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# NAVIGATING THE MAJOR MDS CHANGES

What skilled nursing facilities need  
to know to successfully prepare

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It's complicated. That might be the best two-word way to describe the enormous shift posed by the changes to Minimum Data Set specifications by the Centers for Medicare & Medicaid Services. It's well known some jolts will shake up reimbursement formulas and patient assessment processes.

Leaders of skilled nursing facilities have by now circled Oct. 1 as the date the changes take effect. Preparation, including following and understanding each update as it comes, has been critical.



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– JENNY LEE, MATRIXCARE

That preparation has included hearing from respected subject matter experts, such as those from market leader MatrixCare who recently enumerated key ways providers can approach the changes with more clarity during a *McKnight's* webinar.

Simplifying the changes down to three numbers – 29, 17, 13 (not unlike a lock combination) – seems like a good start, they explained.



Or put more precisely:

- 29 – new and modified MDS questions that aim to bring more commonality between post-acute care and the Outcome and Assessment Information Set (OASIS) form used in home health
- 17 – impacted Care Area Assessment (CAA) worksheets
- 13 – CAA triggers updated

“We’re in this together,” said MatrixCare Clinical Product Manager Cassie Diner, BSN, RN, referring to skilled nursing facilities and vendors. Collaboration will be especially necessary for keeping track of any state-specific changes that might develop, she added: “Together we can bring clarity to the details.”

### THE VALUE OF INTERNAL ASSESSMENTS

Diner said facilities should be preparing by conducting internal audits that look at the accuracy of care assessment content and reviewing pre-admission screening to ensure they’re documenting as much information as possible within the resident record. They also should be determining if they’re using the best interview tools to gain the best insights, and completing pilot studies with a small controlled group on new processes after first establishing specifics on what will be measured, for how long, and what would be done with the results.

“The time savings of using an analytics solution that automatically presents data in the form of charts and trending graphs to monitor for outcomes is becoming increasingly significant to success,” said MatrixCare Regulatory Compliance Manager Jenny Lee.



A facility's processes may become obsolete or change as a result of the new specifications. For example, question O0100, which notes special treatments and procedures, including oxygen therapy, is being retired and replaced by question O0110. Now, when oxygen therapy is selected, there will be more options to choose from to indicate if the therapy is continuous, intermittent or high concentration. In addition, an updated mood interview is now being referred to as PHQ2-9, which includes skip logic based on the responses to the first two questions.

## G, IT'S BEEN NICE, BUT ...

The biggest change involves Section G, or functional status. It will no longer exist in the OBRA form. That essentially makes it impossible to calculate a valid Resource Utilization Group score, or RUG score, which has classified patients by the type and quantity of care they receive to determine reimbursement, experts note.

In 2019, Medicare transitioned to using the Patient Driven Payment Model, which places more emphasis on patient-specific care rather than quantity of care or therapy scoring. Some states, though, didn't make the same transition. That means skilled nursing facilities in those states would need to fill out an extra optional state assessment (OSA) form in parallel with an OBRA assessment.



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The elimination of Section G has had other effects as well. The CAA5 worksheet, or activities of daily living, is effectively disabled due to its dependency on Section G.

The MDS changes also have placed more emphasis on Section GG for assessments, which will be a big change for facilities that haven't been filling it out. Those facilities will now need to finish Section GG, which includes information about functional abilities and goals. If the facilities are in a state that still uses RUG scores, they will need to do two assessments.

Diner emphasized that it's critical to monitor each state's actions, as most are in planning stages ahead of the MDS changes taking effect.

"Any state-specific information is critical to Oct. 1 success," she noted.

With the impact to reimbursement formulas, facilities will want to document and review all processes related to MDS management and reimbursement, Diner emphasized. Because identifying the correct payer drives the assessment schedule through to completion dates, it's essential to identify and enter the payer in a timely manner. Missed assessments, of course, can be very costly.

## PREP FOR OCT. 1

Diner and Lee encouraged operators to review their assessments and make changes well in advance of the effective date of the MDS switchover, eliminating or changing questions in light of the updates in order to capture needed data.

The key, they said, is to plan and make lists. Staff should be informed about changed forms and an implementation plan should be put in place. That should include designating staff to produce a mandatory training plan well ahead of time to educate their colleagues, explaining the reasoning and having someone oversee the consistency of the training, tailored to specific roles.

