**For Washington State Nursing Home staff**

**From Residential Care Services, Aging and Disability Services**
**Department of Social & Health Services**

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***our mascot***
**Cousin IT**

# *"This is I.T." Newsletter*

Info and Tips from the MDS-WA Office—***Clinical*** *stuff,* ***Computer*** *stuff,* ***Reports*** *'n stuff, and other STUFF!*

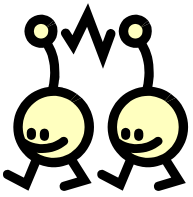
*By Marge Ray and Judy Bennett, State of WA, DSHS*

***Inside this issue:***



## CMS provides clarification related to October 1, 2011 RAI Manual updates.

On 11/3/2011 a SNF National Provider call was held by CMS officials to review and clarify some of the October 1, 2011 RAI manual updates. A follow up clarification document was posted to the CMS SNF/PPS website on 11/29/2011 (https://www.cms.gov/SNFPPS/03_RUGIVEdu12.asp#TopOfPage). Copies of the power point slide presentation as well as a transcript of the teleconference can also be found at this site.
Two of the major MDS process changes involve the End of Therapy OMRA (EOT) and a new required OMRA, the Change of Therapy, (COT).



***Marge Judy***

**EOT (End of Therapy) OMRA** When a resident is classified in a Rehab or Rehab + Extensive services RUG-IV category and they did not receive therapy services for 3 or more consecutive calendar days for any reason, an EOT OMRA must be completed in order to obtain a non-therapy RUG group for payment purposes for those days that therapy was not provided. The new process, an EOT with resumption (EOT-R) is designed to be used when a resident is able to resume therapy at the exact same level that was present prior to the discontinuation, as long as the therapy resumes no later than 5 days after the last day that therapy was provided. For example, a resident receives therapy 6 days a week (Mon-Saturday) but declined to participate on Friday and Saturday due to illness and was not scheduled to have services on Sunday. By Monday, the resident was feeling better and was able to start therapy again at the same level as was previously provided before the resident's illness. In this case, an EOT OMRA would be required with an ARD of either Friday, Saturday or Sunday and the resulting RUG will be used to bill for the 3 missed days. The new resumption process allows the facility to use the newly completed EOT OMRA assessment, and complete the two new items (O0450A-Has a previous rehabilitation therapy regimen ended, as reported on this EOT OMRA, and has this regimen now resumed at exactly the same level for each discipline?; and O0450B-Date on which therapy regimen resumed). This assessment accomplishes both purposes: reporting an end of therapy period and identifying that therapy is resuming and the effective date of resumption. If the EOT OMRA had already been submitted to the CMS data base, then a modification would need to be done to capture the O0450 items.

When a resident is discharged from the facility on the 3rd day of the missed therapy or if the last day of Medicare Part A coverage is prior to the 3rd consecutive calendar day or if a resident discharges from Medicare Part A on the same day they discharge from the nursing facility no EOT OMRA is required.

When an EOT-R is used, the billing for the non-therapy RUG determined by the EOT OMRA will begin on the day after the resident's last therapy session. On the date that therapy resumes (as recorded in O0450B) the previous therapy RUG will be used for billing from that day forward to the next PPS assessment. The HIPPS code used to bill the days affected by the EOT-R should include the AI code with the second character either an A, B or C. The first character of the code is chosen based on whether this is a stand-alone assessment or one combined with a scheduled PPS assessment. This code is attached to the 3 character non-therapy RUG to form the 5 character HIPPS billing code.

**COT (Change of Therapy) OMRA** This new PPS assessment is required when therapy received during the COT observation period does not reflect the RUG-IV classification level on the most recent PPS assessment used for payment. The COT observation period is a successive 7 day window that begins on the day after the ARD of the last PPS assessment used for payment and continues until the next PPS assessment that will be used for payment purposes except in situations where the last unscheduled PPS assessment is an EOT-R. In this situation, the COT observation period begins on the resumption of therapy date as recorded in O0450B. To determine if the COT OMRA is required, providers need to complete an informal evaluation that looks at the intensity of the therapy services provided during that 7 day window. Items to be considered include total reimbursable minutes, number of therapy disciplines, number of therapy days and restorative nursing services for the Rehab low category. When the therapy received during this 7 day review does not equal the RUG that is being billed, a COT OMRA is required.

