MORE MDS CHANGES:

Tips to Comply

You spent months preparing for the revised MDS 3.0 1.18.11 that went into effect on October 1, but you can't breathe easy just yet. You need to stay abreast of additional changes to the MDS and the accompanying manual. **Leah Klusch, RN, BSN, FACHCA, Executive Director of The Alliance Training Center**, has been on high alert and offers some important new guidance.

What has CMS changed since October 1?

MDS Version 6

Even though CMS created the transition to the new MDS format and released the RAI Manual to go with it, it is important to know that **we are now on Version 6 of the actual MDS 3.0 1.18.11 assessment document**. You may have downloaded an earlier version. If so, what you think is the final version changed October 20, 2023.

2 Updates
Oct 20

While it is unusual for CMS to issue corrections so soon after the effective date of new rules or guidance, it is nonetheless essential to stay up to date. **Errata documents – what CMS issues when they make changes to an item or find an error in the manual – have been issued** with details of the changes, along with new manual pages providers can put in their updated RAI Manuals. So far, we've had two such documents, the latest one issued on October 20, 2023.

Visit CMS

Moving forward, MDS managers need to go to the CMS website regularly and make sure they stay up to date.

PharMerica® | The Alliance Training Center, Inc.

NEXT PAGE

MORE MDS CHANGES: Tips to Comply

Mood Interviews: What You Need to Know About the Changes

The most significant change to the entire assessment process is to the ***MDS 3.0 Section D Mood Interview.***

CMS is moving from the PHQ-9, which has been used for many years in the assessment process, to the new PHQ-2 to 9, which is still designed to determine if the elder has experienced mood issues.

1

One important element of this is a 14-day lookback period. This involves asking the elder to recollect how they felt before they were admitted to the facility and possibly before they went to the hospital. The interviewer must read all the background and steps for the assessment to determine what constitutes the 14-day lookback and understand what happened to the elder before they got to the skilled nursing facility. This is a part of the assessment process that needs more focus and preparation.

2

The second part of the change involves the first two questions in the tool that are separated from the rest of the interview. If the elder's responses indicate that they did not have any mood-related symptoms, the interviewer is obligated to stop the interview. If the interviewer hasn't prepared themselves or isn't adequately trained to conduct the interview, it may prevent the mood severity score from being accurately representative of what the elder has experienced during the lookback period. It is important to read the RAI Manual Chapter 3, Section D and review the Errata documents from CMS that include additional coding tips and directions on how to conduct and score the mood interview responses.

This interview and the Mood Severity Score are extremely important in care planning and in devising a person-centered care plan. It also has influence on Part A Medicare payments, which are increased if the elder has multiple mood symptoms.

In evaluating this process, the entire assessment team needs to be aware that their residents may talk spontaneously about mood issues and may choose to share this information with someone other than the interviewer. As they may talk to caregivers, social workers, housekeeping staff, and others about how they feel, it will be helpful for the whole team to know when assessments are done. As a result, they can add comments residents have made that pertain to their mood status.

It will also be important for team leaders to keep an eye on these assessments and on Mood Severity Scores. Most older residents have some mood-related issues; so if 20 assessments are conducted and most or all result in low scores, this might be a red flag to review the process with interviewers and ensure they have the skills/knowledge they need to have effective conversations to identify these important issues.

MORE MDS CHANGES: Tips to Comply

How could these changes affect payment?

There is a payment adjustment to the Nursing Base Rate if the Mood Severity Score is 10 points or higher. This generally involves an increase of about $40 per day on Part A Medicare cases. **This could represent a significant payment increase, and it is totally reliant on the Mood Severity Score of 10 points or higher.** So clearly there are definite payment advantages to having an accurate assessment of the elder's mood because a higher percentage of elders are subject to having even temporary negative mood issues when they experience trauma or an acute episode of care. At the same time, mood can have an impact on recuperation and whether the elder is able to recover enough to return to their home in the community or if they require prolonged long-term care.

The mood interview is a pivotal piece for every single admission and ongoing assessments. It is important to ensure that the people who conduct these interviews and fill out this section of the form know how to document the elder's response and the impact this can have on payment.

What should facilities do now with their processes?

Addressing these changes will be complicated but not impossible. To get and stay on top of this, you should start with a few steps:

1. Do your homework. Carefully review the Errata document and specific changes to the interview process. Share these with relevant team members and make sure everyone knows what these changes mean and their role in implementing them. CMS also has produced a video with tips on the mood assessment.
2. Make sure everyone that has contact with residents understands the role of the mood assessment and how they can report any mood-related symptoms they observe or conversations they have with residents that may suggest mood issues.
3. Work with those individuals who are conducting mood assessment interviews to ensure they have the skills and knowledge to elicit all relevant information. Documentation of the elder's response to the interview questions is very important along with accurate frequency scoring. Staff doing interviews should be prepared to write notes in the record documenting the content of the elder's responses. Members of the IDT should be working to identify ways they can communicate with elders, many of whom grew up in a world where discussion of emotionally sensitive issues was discouraged or even forbidden. At the same time, make sure they read the manual and understand the directions for conducting interviews.
4. Work with software providers to ensure changes and updates are accommodated for EHRs and other tech tools and resources.
5. Stay alert for changes and updates and have a process in place to address them promptly with training and policies.