ACH Regs Effective January 7

KDOA appreciates all the individuals who submitted oral and written testimony at the public hearing on the proposed regulations for the physical environment of nursing facilities. As a result, several changes took place in the proposed regulations.

The regulations will take effect January 7, 2011. All applicants for licensure of new nursing facilities and administrators of existing facilities who plan to construct new buildings or additions to their existing buildings prior to December 31, 2011, should contact Vera VanBruggen or Al Gutierrez at the Kansas Department on Aging, vera.vanbruggen@aging.ks.gov or al.gutierrez@aging.ks.gov for information regarding their projects. KDOA will work with facilities in transitioning from the existing requirements to the new requirements.

The revised regulations for all adult care homes are:

- KAR **26-39-100.** Definitions.

- KAR **26-39-101.** Licensure of adult care homes.

- KAR **26-39-105.** Adoptions by reference.

The new regulations that affect only nursing facilities are:

- KAR **26-40-301.** Nursing facility physical environment; construction and site requirements.
- KAR **26-40-302.** Nursing facility physical environment; applicants for initial licensure and new construction.
- KAR **26-40-303.** Nursing facility physical environment; existing nursing facilities.
- KAR **26-40-304**. Nursing facility physical environment; details and finishes.
- KAR **26-40-305.** Nursing facility physical environment; mechanical, electrical, and plumbing systems.

The regulations will be posted at http://www.aging.state.ks.us/PolicyInfo_and_Regs/ACH_Current_Regs/ACH_Reg_Index.html.

Hard copies of the regulations may be purchased after February 1, 2011, from KDOA.

KANSAS
DEPARTMENT ON AGING

Annual, Semi-Annual Reports Due January 20

NF and NFMH, ICFMR, ALF, RHCF and Home Plus facilities must submit their Annual and Semi-Annual Reports of facility, resident and staffing information by January 20, 2011.

The reference week for the Semi-Annual report is November 14 - 20, 2010.

A link to the form instructions, including a blank form, is available on the KDOA Provider Information Resource Website www.aging.state.ks.us in the NEW OR UPDATED INFORMATION box in the middle of the page, and on each page of the web-based report.

NEW Requirement to Access Web-Based Reports

The login process to the LTC Facility Home Page to create the Annual and Semi-Annual Reports has changed.

To provide additional Web Application security, each facility will need to complete the KDOA Security Agreement for any individual who will be accessing the LTC Facility Home Page for the report data entry and review. The KDOA Security Agreement is located on the KDOA Provider Information Resource Website www.aging.state.ks.us under the Web Applications section of the menu on the left side of the page.

The facility administrator or operator will need to authorize the Security Agreement for each individual who will need access to the Annual and Semi-Annual Reports and return it by mail or FAX as indicated at the bottom of the form.

KDOA will then issue the individual a personal user name and an initial password. The login information will be e-mailed to the address provided on the Security Agreement.

Note: If an individual currently has access to the Community Transition Opportunities (CTO) Application, then a Security Agreement has already been submitted and a new one is not needed. However, additional authorization will be needed to access the LTC Facility Home Page with the same user name and current password. To add LTC Report authorization to an existing user, the facility administrator or operator needs to send an e-mail to KDOA Help Desk helpdesk@aging.ks.gov requesting LTC Reports authorization for the specific user(s).

Reports Data Entry Process

The data entry process instructions are located on the KDOA Provider Information Resource Website www.aging.state.ks.us.

PEAK Applications Due January 15

KDOA is committed to ensuring high quality services for Kansas nursing home residents. KDOA developed an on-going initiative in 2002 to support nursing homes instituting non-traditional models of care with home environments, a movement known nationally as "culture change." This initiative, entitled Promoting Excellent Alternatives in Kansas nursing homes (PEAK), takes a dual approach. The first is to recognize those nursing homes pursuing progressive models of care. The second is to provide education to nursing home providers on how to institute change and to document the value of innovative change in providing long-term care.

Facilities must submit an application for consideration for a PEAK Award. Finalists are visited by a panel of professionals. Award-winning nursing homes will be recognized with a signed Governor's Proclamation and a plaque that will be presented by the Secretary of Aging.

Application materials and instructions for the 2011 PEAK Awards are at http://www.agingkansas.org/LongTermCare/PEAK/peak.htm. The deadline for applications is January 15, 2011.

Complaint Investigation Reports

The Facility Complaint Investigation report requires nursing homes to include the MDS, care plan, and nursing notes **pertinent** to the incident.

Pertinent information needs to include only **specific** portions of the interdisciplinary team notes/nurses notes, care plan problems, goals, and interventions, MDS sections, and the CAAs about the residents applicable to the incident.

The Regional Manager will contact the administrator if additional information is needed.

Access to Electronic Health Records

CMS issued guidance to surveyors and providers regarding electronic health records through a Survey and Certification Letter, 09-53, Surveying Facilities That Use Electronic Health Records (EHR), dated August 24, 2009.

It states, "Existing requirements allow CMS and others authorized by law to have access to facility records whether those records are paper or electronic record systems. Refusing access to any patient/resident records is a basis for termination of the facility's Medicare agreement. If surveyors request access to EHR, the facility should ensure that data are backed-up and secure, and access does not impede the survey and certification process or the provision of care and services to beneficiaries."

