

How the MDS Impacts Your Business

Deborah Lake, RN, RAC-CT
Senior Managing Consultant
BKD, LLP

BKD
CPAs & Advisors

1

Agenda

- Financial
 - Medicaid Case-Mix
 - Medicare – Patient Driven Payment Model (PDPM)
 - SNF Quality Reporting Program (SNF QRP)
- Quality
 - Quality Measures
 - SNF Quality Reporting Program
 - Indiana Value Based Purchasing

BKD

2

Agenda

- Surveys
 - COVID-19 Effect
 - Be Ready

The logo for BKD, consisting of the letters 'BKD' in a bold, sans-serif font.

3

Objectives

- Understand how MDS assessments relate to the financial status of the facility
- Explain coding criteria on the MDS that leads to “triggering” with QM’s
- Identify what assessments are used when determining QM data
- Understand how COVID-19 and the Public Health Emergency (PHE) may affect the facility’s QMs and survey outcomes
- Identify processes for successful management of facility QMs

The logo for BKD, consisting of the letters 'BKD' in a bold, sans-serif font.

4

Reimbursement

Indiana Medicaid Case-Mix

5

bkd.com/PPDM

Everyone needs a trusted advisor.
Who's yours?

BKD

5

Indiana Medicaid Case-Mix

- Indiana Medicaid Case-Mix
 - Utilizes RUGS-IV which is a 48 grouper of resident classification
 - Case-mix score calculated every quarter for use in calculation of a facility's Medicaid rate

BKD

6

8 Major RUG-IV Classifications

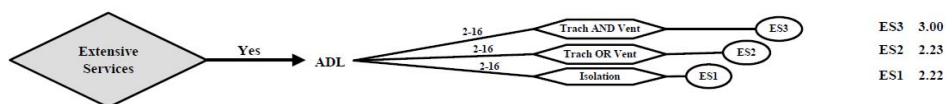
- Rehab Plus Extensive Services
- Rehabilitation
- Extensive Services
- Special Care High
- Special Care Low
- Clinically Complex
- Behavioral Symptoms and Cognitive Performance
- Reduced Physical Function

BKD

7

Indiana Medicaid Case-Mix

- Extensive Services (ADL = 2-16)
 - 48 Grouper



- Ventilator and trach (ES3)
- Trach or ventilator (ES2)
- Isolation (ES1)
- Services while a resident
- ADL score of 0-1 classifies as Clinically Complex

BKD

8

Indiana Medicaid Case-Mix

- 48-Grouper Rehab
 - 150 minutes or more and 5 **distinct** days of any combination of ST, OT or PT

OR

- 45 minutes or more and 3 **distinct** days of any combination of ST, PT and OP and 2 or more restorative services (6 or more days)

BKD

9

Indiana Medicaid Case-Mix

- Restorative Nursing Programs
 - Urinary toileting program and/or bowel toileting program**
 - Passive and/or active ROM**
 - Bed mobility and/or walking training**
 - Splint or brace assistance
 - Transfer training
 - Dressing and/or grooming
 - Eating and/or swallowing
 - Amputation/prosthesis care
 - Communication training

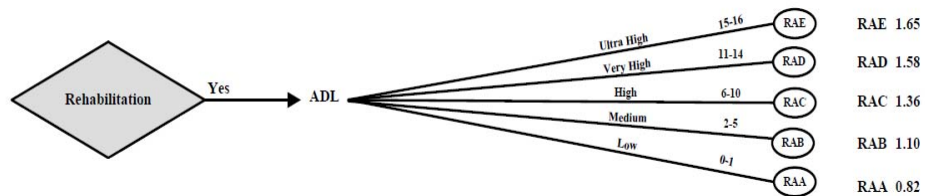
****Count as one service**

BKD

10

Indiana Medicaid Case-Mix

• RUGS IV – 48 Grouper Rehab



BKD

11

Special Care High

ADL Score 2-16

ADL Score 0-1 = Clinically Complex

- Quadriplegia ADL>5
- **Fever** + Pneumonia, Feeding Tube, Vomiting **OR** Weight Loss
- **Respiratory Therapy x 7 Days**
- Coma / ADL Dependent
- Septicemia
- DM / **INSULIN** Injections x7 days / 2 days **INSULIN** order changes
- **COPD and SOB when flat**
- Parenteral IV feedings or fluids

Everyone needs a trusted advisor.
Who's yours?

BKD

12

Special Care Low

ADL Score 2-16

ADL Score 0-1 = Clinically Complex

- Cerebral Palsy ADL>5
- Multiple Sclerosis ADL>5
- Ulcers * (See next slide)
- Radiation – While a resident
- Feeding Tube with intake requirement
- Foot Infections / Open Foot Lesions with dressings
- Diabetic Foot Ulcer with dressings
- Dialysis – while a resident
- **Parkinson's ADL > 5**
- **Respiratory Failure and O2**

Everyone needs a trusted advisor.
Who's yours?

BKD

13

Special Care Low - Ulcers

Ulcer Combinations

- 2 or more stage 2 pressure ulcers
- Any # stage 3 or 4 pressure ulcer
- 2 or more venous/arterial ulcers
- 1 stage 2 pressure ulcer and 1 venous/arterial ulcer

Treatments – 2 or more

- Pressure relieving chair and/or bed **
- Turning/repositioning
- Nutrition or hydration intervention
- Ulcer care
- Application of dressings (not to feet)
- Application of ointments (not to feet)

***Count as one treatment even if both provided

Everyone needs a trusted advisor.
Who's yours?

BKD

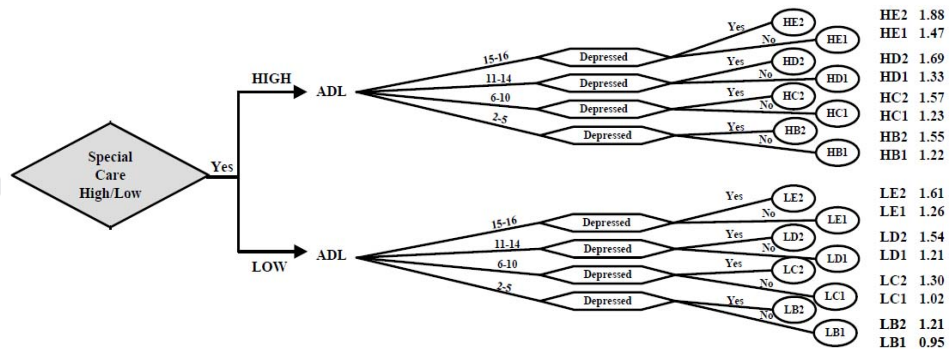
14

Indiana Medicaid Case-Mix

- Special Care High and Low (ADL = 2-16)

- 48 Grouper

Use of depressive end-splits



15

Clinically Complex

- Burns – 2nd or 3rd Degree
- Pneumonia
- Hemiplegia ADL>5
- Oxygen (**while a resident**)
- Chemotherapy (**while a resident**)
- Transfusions (**while a resident**)
- Surgical wounds / open lesions with treatment
 - Surgical Wound Care
 - Application of dressing (not to feet)
 - Application of ointments (not to feet)
- IV Medications (**while a resident**)

Everyone needs a trusted advisor.
Who's yours?



16

Indiana Medicaid Case-Mix

- Clinically Complex
 - 48 Grouper

15-16 Depressed Yes No CE2 CE1

11-14 Depressed Yes No CD2 CD1

6-10 Depressed Yes No CC2 CC1

2-5 Depressed Yes No CB2 CB1

0-1 Depressed Yes No CA2 CA1

CE2 1.39
 CE1 1.25
 CD2 1.29
 CD1 1.15
 CC2 1.08
 CC1 0.96
 CB2 0.95
 CB1 0.85
 CA2 0.73
 CA1 0.65

17

Behavior Symptoms and Cognitive Performance

- Impaired Cognition and/or Behaviors
- Uses the Restorative End Split
- Cognition scores based on MDS interview
 - BIMS or CPS
- Behavior symptoms defined by MDS 3.0 definitions
- ADL Score 0-5

Everyone needs a trusted advisor.
Who's yours?

18

Behavior Symptoms and Cognitive Performance

ADL score = 5 or less

Cognitive Interview – BIMS <=9

Staff Observation - Difficulty in making self understood, Short Term memory or decision making (CPS >=3)

Hallucinations

Delusions

Coded 2 or 3 (4-6 days or daily)

Physical behavioral symptoms toward others

Verbal behavioral symptoms toward others

Other behavioral symptoms

Rejection of care

Wandering

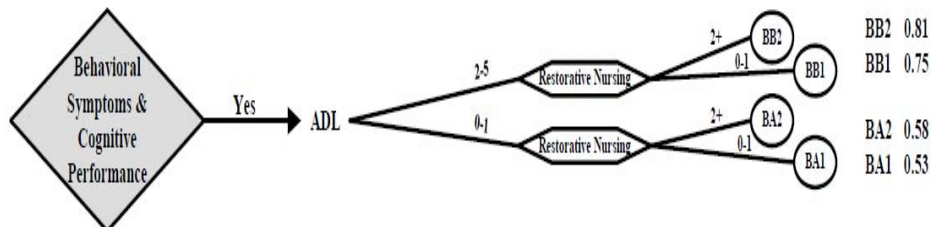


19

Indiana Medicaid Case-Mix

- Behavior Symptoms and Cognitive Performance

- 48 Grouper



20

Reduced Physical Function

- Reduced Physical Function
 - No specific criteria
 - All other residents not otherwise classified
 - Use of restorative end-splits

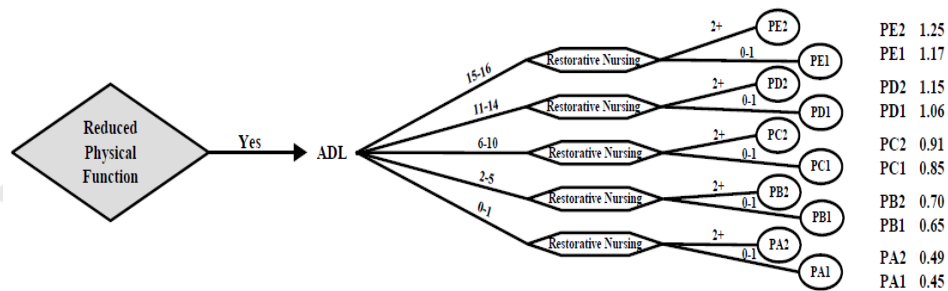
Everyone needs a trusted advisor.
Who's yours?



21

Indiana Medicaid Case-Mix

- Reduced Physical Function (ADL = 0-16)
 - 48 Grouper



22

Indiana Medicaid Case-Mix

- “Low Need” Days
 - Medicaid residents only
 - “New” admission to any Medicaid-certified after January 1, 2010
 - ADL score less than 6
 - Cognitive status indicated by a BIMS score greater than or equal to 10 or cognitive performance score (CPS) of 0-2
 - Not experiencing occasional, frequent or complete bowel incontinence

BKD

23

Indiana Medicaid Case-Mix

- “Low Need” Days
 - CMI Values:
 - PA1-LN = 0.19
 - PA2-LN = 0.21
 - PB1-LN = 0.28
 - PB2-LN = 0.29

BKD

24

Indiana Medicaid Case-Mix

- Time-Weighted Reports

- Issued quarterly

Medicaid Average CMI	1.05
----------------------	------

All Average CMI	1.07
-----------------	------

Total Medicare Days	453
---------------------	-----

Total Other Days	1,273
------------------	-------

Medicare Average CMI	1.35
----------------------	------

Other Average CMI	1.01
-------------------	------

- Ventilators - \$11.50/Medicaid resident day
- Special Care Unit - \$12.00/Medicaid Alzheimer/Dementia day



25

Indiana Medicaid Case Mix Audit

- Completed as determined by OMPP but at least every 3 years
- Failure to pass with 80% compliance
 - Submission validation improvement plan
 - Administration component reduction

MDS Field Review for Which Corrective Remedy Is Applied	Administrative Component Corrective Remedy Percent
First MDS field review	15%
Second consecutive MDS field review	20%
Third consecutive MDS field review	30%
Fourth or more consecutive MDS field review or reviews	50%

26

Reimbursement

PDPM

27 bkd.com/PDPM

Everyone needs a trusted advisor.
Who's yours?

