

MDS Alert

MDS 3.0 Update: The Countdown Is On For MDS 3.0 Implementation

Find out what the future likely holds for making this major switchover.

The Centers for Medicare & Medicaid Services' timeline calls for the MDS 3.0 to go into effect on Oct. 1, 2009. But a lot has to happen between now and then and even after the implementation, experts agree.

Speaking at a special CMS Open Door Forum on the MDS 3.0 in January, CMS' Bob Connolly noted that the MDS 3.0 presented during the provider call only represents the "clinical side" of the instrument.

The agency still has to wait for the STRIVE (Staff Time and Resource Intensity Verification) analysis which will affect RUGs and payment--and provide a lot of useful information for Medicare, says **Dave Oatway, RN**. "States will also be given the information for case-mix." How states use that information is up to them, but they will have much more comprehensive data than before, adds Oatway, a long-term care IT specialist in Key West, FL, who has been involved in the STRIVE project.

CMS also recognizes that MDS 3.0 training is critical, said Connolly, and the agency is looking to come up with a train-the-trainer model.

The RAPs weren't included in the Rand validation study for the MDS 3.0, so CMS is looking "internally" at ways to deal with the RAPs, Connolly added.

Information Technology Requirements Could Be a Challenge

Some view the IT requirements for rolling out MDS 3.0 as posing a potential hurdle. **Peter Arbuthnot**, regulatory analyst for **American HealthTech**, thinks, however, that most vendors shouldn't have problems if CMS actually meets the proposed timeline for issuing data specifications and crosswalks to the quality indicators, RAPs, etc.

Yet overall, Arbuthnot thinks the "MDS 3.0 changes are probably much larger than CMS realizes. The MDS data is so integrated into nearly every facet of the day-to-day operations that any change runs across many applications or functions within the software."

In his comments to CMS on the MDS 3.0 draft released in January, Arbuthnot noted it's "obvious that CMS was thinking 'paper' and not computer screen or handheld devices when they issued the draft."

"For instance, the RUGs and HIPPS modifiers are placed at the beginning of the information although those are things that cannot be known until the end of the process," Arbuthnot points out.

And there are still some unknowns, he adds. "For instance, are check boxes now really check boxes that allow" you to check them or leave them unchecked, or is it like the MDS 2.0 where the answers also include a dash for "unknown"?

Industry consultant **Sheryl Rosenfield, RN**, predicts that implementation of "so much change related to the MDS 3.0 will lead to a lot of initial short-term chaos for facilities. That's especially true with the staff turnover and the volume of assessments currently required and completed in facilities," adds Rosenfield, director of clinical services for **Zimmet Healthcare Services** in Morganville, NJ.

Sandra Fitzler, RN, with the **American Health Care Association**, agrees there will be a "learning curve" for staff using the new tools in the 3.0 version. "But once people have mastered the new instrument, the assessment will take



less time," she predicts.