

## Eli's Hospice Insider

### Nursing Home Partnerships: MDS 3.0 Changes Rules for Sig Change Assessments, Boosts Assessment in These 2 Key Areas

**The rules have changed in a way that allows easier tracking of hospice recipients.**

As of Oct. 1, your nursing home partners must implement a new version of their minimum data set -- version 3.0. Among all the changes, they'll find some new hospice requirements. Share this update to help keep the transition smooth for your hospice patients who reside in nursing homes.

True or false? The MDS 3.0 requires nursing homes to do a significant change assessment when a resident starts and goes off hospice.

**The answer is true.**

The MDS 3.0 RAI manual (Chapter 3, Section A) states:

"If a nursing home resident elects the hospice benefit, the nursing home is required to complete an MDS significant change in status assessment. The nursing home is required to complete a SCSA when they come off the hospice benefit (revoke). See Chapter 2 for details on this requirement."

The manual emphasizes that "it is a CMS' requirement to have a significant change in status assessment completed EVERY time the hospice benefit has been elected, even if a recent MDS was done and the only change is the election of the hospice benefit."

By contrast, the MDS 2.0 RAI User's Manual (chapter 2) states: "If the resident enrolls in a hospice (Medicare Hospice program or other structured hospice program), but remains a resident at the facility, an SCSA should be performed."

A sentence in the next paragraph of the MDS 2.0 manual states: "While the need to complete an SCSA will depend upon the resident's status at the time of election of hospice care, and whether or not the resident's condition requires a new assessment, CMS encourages facilities to complete an SCSA due to the importance of ensuring that a coordinated plan of care between the hospice and nursing facility is put into place."

The benefit: "By doing the SCSA when the patient elects hospice, the facility then has a palliative care plan," says **Cherry Meier, MSN, RN**, a hospice nurse with VITAS Healthcare Corp. in Flat Rock, N.C. The opposite is also true for patients who revoke the hospice benefit to pursue curative care, for example, she adds. The MDS 2.0 RAI User's Manual doesn't address doing an SCSA for a resident who goes off hospice, observes Meier.

#### **Section A Hospice Items Help Facility, CMS Track Hospice Patients**

The MDS 2.0 doesn't have questions addressing someone being admitted to the nursing home from hospice or discharged to hospice, says Meier. "But the MDS 3.0 now has those questions." See A1800 (entered from) and A2100 (discharge status) on the MDS 3.0 form.

#### **MDS 3.0 Pain and Mood Assessments Helpful for Hospice**

In Meier's view, the MDS 3.0 will do a better job in assessing hospice and palliative care patients in the pain and psychosocial realms. "Some of the mood questions are helpful, and hospice can be helpful to [hospice] patients and facilities in looking at those issues," she says. For example, "thoughts of being better off dead or a failure or letting yourself or family down are issues that hospice focuses on" with patients, she says. Chaplains and social workers help

hospice patients "go through life review and establish the meaning of their lives, as well as finding some closure around that."