

October 2023 Updates

# MDS (Minimum Data Set) 3.0

## Version 1.18.11

### Table of **CONTENTS**

- 1 **Introduction**
- 2 **Overview of 1.18.11 Changes**
- 4 **Action Steps**
- 7 **Resources**

# October 2023 Updates

## Introduction

The Minimum Data Set (MDS) is the cornerstone of documentation for health status screening and assessments for long-term care residents that are on Medicare- or Medicaid. As this assessment is required for Medicare reimbursement, it is essential MDS data be current and accurate.

Changes to MDS 3.0-1.18.11, set to go into effect in October 2023, will influence PDPM rate calculations and other issues that impact reimbursement and compliance with regulations. These changes not only affect coding and reimbursement but also the clinical assessment process, state survey outcomes, and quality measurement reporting.

There is no denying that preparing for these changes will take time and effort. However, if you follow these action steps and make sure all the gaps are filled and the boxes are checked, you can feel confident that you are ready for surveyors and the changes to the data set content October 1, 2023.

# Overview of MDS 3.0

## 1.18.11 Changes

MDS 3.0 (Minimum Data Set) is a crucial component of the comprehensive assessment process for individuals receiving long-term care services. Version 1.18.11 represents one of the periodic updates to this assessment tool, and it incorporates several changes and modifications aimed at improving the accuracy and completeness of resident assessments. Here is an overview of the key modifications introduced in MDS 3.0 version 1.18.11:

- 1. Revised Section GG Scoring:** Section GG, which assesses functional abilities, was modified in scoring to enhance accuracy. Changes may include updates to coding rules or scoring thresholds for various activities like self-care and mobility.
- 2. Quality Measures:** Modifications to the Quality Measures section have been made to reflect changes in quality assessment and performance improvement (QAPI) initiatives. This could involve adjustments in the calculation of quality measures or the inclusion of new indicators.
- 3. Coding Clarifications:** MDS 3.0 updates often include clarifications and guidance on coding specific items to ensure consistent and accurate reporting. Facilities may receive additional guidance on how to code various items.

### CHANGES AT A GLANCE

- Much longer than current MDS Assessment
- Section G is completely removed – some items transferred to Section GG
- Manual instructions for current items have been updated in the new RAI Manual October 2023
- Coding instructions on new format changing coding timelines and some definitions
- Significant expansion of Section A Demographics

## Overview of MDS 3.0 1.18.11 Changes, Cont.

- 4. Care Area Assessment (CAAs):** Any changes to the CAAs could impact the assessment process and care planning. Version 1.18.11 will change the CAAs or modify existing ones to address emerging clinical concerns or resident needs.
- 5. Integration with Electronic Health Records (EHRs):** With the increasing adoption of electronic health records, updates should include programs to ensure seamless integration between MDS assessment and electronic health information systems.
- 6. Interoperability Enhancements:** Efforts to improve interoperability with other healthcare systems and data exchange standards are frequently introduced to facilitate communication between different care settings and providers.
- 7. Training and Education:** CMS has made training videos available on YouTube. Facilities can use these as well as training resources included in this guide to assist staff in comprehending and effectively implementing the changes.
- 8. Data Submission Requirements:** Changes to data submission requirements and timelines have been introduced, affecting the way facilities report their MDS data to relevant agencies.
- 9. Compliance and Enforcement Updates:** Any changes in regulations, compliance expectations, or enforcement mechanisms may be outlined in this version, emphasizing the importance of accurate and timely assessments.

## Action Steps

Taking things piece by piece and step by step will help facilities succeed. For operational and fiscal success in 2023, some key focuses include preparation for outside audits; compliance documentation of policies and coverage decisions for partnership agreements; use of Medicare Benefit Policy Manual Chapter 8; case-by-case documentation of coverage; new guidelines with very strict criteria from regulatory sources address requests on submitted claims; and specific certification statement in the Medicare Provider Agreement.

A few key steps to prepare include:

➤ **Audits.** CMS will be paying closer attention to claims, audits, and MDS and billing processes – with mandatory claims review audits being initiated. It will be essential to increase the number of internal audits. Make sure you are active with audits regarding:

- Admission criteria: documentation in the chart regarding why each person was admitted under Part A
- Admission primary diagnosis: MDS and billing must match
- Certification documents: must be signed and dated on time and original documents must be available for external audits
- Treatment records, orders, and documentation of interventions for skilled nursing or skilled therapy, including resident-specific plans and interventions
- Outcomes and documentation of changes in coverage must be documented in administrative or patient specific files
- Records of self-audits (very important and helpful) must be retained to confirm compliance

It will also be important to ensure that assessments are done within designated timeframes. When assessments are completed, you can only count and code things that happen during the observation period. There is no backdating. Having compliance documents available going back to Part A activity and what you're billing for will be helpful.