BKD

27

PDPM Overview

- How does PDPM work?
 - Utilizes 6 payment components to derive payment
 - 5 of the components are case-mix adjusted to reflect patient characteristics
 - 1 additional non-case mix component that does not vary by patient
 - Payment for each component is calculated by multiplying the case-mix index (CMI) by the base payment rate
 - Payments for each component are then added together to create a patient's total per diem rate

28 bkd.com/PDPM

BKD

28

PDPM Patient Classification

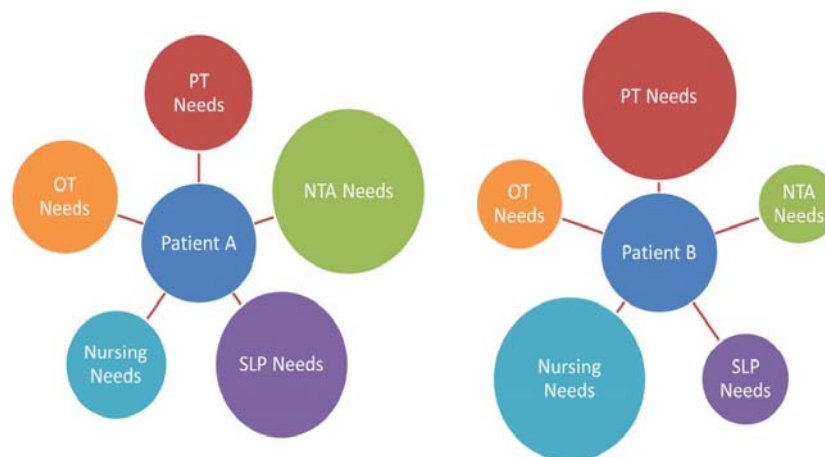
- Each patient is classified into a group for each of the five components: PT, OT, SLP, Nursing and NTA
- Each component utilizes different criteria as the basis for patient classification;
 - PT: Clinical Category, Inpatient Surgery, Function Score
 - OT: Clinical Category, Inpatient Surgery, Function Score
 - SLP: Presence of Acute Neurologic Condition, SLP-related Comorbidities, Cognitive Impairment, Mechanically-altered Diet, Swallowing Disorder
 - Nursing: Same Characteristics as under RUG-IV
 - NTA: NTA Comorbidity Score

29 bkd.com/PDPM

BKD

29

Effect of PDPM



30 bkd.com/PDPM

Everyone needs a trusted advisor.
Who's yours?

BKD

30

PDPM High Level View

PT
PT Base Rate
PT CMI
VPD Adjustment Factor

+

OT
OT Base Rate
OT CMI
VPD Adjustment Factor

+

SLP
SLP Base Rate
SLP CMI

+

NTA
NTA Base Rate
NTA CMI
VPD Adjustment Factor

+

Nursing
Nursing Base Rate
Nursing CMI
18% Nursing Adjustment Factor
(Only for Patients with AIDS)

+

Non-Case-Mix
Non-Case-Mix Base Rate

31
bkd.com/PDPM
BKD

31

PDPM Base Rates

- FY2021 PDPM Unadjusted Federal Rate per Diem
 - Updated annually

Rate Component	Urban Per Diem Amount	Rural Per Diem Amount
Nursing	\$108.16	\$103.34
NTA	\$81.60	\$77.96
PT	\$62.04	\$70.72
OT	\$57.75	\$64.96
SLP	\$23.16	\$29.17
Non-case-mix	\$96.85	\$98.63

32
bkd.com/PDPM
BKD

32

Reimbursement

SNF Quality Reporting

33 bkd.com/PDPM

Everyone needs a trusted advisor.
Who's yours?

BKD

33

SNF Quality Reporting

- Improving Medicare Post-Acute Care Transformation (IMPACT) Act
 - Bipartisan bill passed on September 18, 2014 and signed into law on October 6, 2014
 - Required CMS to establish a SNF Quality Reporting Program (QRP)
 - Required CMS to make resident assessments and QM data standardized between post-acute care providers
 - Means of comparing, measuring outcomes
 - Systematic means of data collection of Medicare beneficiaries

BKD

34

SNF Quality Reporting

SNF Medicare Part A
Beneficiary ONLY

- Affects 4 post-acute care settings
 - Skilled Nursing Facilities (SNFs)
 - Long-term care Hospitals (LTCHs)
 - Inpatient Rehabilitation Facilities (IRFs)
 - Home Health Agencies (HHAs)

BKD

35

SNF Quality Reporting

Short Name	CMS ID #	Quality Measure Name	Implemented
Application of Falls	S013.01	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674).	Oct 2016
Application of Functional Assessment/Care Plan	S001.02	Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).	Oct 2016
Change in Self-Care Score	S022.01	SNF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633).	Oct 2018
Change in Mobility Score	S023.01	SNF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634).	Oct 2018
Discharge Self-Care Score	S024.01	SNF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635).	Oct 2018
Discharge Mobility Score	S025.01	SNF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636).	Oct 2018
Pressure Ulcer/Injury	S038.01	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.	Oct 2018
DRR	S007.01	Drug Regimen Review (DRR) Conducted With Follow-Up for Identified Issues- Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP).	Oct 2018

BKD

36

SNF Quality Reporting

- Penalty
 - Beginning FY 2018, SNFs will have their annual payment update reduced by 2% if 80% of their Medicare assessments do not have 100% of data elements needed to calculate all three of the new QRP QMs

BKD

37

SNF Quality Reporting

- SNF will receive a notification of non-compliance if CMS determines that the SNF failed to submit data in accordance with reporting requirements
 - Notification by e-mail, letter by US Postal Service and QIES ASAP system
 - Reconsideration requests must be e-mailed to CMS containing all of the requirements listed on the Reconsideration Request portion of the SNF QRP webpage
 - 30-day deadline
 - Must use e-mail: SNFQRPreconsideration@cms.hhs.gov
- Public reporting of SNF QRP quality data is scheduled to begin in Fall, 2018

BKD

38

Quality Reporting

Quality Measures

39 bkd.com/PDPM

Everyone needs a trusted advisor.
Who's yours?

BKD

39

Quality Measures

- Per CMS:
 - “Quality measures are tools that help us measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality care and/or that relate to one or more quality goals for healthcare. These goals include: effective, safe, efficient, patient-centered, equitable, and timely care.”

BKD

40

Quality Measures

- Integral part of facility life
- Come from resident data that is collected at intervals during a resident's stay --- MDS
- Based on care provided to the population of residents in a facility – not any individual resident
- Chosen because they can be measured
- Do not require additional input from facilities
- Are valid and reliable
- Are not benchmarks, threshold, guidelines or standards of care



41

Quality Measures

- Purpose
 - Give consumers information about the quality of care at nursing facilities
 - Nursing Home Compare (1.4+ million hits a year)
 - Assist nursing facilities in quality improvement efforts
 - Potential to influence surveys
 - State and Focus Surveys
 - Pay-for-performance
 - Potential to influence referral sources and partnerships
 - 5-Star Reports
 - Value Based Purchasing
 - SNF Quality Reporting



42

Quality Measures

- Available to State surveyors and facility staff through CMS’s CASPER reporting system
- 21 Quality Measures
 - 4 for Short Stay residents
 - 17 for Long Stay residents
- National and State comparison group data are calculated monthly on the first day of the month
- Updated weekly – usually on Monday
 - Updated with previous weeks MDS submissions



43


CMS		CASPER Report					Page 1 of 1			
CENTERS FOR MEDICARE & MEDICAID SERVICES		MDS 3.0 Facility Level Quality Measure Report								
Facility ID:	██████████	Report Period:	03/01/2020 - 06/30/2020			Comparison Group:	11/01/2019 - 04/30/2020			
CCN:	155730	Report Run Date:	07/07/2020			Data Calculation Date:	07/06/2020			
Facility Name:	████████████████████	Report Version Number:	3.02							
City/State:	██████████									
Note: Dashes represent a value that could not be computed Note: S = short stay, L = long stay Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected Note: * is an indicator used to identify that the measure is flagged Note: For the Improvement in Function (S) Measure, a single * indicates a Percentile of 25 or less (higher Percentile values are better)										
Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile	
Hi-risk/Unstageable Pres Ulcer (L)	N015.03	C	2	65	3.1%	3.1%	7.7%	8.3%	17	
Phys restraints (L)	N027.02	C	0	86	0.0%	0.0%	0.1%	0.2%	0	
Falls (L)	N032.02	C	53	86	61.6%	61.6%	52.3%	45.5%	89 *	
Falls w/Maj Injury (L)	N013.02	C	4	86	4.7%	4.7%	4.1%	3.5%	71	
Antipsych Med (S)	N011.02	C	0	16	0.0%	0.0%	1.9%	1.9%	0	
Antipsych Med (L)	N031.03	C	15	85	17.6%	17.6%	13.5%	14.0%	73	
Antianxiety/Hypnotic Prev (L)	N033.02	C	2	30	6.7%	6.7%	5.7%	6.3%	65	
Antianxiety/Hypnotic % (L)	N036.02	C	22	80	27.5%	27.5%	20.9%	19.5%	80 *	
Behav Sx affect Others (L)	N034.02	C	18	84	21.4%	21.4%	14.7%	20.4%	61	
Depress Sx (L)	N030.02	C	1	86	1.2%	1.2%	10.8%	6.9%	41	
UTI (L)	N024.02	C	1	85	1.2%	1.2%	2.1%	2.6%	42	
Cath Insert/Left Bladder (L)	N026.03	C	0	81	0.0%	0.0%	1.4%	2.0%	0	
Lo-Risk Lose B/B Con (L)	N025.02	C	24	36	66.7%	66.7%	54.1%	47.9%	84 *	
Excess Wt Loss (L)	N029.02	C	4	79	5.1%	5.1%	7.5%	6.6%	42	
Incr ADL Help (L)	N028.02	C	11	79	13.9%	13.9%	17.2%	16.1%	44	
Move Indep Worsens (L)	N035.03	C	5	73	6.8%	7.0%	18.6%	21.2%	10	
Improvement in Function (S)	N037.03	C	8	11	72.7%	75.7%	67.5%	68.3%	63	
Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	National Average				
New/Percent Pres Ulcer (S) ¹	S002.02	0	70	0.0%	0.0%	1.6%				

¹ The Percent of Residents With Pressure Ulcers That Are New or Worsened (S002.02) measure is calculated using the SNF QRP measure specifications v3.0 and is based on 12 months of data (07/01/2019 - 06/30/2020).

