

Never or 1 day

2-6 days (several days)

7-11 days (half or more of the days)

12-14 days (nearly every day)

Very important

Somewhat important

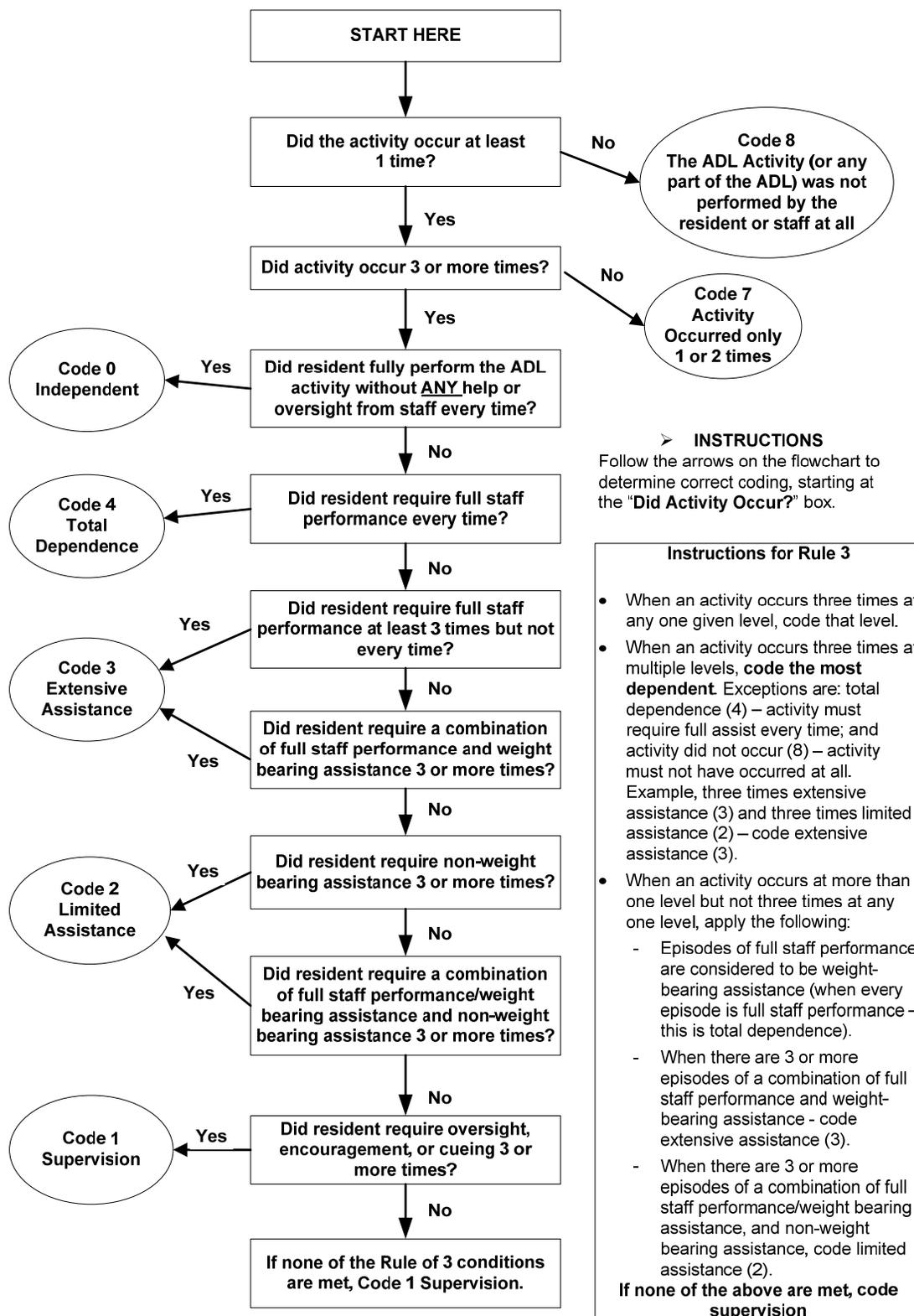
Not very important

Not important at all

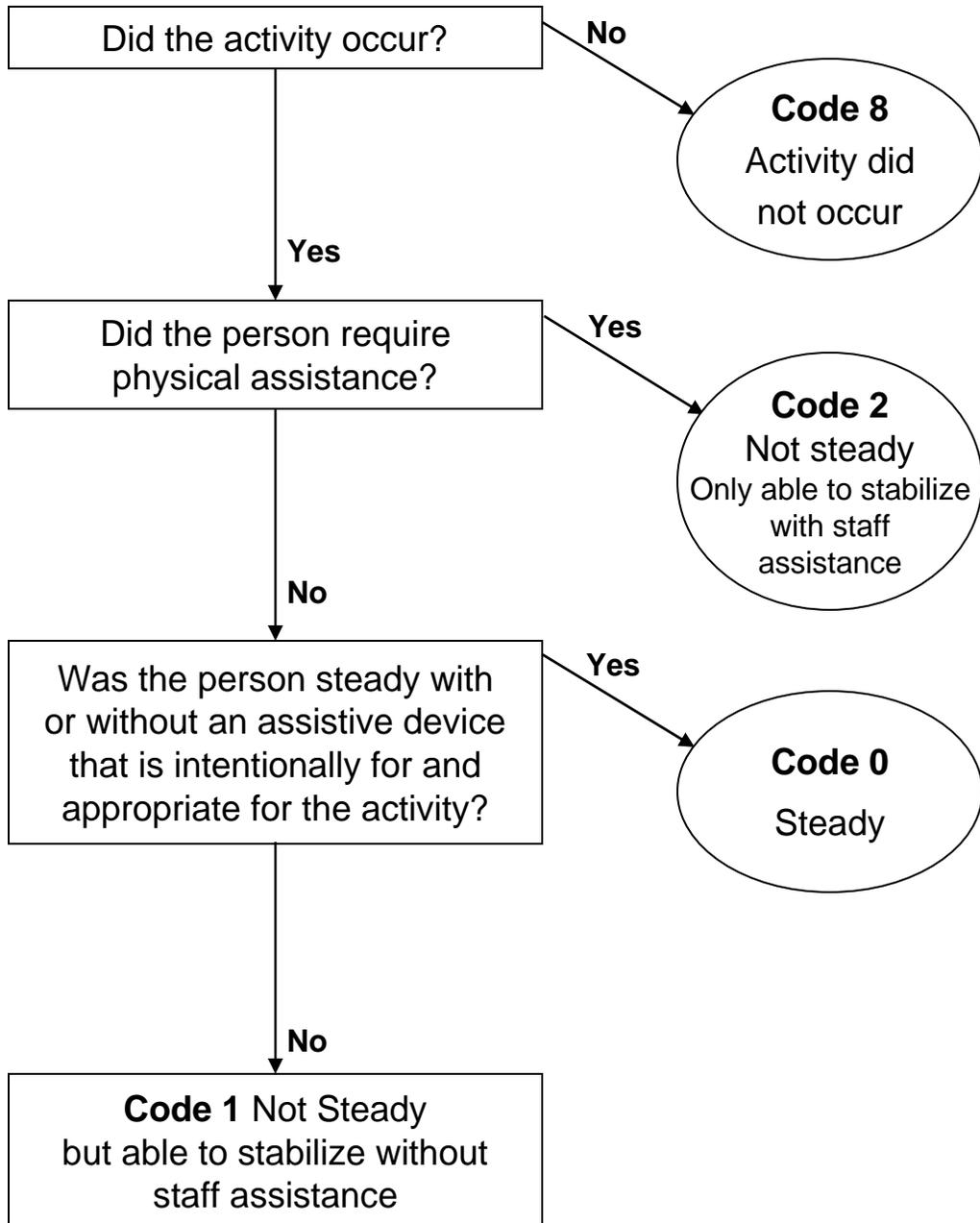
Important, but can't do or no choice

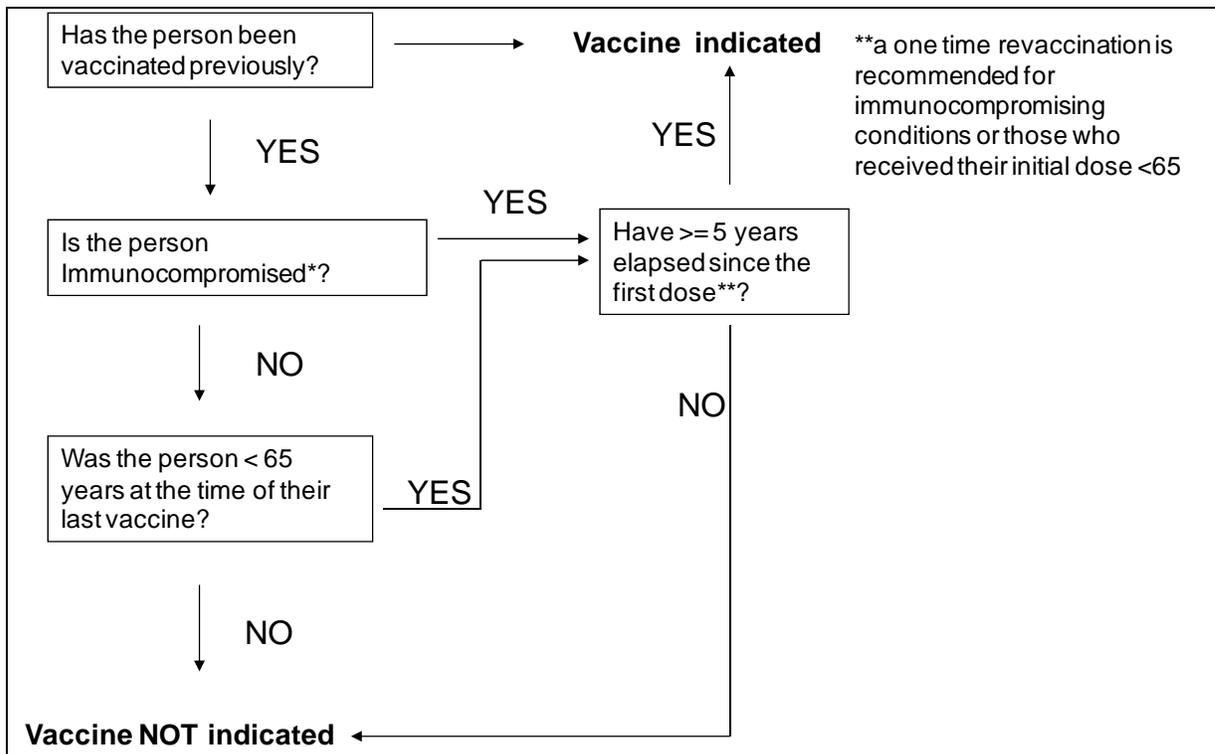
G0110: Activities of Daily Living (ADL) Assistance (cont.)

ADL Self Performance Algorithm



G0300 Balance During Transitions and Walking Coding Algorithm





Adopted from the CDC Recommendations and Reports, Prevention of Pneumococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP) Recommended Adult Immunization Schedule --- United States. (2009, January 9). *MMWR*, 57(53),Q-1-Q-4.

