

Skilled Nursing Facility Quality Reporting Program Provider Training



**SKILLED
NURSING
FACILITY**

**QUALITY REPORTING
PROGRAM**

Overview of Changes to the Minimum Data Set 3.0

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Acronyms in This Presentation

- Skilled Nursing Facility (SNF)
- Minimum Data Set (MDS)
- Quality Reporting Program (QRP)



Objectives

- Identify new additions to the Minimum Data Set (MDS) 3.0
- Identify MDS items being retired as of 10/1/18
- Identify items transitioning to State optional



MDS 3.0

- MDS 3.0 Version 1.16.0R will become effective as of October 1, 2018
- The MDS 3.0 and associated documents are available at the following links:
 - **Link to Webpage:** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html>
 - **Direct Link to MDS 3.0 Version 1.16.0R:** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-Item-Sets-v1-16-0R-DRAFT-Revised-for-October-1-2018-Release.zip>
 - **Item Set Version Changes:** There is an Item Changes document within the zip file of item sets that explains which items were changed from draft version 1.16.0 to final version 1.16.0R. The Item changes document is the first file within the zip file.

Changes by Section

Sections Changed

- Section GG
- Section I
- Section J
- Section N
- Section M
- Section O

Section GG: Functional Abilities and Goals

- New item
 - GG0100. Prior Functioning: Everyday Activities

GG0100. Prior Functioning: Everyday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury	
Coding: 3. Independent - Resident completed the activities by him/herself, with or without an assistive device, with no assistance from a helper. 2. Needed Some Help - Resident needed partial assistance from another person to complete activities. 1. Dependent - A helper completed the activities for the resident. 8. Unknown. 9. Not Applicable.	↓ Enter Codes in Boxes
	<input type="checkbox"/> A. Self-Care: Code the resident's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/> B. Indoor Mobility (Ambulation): Code the resident's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/> C. Stairs: Code the resident's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/> D. Functional Cognition: Code the resident's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

Section GG: Functional Abilities and Goals (cont. 1)

- New item
 - GG0110. Prior Device Use

GG0110. Prior Device Use. Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury	
↓	Check all that apply
<input type="checkbox"/>	A. Manual wheelchair
<input type="checkbox"/>	B. Motorized wheelchair and/or scooter
<input type="checkbox"/>	C. Mechanical lift
<input type="checkbox"/>	D. Walker
<input type="checkbox"/>	E. Orthotics/Prosthetics
<input type="checkbox"/>	Z. None of the above

Section GG: Functional Abilities and Goals (cont. 2)

- **GG0130 A-C Item definitions** clarified and aligned across all item sets
- **6-point scale:**
 - Added “**contact guard**” to definition of code **04, Supervision or touching assistance** – Helper provides verbal cues and/or touching/steadying *and/or contact guard* assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
 - Added definition to code **09, Not applicable** *Not attempted and the resident did not perform this activity prior to current illness, exacerbation of injury* to the item set
 - Added new code **10, Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)

Section GG: Functional Abilities and Goals (cont. 3)

- **Discharge Goals:** Updated guidance for coding GG0130 and GG0170 discharge goals:
 - Use of codes **07**, **09**, **10**, or **88** is permissible to code discharge goal(s)

Section GG: Functional Abilities and Goals (cont. 4)

- New item
 - GG0130E, GG0130F, GG0130G, & GG0130H

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

Section GG: Functional Abilities and Goals (cont. 5)

- **Skip pattern:** Added a skip pattern to GG0170I walking item if the activity did not occur
- Removed the walking gateway questions:
 - Admission: GG0170H1. Does the resident walk?
 - Discharge: GG0170H3. Does the resident walk?

Section GG: Functional Abilities and Goals (cont. 6)

- New items
 - GG0170A, GG170G, & GG0170I

Section GG		Functional Abilities and Goals - Admission (Start of SNF PPS Stay)
GG0170. Mobility (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B) Complete only if A0310B = 01		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
<input type="text"/>	<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
<input type="text"/>	<input type="text"/>	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
<input type="text"/>	<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
<input type="text"/>	<input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

Section GG: Functional Abilities and Goals (cont. 7)

- New items
 - GG0170L, GG170M, GG0170N, GG0170O, & GG0170P

Section GG		Functional Abilities and Goals - Admission (Start of SNF PPS Stay)
GG0170. Mobility (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B) Complete only if A0310B = 01		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.

