

# Department of Health and Hospitals

## Louisiana Advisor

Current Information on Louisiana Case Mix Reimbursement

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The *Louisiana Advisor* is a publication produced under contract with The Department of Health and Hospitals by Myers and Stauffer LC 9265 Counselors Row, Ste. 200 Indianapolis, IN 46240

The *Louisiana Advisor* is published to keep all interested parties current on Louisiana Case Mix Reimbursement. Its goal is to provide information on major issues, work groups, and upcoming activities. The articles presented here are only a synopsis of the topics and are not intended to present a complete analysis of the issues.



**MDS Clinical Questions?**  
**Health Standards**  
**(800) 261-8579**

**Documentation or Review Questions and Medicaid CMI Report Questions?**  
**Myers and Stauffer**  
**(800) 763-2278**

MDS 3.0 information for the October 1, 2010 implementation can be found by visiting [http://www.cms.hhs.gov/NursingHomeQualityInits/25\\_NHQIMDS30.asp](http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp). The following files are now available under the *Downloads* section of this page:

- **MDS 3.0 Item Subsets (V1.00)** - This zip file contains printable documents with the required subset of data items for each MDS 3.0 assessment and tracking document (e.g. admission, quarterly, annual, significant change, discharge, entry, etc).
- **MDS 3.0 Item Matrix (V1.00)** - This document identifies the items required for each type of assessment along with how the item is used (e.g. QMs, QIs, CATs, RUG-IV, or RUG-III).
- **MDS 3.0 RAI Manual Nov 2009** - This zip file contains chapters 1, 3, and 5. Each section in chapter 3 is contained in a separate PDF file (e.g., Section C: Cognitive Patterns). Appendices A through G, and H are also listed. **Chapters 2, 4, & 6, and Appendix C are scheduled to be posted in December 2009.**
- **Data Technical Files (V1.01)** – This document contains the following MDS 3.0 technical specification information:
  - ◆ **MDS 3.0 Data Submission Specifications (V1.00)** - Detailed data submission specifications for MDS 3.0.
  - ◆ **RUG-IV SAS Package (V.100)** - Thoroughly tested SAS code for RUG-IV classification with documentation and test data.
  - ◆ **RUG-III MDS 3.0 Mapping Specifications (V1.00)** - This document presents logic that can be used to produce RUG-III classifications using assessment items contained on MDS 3.0.
  - ◆ **MDS 3.0 CATs Specifications (V1.00)** - For each Care Area, this document provides Care Area Trigger (CAT) specifications for the MDS 3.0 items used in triggering the Care Area, the conditions for triggering, and Visual Basic code for triggering. The CATs are replacing the MDS 2.0 Resident Assessment Protocols RAPs.



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# MDS 3.0 and ADL 3.0

Based on the MDS 3.0 RAI Manual released by CMS, November 2009, activities of Daily Living (ADLs) will be reported/coded on the MDS 3.0



the same way as the MDS 2.0 using the same keys with one exception. The self performance key includes a new code of “7” representing “activity that only occurred one or twice” in the observation period. In addition, the RAI manual, version 3.0 includes helpful coding instructions using the “Rule of 3”.

## Instructions for Rule of 3

- When an activity occurs three times at any one given level, code that level.
- When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3).
- When an activity occurs at various levels, but not three times at any given level, apply the following:
  - ◆ When there is a combination of full staff performance, and extensive assistance, code extensive assistance.
  - ◆ When there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2).