Mild

Moderate

Severe

Very severe, horrible

0 1 2 3 4 5 6 7 8 9 10

No
Pain

Worst
pain
you can
imagine

Section O Activity Sheet

Instructions

1. Read the scenario below.
2. Calculate the number of minutes of therapy for each service provided.
3. Code O0400 in your MDS 3.0 instrument according to the results of your calculation and using the information provided in the scenario.
4. You may work individually or in pairs/ groups.

Scenario

Following a stroke, Mrs. F. was admitted to the skilled nursing facility in stable condition for rehabilitation therapy on 10/06/10 under Part A skilled nursing facility coverage. She had slurred speech, difficulty swallowing, severe weakness in both her right upper and lower extremities, and a Stage III pressure ulcer on her left lateral malleolus. She was referred to SLP, OT, and PT with the long-term goal of returning home with her daughter and son-in-law.

Her initial SLP evaluation was performed on 10/06/10, the PT initial evaluation on 10/07/10, and the OT initial evaluation on 10/09/10. She was also referred to recreational therapy and respiratory therapy. The interdisciplinary team determined that 10/17/08 was an appropriate ARD for her Medicare-required 14-day MDS.

During the look-back period, she received the following:

1. Speech-language pathology services
 - Individual dysphagia treatments
 - Monday - Friday for 30-minute sessions each day
 - Cognitive training
 - Monday and Thursday for 35-minute concurrent therapy sessions
 - Tuesday, Wednesday and Friday 25-minute group sessions
 - Individual speech techniques
 - Tuesday and Thursday for 20-minute sessions each day.
2. Occupational therapy services
 - Individual sitting balance activities
 - Monday and Wednesday for 30-minute co-treatment sessions with PT each day (OT and PT split the sessions, with OT recording 20 minutes each session and PT recording 10 minutes each session.)
 - Individual wheelchair seating and positioning
 - Monday, Wednesday, and Friday for the following times: 23 minutes, 18 minutes, and 12 minutes.

Section O Activity Sheet

- Balance/coordination activities
 - Tuesday-Friday for 20 minutes each day in group sessions.
- 3. Physical therapy services
 - Individual wound debridement followed by application of routine wound dressing
 - Monday the session lasted 22 minutes, 5 minutes of which were for the application of the dressing
 - Thursday the session lasted 27 minutes, 6 minutes of which were for the application of the dressing
 - For each session the therapy aide spent 7 minutes preparing the debridement area (set-up time) for needed therapy supplies and equipment for the therapist to conduct wound debridement.
 - Individual sitting balance activities
 - Monday and Wednesday for 30-minute co-treatment sessions with OT (OT and PT split the sessions, with OT recording 20 minutes each session and PT recording 10 minutes each session.)
 - Individual bed positioning and bed mobility training
 - Monday-Friday for 35 minutes each day
 - Concurrent therapeutic exercises
 - Monday-Friday for 20 minutes each day.
- 4. Respiratory therapy services
 - Sunday-Thursday for 10 minutes each day.
- 5. Psychological therapy services were not provided.
- 6. Recreational therapy services
 - Tuesday, Wednesday, and Friday for 30-minute sessions each day.

Section M Activity Sheet #1

Instructions

1. Read the scenario below.
2. Code Section M in your item set as appropriate for each assessment.
3. You may work individually or in pairs/ groups.

Scenario

- Mr. S was admitted to the nursing home on January 22, 2011 with a Stage 2 pressure ulcer.
- The pressure ulcer history was not available due to resident being admitted to the hospital from home prior to coming to the nursing home.
- On Mr. S' first quarterly assessment, it was noted that the Stage 2 pressure ulcer had neither worsened nor improved.
- On the second quarterly assessment, the Stage 2 pressure ulcer was noted to have worsened to a Stage 3.
- The dimensions of the Stage 3 pressure ulcer at the 2nd quarterly assessment are:
 - L 3.0cm
 - W 2.4cm
 - D 0.2cm with 100% granulation tissue noted in the wound bed

Section M Activity Sheet #2

Instructions

1. Read the scenario below.
2. Code Section M in your item set as appropriate for each assessment.
3. You may work individually or in pairs/ groups.

Scenario

- Mrs. P is admitted to the nursing home on 10/23/2010 for a Medicare stay.
- In completing the PPS 5-day assessment, it was noted that the resident had a head-to-toe skin assessment and her skin was intact, but upon assessment using the Braden scale, was found to be at risk for skin break down.
- On the 14-day PPS (ARD of 11/5/2010), the resident was noted to have a Stage 2 pressure ulcer that was identified on her coccyx on 11/1/2010.
 - This Stage 2 pressure ulcer was noted to have pink tissue with some epithelialization present in the wound bed.
 - Dimensions of the ulcer were length 01.1 cm, width 00.5 cm, and no measurable depth.
- Mrs. P does not have any arterial or venous ulcers, wounds, or skin problems.
- She is receiving ulcer care with application of a dressing applied to the coccygeal ulcer.
- Mrs. P. also has pressure redistribution devices on both her bed and chair, and has been placed on a 1½ hour turning and repositioning schedule per tissue tolerance.
- On 11/13/2010 the resident was discharged return anticipated and reentered the facility on 11/15/10.
- Upon reentry the 5-day PPS ARD was set at 11/19/2010.
- In reviewing the record for this 5-day PPS assessment, it was noted that the resident had the same Stage 2 pressure ulcer on her coccyx; however, the measurements were now length 01.2 cm, width 00.6 cm, and still no measurable depth.
- It was also noted upon reentry that the resident had a suspected deep tissue injury of the right heel that was measured at length 01.9cm, width 02.5cm, and no visible depth.

Section Q Return to Community Resource Information

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|---------------------------|
| Referral Resources |
|---------------------------|

Aging and Disability Resource Centers (ADRCs)

ADRCs assist people of all incomes and ages. All Fifty states and four Territories have ADRCs. To find out if your area is served by an ADRC, visit www.adrc-tae.org.