44

Quality Measures

- Available for consumers through the CMS Nursing Home Compare (NHC) site
- 25 Quality Measures
 - 5 Short Stay MDS based measures
 - 4 Short Stay Claims based measures
 - 14 Long Stay measures
 - 2 Long Stay Claims based measures
- Updated quarterly
- Compares facility average to peers and state and national averages



45


Nursing Home Compare

Percent of long-stay residents experiencing one or more falls with major injury. <i>Lower percentages are better.</i>	5.5%	0.0%	3.3%	3.2%
Percent of long-stay residents with a urinary tract infection. <i>Lower percentages are better.</i>	4.8%	6.9%	5.4%	5.7%
Percent of long-stay residents who self-report moderate to severe pain. <i>Lower percentages are better.</i>	13.1%	8.4%	7.2%	7.4%
Percent of long-stay high-risk residents with pressure ulcers. <i>Lower percentages are better.</i>	0.6%	0.0%	6.3%	5.9%

46

Quality Measures

- Available for facility use through posted 5-Star reports
- 15 measures posted on NHC site used for star calculation
 - 3 Short Stay MDS based measures
 - 3 Short Stay Claims based measures
 - 7 Long Stay MDS based measures
 - 2 Long Stay Claims based measures
- 9 measures not used for star calculation
- Updated quarterly with preview reports



47

Long-Stay Quality Measures that are Included in the QM Rating								
	Provider ██████████					IN	US	
	2019Q1	2019Q2	2019Q3	2019Q4	4Q avg	Rating Points	4Q avg	4Q avg
MDS Long-Stay Measures								
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	6.4%	5.8%	3.7%	3.5%	4.8%	40	3.9%	3.4%
Percentage of high-risk residents with pressure sores	6.8%	3.2%	4.7%	9.0%	6.0%	60	6.8%	7.3%
Percentage of residents with a urinary tract infection	0.0%	3.5%	1.2%	0.0%	1.2%	80	2.1%	2.6%
Percentage of residents with a catheter inserted and left in their bladder ¹	0.0%	0.0%	0.0%	1.2%	0.3%	100	1.2%	1.8%
Percentage of residents whose need for help with daily activities has increased	16.4%	7.7%	17.6%	19.0%	15.1%	75	15.6%	14.5%
Percentage of residents who received an antipsychotic medication	15.8%	19.0%	21.3%	21.4%	19.4%	45	14.0%	14.3%
Percentage of residents whose ability to move independently worsened ¹	22.5%	9.1%	14.8%	16.2%	15.7%	105	15.1%	17.1%
	Provider ██████████				IN	US		
	Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Rating Points	Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate	
Claims-Based Long-Stay Measures								
<i>Lower rates are better. The time period for data used in reporting is 1/1/2019 through 12/31/2019.</i>								
Number of hospitalizations per 1,000 long-stay resident days ¹	1.70	1.47	2.02	60	1.61	1.753	1.68	
Number of emergency department visits per 1,000 long-stay resident days ¹	2.21	1.94	1.67	30	0.97	1.460	0.95	

48

Short-Stay Quality Measures that are Included in the QM Rating

	Provider ██████████					Rating Points	IN	US
	2019Q1	2019Q2	2019Q3	2019Q4	4Q avg		4Q avg	4Q avg
MDS Short-Stay Measures								
<i>Higher percentages are better.</i>								
Percentage of residents who made improvements in function ¹	82.8%	75.5%	73.0%	78.7%	77.7%	135	66.0%	67.7%
<i>Lower percentages are better.</i>								
Percentage of residents who newly received an antipsychotic medication	2.0%	2.4%	4.8%	0.0%	2.4%	40	1.8%	1.8%
Percentage of SNF residents with pressure ulcers that are new or worsened ¹	NR	NR	NR	NR	3.2%	20	1.7%	1.4%

NR = Not Reported. This measure is not calculated for individual quarters.

	Provider ██████████				Rating Points	IN	US
	Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Risk-Adjusted Rate		Observed Rate	Risk-Adjusted Rate
Claims-Based Short-Stay Measures							
<i>Higher percentages are better. The time period for data used in reporting is 10/1/2016 through 9/30/2018.</i>							
Rate of successful return to home and community from a SNF ¹	53.2%	NR	55.2%	105	50.7%	49.2%	49.6% ⁴
<i>Lower percentages are better. The time period for data used in reporting is 1/1/2019 through 12/31/2019.</i>							
Percentage of residents who were re-hospitalized after a nursing home admission ¹	22.5%	16.5%	29.9%	30	20.1%	21.9%	20.8%
Percentage of residents who had an outpatient emergency department visit ¹	13.8%	8.8%	15.6%	30	10.3%	10.0%	10.3%

49

Quality Measures that are Not Included in the QM Rating

	Provider ██████████					IN	US
	2019Q1	2019Q2	2019Q3	2019Q4	4Q avg	4Q avg	4Q avg
MDS Long-Stay Measures							
<i>Higher percentages are better.</i>							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	97.7%	97.7%	97.7%	97.7%	97.7%	94.8%	96.0%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	98.7%	100%	98.8%	100%	99.4%	91.6%	93.9%
<i>Lower percentages are better.</i>							
Percentage of residents who were physically restrained	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%
Percentage of low-risk residents who lose control of their bowels or bladder	62.5%	80.0%	78.6%	66.7%	71.9%	54.3%	48.4%
Percentage of residents who lose too much weight	11.0%	6.5%	10.7%	11.4%	9.9%	6.0%	5.5%
Percentage of residents who have depressive symptoms	1.4%	2.6%	1.3%	1.3%	1.6%	9.3%	5.1%
Percentage of residents who received an antianxiety or hypnotic medication	37.0%	34.6%	32.0%	26.6%	32.5%	20.4%	19.7%
MDS Short-Stay Measures							
<i>Higher percentages are better.</i>							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	95.8%	95.8%	95.8%	95.8%	95.8%	79.3%	82.9%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	95.9%	96.6%	93.9%	96.6%	95.7%	80.1%	83.9%

50

Quality Measures

- Definitions:



BKD

51

QM Definitions

- Short Stay

- Cumulative days in facility less than or equal to 100 days at the end of the target period

- Long Stay

- Cumulative days in facility greater than or equal to 101 days at the end of the target period

BKD

52

QM Definitions



- Target Assessment
 - Short stay = Most recent assessment in last 6 months (short stay target period)
 - Long stay = Most recent assessment in last 3 months (long stay target period)

- Look back scan
 - Long stay – all assessments in the current episode that have target dates no more than 275 days prior to the target assessment
 - Short stay – all assessments in the current episode of stay (may span more than one stay)

BKD

53

QM Definitions

- Prior assessment
 - Used for long stay residents
 - Latest assessment that is 46 to 165 days before the target assessment

- Initial Assessment
 - Used for short stay residents.
 - First assessment following the entry record at the beginning of the resident's episode.

BKD

54

QM Definitions

- Denominator
 - Residents with selected target assessment
 - Does not include those with exclusions
 - Number of residents that could trigger for the measure
- Numerator
 - Total number of residents that triggered for the QM

BKD

55

QM Definitions

- Risk Adjustment
 - Readjustment of QM scores to better reflect the prevalence of problem in the facility
 - Goal is to make denominator similar between facilities or level the playing field
 - Exclusion = resident removed from calculation if outcome is not under facility control or if outcome is unavoidable
 - Stratification = divides conditions into high/low risk
 - Resident level covariates – Conditions found to increase the risk of outcome (Facility Adjusted Percent on Facility QM Report)

BKD

56

Quality Measures

- 5 QMs are risk adjusted
 - Long stay mobility decline
 - Long stay indwelling catheters
 - Long stay pain
 - Short stay functional improvement
 - Short stay pressure ulcers

BKD

57

QM Definitions

- Percentile
 - National benchmark for ranking purposes
 - Value on a scale of 1-100 that indicates the % of distribution that is equal to or below it



BKD

58

CASPER Report
MDS 3.0 Facility Level Quality Measure Report

Page 1 of 1

Facility ID: ██████████
CCN: 155730
Facility Name: ████████████████████
City/State: ██████████

Report Period: 03/01/2020 - 06/30/2020
Comparison Group: 11/01/2019 - 04/30/2020
Report Run Date: 07/07/2020
Data Calculation Date: 07/06/2020
Report Version Number: 3.02

Note: Dashes represent a value that could not be computed
Note: S = short stay, L = long stay
Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected
Note: * is an indicator used to identify that the measure is flagged
Note: For the Improvement in Function (S) Measure, a single * indicates a Percentile of 25 or less (higher Percentile values are better)

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Hi-risk/Unstageable Pres Ulcer (L)	N015.03	C	2	65	3.1%	3.1%	7.7%	8.3%	17
Phys restraints (L)	N027.02	C	0	86	0.0%	0.0%	0.1%	0.2%	0
Falls (L)	N032.02	C	53	86	61.6%	61.6%	52.3%	45.5%	89 *
Falls w/Maj Injury (L)	N013.02	C	4	86	4.7%	4.7%	4.1%	3.5%	71
Antipsych Med (S)	N011.02	C	0	16	0.0%	0.0%	1.9%	1.9%	0
Antipsych Med (L)	N031.03	C	15	85	17.6%	17.6%	13.5%	14.0%	73
Antianxiety/Hypnotic Prev (L)	N033.02	C	2	30	6.7%	6.7%	5.7%	6.3%	65
Antianxiety/Hypnotic % (L)	N036.02	C	22	80	27.5%	27.5%	20.9%	19.5%	80 *
Behav Sx affect Others (L)	N034.02	C	18	84	21.4%	21.4%	14.7%	20.4%	61
Depress Sx (L)	N030.02	C	1	86	1.2%	1.2%	10.8%	6.9%	41
UTI (L)	N024.02	C	1	85	1.2%	1.2%	2.1%	2.6%	42
Cath Insert/Left Bladder (L)	N026.03	C	0	81	0.0%	0.0%	1.4%	2.0%	0
Lo-Risk Lose B/B Con (L)	N025.02	C	24	36	66.7%	66.7%	54.1%	47.9%	84 *
Excess Wt Loss (L)	N029.02	C	4	79	5.1%	5.1%	7.5%	6.6%	42
Incr ADL Help (L)	N028.02	C	11	79	13.9%	13.9%	17.2%	16.1%	44
Move Indep Worsens (L)	N035.03	C	5	73	6.8%	7.0%	18.6%	21.2%	10
Improvement in Function (S)	N037.03	C	8	11	72.7%	75.7%	67.5%	68.3%	63

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	National Average
New/worse Pres Ulcer (S) ¹	S002.02	0	70	0.0%	0.0%	1.6%

¹ The Percent of Residents With Pressure Ulcers That Are New or Worsened (S002.02) measure is calculated using the SNF QRP measure specifications v3.0 and is based on 12 months of data (07/01/2019 - 06/30/2020).

59

CASPER Report
MDS 3.0 Resident Level Quality Measure Report

Page 1 of 15

Facility ID: ██████████
Facility Name: ████████████████████
CCN: ██████████
City/State: ██████████

Report Period: 03/01/2020 - 06/30/2020
Report Run Date: 07/07/2020
Data Calculation Date: 07/06/2020
Report Version Number: 3.02

Note: S = short stay, L = long stay; X = triggered, b = not triggered or excluded,
C = complete; data available for all days selected, I = incomplete; data not available for all days selected

Resident Name	Resident ID	A0310A/B/F	Hi-risk/Unstageable Pres Ulcer (L)	Phys restraints (L)	Falls (L)	Falls w/Maj Injury (L)	Antipsych Med (S)	Antipsych Med (L)	Antianxiety/Hypnotic Prev (L)	Antianxiety/Hypnotic (L)	Behav Sx Affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	Lo-Risk Lose B/B Con (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Move Indep Worsens (L)	Improvement in Function (S)	Quality Measure Count	
Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	0	
Active Residents																					
██████████	445451	03/99/99	b	b	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1
██████████	44269789	02/99/99	b	b	X	b	b	b	X	b	b	b	b	b	b	b	b	b	b	b	5
██████████	45969000	02/99/99	b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	b	b	b	1
██████████	46552406	02/99/99	b	b	X	b	b	b	b	b	b	b	b	b	X	b	b	b	b	b	2
██████████	38341573	02/99/99	b	b	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1
██████████	31039144	03/99/99	b	b	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1
██████████	389797	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
██████████	48654316	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
██████████	50896920	01/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
██████████	32972453	02/99/99	b	b	b	b	b	X	b	b	b	b	b	b	X	b	b	b	b	b	2
██████████	6633089	02/99/99	b	b	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1
██████████	36185713	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	X	b	b	b	b	b	1
██████████	9164327	02/99/99	b	b	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1
██████████	48128327	04/99/99	b	b	X	b	b	b	b	b	X	b	b	b	b	b	X	X	b	b	4

60

Assessment Identification

- 01/01/99 = Admission/5-day assessment
- 02/99/99 = Quarterly assessment

A0310. Type of Assessment	
Enter Code <input type="text"/>	A. Federal OBRA Reason for Assessment 01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 99. None of the above
Enter Code <input type="text"/>	B. PPS Assessment PPS Scheduled Assessment for a Medicare Part A Stay 01. 5-day scheduled assessment PPS Unscheduled Assessment for a Medicare Part A Stay 08. IPA - Interim Payment Assessment Not PPS Assessment 99. None of the above
Enter Code <input type="text"/>	F. Entry/discharge reporting 01. Entry tracking record 10. Discharge assessment-return not anticipated 11. Discharge assessment-return anticipated 12. Death in facility tracking record 99. None of the above

