

Long-Term Care Survey Alert

Heads Up: CMS Posts New Draft MDS 3.0 Item Sets & Data Specs

You can now get a sneak peek at the draft versions of the MDS 3.0 for October 2016. But keep in mind that these are only drafts and may change before they are finalized.

On Oct. 29, 2015, the **Centers for Medicare & Medicaid Services** (CMS) released a new draft version 1.14.0 of the MDS 3.0 Item Sets, as well as a draft version 2.00.0 of the MDS 3.0 Data Specifications. When finalized, both drafts will become effective on Oct. 1, 2016.

The draft Item Sets includes the new Section GG, as well as two new item subsets for PPS Part A Discharge (End of Stay) assessments, one for nursing homes and the other for swing bed facilities. CMS also released a new draft of the MDS 3.0 Data Specifications, which includes many edit additions and revisions, as well as new Section S items.

And on Nov. 19, 2015, CMS issued an updated version of Appendix B to the RAI Manual, which contains changes to the list of State RAI Coordinators, MDS Automation Coordinators, RAI Panel members, and Regional Office contacts.

Links: You can find the draft MDS 3.0 Item Sets and Data Specifications documents at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html.

Scroll to the bottom of the webpage to the "Downloads" section and access the documents in two ZIP files.

The revised Appendix B is available as a PDF document in the "Downloads" section at the bottom of the webpage: www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html.

Get Ready for New Cross-Setting Discharge-To-Community QM

Care transitions and discharge planning have been emerging as new hot topics in the quality measure (QM) arena, and now CMS has issued draft specifications for a new Discharge to Community QM for skilled nursing facilities (SNFs), inpatient rehab facilities (IRFs), long-term care hospitals (LTCHs), and home health agencies (HHAs).

Mandated by the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014, the Discharge to Community measure is a claims-based QM describing the risk-standardized rate of Medicare fee-for-service (FFS) beneficiaries who are discharged to the community following a post-acute stay or episode, according to Washington, D.C.-based Leading Age.

Specifically, the QM would apply to beneficiaries who do not have an unplanned (re)admission to an acute care hospital or LTCH in the 31 days following discharge to the community, and remain alive during the 31 days following discharge to the community.

Link: To view the draft specifications for the Discharge to Community QM, go to www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Draft-Specifications-for-the-Discharge-to-Community-Quality-Measure-for-Skilled-Nursing-Facilities-SNFs-Inpatient-Rehabilitation-Facilities-IRFs-Long-Term-Care-Hospitals-LTCHs-and-Home-Health-Agencies-HHAs.pdf.

