


THE FOCUSED AUDIT The Eye of Uncle Sam is Upon You

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GOALS

- To identify the source of the focused audits
- To identify the parameters of the focused audit
- To provide information re: actions to be taken in preparing for the focused audit

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THE MDS FOCUSED AUDIT



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QUALITY OF CARE AND QUALITY OF LIFE

- All necessary resources and disciplines must be used to ensure that residents achieve the highest level of functioning possible (quality of care) and maintain their sense of individuality (quality of life)

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The RAI/MDS Components


- Minimum Data Set
 - Standardized Instrument
 - A core set of screening, clinical and functional status elements
- Care Area Assessment Process
 - Care Area Triggers
 - Care Area Assessment
 - Care Area Summary
- Utilization Guidelines
 - Instructions for when and how to use the RAI

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Regulatory Requirements

- The RAI process has multiple regulatory requirements within the federal regulations at 42 CFR, Section 483.20



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42 CFR §483.20

- F272 – F275 §483.20(b) Comprehensive Assessments
- F276 §483.20(c) Quarterly Review Assessment
- F278 §483.20(g)(h)(i)(j) Accuracy of Assessment/Coordination/Certified/Penalty for Falsification
- F279-F282 §483.20(k) Comprehensive Care Plans
- F283 – F284 §483.20(l) Discharge Summary
- F285 §483.20(e)(m) Coordination with PASRR
- F286 §483.20(d) Use/Maintain 15 Months in Active Record
- F287 §483.20(f) Automated Data Processing

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Purpose of the RAI

- The primary purpose of the resident assessment instrument is to serve as the clinical basis for individualized care planning and delivery of person-centered care.



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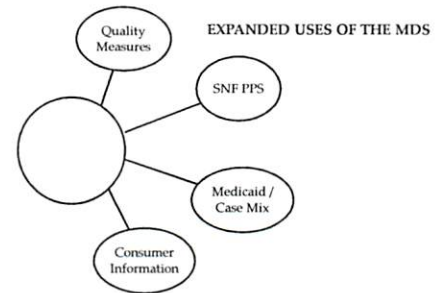
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PROBLEM IDENTIFICATION USING THE RAI

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Critical Role of Assessment Accuracy

- Survey Activity
- Quality Measures
- Medicare and Medicaid Payment rates
- Publicly reported measures for the CMS quality rating system
- Facility quality assurance performance improvement activity

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WHY THE FOCUSED SURVEY



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OIG Reports

- Skilled Nursing Facilities did not develop care plans that met requirements, or did not provide services in accordance with care plans for 37% of stays
- Skilled Nursing Facilities reported inaccurate information, which was not supported or consistent with the medical record, on at least one MDS items for 47% of claims
- <http://oig.hhs.gov/oci/reports/oci-02-09-00201.pdf>

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MDS FOCUSED SURVEY DEMONSTRATION PROJECT

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The MDS Focused Survey Pilot

- Completed in August 2014
- Five states each conducted 5 surveys
- Two reviewers (including the RAI Coordinator) and one back-up received additional training via webinars
- The pilot surveys focused on 7 care areas:
 - Restraints
 - Pressure Ulcers
 - Indwelling Catheters
 - Urinary Tract Infections
 - Activities of Daily Living
 - Falls with Major Injury
 - Antipsychotic Medications

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The MDS Focused Survey Pilot

- Deficiencies were identified in 24 of 25 surveys
- Identified deficiencies:
 - Inaccurate staging of pressure ulcers
 - Lack of knowledge regarding the classification of antipsychotic medications
 - Poor coding regarding the use of restraints

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Deficiencies Identified in the pilot

- Failure of the facility staff to reflect the status of the resident related to the presence of an indwelling urinary catheter
- Failure of the facility staff to accurately reflect the status of the resident related to the level of injury
- Failure of facility staff to accurately reflect the status of the resident related to pressure ulcer stage sustained during a fall as a major injury

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Deficiencies Identified in the pilot

- Failure of the facility staff to accurately reflect the status of the resident related to the presence of pressure ulcers
- Failure of facility staff to accurately reflect the status of the resident related to restraint use other than side rails
- Failure of the facility staff to accurately reflect the status of the resident related to the diagnoses of neurogenic bladder and/or obstructive uropathy

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Deficiencies identified in the pilot

- Failure of the facility staff to accurately reflect the status of the resident related to the late loss ADL status
- Failure of facility staff to accurately reflect the status of the resident related to the worsening of pressure ulcer status since prior assessment or last admission/entry or reentry
- Failure of the facility staff to accurately reflect the status of the resident related to use of antipsychotic medications
- Failure of the facility staff to accurately reflect the status of the resident related to diagnoses of Tourette's syndrome, Schizophrenia and Huntington's disease

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The MDS Focused Survey Phase 2

- Second phase April to September of 2015
- Majority of states included in the second phase
- Each included state had to perform the audit in a specified number of facilities (PA – 16)
- Tools used by the reviewers were tweaked based on the first phase feedback
- Reviewers did not include the RAI Coordinator
- Audits for 2016 – same number as completed in 2015

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Deficiencies from the most 2016 surveys

- *Failed to document required information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set*
- *Failed to ensure that assessments were complete and that assessments accurately reflected the resident's status*
- *Failed to develop comprehensive care plans to address residents' needs*

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Deficiencies from the most 2016 surveys

- *Failed to transmit Minimum Data Set Assessments within 14 days of completion of the assessments*
- *Failed to document required summary information regarding the additional assessment performed on each of the care areas triggered by the completion of the Minimum Data Set*
- *Failed to ensure that the Minimum Data Set assessments accurately reflected the status of the residents*

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Deficiencies from the most 2016 surveys

- *Failed to ensure residents were free of unnecessary drugs utilized without adequate monitoring*
- *Failed to ensure physician's orders were followed*
- *Failed to develop care plans that included specific and individualized interventions*

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Deficiencies from the most 2016 surveys

- *Failed to complete an admission assessment within the required 14 days*
- *Failed to ensure that a quarterly Minimum Data Set assessment was completed within the required 3 months (92) days*
- *Failed to complete Care Area Assessment within the required 13 days*

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Deficiencies from the most 2016 surveys

- Failed to transmit Minimum Data Set assessments to the required electronic system, the CMS Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) System, within 14 days of completion
- Failed to post accurate daily required nursing staffing information

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Why?

- The purpose of the MDS/Staffing Focused Survey is to:
 - Evaluate the adherence to the MDS assessment schedule
 - Support the resident assessment process and the accurate coding of information in the MDS
 - To assess the staffing levels of nursing facilities



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Who?

- Two state surveyors who have received additional training from CMS on the RAI/MDS
- At least one surveyor must be an RN



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WHERE?

- On site



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How Long?

- Survey should be two days



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When?

- Anytime (unannounced survey)



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What?