BKD

61

Quality Measures

- Long-Stay MDS Measures includes percent of residents:
 - Whose ability to move independently worsened
 - Whose need for help with ADLs has increased
 - Who are high risk with pressure ulcers
 - Who have/had a catheter inserted and left in their bladder
 - With a urinary tract infection
 - Experiencing one or more falls with major injury
 - Who received an antipsychotic medication
 - Who are physically restrained

BKD

62

Quality Measures

- Long-Stay MDS Measures includes percent of residents (cont.):
 - Who lose too much weight
 - Who have depressive symptoms
 - Who received an antianxiety or hypnotic medication
 - Prevalence of antianxiety/hypnotic medication use
 - Who are low-risk and lose control of their bowels and bladder
 - Who have behavior symptoms affecting others

BKD

63

Long Stay – High Risk/Unstageable Pressure Ulcers

- Uses information from target assessment
- High-risk residents are defined as meeting one or more of the following criteria:
 - Impaired bed mobility (G0110A1 = 3, 4, 7 or 8)
 - Impaired transfers (G0110B1 = 3, 4, 7 or 8)
 - Comatose (B0100 = 1)
 - Malnutrition (I5600 is checked)

BKD

64

Long-Stay – High-Risk/Unstageable Pressure Ulcers

- Stage 2-4 or unstageable pressure ulcers are present by any of the following conditions:
 - M0300B1 = 1-9
 - M0300C1 = 1-9
 - M0300D1 = 1-9
 - M0300E1 = 1-9
 - M0300F1 = 1-9
 - M0300G1 = 1-9

BKD

65

Long Stay – High Risk/Unstageable Pressure Ulcers

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	
Enter Number <input type="text"/>	<p>A. Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues</p> <p>1. Number of Stage 1 pressure injuries</p>
Enter Number <input type="text"/>	<p>B. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister</p> <p>1. Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3</p> <p>2. Number of these Stage 2 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry</p>
Enter Number <input type="text"/>	<p>C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling</p> <p>1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4</p> <p>2. Number of these Stage 3 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry</p>
Enter Number <input type="text"/>	<p>D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling</p> <p>1. Number of Stage 4 pressure ulcers - If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device</p> <p>2. Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry</p>

BKD

66

Long-Stay – High Risk/Unstageable Pressure Ulcers

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage - Continued	
Enter Number <input type="text"/>	E. Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device
Enter Number <input type="text"/>	1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device - If 0 → Skip to M0300F, Unstageable - Slough and/or eschar
Enter Number <input type="text"/>	2. Number of <u>these</u> unstageable pressure ulcers/injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
Enter Number <input type="text"/>	F. Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar
Enter Number <input type="text"/>	1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar - If 0 → Skip to M0300G, Unstageable - Deep tissue injury
Enter Number <input type="text"/>	2. Number of <u>these</u> unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
Enter Number <input type="text"/>	G. Unstageable - Deep tissue injury:
Enter Number <input type="text"/>	1. Number of unstageable pressure injuries presenting as deep tissue injury - If 0 → Skip to M1030, Number of Venous and Arterial Ulcers
Enter Number <input type="text"/>	2. Number of <u>these</u> unstageable pressure injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry

BKD

67

Long Stay – High Risk/Unstageable Pressure Ulcers

- Exclusions:
 - Target assessment is an Admission assessment or PPS 5-day assessment
 - Resident did not meet conditions in numerator and the following were not assessed:
 - M0300B1 = (-)
 - M0300C1 = (-)
 - M0300D1 = (-)
 - M0300E1 = (-)
 - M0300F1 = (-)
 - M0300G1 = (-)

BKD

68

Long Stay – Falls with Major Injury

- Reports the percent of residents who have experienced one or more falls with a major injury in the target period
 - Uses look back scan of 275 days
 - MDS Items
 - Major injury at J1900C = 1 or 2

J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	
Enter Codes in Boxes	
Coding: 0. None 1. One 2. Two or more	A. No Injury – no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall
	B. Injury (except major) = skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain
	C. Major injury – bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

BKD

69

Long Stay – Falls with Major Injury

- Major injury:
 - Bone fractures
 - Joint dislocations
 - Closed head injuries with altered consciousness
 - Subdural hematoma

BKD

70

Long Stay – Falls with Major Injury

- Injuries associated with falls must be coded on the same MDS that the fall is reported
 - Any documented injury that occurred as a result of, or was recognized within a short period of time, e.g., hours to a few days, after the fall and attributed to the fall
- Exclusions
 - Occurrence of falls not assessed (J1800 = -)
 - Assessment indicates fall occurred (J1800 = 1) but number of falls with injury was not assessed (J1900C = -)

BKD

71

Falls With Major Injury

- RAI Manual Definition J-27
 - **Unintentional change in position** coming to rest on the ground, floor or onto the next lower surface (e.g., onto a bed, chair, or bedside mat). The fall may be witnessed, reported by the resident or an observer or identified when a resident is found on the floor or ground
 - **Falls include any fall**, no matter whether it occurred at home, out in the community, in an acute hospital or a nursing home
 - **Falls are not the result of an overwhelming external force**
 - **Includes intercepted falls**

BKD

72

Falls With Major Injury

- Falls
 - Challenging a resident's balance and training him/her to recover from a loss of balance is an intentional therapeutic intervention
 - Injuries associated with falls must be coded on the same MDS that the fall is reported
 - Any documented injury that occurred as a result of, or was recognized within a short period of time, e.g., hours to a few days, after the fall & attributed to the fall

BKD

73

Long Stay – Received Antipsychotic Medication

- Reports the percentage of long-stay residents who are receiving antipsychotic medications
 - Uses target assessment
 - MDS Items
 - Antipsychotic medication received (N0410A is greater than 1)

N0410. Medications Received 7-Day Look Back		
Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days.		
Coding:	Enter Days	
Enter days: 0, 1, 2, 3, 4, 5, 6 or 7	<input type="text"/>	A. Antipsychotic

BKD

74

Long Stay – Received Antipsychotic Medication

- Exclusions
 - Antipsychotic use is not assessed (N0410 = -)
 - Any of the following related conditions present on the target assessment:
 - Schizophrenia (I6000)
 - Tourette's syndrome (I5350)
 - Tourette's syndrome (I5350) on the prior assessment if this item is not active on the target assessment
 - Huntington's disease (I5250)

BKD

75

Long Stay – Urinary Tract Infections (UTIs)

- Reports percent of residents that have had a UTI in the last 30 days
 - Uses target assessment
 - UTI in last 30 days is indicated (I2300 is checked)
 - Exclusions
 - Target assessment is an Admission assessment or PPS 5-day assessment
 - UTI (I2300) value is missing

Infections	
<input type="checkbox"/>	I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)

BKD

76

Long Stay – Urinary Tract Infections (UTIs)

- UTI (I2300)
 - Uses a 30-day look-back for active disease
 - Watch out for systems that pull answers forward
 - Should only be coded on the MDS if both of the following are met:
 - Physician (or physician extender) documented diagnosis in the last 30 days
 - Determination that the resident had a UTI using evidenced base criteria such as McGeer, NHSN or Loeb in the last 30 days



77

Long Stay – Urinary Tract Infections (UTIs)

- UTI (I2300)
 - In accord with 483.80(a) Infection Prevention and Control Program
 - Facility must establish routine, ongoing and systematic collection, analysis, interpretation and dissemination of surveillance data to identify infections
 - Facilities are expected to use the same nationally recognized criteria chosen for use in their Infection Prevention and Control Program to determine the presence of a UTI in a resident



78

Long Stay – Catheter Inserted and Left in Bladder

- Reports the percent of residents that had an indwelling catheter in the last 7 days
 - Uses target assessment
 - Risk adjusted by covariates
 - Bowel incontinence (frequent) on prior assessment
 - Pressure ulcers (stage 2-4) from prior assessment
 - Indwelling catheter indicated (H0100A is checked)

BKD

79

Long Stay – Catheter Inserted and Left in Bladder

H0100. Appliances (7-day Look Back)	
Check all that apply	
<input type="checkbox"/>	A. Indwelling Catheter (Including suprapubic catheter and nephrostomy tube)
<input type="checkbox"/>	B. External Catheter
<input type="checkbox"/>	C. Ostomy (including urostomy, ileostomy, and colostomy)
<input type="checkbox"/>	D. Intermittent catheterization (do not include one-time catheterization for urine specimen)
<input type="checkbox"/>	Z. None of the above

BKD

80

Long Stay – Catheter Inserted and Left in Bladder

- Exclusions
 - Target assessment is an Admission assessment or a PPS 5-day assessment
 - Target assessment indicates indwelling catheter status is missing
 - Neurogenic bladder (I1550 is checked) on target assessment
 - Obstructive uropathy (I1650 is checked) on target assessment

BKD

81

Long Stay – Need for Help with Activities of Daily Living Has Increased

- Reports the percent of residents whose need for help with late-loss ADL's has increased when compared to a prior assessment
 - Uses target assessment that is compared to the prior assessment
 - If a value of 7 or 8 is present for a late-loss ADL item on either the target or previous assessment, the item is recoded to a value of 4 to allow appropriate comparison

BKD

82

Long Stay – Need for Help with Activities of Daily Living Has Increased

- MDS Items
 - Uses 4 last-loss ADLs (self performance)
 - Bed mobility
 - Transfers
 - Eating
 - Toileting
 - Increase in 2 or more coding points in one late-loss ADL item or
 - One point increase in coding points in two or more late-loss ADL items



83

Long Stay – Need for Help with Activities of Daily Living Has Increased

<p>1. ADL Self-Performance Code for resident's performance over all shifts - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time</p> <p>Coding:</p> <p>Activity Occurred 3 or More Times</p> <ol style="list-style-type: none"> 0. Independent - no help or staff oversight at any time 1. Supervision - oversight, encouragement or cueing 2. Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance 3. Extensive assistance - resident involved in activity, staff provide weight-bearing support 4. Total dependence - full staff performance every time during entire 7-day period <p>Activity Occurred 2 or Fewer Times</p> <ol style="list-style-type: none"> 7. Activity occurred only once or twice - activity did occur but only once or twice 8. Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period 	<p>2. ADL Support Provided Code for most support provided over all shifts; code regardless of resident's self-performance classification</p> <p>Coding:</p> <ol style="list-style-type: none"> 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period 								
<p>A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture</p> <p>B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet)</p>	<table border="1"> <thead> <tr> <th style="text-align: center;">1. Self-Performance</th> <th style="text-align: center;">2. Support</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">↓ Enter Codes in Boxes ↓</td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </tbody> </table>	1. Self-Performance	2. Support	↓ Enter Codes in Boxes ↓		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1. Self-Performance	2. Support								
↓ Enter Codes in Boxes ↓									
<input type="text"/>	<input type="text"/>								
<input type="text"/>	<input type="text"/>								
<p>H. Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)</p>	<table border="1"> <tbody> <tr> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </tbody> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>								
<input type="text"/>	<input type="text"/>								
<p>I. Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag</p>	<table border="1"> <tbody> <tr> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </tbody> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>								
<input type="text"/>	<input type="text"/>								



84

Long Stay – Need for Help with Activities of Daily Living Has Increased

- Exclusions:
 - All 4 late-loss ADL items indicate total dependence on prior assessment (4, 7 or 8)
 - Three of the late-loss ADL items indicate total dependence and the fourth ADL item indicates extensive assistance on the prior assessment
 - Resident is comatose (B0100 = 1)
 - Prognosis of life expectancy is less than 6 months (J1400 = 1)
 - Hospice care indicated on target assessment (O0100K2 is checked)
 - Late-loss ADL items are not assessed on target or prior assessment

BKD

85

Long-Stay Ability to Move Independently Worsened

- Reports the percentage of long-stay residents who experience a decline in ability to move around their room and in adjacent corridors when comparing the target assessment to a prior assessment
 - Based on self performance in locomotion on unit (G0110E1)
 - Includes ability to move about independently, whether their typical mode of movement is by walking or by wheelchair

E. Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair

BKD

86

Long-Stay Ability to Move Independently Worsened

- Decline is measured by an increase of one or more points between the target assessment and prior assessment
- Risk Adjustment:
 - ADLs from prior assessment
 - Severe cognitive impairment from prior assessment
 - Age
 - Gender
 - Vision
 - Oxygen use
- Updated quarterly



