INTERPRETING THE RAI MANUAL

MDS 3.0

Presenter
Heather Newton, RN, BSN
MDS/RAI Education Coordinator
Division of Quality Assurance

OBJECTIVES

- Discuss what the Resident Assessment Instrument (RAI) is.
- Review where to locate the RAI.
- Define the three components of the RAI.
- Explain why you need to complete the RAI.
- Discuss who the RAI process is for.

OBJECTIVES

- List the different assessment types.
- Review the definitions of the different components used during the RAI process.
- Discuss requirements for scheduling and timing of Minimum Data Set (MDS) assessments.

TERMS

- ARD: assessment reference date.
  The last day of the observation or look back period
- CAA: care area assessment
- DCRA: Discharge return anticipated
- IPA: Interim payment assessment
- PPS: prospective payment system
- OBRA: Omnibus Budget Reconciliation Act

TERMS

- SCQA: significant correction to prior quarterly
- Observation period: time period over which the resident's condition or status is captured by the MDS
- SCSA: significant change in status
- SCPA: significant correction to prior comprehensive
- SNF: Skilled nursing facility

RESIDENT ASSESSMENT INSTRUMENT (RAI)

Centers for Medicare & Medicaid Services

Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual

Version 1.17.1

October 2019

MEDICARE STATE OPERATIONS MANUAL

- Publication # 100-07
- Chapter 1-10
- Appendix A-Z
- Appendix PP: Interpretive guidelines for long-term care facilities
- Appendix R: Resident assessment instrument for long-term care facilities

INTENT OF THE RAI

- Ensures collection of minimum, standardized assessment for each resident at regular intervals.
- Drives development of an individualized plan of care based on residents' identified needs, strengths, and preferences.
- Promotes highest level of functioning:
  - Improvement when possible, or
  - Maintenance and prevention of avoidable decline

RAI USER'S MANUAL

- Chapter 1: Overview of the RAI
- Chapter 2: Assessments for the RAI
- Chapter 3: Item-by-item guide to MDS
- Chapter 4: CAA Process and Care Planning
- Chapter 5: Submission and Correction
- Chapter 6: Medicare SNF/PPS

RAI USER'S MANUAL

- Appendix A: Glossary and Common Acronyms
- Appendix B: State Agency and CMS Regional Office RAI/MDS Contacts
- Appendix C: CAA Resources
- Appendix D: Interviewing to Increase Resident Voice in MDS Assessments

RAI USER'S MANUAL

- Appendix E: PHQ-9 Scoring Rules and Instruction for BIMS (when administered in writing)
- Appendix F: MDS Item Matrix
- Appendix G: References
- Appendix H: MDS 3.0 Forms

BASIC COMPONENTS OF THE REISDENT ASSESSMENT INSTRUMENT (RAI)

- Minimum Data Set (MDS)
- Care Area Assessments (CAAs)
- Utilization Guidelines

FIRST COMPONENT

MDS

- Set of screening, clinical, and functional status elements
- Common definitions and coding categories
- Foundation for a comprehensive assessment
- Required subsets of data items for each MDS assessment and tracking documents

FIRST COMPONENT

Resident _____ Identifier _____ Date _____

MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Nursing Home Comprehensive (NC) Item Set

Section A	Identification Information
A0050. Type of Record	
Enter Code ☐	1. **Add new record** → Continue to A0100, Facility Provider Numbers 2. **Modify existing record** → Continue to A0100, Facility Provider Numbers 3. **Inactivate existing record** → Skip to X0150, Type of Provider
A0100. Facility Provider Numbers	
	A. **National Provider Identifier (NPI):** ☐☐☐☐☐☐☐☐☐☐ B. **CMS Certification Number (CCN):** ☐☐☐☐☐☐☐☐☐☐☐☐ C. **State Provider Number:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐
A0200. Type of Provider	
Enter Code ☐	**Type of provider** 1. **Nursing home (SNF/NF)** 2. **Swing Bed**
A0310. Type of Assessment	
Enter Code ☐☐	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 ☐☐	B. **PPS Assessment** **PPS Scheduled Assessments for a Medicare Part A Stay** 01. **5-day** scheduled assessment

Appendix H

SUBSETS – APPENDIX H

Nursing Home:

- Comprehensive (NC2)
- Quarterly (NQ)
- PPS (NP)
- Interim payment assessment (IPA)
- Discharge (ND)
- Part A PPS Discharge (NPE)
- Tracking (NT)
- Inactivation request (XX)

SUBSETS – APPENDIX H

Swing Bed:

- PPS (SP)
- Discharge (SD)
- Interim payment assessment (IPA)
- Tracking (ST)
- Inactivation (XX)

FIRST COMPONENT

Purpose of the MDS:

- Identify resident care problems.
- Provide SNF PPS Medicare reimbursement system.
- Provide state Medicaid reimbursement systems.
- Monitor the quality of care provided to resident.

SECOND COMPONENT

CAA Process:

- Interpret the information recorded on the MDS.
- Evaluate care area triggers (CATs) or responses for one or a combination of MDS elements.
- Aide in the development on the care plan.
- Appendix C of the RAI manual.
- Section V of the MDS.

