Are You Ready?

Checklist for 10/1 CMS Changes

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TODAY'S Checklist

1. First Things First
2. Resources
3. Interviews and Look-Back Periods
4. Pay for Performance Programs
5. The Optional State Assessment (OSA)
6. Section G & GG
7. New Functional Outcome Score
8. WDWBW and Wrap-up

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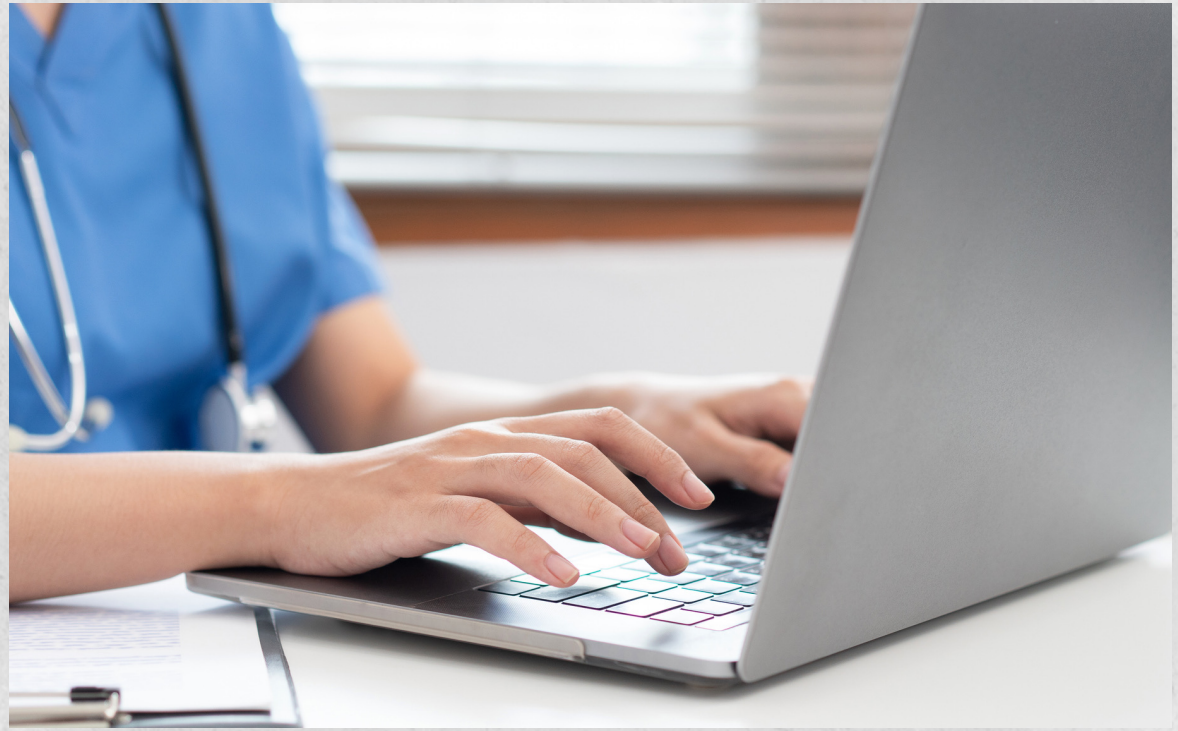
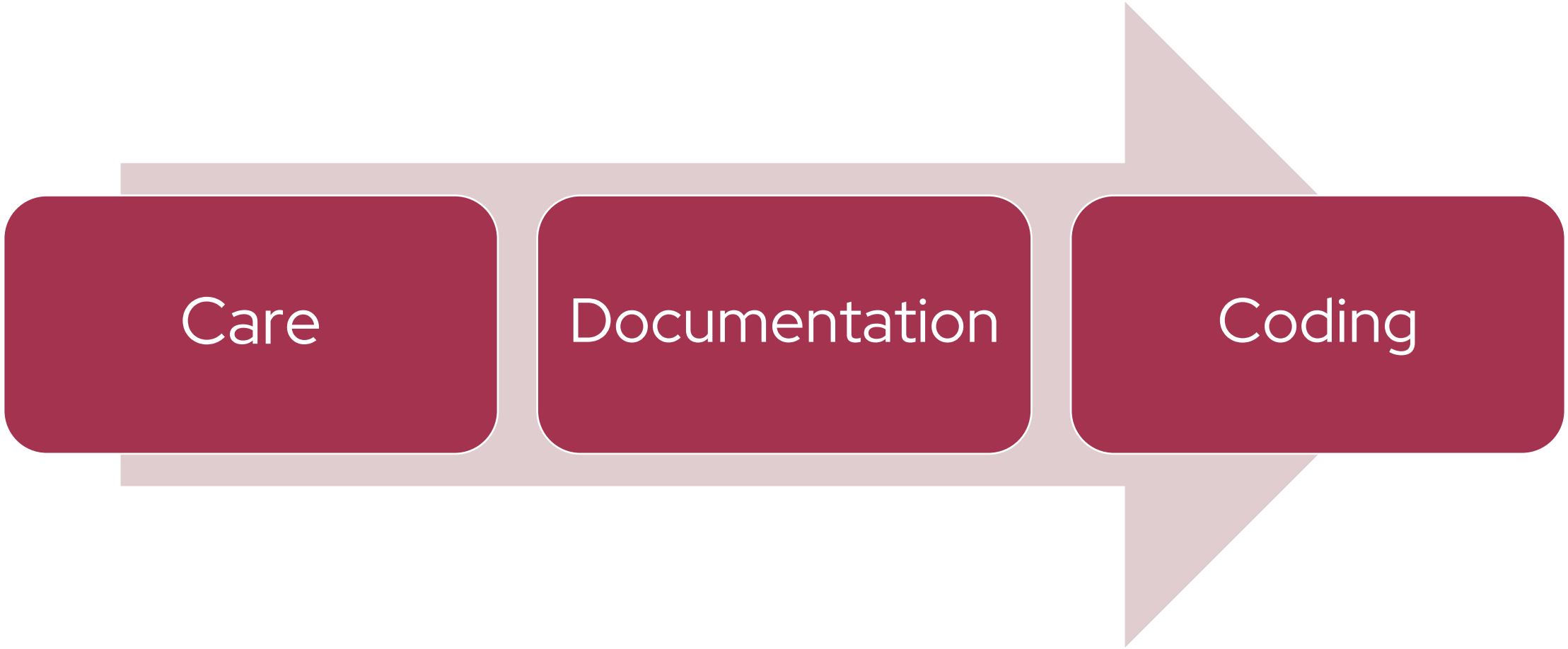


