

## **Slide 1**

### **Title: CMS SOM - Appendix PP & Survey Forms 672, 802 & 805**

Revisions as a Result of Implementation of  
MDS 3.0 & HealthCare Reform

Effective 10-1-2010

#### **Instructor Notes:**

N/A

## **Slide 2**

### **Title: Overview of Changes to Appendix PP & CMS Forms 672, 802 and 805**

- These training materials will highlight the permanent changes.
- Those items that are no longer applicable related to MDS 2.0 have been deleted and/or replaced
- Red font and italics or highlighting used to denote new/revised language in Appendix PP and CMS Survey Forms 672, 802 and 805

#### **Instructor Notes:**

On October 1, 2010, implementation for the Minimum Data Set (MDS) Version 3.0 will begin in nursing homes.

As the changes to the State Operations Manual (SOM) Appendix PP & CMS Forms 672, 802 & 805 are permanent in nature and not to be implemented until MDS 3.0 is implemented, CMS will provide these changes in final through an official agency transmittal closer to the effective date of October 1, 2010. However, CMS is providing advanced notification of these changes via a Survey and Certification Memo, to which these training materials will be attached, in September, 2010 so that States, surveyors, and providers may familiarize themselves prior to implementation.

As you review the changes to the Appendix PP, you will note that areas that were applicable for MDS 2.0 have either been deleted or replaced with references to the MDS 3.0. Other additions have been made to incorporate MDS 3.0 language, as appropriate, and provide clarifying information regarding infection control and nurse aides as a result of the Affordable Care Act of 2010. While deletions are not identified in Appendix PP, permanent additions or replacements are identified with red font and italics.

As you review the changes to CMS Forms 672, 802 & 805, you will note that areas that were applicable for MDS 2.0 have either been deleted or replaced with references to the MDS 3.0. As these revisions are permanent and the forms official, revisions are identified with red, italicized font &/or highlighting.

In addition, the traditional survey process for nursing homes requires the offsite selection of the survey sample based upon the QM/QI reports. Beginning on October 1, these reports will not be produced until the MDS 3.0 database has enough information and quarters in place to provide the reports. As a result, the CMS Form 802 & 802S required a permanent set of revisions to incorporate MDS 3.0 coding instructions and deletion of QM/QI references. These revisions will remain in effect until the QM/QI reports are developed based upon the MDS 3.0 data that has been transmitted from nursing homes.

The purpose of these training materials is to bring to your attention only to those areas in Appendix PP in which revisions were made as a result of implementation of the MDS 3.0 and the Affordable Care Act (ACA), otherwise known as HealthCare Reform, or other technical corrections.

### **Slide 3**

#### **Title: Transition to MDS 3.0**

- Implementation – October 1, 2010
- Assessment timing based upon:
  - Type of assessment;
  - Last assessment completion; and
  - Assessment Reference Dates (ARD):
    - MDS 2.0 or MDS 3.0
    - Comprehensive or Non-comprehensive
- Assessment Transmission – Within 14 days of completion to the CMS system

#### **Instructor Notes:**

As was mentioned, the MDS 3.0 will be implemented this October 1<sup>st</sup> across the nation's nursing homes. What this means is that facilities must complete MDS 3.0 assessments on residents for any assessment scheduled with an Assessment Reference Date of October 1, or later. If the ARD is on or before September 30, then an MDS 2.0 assessment must be completed. CMS promulgated new rules for the implementation of MDS 3.0. We will be covering these regulatory changes later in the training.

I would like to describe some of the changes in relation to the timing and scheduling of the assessments. Let's start with the timing changes. As you know, the timing of assessment scheduling for the MDS 2.0 is based on completion dates that the RN certifies that the assessment was completed. These dates are located at Vb2 for comprehensive MDS assessments and at R2b for quarterly MDS assessments.

Now, let me describe the timing changes for the MDS 3.0. The regulation at 483.20(b)(2)(iii) located at F275, requires that a comprehensive assessment must be conducted at least every 12 months. This is unchanged. What has changed is that the timing of assessment scheduling for the MDS 3.0 is based upon Assessment Reference Dates, called ARDs. The ARD is the end of the observation, or look back, period of the assessment. For transition purposes, if the most recent prior comprehensive assessment is a MDS 2.0, then the ARD of the next annual comprehensive assessment, using the MDS 3.0, must be within 366 days of the date located on the MDS 2.0 annual comprehensive assessment at Vb2.

