

# Long-Term Care Survey Alert

## MDS 3.0: Get Cracking On Missing/Late Discharge Assessments

**Protect your facility from the impact on quality measures.**

A recent Survey and Certification Letter (S&C) from the **Centers for Medicare & Medicaid Services** (CMS) reminds all skilled nursing facilities to complete missing discharge assessments as well as late ones dating back more than three years by Sept. 30, 2013.

The Aug. 23 S&C, "Minimum Data Set (MDS) 3.0 Discharge Assessments that Have Not Been Completed and/or Submitted," clarifies the steps nursing homes must take to address late or missing MDS discharge assessments, stated **Evvie Munley**, senior health policy analyst for Washington, DC-based Leading Age, in a Sept. 2 report.

After Oct. 1, 2013, the Quality Improvement and Evaluation System Assessment Submission and Processing (QIES ASAP) system will not accept MDS discharge assessments that are older than three years, warns **Marilyn Mines, RN, BC, RAC-CT**, senior manager of clinical services for **FR&R Healthcare Consulting, Inc.** in Deerfield, IL. And if you don't submit these old discharge assessments by the end of September, you can suffer a huge impact on your facility.

**Beware:** Missing discharge assessments will hurt your Quality Measures data, "which subsequently may affect payment," Mines cautions. "Missing discharge assessments may also have a negative effect on the resident's follow-up care."

### How to Handle Older Discharges

"First of all, if there is not a policy for this issue, suggest that one be written," Mines advises. "A system must be set up to prevent this situation from occurring again."

"Second, complete the discharge assessments," Mines says. Determine which residents are missing the assessment, and then separate them by those residents discharged prior to and after Oct. 1, 2012.

**Why?** CMS has selected the reference date of Oct. 1, 2012 to minimize impact on QM data, Munley explained.

For the residents discharged prior to Oct. 1, 2012, Mines instructs that you should complete the discharge MDS in the following manner:

1. Indicate the discharge date as the actual date of discharge (item A2000);
2. Complete the demographical information (Section A);
3. Fill in the clinical items with dashes, because the information is not available (Sections B through Z); and then
4. Ensure that the RN coordinator signature is dated as the date actually signed (item Z0500).

### Look for More Thorough Documentation on Recent Discharges

For those discharged on or after Oct. 1, 2012, Mines says you should complete the discharge assessment this way:

1. Indicate the discharge date as the actual date of discharge (item A2000);
2. Complete the demographical information (Section A);
3. Complete the clinical items with the information available that reflects the resident's condition at the time of discharge, and fill in other items with dashes if the information is not available (Sections B through Z);
4. Complete staff assessments (since you cannot conduct resident interviews) if there is adequate documentation

that you can utilize;

5. Ensure that all staff signatures reflect the actual day the assessment items are completed (item Z0400); and then
6. Ensure that the RN coordinator's signature is dated the date actually signed (item Z0500).

**Remember:** According to the RAI manual, you cannot set the Assessment Reference Date (ARD) prospectively, Munley said. "The ARD for a discharge assessment is always the discharge date."

To read the S&C memo, go to

[www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-56.pdf](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-56.pdf).