FIRST THINGS FIRST

FIRST THINGS FIRST

It Always Starts With Care!



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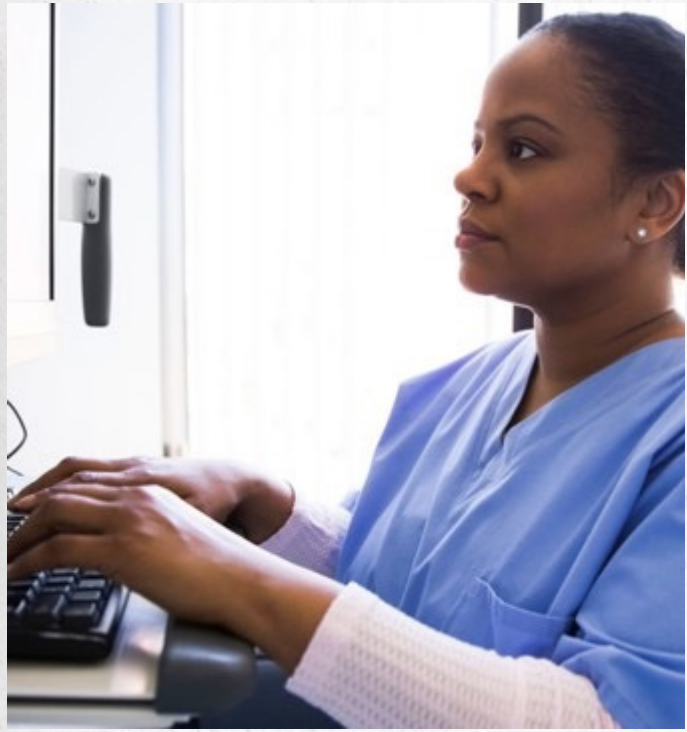

RESOURCES

RESOURCES

Our 10/1/2023 Goal

- To make 10/1/2023 as exciting as “Y2K”