Now for the quarterly assessments, the regulation at 483.20(c) located at F276, requires the quarterly assessment to be conducted at least every 3 months. This is also unchanged. What has changed is that for transition purposes, if the most recent annual or quarterly assessment is a MDS 2.0, then the ARD of the next quarterly assessment, using the MDS 3.0, must be within 92 days of the date located on the MDS 2.0 annual or quarterly assessment at R2b.

Once residents have some MDS 3.0 assessments completed this gets much easier as both the quarterly and annual timing rules I just described look back to the last MDS 3.0 assessment ARD in determining when the next MDS 3.0 assessment's ARD must be by.

Revisions have been made in the interpretive guidance at these F tags in Appendix PP to note the use of the ARD.

Now, let's talk about the changes for the transmission of the MDS 3.0. The current regulation at 483.20(f)(3) located at F287 requires the transmission of the MDS data to the State for all assessments conducted within the previous month. This regulation language has been changed to reflect the requirement for transmission of the MDS data within 14 days, rather than 30 days, after completion to the CMS system, rather than to the State Agency. These revisions were made a part of the 2009 Skilled Nursing Facility Prospective Payment System, or SNF PPS, Rule last summer for implementation with the MDS 3.0 on October 1, 2010. Revisions have been made to Appendix PP regulations and interpretive guidance at these F tags accordingly.

As I just mentioned, due to completion and submission requirements, you may see that some facilities may still be submitting completed MDS 2.0 reports past October 1<sup>st</sup>. However, for any resident admitted on and after October 1, 2010, or who has an assessment scheduled on or after October 1, the MDS 3.0 must be conducted and transmitted according to the regulations.

Detailed information on the completion, submission, and timing requirements for the MDS 3.0 can be found in chapter 2 of the Resident Assessment Instrument User's Manual for MDS 3.0.

#### **Slide 4**

##### **Title: MDS Changes to Appendix PP**

- Implementation of MDS 3.0 results in:
  - Change in MDS item numbering/coding & instructions
  - Change from Resident Assessment Protocols (RAPs) to Care Area Assessments (CAAs)
  - Change in Quality Measures & Quality Indicators (QMs/QIs)
  - Inability to run QM/QI reports temporarily

##### **Instructor Notes:**

Now that you have background information on the MDS 3.0 implementation, let's talk about how it will affect Appendix PP of the SOM.

With the implementation of MDS 3.0 come changes to the item, or question, numbering convention, section references, and coding instructions. Some items from the MDS 2.0 are simply no longer available on the MDS 3.0, while others have changed slightly in their format/wording/coding (Section G on Activities of Daily Living (ADLs)). Yet others have had significant changes in how they are worded & coded (for example, Section M on pressure ulcers).

Then there is the change from the MDS 2.0 Resident Assessment Protocols, or RAPs, to the MDS 3.0 Care Area Assessments, or CAAs.

All of these changes impact the references to the MDS 2.0 instrument that are a part of Appendix PP, the QM/QIs, and nursing home survey forms CMS 672, 802 and 805.

In addition, as previously mentioned we will no longer have the ability to run the QM/QI reports, or even reference them, until CMS has had time to look at the MDS 3.0 data coming in from facilities and test the calculations for the draft set of QMs & QIs. This causes changes to how surveyors choose their sample off-site for the traditional survey process, as well as changes to CMS Form 802S.

#### **Slide 5**

##### **Title: MDS Changes to Appendix PP**

- **Revisions to Regulations**
  - 483.20(b)(1)(xvii) (F272) - replaces RAPs with CAAs
  - 483.20(f)(3) (F287):
    - Replaces transmission to the State with transmission to the CMS/MDS System
    - Replaces transmission monthly with transmission within 14 days
- **Formatting and editorial revisions throughout the Guidance to Surveyors**
  - References to MDS items & coding
  - References to CAAs, ARDs, timing, & definitions
  - Changes in guidance for staging pressure ulcers

**Instructor Notes:**

As you can see on this slide, the regulatory language at several sections of 483.20 has been changed. These changes include:

- The use of CAAs instead of the use of RAPs; and
- The transmission of the assessment within 14 days, instead of monthly, to the CMS MDS system instead of transmitting to the State Agency.

Also as a result of the MDS 3.0 requirements and implementation on October 1, references throughout the Guidance to Surveyors regarding the MDS 2.0, including specific items and coding responses, RAPs, submission timing, and assessment scheduling based on ARDs, have been revised. For the most part, references to specific MDS 2.0 items, sections, and coding responses have been replaced with general references to the MDS. The references to ADLs are an exception to this in order to maintain the integrity of the interpretive guidance.

