

## MDS Alert

### Industry News to Use: Get Ready For These jRAVEN Updates

On Sept. 23, the **Centers for Medicare & Medicaid Services** (CMS) announced multiple updates to the Resident Assessment Validation and Entry (jRAVEN), creating version 1.1.8. According to CMS, the jRAVEN 1.1.8 updates made:

- Changes to Section S for three states □ Illinois, Maryland, and Massachusetts;
- Adjustments to the Assessment Data Entry Report By Last Name;
- Updates to Automatic Resident Information for non-exported assessments;
- SRS-defined criteria for handling Duplicate Facilities;
- Adjustments to Assessment Data Entry Report By Status;
- Changes to FAC ID that will now be reflected in the output XML;
- Changes to Terminated User ID Assessment handling;
- Numerous item changes, with edits;
- User Tool reports' to adhere to uniform guidelines; and
- Updates to the user manuals to reference the latest version.

For more information about the updates, reference the jRAVEN User Guide at [www.qtso.com/download/mds/1.1.8\\_jRAVEN\\_User\\_Guide.pdf](http://www.qtso.com/download/mds/1.1.8_jRAVEN_User_Guide.pdf).

**In other news ...**

#### **3-Day Hospital Stay Requirement Could Be No More**

Right before the government effectively shut down, Rep. Jim McDermott (D-WA) introduced a bill that would eliminate the requirement that a beneficiary complete a three-day inpatient hospital stay before qualifying for skilled nursing facility (SNF) coverage.

"The proposed bill would eliminate the hospital stay requirement so long as a physician or other qualified professional certified the need for skilled services," stated a recent blog posting by the Indianapolis-headquartered law firm **Hall, Render, Killian, Health & Lyman**. "While this change is widely supported, the proposed bill will not be addressed until the government resumes functioning."

**Remember:** Observation stays still mean inpatient hospitalization. So, three inpatient midnight stays are still required for a beneficiary to utilize Part A benefits in a SNF.

#### **Watch for Head Injuries When Residents Fall**

When elderly residents of long-term (LTC) care facilities fall, a large percentage will strike their head on flooring, a wall, or furniture, according to a new study published in the latest issue of the Canadian Medical Association Journal.

In fact, more than one-third of seniors in LTC facilities hit their heads when they fall □ which is a significant finding because young people rarely strike their heads when they fall, stated study author Stephen Robinovitch and colleagues at the Simon Fraser University in Vancouver, British Columbia.

Most seniors who hit their heads (63 percent) did so on hard flooring, while 16 percent struck their head on furniture and 13 percent on a wall, the study noted. And LTC residents' arms were rarely effective in breaking their falls.

**Takeaway:** The researchers highlighted certain improvement areas, such as encouraging exercises to boost arm strength, which may improve seniors' ability to break their fall. Another area for improvement is creating safer environments for fall-prone residents like a softer sub-layer beneath flooring to provide some cushion. Finally,



researchers suggested improving procedures to detect potential brain injuries due to falls in LTC settings.

To read more about the study, "Prevalence of and Factors Associated with Head Impact During Falls in Older Adults in Long-Term Care," go to [www.cmaj.ca/content/early/2013/10/07/cmaj.130498](http://www.cmaj.ca/content/early/2013/10/07/cmaj.130498).