Area Agencies on Aging (AAAs)

AAAs assist adults age 60 and older and their caregivers. To find the AAA in your area, call The Eldercare Locator at 1-800-677-1116 weekdays from 9:00 a.m. to 8:00 p.m. (EST) or visit www.eldercare.gov.

Centers for Independent Living (CILs)

CILs assist people with disabilities. A state-by-state directory of CILs can be found by visiting www.ilru.org/html/publications/directory/index.html

State Health Insurance and Assistance Programs (SHIP)

A SHIP is a state-based program that offers local one-on-one counseling and assistance to people with Medicare and their families. To find information on what a SHIP is at http://www.cms.hhs.gov/partnerships/10_SHIPS.asp. To find a list of State SHIP offices at <http://www.medicare.gov/Contacts/>.

National Council on Aging (NCOA)

NCOA has information on benefits and how to enroll in federal, state, local, and private programs that help pay for prescription drugs, utility bills, meals, health care, and other needs. To find and enroll in federal, state, local and private programs that help pay for prescription drugs, utility bills, meals, health care and other needs at <http://www.benefitscheckup.org/>

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| Federal & State Information Resources |
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State Medicaid Agency

The State Medical Assistance (Medicaid) office provides information about Medicaid. To find your local office, visit www.nasmd.org/links/links.asp. (Scroll halfway down the page to see a clickable map of the United States.) You can also call 1-800-MEDICARE, and say, "Medicaid."

Medicare

Medicare is a federal health insurance program for people 65 years of age and older; certain younger people with disabilities; and people with End-Stage Renal Disease (those with permanent kidney failure who need dialysis or a transplant), sometimes called ESRD. For more information about the Medicare Program, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can also visit www.medicare.gov/LongTermCare/Static/Counseling.asp.

State Technology Assistance Project

The State Technology Assistance Project has information on medical equipment and other assistive technology. Contact the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) at (703) 524-6686 to get the contact information for your state or visit <http://www.resna.org>.

Money Follows the Person (MFP)

The MFP Rebalancing Demonstration assists States, in collaboration with stakeholders, to make widespread changes to their long-term care support systems. MFP information can be found by visiting http://www.cms.hhs.gov/CommunityServices/20_MFP.asp#TopOfPage.

Centers for Medicare & Medicaid Services (CMS) Section Q Training Materials

CMS' Informing Long-Term Care Choice Section Q April 16, 2010 conference and resources materials and Stakeholder MDS 3.0 training materials are posted and available to download at the MDS 3.0 Training and Conference information visit http://www.cms.hhs.gov/NursingHomeQualityInits/40_NHQIMDS30TrainingConferenceInformation.asp#TopOfPage.

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| Additional Community Long-Term Care Information |
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Clearinghouse for Home and Community Based Services

The clearinghouse provides resources, tools and publications on state transition efforts. Transition information can be found by visiting www.hcbs.org. (Search on "Transition Diversion")

National Academy for State Health Policy (NASHP)

NASHP assists state policymakers and provides publications on Access to Chronic and Long Term Care Services and Transitions. Chronic and Long Term Care Services and Transitions information can be found by visiting www.nashp.org/chronic-care.