SECOND COMPONENT

CMS's RAI Version 3.0 Manual **CH 4: CAA Process and Care Planning**

Table 1. Care Area Assessments in the Resident Assessment Instrument, Version 3.0

1. Delirium	2. Cognitive Loss/Dementia
3. Visual Function	4. Communication
5. Activity of Daily Living (ADL) Functional / Rehabilitation Potential	6. Urinary Incontinence and Indwelling Catheter
7. Psychosocial Well-Being	8. Mood State
9. Behavioral Symptoms	10. Activities
11. Falls	12. Nutritional Status
13. Feeding Tubes	14. Dehydration/Fluid Maintenance
15. Dental Care	16. Pressure Ulcer
17. Psychotropic Medication Use	18. Physical Restraints
19. Pain	20. Return to Community Referral

SECOND COMPONENT

M0150. Risk of Pressure Ulcers/Injuries	
Enter Code	Is this resident at risk of developing pressure ulcers/injuries? 0. No 1. Yes

Pressure Ulcer/*Injury* CAT Logic Table

Triggering Conditions (any of the following):

1. ADL assistance for bed mobility was needed, or activity did not occur, or activity only occurred once or twice as indicated by:

   (G0110A1 >= 1 AND G0110A1 <= 4) OR

   (G0110A1 = 7 OR G0110A1 = 8)

2. Frequent urinary incontinence as indicated by:

   H0300 = 2 OR H0300 = 3

3. Frequent bowel incontinence as indicated by:

   H0400 = 2 OR H0400 = 3

4. Weight loss in the absence of physician-prescribed regimen as indicated by:

   K0300 = 2

5. Resident at risk for developing pressure ulcers as indicated by:

   M0150 = 1

SECOND COMPONENT

16. PRESSURE ULCER/INJURY

Review of Indicators of Pressure Ulcer/Injury

✓	**Existing pressure ulcer**/injury (M0210)	**Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)**
☐	• Assess location, size, stage, presence and type of drainage, presence of odors, condition of surrounding skin — Note if eschar or slough is present (M0300F) — Assess for signs of infection, such as the presence of a foul odor, increasing pain, surrounding skin is reddened (erythema) or warm, or there is a presence of purulent drainage — Note whether granulation tissue (required for healing) is present and the wound is healing as expected	
☐	• If the ulcer/injury does not show signs of healing despite treatment, consider complicating factors — Elevated bacterial level in the absence of clinical infection — Presence of exudate, necrotic debris or slough in the wound, too much granulation tissue, or odor in the wound bed — Underlying osteomyelitis (bone infection)	

SECOND COMPONENT

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings		**Care Plan Considerations**
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.

SECOND COMPONENT

Referral(s) to another discipline(s) is warranted (to whom and why): _____

_____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):
☐ Yes ☐ No

Signature/Title:_____ Date:_____

A. CAA Results			
Care Area	A. Care Area Triggered	B. Care Planning Decision	Location and Date of CAA documentation
	↓ Check all that apply ↓		
16. Pressure Ulcer	☐	☐	See pressure ulcer CAA 4/30/22

THIRD COMPONENT

Utilization guidelines provide instructions for when and how to use the RAI.

KNOWLEDGE CHECK

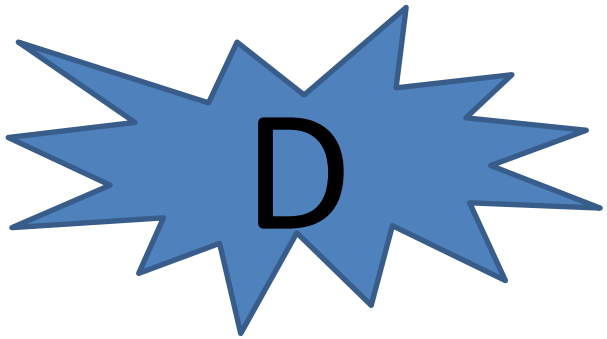
The purpose of the MDS is to…

A. Identify resident care problems.

B. Serve as a reimbursement system for Medicare and Medicaid.

C. Monitor the quality of care provided to resident.

D. All the above.



COMPLETING THE RAI

- Facilities need policies and procedures as to **who** does what sections.
- RAI must be conducted or coordinated by an RN who will sign and certify the assessment is completed.

COMPLETING THE RAI

- Federal regulations require RAI be conducted or coordinated with the appropriate participation of health professionals.
- Facility must ensure that those who participate have knowledge to do an accurate and comprehensive assessment.

COMPLETING THE RAI

- Signature of person(s) completing the assessment or entry/death reporting in section Z0400 of the MDS
- Documentation procedures

Z0400. Signature of Persons Completing the Assessment or Entry/Death Reporting

I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.

Signature	Title	Sections	Date Section Completed
A.			
B.			

RAI COMPLETED ON

- All residents of Medicare Title 18 SNFs
- All residents of Medicaid Title 19 SNFs
- Hospice patients
- Short term or respite residents
- Special population residents
- Swing bed facility

NURSING PROCESS

- Assessment
- Decision-making: What's and Why's
- Outcome identification
- Planning: How
- Implementation: How and When
- Evaluation

BENEFITS OF THE RAI

- Individualized resident care
- Effective staff communication
- Resident and family involvement in care
- Improved documentation

KNOWLEDGE CHECK

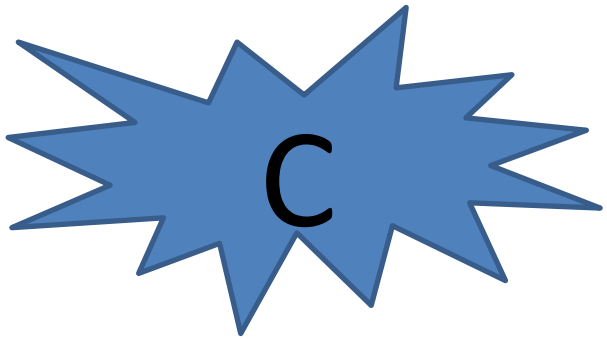
The RAI/MDS is completed on all the following except:

A. Medicare residents

B. Medicaid residents

C. Residents in the facility less than 14 days

D. Swing bed patients



ASSESSMENTS

OBRA

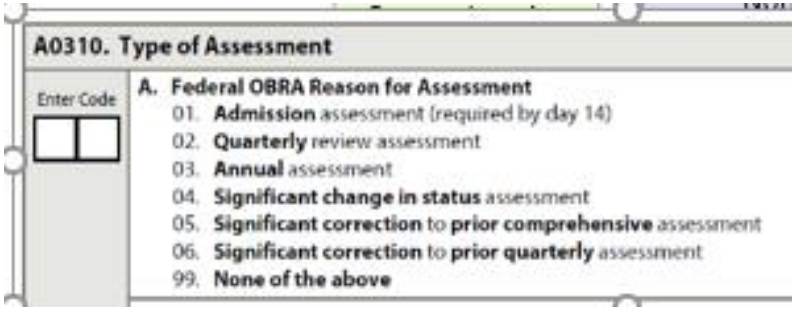
- Comprehensive
- Non-comprehensive
- Tracking

PPS

- Five-day
- IPA
- Part A PPS Discharge

OBRA REQUIRED ASSESSMENTS

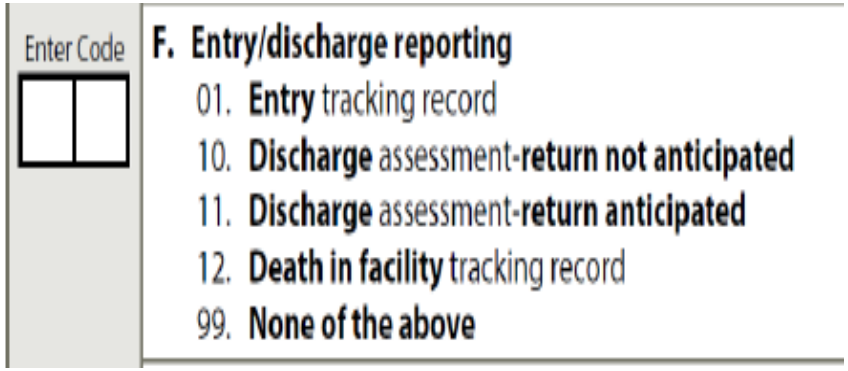
- Comprehensive
  - Admission
  - Annual
  - Significant Correction Prior Assessment
  - Significant Change in Status
- Non-Comprehensive
  - Quarterly
  - Significant Correction Prior Quarterly



OBRA REQUIRED ASSESSMENTS

Tracking records

- Entry
  - Admission
  - Re-entry
- Death in facility
  - In the facility or while on leave of absence (LOA)



ASSESSMENT TYPES AND DEFINITIONS

Entry

- Admission
  - Never been admitted
  - Discharge return not anticipated
  - Discharge return anticipated and didn't return within 30 days

ASSESSMENT TYPES AND DEFINITIONS

Entry

- Re-entry
  - Previously in the facility and
  - Discharge return anticipated, and
  - Returned within 30 days of discharge

KNOWLEDGE CHECK

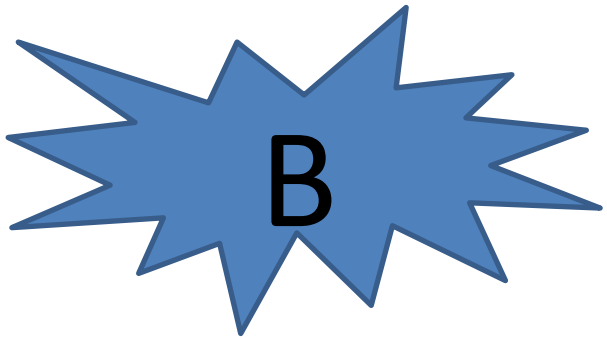
All the following are OBRA comprehensive assessments except:

A. Admission

B. Quarterly

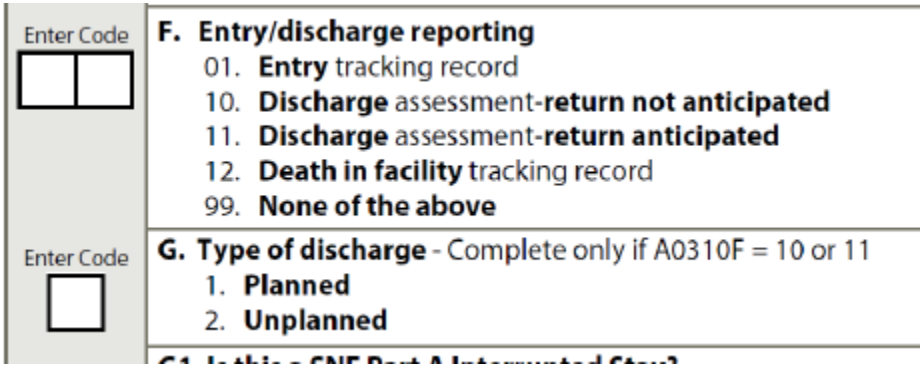
C. Annual

D. Significant change in status



ASSESSMENT TYPES AND DEFINITIONS

- Discharge return not anticipated (OBRA)
- Discharge return anticipated (OBRA)
- Part A PPS Discharge (PPS)