The entire letter which contains additional helpful information is at http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter09_53.pdf

Resident Census and Conditions of Residents

http://www.cms.gov/cmsforms/downloads/CMS672.pdf

Nursing facilities must provide a completed Resident Census and Conditions of Residents, CMS Form 672 at the annual resurvey. The form and instructions for its completion are available at the above link. The instructions provide a crosswalk to the MDS 3.0. Facilities will want to visit with their software vendors regarding auto populating the report as many did under the MDS 2.0. However, until a MDS 3.0 is completed on all residents of the nursing home, the facilities may need to maintain lists of the resident conditions and the residents that meet each condition to assist in completion of the form.

Two helpful hints to assist in the accurate completion of the report, whether completed through the manual collection of the information or auto population by software are:

The Sum Total of the following categories must be the same as the facility's census.
- Payer Source

  o Medicare + Medicaid + Other = Total Residents (Facility Census)

- Self-Performance of each ADL Category: Bathing, Dressing, Transferring, Toilet Use, and Eating

  o Independent + Assist of One or Two Staff + Dependent = Facility Census

The values of indented category item cannot exceed the value of the preceding category item.
- A. Bowel/Bladder Status: F95 must equal or be less than F94

- B. Mobility: F105 must equal or be less than F104

- C. Mental Status: F113 must equal or be less than F112

- D. Skin Integrity: F116 must equal or be less than F115

- F. Medications:

  F134 must equal or be less than F133

  F135 must equal or be less than F133

  F136 must equal or be less than F133

  F137 must equal or be less than F133

New Dietary Intake Allowances for Calcium and Vitamin D
CFR 42§483.35(c)(1)

F363 requires "Menus must: (1) Meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences;

The new recommended dietary allowances (RDA) include:

Age	RDA Calcium mg/day	Upper Intake Calcium mg/day
51 to 70 (men)	1,000	2,000
51 to 70 (women)	1,200	2,000
71 and older	1,200	2,000

Age	RDA Vitamin D, I.U./Day	Upper Intake Vitamin D I.U./Day
9 to 70	600	4,000
71 and older	800	4,000

http://www.iom.edu/Reports/2010/Dietary-Reference-Intakes-for-Calcium-and-Vitamin-D/DRI-Values.aspx

Watch the Mail for Pressure Ulcer Prevention DVD

KDOA recognizes the need in all long term care facilities to reduce pressure ulcers. Providing preventative care is much less costly than providing care to help heal pressure ulcers. It can cost as much as $19,000 to treat a single stage 4 pressure ulcer.

KDOA is pleased to provide all Kansas nursing homes and long term care units of hospitals with a copy of a DVD produced by the Nebraska Local Network of Excellence (LANE) Partners. The DVD can educate nursing home staff at all levels, family members and residents on the identification and risks of pressure ulcers.

KDOA hopes you find this DVD useful and informative. KDOA would appreciate feedback or information on how your facility utilizes this tool.

Universal Worker Grant

KDOA has awarded a grant to Department of Commerce for the training and certification of universal workers, i.e. Health Support Specialist Registered Apprenticeship Program. Nursing homes and long term care units of hospitals that are interested in participating in the program should contact Susan Symons, 785-213-8544, ssymons@kansascommerce.com for additional information.

Advancing Excellence Campaign

With the implementation of the MDS 3.0, the Quality Measures used to monitor the facility's use of restraints, prevalence of high-risk pressure ulcers and symptoms of pain are no longer available.

The Campaign created tools for these goals and the organization goals of decreased staff turnover, increased use of consistent assignment, measurement of resident/family and staff satisfaction, and increased attention to advance care planning. They are available in the Resource Section of the website.

Facilities are encouraged to remember to input their data to allow for monitoring their improvement. If you have questions about your password or the process. Please contact Tisha Carlson at KFMC at tcarlson@ksgio.spds.org or 785-273-2552 ext. 335.

Various organizations who are members of the Kansas LANE are planning educational presentations in 2011 to assist facilities in reaching their goals. Please watch for information on the websites and in newsletters of the provider organizations, wound care companies, KFMC, and KDOA.

KS Board of Pharmacy Newsletter
http://www.kansas.gov/pharmacy/Newsletters/June2010.pdf

The June 2010 edition contained the following articles that may interest Adult Care Home Providers:
- Changes to a Schedule II Prescription
- Faxing a Schedule II Prescription

HOC

Revisions, Computer-Based Testing

Health Occupations Credentialing (HOC) is nearing completion of the Certified Medication Aide Curriculum Revision. HOC was pleased to host a group of CMAs in November who were sent by their facilities to help set the pass score for the new State test. The curriculum, instructor manual and test are in final review process. Following this step, regulations will need to be approved. A summer 2011 release date is anticipated. The final release date will be announced when available.

HOC is grateful for all of the hard work contributed by committee members, certified medication aides, industry, instructors and agencies as this project has proceeded.

Following completion of the CMA revision, the Home Health Aide training program will be reviewed. Recommendations for the revision committee have been made, and committee selection will be finalized in early January.

Plans for implementing Computer Based Testing for aide training are also progressing and implementation dates and further training will be announced when systems are in place.

Resources

References to non-KDOA sources or sites are provided as a service and do not constitute or imply endorsement of these organizations or their programs by KDOA. KDOA is not responsible for the content of pages found at these sites. The uniform resource locators for internet addresses were current as of the date of this publication.