Other changes include revisions to pressure ulcer and ADL definitions in accordance with the MDS 3.0.

**Slide 6**

**Title: Other Changes to Appendix PP**

- **Few Other Revisions to Appendix PP (not related to MDS 3.0 specifically)**

- F286 (Maintenance of MDS Data)
- F441 (Infection Control): Investigative Protocol
- F493 and F495 – F497 (Nurse Aides)

**Instructor Notes:**

CMS also made a few other clarifying revisions to F-tags not related to the implementation of the MDS 3.0.

Those include:

- To F286 in order to provide clarifying information regarding the maintenance and accessibility of MDS data electronically at facilities. Specifically, we clarified that facilities may maintain MDS data electronically regardless of whether they are an entirely electronic health record facility and regardless of whether they have electronic signatures in place. Facilities will need to ensure that policies and procedures are in place to handle such situations, including the accessibility to staff, consultants, surveyors, and CMS as needed. We also provided some clarifying information regarding backdating as it relates to printing of signature pages & placing a date on them when they are requested after assessment completion;
- F441 in order to provide clarifying information to the investigative protocol regarding the use of standard precautions during performance of blood glucose testing; and
- F493, F495, F496, and F497 in order to clarify that Section 6121 of the Patient Protection and Affordable Care Act of 2010 (otherwise known as the Affordable Care Act (or ACA) or HealthCare Reform) amends Sections 1819(b)(5)(F) and 1919(b)(5)(F) of the Social Security Act to note that nurse aides also include agency or contractual individuals and that all nurse aides must receive initial and annual dementia management and patient abuse prevention training.

**Slide 7**

**Title: Care Area Assessments (CAAs)**

- Removal of Resident Assessment Protocols (RAPs)
- Use of the Care Area Assessment (CAA) Process:
  - Identification of potential resident conditions/issues;
  - Identification of risks and causes of resident conditions;

**Instructor Notes:**

So I've mentioned this replacement of the RAPs with CAAs and you may be thinking what these CAAs are?

Well, the CAAs, just like the RAPs, reflect conditions, symptoms, and other areas of concern that are common in nursing home residents and are commonly identified or suggested by MDS findings. The CAAs remain a mechanism, as were the RAPs, for the identification of risks & causes of potential resident conditions/issues, and therefore remain as a 'bridge' to the development of a care plan that meets the identified needs of the resident.

There were 18 RAPS associated with the MDS 2.0. These remain intact as CAAs, and CMS added 2 CAAs, one for the assessment of pain and one for the return to community referral.

You should note that the use of the CAAs are only required to be used for completion of a comprehensive MDS assessment. Each triggered item **must** be assessed further through the use of the CAA process to facilitate care plan decision making, but it **may or may not** represent a condition that should or will be addressed in the care plan.

## **Slide 8**

### **Title: CAA Process**

- Use of the Care Area Assessment (CAA) Process:
  - Completion of the CAA Summary;
  - Development of a care plan that meets the identified needs of the resident.
- For information on the CAAs, see Chapter 4 and

Appendix C of the Long-Term Care Facility Resident

Assessment Instrument User's Manual, Version 3.0, effective

10/1/2010, which is located on the CMS MDS 3.0 website at:

[http://www.cms.gov/NursingHomeQualityInits/45\\_NHQIMDS30TrainingMaterials.asp#TopOfPage](http://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp#TopOfPage)

### **Instructor Notes:**

So what does this mean in terms of the documentation surveyors will see at the facilities?

Chapter 4 of the MDS 3.0 manual instructs facilities to ensure that CAA documentation indicates:

- 1) The nature of the resident's condition/issue,

- 2) Related underlying causes, contributing factors, and risk factors,
- 3) Complications,
- 4) Factors that must be considered in developing individualized care plan interventions,
- 5) The decision to care plan or not,
- 6) The need for additional evaluation, and
- 7) The resource(s) or assessment tool(s) used for decision-making, including conclusions.

The CAA process, like the RAP process, requires the completion of the CAA Summary, which continues to be Section V of the MDS. Specifically, V0200A on the MDS provides information regarding whether a CAA has been triggered, whether that triggered care area has been addressed in the care plan, and the location and date of any CAA process documentation.

Also, the facility is required to document the comprehensive assessment of each triggered item in the resident's clinical record. Regardless of the CAA tool utilized, facilities must document what tool they have used either in the resident's clinical record or as part of the facility's operating procedures.