- o The MDS focused survey is a stand alone survey activity
- o Separate from licensure and certification survey
 - The number of surveys conducted varied from state to state
 - CMS worked with states to determine how many surveys should be conducted in the state, and when they should be conducted in the state, and when they should take place throughout the year
 - All survey data will be entered into the ASPEN Complaint Tracking System (ACTS) to be included in the national data base (identified as MDS/Staffing Focused Survey)

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The process

- Entrance conference with NHA (or person in charge in facility at arrival) to explain the survey process, and to request the necessities for the survey
- Initial tour of the facility to briefly observe residents and to meet the unit charge nurses
- Medical record review, interview residents and staff, and observation of resident care




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Information to be provided to the surveyor team after arrival within one hour


- o The current census
- o An alphabetical census with room numbers
- o A facility floor plan
- o Admission/readmission within the last 90 days from an acute or psych hospital and are currently residents in the facility



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- **Information to be provided to the survey team within one hour of arrival!**
 - o The 10 most recently completed OBRA MDS assessments, including those which were modified, that had been submitted for current residents
 - o Any subsequent correction requests that had been submitted for those assessments
 - o Medical records to support the MDS coding
 - o They will observe resident care



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Additional information requested

- o List of key personnel
- o Copies of any policies/procedures related to the RAI/MDS and Quality Measures, staffing and scheduling, and others as applicable
- o Staffing schedules for all involved in scheduling, coding and transmitting MDS data and their roles in the assessment process delineated
- o The name and contact information for the quality assessment and assurance coordinator
- o A list of all residents who had fallen in the last 12 months, date of the fall and any injuries
- o Focused facility worksheet (provided by the survey team)

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- List of residents with falls within the last 12 month period
- List must identify the resident, the date of the fall and the injury, if any.
- If no injury was suffered by the resident as a result of the fall, the list must include this data

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Additional information requested

Focused Survey Facility Worksheet to reflect a list of current residents/room numbers with any of the following in the last **90 days**:

- o Pressure ulcers
- o Indwelling catheters
- o Restraints other than side rails, including PRNs
- o Urinary Tract Infections
- o Antipsychotic medications
- o A list of residents who fell in the past 12 months, the date of the fall and any resulting injury, including notation of no injury

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If noncompliance identified with the RAI/MDS requirements, the surveyors are prompted to evaluate compliance with related clinical regulations and the QAA process

- Pilot did identify deficiencies and providers were issued citations in clinical quality and QAA areas
- Focused survey will **not** affect the annual survey schedule



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Deficiencies identified during the survey will result in relevant citations and enforcement actions in accordance with normal and existing CMS policy and regulations

Additional areas identified as a concern (beyond the RAI/MDS and staffing) will be investigated during the survey or, if immediate investigation is not possible, registered as a complaint for further review



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- Exit conference will be conducted at the conclusion of the survey
- Statement of deficiencies will be issued if deficiencies are identified
- Plan of correction will need to be identified



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CMS staff have recommended that nursing facilities review MDS:

- Are the MDSs being scheduled and completed in accordance with RAI Manual 3 instructions?
- Are all items on these MDSs accurate?
- A few areas of frequent concerns: timing of interviews; Section G ADL coding; Coding Diagnoses in Section I, including UTI; and coding isolation in Section O

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WHAT ARE THE AREAS OF FOCUS FOR SURVEYORS



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Restraints


- o A long term focus of CMS – few states in the pilot study utilized restraints (excluding bed rails)
- o 17% of the assessments reflecting restraint use showed a disagreement in the coding, medical record and observation
- o Though there were cases of agreement with the MDS and medical record – observation of the resident and their care showed evidence of restraint use
- o Facilities should be providing clear guidance and additional education to staff to ensure the correct identification and management of coding of restraints (refer to the SOM)

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Restraints

- o Restraints vs Enabler
- o Consider the effect the item has on the resident NOT the purpose
- o An enabler may also meet the definition of a restraint
- o Code "other" if the device does not fit into one of the categories
- o Consider the resident's ability to accomplish the reason for removing it



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Restraints

- Evaluate all devices for their restraining **effect** and **impact** on the resident
- How did you determine that it was or was not a restraint
- Was the family/resident educated on risk and benefits
- Do you have necessary documentation required for restraint use
- Do you have documentation showing restraint reduction attempts, what has worked, what has failed
- Was the CAA used by the staff to evaluate the appropriateness of the restraint use

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Activities of daily living

- o 15.4% discrepancy found in the coding of the late loss ADLs between the MDS and the clinical record
- o Education (and the documentation of such) needs to be provided with the CNAs to ensure the correct coding of the ADLs
- o Directly impacts RUG assignment (reimbursement) and the Quality Measure ratings

Late Loss ADLs

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Activities of daily living

- o Clear understanding of the definitions
- o Documentation timely and accurate: no holes in the Nursing Assistant documentation
- o Contradictions between direct care staff and licensed staff
- o Rule of 3 not used properly

Late Loss ADLs

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Accurate ADLs

- Use of ADL algorithm and other instructions in Chapter 3, Section G, RAI Manual
- Training and monitoring CNAs/Nurses/Therapy
- Compliance with state-specific ADL documentation requirements

Late Loss ADLs

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Long stay falls with major injury

- Code falls reported by the resident, family, or significant other even if not documented in the medical record
- Code the level of injury for each fall that occurred during the look-back period
- If the resident has multiple injuries, code for the highest level of injury
- Understand the difference injury and major injury



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Long stay falls with major injury

- Injury includes – skin tears, abrasions, lacerations, superficial bruises, hematomas, sprains, any fall related injury that causes the resident pain
- Major injury includes – bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma



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Pressure Ulcers

- Know what is coded as a pressure ulcer and as present on the prior assessment
- Does the wound report match the MDS
- Does the MDS accurately reflect – tissue injury, pressure ulcers that have worsened, debrided ulcers vs surgical closing
- Proper documentation on why it is not a pressure ulcer of a bony prominence



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F329 Unnecessary Drugs

Antipsychotic Drugs – Based on the a comprehensive assessment of a resident, the facility must ensure that:

- Residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record and
- Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs



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Antipsychotic medications use

- Medications coded according to pharmacological classification
- Include all medications given in the last 7 days by any route
- What non-pharmacologic interventions have been attempted and are care planned
- GDR attempts – physician documentation



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Urinary Tract Infections

- 30 day look back period on the MDS
- Chart must include all components to mark it on the MDS
- Appropriate documentation of diagnoses
- Documented signs and symptoms – fever, painful urination, pain, confusion or change in mental status, change in the character of urine
- Significant lab findings – determined by prescriber
- Current treatment



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Indwelling Catheters

- Includes all types of catheters that drain urine from the body – urethral, suprapubic, nephrostomy
- Exclusions – neurogenic bladder, obstructive uropathy
- Medical diagnosis to support the need – coma, terminal illness, stage 3/4 pressure ulcer affected by incontinence, need for exact measurement of urine output, history of inability to void after catheter removal
- Appropriately care planned
- Proper care provided



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Indwelling Catheters

- Appropriate indications for continuing use of an indwelling catheter beyond 14 days may include:
 - Urinary retention that cannot be treated or corrected medically or surgically
 - Contamination of a stage 3/4 pressure ulcers with urine which has impeded healing, despite appropriate personal care for the incontinence and
 - Terminal illness or severe impairment, which makes positioning or clothing changes uncomfortable, or which is associated with intractable pain

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Indwelling catheters

- F315 Based on the resident's comprehensive assessment, the facility ensure that –
- A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and
- A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible

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Neurogenic bladder/obstructive uropathy

- An exclusion in the Quality Measures reporting related to indwelling catheters on the Five Star
- Documentation by the provider must reflect the terms in order for it to appear on the MDS
- Inaccurate assessments leads to inaccurate reporting



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POLICIES AND PROCEDURES



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POLICIES ARE NOT REQUIRED!!!

