

CH.	Sect.	Pg.	August 2005 Revision
NA	NA	Revised date changed	Title Page
NA	NA	iii Added Section W	Table of Contents
CH 3	T1c	3-216 Clarify time period  Clarify physician orders	c. ESTIMATE OF NUMBER OF DAYS (Through day 15)  <b>Clarifications:</b>  ◆ Do not count the evaluation day in the estimate number of days unless treatment is rendered.  ◆ When the physician orders a limited number of days of therapy, then the projection is based on the actual number of days of therapy ordered. For example, if the physician orders therapy for 7 days, the projected number of days in T1c will be 7.
CH 3	T1d	3-216 Delete <u>s</u> from the word clarifications.  Delete bullet from T1d and move it to T1c	<b>Clarifications:</b>  <del>◆ Do not count the evaluation day in the estimate number of days unless treatment is rendered.</del>
CH3	W	3-240 – 3-246 Added new section	<b>SECTION W. SUPPLEMENTAL ITEMS</b>

	Appendix	Page	August 2005 Revision
	B	1-6	RAI Coordinator and Regional Office contacts updated

**Centers For Medicare &  
Medicaid Services**



**Revised  
Long-Term Care  
Facility Resident  
Assessment  
Instrument  
User's Manual**

**Version 2.0**

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### **Chapter 4: Procedures for Completing the Resident Assessment Protocols (RAPs) and Linking the Assessment to the Care Plan**

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Completed and therapy treatment(s) has been scheduled. If therapy treatment(s) will not be scheduled, skip to Item T3.

If the resident is scheduled to receive at least one of the therapies, have the therapist(s) calculate the total number of days through the resident's fifteenth day since admission to Medicare Part A when at least one therapy service will be delivered. Then have the therapist(s) estimate the total PT, OT, and SP treatment minutes that will be delivered through the fifteenth day of admission to Medicare Part A.

#### c. ESTIMATE OF NUMBER OF DAYS (Through day 15)

**Coding:** **Estimate of Number of Days** - Enter the number (#) of days at least one therapy service can be expected to have been delivered through the resident's fifteenth day of admission. Count the days of therapy already delivered from Item P1a, b, and c. Calculate the expected number of days through day 15, even if the resident is discharged prior to day 15. If orders are received for more than one therapy discipline, enter the number of days at least one therapy service is performed. For example, if PT is provided on MWF, and OT is provided on MWF, the MDS should be coded as 3 days, not 6 days.

**Clarifications:** ♦ Do not count the evaluation day in the estimate number of days unless treatment is rendered.

♦ When the physician orders a limited number of days of therapy, then the projection is based on the actual number of days of therapy ordered. For example, if the physician orders therapy for 7 days, the projected number of days in T1c will be 7.

#### d. ESTIMATE OF NUMBER OF MINUTES (Through day 15)

**Coding:** **Estimate of Number of Minutes** - Enter the estimated **total** number of therapy minutes (across all therapies) it is expected the resident will receive through the resident's fifteenth day of admission. Include the number of minutes already provided from MDS Items P1ba(B), P1bb(B), and P1bc(B). Calculate the expected number of minutes through day 15, even if the resident is discharged prior to day 15.

**Clarification:** ♦ Do not include evaluation minutes in the estimate of number of minutes.

This page revised--August 2005, June 2005, August 2003

## SECTION W. SUPPLEMENTAL ITEMS

### W1. National Provider ID

**Intent:** To record the facility National Provider Identification (NPI).

**Definition:** The NPI is a system for uniquely identifying all providers of health care services, supplies, and equipment. The Secretary of the Department of Health and Human Services (HHS) has established a standard identifier for health care providers.

**Process:** CMS assigns an NPI to the nursing facility. The NPI applies to all residents of that nursing facility.

**Coding:** When available, only enter the 10 digit NPI in the spaces provided. Do not enter any embedded dashes or spaces. Recheck the number to ensure you have entered the 10 digits correctly. The facility is encouraged to begin using this number once it has been assigned by CMS.

### W2. Influenza Immunization

**Intent:** To determine the rate of vaccination and causes for non-vaccination.

Section W2 must be completed for all residents on all assessment types (OBRA and/or PPS) with Assessment Reference Dates and all discharge tracking forms with Discharge Dates from October 1 through June 30. Discharge tracking forms are included in order to capture flu vaccines administered to residents whose flu vaccines were not captured on an MDS assessment.

Although flu season currently is defined as October 1 through March 31, assessments with an ARD and discharges with a discharge date through June 30 are included in order to capture any record that provides the only report of a vaccination received during the flu season.

**Example:** A flu vaccine is administered to a resident in March, not within the window of an MDS assessment. Extending the date for completing W2 to June 30 provides the facility the ability to capture that flu vaccine on the next Quarterly, even if it is not due for another 92 days or on a discharge before the Quarterly is due.