Microfiber Mops

The following Best Practices Article by the Environmental Protection Agency (EPA) may assist facilities with decisions about using microfiber mops.
http://www.epa.gov/region9/waste/p2/projects/hospital/mops.pdf

The following Sustainable Hospitals Project article includes cautions to consider.
http://www.sustainablehospitals.org/PDF/tenreasonsmop.pdf

According to the Centers for Disease Control (CDC) currently only <u>one</u> study has demonstrated the acceptable use of microfiber mops with detergent cleaner without disinfectant. http://www.cdc.gov/hicpac/Disinfection_Sterilization/3_4surfaceDisinfection.html

Food Safety Videos and Staff Training Tools

The Iowa State University Extension website has online food safety videos and other tools to assist in staff training.
http://www.extension.iastate.edu/foodsafety/educators/index.cfm?parent=2

The University of Nebraska Extension website has a collection of humorous but educational YouTube videos to help spread the word, not the sneezes, at:
http://food.unl.edu/web/safety/handwashingvideos

Ask Al

Question: When is the final environmental licensure inspection conducted?

Answer: According to K.A.R. 28-39-101 Licensure of adult care homes, (d) New construction or conversion of an existing unlicensed building to an adult care home and (e) Alteration and remodeling of licensed adult care homes involving structural elements, the applicant/licensee shall submit to the department a 30-day written notice of the date on which the architect estimates that all construction will be completed. Following this notice, KDOA staff will contact the architect to arrange a date for the inspection. The applicant/licensee and the architect, contractor or owner must complete and resolve all items on their own internal final inspection (punch-list) before KDOA staff conducts the final inspection.

Question: What type of entrance door lock is required on the doors of the apartments of Assisted Living Facility and individual living units of a Residential Health Care Facility?

Answer: According to K.A.R. 28-39-254 Construction, General Requirements (g) General building interior (1) (F) and (3) (D) an entrance door which has only one locking device which releases with operation of the inside door handle. This lock shall be master-keyed from the corridor side.

Staff Changes at LCE

December brought farewells to staff that have served the elders of Kansas and the Licensure, Certification, and Evaluation Commission well for several years and a welcome to new staff that are equally committed to promoting the health, welfare, and safety of the elders in Kansas Adult Care Homes.

Rita Fitch, RN, retired December 10, 2010. Rita worked with the state of Kansas for 20 years, serving as a Regional Manager of the South Central (SC) District for the past seven years.

Deb Cable, RN, has assumed the role of Regional Manager for the SC District. Deb worked in many roles in long term care facilities and most recently as a Health Facility Surveyor with the SC District.

Caryl Gill, RN, BSN, the Nurse Consultant with the Long Term Care (LTC) Division, has transferred to the North East District as a Health Facility Surveyor.

Sue Schuster, LMSW, has joined the LTC Division to assist in creating an interdisciplinary team approach to the consultation aspect of the group. Sue has worked as a Social Services Director in nursing facilities, an instructor of the Social Services Designee and Activity Directors Courses, and a Regional Ombudsman. Most recently, Sue was the Senior Care Manager of the CARE and PASRR program. Sue also serves on various committees and councils that focus on aging and mental health.

Decision for Reporting ANE

When determining the need to report an incident of Abuse, Neglect, or Exploitation, facilities should refer to the Survey and Certification Letter 05-09 "Clarification of Nursing Home Reporting Requirements for Alleged Violations" dated December 16, 2004, at https://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter05-09.pdf

The guidance provided in the S & C letter is the most current interpretation related to reporting requirements and supersedes any previous guidance, e.g., The Decision Tree for notifying KDHE About Actual or Potential Neglect in 1999 and the revised version by KDOA in January, 2006.

Monitoring Outside Resources

When a resident's functional capacity screen determines they need any services, the negotiated agreement must identify each service the resident will need, the provider of each service, and the responsible party for payment if an outside resource is the provider of the service.

If the service is provided by an outside resource, the facility has the responsibility to monitor the services provided by the outside resource and serve as an advocate for the resident if services do not meet professional standards of practice. Appropriate facility staff must monitor the resident's overall status and specifically related to the service being received to ensure the resident is receiving the needed care, and if there may be a need to alter the provision of the service or the provider of the care.

Having knowledge of the resident's ongoing status and needs will assist the administrator or operator to ensure the facility meets standards for the care, treatment, health, safety, welfare, and comfort of the residents at all time.

K.A.R. 26-41-202, K.A.R. 26-42-202, and K.A.R. 26-43-202 addresses the requirements of the NSA related to the use of outside resources.

Disaster and Emergency Preparedness

The regulatory requirements of Disaster and Emergency Preparedness for Assisted Living/Residential Health Care Facilities, Homes Plus, and Adult Day Care Facilities were revised May 29, 2009. The regulations for the respective facilities are K.A.R 26-41-104, K.A.R. 26-42-104, and K.A.R. 26-43-104. They are available at http://www.aging.state.ks.us/PolicyInfo_and_Regs/ACH_Current_Regs/ACH_Reg_Index.html.

Completion of the MDS 3.0 and CAAs

The Resident Assessment process addressed in 42 CFR 483.20 (b)(1)(xviii) (g) and (h) respectively states that the assessment must accurately reflect the resident's status and a registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.

The Kansas Board of Nursing staff has determined the process of the Resident Assessment which includes completion of the Minimum Data Set (MDS), Care Area Assessments (CAAs), and care plan development requires nursing judgment. As coordinator of the process, a registered nurse (RN) is responsible to ensure each person who completes sections or items on the MDS and CAAs has the expertise to do so. Designated health professionals may be assigned to complete sections and items on the MDS and the Care Area Assessments within their professional scope of practice.