BUT IF YOU HAVE THEM THEY MUST BE PRODUCED

POLICIES ARE RECOMMENDED BY MOST CONSULTANTS


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Policies and Facility Practices

- Who has oversight of the MDS process?
- How does the facility monitor compliance with coding and scheduling requirements?
- How does the facility ensure the accuracy of the MDS?
- Who coordinates wound care in the facility? How is the wound tracked?
- Who is responsible for staffing?




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Further investigation

- Related requirements including, but not limited to, Quality of Care and Quality of Life concerns may be investigated at the time of the MDS focused survey, or in addition to the MDS survey as needed



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STAFFING



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- Considerable evidence of a relationship between nursing home staffing levels and resident outcomes
- Staffing Study found a clear association between nurse staffing ratios and nursing home quality of care, identifying specific ratios of staff to residents below which residents are at substantially higher risk of quality problems

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Verification of Staffing

- No Federal Staffing minimums
- State may have minimum staffing requirement
- Federal citation for insufficient staff must be tied to a resident outcome
- Staffing reported on CMS 671 on day 1 of the standard survey
- 671 requested for MDS/Staffing Focused survey
- Staffing Star determined by comparing "reported" to "expected"
- Resulting in "adjusted" staffing




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PBJ: Payroll Based Journal

- Staffing and census data collected for each fiscal quarter through the QIES ASAP System
- Includes hours worked by each staff member each day within the quarter
- Census data is census on the last day of the quarter
- Strict guidelines for timeliness of submission (noncompliance – subject to enforcement actions not yet defined)
- Voluntary October 1, 2015**
- Mandatory July 1, 2016**



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Determination of Compliance

Meeting the State mandated staffing ratio, if any, does not preclude a deficiency of insufficient staff if the facility is not providing needed care and services to residents

Compliance with F353, Sufficient Staff:

The facility is compliant with this requirement if the facility has provided a sufficient number of licensed nurses and other nursing personnel to meet the needs of the residents on a 24 hour basis



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Sect. 483.30 F353 Nursing Services

- The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental and psychosocial well being of each resident, as determined by resident assessments and individual plans of care
- Determination of sufficient staff will be made based on the staff's ability to provide needed care to residents that enable them to reach their highest practicable physical, mental and psychosocial well-being

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Procedures –

- Determine if the registered/licensed nursing staff are available to:
- Supervise and monitor the delivery of care by nursing assistants according to residents' care plans; assess resident condition changes
- Monitor dining activities to identify concerns or changes in residents' needs
- Responds to nursing assistants' requests for assistance
- Correct inappropriate or unsafe nursing assistants techniques identify training needs for the nursing assistants

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**PREPARATION
IS THE
KEY**



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**CMS HAS IDENTIFIED THAT
THERE ARE NO NOR WILL
THERE BE ADDITIONAL
GUIDELINES AS ALL IS
BASED ON ALREADY
EXISTING REGULATIONS
AND REQUIREMENTS**

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- Review the survey requirements in the State Operations Manual Appendix P
- Review the State Operations Manual for the MDS guidance F272 – F278 Appendix PP
- Review the MDS manual for the schedule, etc., understand the difference between the OBRA and PPS schedule
- Remember the Significant Change Assessment – changes the schedule
- Review and analyze the validation reports
- Use the Quality Measure and PEPPER reports to identify potential issues

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- Implement a system to ensure the MDS assessments are completed and submitted timely, consistent with regular required assessment schedules, i.e., audits, schedules, etc. Use the schedule to assist the staff with the workload
- Plan for access to medical records by the surveyors, as appropriate, hard copy as well as electronic
- Know the terms and definitions in the RAI Manual and educate staff on these definitions
- Provide the staff sufficient time to complete the assessment as well as the applicable documentation in the clinical record

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- RNACs should expect to spend more time with surveyors than during a standard survey
- Be sure an RN is managing the process
- Be sure to have a fully trained back-up Assessment Coordinator
- Know how much time is spent by each staff member in completing the MDS
- Know the scope of practice for an LPN and ensure appropriate supervision is provided and reflected in the documentation
- Implement a system to ensure documentation about a resident is accurate and consistent in all places including ADL records, care plan, interdisciplinary notes, assessments, physician orders, etc., i.e. periodic audits

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- Ensure the Care Area Assessment process is effectively used to promote a link between the MDS and care planning and involves the resident, family and other representatives as appropriate
- Compare the documentation in the medical record to the information on the MDS on a regular basis (audit process)
- Review the policies to see if any exist relating to the completion of the MDS and determine if any are needed, have these policies identified/available should the surveyors ask for them

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- Review the Activities Calendar periodically. Ensure the activities programs are being conducted appropriately
- Review the training program for the MDS related documentation, in particular the ADLs
- Know the facility system for processing the assessment and care plan

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Stay informed

- Monitor the CMS website (www.cms.gov)
- Join the SNF PPS mailing list
- SNF Open Door Forum
- Attend MDS Teleconferences and newsletters sponsored by the PA Department of Health

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RESOURCES
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RESOURCES



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State Operations Manual Appendix P

- https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_p_ltrcf.pdf

State Operations Manual Appendix PP

- https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltrcf.pdf

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RAI Users' Manual

- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursinghomeQualityInits/MDS30RAIManual.html>

CMS S&C: 14-22-NH

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-22.pdf>

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CMS S&C: 15-47-NH

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-47.pdf>

CMS S&C: 15-35-NH

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-35.pdf>

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CMS S&C: 15-25-NH

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-25.pdf>

CMS S&C: 15-31-NH

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-31.pdf>

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Centers for Disease Control and Prevention

- http://www.cdc.gov/MedicationSafety/program_focus_activities.html
- http://www.cdc.gov/MedicationSafety/Adult_AdverseDrugEvents.html

Institute for Healthcare Improvement

- <http://www.ihl.org/resources/Pages/Tools/HowtoGuidePreventAdverseDrugEvents.aspx>

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US Food and Drug Administration

- <http://www.fda.gov/NewsEvents/Testimony/ucm115007.htm>

Adverse Event Trigger Tool

- <http://www.ihl.org/resources/Pages/Publications/AdverseDrugEventTriggerTool.aspx>

- http://www.ihl.org/resources/Documents/RozichHaradenResor_AdverseDrugEventTriggerTool.pdf

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National Guideline Clearing House

- <http://www.guideline.gov/content.aspx?id=43938>

CMS

- <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM.html>
- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/HHQIOBQMManual.pdf>

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Office of the Inspector General

- Adverse Events in SNFs: National Incidence Among Medicare Beneficiaries
- <http://oig.hhs.gov/oei/reports/oei-06-11-00370.pdf>
- Skilled Nursing Facilities Often Fail To Meet Care Planning and Discharge Planning Requirements
- <http://oig.hhs.gov/oei/reports/oei-02-09-00201.pdf>

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Stratis Health

- <http://www.stratishealth.org/documents/Stratis-Health-medication-reconciliation-white-paper-2014.pdf>

CMS Web Based Training

- <http://surveyor.vo.llnwd.net/o45/data/AntiPsyMedHome/cms-dementia.htm>
- AHRQ TeamSTEPS
- <http://www.ahrq.gov/professionals/education/cumculum-tools/teamsteps/longtermcare/index.html>