**Process:** Review the resident's medical record and interview the resident or

**responsible party/legal guardian to determine Influenza vaccination status during this year's flu season, defined as October 1 through March 31. Use the following steps:**

- **Step 1.** Review the resident's medical record to determine whether an Influenza vaccination was received during the flu season. If vaccination status is unknown, proceed to the next step.
- **Step 2.** Ask the resident if he/she received a dose of Influenza vaccine outside of the facility for this year's flu season. If vaccination status is still unknown, proceed to the next step.
- **Step 3.** If the resident is unable to answer, then ask the same question of the responsible party/legal guardian. If vaccination status is still unknown, proceed to the next step.
- **Step 4.** If vaccine status cannot be determined, administer the vaccination to the resident according to standards of clinical practice.

The CDC has evaluated inactivated Influenza vaccine co-administration with the pneumococcal polysaccharide vaccine systematically among adults. Simultaneous vaccine administration is safe when administered by a separate injection in the opposite arm<sup>2,3</sup>. If the resident is an amputee or if intramuscular injections are contraindicated in the upper extremities, administer the vaccine(s) according to standards of clinical practice.

**Coding: W2a**

Enter **"0" for a 'No' response and proceed to item W2b**

- If the resident did not receive the Influenza vaccine in this facility from October 1 – March 31.

**Example:** Mrs. J. received the Influenza vaccine in January 2005. The ARD of this assessment is October 2005. The facility has not yet administered the Influenza vaccine for the current flu season. W2a would be coded "0", No.

Enter **"1" for a 'Yes' response and proceed to item W3**

- If the ARD of this assessment or the discharge date of this discharge tracking form is from January 1 through June 30, include Influenza vaccine administered in the facility from October 1 of last year through March 31 of the current year.

**Example:** Mrs. T. received the Influenza vaccine in

November 2004. The ARD of this assessment is February 2005. Include the November 2004 vaccination on this assessment and code W2a "1", Yes.

- If the ARD of this assessment or the discharge date of this discharge tracking form is on or after October 1, include the Influenza vaccine administered in the facility on or after October 1 of the current year.

**Example:** Mr. C received the Influenza vaccine in October 2005. The ARD of this assessment is December 2005. Include the October 2005 vaccination on this assessment and code W2a "1", Yes.

**Skip item W2 and go to item W3**

- If the ARD of this assessment or the discharge date of this discharge tracking form is from July 1 through September 30.

**Example:** Mr. P. received the Influenza vaccine in February 2005. The ARD of this assessment is in August 2005. Skip this item and go to item W3.

**W2b**

**If the resident has not received the Influenza vaccine in the facility, code the reason from the following list:**

- 1. Not in facility during this year's flu season** - Resident not in the facility from October 1 – March 31.
- 2. Received outside of this facility** - Includes Influenza vaccinations administered from October 1 through March 31 in any other setting (e.g. physician office, health fair, grocery store, hospital, fire station).
- 3. Not eligible** – Due to contraindications including:
  - allergic reaction to eggs or other vaccine component(s)
  - a physician order not to immunize
  - or an acute febrile illness is present; however, the resident should be vaccinated if contraindications end
- 4. Offered and declined** – Resident or responsible party/legal guardian has been informed of what is being offered and chooses not to accept the vaccine. See pages 3-36 & 37 for types of

responsibility/legal guardian.

**5. Not offered** – Resident or responsible party/legal guardian not offered the vaccine. See pages 3-36 & 37 for types of responsibility/legal guardian.

**6. Inability to obtain vaccine** – Vaccine unavailable at the facility due to declared vaccine shortage; however, the resident should be vaccinated once the vaccine is received. The annual supply of inactivated Influenza vaccine and the timing of its distribution cannot be guaranteed in any year.

### W3. Pneumococcal Immunization

**Intent:** To determine the rate of vaccination and causes for non-vaccination.

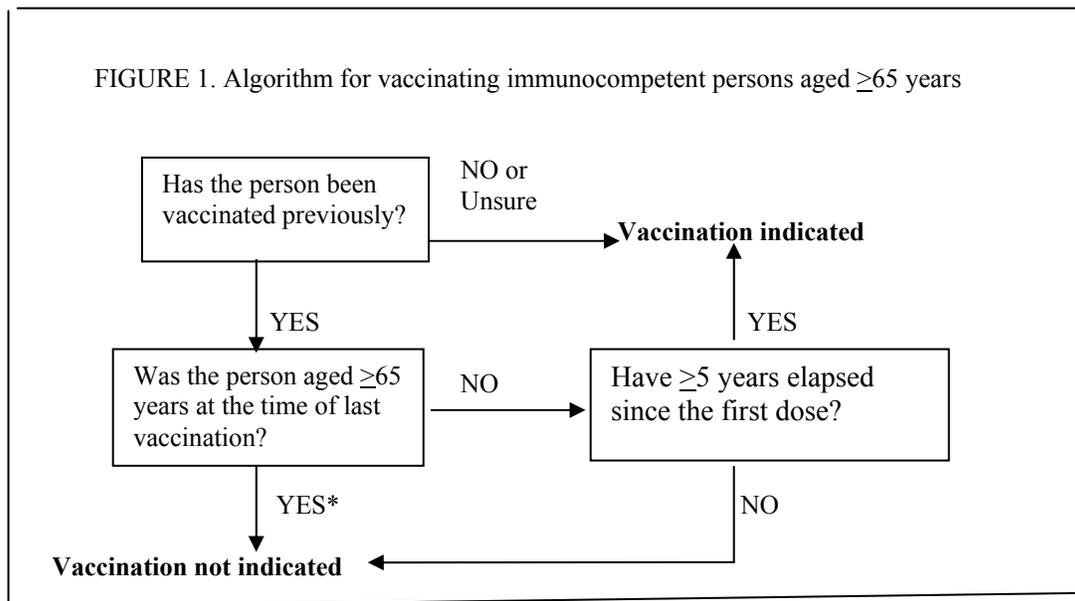
Section W3 must be completed for all residents on all assessment types (OBRA and/or PPS) and all discharge tracking forms.

