement the changes to the MDS on **October 1, 2017**. We are seeking comments on the planned changes in order to plan an effective implementation including releasing technical specifications, revising the RAI Manual, and providing training. We acknowledge that these items will require specific instructions in the RAI manual to guide providers on how to code these items. These instructions will be developed over the next several months.

In addition to your comments, we are also seeking comments from a few professional organizations on these planned changes.

Contact: We are very interested in your comments regarding the planned changes to Section O. Comments related to these changes must be submitted by **April 18, 2016.**

For comments related to this memorandum, please contact the CMS Central Office via email at MDSforSandC@cms.hhs.gov.

Effective Date: October 1, 2017. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/
Thomas E. Hamilton

Attachment: MDS 3.0 Item Set Changes for October 2017

cc: Survey and Certification Regional Office Management