HEALTH INFORMATION PROFESSIONALS

THE FOCUSED AUDIT

- Provider Magazine; MDS Accuracy, Staffing Are New Survey Focus; Judi Kulus; February 2015
- Nursing home Administrator Letter
- Entrance Conference Form
- Focused Survey Facility Worksheet
- Wilhide Consulting blog
- Dementia Care Survey Checklist
- [http://www.caringfortheages.com/article/S1526-4114\(15\)00310-8/pdf](http://www.caringfortheages.com/article/S1526-4114(15)00310-8/pdf)

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Leading Age article

- http://www.leadingage.org/CMS_Announces_Medication_Related_Adverse_Drug_Event_Survey_or_Tool.aspx

Nursing Homes Brace for Onslaught of Federal and State Audits; Paula G. Sanders and Laura Weeden; Post & Schell PC

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- Skilled Nursing Facility Billing for Changes in Therapy; Improvements are Needed (OEI-02-13-00611)
- Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries (OEI-06-11-00370)
- Skilled Nursing Facilities Often Fail To Meet Care Planning and Discharge Planning Requirements (OEI-02-09-00201)

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THE FOCUSED AUDIT The Eye of Uncle Sam is Upon You

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- Inappropriate Payments to Skilled Nursing Facilities Cost Medicare More Than a Billion Dollars in 2009 (OEI-02-09-00200)
- Nursing Facility Assessments and Care Plans for Residents Receiving Atypical Antipsychotic Drugs (OEI-07-08-00151)
- Changes in Skilled Nursing Facilities Billing in Fiscal Year 2011 (OEI-02-09-00204)
- Questionable Billing by Skilled Nursing Facilities (OEI-02-09-00202)

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- Medicare Part D Payments for Beneficiaries in Part A Skilled Nursing Facility Stays in 2006 (OEI-02-07-00230)
- Skilled Nursing Facility Therapy Services Under Part B of Medicare (OEI-09-99-00490)
- PBJ Provider Action Items
<https://www.qtso.com/providemh.html>
- MDS 3.0 Focused Audit webinar (free)
<https://www.simpleitc.com/mds-focused-staffing-surveys/>

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Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 15-25-NH

DATE: February 13, 2015
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group
SUBJECT: MDS / Staffing Focused Surveys Update

Memorandum Summary

FY2014 Pilot Surveys: In 2014, Centers for Medicare & Medicaid Services (CMS) and five volunteer States piloted a focused survey to assess MDS coding practices and its relationship to resident care in nursing homes.

- A report on the findings from the pilot is attached.

Nationwide Expansion: We subsequently announced that we would expand the MDS focused surveys to all States and include a review of nursing home staffing. This memo provides an update on the pilot and the status of the expansion of these surveys including:

- Training for the next surveys will begin in early April 2015.
- States will need to assign a minimum of three surveyors to be trained.
- Training and surveys will be rolled out in two phases with Regions and States assigned to one of two groups.
- Deficiencies identified during the surveys will result in relevant citations and enforcement actions.

Background

In 2014, the CMS, together with five volunteer States, piloted a short-term focused survey to assess Minimum Data Set, Version 3.0 (MDS 3.0) coding practices and its relationship to resident care in nursing homes. We appreciate the work of the five States that volunteered to conduct these surveys and provide us with useful feedback (MD, PA, VA, IL, and MN). Each of the five States dedicated at least two surveyors to the effort, plus the State Resident Assessment Instrument (RAI) Coordinator. Each State completed five Surveys which were each conducted over approximately two days. Attachment A provides a report of the findings from the pilot.

After completing the pilot, CMS announced we would expand these surveys to be conducted nationwide in 2015. The surveys are also being conducted in conjunction with CMS' efforts strengthen the *Nursing Home Five-Star Quality Rating System* (see press release at <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2014-Press-releases-items/2014-10-06.html>).

Nationwide Expansion

Based on the experiences in the five volunteer States, we revised the survey structure and processes (e.g., worksheets) to improve the usability, scalability, and effectiveness of the survey. The surveys will continue to assess compliance with 42 CFR 483.20 (Resident Assessment), and other applicable regulations that are identified during the investigatory process. Additionally, the surveys will include a review of nursing home staffing to help CMS assess how staffing levels may fluctuate throughout the year.

These surveys will be rolled out in two phases with Regions and States assigned to one of two groups. In February, CMS will inform Regional Offices and States regarding the group to which they are assigned. Each phase will begin with training. Regions and States will also need to identify a point of contact (POC) to be the primary recipient of information pertaining to these surveys. A sample of nursing homes will be surveyed in each State. We will work with States to identify the specific facilities to be surveyed. In addition, CMS may work with a contractor to supplement States' efforts to conduct surveys. More details will be conveyed to States as the training gets underway.

Surveyor Training

The surveys are designed to be conducted by two surveyors over approximately two days. The first phase of surveyor training will begin in early April 2015. States will need to allocate at least three surveyors to complete the training (e.g., two primary surveyors and one alternate). At least one of the onsite surveyors must be a Registered Nurse. Regional Offices should allocate at least one individual to complete the training and serve as a point of contact for States and CMS Central Office. Training will be provided via recorded webinars so surveyors will be able to complete their training at a time that fits within their schedule. The total time needed for training is expected to be approximately four hours, as the training for this focused survey builds on the training and experience that surveyors already possess. Support will also be provided for questions and technical assistance for surveyors throughout the training and survey period. States may allocate more than three surveyors to the training; however, at least one of the individuals trained should be a supervisor. Additionally, in contrast to the pilot, these surveys do not need to be conducted by State RAI Coordinators. We restructured the survey so that it would not be dependent on the use of State RAI Coordinators in every survey. Such restructuring enables the survey to be more scalable and decreases the burden on States.

We have received requests from nursing homes for materials or methods on how to prepare for these surveys. Information regarding methods for accurate completion of MDS assessments is found in the MDS RAI Manual. Additionally, Appendix PP of the SOM provides guidance on how to comply with the regulations listed above. Therefore, States and Regional Offices should refer providers to these resources for these types of inquiries. There are no new regulations involved in these surveys. The focus of the survey is on nursing home compliance with existing and long-standing regulations.

Enforcement in Accordance with Existing CMS Policy and Regulations

Deficiencies identified during the surveys will result in relevant citations and enforcement actions in accordance with normal and existing CMS policy and regulations. In the event that additional care concerns (beyond the MDS and staffing foci of this focused survey) are identified

during on-site reviews, those concerns will be investigated during the survey or, if immediate investigation is not possible, registered with the SA as a complaint for further review.

For questions on this memorandum related to the MDS / Staffing Focused Survey, please email MDSFORSandC@cms.hhs.gov and consult with your CMS Regional Office.

Effective Date: Immediately. The information contained in this memorandum should be communicated with all survey and certification staff (including the State RAI Coordinator), their managers and the State/Regional Office training coordinators within 30 days of this memorandum. More information will be communicated directly with States shortly on the specifics of the next steps for implementing these surveys.