**If none of the above are met, code supervision.**

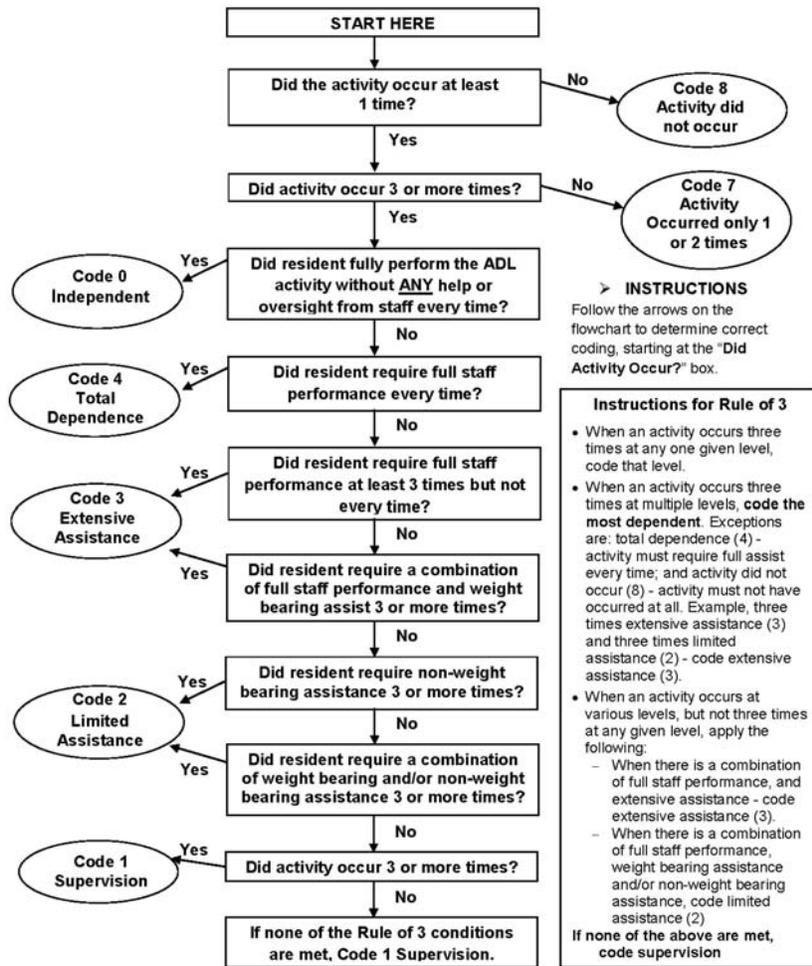
## Coding instructions for each ADL activity:

- To assist in coding ADL self performance items, please use the flow diagram on page 3.
- Consider each episode of the activity that occurred during the 7-day look-back period.
- In order to be able to promote the highest level of functioning among residents, clinical staff must first identify what the resident actually does for himself or herself, noting when assistance is received and clarifying the types of assistance provided (verbal cueing, physical support, etc.).
- Code based on the resident’s level of assistance when using special adaptive devices such as a walker, device to assist with donning socks, dressing stick, long-handle reacher, or adaptive eating utensils.
- A resident’s ADL self-performance may vary from day to day, shift to shift, or within shifts. There are many possible reasons for these variations, including mood, medical condition, relationship issues (e.g., willing to perform for a nursing assistant that he or she likes), and medications. The responsibility of the person completing the assessment, therefore, is to capture the total picture of the resident’s ADL self-performance over the 7-day period, 24 hours a day (i.e., not only how the evaluating clinician sees the resident, but how the resident performs on other shifts as well).
- The ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common. Refer to the flow chart on page 3 for assistance in determining the most appropriate self-performance code.
- Although it is not necessary to know the actual number of times the activity occurred, it is necessary to know whether or not the activity occurred three or more times within the last 7 days.
- Because this section involves a two-part evaluation (ADL Self-Performance and ADL Support), each using its own scale, it is recommended that the Self-Performance evaluation be completed for all ADL activities before beginning the ADL Support evaluation.



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

ADL Self-performance Coding Flow Diagram



**Activities of Daily Living and Key Equivalence**

As stated in the Supportive Documentation Guidelines, *“If using an ADL grid for supporting documentation, the key for self-performance and support provided must be equivalent in definition to the MDS key.”* Be

very careful with keys that define limited assistance in ADL self-performance (code of 2) as "resident does more than staff" or extensive assistance in ADL self-performance (code of 3) as "staff does more than resident". These definitions are not equivalent to the MDS ADL key for coding. For example, the MDS code of 3 for self-performance defines extensive assistance as "While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: weight bearing support or full staff performance during part (but not all) of last 7 days".

The insufficient key described above for a code of 3 (staff does more than resident) does not reference either weight bearing or full staff support. Therefore, this key is not considered to be equivalent to the MDS key and will not suffice to support a code of extensive assistance for the Case Mix Review.

# MDS 3.0 Update, continued



**Please Note:** Although this is the material that will be applicable with the October 1, 2010 implementation, CMS strongly encourages that all parties refrain from or delay conducting training until after the “Train-the-Trainer” sessions have been completed (scheduled for the spring 2010.). Questions regarding the information on this page should be directed to [MDS30Comments@cms.hhs.gov](mailto:MDS30Comments@cms.hhs.gov).

