

# Long-Term Care Survey Alert

## Minimum Data Set: DRAFT MDS 3.0 SET TO DEBUT

Your wait for the new draft minimum data set is almost over.

The **Centers for Medicare & Medicaid Services** hopes to post the draft MDS 3.0 on its Web site as early as the end of March 2003, agency spokesperson **Mary Kahn** tells **Eli**.

CMS is now targeting March 2005 for implementing the new and improved assessment instrument. To solicit public comments about the draft version, CMS plans to conduct a series of Town Hall meetings in the early summer during the validation phase, according to Kahn.

Less of a Clinical Dinosaur

CMS' planned changes to the assessment instrument attempt to accomplish two primary goals:

1. **Reduce provider burden.** CMS will decrease the number of MDS items and streamline the transmission process so MDS staff will have fewer fields to complete overall.
2. **Improve and update the instrument as a clinical assessment tool.** For example, CMS plans for the instrument to include additional questions on oral health. There may also be changes in the areas of falls and pain, Kahn says.

For Section K, dental health groups proposed that CMS separate oral health disease processes into four areas: tooth decay, gum disease, tissue problems (cancer, yeast infection, denture sores, etc.) and prosthetic problems, reports **Greg Folsie**, a geriatric dentist in Louisiana and national leader in nursing facility oral health reform.

"It's so much better than what we have now in Section K," Folsie says.

Facilities can also expect more standardized scales for pain and depression. CMS is also looking at revising activities of daily living questions so they are easier to understand while still capturing the resident's functional level accurately.

MDS developers are also looking at including some quality of life questions, according to Kahn.

The depression evaluation (Section E) needs to be changed, agrees geriatric nurse practitioner **Susan Scanland**, principal of **GeriScan** in Clarks Summit, PA. "The current questions miss some of the vital symptoms of clinical depression in people in longterm care facilities," she observes.

**PracticeTip:** The MDS was never intended to be a comprehensive assessment instrument in all areas. Providers should identify clinical areas where additional assessment tools and formats would be useful, such as pain, cognition and depression.