/s/
Thomas E. Hamilton

Attachment- MDS Staffing Focused Surveys Pilot Findings

cc: Survey and Certification Regional Office Management

Memorandum



US Health – Health Policy

Date January 22, 2015
To CMS
From Abt Associates
Subject MDS 3.0 Focused Survey Pilot Results

Executive Summary

This memo describes the results of the MDS 3.0 Focused Survey Pilot that was conducted during June and July 2014 in 25 nursing homes in the US. One goal of the pilot study was to evaluate adherence to MDS 3.0 reporting requirements, including the requirement to have an RN conduct or coordinate the assessments, and adherence to the required timelines for assessments. A second goal was to evaluate the agreement between the MDS 3.0 assessments and the resident's medical record. These comparisons were supplemented with observations of residents and interviews with nursing home staff and/or residents. In the event the resident medical record did not match the MDS 3.0 assessment, surveyors were prompted to evaluate compliance with related regulations.

The information from the survey worksheets from the 25 Pilot surveys was compiled into a dataset and overall trends in MDS 3.0 reporting among the Pilot facilities were evaluated. In addition, the surveyors who participated in the Pilot were asked to provide input and suggestions for enhancements to the MDS 3.0 Focused Survey process, worksheets, and training through completion of an on-line questionnaire.

While the Pilot results indicate relatively high levels of compliance related to registered nurse (RN) coordination and assessment timing requirements, there is room for improvement in MDS 3.0/medical record agreement in four of seven clinical conditions reviewed, including: 1) the severity of injury associated with falls; 2) pressure ulcer status; 3) restraint use; and 4) late loss activities of daily living (ADL) status. Review of these four clinical conditions showed levels of disagreement between the resident's medical record and their MDS 3.0 assessment of 15 to 25 percent. For example:

- 25% of MDS 3.0 assessments reviewed for falls showed disagreement between the MDS 3.0 and the medical record;
- 18% of MDS 3.0 assessments reviewed for pressure ulcers showed disagreement between the MDS 3.0 and the medical record;
- 17% of MDS 3.0 assessments reviewed for restraints other than side rails showed disagreement between the MDS 3.0 and the medical record; and

- 15% of MDS 3.0 assessments reviewed for late loss ADLs (including bed mobility, toileting, transfer, and eating) showed disagreement between the MDS 3.0 and the medical record.

Further, the disagreement that was found was concentrated in a small number of pilot facilities and States.

The findings from the MDS 3.0 Focused Survey Pilot should be interpreted with caution. The results of the Pilot are not generalizable to all nursing homes in the U.S. as the sample of nursing homes included in the Pilot was not fully representative of the nation's nursing homes. Further, the participating s volunteered to be in the pilot and the State Survey Agency (SSA) Directors had some discretion in choosing facilities for participation in the focused surveys. Additionally, the surveyors who conducted the pilot surveys were also specifically selected for the Pilot, and were accompanied onsite by the State RAI Coordinator, adding a level of MDS competency that might not be available in a larger roll-out of the focused survey process. In addition, each survey team was accompanied on their first survey by a CMS staff member and a CMS consultant who provided technical assistance to the surveyors and ensured that the survey protocol was being implemented as intended and the survey worksheets were being correctly completed.

Overview of the MDS 3.0 Focused Survey Pilot

Five volunteer States were chosen to participate in the Pilot, with two to three surveyors from each State conducting the survey at five facilities in their State. A total of 25 facilities were included in the Pilot. By reviewing the facilities' medical records and MDS 3.0 assessments, interviewing residents and staff, and observing residents, the Pilot surveyors were able to record and analyze the agreement of the facilities' MDS 3.0 assessments with information in the resident's medical records. Additionally, compliance with OBRA assessment timing and completion/coordination requirements was evaluated.

In the course of the MDS 3.0 Focused Survey Pilot, State surveyors evaluated:

- 1) Facility compliance with the regulatory requirement related to an RN conducting or coordinating MDS 3.0 assessments,
- 2) Timeliness of OBRA Admission, Quarterly and Annual, and Significant Change in Status assessments, and facility compliance with the requirement to initiate a Significant Change in Status Assessment as appropriate,¹ and
- 3) Agreement of the MDS 3.0 and the resident's medical record using a series of worksheets that prompted surveyors to compare MDS 3.0 assessments to the resident's medical record and, in some cases, to their (surveyor) observations of the resident and interviews with staff and/or residents.

To identify facilities for participation in the Pilot, Abt Associates conducted a targeting analysis to preliminarily identify facilities within the five volunteer States based on their quality measure trends over time. CMS provided State Survey Agency (SSA) Directors in the five volunteer States with a list of possible facilities to be included in the Pilot. SSAs were given some discretion in choosing from among the targeted facilities to accommodate the geographic preferences of the survey teams. In order to ensure that the survey could be conducted in two days, an attempt was made to only include facilities with 120 beds or less in the Pilot. However, this was not possible in all cases, although most facilities in the Pilot had fewer than 120 beds. Alternate facilities were selected (when possible) if a targeted facility was larger than 150 beds.

The Pilot process was documented in a detailed study protocol that included instruction on: 1) off-site survey preparation; 2) procedures for entrance to a Pilot facility; 3) conducting an entrance conference with facility staff; 4) touring the facility and obtaining direct observation of residents and staff; 5) collection of documents from facility staff; 6) daily team meetings; 7) general guidelines for validating the agreement of the MDS 3.0 assessment with the resident's medical record; 8) determining compliance with specific (related) regulations; 9) survey team decision making; and 10) conducting an exit conference.

Pilot surveyors were trained on the full survey protocol through during a 90 minute webinar training session that aimed to ensure the pilot surveyors ability to understand the types of assessments reviewed during the Pilot study, understand why the Assessment Reference Date (ARD) is critical in determining the clinical information captured on the MDS 3.0, understand the coding instructions for those items included in the Pilot study, and understand the criteria for a Significant Change in Status Assessment (SCSA) and how it relates to the assessment process.

¹ A significant change assessment is required for any resident with a new onset of conditions and/or treatments, such as a newly developed pressure ulcer, a major injury as a result of a fall, the initiation of an indwelling catheter, etc.

For each facility in the Pilot, the sample for review of a given clinical condition was capped at ten residents. Additionally, some of the clinical conditions being evaluated required review of only the most recent MDS 3.0 assessment, whereas evaluation of other conditions required review of all MDS 3.0 assessments completed in the preceding 90 days. Because of variability in clinical conditions within a given facility (e.g., low or no restraint use) and the worksheet design leading to a portion of assessments vs. all assessments being evaluated for certain conditions, the sample sizes for each of the clinical conditions evaluated in the Pilot varied across facilities. For example, while the RN coordination evaluation included 1,027 MDS 3.0 assessments, the evaluation of restraint use included only 47 MDS 3.0 assessments.

For evaluation of ADL agreement in the Pilot, the ten most recent OBRA-required assessments for residents still residing in the facility were utilized by the surveyors. For all other clinical conditions for which MDS 3.0 agreement was evaluated (falls with major injury, pressure ulcers, indwelling catheters, antipsychotic medications, urinary tract infections [UTIs], and restraints other than side rails), administrative and front-line nursing staff report provided the basis for each sample. Surveyor observation augmented the staff report for identification of restraints, and surveyors reviewed incident reporting information to augment the listing of resident falls with major injury. The coding active diagnoses that serve as exclusions for the indwelling catheter and antipsychotic medication quality measures was also validated during the Pilot for residents evaluated for those conditions.

