

## Long-Term Care Survey Alert

### MDS & Survey News to Use

Keep an eye out for the RAI User's Manual update this spring. The last thing you want to do is code the MDS 3.0 based on outdated information. So make sure to check the CMS website often until CMS releases the latest manual version ([http://www.cms.gov/NursingHomeQualityInits/25\\_NHQIMDS30.asp](http://www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp)).

"One of the biggest issue for CMS to clarify is the End of Therapy (EOT) Other Medicare Required Assessment (OMRA) in terms of whether a facility is a five-day or a seven-day [therapy] provider," says **Joel Van Eaton, BSN, RN, RAC-CT**. That, in turn, "determines what days count as day one to three to set the assessment reference date when an EOT OMRA is required," says Van Eaton, reimbursement and RAI consultant/MDS 3.0 product development with Extended Care Products Inc.

CMS previously said in an SNF/LTC Open Door Forum that to code a resident in Section O as being on isolation, the person must require the type of isolation where he can't come out of his room, Van Eaton notes. But he thinks CMS needs to clarify this directive "with specific instruction, as well as examples in the updated RAI User's Manual as to what they mean by that level of isolation."

The MDS 3.0 was the subject of a number of sessions at the American Medical Directors Association annual meeting in March. In one presentation, **Dallas Nelson, MD, CMD**, encouraged physician conferees to think of the mood and cognitive scores as being as important as X-rays and lab tests as a source of information.

In a session focused on skin conditions in Section M, **Elizabeth Ayello, RN, PhD, COWN, ETN, MAPWCA, FAAN**, cautioned nursing home staff doing skin assessments to check COPD patients on oxygen therapy to see if they have pressure ulcers forming due to the oxygen tubing.

Beware new CMP rules that go into effect in 2012. Come Jan. 1 of next year, the way in which CMS handles civil monetary penalties will change -- and not in a way that favors nursing homes. As required by the Affordable Care Act, the Department of Health & Human Services will set up an independent informal dispute resolution that a nursing home can use to eliminate or reduce the CMP.

"After an independent IDR, CMP funds will be collected and placed in escrow pending completion of any formal appeal," states a survey & cert memo on the upcoming change. "A portion of the CMP attributable to Medicare, which is currently conveyed to the U.S. Treasury, may instead be used for the protection or benefit of nursing home residents," the memo notes.

Don't miss: For an inside look at how the new CMP rules will affect your facility, see the next Long-Term Care Survey & Compliance Alert.