- The CDC has evaluated inactivated Influenza vaccine co-administration with the Pneumococcal Polysaccharide Vaccine (PPV) systematically among adults. Simultaneous vaccine administration is safe when administered by a separate injection in the opposite arm<sup>2,3</sup>. If the resident is an amputee or intramuscular injections are contraindicated in the upper extremities, administer the vaccine(s) according to clinical standards of care.
- Persons less than 65 years of age who are living in environments or social settings (e.g. nursing homes and other long-term care facilities) in which the risk for invasive pneumococcal disease or its complications is increased should receive the PPV<sup>2</sup>.
- All adults 65 years of age or older should get the PPV. PPV is given once in a lifetime, with certain exceptions<sup>1</sup>.

- Persons 65 years or older should be administered a second dose of vaccine (booster vaccine) if they received the first dose of vaccine more than 5 years earlier and were less than 65 years old at the time<sup>1,2</sup>.

**Note:** Please refer to the following algorithm for PPV administration ONLY

**Figure 1** Adopted from the CDC Recommendations and Reports. Prevention of Pneumococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR April 1997;46(RR-08);1-24.



\*For any immunocompetent person who has received a dose of pneumococcal polysaccharide vaccine at age  $\geq 65$  years, revaccination is not indicated.

1 CDC. Pneumococcal Polysaccharide Vaccine. What you need to know. Pneumococcal Vaccine Information Statement July 1997.

2 CDC. Prevention of Pneumococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR April 1997;46(RR-08);1-24.

3 Recommendations and Reports. Prevention and control of influenza. Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR May 28, 2004/ 53(RR06);1-40.

- The CDC recommends a second (booster) dose for immunocompromised persons due to<sup>1</sup>
  - A damaged spleen or no spleen
  - Sickle-cell disease
  - HIV infections or AIDS
  - Cancer, leukemia, lymphoma, multiple myeloma
  - Kidney failure
  - Nephrotic syndrome
  - History of an organ or bone transplant
  - Medication regimens that lowers immunity (such as chemotherapy or long-term steroids)

When any of the above conditions are present, persons older than 10 years old (including those 65 years of age and older) should get the second (booster) dose 5 years after the first dose. Children 10 years old and younger may get this second (booster) dose 3 years after the first dose.

**Process:** Review the resident's medical record and interview resident or responsible party/legal guardian to determine PPV status, using the following steps.

- **Step 1.** Review the resident's medical record to determine whether PPV has been received. If vaccination status is unknown, proceed to the next step.
- **Step 2.** Ask the resident if he/she received a PPV. If vaccination status is still unknown, proceed to the next step.
- **Step 3.** If the resident is unable to answer, ask the same question of a responsible party/legal guardian. If vaccination status is still unknown, proceed to the next step. See pages 3-36 & 37 for types of responsibility/legal guardian.
- **Step 4.** If vaccination status cannot be determined, administer the appropriate vaccine to the resident, according to the standards of clinical practice.

**Coding:** W3a

**Enter "0" for a 'No' response and proceed to item W3b**

- If the resident's PPV status is not up to date

**Enter "1" for a 'Yes' response and skip item W3b**

- If the resident's PPV status is up to date

**W3b**

**If the resident has not received a PPV, code the reason from the following list:**

- 1. Not eligible** – Due to contraindications including:
  - allergic reaction to vaccine component(s)
  - a physician order not to immunize
  - an acute febrile illness is present; however, the resident should be vaccinated after contraindications end
  
- 2. Offered and declined** – Resident or responsible party/legal guardian has been informed of what is being offered and chooses not to accept the vaccine. See pages 3-36 & 37 for types of responsibility/legal guardian.
  
- 3. Not offered** - Resident or responsible party/legal guardian were not offered the vaccine. See pages 3-36 & 37 for types of responsibility/legal guardian.

## **APPENDIX B**

### **STATE AGENCY CONTACTS RESPONSIBLE FOR ANSWERING RAI QUESTIONS**

**STATE AGENCY CONTACTS – MDS RAI COORDINATORS**

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**NOTE:** Not included in this manual is a list of the State MDS Automation Coordinators and the State Medicaid MDS Coordinators. These lists will be posted on the CMS web site at:

<http://www.cms.hhs.gov/medicaid/mds20>

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