Caregivers and nursing staff should certainly be up to speed understanding the new policies, as well as be PDPM competent, they said. Facility leaders should also identify who among the caregiving and nursing staff would be most appropriate to answer Section GG questions.

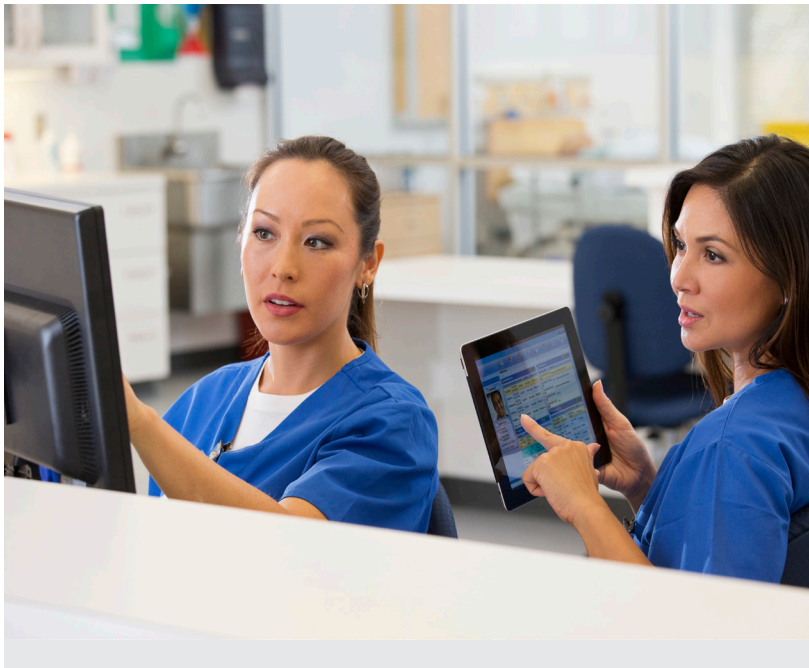


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Providers should designate staff to produce mandatory training material well ahead of time, experts say.

“Staff confidence is always key to success, especially around change,” Diner said.

She suggested facilities lean on their facility’s MDS coordinator and work as a team to identify which forms need to be updated, and determine roles and responsibility for team members that contribute to the MDS. Early, thorough preparation should make for a smooth transition, Diner said.

CMS was scheduled to release the final version of the new MDS 118.11 data specifications and a training video in May and host a live virtual workshop soon after. The final Resident Assessment Instrument (RAI) manual will be released in August, officials said. Then, providers will have until Oct. 1 to prepare their staff members and processes for the actual implementation date.

### SHARING INFORMATION

A skilled nursing facility’s relationship with its technology vendor will be critical. Vendors should be communicating preparations with their clients through newsletters, updated documents and/or blogs, for example. They also should be offering product training, webinars and things like seats on advisory boards. In addition, they should be actively engaged at both the national and state levels in regards to changes.

That said, Diner encouraged skilled nursing facility clients to be proactive. If they “see something, say something” – especially to their vendors if they become aware of any state changes, for example.

Facilities should determine what systems are used now for collecting MDS data and how they will need to change. Oxygen therapy, as previously noted, for example, now has sub-questions, as does chemotherapy (to note if it’s delivered by IV, oral or otherwise, for example). Those details and those changes need to be identified now, not later, presenters said.

Updates are still forthcoming, including the eagerly anticipated details on what will be included in the final RAI manual when it arrives this summer. When regulators make that release, that will open a new, somewhat frenzied period of discovery and gearing up.

“Asking pertinent and detailed questions for clarity will be critical to success,” Diner said. “We’re going to have to be agile and quickly digest and adapt to new information.”

To illustrate the benefit of agility, she and Lee referred several times to using the technology wonder-kind ChatGPT. In fact, they asked the artificial intelligence tool to produce a poem about the upcoming MDS



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changes. The result was this:

*So let’s embrace this challenge anew  
And laugh at the absurdities too  
For we’re in this together, come what may  
And we’ll get through each MDS day by day.*

“We all know on a high level what’s coming. We have lists and plans to keep us busy as we prepare. But we will have to be agile and quickly adapt,” she reiterated. “The best way to do this is together.” ■