In the event noncompliance with MDS 3.0 requirements was identified during the Pilot, the surveyors were prompted to evaluate compliance with related clinical regulations (e.g., unnecessary medications and/or quality of care may have been evaluated if errors in coding antipsychotic medications were identified) and the Quality Assessment and Assurance (QAA) regulation.

The results of the individual survey worksheets were compiled into a dataset, and by analyzing these data, overall trends in MDS 3.0 timing and agreement among the Pilot facilities was evaluated. While the Pilot results shows relatively high levels of compliance related to registered nurse (RN) coordination and MDS 3.0 timing requirements, there is room for improvement in MDS 3.0 agreement with the medical record, especially in the reporting of the severity of injury associated with falls, late loss activities of daily living (ADL) status, pressure ulcer status, the presence of certain diagnoses, restraint use, and the use of antipsychotic medications. The Pilot results also indicate that disagreement between the MDS 3.0 and the resident's medical record were concentrated in a small number of States and facilities, rather than being uniformly distributed across the surveyed States and facilities.

It is important to note that the results of the MDS 3.0 Focused Survey Pilot are not generalizable to all nursing homes, as the sample of nursing homes included in the Pilot was not representative of U.S. nursing homes. Only 25 facilities were surveyed as part of the Pilot, representing a small fraction of the country's approximately 16,000 nursing homes. Slightly more than 1,000 MDS 3.0 assessments were reviewed during the pilot, compared to approximately 1.6 million assessments that are conducted and submitted to CMS every month. Further, CMS solicited volunteer States to conduct the Pilot, and those States, including Minnesota, Maryland, Virginia, Pennsylvania, and Illinois, are not representative of all States in the US.

Analysis of MDS 3.0 Focused Survey Pilot Results

For evaluation of RN participation in MDS 3.0 assessments, 6 of the 1,027 (0.6%)² MDS 3.0 assessments reviewed documented a failure of a registered nurse to conduct or coordinate the assessment as required. Thus, with less than 1% of assessments indicating a failure in this area, there is no sign of widespread lack of RN involvement in the assessment process. While it is true that any identified noncompliance represents a departure from CMS's standards related to resident assessment, this very low rate indicates that there is little reason for CMS to focus on RN Coordination as an area of concern, assuming future rounds of the MDS 3.0 Focused Surveys indicate this same result.

In the evaluation of assessment timing, 23 of the 1,027 (2.2%)³ MDS 3.0 assessments reviewed documented failure of the facility to comply with OBRA-required assessment scheduling requirements for Admission, Significant Change in Status, Annual, and Quarterly assessments. Failures of the facility to initiate the assessment and/or complete the assessment in a timely manner are included in these instances. While the overall rate of compliance with OBRA MDS 3.0 assessment timing requirements is high, issues were identified in three of the five States in the pilot. Six facilities (or 24% of the total) were noted to have instances of noncompliance with OBRA assessment timing.

Evaluation of the agreement of MDS 3.0 assessments reveals some assessment areas where there is a high rate of agreement between the assessment and the resident's medical record, as well as assessment areas where there is a significant need for more analysis. The raw percentages of disagreement are listed in Table 1 below. In this table, the numerator is the number of assessments that were not in agreement with information in the medical record, and the denominator represents the total number of assessments reviewed in the particular assessment area.

Table 1: MDS Accuracy Issues, by Assessment Area

Numerator/denominator	Percent Disagreement	Assessment Area
8/47	17.0% ⁴	Failure of facility staff to accurately reflect the status of the resident related to restraint use other than side rails
18/218	8.3% ⁵	Failure of facility staff to accurately reflect the status of the resident related to the presence of pressure ulcers
40/218	18.3% ⁶	Failure of facility staff to accurately reflect the status of the resident related to pressure ulcer stage
13/218	6.0% ⁷	Failure of facility staff to accurately reflect the status of the resident related to worsening of pressure ulcer status since prior assessment or last admission/entry

² This represents the sum of all "No" responses from Question 3 on Worksheets 5, 6, 7, 10, and 11, Question 4 on Worksheet 8, and Question 2 on Worksheet 9.

³ This represents the sum of all "No" responses from Question 4 on Worksheets 5, 6, 7, 10, and 11, Question 5 on Worksheet 8, and Question 3 on Worksheet 9, as well as "No" responses to the second part of Question 8 on Worksheet 5, Question 9 on Worksheets 6 and 9, Question 10 on Worksheets 7 and 11, and Question 7 on Worksheet 10.

⁴ Sum of all "No" responses from Q6 on Worksheet 5.

⁵ Sum of all "No" responses from Q5 on Worksheet 6.

⁶ Sum of all "No" responses from Q6 on Worksheet 6.

⁷ Sum of all "No" responses from Q7 on Worksheet 6.

Numerator/ denominator	Percent Disagreement	Assessment Area
		or reentry
1/132	0.8% ⁸	Failure of facility staff to accurately reflect the status of the resident related to the presence of an indwelling catheter
21/132	15.9% ⁹	Failure of facility staff to accurately reflect the status of the resident related to the diagnoses of neurogenic bladder and/or obstructive uropathy
21/136	15.4% ¹⁰	Failure of the facility staff to accurately reflect the status of the resident related to the late loss ADL status. Late loss ADLs include bed mobility, toileting, transfer, and eating
24/94	25.5% ¹¹	Failure of the facility staff to accurately reflect the status of the resident related to the level of injury sustained during a fall as a major injury
11/218	5.0% ¹²	Failure of the facility staff to accurately reflect the status of the resident related to the use of antipsychotic medications
7/218	3.2% ¹³	Failure of the facility staff to accurately reflect the status of the resident related to diagnoses of Tourette's syndrome, Schizophrenia, and Huntington's disease

Activities of Daily Living

The rate of disagreement in late loss ADL status is an area of concern. At 15.4%, this represents approximately one in every seven cases of late loss ADLs being coded differently than would be expected based on information in the resident's medical record. As late loss ADL status is already included in the Five-Star Quality Rating System, these disagreements are directly affect facilities' QM ratings.

Restraints

While the Pilot surveyors identified relatively few restraints in use in the facilities included in the pilot, a disagreement rate of 17% is notable and additional guidance and education to ensure correct identification and coding of restraints seems warranted. What is particularly significant about this finding is that there were cases in which the medical record supported the MDS 3.0 assessment finding of there being no restraint in use; however, through surveyor observation and investigation, restraints were identified.

Pressure Ulcers

Three separate MDS 3.0 pressure ulcer items were evaluated for agreement with the medical record during the MDS 3.0 Focused Survey Pilot, including the presence, worsening, and staging of pressure ulcers. While all three of these areas showed significant disagreement between the MDS 3.0 assessment and the resident's medical record, the failure of facilities to accurately identify the pressure ulcer stage in

18.3% of assessments reviewed is problematic. Based on review of Statements of Deficiencies from the surveys and the CMS consultant's experiences on-site during some of the pilot surveys, the errors in staging likely stemmed from a lack of an accurate clinical assessment of the pressure ulcers and failure of facility staff to accurately stage pressure ulcers in the clinical record.

Falls

By far, the largest area of disagreement in the Pilot study was with falls, particularly the level of injury resulting from the fall. Over 25% of the reviewed assessments (24 out of 94) indicated disagreement between the assessment and the resident's medical record in terms of the level of injury documented after a fall.