(Information obtained from <http://www.cms.hhs.gov>).

## Training

### **CMS MDS 3.0 Training**

The first satellite broadcast is planned for December 17<sup>th</sup>, 2009.

This program will be the first of a three-part series focused on providing information on the Minimum Data Set Version 3.0 (MDS 3.0) due to be implemented on October 1, 2010, by nursing homes across the nation. This program will focus on providing information regarding the major areas of change to, & impacts as a result of implementation of, the MDS, as well as plans and resources for the implementation of the instrument in October, 2010. All broadcasts will be available for a one year review through the S & C webstreaming at <http://surveyortraining.cms.hhs.gov/>.

## Holiday

## Schedules

### Myers and Stauffer Help Desk

The Myers and Stauffer Help Desk will be closed on December 24<sup>th</sup> and 25<sup>th</sup>. The Help Desk will resume on Monday, December 28<sup>th</sup> at 8:00 am.



### Department of Health and Hospitals Case Mix Reviews

In observance of the upcoming holidays, there will be no Case Mix reviews conducted during the week of December 21<sup>st</sup> – 25<sup>th</sup>.

Reviews will resume on December 28<sup>th</sup>.



# Myers and Stauffer Training!



Myers and Stauffer is working closely with the Department of Health and Hospitals to prepare providers for the transition to the MDS 3.0. It is anticipated that training dates and locations will be announced in the spring. If

you would like to be among the first to receive seminar notifications, newsletters, resources available, etc., please send an email to LAHELPDESK@mslc.com to subscribe to our notification list. When sending your message, please type “*subscribe*” in the subject line. In the body of the message, please include your full name, title, phone number and facility/company name.

Planning  
Ahead

This email address may also be used for submitting general questions (not containing PHI) to the Myers and Stauffer Help Desk. Please be sure to provide all of your contact information to ensure a speedy response.

## New Resources!!

The NEW 2010 CMI Listing Report and Transmission Schedule (calendar) can now be found at <http://la.mslc.com> in the “Resources” folder. Other information located under “Resources” includes the latest newsletters, supportive documentation guidelines, data collection tools and much more. For your convenience and reference, we have included the 2010 calendar on Page 6 of this newsletter.

## Original Records

Only **ORIGINAL LEGAL MEDICAL RECORDS** will be accepted for the Case Mix Documentation Review. Copies of records, such as ADL flow sheets, will **NOT** be accepted.



## Dear Cindy...



The “Dear Cindy...” column is a regular feature in each issue of *Louisiana Advisor*. Cindy Smith, Myers and Stauffer's RN consultant, will discuss questions that are frequently answered by our staff. We welcome your questions for future issues.

*Dear Cindy:*

*Q. How do I get ready for the MDS 3.0? How will the case mix review change?*

A. The Department of Health and Hospitals and Myers and Stauffer are underway preparing for the 10/1/2010 implementation of the MDS 3.0. Once the complete RAI manual is issued by CMS we will be updating the ADL and supporting documentation guidelines. Tracking tools currently offered on the Myers and Stauffer website will be refined to reflect the MDS 3.0 and thorough training will be provided in ample time for providers to prepare their staff in advance of the MDS 3.0 implementation.



Any and all changes to the case mix review will be presented at this training. The case mix review protocol is not expected to change, however the supportive guidelines will be adapted to the MDS 3.0. It is also anticipated that the RUG III 34-classification model will continue to be applied to the case mix reimbursement system.

## 2010 Louisiana Department of Health and Hospitals – CMI Listing Report and Transmission Schedule

January 2010						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February 2010						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March 2010						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2010						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2010						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June 2010						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July 2010						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August 2010						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September 2010						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October 2010						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November 2010						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December 2010						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

**Tan Day of the Month**

**Final date for MDS transmission for the Preliminary CMI Listing Report.**

**Blue Day of the Month**

**Date that the Preliminary CMI Listing Reports are posted to Providers CMS MDS validation report directory (around the 16<sup>th</sup> of the month).**

**Green Day of the Month**

**Final date for MDS transmission for the Final CMI Listing Report.**

**Yellow Day of the Month**

**Point in time date of the Final CMI Listing Report. Any assessment with an R2b date on or before this date will be listed.**

**Pink Day of the Month**

**Date that the Final CMI Listing Reports are posted to Providers CMS MDS validation report directory (around the 16<sup>th</sup> of the month).**