K.A.R. 60-3-110. Unprofessional Conduct. prohibits a registered nurse from delegating nursing judgment to anyone who is not a nurse. It states, "Any of the following shall constitute "unprofessional conduct": delegating any activity that requires the unique skill and substantial knowledge derived from the biological, physical, and behavioral sciences and judgment of the nurse to any unlicensed individual in violation of the Kansas nurse practice act or to the detriment of patient safety."

The RN is responsible for ensuring the completion of the Resident Assessment process. The following health professionals may assist with the process by completing portions of the MDS and CAAS that fall within their scope of practice.

Registered Nurse   **Physical Therapist**
Occupational Therapist   **Speech Language Pathologist**
Registered Dietitian   **Therapeutic Recreation Specialist**

Licensed Social Worker or a Social Service Designee who has a bachelor's degree in a human services field.

Licensed Practical Nurse who has attended an MDS workshop and has received additional assessment education on the sections or items or care area conditions they are completing either directly from an RN in the work place or through another means of education. There must be documentation in their personnel file of the additional education.

The RN coordinator may assign other facility staff to complete specified sections of the MDS determined to require only the collection of data and specific Care Area Assessments if reviewed and also signed by designated health professionals. The staff include:

Activity Director (AD) who has completed the Activity Director State Training Course approved by Health Occupations Credentialing, Kansas Department Health and Environment. They may complete Section F. Preference for Customary Routine and Activities and the Activities Care Area Assessment and Summary when documentation is present in their personnel record that they have received education from a Therapeutic Recreation Specialist, Social Worker, or Registered Nurse on Section F and its application. A Therapeutic Recreation Specialist, Social Worker, or Registered Nurse must review and also sign the Activities Care Area Assessment Summary.

Social Service Designee (SSD) who has completed the Social Services Designee State Training Course approved by Health Occupations Credentialing, Kansas Department Health and Environment Health. They may complete Section F. Preference for Customary Routine and Activities and Section Q. Participation in Assessment and Goal Setting, when documentation is present in their personnel record that they have received education from a Therapeutic Recreation Specialist, Social Worker, or Registered Nurse on Section F and Section Q respectively and their application. The SSD may also complete two Care Area Assessments, Activities and Return to the Community Referral. A Therapeutic Recreation Specialist, Social Worker, or Registered Nurse must review and also sign the Activities and Return to the Community Care Area Assessments and Summaries.

Certified Dietary Managers (CDM) may complete Items 0200-0700 of Section K. Swallowing and Nutritional Status, when documentation is present in their personnel record that they have received additional education from a Licensed Dietitian on those items and their application. They may provide input into the CAAs but cannot complete them or the summaries.

MDS 3.0

The following chart identifies the appropriate facility staff for completion of the MDS 3.0 and CAAS.

Section	Title	Who May Complete
A	Identification Information	Health Care Professional, Any Staff
B	Hearing, Speech, and Vision	Health Care Professional
C	Cognitive Patterns	Health Care Professional
D	Mood	Health Care Professional
E	Behavior	Health Care Professional
F	Preferences for Customary Routine and Activities	Health Care Professional, AD*, SSD*
G	Functional Status	Health Care Professional
H	Bladder and Bowel	Health Care Professional
I	Active Disease Diagnosis Item I8000 - ICD 9 Code Only	Health Care Professional Health Care Professional, Any Staff
J	Health Conditions	Health Care Professional
K	Swallowing/Nutritional Status Items K0200-K0700	Health Care Professional Health Care Professional, CDM*
L	Oral/Dental Status	Health Care Professional
M	Skin Conditions	Health Care Professional
N	Medications	Health Care Professional
O	Special Treatments and Procedures Items O0250-O0700	Health Care Professional Health Care Professional, Any Staff
P	Restraints	Health Care Professional
Q	Participation in Assessment and Goal Setting	Health Care Professional, SSD*
V	Care Area Assessment (CAA) Summary Activities Return to the Community	Health Care Professional Health Care Professional, AD*, SSD* Health Care Professional, SSD*
X	Correction Request Items X0600-X1050	Health Care Professional Health Care Professional, Any Staff
Z	Assessment Administration Items Z0100-Z0300	Health Care Professional Health Care Professional, Any Staff
	All Care Area Assessments and Summaries Activity Care Area Assessment and Summary Return to the Community Referral Care Area Assessment and Summary	Health Care Professional Health Care Professional, AD*, SSD* Health Care Professional, SSD*

*See requirements on previous pages

Revised October 28, 2010

Medicare Contractor WPS Provides Helpful Links for Skilled Nursing Providers

Skilled Nursing Providers (Medicare) are encouraged to visit the Wisconsin Physician Services (WPS) website for helpful information. Staff at WPS provided the following links that contain general information, handouts, tools, and customer service numbers.

http://www.wpsmedicare.com/j5macparta/publications/communique/current/index.shtml
Current Communiqué

http://www.wpsmedicare.com/j5macparta/contact_us/ksparta_phone.shtml
Customer services phone numbers

http://www.wpsmedicare.com/j5macparta/contact_us/ksparta_mail.shtml
Customer service addresses

http://www.wpsmedicare.com/j5macparta/resources/provider_types/index.shtml
Skilled Nursing resources

http://www.wpsmedicare.com/j5macparta/training/training_programs/teleconference/index.shtml
Education online and workshops

The easiest way for providers to keep up to date on Medicare information and other information from WPS is through their eNews. It is highly recommended that all providers sign up for this. Educational offerings are posted in the weekly eNews. The sign-up is located at:
https://corp-ws.wpsic.com/apps/commercial/unauth/medicareListservUserWelcomeLoadAction.do