➤ **Training.** Schedule training and competency documentation for all interdisciplinary team members and contractors. Everyone coding in the Data Set must have current (October 2023) coding instructions for the items they code. A few key steps include:

- Identify all team members documenting in the current MDS database.
- Review current training and competency documents for the current process.

## Action Steps Cont.

- Evaluate orientation and onboarding of new IDT members to identify MDS process-specific resources and training.
- Make sure everyone on the team has a hard copy of the new assessment tool. Point out changes as well as areas that haven't changed. Go back to the draft manual and identify where the changes are. Look for new terms and definitions and make sure everyone knows what they are and how to use them.
- Make sure anyone involved in coding reviews CMS videos and looks at case studies.
- Document what training you provide.

Instead of planning full days of training, consider building the knowledge base slowly and providing data and material in smaller, more management pieces. Have very targeted training materials with graphics and pictorials.

### ➤ **Review of current data collection processes, documentation, recordkeeping.**

Documentation must substantiate benefits, data accuracy, timing, and compliance with definitions and instructions in the RAI Manual as well as federal rules and manuals. The skilled nursing facility is billing federal and state programs for covered benefits, so start with documentation at the time of admission to establish payment. The facility has administrative responsibility for data collection, reporting, and billing procedures.

Pay attention to specific new definitions and documentation formats defined by the new MDS and Manual instructions. It's essential that each team member be competent with new definitions and data formulation for each section or time on the MDS. Tag 641 in the current regulatory process states: "Facilities are responsible for ensuring that all participants in the assessment process have the requisite knowledge to complete an accurate assessment." This assessment must represent an accurate picture of the resident's status during the assessment reference period.

### ➤ **Data accuracy.** Data accuracy is key to success transition to the revised MDS. This involves a combination of documentation formats for staff and their understanding of coding directions. Some tips to help ensure accuracy:

- Establish specific current data collection processes.
- Evaluate the interdisciplinary team's competency and understanding of specific requirements.

## Action Steps Cont.

- Look for patterns of informed data discussion without reference in the medical records. Example: patient specific discussions of issues during meetings should be documented in the medical record.
- Pay attention to timeframes for data collection and reproducibility.
- Build an understanding of assessment reference dates and communicate this with the interdisciplinary team. There are many changes to assessment reference periods with the new process.
- Be very specific and clear about assessment assignments and documentation responsibilities for all interdisciplinary members.
- Include assessment responsibilities in job descriptions.
- Make sure organizational charts show assessment processes and responsibilities and lines of communication.

> **Compliance strategy.** It will be important to develop a compliance strategy, and a key part of this is communication. It's all about being able to get the resident's experience and status into a format that can be communicated with many different stakeholders. It is more important than ever to get information from the bedside and to ensure that everyone is consistently using the same language, definitions, and time lines. Additionally, you need to look at data collection tools including electronic processes.

Have updated copies of regulatory and Part A provider requirements. Determine who uses Medicare Benefit Policy Manual 11-908-2021 as a reference, and make sure they have updates. Make all interdisciplinary team members aware of the requirements and timing for compliance. Finally, determine who is responsible for orientation of new staff to requirements.

# Resources

## Webinars



MDS 3.0 Series Webinar 1 of 4: MDS 1.18.11 Data Set Changes for Operational, Clinical, Financial, and MDS Managers

[View the Recording](#)



MDS 3.0 Series Webinar 2 of 4: MDS 3.0 Regulatory Update, Survey Activity, and Audit Outcomes – 2023

[View the Recording](#)



MDS 3.0 Series Webinar 3 of 4: Specific Data & Definitional Changes Impacting Data Formulation, Including High-Risk Medications & High-Acuity Services

[View the Recording](#)



MDS 3.0 Series Webinar 4 of 4: Six Strategies for Successful Operational and Clinical Outcomes to Manage the Conversion to MDS 3.0 1.18.11

[View the Recording](#)



The Final Countdown: Oct 1 Changes to MDS that Will Impact Your Payments & Ratings

[View the Recording](#)



## Resources, Cont.

### CMS Tools

[Minimum Data Set \(MDS\) 3.0 Resident Assessment Instrument \(RAI\) Manual](#)

[Minimum Data Set \(MDS\) 3.0 Technical Information](#)

[CMS SNF 2023 Guidance Training Program](#)

### Articles

- [Use These Expert Tips for Comfort with Data Set Changes \(Webinar 1 of 4\)](#)
- [Navigating MDS Changes: Keep Calm and Care On \(Webinar 2 of 4\)](#)
- [Lock Down Preparation for MDS 3.0 1.18.11 with 6 Strategies \(Webinar 3 of 4\)](#)
- [The Move to MDS 3.0 1.18.11 is Coming. Are You Ready? \(Webinar 4 of 4\)](#)