Evaluation of the distribution of MDS 3.0 disagreement across the five pilot States indicates that in many cases, particular types of disagreement were concentrated in one or a few States, rather than being distributed evenly across all Pilot States. Table 2 displays the MDS 3.0 Pilot results by State and shows that facilities in Minnesota account for the majority (55.6%) of total disagreement (among the pilot States) in reporting the presence of pressure ulcers, and also account for more than one-third (35%) of total disagreement in pressure ulcer staging. Facilities in Illinois showed the highest level of disagreement in coding late loss ADLs, with 24 percent of the assessments in IL found to disagree with information in the medical record. Similar trends are noted in the area of falls and falls with injury, where the majority of disagreements were found in the Maryland pilot facilities.

Disagreement between the MDS 3.0 assessments and information in the resident's medical record was also concentrated at the facility-level, although to a lesser degree than at the State-level. For example, approximately one-third of the total facilities with disagreement in late loss ADLs were located in Illinois, and 75 percent of the total facilities with disagreement in restraint use were located in Maryland. As such, actions taken to address coding disagreement should take into account that certain types of disagreement may be focused in particular States or in a small group of facilities within a State, rather than being evenly distributed among all nursing facilities. This may be due to differences in MDS education and training, to facility internal MDS audit practices, or to State-level MDS or casemix audit practices.

Data Analysis Conclusions

The MDS 3.0 Focused Survey Pilot indicates that there is relatively little misreporting occurring in the areas of RN coordination and MDS 3.0 scheduling, but that there is room for improvement in MDS 3.0 assessment agreement with a resident's medical record, especially in the reporting of the severity and frequency of falls, late loss ADL status, pressure ulcer status, restraint use, and coding of certain diagnoses including UTI.

⁸ Sum of all "No" responses from Q6 on Worksheet 7.

⁹ Sum of all "No" responses from Q8 on Worksheet 7.

¹⁰ Sum of all "No" responses from Q8 on Worksheet 9.

¹¹ Sum of all "No" responses from Q6 on Worksheet 10.

¹² Sum of all "No" responses from Q6 on Worksheet 11.

¹³ Sum of all "No" responses from question 8 from worksheet 11.

Table 2: MDS Validation Pilot Results by State

Presence of PUs	State												
	Total	PA	MD	VA	IL	MN	Base Line ADLs	Total	PA	MD	VA	IL	MN
# assessments	218	44	44	32	58	40	# assessments	136	26	31	25	29	25
# disagreements	18	3	4	0	1	10	# disagreements	21	2	6	2	7	4
# facilities w/ disagreements	11	3	3	---	1	4	# facilities w/ disagreements	12	1	2	1	4	4
% disagreement	8.3%	6.8%	9.1%	0.0%	1.7%	25.0%	% disagreement	15.4%	7.7%	19.4%	8.0%	24.1%	16.0%
% of total disagreements	100.0%	16.7%	22.2%	0.0%	5.6%	33.3%	% of total disagreements	100.0%	9.5%	28.6%	9.5%	33.3%	19.0%
PU Stage	Total	PA	MD	VA	IL	MN	PUs	Total	PA	MD	VA	IL	MN
# assessments	218	44	44	32	58	40	# assessments	94	23	15	15	22	19
# disagreements	40	5	12	1	8	14	# disagreements	10	1	6	2	0	1
Total # facilities w/ disagreements	14	4	4	1	1	4	Total # facilities w/ disagreements	6	1	2	2	---	1
% disagreement	18.3%	11.4%	27.3%	3.1%	13.8%	35.0%	% disagreement	10.6%	4.3%	40.0%	13.3%	0.0%	5.3%
% of total disagreements	100.0%	12.5%	30.0%	2.5%	20.0%	35.0%	% of total disagreements	100.0%	10.0%	60.0%	20.0%	0.0%	10.0%
Viewing PU	Total	PA	MD	VA	IL	MN	PUs w/ injury	Total	PA	MD	VA	IL	MN
# assessments	218	44	44	32	58	40	# assessments	94	23	15	15	22	19
# disagreements	13	5	3	0	5	0	# disagreements	24	2	9	4	3	6
# facilities w/ disagreements	8	4	2	---	2	---	# facilities w/ disagreements	12	1	3	3	3	2
% disagreement	6.0%	11.4%	6.8%	0.0%	8.6%	0.0%	% disagreement	25.5%	8.7%	60.0%	26.7%	13.6%	31.6%
% of total disagreements	100.0%	38.5%	23.1%	0.0%	34.5%	0.0%	% of total disagreements	100.0%	8.3%	37.5%	16.7%	12.5%	25.0%
Dr. Newb Holder	Total	PA	MD	VA	IL	MN	Restraints Use	Total	PA	MD	VA	IL	MN
# assessments	132	36	29	24	22	21	# assessments	47	4	25	3	4	11
# disagreements	21	2	5	9	2	3	# disagreements	8	0	5	0	0	3
# facilities w/ disagreements	13	1	4	4	1	3	# facilities w/ disagreements	4	---	3	---	---	1
% disagreement	15.9%	5.6%	17.2%	37.5%	9.1%	14.3%	% disagreement	17.0%	0.0%	20.0%	0.0%	0.0%	27.3%
% of total disagreements	100.0%	9.5%	23.8%	42.9%	9.5%	14.3%	% of total disagreements	100.0%	0.0%	62.5%	0.0%	0.0%	37.5%
UTI	Total	PA	MD	VA	IL	MN		Total	PA	MD	VA	IL	MN
# assessments	182	43	42	25	46	26							
# disagreements	32	6	5	2	6	13							
# facilities w/ disagreements	12	2	3	2	1	4							
% disagreement	17.6%	14.0%	11.9%	8.0%	13.0%	50.0%							
% of total disagreements	100.0%	18.8%	15.6%	6.3%	18.8%	30.0%							



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 15-35-NH

DATE: April 10, 2015
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group
SUBJECT: Implementation of Section 6106 of the Affordable Care Act - Collection of Staffing Data for Long Term Care Facilities

Memorandum Summary

In this memorandum we notify States of the posting of technical specifications and related information for the electronic submission of staffing information based on payroll data. This information is posted at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>

Background

Section 6106 of the Affordable Care Act, enacted on March 23, 2010, amended section 1128(l) of the Act to incorporate specific provisions pertaining to the collection of staffing data for long term care facilities.

Section 1128(l)(g) of the Act specifies that the Secretary shall require nursing homes to electronically submit to the Secretary direct care staffing information (including information with respect to agency and contract staff) based on payroll and other verifiable and auditable data in a uniform format (according to specifications established by the Secretary in consultation with such programs, groups, and parties). Such specifications shall require that the information submitted under the preceding sentence detail the category of work a certified employee performs (such as whether the employee is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other medical personnel). The information must also include resident census data, and be reported on a regular schedule. The IMPACT Act of 2014 provided funding to implement this provision.

The Centers for Medicare & Medicaid Services (CMS) has developed a system for facilities to submit staffing and census information. This system, the Payroll-Based Journal (PBJ), will allow staffing information to be collected on a regular and more frequent basis than currently collected. It will also be auditable to ensure accuracy. All long term care facilities will have access to this system.

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Information about this system is posted at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>.