RESOURCES

New Resources Download…

- New RAI Manual
- Use the appropriate item set v1.18.11

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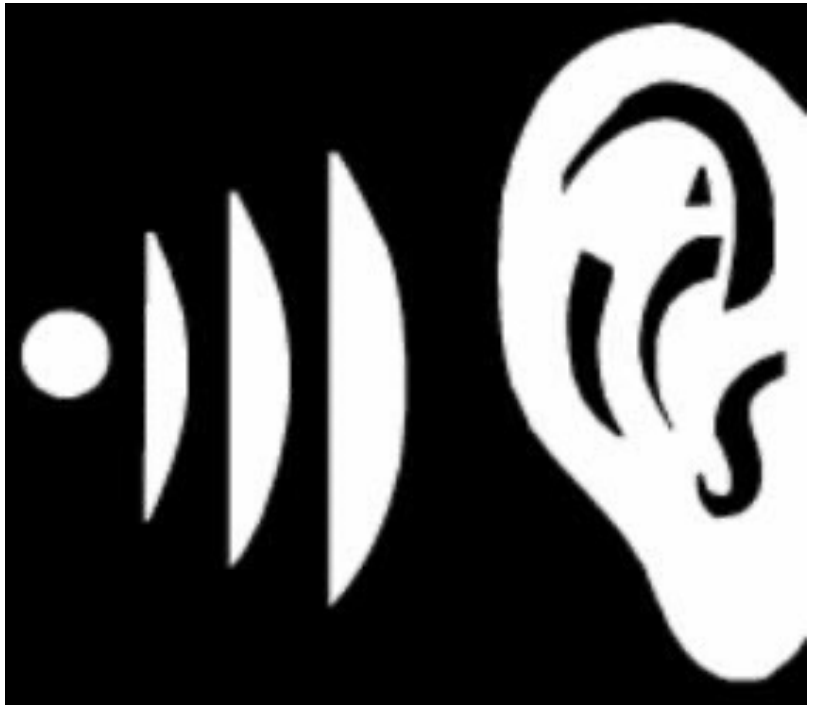
INTERVIEWS AND LOOK-BACK PERIODS

Resident Interviews



Reminders

Look-back period examples

- 3-Day: Section GG
- 5-Day: J0100 - Pain
- 7-day:
  - H0100 - Catheters & ostomies
  - I8000 - Active diagnoses
- 14-Day/2 Weeks: PHQ-2 to 9
- 30-Day: I2300 - UTI
- 30-Day/180-Day: K0300 - Weight loss/gain
- 6 Months: Transportation

Resident Interviews

Resident interviews: guidance

- If the resident is ***unable*** to respond, most of the resident interview questions allow you to ask a family member, significant other, guardian, or representative.
- If the resident ***refuses*** to respond, you MUST NOT use other resources.
- If the resident is unable to respond, you can use other resources.

Resident Interviews

Resident interview examples

- A1005 – Ethnicity
- A1250 – Transportation
- B1300 – Health Literacy
- D0700 – Social Isolation

To-Do List

Resident interview suggestions

- Morning meeting – Discuss interviews to be completed that day.
- Print the interview and take it with you.
- Make specific assignments, train and observe performance.
- Ensure all interviews are completed before the end of the day.
- Review results as an IDT.

Interviewing to Increase Resident Voice in MDS Assessments

- MDS 3.0 Manual v1.18.11
- PHQ-2 to 9

Interviewing to Increase Resident Voice in MDS Assessments

PHQ-2 to 9 – The "gateway" questions

- Little interest or pleasure in doing things
- Feeling down, depressed or hopeless

APPENDIX D

To-Do List

PHQ-2 to 9 – The keys

- Rapport, location, interviewing techniques
- Using “Appendix D” techniques

Appendix D

PHQ-2 to 9 – Unfolding

- "…refers to the use of a general question about the symptom followed by a sequence of more specific questions if the symptom is reported as present. This approach walks the resident through the steps needed to think through the question."

Appendix D

PHQ-2 to 9 – Unfolding RAI example

- Read the item (or part of the item) to the resident, then ask, “Do you have this at all?”
  - If yes, ask, “Do you have it every day?”
  - If no, ask, “Did you have it at least half the days in the past 2 weeks?”

Appendix D

PHQ-2 to 9 – Disentangling

- "…refers to separating items with several parts into manageable pieces. The type of items that lend themselves to this approach are those that include a list and phrases such as 'and' or 'or.' The resident is given a chance to respond to each piece separately. If a resident responds positively to more than one component of a complex item, obtain a frequency rating for each positive response and score that item using the frequency of the component that occurred most often."

Appendix D

PHQ-2 to 9 – Disentangling – RAI example

- An item asks about "Poor appetite or overeating." Disentangle this item by asking, "Poor appetite?"; ***pause for a response and then ask***, "Or overeating?"
  - If neither part is rated positively by the resident, mark no.
  - If either or both are rated positively, then mark yes.