Evaluation Tip: look at the second character of the RUG code. If the second character does not change, no COT is required. For example, RMB is the billed RUG and RMA is the RUG for the COT observation window. Both reflect services at the Rehab medium level, thus there is no change in the intensity of therapy services. What changed was the ADL index score and that is not a factor in determining the need for a COT OMRA.

If a COT OMRA is required, the new RUG will become effective back to the first day of the COT observation period. When resident assessments meet qualifying criteria for both a therapy and a non-therapy RUG, the higher RUG will be used for payment (i.e. index maximized). The COT evaluation is to be completed for all residents who receive any amount of skilled therapy services, including those who, because of index maximizing, are actually classified into a non-therapy group.

No COT OMRA is required for the following situations:

- A resident is discharged from the facility on or before Day 7 of the COT observation period
- Medicare Part A ends before Day 7 of the COT observation period
- Discharge from the facility is the same day as discharge from Medicare Part A and this date is on or prior to Day 7 of the COT observation period

A COT OMRA is required if Medicare Part A ends on or after Day 7 of the COT observation period.

Do not make the determination of whether or not a COT OMRA is required based on a resident having a different RUG level for one or two days during the 7 day observation period. The determination is based on the data for the entire 7 day period and that decision is made after all of the information is gathered and evaluated for the full 7 day window.

There may be situations when completing the COT OMRA that the individual resident interviews cannot be conducted prior to the end of the ARD. CMS has previously stated in a SNF PPS memo that interviews can be completed 1 or 2 days after the ARD but this should not be necessary in all cases.

**Assessment Completion** In MDS 2.0 an assessment completed late showed up on the RUG report as a default. In MDS 3.0, defaults are based on the ARD, not the completion date. Therefore, an assessment completed late or transmitted late will not show up as a default unless transmitted after a cut-off date for a RUG report. (see article on page 3 about RUG report schedule—Cut-off date is the 'through' date) However, an assessment completed late is in violation of CMS requirements.

Per RAI Manual Chapter 2, page 2-8:

**Assessment Completion** refers to the date that all information needed has been collected and recorded for a particular assessment type and staff have signed and dated that the assessment is complete.

- For OBRA-required Comprehensive assessments, assessment completion is defined as completion of the CAA process in addition to the MDS items, meaning that the RN assessment coordinator has signed and dated both the MDS (Item Z0500) and CAA(s) (Item V0200B) completion attestations. Since a Comprehensive assessment includes completion of both the MDS and the CAA process, the assessment timing requirements for a comprehensive assessment apply to both the completion of the MDS and the CAA process.
- For non-comprehensive and Discharge assessments, assessment completion is defined as completion of the MDS only, meaning that the RN assessment coordinator has signed and dated the MDS (Item Z0500) completion attestation.

Completion requirements are dependent on the assessment type and timing requirements. Completion specifics by assessment type are discussed in (Chapter 2) Section 2.6 for OBRA assessments and Section 2.9 for Medicare assessments.

## Admission Assessments/CAA's/Defaults

RAI Manual Chapter 2, page 2-18:


The Admission (OBRA) assessment is a comprehensive assessment for a new resident and, under some circumstances, a returning resident that must be completed by the end of day 14, counting the date of admission to the nursing home as day 1 ….

Although an Admission assessment is not required unless a resident has been there 14 days, it can be completed and submitted prior to day 14. Note in the article about Assessment Completion on page 2 that CAA's are required for comprehensive assessments, which includes the Admission assessment.

One reason to complete an early Admission assessment: If a resident is there less than 14 days there will be a default on the RUG report unless they are Medicare and the required PPS assessments are completed. Residents who are Private Pay or Managed Care do not have PPS requirements. Many Managed Care organizations require an MDS assessment to be completed for billing on the same schedule as the Medicare Part A PPS schedule. These assessments, however, are <u>not</u> to be transmitted to the CMS data base.

Per RAI Manual Chapter 5, page 5-1:

Assessments that are completed for purposes other than OBRA and SNF PPS reasons are not to be submitted, e.g., private insurance, including but not limited to Medicare Advantage plans.