Additional information and links are:

http://www.cms.gov/SNFPPS/03_RUGIVEdu.asp#TopOfPage
RUG IV Powerpoints and Teleconferences: RUGS IV training

http://www.cms.gov/SNFPPS/07_Education.asp#TopOfPage
General billing training

http://www.cms.gov/Manuals/IOM/list.asp
Publication #100-02: Medicare Benefit Policy Manual
Publication # 104-04:Medicare Claims Processing Manual

An "Ask the Contractor" teleconference specifically for Skilled Nursing Facility (SNF) clinical staff will be held on February 15th, 2011. This is the perfect opportunity for SNF clinical staff of all kinds (therapists, nurses, MDS coordinators, etc.) to ask questions directly to WPS staff. http://www.wpsmedicare.com/j5macparta/training/training_programs/teleconference/2011-snfact.shtml

Watch also for SNF training in Wichita on March 16 and 17. It will focus on billing one day and clinical the next. It is posted on their website.

MDS 3.0 Resource Information and Contacts

http://www.aging.state.ks.us/AdultCareHomes/Education_Info/Education_index.html

Resource Site for MDS Coordinators and Software Vendors

MDS ListServ - MDS Coordinators are encouraged to sign up to receive updates and to post questions

Coding Questions

Vera VanBruggen, State RAI Coordinator, vera.vanbruggen@aging.ks.gov or 785-296-1246

Transmission and Validation Report Questions

Help Desk, Myers and Stauffer - 785-228-6770

Welcome Page of the MDS 3.0

Links to memos from CMS regarding recent transmission issues.

QIES Technical Support Office (QTSO) https://www.qtso.com/

On the right hand side of the page is boxed information

- **MDS Personal Login ID Maintenance Forms** - Individual User ID's are required for submission of the MDS and to access the Certification and Survey Provider Enhanced Reports (CASPER). The user's guide is available at https://www.qtso.com/download/mds/QUMA_Users_Guide.pdf

On left hand side of the QTSO Page under the MDS 3.0 link is a page to

- **MDS 3.0 Resource Information.** The page can be accessed directly at https://www.qtso.com/mds30.html. Go to the Download Section of each page for detailed information.

  - **MDS 3.0 User's Manual**
    Manual to Download

  - **MDS 3.0 Technical Information**
    Software Specification
    Samples of Completed MDS 3.0 Item Sets

  - **MDS 3.0 Training Material**
    You tube videos on Sections of the MDS 3.0

  - **MDS 3.0 Resources and Information**
    MDS 3.0 Submission **"HELPFUL HINTS"** - Overview of steps to submit the MDS 3.0 file; verify the file's submission status, and to obtain a Final Validation Report
    2011 – MDS **Scheduling Calendar**

  - **jRAVEN MDS 3.0 Software** https://www.qtso.com/ravendownload.html
    Software to Download to complete MDS 3.0
    Guide

  - **Manual's and User's Guides**
    MDS 3.0 Provider User's Guide - Instructions for submitting assessments to the QIES ASAP system. Detailed list of error messages and troubleshooting tips are in Section 5.
    CASPER Reporting User's Guide for MDS Providers - Instructions for accessing reports from the Certification and Survey Provider Enhanced Reports (CASPER) reporting application. Reports include final validation, errors and resident roster, missing assessment, and other reports to assist in monitoring the MDS 3.0 submissions.

Frequently Asked Questions

MDS Coordinators are encourage to join the KDOA List serv at https://www.accesskansas.org/mailman/listinfo/kdoa_mds_information

1. **Must the MDS assessments, Entry Tracking Forms, and Discharge assessments be kept with the active clinical record?**

The following is an excerpt from Chapter 2 Page 6 of the RAI User's Manual. Please read the entire section.

- Nursing homes must ensure the clinical record, in a centralized location as deemed by facility policy and procedure (e.g., a facility with five units may maintain all records in one location or by unit or a facility may maintain the MDS assessments and care plans in a separate binder). Nursing homes must also ensure that clinical records, regardless of form, are easily and readily accessible to staff (including consultants), State agencies (including surveyors), CMS, and others who are authorized by law and need to review the information in order to provide care to the resident. RAI information must be maintained in the resident's active record for 15 months. KDOA also allows the information to be kept in a file that is readily accessible.

2. **May the MDS be maintained electronically even if the rest of the clinical record is not?**

The following is an excerpt from Chapter 2 Page 6 of the RAI User's Manual. Please read the entire section.

- Maintenance of the MDS electronically does not require that the entire clinical record also be maintained electronically, nor does it require the use of electronic signatures.

- Information that must be maintained on the clinical record if the entire clinical record is not maintained electronically includes Items A0500-A1600 until the resident is discharged return not anticipated.

- In cases where the MDS is maintained electronically without the use of electronic signatures, nursing homes must maintain, at a minimum, hard copies of signed and dated CAA(s) completion (Items V0200B-C), correction completion (Items X1100A-E), and assessment completion (Items Z0400-Z0500) data that is resident-identifiable in the resident's active clinical record.

- Facilities that use electronic signatures must have written policies in place to ensure proper security measures to protect the use of an electronic signature by anyone other than the person to whom the electronic signature belongs. Nursing homes must ensure that proper security measures are implemented via facility policy to ensure the privacy and integrity of the record.

