

MDS Alert

Trends: MDS 3.0 Delay: Truth or Rumor?

Experts identify glitches on the path to implementation.

The official timeline for the MDS 3.0 still calls for an October 2009 rollout, although questions continue to grow about whether that will happen as planned.

When asked about a rumor that there could be a delay, the **Centers for Medicare & Medicaid Services** said it was not a "quote true rumor," relayed **Sandra Fitzler, RN**, senior director of clinical services for the **American Health Care Association** in a presentation at its October 2008 annual convention. CMS said the MDS 3.0 is still on schedule for October 2009, Fitzler added.

A potential problem: Fitzler noted that CMS promised to post the draft 3.0 data specifications for MDS software vendors in October. The agency plans to post the final specs in March 2009 in order to include changes due to the national STRIVE study, which will affect the RUGs. CMS has told vendors to use the draft specs to start working on their MDS software, Fitzler relayed. Vendors are saying, however, that if the specs aren't final until next March, they won't have enough time to meet the October deadline, she added.

An MDS software developer weighs in: CMS has always said it would give vendors at least six to nine months lead on any major changes, **Peter Arbuthnot**, regulatory analyst for **American HealthTech** in Jackson, MS, tells **Eli**. And this is much more major than anything CMS has done in 10 years, resulting in a lot of change to implement even over a year, he points out. So if CMS is waiting until March to roll out a final edition of the specifications and RUG changes, it could make it difficult for some vendors to meet the timeline, depending on the scope of the changes, says Arbuthnot. "Part of that is due to the fact that there's a lot more to releasing software than just programming -- it has to be tested internally and by customers."

Another potential glitch: Fitzler also noted that some Medicaid case-mix states claim they need at least a year to make changes in their system.

In analyzing CMS' draft crosswalk of the MDS 2.0 to the 3.0, Arbuthnot notes that the 3.0 now appears to have only two existing RUG variables missing -- "residents who are depressed and those who are comatose." That is, E1 items and time awake at N1 aren't on the draft 3.0, he says. "N1 is part of the comatose item and also cognitive performance scale." Thus, CMS' draft crosswalk clarifications made it so the existing RUGs would run for states if CMS were to substitute the 3.0 depression scale for E1 and just use the comatose item in lieu of N1, he adds.

"But whatever CMS does to change from the current RUG III to RUG IV or whatever they call it remains to be seen," Arbuthnot says.

Sound advice: While facilities can use the draft MDS 3.0 as a tool to get used to the culture change involved in conducting resident interviews, it's premature to start training on the instrument or RUGs, experts advise.

Resource: For an overview of three things you can do now to prepare for the MDS 3.0, see the Vol. 6, No. 9 edition of MDS Alert, available electronically in the Online Subscription System, a free benefit of your subscription. If you haven't yet signed up for it, call the customer service number below.