Appendix C of the MDS 3.0 manual provides a list of resources and an assessment tool for each CAA and corresponding directions for its use similar to the RAPs. Although it is not mandatory, facilities may choose to use these assessment tools for the completion of the CAA process. It is important to note that references to non-CMS sources or sites on the internet are provided as a service and do not constitute or imply endorsement of these organizations or their programs by CMS or the U. S. Department of Health and Human Services. CMS is not responsible for the content of pages found at these sites. URL addresses were current as of the date of the publication of the manual. Remember these resources are not mandatory or all-inclusive.

In addition, the language regarding the MDS 2.0 care area triggers was changed. On the MDS 3.0, triggered care areas are referred to as Care Area Triggers, or CATs. We have included the location of the Resident Assessment Instrument Manual for the MDS 3.0, which may be found on the CMS website as noted in the slide.

## **Slide 9**

### **Title: Roster/Sample Matrix (CMS 802)**

- Revisions to 802 form
  - Falls/Fractures is now a **separate field from** Abrasions/Bruises
  - Behavioral Symptoms is now a **separate field from** Depression



– Resident Characteristics renumbered

**Instructor Notes:**

So now let's talk about what happens to the Roster/Sample Matrix, CMS 802, as a result of implementation of the MDS 3.0.

You have been provided with a copy of the CMS 802, the 802P, the provider instructions, and the 802S, which are the surveyor instructions. Note that these documents will be released through an official agency transmittal, like the SOM Appendix PP, on October 1, 2010.

We have already mentioned that the QM/QIs, and QM/QI reports will be unavailable beginning 10/1/2010. The current 802S contains references to specific MDS 2.0 coding. Because of the changes on the MDS 3.0, we made revisions to the 802 form itself, as well as to the 802P - provider instructions and the 802S - surveyor instructions, to accommodate the changes.

Specifically, revisions to the 802 forms include revisions to the MDS 3.0 coding instructions. Also as a result of how the MDS 3.0 is coded, CMS has separated the resident characteristic field titled "Falls/Fractures/Abrasions/Bruises" into 2 fields, one titled "Falls/Fractures" and the other titled "Abrasion/Bruises."

Another revision is located at the resident characteristic field titled "Behavioral Symptoms/Depression". This field has been separated into 2 fields, one titled "Behavioral Symptoms" and the other titled "Depression".

These changes have resulted in the renumbering of the resident characteristic fields on the form itself, making the 'free form' fields previously numbered as 34 and 35 now 36 and 37.

When the QM/QIs and the QM/QI reports are available again, this form may again be revised to accommodate any changes.

Please note that surveyors will continue to use a Roster/Sample Matrix during the nursing home traditional survey process – they will just use it during the tour, recording the resident's name, location and identifying those areas that are applicable to the individual resident, and add other concerns, if any, to the Roster/Sample Matrix.

Also note that there has never been, and still is not, a federal requirement to automate the 802 and so facilities continue to be required to provide the information on the 802 to represent current resident status on the first day of the survey.

**Slide 10**

**Title: Roster/Sample Matrix (CMS 802P) Provider Instructions**

- Revisions to 802P (provider instructions)

- MDS 3.0 coding or manual coding instructions
- Resident Characteristic fields renumbered

**Instructor Notes:**

Now, let's talk about the changes to the Roster/Sample Matrix for the provider instructions, CMS 802P.

As a result of the changes to the MDS 3.0 instrument, as well as the renumbering of the resident characteristic fields on the 802 itself, we have revised the provider instructions for completing the 802 form.

These revisions include the renumbering of the resident characteristic fields accordingly, as well as changes to MDS item & coding references.

Again, it is important to note that some providers have previously automated the 802, and all of the fields were filled in based on the MDS 2.0 instrument. However, some fields are not reflected in the MDS 3.0, such as the section on "Fecal Impaction" and the form now contains instructions for the provider to code the information manually. Facilities must complete the 802 with the information they have in their clinical records, regardless of the availability of MDS information.

**Slide 11**

**Title: Roster/Sample Matrix (CMS 802S) Surveyor Instructions**

- Revisions to 802S (surveyor instructions)
  - References to QM/QIs removed
  - Resident Characteristic fields renumbered

**Instructor Notes:**

Ok, let's move on to the changes to the Roster/Sample Matrix for the surveyor instructions, CMS 802S.

As a result of the changes to the MDS 3.0 instrument and the unavailability of the QM/QI reports, as well as the renumbering of the resident characteristic fields on the 802 itself, we have revised the surveyor instructions. These revisions include the renumbering of the resident characteristic fields as well as removing any references to the QM/QIs.

As soon as the QM/QIs and the QM/QI reports are available for use, these instructions will be revised accordingly.