87

Long-Stay Ability to Move Independently Worsened

- Exclusions:
 - Comatose on prior assessment
 - Prognosis of less than 6 months (J1400 is 1 or dashed)
 - Hospice use (O0100K2 is 1 or dashed)
 - Total dependence in locomotion on prior assessment
 - Prior assessment is a discharge with or without return anticipated
 - Missing data on locomotion on target or prior assessment
 - No prior assessment



88

Long Stay – Physically Restrained Residents

- Reports the percent of residents who are physically restrained on a daily basis
- Uses target assessment
- Bed rails may or may not constitute a restraint but in any event will not cause a resident to trigger for this measure
- MDS Items (indicates daily physical restraint use)
 - Trunk restraint used in bed (P0100B = 2) **or**
 - Limb restraint used in bed (P0100C = 2) **or**
 - Trunk restraint in chair or out of bed (P0100E = 2) **or**
 - Limb restrain in chair or out of bed (P0100F = 2) **or**
 - Chair prevent rising out of bed (P0100G = 2)



89

Long Stay – Physically Restrained Residents

P0100. Physical Restraints (7-day Look Back)	
Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body	
Coding: 0. Not used 1. Used less than daily 2. Used Daily	↓
	Enter Codes in Boxes
	Used in Bed
	<input type="checkbox"/> A. Bed rail*
	<input type="checkbox"/> B. Trunk restraint
	<input type="checkbox"/> C. Limb restraint
	<input type="checkbox"/> D. Other
	Used in Chair or Out of Bed
	<input type="checkbox"/> E. Trunk restraint
	<input type="checkbox"/> F. Limb restraint
<input type="checkbox"/> G. Chair prevents rising	
<input type="checkbox"/> H. Other	



90

Long Stay – Physically Restrained Residents

- Exclusions:
 - P0100B = [-] or
 - P0100C = [-] or
 - P0100E = [-] or
 - P0100F = [-] or
 - P0100G = [-]

BKD

91

Long Stay – Physically Restrained Residents

- Be sure and apply the definition of “Physical Restraints” when coding these responses in Section P:
 - Any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident’s body that the individual cannot remove easily, which restricts freedom of movement or normal access to one’s body
- Determine the effect of the device on the resident

BKD

92

Long Stay – Physically Restrained Residents

P0200: Alarms

P0200. Alarms	
An alarm is any physical or electronic device that monitors resident movement and alerts the staff when movement is detected	
Coding: 0. Not used 1. Used less than daily 2. Used daily	↓ Enter Codes in Boxes
	<input type="checkbox"/> A. Bed alarm
	<input type="checkbox"/> B. Chair alarm
	<input type="checkbox"/> C. Floor mat alarm
	<input type="checkbox"/> D. Motion sensor alarm
	<input type="checkbox"/> E. Wander/elopement alarm
	<input type="checkbox"/> F. Other alarm

BKD

93

Long Stay – Prevalence of Falls

- Reports the percentage of long-stay residents who had a fall during their episode of care
 - Uses look-back scan of 275 days
 - MDS Item ---- J8000 = 1
 - Exclusion if occurrence of falls was not assessed (J1800 = [-])

J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	
Enter Code <input type="checkbox"/>	Has the resident had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent? 0. No → Skip to K0100, Swallowing Disorder 1. Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)

BKD

94

Long-Stay Antianxiety/Hypnotic Medication

- Percent of long-stay residents who receive antianxiety or hypnotic medications
 - Uses target assessment
 - MDS Items
 - Antianxiety medications received (N0410B is at least 1)
 - Hypnotic medications received (N0410D is 1 or greater)

N0410. Medications Received (7-day Look Back)	
Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days.	
Coding: Enter days: 0, 1, 2, 3, 4, 5, 6 or 7	Enter Days <input type="checkbox"/> <input type="checkbox"/>
	B. Anti-anxiety
	D. Hypnotic

BKD

95

Long-Stay Antianxiety/Hypnotic Medication

- Exclusions:
 - Missing data at N0410B and N0410D
 - Life expectancy of less than 6 months
 - Hospice

BKD

96

Long Stay – Prevalence of Antianxiety/Hypnotic Use (Prev)

- Reports the percentage of long-stay residents who are receiving antianxiety or hypnotic medications but do not have evidence of psychotic or related conditions in a target period
 - Uses target assessment
 - MDS Items
 - Antianxiety medications received (N0410B is at least 1)
 - Hypnotic medications received (N0410D is 1 or greater)

N0410. Medications Received (7-day Look Back)	
Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days.	
Coding: Enter days: 0, 1, 2, 3, 4, 5, 6 or 7	Enter Days <input type="checkbox"/> <input type="checkbox"/>
	B. Anti-anxiety
	D. Hypnotic



97

Long Stay – Prevalence of Antianxiety/Hypnotic Use (Prev)

- Exclusions
 - Antianxiety/Hypnotic medications are not assessed (N0410B or N0410D = 0)
 - Any of the following diagnoses or conditions on the target assessment:
 - Schizophrenia (I6000 is checked)
 - Psychotic disorder (I5950 is checked)
 - Manic depression (I5900 is checked)
 - Tourette's syndrome (I5350 is checked) on target or prior assessment
 - Huntington's disease (I5250 is checked)
 - Delusions (E0100B = 1)
 - Anxiety Disorder (I5700 is checked)
 - Post traumatic stress disorder (I6100 is checked) on target or prior assessment



98

Long Stay – Behavior Symptoms Affecting Others

- Reports the percent of long-stay residents who have behavior symptoms that affect others during the target period
 - Uses target assessment
 - MDS Items
 - Physical behavior directed towards others (E0200A = 1, 2 or 3)
 - Verbal behavior directed towards others (E0200B = 1, 2, or 3)
 - Other behavior not directed towards others (E0200C = 1, 2, or 3)
 - Rejection of care (E0800 = 1, 2 or 3)
 - Wandering (E0900 = 1, 2 or 3)



99

Long Stay – Behavior Symptoms Affecting Others

E0200. Behavioral Symptom: Presence & Frequency		
Note presence of symptoms and their frequency		
Coding:	Enter Code	
0. Behavior not exhibited	<input type="checkbox"/>	A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)
1. Behavior of this type occurred 1 to 3 days	<input type="checkbox"/>	B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)
2. Behavior of this type occurred 4 to 6 days, but less than daily	<input type="checkbox"/>	C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)
3. Behavior of this type occurred daily	<input type="checkbox"/>	

E0800. Rejection of Care: Presence & Frequency		
Coding:		
	Enter Code	
0. Behavior not exhibited	<input type="checkbox"/>	Did the resident reject evaluation or care (e.g., blood work, taking medications, ADL assistance) that is necessary to achieve the resident's goals for health and well-being? Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and determined to be consistent with resident values, preferences, or goals.
1. Behavior of this type occurred 1 to 3 days		
2. Behavior of this type occurred 4 to 6 days, but less than daily		
3. Behavior of this type occurred daily [Note: Code regardless of the number of episodes that occurred on any one of those days]		



100

Long Stay – Behavior Symptoms Affecting Others

- Rejection of Care
 - Intent is to identify behavioral problems, not situations in which care has been rejected based on choice that is consistent with a resident's preferences or goals
 - Do not include behaviors that have already been addressed

BKD

101

Long Stay – Behavior Symptoms Affecting Others

- Wandering
 - Act of moving (walking or per wheelchair) from place to place with or without a specified course or direction
 - May or may not be aimless
 - Resident may have a purpose but persists without knowing the direction or location of what they are after
 - Pacing within a constrained space is not wandering

E0900. Wandering: Presence & Frequency

Coding:

- | | | |
|--|--|----------------------------|
| <ul style="list-style-type: none"> 0. Behavior not exhibited 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily
[Note: Code regardless of the number of episodes that occurred on any one of those days] | Enter Code

<input type="checkbox"/> | Has the resident wandered? |
|--|--|----------------------------|

BKD

102

Long Stay – Behavior Symptoms Affecting Others

- Exclusions
 - Target assessment is discharge assessment
 - Above behaviors are not assessed

BKD

103

Long Stay – Residents with Depressive Symptoms

- Reports the percent of long-stay residents who have had symptoms of depression during the 2 week period preceding the MDS target assessment date
 - Uses target assessment
 - Involves assessment of resident mood
 - Resident interview (PHQ-9) or a
 - Staff assessment of resident mood (PHQ-9-OV)

BKD

104

Long Stay – Residents with Depressive Symptoms

- Resident mood interview (must meet both criteria)

Part 1	Part 2
<p><i>(Symptom Presence)</i></p> <p>D0200: Resident Mood Interview</p> <p>Little interest or pleasure in doing things half or more of the days over the last two weeks</p> <p>D0200A2= [2,3]</p> <p><u>OR</u></p> <p>Feeling down, depressed or hopeless half or more of the days over the last two weeks</p> <p>D0200B2= [2,3]</p>	<p><i>(Symptom Frequency Total Score)</i></p> <p>D0300: Total Severity Score</p> <p>Resident Mood Interview total severity score indicates the presence of depression</p> <p>(D0300 ≥ [10] and D0300 ≤ [27])</p> <p>The Symptom frequency for each of the nine symptoms is totaled and the total score must be between 10 and 27 for resident to trigger</p>



105

Long Stay – Residents with Depressive Symptoms

- Staff assessment of resident mood (must meet both criteria)

Part 1	Part 2
<p><i>(Symptom Presence)</i></p> <p>D0500: Staff Assessment of Resident Mood</p> <p>Little interest or pleasure in doing things half or more of the days over the last two weeks</p> <p>D0500A2= [2,3]</p> <p><u>OR</u></p> <p>Feeling down, depressed or hopeless half or more of the days over the last two weeks</p> <p>D0500B2= [2,3]</p>	<p><i>(Symptom Frequency Total Score)</i></p> <p>D0600: Total Severity Score</p> <p>Resident Mood Assessment total severity score indicates the presence of depression</p> <p>(D0600 ≥ [10] and D0600 ≤ [30])</p> <p>The Symptom frequency for each of ten symptoms is totaled and the total score must be between 10 and 30 for resident to trigger.</p>



106

Long Stay – Residents with Depressive Symptoms

D0200. Resident Mood Interview (PHQ-9c)																										
Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"																										
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.																										
If yes in column 1, then ask the resident: "About how often have you been bothered by this?"																										
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.																										
1. Symptom Presence 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 9. No response (leave column 2 blank)	2. Symptom Frequency 0. Never or 1 day 1. 2-6 days (several days) 2. 7-11 days (half or more of the days) 3. 12-14 days (nearly every day)	<table border="1"> <thead> <tr> <th>1. Symptom Presence</th> <th>2. Symptom Frequency</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">↓ Enter Scores in Boxes ↓</td> </tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	1. Symptom Presence	2. Symptom Frequency	↓ Enter Scores in Boxes ↓		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Symptom Presence	2. Symptom Frequency																									
↓ Enter Scores in Boxes ↓																										
<input type="checkbox"/>	<input type="checkbox"/>																									
<input type="checkbox"/>	<input type="checkbox"/>																									
<input type="checkbox"/>	<input type="checkbox"/>																									
<input type="checkbox"/>	<input type="checkbox"/>																									
<input type="checkbox"/>	<input type="checkbox"/>																									
<input type="checkbox"/>	<input type="checkbox"/>																									
<input type="checkbox"/>	<input type="checkbox"/>																									
<input type="checkbox"/>	<input type="checkbox"/>																									
<input type="checkbox"/>	<input type="checkbox"/>																									
<input type="checkbox"/>	<input type="checkbox"/>																									
A. Little interest or pleasure in doing things																										
B. Feeling down, depressed, or hopeless																										
C. Trouble falling or staying asleep, or sleeping too much																										
D. Feeling tired or having little energy																										
E. Poor appetite or overeating																										
F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down																										
G. Trouble concentrating on things, such as reading the newspaper or watching television																										
H. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual																										
I. Thoughts that you would be better off dead, or of hurting yourself in some way																										
D0300. Total Severity Score <input type="text"/>																										
Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).																										