RAI OBRA-required Assessment Summary

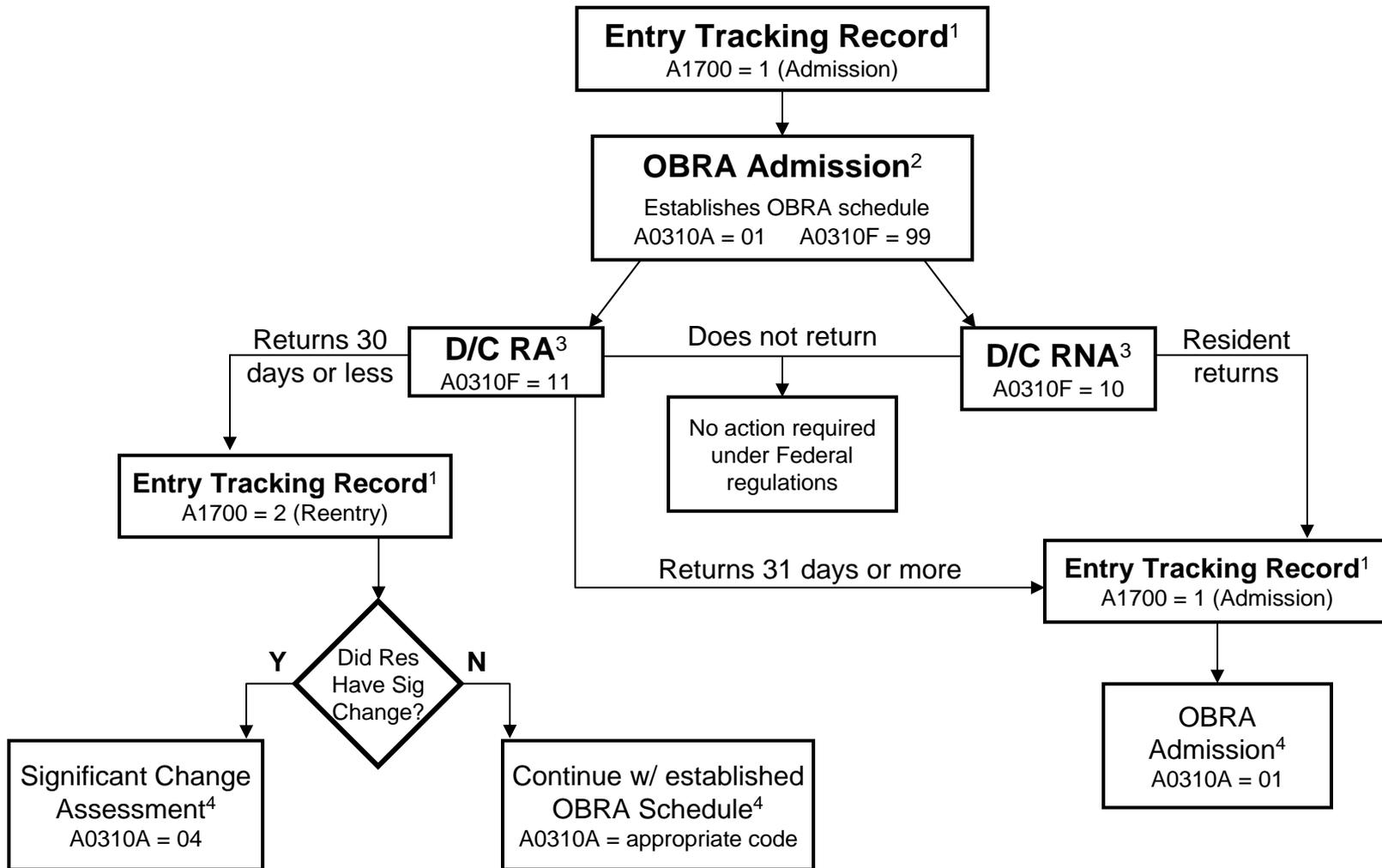
| Assessment Type | MDS Assessment Code (A0310A or A0310F) | Assessment Reference Date (ARD) (Item A2300) No Later Than | 7-day Observation Period (Look Back) Consists Of | 14-day Observation Period (Look Back) Consists Of | MDS Completion Date (Item Z0500B) No Later Than | CAA(s) Completion Date (Item V0200B2) No Later Than | Care Plan Completion Date (Item V0200C2) No Later Than | Transmission Date No Later Than | Regulatory Requirement | Assessment Combination |
|--|--|---|--|---|---|---|--|--|--|---|
| Admission (Comprehensive) | A0310A= 01 | 14 th calendar day of the resident's admission (admission date + 13 calendar days) | ARD + 6 previous calendar days | ARD + 13 previous calendar days | 14th calendar day of the resident's admission (admission date + 13 calendar days) | Same as MDS Completion Date | CAA(s) Completion Date + 7 calendar days | Care Plan Completion Date + 14 calendar days | 42 CFR 483.20 (Initial) 42 CFR 483.20 (b)(2)(i) (by the 14th day) | May be combined with another assessment |
| Annual (Comprehensive) | A0310A= 03 | ARD of previous OBRA comprehensive assessment + 366 calendar days AND ARD of previous OBRA Quarterly assessment + 92 calendar days | ARD + 6 previous calendar days | ARD + 13 previous calendar days | ARD + 14 calendar days | Same as MDS Completion Date | CAA(s) Completion Date + 7 calendar days | Care Plan Completion Date + 14 calendar days | 42 CFR 483.20 (b)(2)(iii) (every 12 months) | May be combined with another assessment |
| Significant Change in Status (SCSA) (Comprehensive) | A0310A= 04 | 14 th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days) | ARD + 6 previous calendar days | ARD + 13 previous calendar days | 14th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days) | Same as MDS Completion Date | CAA(s) Completion Date + 7 calendar days | Care Plan Completion Date + 14 calendar days | 42 CFR 483.20 (b)(2)(ii) (within 14 days) | May be combined with another assessment |
| Significant Correction to Prior Comprehensive (SCPA) (Comprehensive) | A0310A= 05 | 14 th calendar day after determination that significant error in prior comprehensive assessment occurred (determination date + 14 calendar days) | ARD + 6 previous calendar days | ARD + 13 previous calendar days | 14th calendar day after determination that significant error in prior comprehensive assessment occurred (determination date + 14 calendar days) | Same as MDS Completion Date | CAA(s) Completion Date + 7 calendar days | Care Plan Completion Date + 14 calendar days | 42 CFR 483.20(f) (3)(iv) | May be combined with another assessment |

(continued)

RAI OBRA-required Assessment Summary (con't)

| Assessment Type | MDS Assessment Code (A0310A or A0310F) | Assessment Reference Date (ARD) (Item A2300) No Later Than | 7-day Observation Period (Look Back) Consists Of | 14-day Observation Period (Look Back) Consists Of | MDS Completion Date (Item Z0500B) No Later Than | CAA(s) Completion Date (Item V0200B2) No Later Than | Care Plan Completion Date (Item V0200C2) No Later Than | Transmission Date No Later Than | Regulatory Requirement | Assessment Combination |
|--|--|--|--|---|--|---|--|---|-----------------------------------|---|
| Quarterly (Non-Comprehensive) | A0310A= 02 | ARD of previous OBRA assessment of any type + 92 calendar days | ARD + 6 previous calendar days | ARD + 13 previous calendar days | ARD + 14 calendar days | N/A | N/A | MDS Completion Date + 14 calendar days | 42 CFR 483.20(c) (every 3 months) | May be combined with another assessment |
| Significant Correction to Prior Quarterly (SCQA) (Non-Comprehensive) | A0310A=06 | 14th day after determination that significant error in prior quarterly assessment occurred (determination date + 14 calendar days) | ARD + 6 previous calendar days | ARD + 13 previous calendar days | 14th day after determination that significant error in prior quarterly assessment occurred (determination date + 14 calendar days) | N/A | N/A | MDS Completion Date + 14 calendar days | 42 CFR 483.20(f) (3)(v) | May be combined with another assessment |
| Entry tracking record | A0310F= 01 | N/A | N/A | N/A | Entry Date + 7 calendar days | | | Entry Date + 14 calendar days | | May not be combined with another assessment |
| Discharge Assessment – return not anticipated (Non-Comprehensive) | A0310F= 10 | N/A | N/A | N/A | Discharge Date + 14 calendar days | N/A | N/A | MDS Completion Date + 14 calendar days | | May be combined with another assessment |
| Discharge Assessment – return anticipated (Non-Comprehensive) | A0310F= 11 | N/A | N/A | N/A | Discharge Date + 14 calendar days | N/A | N/A | MDS Completion Date + 14 calendar days | | May be combined with another assessment |
| Death in facility tracking record | A0310F= 12 | N/A | N/A | N/A | Discharge (death) Date + 7 calendar days | N/A | N/A | Discharge (death) Date + 14 calendar days | | May not be combined with another assessment |