3. **What guidance has CMS provided for completing the first MDS 3.0 on residents who already have had an MDS 2.0 completed?**

Refer to Transition Process MDS 2.0 to MDS 3.0 (revised December 9, 2010) the transition documents at http://www.cms.gov/NursingHomeQualityInits/downloads/MDS30TransitionFromMDS20.pdf CMS stated that A0310E "Is this assessment the first (OBRA, PPS, or Discharge) since the most recent admission?" must be coded 1. Yes on the first MDS 3.0 completed for all residents, including those who had a MDS 2.0 assessment completed in the past. This directive has not changed. However, since many facilities failed to code A0310E as such, CMS said they do not need to modify the submitted assessment. Also if a facility modified a submitted assessment to correct the coding of A0310E, it does not need to modify the assessment again.

4. **What tracking records must be completed on all residents?**

   Chapter 2 of the RAI Users Manual, 2-32, Entry and Discharge Reporting states, "Other OBRA required tracking records and assessments consist of the entry tracking record, the discharge assessments, and death in the facility tracking record."… "Entry and discharge reporting is required for Swing Bed residents and respite residents." 2-43 states," Entry and discharge reporting is required on all residents in SNF and swing bed facilities."

5. **What Chapter of the Manual provides information about PPS Assessments, scheduled, unscheduled, combining assessments?**

   Chapter 2 of the RAI Users Manual: Section 2.8 SNF Medicare PPS Schedule, 2-41; Section 2.9 (Types of) MDS Medicare Assessments for SNFS, 2-25; Section 2.10 Combining Medicare Scheduled and Unscheduled Assessments, 2-49; Section 2.11 Combining Medicare Assessments and OBRA Assessments.

6. **RAI Users Manual 2-34 states, "In some situations, a resident may be discharged return anticipated and the facility later learns the resident will not be returning to the facility, another discharge assessment is not necessary although the state may require a modification "return anticipated" to return not anticipated." What does Kansas require?**

   Kansas will not require a modification of the assessment. This also applies to all situations when a resident dies in the hospital or transfers to another facility.

7. **What are Other Medicare–Required Assessments (OMRAs)?**

   There are now two types of OMRAs: start-of-therapy (SOT) OMRA and the end-of-therapy (EOT) OMRA. These are shortened assessments so they cannot replace scheduled PPS assessments. However they can be combined with a scheduled assessment. OMRA assessments will establish a new RUG IV rate.

8. **Can the Assessment Reference Date be changed after the assessment window has closed?**

   No. The RAI Users Manual Chapter 2, 2-8 provides the definition of the ARD period. It states, "ARD refers to the last day of observation (or "look back") period that the assessment covers for the resident. Summary Tables that identify appropriate ARDs for OBRA and PPS assessments are found respective on 2-15 and 16, and 2-43-44.

9. **If a physician orders a medication for pain but it is not FDA approved for the treatment of pain, i.e. Neurontin, Flexeril, can they be coded as pain medications in Section J: Health Conditions. J0100 Pain Management?**

   No. The RAI Users Manual Chapter 3. J-1, states the definition of Pain Management Regimen. The last statement states, "This item does not include medications that primarily target treatment of an underlying condition, such as chemotherapy or steroids, although such treatments may lead to pain reduction. CMS provided additional clarification that any medication not FDA approved for treatment of pain cannot be coded in J0100.

10. When is a resident appropriate for being coded for Section O. Special Treatments and Procedures and Programs Item M. Isolation or quarantine for active infectious disease?

The RAI Users Manual Chapter 3. O-3, Bullet 1, states "the resident must require strict isolation or quarantine <u>alone in a separate room</u> because of an <u>active infection</u> (i.e. symptomatic and /or have a positive test and are in a contagious stage) with a communicable disease, in attempt to prevent the spread of illness." CMS provided additional clarification that all services, i.e. meals, therapy, activities must be provided to the resident in their room. The resident cannot leave their room even if the infectious matter can be contained. It is not appropriate to code a resident for this item if the resident is in reverse isolation or protective isolation to protect them from being exposed to organisms from other residents or the general population.

11. Guidance for coding Pressure Ulcers Present on Admission

- For each pressure ulcer a resident has, determine if the pressure ulcer was present on the resident's admission to the nursing facility and not acquired while the resident was in the care of the facility.

- At the time of the resident's admission or reentry, identify the location and stage of the pressure ulcer. If the resident has a pressure ulcer that was present on admission and subsequently worsened to a higher stage during the resident's stay, the pressure ulcer is coded at that higher stage, and that higher stage is not considered as "present on admission."

- If the resident has a pressure ulcer that was unstageable on admission and it becomes stageable later, the pressure ulcer should be considered as "present on admission" at the stage at which it first becomes stageable. If the pressure ulcer then worsens to a higher stage, that higher stage pressure ulcer should not be considered "present on admission."

- If a resident who has a pressure ulcer is hospitalized and returns with that pressure ulcer at the same stage, the pressure ulcer should not be coded as "present on admission" because it was present at the facility prior to the hospitalization.

- If a current pressure ulcer worsens to a higher stage during a hospitalization, it is coded at the higher stage upon re-entry and should be coded as "present on admission."

12. If a resident has dementia, should they participate in answering the questions for Section Q: Participation in Assessment and Goal Setting?

The RAI Users manual in Chapter 3, Item Q0300. Q-4 states in Steps for Assessment 3. "Because of a temporary (e.g. delirium) or permanent (e.g. profound dementia) condition, some residents may be unable to provide a clear response. If the resident is unable to communicate his or her preferences either verbally or nonverbally, the information can be obtained from the family or significant other, as designated by the individual. If the family or significant other is not available, the information should be obtained from the guardian or legally authorized representative." Not seeking a resident's input based only on a diagnosis of dementia is not appropriate, the assessor needs to use their judgment as to the resident's level of cognitive impairment and their ability to participate. Example 2 on Q-7 provides guidance for coding Q0400 for a resident with advanced Alzheimer's disease.

