Navigating MDS Changes: Keep Calm and Care On

For many, preparing for revisions to the Minimum Data Set (MDS) 3.0 is marked by scrambling, confusion, and worries about getting it right and surviving audits and surveys. However, Leah Klusch, executive director of The Alliance Training Center in Ohio, might approach it like a detective or investigator – with attention to detail, thorough knowledge of every bit of evidence and information, and the ability to communicate with a broad audience. In MDS 3.0 Regulatory Update, Survey Activity, and Audit Outcomes, a recent PharMerica webinar, she offered insights that providers and team leaders can use so that they can keep calm and care on.

Klusch was clear that finding success with the MDS revisions will take a significant investment in time, learning, and communicating. However, she also noted that these efforts will lead to effective and efficient processes and procedures, accurate data that maximizes reimbursement and guides care, and successful surveys. She observed, "You need to look at what your processes look like now. Your compliance strategy needs to involve looking over your shoulder at your MDS process. This is the responsibility of your clinical leaders and your interdisciplinary team."

Tracking Your Compliance Strategy

Your compliance strategy, Klusch said, should involve looking at admission criteria and how this is documented in the chart. This documentation should accurately reflect why the person was admitted to the facility under Medicare Part A. The admission primary diagnosis included in the MDS must match billing, she stressed, noting, "This is very important."

You also must ensure that certification documents are signed and dated on time, the original documents are available when audits are done, and that treatments and orders are recorded, and that documentation of interventions for skilled nursing or therapy includes resident-specific plans.

Ensuring Data Accuracy

"The facility owns the record," said Klusch, so providers and team leaders need to make sure that any gaps, issues, or inaccuracies identified by audits are addressed and that actions are taken to improve compliance. Get copies of audit results and use these as a starting point.

It is essential to have updated copies of the regulations and Part A provider requirements as well as the Medicare Benefit Policy Manual. However, it's not enough to have these on a shelf or even at your desk. You need to know, said Klusch, who uses these as a reference, if members of the interdisciplinary team are aware of the revised requirements and timing for compliance and who is responsible for orientation of new staff.

Everyone needs to realize, stressed Klusch, that "data accuracy is primary concern for CMS right now." To ensure accuracy, have strong data formulation processes and policies, make sure specific competency and responsibilities are documented, update manuals and CMS documents, and have these available to team members for reference.

What Your Team Members Need to Know

To start, everyone needs to be familiar and competent with new definitions in the MDS. This is an important part of ensuring that all participants in the assessment process have the requisite knowledge to accurately complete that assessment. Klusch stressed, "The assessment must represent an accurate picture of the resident's status during the assessment reference period. The only place you get this knowledge is the current RAI [Resident Assessment Instrument] manual." Ultimately, make sure your facility has implemented all the definitional and data formulation changes in the October 2019 update. "The PDPM program builds on these guidelines and definitions," she said.

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Riding the Same Wavelength for MDS Success

Klusch discussed the changes/updates in three key regulatory tags to help program participants get and keep their teams on the same wavelength with CMS's expectations. Among the highlights of this discussion:

- **F Tag 636.** This tag now talks about how "you have to include direct observation of and communication with the resident as well as communication with licensed and unlicensed staff and show this in your documentation." Klusch further noted, "You have to use resident observation and communication as primary sources of information when completing the RAI." This calls for the facility to have a system in place to ensure assessments are conducted in accordance with specific timeframes for each resident. "You have to be careful about not including anything outside of the assessment period," she stressed.

- **F Tag 641.** This mandates that the assessment must accurately reflect the resident's complete status, not just their functional capability. In the update, "accuracy of assessment" means that the appropriate, qualifying health professionals correctly document the resident's medical, functional, and psychosocial issues and identify strategies for improving medical and psychosocial status as well as functional abilities using the appropriate RAI.

- **F Tag 642.** This calls for a registered nurse (RN) to conduct or coordinate each assessment with the appropriate practitioner or other health professionals. An RN must sign and certify that the assessment is completed, and each individual who completes any portion of the assessment must sign and certify the accuracy of their efforts. Klusch emphasized, "In a strict vein of discussion, backdating is not acceptable. If you don't get something done, you can't put it in the assessment later. And you can't have a pattern of reporting practices that trigger higher

RUGs scores." This also means reporting every change or issue that happens during the assessment period. For instance, if you have a fall and incident report in the assessment period, this must be reported accurately according to the directions in the manual.

Ready, Set, Action Steps

There are some significant changes and updates, but having processes and systems in place and getting every team member on the same page will give you a leg up. Klusch suggested taking these steps now:

- Ensure staff are aware of the regulatory structure of the MDS process. Provide up-to-date, consistent training and education that puts everyone on the same page.

- Identify those staff members who will be coding on the MDS and who will be coding each section. Identify staff will code payments and QM items on the MDS. Educate them about the use of the color-coded MDS document. Make this a priority.

- Keep records of competency documentation for all staff members.

- Prepare for outside audits and be honest with your teams about the possibility of audits by outside organizations.

Follow this guidance, and you will be prepared for surveys. Know that surveyors have "had a great deal of training on how to evaluate the MDS," said Klusch. So what can you expect from them? Klusch said they will be more focused on the admission primary diagnosis and comorbidities, specific coding for each case being reviewed and what training, and resources you use to code on the MDS, among other things.

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Start preparing now; and when it comes time for surveys, your staff will be able to answer questions about specific MDS codes and timelines. They will be able to refer to the manual instructions and definitions for their coding responsibilities, and they will be able to show that diagnosis on admission matches MDS data.