MDS Alert

MDS 3.0 Refresher: 7 Categories Break Down MDS Functions

Look to MDS 3.0 to bridge hospice-nursing facility services.

At the core of strong working relationships between hospices and nursing facilities is the need for each partner to understand the other's realities. The changes to MDS 3.0 are sweeping, and it is important that hospices understand the impact to their facility partners, stressed S**usan Balfour, B**A**, R**Nin her 2012 audio conference "Hospice Care in the Nursing Home: Understanding the Importance of the MDS 3.0."

Here's a break down of some of her major points.

1. Clinical Assessment

The MDS 3.0's clinical assessment abilities are multifaceted. You can use it to:

- Assess functional capabilities
- Help identify health problems
- Check multiple assessment areas
- Peruse information obtained from the resident, the resident's family, other staff members, medical records, etc. Most items have a 7-day look back.

Remember: You can see fifteen assessment areas (mentioned above). They include:

Hearing, Speech, & Vision

Cognitive Patterns

Mood

Behavior

Preferences for Customary Routine & Activities

Functional Status

Bladder & Bowel

Active Diagnoses

Health Conditions

Swallowing / Nutritional Status

Skin Conditions

Medications

Special TX, Procedures, & Programs

Restraints

Participation in Assessment & Goal Setting

2. Identifies Care Plan Problems

The MDS data triggers area that may require care planning in specific areas.

For MDS 2.0, you had the same funneling of info, but the results were called RAPs. Now you have Care Area Assessments (CAAs), and you must assess them to determine if the resident needs care planning.

The CAAs include:

- Delirium
- Cognitive Loss/Dementia
- Visual Function
- Communication
- ADL Functional/Rehabilitation Potential
- Urinary Incontinence and Indwelling Catheter
- Psychosocial Well-Being
- Mood State
- Behavioral Symptoms
- Activities
- Falls
- Nutritional Status
- Feeding Tubes
- Dehydration/Fluid Maintenance
- Dental Care
- Pressure Ulcer
- Psychotropic Drug Use
- Physical Restraints
- Pain
- Return to Community

3. QI Activities & Public Reporting

Specific responses to MDS elements trigger Quality Measures (QMs) or Quality Indicators (QIs). You'll find that these responses are aggregated across facilities to generate state level QMs/QIs.

Note: QIs for MDS 3.0 are in development. Public reporting was not scheduled to begin until at least 2012, but this has not started yet.

"Nursing homes regularly collect assessment information on all their residents using a form called the Minimum Data Set (MDS). The information collected includes the residents' health, physical functioning, mental status, and general well being. Nursing homes self-report this information to Medicare. Medicare uses some of the assessment information to measure the quality of certain aspects of nursing home care, like whether residents have gotten their flu shots, are in pain, or are losing weight," according to the Medicare website www.medicare.gov/NHCompare.

"Medicare posts each nursing home's [quality measure] scores on this website. By comparing scores, you can evaluate how nursing homes may differ from one another."

Information use: You can review the QMs in the following ways:

- Choosing a nursing home for yourself or others;
- Assessing the care at nursing homes where you or family members already live;
- Talking to the nursing home staff about the quality of care;
- Nursing homes themselves can use the quality measures to review and improve the quality of care they give to residents.

4. Guides Surveys

Access to the MDS data can provide pre-survey focus. Many states are now transitioning to the Quality Indicator Survey (QIS) process. When surveyors walk in, they have laptops loaded with MDS data from the previous 180 days.

5. Payment: Medicare SNF

Do you know your Resource Utilization Groups (RUG)s? You should -- as this determines payment for each Medicare SNF patient. Medicare RUGs include:

- Rehabilitation Plus Extensive Services (9)
- Rehabilitation (14)
- Extensive Services (3)
- Special Care High (8)
- Special Care Low (8)
- Clinically Complex (10)

6. Payment: Medicaid R&B

States may choose to use the MDS data for the determination of Medicare R&B. They will use it to calculate a "case mix" payment, rather than a per person payment. Beneficiaries who are receiving hospice services are removed from the case mix in some states.

The Medicaid levels are:

- Behavioral Symptoms and Cognitive Performance (4)
- Reduced Physical Function (10)

7. Provides Research Data

All of this data creates a treasure trove. At times, you'll see a tension between what researchers would like to have and what is practicable for them to gather. You'll find that researchers are constantly evaluating this instrument.