Entry, Discharge, and Reentry Algorithms



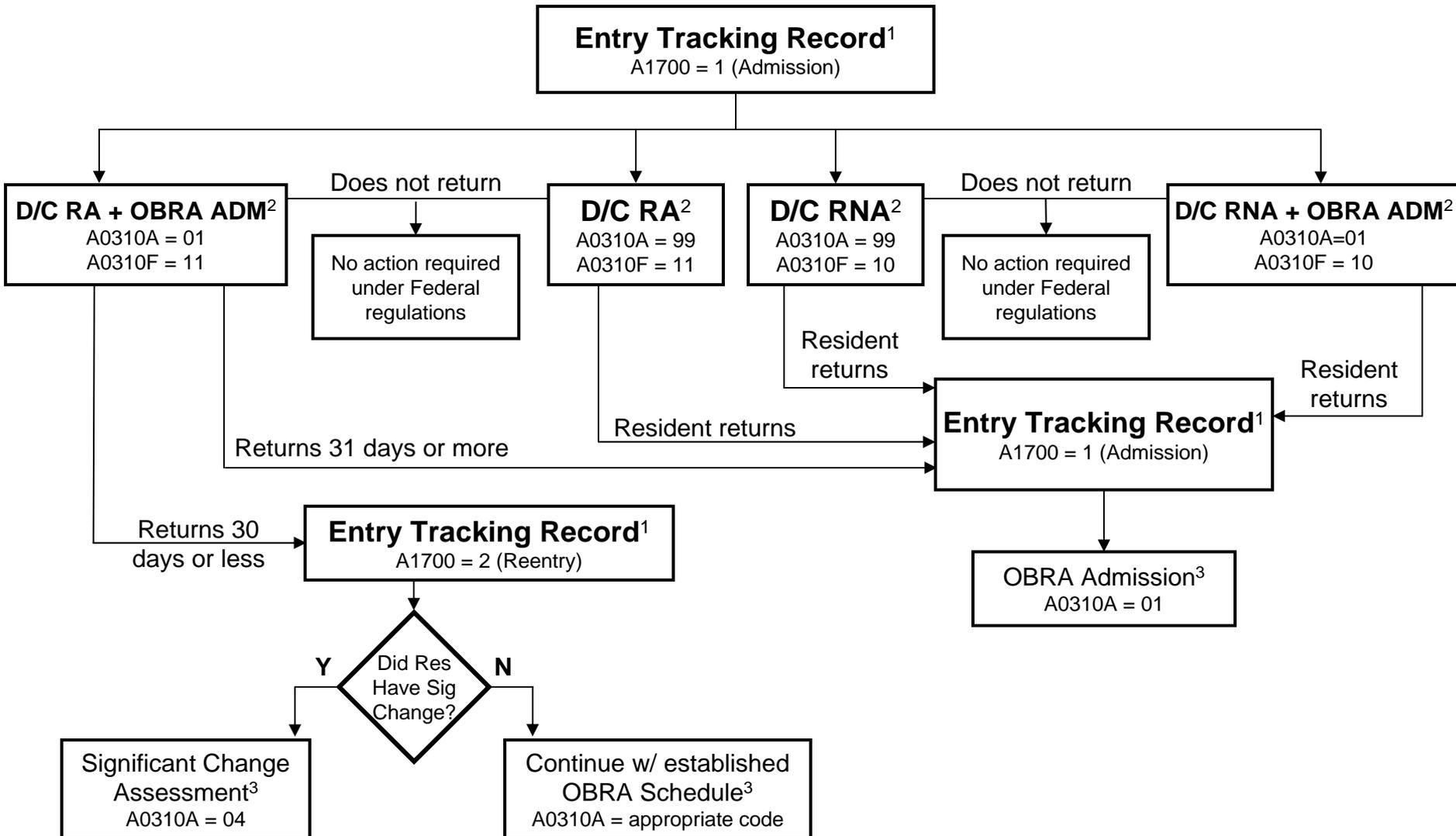
¹A0310A = 99 A0310B = 99 A0310C = 0 A0310D = 0 or blank A0310E = 0 A0310F = 01

²A0310B – E = appropriate code ³A0310A – E = appropriate code ⁴A0310B – F = appropriate code

When A1700 = 1, the first OBRA assessment should be an admission assessment unless D/C prior to completion.

| | |
|-----|------------------------|
| D/C | Discharge |
| RA | Return Anticipated |
| RNA | Return Not Anticipated |