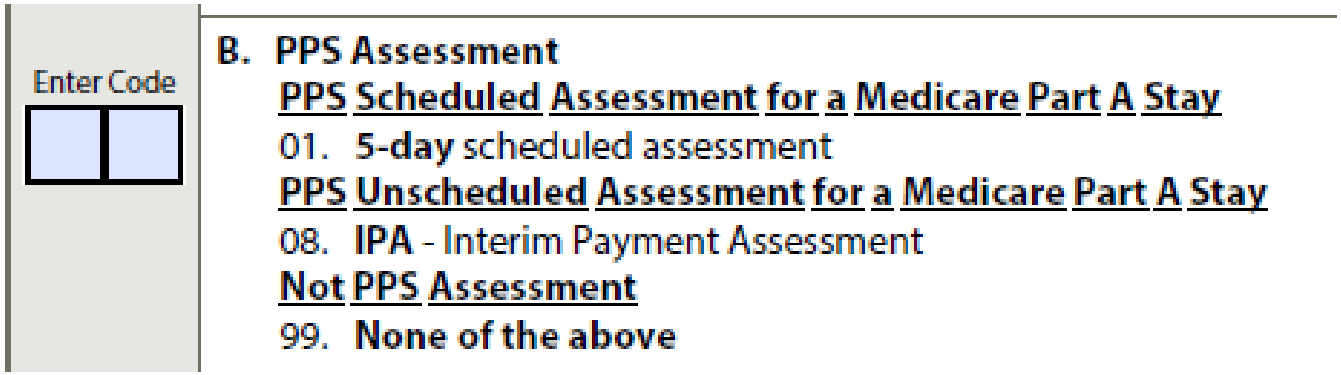
Enter Code ☐☐	**F. Entry/discharge reporting** 01. **Entry** tracking record 10. **Discharge** assessment-**return not anticipated** 11. **Discharge** assessment-**return anticipated** 12. **Death in facility** tracking record 99. **None of the above**
Enter Code ☐	**G. Type of discharge** - Complete only if A0310F = 10 or 11 1. **Planned** 2. **Unplanned**

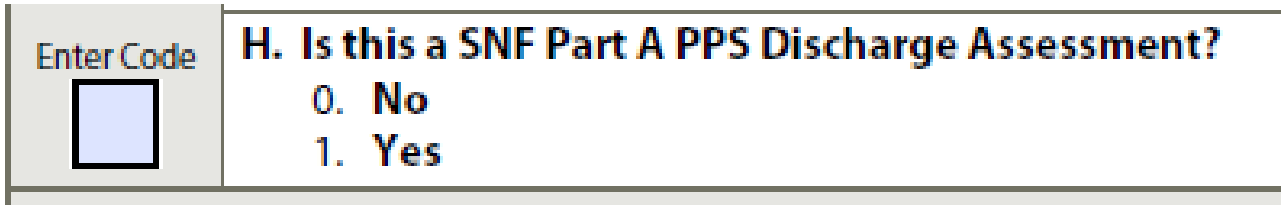
ASSESSMENT TYPES AND DEFINITIONS

- Discharged from facility
- Admitted to a hospital or other care setting
- Hospital observation stay greater than 24 hours
- Transferred from a Medicare and/or Medicaid certified bed to a non-certified bed
- Medicare Part A stay ends, but remains in the facility

