

MDS Alert

MDS News: The MDS 3.0 Is On Its Way, CMS Says -- Here's What To Expect

Agency provides 'high level' view of what's new.

The countdown for MDS 3.0 implementation is finally on. **The Centers for Medicare & Medicaid Services** recently unveiled a timeline for the big event and gave a "high level" preview of key changes in the instrument.

CMS expects to have the assessment form ready for use by October 2009 and to post the draft version on its Website by Dec. 31 (see the timeline below).

Speaking at a recent SNF Open Door Forum, CMS' **Judy Tobin** outlined several improvements providers can expect to see in the revamped assessment form.

For one, the 3.0 version separates stage 2 pressure ulcers from stage 3 and 4 pressure ulcers, which should help facilities with their quality reporting -- and show that the ulcers are healing, Tobin said.

The MDS 3.0 includes more self-report items for mood, pain and preferences. And it incorporates more standardized scales for assessing depression, pain and delirium. It also "embeds" the National Pressure Ulcer Advisory Panel's PUSH instrument, which measures the length and width of a pressure ulcer, according to a slideshow on the MDS 3.0 presented by CMS' **Bob Connolly** to the **National Academy for State Health Policy** (http://www.nashp.org/_docdisp_page.cfm?LID=3ABE528C-8800-43C4-82087295D61FB249).

Other changes include more "return-to-community" items that will identify residents who want to return to the community setting and might benefit from state initiatives, such as "Money Follows the Person."

Also look for more consistency among lookback periods for different sections. Tobin reported that CMS has received feedback from providers about the difficulty of having a 5-day lookback for some items and 30 days for others.

CMS is coordinating the MDS 3.0 with its Staff Time and Resource Intensity Verification (STRIVE) results. "When the MDS 3.0 is finished, it will have achieved all of the clinical goals, as well as whatever payment-related updates we think are appropriate due to the STRIVE study," said CMS' **Lori Anderson** at the ODF.

MDS 3.0 Part of a Bigger Picture

For those who still think (or hope) that CMS will abandon the MDS 3.0 or push it back forever and a day, the agency's recent announcements dim the odds of that occurring.

Industry expert **Peter Arbuthnot** says it's his understanding that with the emphasis on changing the RUGs and updating the quality measures -- and the new electronic RAP process in development -- "CMS has no choice but to move to the 3.0 version." Arbuthnot is regulatory analyst for **American HealthTech** in Jacksonville, MS.

"CMS had planned on implementing it in 2004 originally," he adds. But CMS has had a lot of projects on its plate that impact the MDS 3.0, so it wasn't "prudent" to implement the new assessment form any earlier, Arbuthnot says. Other CMS initiatives include pay-for-performance and the CARE tool (Continuity Assessment Record & Evaluation).

The CARE instrument, which CMS is testing across postacute sites, will probably augment the MDS 3.0, in Arbuthnot's view (for details on the CARE instrument, see Vol. 5, No. 10 of MDS Alert, p. 109).

Arbuthnot says he could see how the CARE instrument might end up as part of the electronic discharge record where

"CMS unifies information to follow the Medicare beneficiary from setting to setting."

Brace for change and more change: CMS' initiatives appear to indicate a fairly drastic change in how Medicare and Medicaid will pay money for postacute care in the long term, Arbutnot adds.

All of the changes and tools and processes and demonstrations point to a shift where money will follow the person, he says.