107

Long Stay – Residents with Depressive Symptoms

D0500. Staff Assessment of Resident Mood (PHQ-9-OV*)																												
Do not conduct if Resident Mood Interview (D0200-D0300) was completed																												
Over the last 2 weeks, did the resident have any of the following problems or behaviors?																												
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.																												
Then move to column 2, Symptom Frequency, and indicate symptom frequency.																												
1. Symptom Presence 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2)	2. Symptom Frequency 0. Never or 1 day 1. 2-6 days (several days) 2. 7-11 days (half or more of the days) 3. 12-14 days (nearly every day)	<table border="1"> <thead> <tr> <th>1. Symptom Presence</th> <th>2. Symptom Frequency</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">↓ Enter Scores in Boxes ↓</td> </tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	1. Symptom Presence	2. Symptom Frequency	↓ Enter Scores in Boxes ↓		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Symptom Presence	2. Symptom Frequency																											
↓ Enter Scores in Boxes ↓																												
<input type="checkbox"/>	<input type="checkbox"/>																											
<input type="checkbox"/>	<input type="checkbox"/>																											
<input type="checkbox"/>	<input type="checkbox"/>																											
<input type="checkbox"/>	<input type="checkbox"/>																											
<input type="checkbox"/>	<input type="checkbox"/>																											
<input type="checkbox"/>	<input type="checkbox"/>																											
<input type="checkbox"/>	<input type="checkbox"/>																											
<input type="checkbox"/>	<input type="checkbox"/>																											
<input type="checkbox"/>	<input type="checkbox"/>																											
<input type="checkbox"/>	<input type="checkbox"/>																											
<input type="checkbox"/>	<input type="checkbox"/>																											
A. Little interest or pleasure in doing things																												
B. Feeling or appearing down, depressed, or hopeless																												
C. Trouble falling or staying asleep, or sleeping too much																												
D. Feeling tired or having little energy																												
E. Poor appetite or overeating																												
F. Indicating that s/he feels bad about self, is a failure, or has let self or family down																												
G. Trouble concentrating on things, such as reading the newspaper or watching television																												
H. Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that s/he has been moving around a lot more than usual																												
I. States that life isn't worth living, wishes for death, or attempts to harm self																												
J. Being short-tempered, easily annoyed																												
D0600. Total Severity Score <input type="text"/>																												
Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 30.																												



108

Long Stay – Residents with Depressive Symptoms

- Exclusions:
 - Resident is comatose (B0100 = 1)
 - Comatose status is missing (B0100 = -)
 - D0200A2 and D0200B2 are not assessed (= -)
 - D0300 = 99 or –
 - D0500A2 and D0500B2 are not assessed (= -)
 - D0600 = -



109

Long Stay – Low Risk Residents Who Lose Control of Their Bowel or Bladder

- Reports percent of long-stay low risk residents who frequently lose control of their bowel or bladder
 - Uses target assessment
 - Resident does not qualify as being high risk:
 - Severe cognitive impairment
 - Totally dependent in bed mobility
 - Totally dependent in transfers
 - Totally dependent in locomotion on the unit
 - MDS Items – indicate resident is frequently or always incontinent of bladder or bowel
 - Urinary Incontinence (H0300 = 2 or 3)
 - Bowel Incontinence (H0400 = 2 or 3)



110

Long Stay – Low Risk Residents Who Lose Control of Their Bowel or Bladder

H0300. Urinary Continence (7-day Look Back)	
Enter Code <input type="checkbox"/>	Urinary continence – Select the one category that best describes the resident
	<ol style="list-style-type: none"> 0. Always continent 1. Occasionally incontinent (Less than 7 episodes of incontinence) 2. Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding) 3. Always incontinent (no episodes of continent voiding) 9. Not rated. Resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days

H0400. Bowel Continence (7-day Look Back)	
Enter Code <input type="checkbox"/>	Bowel continence – Select the one category that best describes the resident
	<ol style="list-style-type: none"> 0. Always continent 1. Occasionally incontinent (One episode of bowel incontinence) 2. Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement) 3. Always incontinent (no episodes of continent bowel movements) 9. Not rated. Resident had an ostomy, or did not have a bowel movement for the entire 7 days

BKD

111

Long Stay – Low Risk Residents Who Lose Control of Their Bowel or Bladder

- Exclusions:
 - Target assessment is an Admission assessment or PPS 5-day assessment
 - H0300 or H0400 are not assessed
 - Resident has a high risk condition
 - Resident does not qualify as high risk but:
 - BIMS interview score (C0500), Short term memory (C0700) or Cognitive Skills for Daily Decision Making is not assessed is 99 or not assessed and
 - Resident has an ostomy (H0100C is checked)
 - Resident is comatose (B0100 =1)
 - Resident has an indwelling catheter (H0100A is checked)

BKD

112

Long Stay – Resident Who Lose Too Much Weight

- Reports percent of long-stay residents with significant weight loss in the last 2 quarters who are not on a physician prescribed weight loss regimen
 - Uses target assessment
 - MDS Items
 - Weight loss of 5% or more in last month or 10% or more in the last 6 months
 - K0300 =2

K0300. Weight Loss	
Enter Code	Loss of 5% or more in the last month or loss of 10% or more in last 6 months
<input type="checkbox"/>	0. No or unknown
	1. Yes, on physician-prescribed weight-loss regimen
	2. Yes, not on physician-prescribed weight-loss regimen

BKD

113

Long Stay – Resident Who Lose Too Much Weight

- Exclusions
 - Target assessment is an Admission assessment or a PPS 5-day assessment
 - Weight loss is missing on target assessment (K0300 = -)
 - Hospice care
 - Life expectancy of 6 months or less

BKD

114

Quality Measures

- Short-Stay Measures
 - Percent of residents:
 - With pressure ulcers that are new or worsened
 - Who newly received an antipsychotic medication
 - Whose physical function improves from admission to discharge



115

Short Stay – New or Worsened Pressure Ulcers

- Reports the percentage of Medicare Part A stays for residents with Stage 2-4 pressure or unstageable pressure ulcers that are new or worsened since admission
 - Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
 - Calculated on Medicare Part A resident
 - Will use the MDS item M0300 from PPS Discharge assessment
 - Outcome measure



116

Short Stay – New or Worsened Pressure Ulcers

- Determined by the following conditions on the target assessment (PPS Discharge Assessment)
 - Stage 2 (M0300B1) – (M0300B2) > 0 OR
 - Stage 3 (M0300C1) – (M0300C2) > 0 OR
 - Stage 4 (M0300D1) – (M0300D2) > 0 OR
 - Unstageable Non-removable device (M0300E1) – (M0300E2) OR
 - Unstageable Slough/Eschar (M0300F1) – (M0300F2) OR
 - Unstageable DTI (M0300G1) – (M0300G2)

BKD

117

Short Stay – New or Worsened Pressure Ulcers

Enter Number <input type="text"/>	B. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister
Enter Number <input type="text"/>	1. Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3 2. Number of these Stage 2 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
Enter Number <input type="text"/>	C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling
Enter Number <input type="text"/>	1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4 2. Number of these Stage 3 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
Enter Number <input type="text"/>	D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling
Enter Number <input type="text"/>	1. Number of Stage 4 pressure ulcers - If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device 2. Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry

BKD

118

Short Stay – New or Worsen Pressure Ulcers

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage - Continued	
Enter Number <input type="text"/>	E. Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device
Enter Number <input type="text"/>	1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device - If 0 → Skip to M0300F, Unstageable - Slough and/or eschar
Enter Number <input type="text"/>	2. Number of <u>these</u> unstageable pressure ulcers/injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
Enter Number <input type="text"/>	F. Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar
Enter Number <input type="text"/>	1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar - If 0 → Skip to M0300G, Unstageable - Deep tissue injury
Enter Number <input type="text"/>	2. Number of <u>these</u> unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
Enter Number <input type="text"/>	G. Unstageable - Deep tissue injury:
Enter Number <input type="text"/>	1. Number of unstageable pressure injuries presenting as deep tissue injury - If 0 → Skip to M1030, Number of Venous and Arterial Ulcers
Enter Number <input type="text"/>	2. Number of <u>these</u> unstageable pressure injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry

BKD

119

Short Stay – New or Worsened Pressure Ulcers

- M0300 requires accuracy in coding of the following:
 - “Present on Admission”
 - “Worsened pressure ulcer”
 - Pressure ulcer must increase in numerical stage indicating a deeper level of tissue damage

BKD

120

Short Stay – New or Worsened Pressure Ulcers

- “Present on Admission”
 - On admission = as close to the actual time of admission as possible
 - Means
 - The pressure ulcer was present at the time of admission/entry or re-entry to this nursing home
 - &
 - The stage of the ulcer has not worsened at any time since admission
 - &
 - The pressure ulcer was not acquired while the resident was in the care of the this nursing home during any stay

BKD

121

Short Stay – New or Worsened Pressure Ulcers

- Risk adjustment
 - Characteristics or conditions that place a resident at increased risk for skin breakdown or impact their ability to heal on PPS 5-day assessment
 - Limited or more assistance with bed mobility self-performance (G0100A1 = 2, 3, 4, 7 or 8)
 - Bowel Continence (H0400 = 1, 2, or 3)
 - Peripheral Vascular/Peripheral Arterial Disease or Diabetes (I0900 or I2900)
 - Low Body Mass Index – Based on Height and Weight
 - BMI = 12.0 – 19.0

BKD

122

Short Stay – New or Worsened Pressure Ulcers

- Exclusions:
 - Missing data (dashes in coding of pressure ulcers) at discharge
 - Resident expired during SNF stay



123

Short Stay – Newly Received Antipsychotic Medication

- Reports the percent of short-stay residents who are receiving an antipsychotic medication during the target period but not on their initial assessment
 - Uses look back scan (not including the initial assessment)
 - MDS Items
 - Antipsychotic use (N0410A is 1 or greater)

N0410. Medications Received 7-Day Look Back		
Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days.		
Coding:	Enter Days	
Enter days: 0, 1, 2, 3, 4, 5, 6 or 7	<input type="text"/>	A. Antipsychotic



124

Short Stay – Newly Received Antipsychotic Medication

- Exclusions
 - Antipsychotic use is not assessed in any assessment in the look back scan (N0410A = -)
 - Initial assessment indicates antipsychotic use (N0410A is 1 or greater)
 - Diagnosis of any of the following on any assessment in the look back scan
 - Schizophrenia (I6000)
 - Tourette's Syndrome (I5350)
 - Huntington's Disease (I5250)



125

Short-Stay Improvement in Function

- Reports percent of short stay residents whose independence in 3 mobility functions increases over the course of the nursing home episode
 - Based on self performance in 3 mid-loss ADLs
 - Transfer (G0110B1)
 - Locomotion on unit (G0110E1)
 - Walk in corridor (G0110D1)
- Will be calculated as percent of short stay residents with improved mid-loss ADLs from the 5-day to the discharge assessment



126

Short-Stay Improvement in Function

B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet)

D. Walk in corridor - how resident walks in corridor on unit

E. Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair

BKD

127

Short-Stay Improvement in Function

- Performance is calculated as the sum of the mid-loss ADLs with 7s and 8s recoded as 4s
- Based on **discharge assessment at which return to the nursing home is not anticipated**
- Risk adjusted based on 5-day assessment: age, gender, cognitive impairment, long-form ADL score, heart failure, stroke/CVA/TIA, hip fracture, other fracture, feeding/IV
- Updated quarterly

BKD

128

Short-Stay Improvement in Function

- Exclusions:
 - Comatose on 5-day or Admission assessment
 - Life expectancy of less than 6 months
 - Hospice
 - Residents with missing information in mid-loss ADLs on 5-day or Admission assessment
 - Residents with no impairments in mid-loss ADLs on 5-day or Admission assessment
 - Residents with unplanned discharge



129

Influenza Vaccine

- Flu Vaccine assessed and appropriately given
 - Resident received vaccine during the current or most recent flu season
 - In the facility (O0250A = 1)
 - Outside of the facility (O0250C =1)
 - Resident was offered and decline vaccine (O0250C = 4)
 - Resident ineligible for vaccine d/t contraindications (O0250C = 3)



130

Influenza Vaccine

- Once the influenza vaccine has been administered to a resident for the current season, this value is carried forward until the new season begins