PPS ASSESSMENTS

- Five-day assessment
- IPA
- Part A PPS discharge assessment

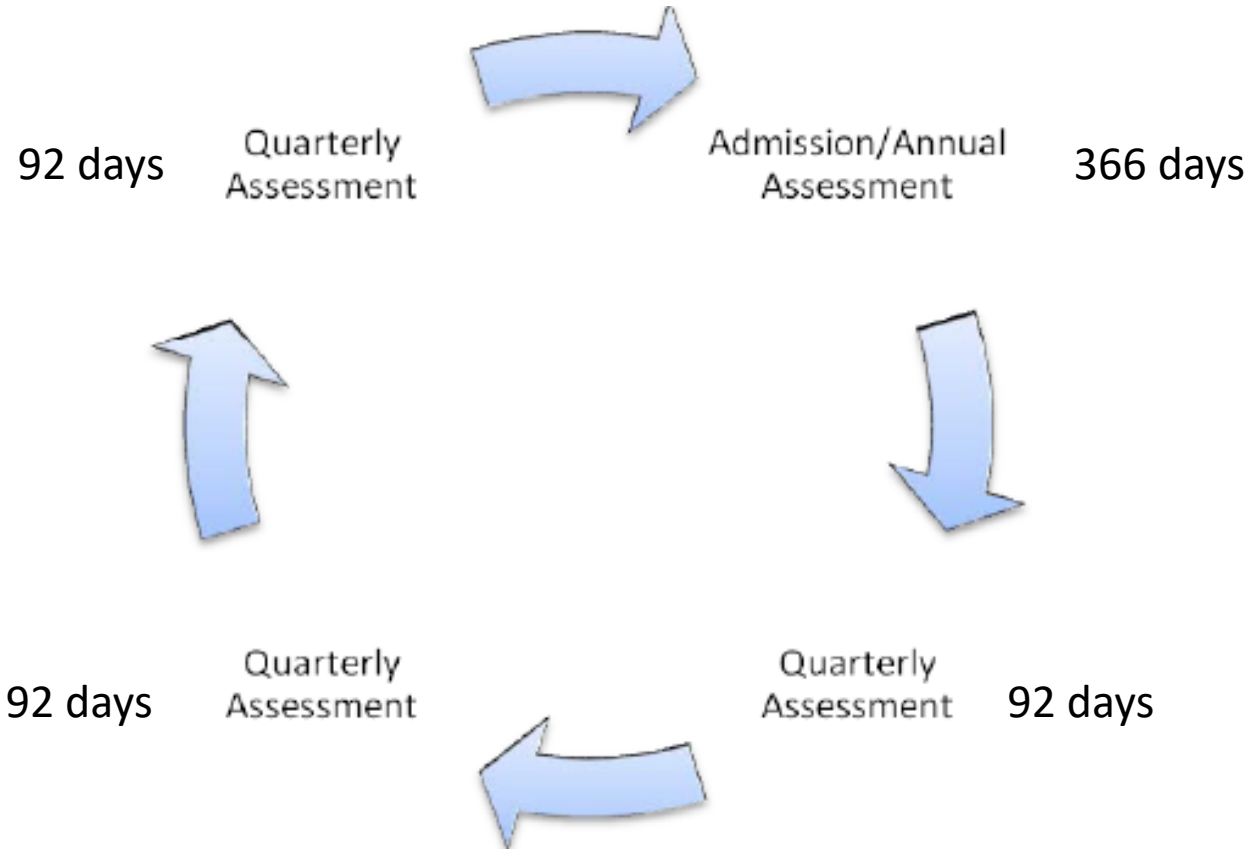




ASSESSMENT TYPES AND DEFINITIONS

- **Assessment scheduling:** ARD, timing, completion, submission, observation
- **Assessment submission:** data in record and file formats
- **Assessment transmission:** data files submitted to the Quality Improvement and Evaluation System (QIES)

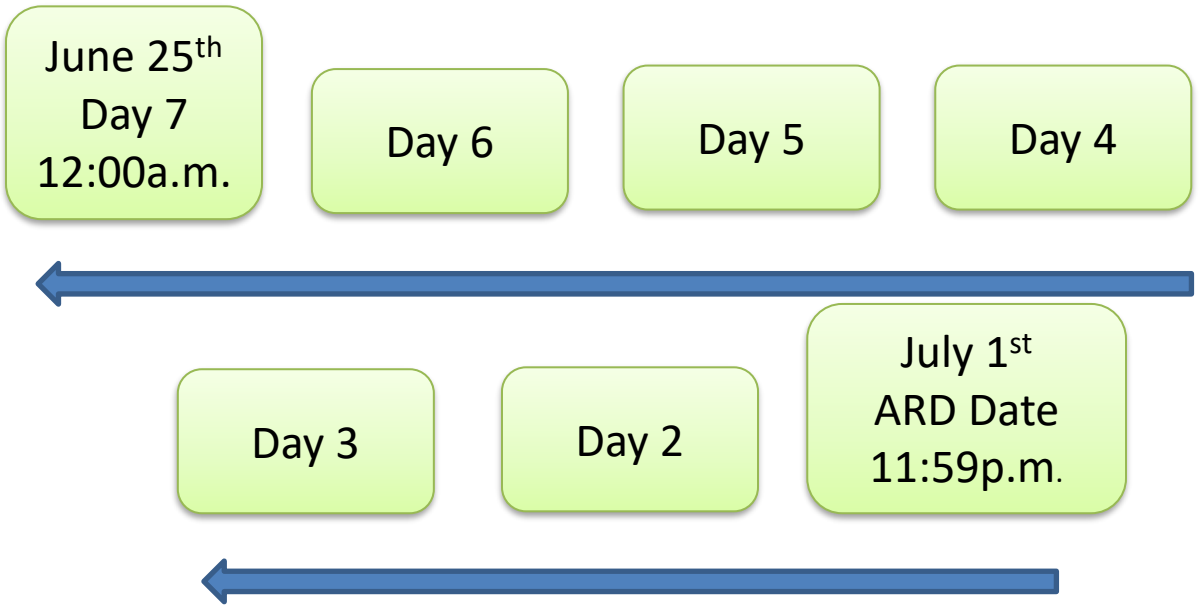
ASSESSMENT TIMING



ASSESSMENT TIMING

- OBRA assessments may be scheduled early
- Significant change or a significant correction to a prior comprehensive resets the schedule
- Noncomprehensive: 92 days from ARD date to next ARD date
- Comprehensive: 366 days from ARD date to the next ARD date

ASSESSMENT REFERENCE DATE



ASSESSMENT COMPLETION

- MDS completion (Z0500B)
- CAA(s) completion (V0200B2)
- Care plan completion (V0200C2)
- Page 2-16 through 2-18 OBRA required assessment summary

Assessment Type/Item Set	MDS Assessment Code (A0310A or A0310F)	Assessment Reference Date (ARD) (Item A2300) No Later Than	7-day Observation Period (Look Back) Consists Of	14-day Observation Period (Look Back) Consists Of	MDS Completion Date (Item Z0500B) No Later Than	CAA(s) Completion Date (Item V0200B2) No Later Than	Care Plan Completion Date (Item V0200C2) No Later Than	Transmission Date No Later Than

ASSESSMENT TIMING

Admission

- ARD: no later than 14th calendar day of the resident's admission.
- Completion of MDS and CAA: no later than the 14th calendar day of the resident's admission.
- Care plan completion: CAA's completion plus seven calendar days.
- Transmission date: no later than care plan completion date plus 14 calendar days.

OBRA ASSESSMENT

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3 admitted	4 X	5	6
7	8	9	10 ARD	11	12	13
14	15	16 complete	17	18	19	20
21	22	23 care plan	24	24	26	27
28	29	30				

ASSESSMENT TIMING

Annual

- ARD: of previous OBRA assessment plus 366 calendar days and ARD of previous quarterly assessment plus 92 calendar days.
- Completion of MDS and CAA: no later than ARD plus 14 calendar days.
- Care Plan Completion: CAA's completion plus seven calendar days.
- Transmission date: no later than care plan completion date plus 14 calendar days.