Section I: Active Diagnoses

- New item: I0020/I0020A

I0020. Indicate the resident's primary medical condition category	
Enter Code	Indicate the resident's primary medical condition category that best describes the primary reason for admission Complete only if A0310B = 01
<input type="text"/>	<ul style="list-style-type: none">01. Stroke02. Non-Traumatic Brain Dysfunction03. Traumatic Brain Dysfunction04. Non-Traumatic Spinal Cord Dysfunction05. Traumatic Spinal Cord Dysfunction06. Progressive Neurological Conditions07. Other Neurological Conditions08. Amputation09. Hip and Knee Replacement10. Fractures and Other Multiple Trauma11. Other Orthopedic Conditions12. Debility, Cardiorespiratory Conditions13. Medically Complex Conditions14. Other Medical Condition If "Other Medical Condition," enter the ICD code in the boxes
	I0020A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section J: Health Conditions

- New Item: J2000

J2000. Prior Surgery	
Enter Code <input type="checkbox"/>	Did the resident have major surgery during the 100 days prior to admission? 0. No 1. Yes 8. Unknown

K0510: Nutritional Approaches

- CMS does not require completion of Column 1 for items K0510C and K0510D; however, some States continue to require its completion. It is important to know your State's requirements for completing these items.
- If the State does not require the completion of Column 1 for items K0510C and K0510D, use the standard "no information" code (a dash, "-").

K0510. Nutritional Approaches		
Check all of the following nutritional approaches that were performed during the last 7 days		
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank	1. While NOT a Resident	2. While a Resident
2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	Check all that apply	
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

K0710: Percent Intake by Artificial Route

- CMS does not require completion of Column 1. While Not a Resident for items K0710A and K0710B; however, some States continue to require its completion. It is important to know your State's requirements for completing these items.
- If the State does not require the completion of Column 1 for this item, use the standard "no information" code (a dash, "-").

K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B			
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> . Only enter a code in column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank 2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i> 3. During Entire 7 Days Performed during the entire <i>last 7 days</i>	1. While NOT a Resident	2. While a Resident	3. During Entire 7 Days
	Enter Codes		
A. Proportion of total calories the resident received through parenteral or tube feeding 1. 25% or less 2. 26-50% 3. 51% or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Average fluid intake per day by IV or tube feeding 1. 500 cc/day or less 2. 501 cc/day or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section M: Skin Conditions

- The terms “injury” or “injuries” has been added in the Section M heading of the following items:
 - M0100
 - M0150
 - M0210
 - M0300, M0300A
 - M0300E, M0300E1, and M0300E2
 - M0300G,
 - M0300G1, M0300G2

Section M		Skin Conditions	
M0100. Determination of Pressure Ulcer/injury Risk			
↓ Check all that apply			
<input type="checkbox"/>	A. Resident has a pressure ulcer/ injury , a scar over bony prominence, or a non-removable dressing/device		
<input type="checkbox"/>	B. Formal assessment instrument/tool (e.g., Braden, Norton, or other)		
<input type="checkbox"/>	C. Clinical assessment		
<input type="checkbox"/>	Z. None of the above		
M0150. Risk of Pressure Ulcers/injuries			
Enter Code	Is this resident at risk of developing pressure ulcers/ injuries ?		
<input type="checkbox"/>	0. No		
	1. Yes		

Section M		Skin Conditions	
Report based on highest stage of existing ulcers/injuries at their wo			
M0210. Unhealed Pressure Ulcers/injuries			
Enter Code	Does this patient have one or more unhealed pressure ulcers/ injuries ?		
<input type="checkbox"/>	0. No → Skip to N2001, Drug Regimen Review		
	1. Yes → Continue to M0300, Current Number of Unhealed Pressure Ulcers/ injuries at Each S		
M0300. Current Number of Unhealed Pressure Ulcers/injuries at Each Stage			
Enter Number	A. Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony pr have a visible blanching; in dark skin tones only it may appear with persistent blue or purple		
<input type="checkbox"/>	1. Number of Stage 1 pressure injuries		