O0250. Influenza Vaccine - refer to the current version of RAI manual for current flu season and reporting period	
Enter Code <input type="text"/>	A. Did the resident receive the Influenza vaccine in this facility for this year's influenza season? 0. No Skip to O0250C, if influenza vaccine not received, state reason 1. Yes Continue to O0250B, Date vaccine received
	B. Date vaccine received ▶ Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
Enter Code <input type="text"/>	C. If influenza vaccine not received, state reason: 1. Resident not in facility during this year's flu season 2. Received outside of this facility 3. Not eligible – medical contraindication 4. Offered and declined 5. Not offered 6. Inability to obtain vaccine due to a declared shortage 7. None of the above

BKD

131

Influenza Vaccine

- This measure is calculated once per 12-month influenza season, which begins July 1 of a given year and ends June 30 of the subsequent year. The target period begins on October 1 and ends March 31.
- Exclusion
 - Resident not in facility during current or most recent flu season (O0250C =1)

BKD

132

Pneumococcal Vaccine

- Pneumococcal Vaccine assessed and appropriately given
 - Resident has an up to date vaccine status (O0300A = 1)
 - Resident was offered and declined vaccine (O300B = 2)
 - Resident ineligible for vaccine d/t contraindications (O0300B = 1)

00300. Pneumococcal Vaccine	
Enter Code <input type="text"/>	A. Is the resident's Pneumococcal Vaccination up to date? 0. No Skip to O300B, if pneumococcal vaccine not received, state reason 1. Yes Skip to O0400, Therapies
Enter Code <input type="text"/>	B. If Pneumococcal Vaccine not received, state reason: 1. Not eligible – medical contraindication 2. Offered and declined 3. Not offered

BKD

133

Pneumococcal Vaccine

- Pneumococcal Vaccine
 - “Up to date” means in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations available at:
 - <https://www.cdc.gov/vaccines/schedules/hcp/index.html>
 - <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

BKD

134

Pneumococcal Vaccine

New Pneumococcal Vaccine Recommendations for Adults Aged ≥ 65 Years Old

PCV13. PCV13 vaccination is no longer routinely recommended for all adults aged ≥ 65 years. Instead, shared clinical decision-making for PCV13 use is recommended for persons aged ≥ 65 years who do not have an immunocompromising condition, CSF leak, or cochlear implant and who have not previously received PCV13 (Table 1).

CDC guidance for shared clinical decision-making. When patients and vaccine providers engage in shared clinical decision-making for PCV13 use to determine whether PCV13 is right for the specific individual aged ≥ 65 years, considerations may include the individual patient's risk for exposure to PCV13 serotypes and the risk for pneumococcal disease for that person as a result of underlying medical conditions ([Box](#)).

If a decision to administer PCV13 is made, it should be administered before PPSV23 (5). The recommended intervals between pneumococcal vaccines remain unchanged for adults without an immunocompromising condition, CSF leak, or cochlear implant (≥ 1 year between pneumococcal vaccines, regardless of the order in which they were received) (5). PCV13 and PPSV23 should not be coadministered.

ACIP continues to recommend PCV13 in series with PPSV23 for adults aged ≥ 19 years (including those aged ≥ 65 years) with immunocompromising conditions, CSF leaks, or cochlear implants (Table 1) (2).

PPSV23 for adults aged ≥ 65 years. ACIP continues to recommend that all adults aged ≥ 65 years receive 1 dose of PPSV23. A single dose of PPSV23 is recommended for routine use among all adults aged ≥ 65 years (7). PPSV23 contains 12 serotypes in common with PCV13 and an additional 11 serotypes for which there are no indirect effects from PCV13 use in children. The additional 11 serotypes account for 32%–37% of IPD among adults aged ≥ 65 years (22). Adults aged ≥ 65 years who received ≥ 1 dose of PPSV23 before age 65 years should receive 1 additional dose of PPSV23 at age ≥ 65 years (2), at least 5 years after the previous PPSV23 dose (Table 1) (5).



135

SNF Quality Reporting

Short Name	CMS ID #	Quality Measure Name	Implemented
Application of Falls	S013.01	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674).	Oct 2016
Application of Functional Assessment/Care Plan	S001.02	Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).	Oct 2016
Change in Self-Care Score	S022.01	SNF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633).	<u>Oct 2018</u>
Change in Mobility Score	S023.01	SNF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634).	<u>Oct 2018</u>
Discharge Self-Care Score	S024.01	SNF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635).	<u>Oct 2018</u>
Discharge Mobility Score	S025.01	SNF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636).	<u>Oct 2018</u>
Pressure Ulcer/Injury	S038.01	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.	<u>Oct 2018</u>
DRR	S007.01	Drug Regimen Review (DRR) Conducted With Follow-Up for Identified Issues-Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP).	<u>Oct 2018</u>



136

SNF Quality Reporting

- Monitoring reports

The screenshot displays the CASPER Reports web application. At the top, there is a navigation bar with links for Logout, Folders, MyLibrary, Reports, Queue, Options, Maint, and Home. Below this, the main content area is divided into two columns. The left column, titled 'Report Categories', lists various report types such as 'Auto Payroll Based Journal FVR', 'MDS 3.0 NH Asmt Maint', and 'SNF Quality Reporting Program', which is highlighted with a red box. The right column, titled 'SNF Quality Reporting Program', lists specific reports including 'SNF Facility-Level Quality Measure Report', 'SNF Provider Threshold Report', 'SNF Resident-Level Quality Measure Report', and 'SNF Review and Correct Report'. At the bottom of the interface, there is a search bar with the text 'Enter Criteria To Search For A Report: (Hint: Leave blank to list all reports)' and a 'Search' button. The BKD logo is visible in the bottom right corner of the slide.

137

Indiana Medicaid Value Based Purchasing

- Indiana increased Medicaid reimbursement to nursing facilities to encourage improved quality of care to residents based on a total quality score
- Effective July 1, 2019
- Will increase quality add-on rate from a possible \$14.30 to a possible \$18.45

138

Indiana Medicaid Value Based Purchasing

- To determine a nursing facility’s quality rate add-on, they will be assigned a total quality score no greater than 100 points

Nursing Facility Total Quality Score	Nursing Facility Quality Rate Add-On
0 – 23	\$0
24 – 79	$\$18.45 - ((80 - \text{Nursing Facility Total Quality Score}) \times 0.323684)$
80 – 100	\$18.45



139

Indiana Medicaid Value Based Purchasing

- Components of VBP
 - Health Survey Score
 - 9 Long-Stay Quality Measures
 - Nursing Facility Retention Rate
 - Advance Care Planning

	Quality Points 2019	Quality Points 2020
Long Stay 5Star QM	30	60
Nursing Home Survey Score	55	25
All Facility W2 Retention	10	10
Advanced Care Planning Certification	5	5
Total Quality Score (TQS)	100	100



140

Long-Stay Quality Measures

- Long-Stay Quality Measures
 - Using long-stay quality measures published by CMS
 - Will use quality score ranges from the January, 2017 Technical Users Guide for the Design for the Nursing Home Compare Five-Star Quality Rating System
 - July 1, 2020 = Not more than 60 quality points
 - Determined using a facility's most recently published 4 quarter average nursing home compare long-stay quality measures for the previous calendar year



141

Long-Stay Quality Measures

- Long-Stay Quality Measures
 - July 1, 2020 = Not more than 60 quality points


Long-Stay Quality Scores	Quality Points Awarded
0 - 560	0
561 - 699	Proportional quality points awarded as follows: $60 - [(700 - \text{facility long-stay quality score}) \times 0.428571]$
700 and above	60



142

Long-Stay Quality Measures

- Residents whose help with daily activities has increased
- Residents whose ability to move independently has worsened
- High-risk residents with stage 2, 3 or 4 pressure ulcers/injuries
- **Residents who self report moderate to severe pain**
- Residents with antipsychotic medication use
- Residents experiencing a fall with major injury
- Residents who are physically restrained
- Residents who have an indwelling catheter
- Residents with urinary tract infections




143

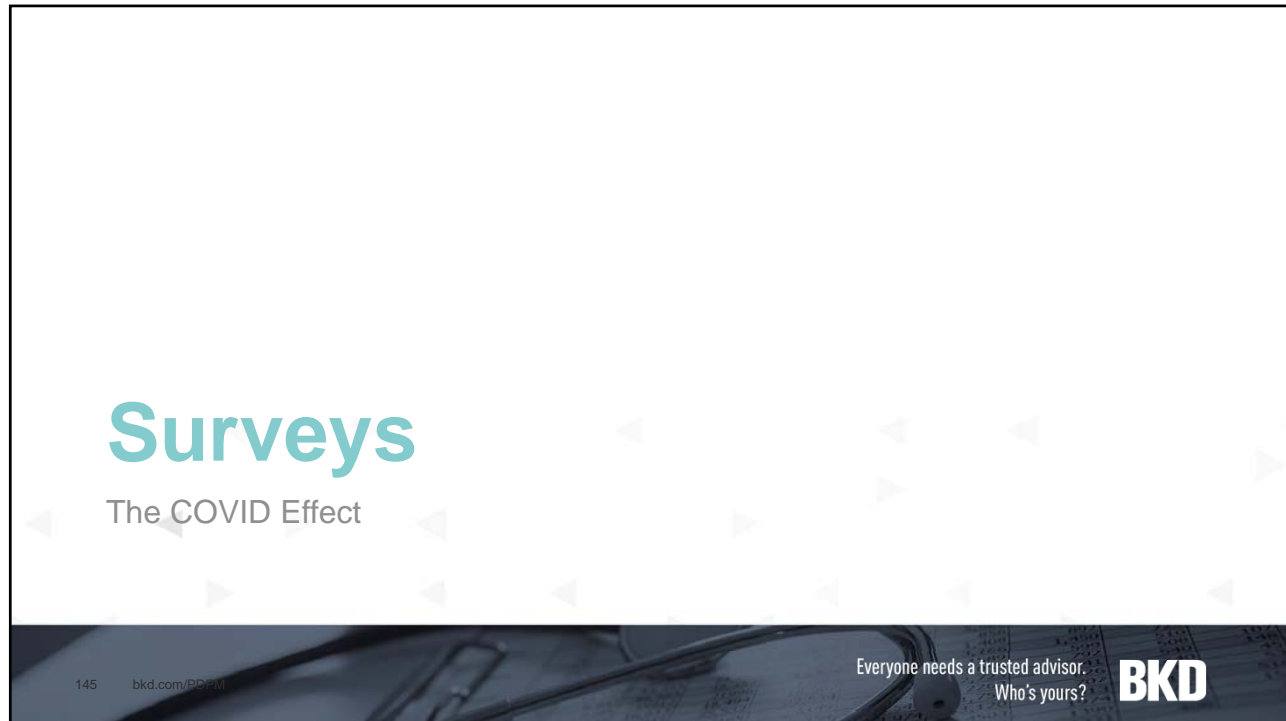
Long-Stay Quality Measures

MDS Quality Measures for Nursing Home Long-Stay Residents
 CMS Nursing Home Compare Dataset: 2017Q4 - 2019Q3
 Points Assignment Basis: 01/2017
 Medicaid Number: [REDACTED]
 Provider Name: [REDACTED]

	20	40	60	80	100		
Decline in ADLs for Eating, Toileting, Transferring and Bed Mobility (A)	100.0%	20.8%	19.45%	16.8%	13.5%	10.0%	0.0%
Percent of Residents							
Facility Score		40					
State-Wide Median Score			60				
Surrounding States Median Score			60				
National Median Score			60				
Decline in Ability to Move Independently on Unit (B)	100.0%	24.9%	19.81%	19.3%	14.5%	8.0%	0.0%
Percent of Residents							
Facility Score		40					
State-Wide Median Score			60				
Surrounding States Median Score			60				
National Median Score			60				
High Risk Residents with a Stage II, III or IV Pressure Ulcer (C)	100.0%	0.6%	6.2%	5.97%	4.5%	2.7%	0.0%
Percent of Residents							
Facility Score			60				
State-Wide Median Score			60				
Surrounding States Median Score			60				
National Median Score			60				
Moderate, Severe or Horrible Pain (D)	100.0%	13.1%	8.3%	7.02%	5.0%	2.2%	0.0%
Percent of Residents							
Facility Score			60				
State-Wide Median Score				80			
Surrounding States Median Score				80			
National Median Score				80			



144

A presentation slide with a white background and a dark blue footer. The title 'Surveys' is in a large, teal font. Below it, 'The COVID Effect' is in a smaller, grey font. The footer contains the text '145 bkd.com/PPM', the slogan 'Everyone needs a trusted advisor. Who's yours?', and the 'BKD' logo.