ANNUAL ASSESSMENT

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3 X	4	5	6
7	8	9	10 X	11	12	13
14	15	16 (358) ARD	17	18	19	20
21	22	23	24 (366)	25	26	27
28	29	30 complete				

KNOWLEDGE CHECK

You would not be compliant with timing in which of the following:

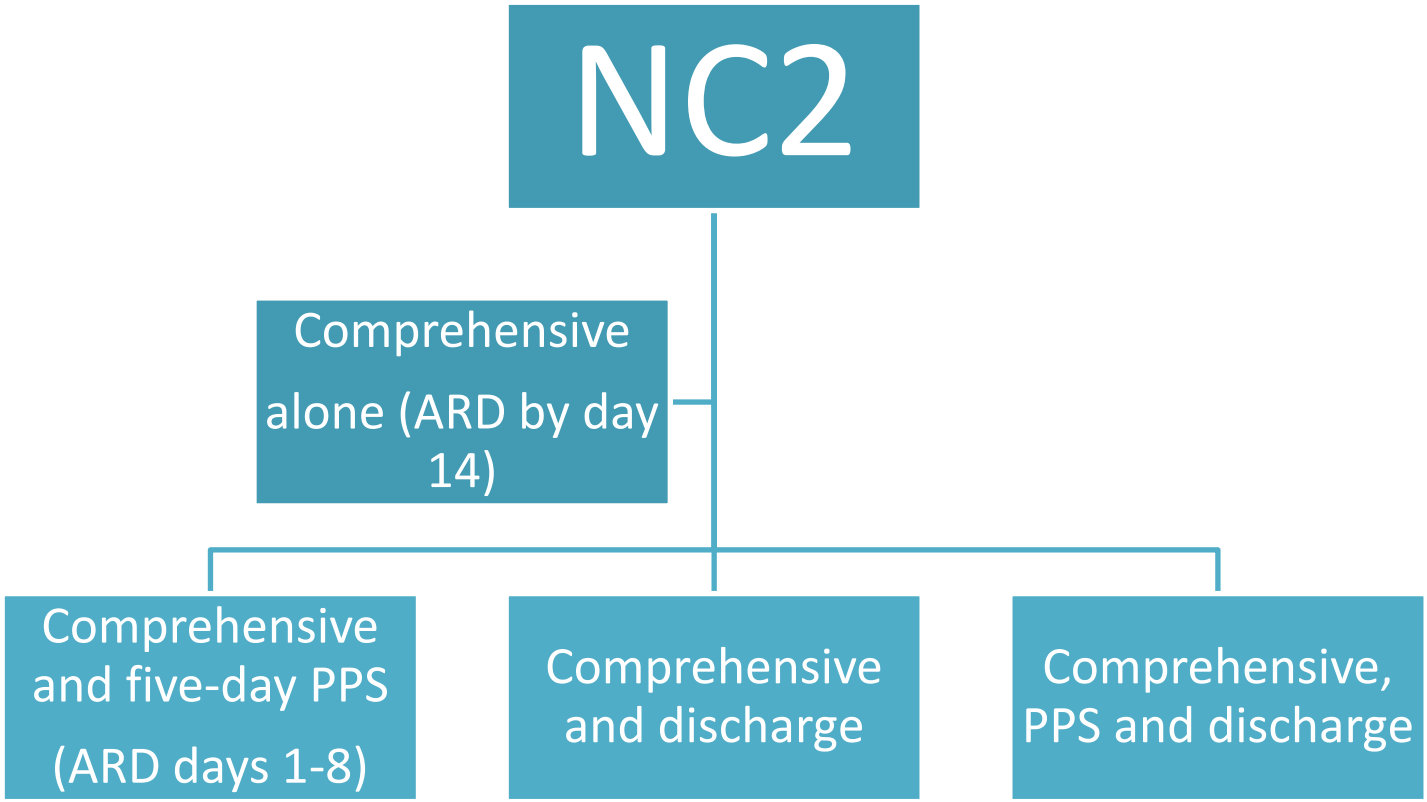
A. Admission assessments ARD was set for day 14

B. Quarterly assessments ARD was set for 92 days from prior ARD

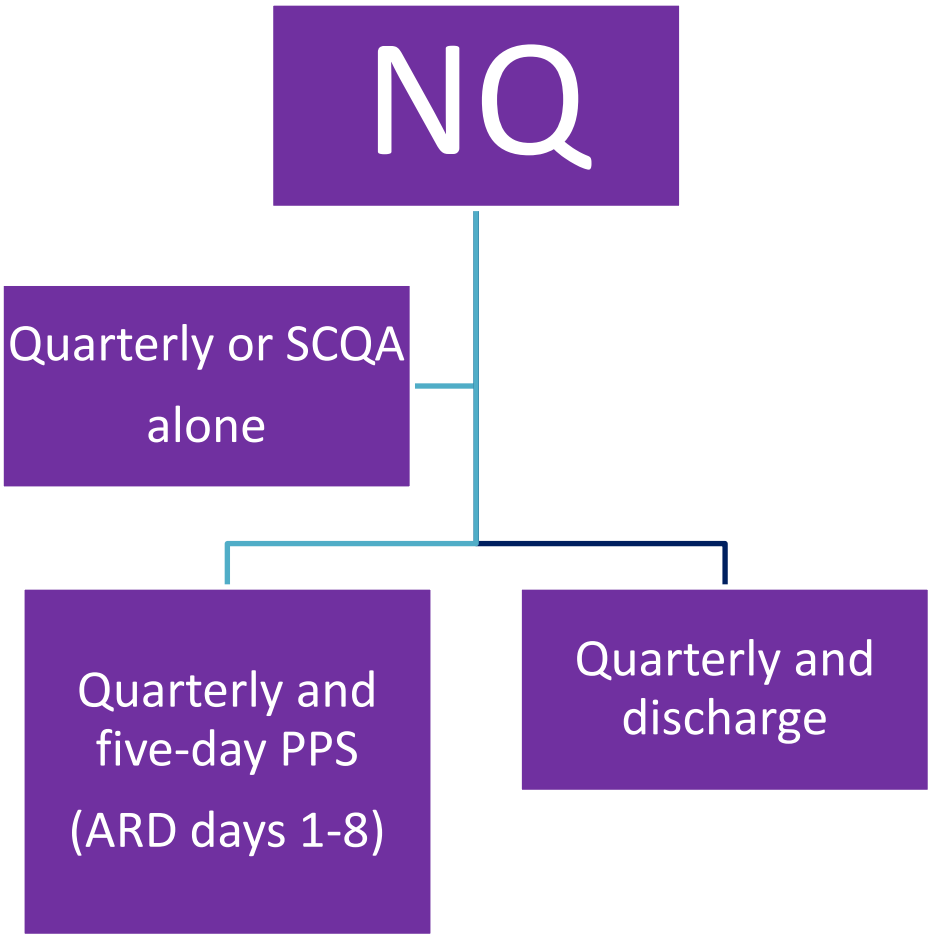
C. PPS 5-day assessments ARD date was set for day 6