Entry, Discharge, and Reentry Algorithms



¹A0310A = 99 A0310B = 99 A0310C = 0 A0310D = 0 or blank A0310E = 0 A0310F = 01

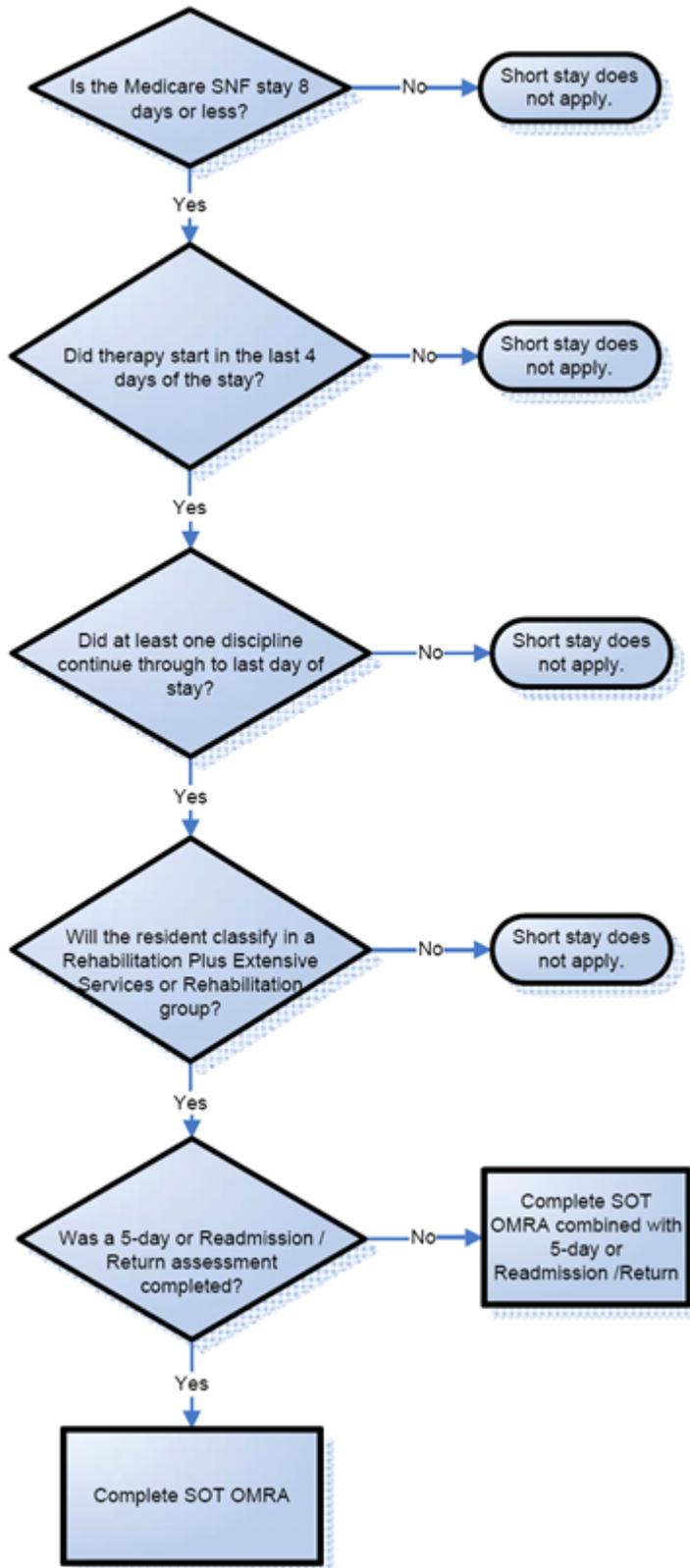
²A0310B – E = appropriate code

³A0310B – F = appropriate code

When A1700 = 1, the first OBRA assessment should be an admission assessment unless D/C prior to completion.

| | |
|-----|------------------------|
| ADM | Admission |
| D/C | Discharge |
| RA | Return Anticipated |
| RNA | Return Not Anticipated |

Medicare Short Stay Assessment Algorithm



Medicare Short Stay Assessment Requirements:
All 8 must be true

Assessment Requirements:

1. Must be SOT OMRA
2. 5-day or readmission/return assessment must be completed (may be combined with the SOT OMRA)

ARD Requirements:

3. Must be Day 8 or earlier of Part A stay
4. Must be last day of Part A stay (see Item 2400 instructions)
5. Must be no more than 3 days after the start of therapy

Rehabilitation Requirements:

6. Must have started in last 4 days of Part A stay
7. Must continue through last day of Part A stay

RUG Requirement:

8. Must classify resident into a Rehabilitation Plus Extensive Services or Rehabilitation group

Note: When the earliest start of therapy is 1st day of stay, then the Part A stay must be 4 days or less

SNF PPS RUG-IV Groups

| CATEGORY | ADL INDEX | END SPLITS | MDS RUG-IV CODES |
|---|----------------------|----------------------------------|-------------------|
| ULTRA HIGH REHABILITATION PLUS EXTENSIVE SERVICES Rehabilitation Rx 720 minutes/week minimum AND At least 1 rehabilitation discipline 5 days/week AND A second rehabilitation discipline 3 days/week AND Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident AND ADL score of 2 or more | 11-16 2-10 | Not Used Not Used | RUX RUL |
| VERY HIGH REHABILITATION PLUS EXTENSIVE SERVICES: Rehabilitation Rx 500 minutes/week minimum AND At least 1 rehabilitation discipline 5 days/week AND Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident AND ADL score of 2 or more | 11-16 2-10 | Not Used Not Used | RVX RVL |
| HIGH REHABILITATION PLUS EXTENSIVE SERVICES Rehabilitation Rx 325 minutes/week minimum AND At least 1 rehabilitation discipline 5 days/week; AND Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident AND ADL score of 2 or more | 11-16 2-10 | Not Used Not Used | RHX RHL |
| MEDIUM REHABILITATION PLUS EXTENSIVE SERVICES Rehabilitation Rx 150 minutes/week minimum AND 5 days any combination of 3 rehabilitation disciplines; AND Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident AND ADL score of 2 or more | 11-16 2-10 | Not Used Not Used | RMX RML |
| LOW REHABILITATION PLUS EXTENSIVE SERVICES Rehabilitation Rx 45 minutes/week minimum AND 3 days any combination of 3 rehabilitation disciplines; AND Restorative nursing 6 days/week, 2 services (see Reduced Physical Function (below) for restorative nursing services); AND Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident AND ADL score of 2 or more | 2-16 | Not Used | RLX |
| ULTRA HIGH REHABILITATION Rehabilitation Rx 720 minutes/week minimum AND At least 1 rehabilitation discipline 5 days/week AND A second rehabilitation discipline 3 days/week | 11-16 6-10 0-5 | Not Used Not Used Not Used | RUC RUB RUA |
| VERY HIGH REHABILITATION Rehabilitation Rx 500 minutes/week minimum AND At least 1 rehabilitation discipline 5 days/week | 11-16 6-10 0-5 | Not Used Not Used Not Used | RVC RVB RVA |
| HIGH REHABILITATION Rehabilitation Rx 325 minutes/week minimum AND At least 1 rehabilitation discipline 5 days/week | 11-16 6-10 0-5 | Not Used Not Used Not Used | RHC RHB RHA |
| MEDIUM REHABILITATION Rehabilitation Rx 150 minutes/week minimum AND 5 days any combination of 3 rehabilitation disciplines | 11-16 6-10 0-5 | Not Used Not Used Not Used | RMC RMB RMA |