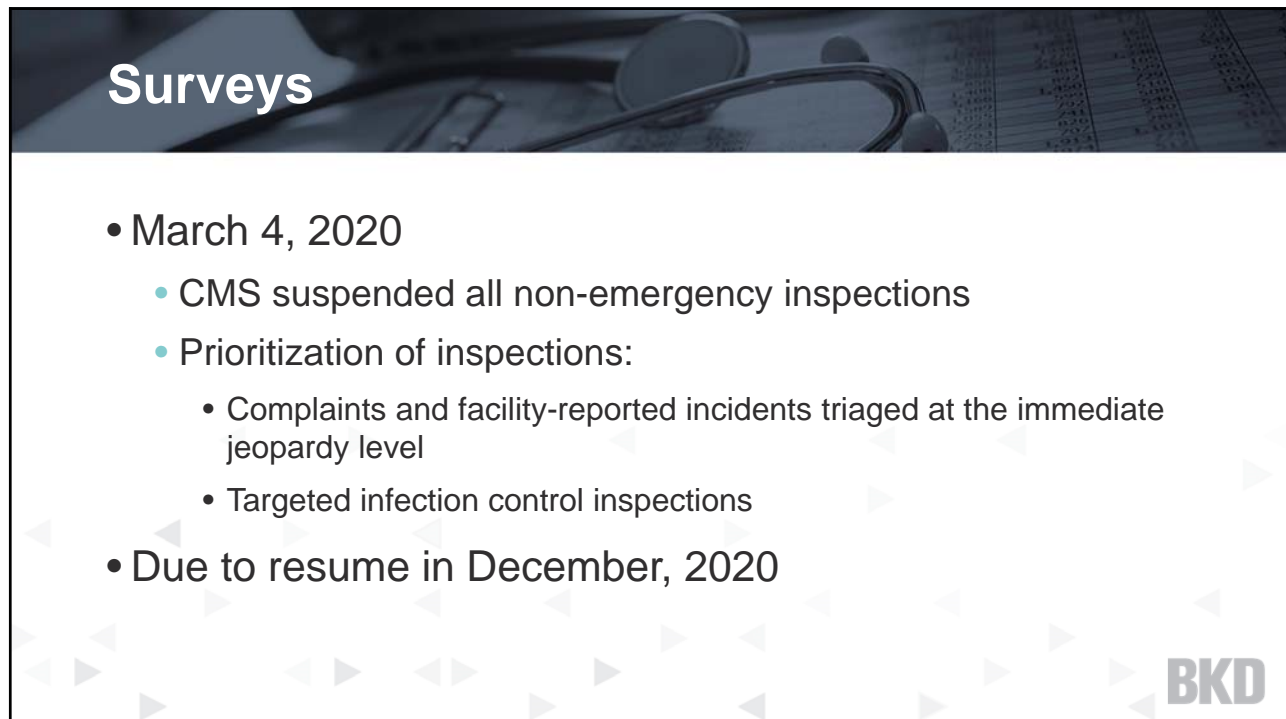
Surveys

The COVID Effect

145 bkd.com/PPM

Everyone needs a trusted advisor.
Who's yours? **BKD**

145

A presentation slide with a dark blue header and a white body. The header has the word 'Surveys' in white. The body contains a bulleted list of survey findings. The 'BKD' logo is in the bottom right corner.

Surveys

- March 4, 2020
 - CMS suspended all non-emergency inspections
 - Prioritization of inspections:
 - Complaints and facility-reported incidents triaged at the immediate jeopardy level
 - Targeted infection control inspections
- Due to resume in December, 2020

BKD

146

Surveys

- Survey Samples

- 70% is pre-selected from MDS data
 - Potential concerns for facility
 - Triggers from the MDS 3.0 Facility and Resident Level Quality Measure Reports
 - Unresolved issues from previous survey
- 30% selected on-site
 - CMS 802 Matrix
 - Facility reported incidents
 - New admission in last 30 days
 - Vulnerable residents



147

The COVID Effect

- Areas of increased concern for surveys

- Isolation
 - Physical
 - Social
- Psychosocial issues
 - Depression – especially new symptoms
 - Behaviors
 - Cognition
- Decline in function
 - ADL participation
 - Ambulation



148

The COVID Effect

- Areas of increased concern surveys (cont.)
 - Falls
 - Weight and hydration
 - Weight loss
 - Dehydration
 - Skin breakdown
 - Incontinence
 - Is team identifying changes in condition?
 - Care plans

BKD

149

Be Ready for Survey

- Know your survey history
 - Survey History Report (0003D)
 - Survey Profile Report (0004D)
 - Look for:
 - Trends
 - Repeat findings
 - High scope and severity findings

BKD

150

Be Ready for Surveys

Figure 6-1. CASPER Reports Page – MDS 3.0 NH Provider Reports Category

The screenshot shows the CASPER Reports interface. At the top, there are navigation links: Skip navigation links, Skip to Content, and a menu with Logout, Folders, MyLibrary, Reports, Queue, Options, Maint, and Home. The main content area is divided into two columns. The left column, titled 'Report Categories', lists various report types such as Auto Payroll Based Journal FVR, MDS 3.0 NH Final Validation, MDS 3.0 NH Provider, MDS 3.0 QM Reports, MDS 3.0 Submitter Validation, MDS Provider CO, MDS QI/GM Reports, QMR Reports, Payroll Based Journal (PBJ) Reports, SNF Quality Reporting Program, Submitter Final Validation Rpt, and Utility Reports. The right column, titled 'MDS 3.0 NH Provider', lists specific reports including MDS 0003D/0004D Package Report, MDS 3.0 Activity, MDS 3.0 Admission/Reentry, MDS 3.0 Assessments with Error Number XXXX, MDS 3.0 Discharges, MDS 3.0 Error Detail by Facility, MDS 3.0 Error Number Summary by Facility by Vendor, MDS 3.0 Errors by Field by Facility, MDS 3.0 Missing Assessment, and MDS 3.0 NH Assessment Print. A search bar at the bottom right prompts the user to 'Enter Criteria To Search For A Report: (Hint: Leave blank to list all reports)'. The page number 'Pages [1] [2]' is also visible.

151


Run Date: 11/10/2014		CASPER Report 0003D				Last Update: 11/10/2014			
Job # 18382764		Provider History Profile				Page 1 of 4			
		Nevada							
MOUNTAIN VIEW CARE CENTER 601 ADAMS BOULEVARD BOULDER CITY, NV 89005 State's Region Code: LV Compliance Status: Provider meets requirements based on an acceptable plan of correction		CCN: 295080 Phone Number: (702)293-5151 Participation Date: 08/01/2001		Provider Beds Total: 87 Certified: 87		Provider Category: SNF/NF (DUAL) Type Action: RECERTIFICATION Type Ownership: FOR PROFIT - CORPORATION			
Program Requirements									
Current Survey/Revisit Dates - 04/05/2014									
Prior 3 Survey	S/S Code	Prior 2 Survey	S/S Code	Prior 1 Survey	S/S Code	Current Survey	S/S Code	Plan/Date of Correction	Requirement
03/2011		03/2012		03/2013		02/21/2014			
				X	D				REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT REQ F0388-PERSONAL VISITS BY PHYSICIAN, ALTERNATE PA/NP REQ F0411-ROUTINE/EMERGENCY DENTAL SERVICES IN SNFS REQ F0428-DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON
X	D					X	C	04/05/2014	
		X	D			X	C	04/05/2014	REQ F0431-DRUG RECORDS, LABEL/STORE DRUGS & REQ F0441-INFECTION CONTROL, PREVENT SPREAD, LINENS REQ F0514-RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE REQ F0520-QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS
X	D	X	D	X	E	X	C	04/05/2014	
		X	D						
LSC Deficiencies									
Edition of LSC Applied									
2000 EXIST	2000 EXIST	2000 EXIST	2000 EXIST	2000 EXIST	2000 EXIST	2000 EXIST	2000 EXIST	Plan/Date of Correction	LSC Deficiencies - Bldg # 01
Prior 3 Survey	S/S Code	Prior 2 Survey	S/S Code	Prior 1 Survey	S/S Code	Current Survey	S/S Code	Plan/Date of Correction	LSC Deficiencies - Bldg # 01
03/2011		03/2012		03/2013		02/21/2014			
				X	F				STD K0039-CORRIDOR WIDTH STD K0047-EXIT SIGNS STD K0052-TESTING OF FIRE ALARM

152

Figure 6-4. CASPER Report 0004D – Provider Full Profile (Page 1)


Run Date: 11/18/2014 Job # 18382774	CASPER Report 0004D Provider Full Profile		Last Update: 11/10/2014 Page 1 of 6							
Current Survey from 01/01/2014 thru 11/18/2014 Iowa										
MANNING REGIONAL HEALTHCARE CE 410 MAIN STREET MANNING, IA 51455 State's Region Code: 001 Compliance Status: Provider meets requirements based on an acceptable plan of correction	CCN: 16E069 Phone Number: (712)855-2072 Participation Date: 02/01/1977	Provider Beds Total: 75 Certified: 56	Provider Category: NF Type Action: RECERTIFICATION Type Ownership: NONPROFIT - CORPORATION							
LTC Resident Census										
Resident Census on 05/08/2014 Total: 49 Medicare: 0 Medicaid: 25 Other: 24		Total Certified Beds: 56 SNF SNF/NF NF ICF/IID 0 0 56 0								
Program Requirements										
Survey from 04/28/2014 thru 05/08/2014 Extended Survey from thru Date Provider Signed POC: 06/27/2014 Revisit Dates: 06/02/2014										
S/S Code	Tag #	Requirement	Plan/Date of Correction	Status of Deficiency	Providers Not Meeting Requirements					
					State #	%	Region #	%	Nation #	%
D	F0241	DIGNITY AND RESPECT OF INDIVIDUALITY	06/02/2014	Corrected	3	12.0	15	12.6	59	12.3
D	F0323	FREE OF ACCIDENT	06/02/2014	Corrected	9	36.0	56	47.0	159	33.2
D	F0329	DRUG REGIMEN IS FREE FROM	06/02/2014	Corrected	8	32.0	51	42.8	126	26.3

153



Be Ready for Survey

- Quality Measures
 - QM Manual (October, 2020)
 - Know criteria for triggering a measure
 - Know exclusions, risk adjustments and covariates for each measure
 - Understand what assessments are in play – look back scan or target assessment
 - Target MDS coding
 - Examine facility QI/QM processes if coding is accurate
 - --- Root cause analysis



154

Be Ready for Survey

- Know where your numbers are
 - CASPER QMs
 - Facility and Resident level
 - MDS 3.0 Comparison Reports
 - Case-mix reports
 - Missing Assessment Report
- QM reviews – internal/external

BKD

155

Be Ready for Survey

- MDS Accuracy
 - Education
 - RAI manual (October, 2019)
 - Staff documentation
 - Review assessments for triggers prior to transmission
 - Internal or external audits
 - Software “pre-population”
 - ADL coding and the “Rule of 3”
 - Section M and documentation of pressure ulcers
 - Reliable medication reference
 - Limit the use of dashes (-)

BKD

156

Be Ready for Survey

- Focus on care management
 - Care Planning
 - Adequate staffing
 - INTERACT or similar tool
 - Physician extenders – consistent reliable medical support
 - Early detection of resident changes
 - Staff training

BKD

157

Be Ready for Survey

- Interview processes – Depression and cognition
- Active rehab and restorative programs
- Effective fall, restraint and pressure ulcer management/prevention/reduction programs
- Staffing
 - Evaluate staffing plans on a 7-day basis
 - Make adjustments not only based on census but on acuity

BKD

158

THANK YOU!!!

ddlake@bkd.com



BKD