Appendix D

PHQ-2 to 9 – Echoing

- "...means simply restating part of the resident's response. This is often extremely helpful during clinical interviews. If the resident provides a related response but does not use the provided response scale or fails to directly answer the question, then help clarify the best response by repeating the resident's own comment and then asking the related response options again. This interview approach frequently helps the resident clarify which response option they prefer."

Appendix D

PHQ-2 to 9 – Other techniques

- Repeat the response options.
- Move on to another question.
- Break up the interview if the resident becomes tired or needs to leave for rehabilitation, etc.
- Do not try to talk a resident out of an answer.
- Record the resident's response (not what you believe they should have said).
- If the resident becomes deeply sorrowful or agitated, sympathetically respond to their feelings.

APPENDIX D

To-Do List

PHQ-2 to 9

- Build rapport with the residents
- Conduct in a quiet, private place
- Use the Appendix D techniques to allow residents to process the questions
- Do not rush the interviews
- Listen
- Allow the resident to complete the interview in writing (if they prefer)
- Provide an interpreter (if preferred or needed)

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PAY FOR PERFORMANCE PROGRAMS

SNF QRP

SNF Quality Reporting Program (QRP)

- Discharge Function Score
- COVID Vaccination Requirements – "Up-to-Date"
  - Health Care Personnel
  - Residents
- Transfer of Health Information

The 16 QRP Measures

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TABLE 11: Quality Measures Currently Adopted for the FY 2024 SNF QRP

Short Name	Measure Name & Data Source
Resident Assessment Instrument Minimum Data Set (Assessment-Based)	
Pressure Ulcer/Injury	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
Application of Falls	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
Application of Functional Assessment/Care Plan	Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
Change in Mobility Score	Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients
Discharge Mobility Score	Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients
Change in Self-Care Score	Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients
Discharge Self-Care Score	Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients
DRR	Drug Regimen Review Conducted With Follow-Up for Identified Issues–Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
TOH-Provider*	Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC)
TOH-Patient*	Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC)
Claims-Based	
MSPB SNF	Medicare Spending Per Beneficiary (MSPB)–Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
DTC	Discharge to Community (DTC)–Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
PPR	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
SNF HAI	SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization
NHSN	
HCP COVID-19 Vaccine	COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)
HCP Influenza Vaccine	Influenza Vaccination Coverage among Healthcare Personnel (HCP)

(Final Rule, p72)

PAY FOR PERFORMANCE PROGRAMS

Value-Based Purchase Program

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SNF Value-Based Purchase (VBP) Program

- Nursing Staff Turnover Measure
- Discharge Function Score Measure
- Long-Stay Hospitalization per 1000 Resident Days
- Falls With Major Injury
- Replacing **30-day All-Cause Readmission** with **SNF Within Stay Potentially Preventable Readmissions**

To-Do List

SNF QRP and SNF VBP

- Review your current CASPER Reports
- Focus on items that affect both programs
- LS Falls With Major Injury
- Functional Outcome Measure
- Potentially Preventable Re-Hospitalizations
- Target your current areas of weakness
- Engage and involve the entire clinical team
- For ADL and mobility items, observe your therapy department. Are they providing challenging, evidence-based, functional training?
- Ensure weak areas are included in your active QAPI program

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THE OPTIONAL STATE ASSESSMENT (OSA)

To-Do List

OSA

- Download the updated OSA Manual.
- Know your state's requirements for use of the OSA.
- The OSA user's manual is condensed and only contains instructions for items that are NOT in the v1.18.11 item sets.
- Know which item set you're working.
- Complete the full PHQ-9 rather than the PHQ-2 to 9.
- Collect and complete Section G (using Rule of 3 scoring).
- Know which RUG grouper your state uses (RUG-III vs RUG-IV).

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SECTION G & GG

THE SCALES

Section GG Scale

GG0130. Self-Care (Assessment period is the first 3 days of the stay)
Complete column 1 when A0310A = 01. Complete columns 1 and 2 when A0310B = 01.
When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600.

Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).

Coding:

Safety and **Quality of Performance** - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.
Activities may be completed with or without assistive devices.