## **Slide 12**

### **Title: Resident Census & Conditions of Residents (CMS 672)**

- Revisions to 672 form
  - None
- Revisions to 672 instructions
  - MDS 3.0 coding replaces MDS 2.0 coding references
  - Manual coding instructions for some fields
- The use of the form has NOT changed

### **Instructor Notes:**

The team coordinator may need to explain to the administrator, how the CMS 672 form, the Resident Census & Conditions of Residents, has changed. So let's talk about what happens to the CMS 672 form as a result of implementation of the MDS 3.0.

You have been provided with a copy of the CMS 672. Note that this document will be released through an official agency transmittal, like the SOM Appendix PP, on October 1, 2010.

The revisions include the removal of all items reflected on the MDS 2.0 and now only address those items found on the MDS 3.0.

Again, it is important to note that some providers have previously automated the 672 and all of the fields were filled in based on the MDS 2.0 instrument. However, some fields are not reflected in the MDS 3.0, such as the item on "Bedfast Residents". At that section, the form now contains instructions for the provider to code the information manually. Facilities must complete the 672 with the information they have in their clinical records, regardless of the availability of MDS information.

We do not expect that these instructions will need to be revised when the QM/QI reports become available again.

It is worth noting that how this form is used has NOT changed.

## **Slide 13**

### **Title: Resident Review Worksheet (CMS 805)**

- Revisions to 805 form
  - None

- Revisions to 805 instructions
  - MDS 3.0 CAAs replaces MDS 2.0 RAPs references
- The use of the form has NOT changed

**Instructor Notes:**

Now let's talk about what happens to the CMS 805 form as a result of implementation of the MDS 3.0.

You have been provided with a copy of the CMS 805. Note that this document will be released through an official agency transmittal, like the SOM Appendix PP, on October 1, 2010.

The revisions include the replacing of all references to RAPs with CAAs.

We also do not expect that these instructions will need to be revised when the QM/QI reports become available again.

It is worth noting that how this form is used has NOT changed.

**Slide 14**

**Title: MDS 3.0 Information References**

**Record Review:**

- Review the appropriate sections of the MDS for background information including customary routines and demographic information to provide an understanding of the resident prior to admission.
- For the location of the specific sections of the MDS 3.0, see Chapter 3 of the Long-Term Care Facility Resident Assessment Instrument User's Manual, Version 3.0, effective 10/1/2010, which is located on the CMS MDS 3.0 website:

[http://www.cms.gov/NursingHomeQualityInits/45\\_NHQIMDS30TrainingMaterials.asp#TopOfPage](http://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp#TopOfPage)

**Instructor Notes:**

As you are reviewing the resident's record, you may have questions on particular MDS items, such as the background information. There is not a crosswalk of MDS 2.0 items to MDS 3.0 items. For information regarding what is included in each of the sections of the MDS 3.0., refer to Chapter 3 of the manual whose location is noted on the slide.

Also included on this site, either via download or as a link, are the remainder of the MDS 3.0 manual, technical specifications for MDS data, and MDS 3.0 training presentations and instructor's guides.

The information on this site includes valuable resources about every aspect of the MDS 3.0. Surveyors should familiarize themselves with the location of the information and refer providers to this site for questions on coding or completion of the MDS 3.0.

### **Slide 15**

#### **Title: Appendix P – Changes to Traditional Survey**

#### **Process**

- Implementation of MDS 3.0 scheduled for October 1, 2010. This will temporarily result in:
  - Inability to run Quality Measure-Quality Indicator (QM/QI) reports
  - Inability to select offsite sample based on MDS data
- Identification of residents and/or concerns during onsite tour

#### **Instructor Notes:**

Now that we have finished with our discussion of changes to Appendix PP and CMS Forms 672 & 802, we would like to bring to your attention that revisions were made recently to the traditional survey process for nursing homes in Appendix P of the SOM as a result of implementation of the MDS 3.0.

As previously mentioned, beginning October 1, 2010 we will no longer have the ability to run QM/QI reports until enough MDS 3.0 data has been received. As a result, the major change to the traditional survey process is to the offsite sample selection since there are no QM/QI reports to run and an offsite sample selection for the Phase 1 sample cannot occur. Revisions to tasks 1-5 of the traditional survey process for nursing homes were made. Since these revisions are temporary in nature, they were not communicated via an official agency transmittal. Instead, the revisions and associated training materials were communicated through S&C Memo 10-27-NH on July 30, 2010.

For those surveyors who surveyed prior to 1998, these changes will seem familiar as they echo the 1995 non-QM/QI based survey process.