

MDS 3.0 Update

NJ Department of Health & Senior Services

March 22, 2011



Transition Process MDS 2.0 to MDS 3.0

Section A Identification Information

Item AO310E: Is this assessment the first assessment (OBRA, PPS, or Discharge) since the most recent admission?

- 0. No**
- 1. Yes**

Policy Change for Correcting Transition Coding was revised December 9, 2010:

The transition document originally indicated that this item should be coded as "1" for the initial MDS 3.0 assessment for all existing residents; however, this guidance was overlooked on many of the assessments that were submitted.



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More about item A0310E:

Directions are outlined in Chapter 3 Section A of the MDS 3.0 RAI manual for the coding of this item. Briefly:

- * Code 0 (No) if the assessment *is not* the first since the most recent entry of any kind (admission or re-entry) and for any tracking record (not considered an assessment).
- * Code 1 (Yes) if the assessment *is* the first one since the most recent entry of any kind.



Frequently Asked Questions



Item O- 0100-M: Isolation or quarantine for active infectious diseases (does not include standard body/fluid precautions). *Code this item if the following are met:*

Active contagious disease;

AND

Precautions over and above standard;

AND

Strict Isolation – meaning the resident cannot leave the room.



Question: A resident was discharged - return anticipated, but died in the hospital.

Does the facility have to do a Re-discharge, or modify the original assessment?

Answer: No.



Question: Must we complete an Entry Tracking Form for residents who are readmitted?

Answer: An entry tracking record is required for all admissions or re-admissions for all residents.



Question: When coding for the most severe tissue type present, on a stage I pressure ulcer, I usually code them as Not assessed/No Information. Is that correct?

Answer: The appropriate code for M0700 for a stage I pressure ulcer is a dash, as the worst tissue type cannot be identified in this situation.



Question: Does the PASRR level 1 need to be completed by an RN only (upon admission/readmission)?

Answer: An RN or CSW are the minimum credentials for filling out the Level I (LTC 26).

The Level I PASRR Screening Tool (LTC-26) can be found on the Department of Health and Senior Services (DHSS) website
<http://web.doh.state.nj.us/apps2/forms/>



Question: Everyone going to a Nursing Facility should have a PASRR already completed, correct? What should the Nursing Facility do if a prospective admission does not have a completed PASRR?

Answer: All Nursing Facility admissions must have a Level I if they are entering a Medicaid certified Nursing Facility. The Nursing Facility is risking their Medicaid reimbursement, and possible survey deficiency, if they accept an admission without a Level I.



Question: Our facility is in-servicing staff to deliver nebulizer treatments according to the requirements of respiratory therapy minutes. We are careful with all the requirements. Can nebulizer treatments be used for respiratory therapy minutes?

Answer:

1) The resident has to meet all of the criteria for skilled care under Medicare in order for the nebulizer to be counted. If all Medicare criteria are met, only those minutes that are used for set-up, not the unattended treatment minutes, can be counted.



Nebulizer Treatments, continued:

2) From Medicare.gov - State of NJ:

<http://www.medicare.gov/Coverage/Search/Results.asp?State=NJ%7CNew+Jersey&Coverage=118%7CNebulizer&submitState=View+Results+%3E>

Medicare (Part B) pays for nebulizer treatments for patients whose ability to breathe is impaired and they need the nebulizer to deliver medication that treats certain respiratory problems...chronic bronchitis, emphysema, cystic fibrosis, tracheostomy, etc.

An order (prescription) must be on file with the supplier and must be signed and dated by the treating doctor.



Question: Is there anywhere in the MDS that supplemental feedings are captured (such as high calorie drinks like Sustacal)? We are not seeing it anywhere.

Answer: The supplemental feedings would have to be considered as part of a therapeutic diet to manage a specific health condition - so if the person is on a high calorie specific diet and as part of that diet they have supplements, they would basically be coded per the fact that they are part of the therapeutic diet, not just in and of themselves.



Question: We are not seeing a place where adaptive feeding equipment would be captured.

Answer: There is no place to document adaptive equipment like that on the MDS. However, it is considered when coding Activities of Daily Living. All of the ADLs should be coded based on the resident's level of assistance when using special adaptive equipment such as walkers, dressing sticks, built-up utensils, etc.



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