### MDS 3.0 Word Find

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C | M | T | D | E | T | E | L | K | Y | S | I | W | T | E |
| V | O | O | N | R | R | A | W | P | P | N | L | N | R | V |
| A | Y | M | O | A | A | A | A | P | A | U | E | G | C | I |
| L | R | M | P | D | C | R | C | C | C | M | R | U | M | T |
| I | T | U | N | R | E | I | T | I | S | A | J | R | O | A |
| D | N | D | Q | H | E | I | F | S | D | O | A | C | D | R |
| A | E | N | T | W | V | H | E | I | M | E | O | G | I | O |
| T | E | L | D | A | H | S | E | R | N | G | M | P | F | T |
| I | R | O | T | L | S | E | A | N | N | G | W | I | I | S |
| O | T | I | Q | A | R | O | M | I | S | M | I | P | C | E |
| N | O | Q | U | A | L | I | T | Y | T | I | R | S | A | R |
| N | F | U | N | C | T | I | O | N | A | L | V | H | T | O |
| A | C | R | F | E | O | Y | O | F | J | F | K | E | I | B |
| X | V | A | M | N | D | I | A | C | I | D | E | M | O | R |
| N | O | I | S | S | I | M | S | N | A | R | T | A | N | A |

<u>WORD FIND LIST</u>
ADL
ARD
ASSESSMENT
CAA
COGNITION
COMPREHENSIVE
FUNCTIONAL
INACTIVATION
MEDICAID
MEDICARE
MODIFICATION
MOOD
OBRA
OMRA
PPS
QUALITY
RAI
REENTRY
RESTORATIVE
ROM
RUG
SIGNIFICANT
THERAPY
TRANSMISSION
VALIDATION

The MDS-WA newsletter publishes info that you can **really use** in your work with the MDS: tips and hints, new stuff from CMS, clinical info, technical help, notices about RUG reports, and more.

**Sign up for the MDS-WA Listserv Newsletter** by emailing LISTSERV@LISTSERV.WA.GOV
In the subject line put: SUBSCRIBE MDS-WA

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## NH web sites in WA

**Info for NH Professionals**
http://www.aasa.dshs.wa.gov/professional/nh.htm

**MDS Automation web page**
http://www.adsa.dshs.wa.gov/Professional/MDS/Automation/

**MDS Clinical web page**
http://www.adsa.dshs.wa.gov/Professional/MDS/Clinical/

**NH Rates web page**
http://www.adsa.dshs.wa.gov/professional/rates/

**NH Rates and Reports**
http://www.adsa.dshs.wa.gov/professional/rates/reports/

**Case Mix web page**
http://www.adsa.dshs.wa.gov/professional/CaseMix/

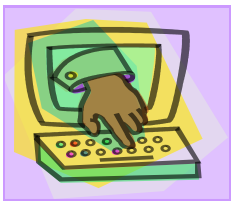


## RUG REPORT SCHEDULE for 2012

| | Run date | Includes MDS submitted through: |
|---|---|---|
| 4th quarter preliminary | 1/17/2012 | 1/13/2012 |
| Revised 4th quarter preliminary | 2/6/2012 | 2/1/2012 |
| 1st Semi-Annual preliminary | 4/16/2012 | 4/13/2012 |
| Final 1st Semi-Annual | 5/7/2012 | 5/1/2012 |
| 2nd quarter preliminary | 7/16/2012 | 7/13/2012 |
| Revised 2nd quarter preliminary | 8/6/2012 | 8/1/2012 |
| 2nd Semi-Annual preliminary | 10/15/2012 | 10/12/2012 |
| Final 2nd Semi-Annual | 11/5/2012 | 11/1/2012 |

The posting date may be a day or two later than the Run Date. There will also be an Invalid Medicaid ID (A0700) Entries in MDS Report posted.

# Computer Corner



## Errors, Errors, Errors!

Some of the Error Messages are Warnings , not Fatal, and do not stop the entry of the MDS information. They do however, need to be analyzed to see if there may be a problem with what was submitted. Here are a few examples:

-1018 Inconsistent Record Sequence: Under CMS sequencing guidelines, the type of assessment in this record does not logically follow the type of assessment in the record received prior to this one.

If you submitted records out of sequence you will get this error message. If you are puzzled by this message, please contact me. There may be a duplicate resident ID or there may be assessments that you think are in the system but aren't.

-1027 New Resident: A new resident record was created in the QIES ASAP System with the information submitted in this MDS record. Verify that the new information is correct.

If this is a new resident, you do not need to do anything about this warning message. If this is not a new resident then you may have created a duplicate resident. Please contact me to verify.


For further information on Duplicate Residents, please go to http://www.adsa.dshs.wa.gov/professional/casemix/ , scroll down to Fixing Errors and click on Duplicate Residents.

*Judy Bennett*