| | | | |
|--|--|---|--|
| <p>LOW REHABILITATION Rehabilitation Rx 45 minutes/week minimum AND 3 days any combination of 3 rehabilitation disciplines; AND Restorative nursing 6 days/week, 2 services (see Reduced Physical Function for restorative nursing services)</p> | 11-16 0-10 | Not Used Not Used | RLB RLA |
| <p>EXTENSIVE SERVICES Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident AND ADL score of 2 or more</p> | 2-16 2-16 2-16 | Tracheostomy care and ventilator/respirator Tracheostomy care or ventilator/respirator Isolation for active infectious disease | ES3 ES2 ES1 |
| <p>SPECIAL CARE HIGH Comatose; septicemia; diabetes with daily injections and order change on 2 or more days; quadriplegia with ADL score >=5; chronic obstructive pulmonary disease and shortness of breath when lying flat; fever with pneumonia, or vomiting, or weight loss, or feeding tube; parenteral/IV feedings; respiratory therapy for 7 days AND ADL score of 2 or more</p> | 15-16 15-16 11-14 11-14 6-10 6-10 2-5 2-5 | Signs of Depression No Signs Signs of Depression No Signs Signs of Depression No Signs Signs of Depression No Signs | HE2 HE1 HD2 HD1 HC2 HC1 HB2 HB1 |
| <p>SPECIAL CARE LOW Cerebral palsy, multiple sclerosis, or Parkinson's disease with ADL score >=5; respiratory failure and oxygen therapy while a resident; feeding tube (calories >= 51% or calories = 26-50% and fluid >= 501cc); ulcers (2 or more stage II or 1 or more stage III or IV pressure ulcers; or 2 or more venous/arterial ulcers; or 1 stage II pressure ulcer and 1 venous/arterial ulcer) with 2 or more skin care treatments; foot infection/diabetic foot ulcer/open lesions of foot with treatment; radiation therapy while a resident; dialysis while a resident AND ADL score of 2 or more</p> | 15-16 15-16 11-14 11-14 6-10 6-10 2-5 2-5 | Signs of Depression No Signs Signs of Depression No Signs Signs of Depression No Signs Signs of Depression No Signs | LE2 LE1 LD2 LD1 LC2 LC1 LB2 LB1 |
| <p>CLINICALLY COMPLEX Extensive Services, Special Care High or Special Care Low qualifier and ADL score of 0 or 1 OR Pneumonia; hemiplegia with ADL score >=5; surgical wounds or open lesions with treatment; burns; chemotherapy while a resident; oxygen therapy while a resident; IV medications while a resident; transfusions while a resident</p> | 15-16 15-16 11-14 11-14 6-10 6-10 2-5 2-5 0-1 0-1 | Signs of Depression No Signs Signs of Depression No Signs Signs of Depression No Signs Signs of Depression No Signs Signs of Depression No Signs | CE2 CE1 CD2 CD1 CC2 CC1 CB2 CB1 CA2 CA1 |
| <p>BEHAVIORAL SYMPTOMS and COGNITIVE PERFORMANCE Cognitive impairment BIMS score <=9 or CPS >=3 OR hallucinations or delusions OR physical or verbal behavioral symptoms toward others, other behavioral symptoms, rejection of care, or wandering AND ADL score <=5 See Reduced Physical Function for restorative nursing services</p> | 2-5 2-5 0-1 0-1 | 2 or more restorative nursing on 6+ days/wk Less restorative nursing 2 or more restorative nursing on 6+ days/wk Less restorative nursing | BB2 BB1 BA2 BA1 |
| <p>REDUCED PHYSICAL FUNCTION Restorative nursing services:</p> <ul style="list-style-type: none"> • Urinary and/or bowel training program • passive and/or active ROM • amputation/prosthesis care training • splint or brace assistance • dressing or grooming training • eating or swallowing training • transfer training • bed mobility and/or walking training • communication training <p>NOTES: No clinical variables used</p> | 15-16 15-16 11-14 11-14 6-10 6-10 2-5 2-5 0-1 0-1 | 2 or more restorative nursing on 6+ days/wk Less restorative nursing 2 or more restorative nursing on 6+ days/wk Less restorative nursing 2 or more restorative nursing on 6+ days/wk Less restorative nursing 2 or more restorative nursing on 6+ days/wk Less restorative nursing 2 or more restorative nursing on 6+ days/wk Less restorative nursing | PE2 PE1 PD2 PD1 PC2 PC1 PB2 PB1 PA2 PA1 |
| Default | | | AAA |