This posting provides information such as the timing of submissions, sample entry screens, and how we expect facilities to electronically submit their staffing data, whether through a payroll vendor or through manual entry. We encourage States to make sure nursing homes are aware of the information that will be provided on the CMS website, and encourage nursing homes to forward this link to their payroll or time and attendance vendors to evaluate the technical specifications.

Technical questions from vendors or software developers related to the PBJ Data Submission Specifications should be sent to: NursingHomePBJTechIssues@cms.hhs.gov.

The CMS intends to collect staffing data through the PBJ system on a voluntary basis beginning on October 1, 2015, and on a mandatory basis beginning on July 1, 2016. Registration for voluntary submission will begin in August 2015. CMS will communicate more information at that time.

For questions on this memorandum, please email NHStaffing@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/
Thomas E. Hamilton

cc: Survey and Certification Regional Office Management

MDS-Focused Survey

Tip Sheet

March 20, 2015

AHCA Workgroup comprised of members of Clinical Practice and Survey/Regulatory Committees

This tip sheet is not meant to be a comprehensive guide for preparing for an MDS-focused survey. Rather, based on review of some of the tags cited during the MDS-focused survey pilot in 2014, the tips are reminders of important practices that centers need to ensure are present to meet regulatory requirements. Following the list of tips is a listing of the tags that were cited in many of the 25 nursing centers that were included in the pilot.

Also, attached is a copy of an Entrance Conference document provided by the survey agency and given to a nursing center that was part of a test group of centers prior to the actual expansion of the pilot. Following the list of tips, there are a few comments related to the Entrance Conference document.

Four Tips to Consider:

1. Implement a system to ensure MDS assessments are completed and submitted timely, consistent with regular required assessment schedules (e.g., admission, quarterly, annually) and those required due to a significant change of condition (either improvement or decline). An effective system is particularly important when there is turnover of the MDS Coordinator or Assessment Coordinator.
2. Know the scope of practice for an LPN/LVN in your state and ensure appropriate supervision is provided and reflected in documentation. Monitor LPN/LVN notes in the medical records to ensure accurate words are used (e.g., LPNs/LVNs are not “assessing” the resident’s condition).
3. An accurate MDS assessment requires collecting information from multiple sources. Implement a system to ensure documentation about a resident is accurate and consistent in all places including ADL records, care plan, interdisciplinary notes, assessments, physician orders, etc.
4. Ensure the Care Area Assessment (CAA) process is effectively used to provide a link between the MDS and care planning and involves the resident, family and other representatives as appropriate.

Examples of F-Tags cited during MDS focused survey pilot:

F157 – failure to provide transfer/discharge notification

F273 - not assessing timely

F274 - not updating when significant change in condition

F275 – not conducting annual assessment timely

F276 – not conducting quarterly assessment timely

F278 – accurate coding for skin conditions and for anti-psychotic medications; accurately reflect resident's status

F280 – failure to include resident in care planning

F281 – (professional standards) – scope of practice and functions of LPN/LVN

F282 – qualified individuals

F287 – encoding/transmitting data timely

F323 – failure to provide equipment to assist with fall prevention

F315 – timely evaluation for removal of catheter

F329 – failure to monitor for psychotropic medication effectiveness

F520 – failing to monitor accuracy of MDS assessments; failing to identify issues with respect to meeting requirements for timely completion failing to develop and implement a plan of action to correct identified non-compliance

Comments: Entrance Conference Document

1. Note Item #5: Identification of a Wound Care Nurse (and if he/she is available during survey process), wound team, wound care facility, etc. Who coordinates wound care in the facility? How is wound care tracked?
2. Note item #6: Identification of whom in the facility is responsible for staffing and if they are available to provide information and questions during the survey process.
3. Note item #10: All facility Policies and Procedures related to Staffing and scheduling.
 - a. There are no Federal requirements for having a policy and procedure for staffing, but there are requirements that a center has certain designated positions (i.e, DON, Administrator). Review each section of the regulation relative to minimal requirements. Also, there is a requirement relative to posting the total number

of actual hours worked for registered nurses, LPNs and CNAs as well as posting the resident census. Also, be sure to check any state requirements.

4. **Note item #11: Completed Medicare Medicaid application (Form CMS 671).**
 - a. This must be provided to surveyors within 24 hours of entrance conference.
 - b. Be certain the individual completing the Form 671 understands how to accurately complete the Form – including how to report staff hours worked in the designated time period. Read the instructions on the form carefully to capture direct staff as defined by CMS which sometimes is different than how a center may designate direct care nursing staff.

TO: Nursing Home Administrator

SUBJECT: Minimum Data Set, Version 3.0 (MDS 3.0) Focused Survey

We are conducting an on-site focused survey of your facility regarding MDS 3.0 coding accuracy. This survey is part of a Centers for Medicare & Medicaid Services (CMS) pilot program that is intended to document MDS 3.0 coding practices in facilities and the associated care planning for nursing facility residents. This pilot was announced earlier this year by CMS in Survey & Certification (S&C) Memorandum 14-22-NH *Focused Minimum Data Set (MDS) and Dementia Care Surveys*.

While this survey is not intended to impact a facility's standard survey cycle, if deficient practices are noted during the survey, enforcement procedures will follow (e.g., a statement of deficiencies will be issued and a plan of correction will be required). At the conclusion of the survey, which is expected to take approximately two days, an exit conference will be conducted.

Access to resident medical records, including MDS 3.0 assessments and associated information to support coding, will be required during the survey. In order to expedite the survey process, please provide a staff member familiar with the MDS 3.0 process (e.g., the MDS Coordinator) to provide a medical record overview, including of all information used to support MDS coding. Below are listings of information that is required to be provided to the surveyors immediately upon entrance and within one hour of the entrance conference, respectively.

INFORMATION TO PROVIDE THE TEAM IMMEDIATELY UPON ENTRANCE

- The facility census number and an alphabetical resident census, with room numbers/units. The facility should note residents on the census who are not in the facility (e.g., in the hospital, home visit, etc.).
- A copy of the facility floor plan.

INFORMATION TO PROVIDE WITHIN ONE HOUR OF ENTRANCE CONFERENCE

- The 10 most recent OBRA-required Minimum Data Set (MDS) assessments that the facility staff have completed and submitted for current residents as well as any subsequent correction requests that have been submitted for those assessments and medical records to support MDS coding. OBRA-required MDS assessments will have a reason for assessment (RFA) noted in A0310A. OBRA-required assessments combined with assessments done for PPS reasons may be used.
- Copies of policies and procedures related to Resident Assessment Instrument (RAI), including the MDS, and the Quality Measures (QMs).
- The staffing schedules for all staff involved in scheduling, coding, and transmitting MDSs with their role in the assessment process delineated.
- The name and contact information for the Quality Assessment and Assurance (QA&A) coordinator.

- Focused Survey Facility Worksheet (MDS Worksheet #1) to reflect a list of current residents and their room numbers with any of the following conditions and/or devices in use in the last 90 days:
- Pressure ulcers.
 - Indwelling catheters (including urethral catheters, suprapubic catheters, and nephrostomy tubes).
 - Restraints other than side rails, including those used on an as needed (PRN) basis.
 - Urinary tract infections (UTIs).
 - Antipsychotic medications.
- A list of all residents who fell in the past 12 months (e.g., if the date of this survey is July 1, 2014, the facility should provide information regarding July 1, 2013 through the present day), the date of the fall, and any resulting injury (including notation of no injury if that is the case).

