

COMPLIANCE CUE

MDS

Guidance for Pharmacy-Related Updates to MDS 3.0 Version 1.19.1 effective October 1, 2024

SECTION N

Section **N0415** of the MDS 3.0 will undergo an important update effective October 1, 2024, featuring the inaugural inclusion of **anticonvulsants** into the list of **high-risk drug classes**.

Why the Change?

The addition of anticonvulsants to Section N of MDS 3.0 highlights the class's profound risk potential to resident health and safety, qualifying these medications as high risk. Additionally, while this drug class has a true and warranted place in medical management of indicated conditions, published studies suggest potentially inappropriate use of anticonvulsants in reaction to stricter regulations on other psychotropic drugs. The addition of anticonvulsants to the Section N0415 high-risk drug class underscores the CMS initiative to drive thorough review and evaluation of these medications and the appropriateness of their use in LTC residents.

Show Me

Section N - Medications


N0415. High-Risk Drug Classes: Use and Indication

1. Is taking

Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days

2. Indication noted

If Column 1 is checked, check if there is an indication noted for all medications in the drug class

	1. Is taking	2. Indication noted
	↓ Check all that apply ↓	
A. Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>
B. Antianxiety	<input type="checkbox"/>	<input type="checkbox"/>
C. Antidepressant	<input type="checkbox"/>	<input type="checkbox"/>
D. Hypnotic	<input type="checkbox"/>	<input type="checkbox"/>
E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)	<input type="checkbox"/>	<input type="checkbox"/>
F. Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>
G. Diuretic	<input type="checkbox"/>	<input type="checkbox"/>
H. Opioid	<input type="checkbox"/>	<input type="checkbox"/>
I. Antiplatelet	<input type="checkbox"/>	<input type="checkbox"/>
J. Hypoglycemic (including insulin)	<input type="checkbox"/>	<input type="checkbox"/>
 K. Anticonvulsant	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

How to Proceed

With implementation of the MDS updates on October 1, 2024, MDS coordinators are to begin including anticonvulsant medications in their documentation reviews, assessing for these high-risk medications and their supporting indications.

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The addition of anticonvulsants to Section N's list of high-risk drug classes does not stipulate major changes in workflow from the prior MDS update; however, coordinators should be aware of the inclusion of this additional class. The update will take effect October 1, 2024, affecting any resident admissions on or after this day.

Abridged List of Anticonvulsants

Brivaracetam	Fosphenytoin	Phenobarbital
Carbamazepine	Gabapentin	Phenytoin
Cenobamate	Lacosamide	Pregabalin
Clobazam	Lamotrigine	Primidone
Clonazepam	Levetiracetam	Rufinamide
Clorazepate	Methsuximide	Tiagabine
Divalproex Sodium	Midazolam	Topiramate
Eslicarbazepine Acetate	Oxcarbazepine	Valproic Acid
Felbamate	Perampanel	Zonisamide

For more information on Section N0415 coding tips, examples, common Q&As, and an abridged list of other high-risk drugs, see [PharMerica's 2023 MDS Regulatory Update](#).

SECTION O

Section O of the MDS 3.0 will undergo an important update effective October 1, 2024, featuring the inaugural inclusion of resident **COVID-19 vaccination status** into **Section O0350**.

Why the Change?

CMS historically requires long-term care facilities participating in the Medicare and Medicaid programs to offer all residents influenza and pneumococcal vaccines, and to document the results. A result of changes instituted during the COVID-19 pandemic, skilled nursing facilities are now required to similarly offer and educate residents on current COVID-19 vaccines, as these preventative health measures remain some of the best countermeasures to reducing the risk of serious outcomes of COVID-19, including severe disease, hospitalization, and death. The intent of this item is to report if a person is up to date with their COVID-19 vaccine status.

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00350. Resident's COVID-19 vaccination is up to date

Enter Code

0. No, resident is not up to date
1. Yes, resident is up to date

How to Proceed

MDS coordinators are to verify resident COVID-19 vaccination status based on information from any available source. Review the resident's medical record or documentation of COVID-19 vaccination and/or interview the resident, family or other caregivers or healthcare providers to determine whether the resident is up to date with their COVID-19 vaccine.

If the resident is not up to date, and the facility has the vaccine available, ask the resident if they would like to receive the COVID-19 vaccine.

Remember, noncompliance related to the requirements for educating on and offering COVID-19 vaccination can be cited at **F-tag 887**.

For the contemporary definition of "up to date," providers should refer to the CDC webpage [Stay Up to Date with COVID-19 Vaccines](#).

ADDITIONAL RESOURCES

- [CDC's Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States](#)
- [PharMerica's 2023 MDS Regulatory Update](#)