Please check downloads at the following link http://www.cms.gov/CommunityServices/10_CommunityLivingInitiative.asp for a revised document to be released by CMS, MDS 3.0 Section Q ImplementationQuestions and Answers with December 10, 2010 Additions. It will have helpful information.

If the facility has a discharge plan in place for the resident must the resident be referred to the Local Contact Agency?

No. It is the resident's decision if they are able to make the decision and if not, as appropriate, their family, legal representative, or guardian. The assessor will want to review with the resident and the appropriate individuals, the level of assistance the resident is currently receiving and what is in place for resident to continue to receive that assistance upon discharge. Facilities should also plan for followup services if home health will be the initial provider for a limited time. Once all the information has been discussed with the resident or their appropriate representative, they should be asked if they wish to talk to someone from the local contact agency. It is important to tell the resident and their representative that talking to someone form the local contact agency does not guarantee discharge from the facility.

Submission and Validation Report Guidance

CMS held its fourth Skilled Nursing Facility Prospective Payment System (SNF PPS) Resource Utilization Group, version IV (RUG-IV) National Provider Call on Nov. 9, 2010. Myers and Stauffer staff responsible for the MDS 3.0 Help Desk who answer questions regarding MDS submissions and validation reports provided the following helpful hints and summary of the information from the call.

1. **Use individual user IDs (e.g., MDSxxxxxxx) to log into the MDS 3.0 Submission system and CASPER Reporting application.**

   For the MDS 3.0, an individual user ID must be used to access the MDS 3.0 information in CASPER. If you are having trouble, check your user ID. For information about creating or updating user profiles or updating passwords, review the QIES User Maintenance Application User's Guide at https://www.qtso.com/download/mds/QUMA_Users_Guide.pdf

2. **Understand that MDS processing involves two steps: receipt of submission files and acceptance of MDS records.**

   In the first step, the ASAP system receives the MDS data submission file (which is comprised of individual MDS assessment records). Providers receive an "Upload Completed" response. The MDS 3.0 File Submission File Upload page then displays a "Submission Received" confirmation message. This response includes the submitter's submission ID, submission date, and file name.

   Jean Eby, senior manager for software development at CMS contractor the Iowa Foundation for Medical Care (IFMC), which runs the QIES system and the QIES Technical Support Office (QTSO) recommended printing this information for future reference in case providers need to determine what their submission ID is in order to find the corresponding Final Validation Report or to obtain assistance from the QTSO Help Desk. These responses do *not* indicate that the MDS records in the file were error-free and accepted into the ASAP system.

   In the second step (after the MDS data file is received successfully), the ASAP system validates the file structure and data content based upon the MDS 3.0 record specifications, generating a Final Validation Report in the Final Validation Reports folder in the CASPER Reporting application within 24 hours of submission. The Final Validation Report identifies any errors in the submitted file that resulted in warnings or rejections of MDS records.

   Providers can check to determine the processing status of their submissions – and find out whether a Final Validation Report has been completed – by selecting the "Submission Status" link on the MDS 3.0 File Submission System menu bar. This List of My Submissions page will provide a list of current submissions, including the submission ID, submission date, submission file name, total record count (how many MDS records were found

in the file), completion date (the date and time validation was completed), and status (waiting, completed, processing, or error).

"The default is to give you the submissions for the current day," said Eby. "You can change default to get two or three days back." For more information, review Section 3, "Functionality," of the MDS 3.0 Provider User's Guide at https://www.qtso.com/mds30.html.

3. **Check your submission file's record count if no Final Validation Report exists.**

On the List of My Submissions page, a submission file status of "completed" combined with a total record count of "0" indicates that a severe error prevented the ASAP system from reading the file. Providers that encounter this problem should contact their software vendor.

4. **Make sure that all of the MDS records in the submission file are included on the Final Validation Report.**

Both the MDS 3.0 Nursing Home Final Validation Report," or Section 9, "MDS 3.0 Swing Bed Final Validation Report," of the CASPER Reporting User's Guide for MDS Providers and Section 5, "Error Messages," of the MDS 3.0 Provider User's Guide provide detailed information on Final Validation Reports. https://www.qtso.com/mds30.html.

When MDS records are missing from the Final Validation Report, the same user who submitted the submission file needs to access the MDS 3.0 Submitter Validation report category link from the CASPER Reports page. The user will be able to produce an MDS 3.0 Submitter Final Validation Report, which will identify the errors associated with the MDS records that are missing from the generated Final Validation Report. Only "the person who actually did this particular submission" can run this report, stressed Eby. For more information about accessing and interpreting the report, review Section 10, "MDS 3.0 Submitter Validation Report," of the CASPER Reporting User's Guide for MDS Providers.

5. **Pay attention to key Medicare RUG items and warnings.**

The ASAP system recalculates the RUG-IV values for all assessments with the exception of records where A0310A (federal OBRA reason for assessment) = 99 and A0310B (PPS assessment) = 99.