06. **Independent** - Resident completes the activity by themself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
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.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

07. **Resident refused**
09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical condition or safety concerns**

THE SCALES

Section G

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1. ADL Self-Performance

Code for **resident's performance** over all shifts - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time

Coding:

Activity Occurred 3 or More Times

0. **Independent** - no help or staff oversight at any time
1. **Supervision** - oversight, encouragement or cueing
2. **Limited assistance** - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
3. **Extensive assistance** - resident involved in activity, staff provide weight-bearing support
4. **Total dependence** - full staff performance every time during entire 7-day period

Activity Occurred 2 or Fewer Times

7. **Activity occurred only once or twice** - activity did occur but only once or twice
8. **Activity did not occur** - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

2. ADL Support Provided

Code for **most support provided** over all shifts; code regardless of resident's self-performance classification

Coding:

0. **No** setup or physical help from staff
1. **Setup** help only
2. **One** person physical assist
3. **Two+** persons physical assist
8. ADL activity itself **did not occur** or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

1. Self-Performance	2. Support
↓ Enter Codes in Boxes ↓	

Range-of-Motion (ROM)

- ROM moved from G0400 to GG0115
- Scale should be familiar
- Coding instructions added

GG0115: Functional Limitation in Range of Motion

GG0115. Functional Limitation in Range of Motion		
Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days		
Coding: 0. **No impairment** 1. **Impairment on one side** 2. **Impairment on both sides**	↓ **Enter Codes in Boxes**	
	☐	**A. Upper extremity** (shoulder, elbow, wrist, hand)
	☐	**B. Lower extremity** (hip, knee, ankle, foot)

THE SCALES

Mobility Devices

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- Moved from G0600 to GG0120
- Coding instructions provided

GG0120: Mobility Devices

GG0120. Mobility Devices	
↓ Check all that were normally used in the last 7 days	
☐	A. Cane/crutch
☐	B. Walker
☐	C. Wheelchair (manual or electric)
☐	D. Limb prosthesis
☐	Z. None of the above were used

THE SCALES

Personal Hygiene

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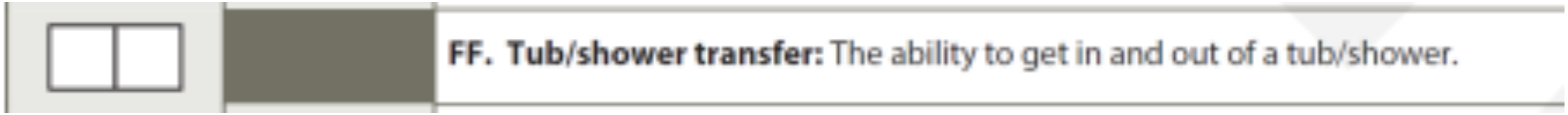
- Moved from G0110J to GG130I

☐☐		I. **Personal hygiene:** The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).

THE SCALES

Bathing

- Section G items combined bathing and transfer activities
- Items split in Section GG
- Tub/Shower Transfer items moved from G0120 to GG0170FF



THE SCALES

To-Do List

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Section GG

- Train your teams to collect, document and assess for Section GG items.
- Collect enough information to identify “usual performance.”
- Identify a ***Section GG Champion!***
- Determine the “usual performance" as an IDT.
- Write an IDT note that clearly documents “usual performance.”
- If in a state using the OSA, have a process to properly collect Section G items.

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NEW FUNCTIONAL OUTCOME SCORE

New Functional Outcome Measure

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Section GG

- Eating
- Oral Hygiene
- Toileting Hygiene
- Roll Left & Right
- Lying to Sitting
- Sit to Stand
- Chair/Bed-to-Chair Transfer
- Toilet Transfer
- Walk 10 Feet
- Walk 50 Feet with 2 Turns
- Wheel 50 Feet with 2 Turns

To-Do List

New Functional Outcome Measure

- Set correct baseline measurements
- Focus care on these areas (as appropriate)
- Set correct discharge levels
- See Section GG to-do list

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WDWBW AND WRAP-UP

To-Do List

WDWBW?

- New assignments?
- Morning meetings? Weekly meetings?
- Stand-down meetings?
- Does everyone know what "To-Do" (each day)?
- Does everyone come prepared for meetings?
- Who is responsible to ensure team members follow-up with their assignments?

WRAP UP

To-Do List

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Wrap-Up

- Download and use the correct information/sources.
- Make ***specific*** assignments (WDWBW?).
- You cannot expect your team members to accurately complete an assessment if you have not observed them completing it. Observe them.
- Baseline measurements are critical!
- Stop, take a deep breath and move forward with confidence.
- After 10/1, regroup, reassess and reset your strategy.

THANK YOU FOR ATTENDING

Questions?

QRM SERVICE OFFERINGS

MDS Oversight Services

- Reimbursement Capture Auditing
- State by State CMI Management
- Interim Remote MDS Coverage
- MDS Completion & Compliance Auditing
- QM & 5 Star Auditing and Support
- RAI based Education & Training
- Trending Analytics

Learn More

STAY IN TOUCH

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