



MDS 3.0
Provider Updates

May 2013

Purpose of Training

- To educate on how to accurately code the MDS 3.0 and submit resident information.
- To identify the importance of coding accurately.
- Topics:
 - Discharge Assessments
 - Use of Dashes

Post-Acute Care Provider Training Topic 1: Discharge Assessments

- Discharge Assessments
 - Are required assessments
 - Include clinical items for quality measurement
 - Include discharge tracking information
- Purpose and Benefits
 - Exits the resident from the system
 - Ensures accurate resident information upon exit
 - Used by a receiving facility to ensure quality of care
 - Captures goal of improving beneficiary healthcare

Discharge Assessments₁

- Do not include:
 - Care area assessments (CAAS)
 - Care planning

Discharge Assessments₂

Discharge assessments must be:

- Completed within 14 days after the discharge date (discharge date + 14 days)
- Submitted within 14 days after the MDS completion date

Discharge Assessments₃

- Return Anticipated
 - Must be completed when the resident is discharged from the facility and the resident is **expected** to return to the facility within 30 days.
- Return Not Anticipated
 - Must be completed when the resident is discharged from the facility and the resident is **not expected** to return to the facility within 30 days.

Unplanned Discharge

- Acute-care transfer to a hospital or an emergency department in order to either stabilize a condition or determine if an acute-care admission is required based on emergency department evaluation
- Leaving the facility against medical advice
- Unexpectedly deciding to go home or to another setting

Unplanned Discharge

- Unplanned Discharge
 - Complete the Discharge assessment as fully as possible.
 - Use a dash only if unable to determine a response.
 - By indicating a discharge is unplanned, the stand-alone Unplanned Discharge assessment will not include interviews.
 - Code “gateway” items for the resident interviews as “No” and proceed to complete the staff assessment(s).

Planned Discharge

- Planned Discharge
 - Schedule and complete in the same manner as any other assessment.
 - Interviews must be priority.
 - It is expected that the need to use a dash on a planned discharge would be infrequent.

Discharge Assessment Reporting Uses

- Impact determination of stay and episode
- Provide clinical information for quality measures
- Ensure accurate reports including:
 - MDS 3.0 Discharges report
 - MDS 3.0 Missing OBRA Assessment report
 - MDS 3.0 Roster report

Stay

- The period of time between a resident's entry into a facility and the earliest of the following:
 - Discharge,
 - Death, or
 - The end of the target period
- A stay is defined as a set of contiguous days in a facility

Episode

- An episode spans one or more stays– **it includes all stays that have occurred.**
- An episode starts with an Admission entry
- The earliest of following ends an episode:
 - A discharge assessment with return not anticipated; or
 - A discharge assessment with return anticipated but the resident did not return within 30 days of discharge; or
 - A death in facility tracking record or
 - The end of the target period

Length of Stay Episode

- Missing discharge assessments make resident stays and episodes difficult to construct for quality measures.



Discharge Assessment Q & A

- Question
 - A resident who was planning to return to their assisted living facility next week decided instead to leave today to go home to stay with her daughter. Is this a planned or unplanned discharge?
- Answer
 - An unplanned discharge includes a resident unexpectedly deciding to go home.

Post-Acute Care Provider Training Topic 2 - Dashes



Use of Dashes (-) on the MDS 3.0

- A dash indicates the item was not assessed or, in the case of a few items, that the event did not occur.
- Use of a dash is allowed for almost all MDS 3.0 items.
- Exceptions exist and are completely defined in the MDS 3.0 Data Submission Specifications, which can be found on the MDS Technical Information page of the CMS website.

May 2013 Changes in Coding of Dashes

- Dash (-) was removed as a valid value for item A0800, Gender.
- Once implemented, this change applies to all records, regardless of the target date.

Changes Associated with V1.12.0 Related to the Use of Dashes (-)

- Effective with the May 2013 MDS 3.0 manual release, under **NO CIRCUMSTANCE** can a dash be used to code section A0800 (gender).
- Gender on the MDS 3.0 must match gender in the Social Security system.

MDS 3.0 That Do Not Allow A Dash

- MDS 3.0 items that do not allow a dash result in a fatal error on the facility's Final Validation Report
- Including:
 - Inconsistent use of a dash
 - Items that never allow a dash

Dash (-) Q & A

- Question
 - What gender should be documented on the MDS 3.0 if the individual's gender identity does not match the gender in the Social Security system?
- Answer
 - The information on the MDS 3.0 should reflect the gender identified in the Social Security System.

Dash (-) Q & A₂

- Question
 - What will happen if a dash is entered in a field in which a dash is not an acceptable response?
- Answer
 - The record will not be successfully submitted and an error message will appear on the facility's Final Validation Report.
 - See Chapter 5 of the *MDS 3.0 Provider User's Guide* on www.QTSO.com.

Training Review

- Discharge Assessments
- Use of Dashes in Coding

References

- Memo: Use of Dashes in Completing the MDS 3.0 Assessment
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/downloads/MDS30TheUseOfDashes.pdf>
- MDS 3.0 Technical Information <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html>
- MDS 3.0 Provider's User's Guide available at www.QTSO.com
- MDS 3.0 RAI Manual
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

(for a list of State RAI Coordinators, see the Appendix B in this manual)