Section M: Skin Conditions (cont. 1)

- Removed the term “suspected deep tissue injury in evolution” and replaced with “**deep tissue injury**” in items:
 - M0300G and M0300G1

<p>Enter Number</p> <input data-bbox="200 997 278 1070" type="text"/>	<p>G. Unstageable - Deep tissue injury</p> <p>1. Number of unstageable pressure injuries presenting as deep tissue injury</p>
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Section M: Skin Conditions (cont. 2)

- Items Retiring October 1, 2018:
 - **M0300B3.** Date of oldest Stage 2 pressure ulcer
 - **M0610A-M0610C.** Dimensions of Unhealed Stage 3 or 4 Pressure Ulcers or Eschar
 - **M0700.** Most Severe Tissue Type for Any Pressure Ulcer
 - **M0800A–M0800F.** Worsening in Pressure Ulcer Status Since Prior Assessment (Omnibus Budget Reconciliation Act (OBRA) or Scheduled PPS)
 - **M0900A–M0900D.** Healed Pressure Ulcers
- Skip patterns have been updated to reflect the item sets

Section M: Skin Conditions (cont. 3)

- The term “injury” has also been added in items M1200, both in the label header and item M1200E

Section M	Skin Conditions
M1200. Skin and Ulcer/ Injury Treatments	
↓ Check all that apply	
<input type="checkbox"/>	A. Pressure reducing device for chair
<input type="checkbox"/>	B. Pressure reducing device for bed
<input type="checkbox"/>	C. Turning/repositioning program
<input type="checkbox"/>	D. Nutrition or hydration intervention to manage skin problems
<input type="checkbox"/>	E. Pressure ulcer/ injury care
<input type="checkbox"/>	F. Surgical wound care
<input type="checkbox"/>	G. Application of nonsurgical dressings (with or without topical medications) other than to feet
<input type="checkbox"/>	H. Applications of ointments/medications other than to feet
<input type="checkbox"/>	I. Application of dressings to feet (with or without topical medications)
<input type="checkbox"/>	Z. None of the above were provided

Section N: Medications

- Three new items added:

Item	Assessed On:
N2001. Drug Regimen Review	• Admission
N2003. Medication Follow-up	• Admission
N2005. Medication Intervention	• Discharge

Section N: Medications (cont.)

N2001. Drug Regimen Review	
Enter Code <input type="checkbox"/>	Did a complete drug regimen review identify potential clinically significant medication issues? 0. No - No issues found during review → Skip to O0100, Special Treatments, Procedures, and Programs 1. Yes - Issues found during review → Continue to N2003, Medication Follow-up 9. NA - Resident is not taking any medications → Skip to O0100, Special Treatments, Procedures, and Programs
N2003. Medication Follow-up	
Enter Code <input type="checkbox"/>	Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues? 0. No 1. Yes
N2005. Medication Intervention	
Enter Code <input type="checkbox"/>	Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission? 0. No 1. Yes 9. NA - There were no potential clinically significant medication issues identified since admission or resident is not taking any medications

Section O: Special Treatments, Procedures, and Programs

- Item label changed:
- **O0100F.** Invasive Mechanical Ventilator (ventilator or respirator)
- **O0100G.** Non-Invasive Mechanical Ventilator (BiPAP/CPAP)

RAI Manual Updates

RAI Manual updates for October 1, 2018 that will be covered in upcoming presentations include coding instructions and examples for the new items:

- Self-Care and Mobility in Section GG
- Primary Medical Condition in Section I
- Prior Surgery in Section J
- Skin Conditions in Section M
- Drug Regimen Review in Section N

Summary

In this presentation, you learned:

- The new additions and updates to the MDS 3.0 Version 1.16, effective October 1, 2018
- Identified items being retired from the MDS
- The items that are now State optional



