MDS Basics

- The MDS is required as part of OBRA '87 – a regulatory framework to improve quality of care by requiring a periodic assessment of critical clinical items and establishing and updating a person-centered care plan.
  - On admission – within 14 days of admission
  - Quarterly review – at least once every 92 days
  - Annual comprehensive reassessment – at least once every 365 days
  - With significant change in resident status – when resident experiences a change in condition that effects two or more areas of care and is not expected to return to their baseline within 2 weeks

- The MDS is one component of the Resident Assessment Instrument (RAI) process required by regulation
  - Minimum Data Set (MDS) – screens for potential problems which might need to be addressed
  - Care Area Assessments (CAAs) – further, in-depth assessments of potential problem areas
  - Care Plan – establishes clinical goals for the resident to meet and identifies the interventions to be used to help meet that goal within a specified time frame

- The MDS affects reimbursement
  - Medicare reimbursement is based on the Patient Driven Payment Model (PDPM) which uses MDS information to calculate five resident specific payment rates for each beneficiary
  - In many states, the MDS is used to calculate case-mix scores which affect the facility's Medicaid payment rate

- The MDS generates quality measures
  - Publicly reported on Care Compare for consumers to use to evaluate potential placement
  - SNF VBP uses a set of quality measures to calculate a facility incentive multiplier applied to Medicare rates
  - Many states use quality measure performance to adjust Medicaid rates

- Fundamentals for accurate assessing
  - The RAI process is required to be an interdisciplinary process and must be conducted or coordinated by an RN
  - Requires collecting information from multiple sources, which include the resident and their family or significant others, the direct care staff on all shifts, direct observation by the assessor, the medical record and physician
  - The MDS does not capture what is normal or usual for the resident, nor what the resident is thought to be capable of.
  - The MDS establishes a look back period (most commonly the last 7 days) and captures what actually happened during that lookback period.
  - You must use the RAI User's Manual to have accurate assessments
    - Steps for assessment
    - Coding instructions
    - Coding tips and special populations
    - Examples

- Potential penalties for inaccurate assessments
  - Survey deficiencies
  - Poor resident outcomes
  - Inadequate reimbursement
  - Poor quality metrics

Recent and Future Developments

October 1, 2023 saw significant changes to the MDS as CMS transitioned to version 1.18.11

- Additional resident interview items
  - Race and ethnicity questions that MUST be asked of each resident with each assessment
  - Social determinant of health items that have to be asked of Medicare beneficiaries
    - Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?
    - How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?
  - Failure to conduct resident interviews on or before the ARD can lead to penalties

- Removal of Section G, transition to Section GG for regulatory assessing functional status
  - Section GG assesses the resident's usual performance in self-care and mobility tasks over a three-day assessment period
  - Assess the resident's self-care performance based on direct observation, incorporating resident self-reports and reports from qualified clinicians, care staff, or family documented in the resident's medical record during the assessment period.
  - CMS anticipates that an interdisciplinary team of qualified clinicians is involved in assessing the resident during the assessment period.
  - If the resident's functional status varies, record the resident's usual ability to perform each activity.
  - Do not record the resident's best performance and do not record the resident's worst performance, but rather record the resident's usual performance.

- New information regarding high-risk drug classes
  - Is there an indication noted for all meds in the drug class?
  - New high risk drug classes: Antiplatelet, hypoglycemia

- Significant changes to Section O: Special Treatments, Procedures and Programs
  - No longer report items while not a resident
  - Additional details required for certain items
  - Reporting whether used "on admission" and "at discharge"

Future Developments

- The MDS will continue to change as CMS adds additional social determinant of health questions
- There will be additional scrutiny on assessment accuracy
  - Schizophrenia audits continue
  - New validation audits for quality measure programs
  - New PP guidance to surveyors regarding "patterns" of errors
  - Increasing number of items included on the APU calculation which looks at the use of dashes on the MDS