Once recalculated, those values are compared to the RUG values submitted by the provider in MDS items Z0100 and Z0150. If the value of a submitted item does not equal the recalculated value, "the ASAP system will send the warning message -3616 [on the Final Validation Report]. This message will indicate which submitted item doesn't match the recalculated value. When discrepancies occur between the submitted RUG value and the recalculated RUG value, providers must bill using the recalculated RUG on the Final Validation Report. For more information, see Section 30.1, HIPPS Rate Code, in Chapter 6, "SNF Inpatient Part A Billing and SNF Consolidated Billing," of the Medicare Claims Processing Manual submitted RUG value matches the recalculated value, "no message is sent. So if you get no RUG-IV message [on the Final Validation Report], that means whatever you calculated is correct. The Medicare Claims Processing Manual is at http://www.cms.gov/Manuals/IOM/list.asp Publication# 100-04.

For any MDS 3.0 assessments with an assessment reference date (ARD) between Oct. 1 and Oct. 31, the ASAP system also calculates a Medicare transition RUG-III value. You get an informational message -1057. So if you need to bill from this [MDS 3.0] assessment for Medicare days of service prior to 10/1/2010, it does give you the RUG-III value.

Survey and Certification Letter

Subject: Advance Copy -Revisions to Appendix PP, State Operation Manual (SOM) Guidance to Surveyors for Long Term Care Facilities (MDS) 3.0 Implementation October 1, 2010

Date: September 24, 2010 Ref: S&C-10-33-NH

Memorandum Summary: Revised the Interpretive Guidelines in Appendix PP of the SOM as well as CMS forms 672, 802 and 805 due to the release of the MDS version 3.0 and the need to remove references to MDS version 2.0, including the replacement of the Resident Assessment Protocols (RAPs) terminology with the Care Area Assessment (CAAs) terminology. Clarification revisions have also been made to the Interpretive Guidelines at §483.65 regarding infection control and §483.75 regarding nurse aides and nurse aide training.

3rd Quarter Deficiency-Free Surveys

FACILITY	CITY	TYPE	SURVEY DATE
Seniorcare Homes Sagamore	Wichita	HP	7/15/10
Mothers and Others	Wichita	HP	7/15/10
FTM 10	Lawerence	ICF/ID	7/22/10
Vintage Place of Derby	Derby	ALF	7/22/10
Caring Hearts for Senior Living	Wichita	HP	7/26/10
Housatonic Place	Burlington	ICF/ID	7/29/10
Citizens Medical Center LTCU	Colby	LTCU	8/2/10
MTM Boarding Care Home	McPherson	BCH	8/4/10
Grisell Memorial Hospital LTCU	Ransom	LTCU	8/12/10
Clare Bridge of Wichita	Wichita	RHCF	8/16/10
The Homestead of Olathe North	Olathe	ALF	8/19/10
Liberal Springs	Liberal	ALF	8/19/10
Comfort Care Home 441	Wichita	ALF	8/30/10
CRC - The Village	Clearwater	ALF	8/30/10
The Gran Villas of Atchison	Atchison	ALF	9/1/10
DSNWK Eisenhower Home	Norton	ICF/ID	9/14/10
Pennsylvania Place	Holton	ICF/ID	9/20/10
Progressive Care Home Plus	Alton	HP	9/30/10
Grace Gardens of Leawood Assisted Living	Leawood	ALF	9/30/10

ALF: Assisted Living Facility; RHCF: Residential Health Care Facility; BCH: Boarding Care Home; HP: Home Plus; NF: Nursing Facility; SNF: Skilled Nursing Facility.

All links are active. Clicking on them will take internet-ready readers directly to the website mentioned.

2010 Enforcement Actions

Assisted Living, Residential Health Care, Home Plus, Adult Day Care and Boarding Care Facilities; Intermediate Care Facilities for the Mentally Retarded	4th Quarter Oct-Dec 2009	1st Quarter Jan-Mar 2010	2nd Quarter Apr-June 2010	3rd Quarter July-Sept 2010
Abuse, Neglect, Exploitation	0	7	0	0
Adult Day Care	0	0	0	0
Administration	10	2	15	30
Admission, Transfer, Discharge	2	0	0	1
Delegation of Duties	2	4	6	6
Dietary Services	2	2	2	3
Emergency Preparedness	3	5	13	22
Employee Records	0	4	0	1
Environmental Issues	3	5	5	2
Functional Capacity Screen	5	3	5	10
Health Care Services	5	3	3	2
Inadequate Staffing	0	2	0	0
Infection Control	7	8	10	7
Medication Management	31	22	26	36
Negotiated Service Agreement	7	12	21	21
Professional Standards of Quality	0	0	0	0
Quality of Care Issues	0	0	0	0
Resident Funds	0	0	0	0
Resident Records	4	3	2	3
Resident Rights	2	2	0	1
Restraints – chemical, physical	0	1	0	0
Special Care Unit	0	0	0	1
Staff Development	0	0	0	0
Staff Qualifications	0	4	0	2
Civil Money Penalties	3	2	3	5
Correction Orders *	23	24	36	43
Ban on New Admissions	3	3	4	7

FEDERAL REMEDIES Nursing and Skilled Nursing Facilities; Nursing Facilities for Mental Health	4th	1st	2nd	3rd
Civil Monetary Penalties Recommended	8	7	6	9
Denial of Payment for New Admissions imposed **	10	8	7	16
Terminations	0	0	0	0
No Opportunity to Correct	12	10	11	20

*   A correction order on civil penalty may consist of multiple issues summarized
** Total figures for previous quarters are updated as this remedy becomes effective

ROUTING SLIP
Administrator_____   Nurse Manager _____ Therapy _____   DON _____
Assist. DON _____   Social Service Director _____   Break Room _____
Activities Director _____Dietary Manager _____ Human Resources _____
MDS Coordinator _____ Other _____