# Long-Term Care Survey Alert

## MDS 3.0 UPDATE: Get Up to Speed With the MDS 3.0: Here's What You Need to Know Now

The manual sheds light on coding, but prepare for a QI/QM blackout.

The MDS 3.0 appears to be on track for an Oct. 1 rollout, which means your facility can begin to plan for implementation. Start by getting familiar with the MDS 3.0 RAI User's Manual instructions for completing various sections.

Chapter 3 of the manual is now out and it does clarify some coding questions people have had when they looked at the MDS 3.0 form.

Case in point: Simply reading on the MDS 3.0 form that a "7" for ADL self-performance means the "activity occurred only once or twice" can be confusing. But the manual's examples indicate the key to how a "7" differs from an "8" (activity did not occur) is that you use "7" if the resident does the activity one or two times, notes **Marilyn Mines, RN, RAC-CT, BC,** manager of clinical services for FR&R Healthcare Consulting in Deerfield, Ill.

Examples: Code "walk in corridor" as a "7" "if the resident came out of the room and ambulated in the hallway for a weekly tub bath but otherwise stayed in the roomduring the seven-day look-back period," states the manual. Code "locomotion off unit" as a "7" "if the resident left the vicinity of his or her room only one or two times to attend an activity in another part of the building."

Section I notes that "physician extenders [nurse practitioners, physician assistants, and clinical nurse specialists] can document a diagnosis for purposes of coding Section I -- as long as the state practice actallows that," says Mines. Section I coding involves a twostep process. As a first step, the instructions direct the MDS coder to identify diagnoses documented by the physician or physician extender in the last 30 days.

Then in the second step, you look at whether the diagnosis is active or inactive during the sevenday lookback period. You code only active diagnoses. These "have a direct relationship to the resident's functional status, cognitive status, mood or behavior, medical treatments, nursing monitoring, or risk of death during the look-back period," states the RAI User's Manual for the MDS 3.0. Urinary tract infection has a 30-day lookback in Section I, as it does on the MDS 2.0. But the coding requirements for UTI include some changes (see the RAI User's Manual for the MDS 3.0, chapter 3, Section I, page 8 at www.cms.hhs.gov/NursingHomeQualityInits/Downloads/MDS30RAIManual.zip).

Prepare for a QI/QM Blackout The Centers for Medicare & Medicaid Services will take down the QI/QM reports for a "number of months" after MDS 3.0 implementation because there won't be enough residents with MDS 3.0s in a facility to populate the reports, reported the agency's **Karen Schoeneman,** in a CMS Webinar on the MDS 3.0.

During that transition, surveyors conducting the traditional survey won't be able to use the reports to help select a survey sample and home in on quality concerns in your facility.Instead, surveyors will rely on the CMS 802 (roster/sample matrix), which facilities prepare now for surveyors onsite, noted Schoeneman. The lack of QI/QM reports doesn't affect how surveyors select the resident sample for the Quality Indicator Survey. And facilities don't complete a CMS 802 as part of the QIS, Schoeneman noted.

MDS 3.0 Resource: For an article on how your facility can manage its own quality issues during the temporary unavailability of QI/QM reports, see the lead article in MDS Alert, Vol. 8, No. 2, available online immediately when you subscribe (call 1-800-874-9180).