D. Significant change in status assessments ARD date was set for day 21

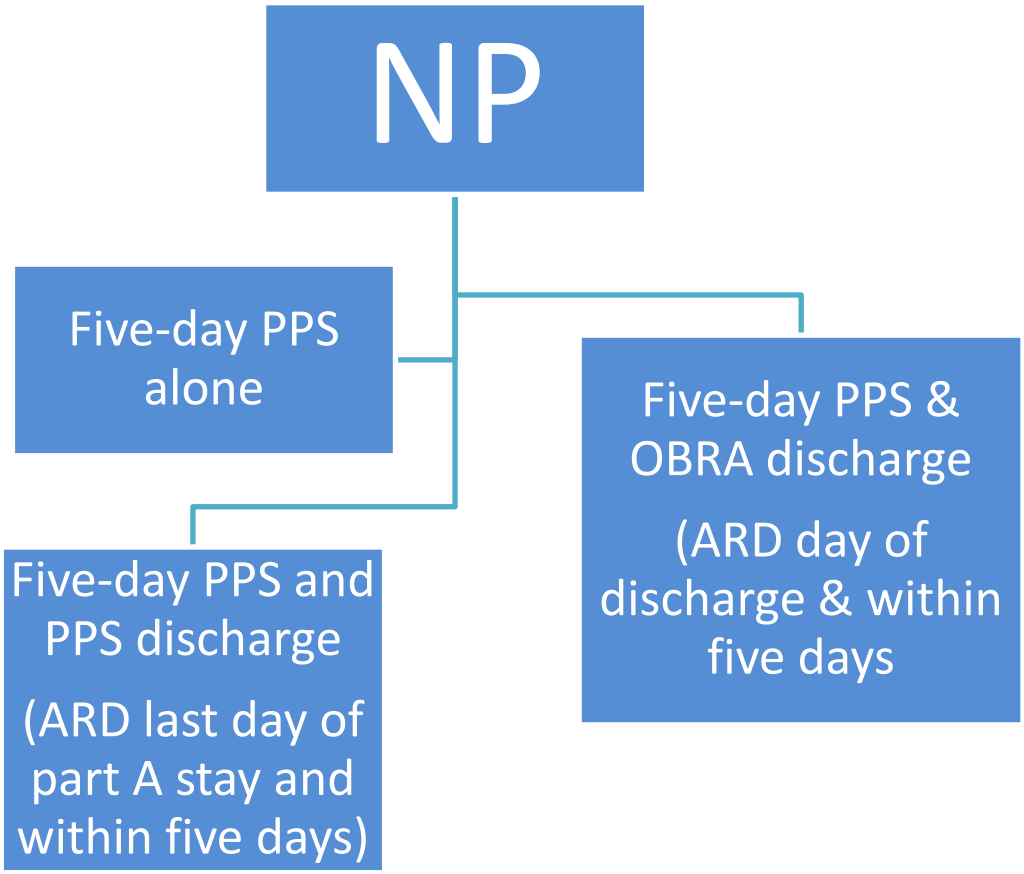
ASSESSMENT COMBINATION



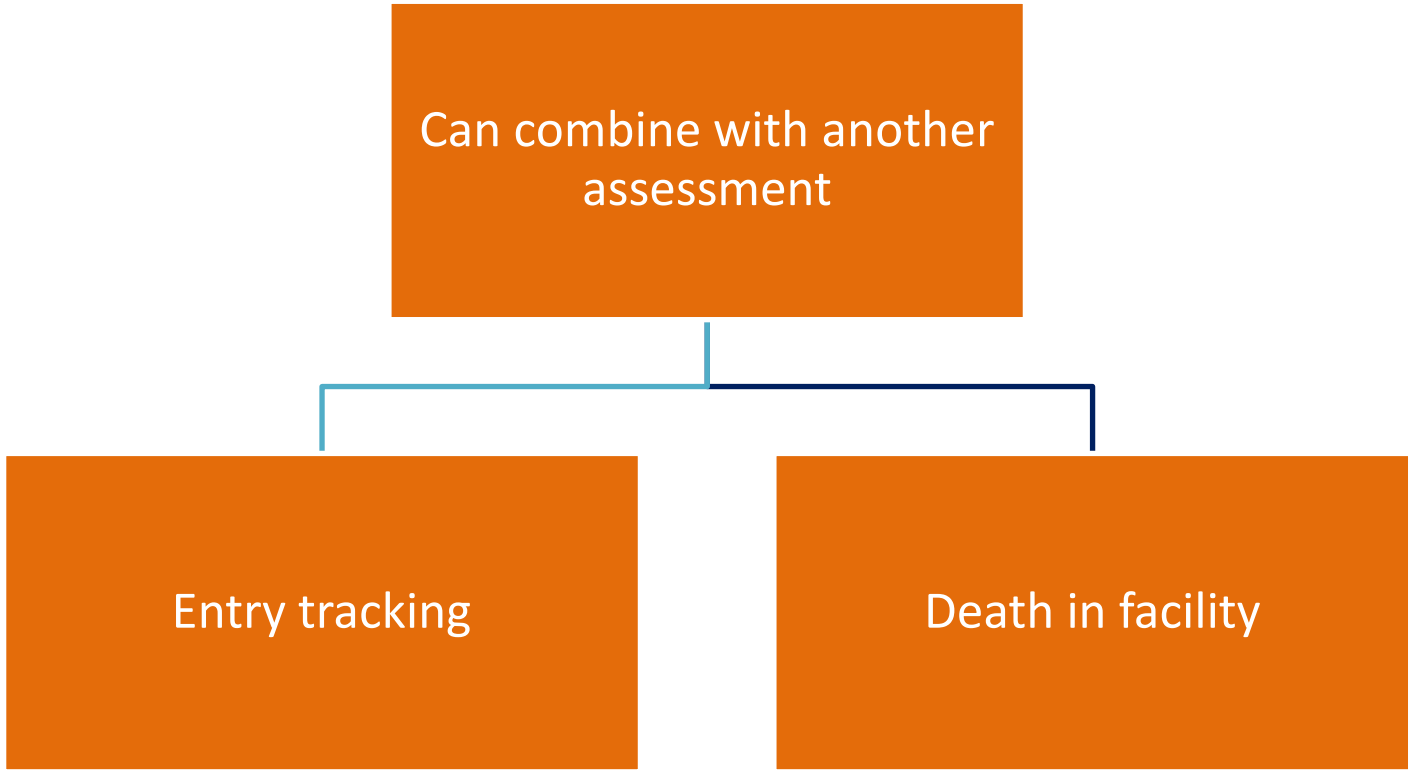
ASSESSMENT COMBINATION



ASSESSMENT COMBINATION



ASSESSMENT COMBINATION



ASSESSMENT EXCEPTIONS

Finish assessment:

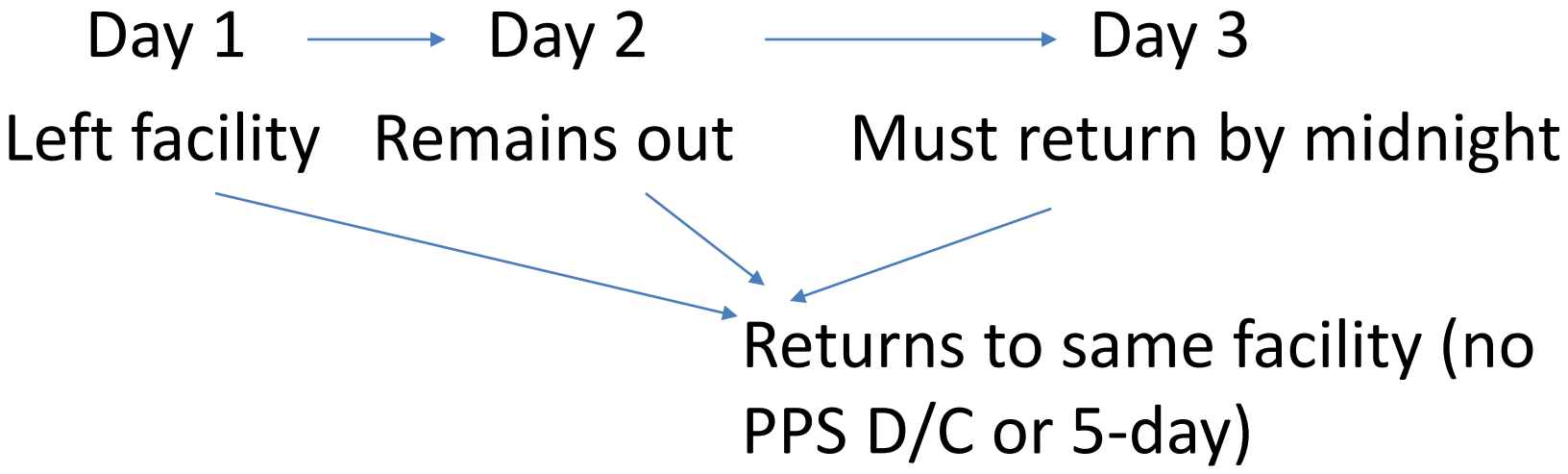
- Admission done, DCRA, returns within 30 days, during assessment period and most of assessment complete prior
- May complete with ARD as same ARD

Not required:

- Discharged prior to completion
- Resident expires
- Admission done, DCRA, returns within 30 days, during assessment period and not complete or SCSA, complete within 14 days of re-entry

INTERRUPTION WINDOW/STAY

- Interruption stay
- Interruption window



OBRA discharge and re-entry required!

INTERRUPTION WINDOW/STAY

No PPS or OBRA discharge, five-day or entry tracking

ASSESSMENT TYPES AND DEFINITIONS

LOA

- Therapeutic leave of at least one night
- Home visit of at least one night
- Hospital observations less than 24 hours and no admit

KNOWLEDGE CHECK

A

Which is true regarding interruption window/stay?

A. The resident must resume Med Part A within the three-day window
B. Interruption window/stay only applies to OBRA assessments
C. The resident must be discharged from the facility
D. A new 5-day PPS is needed upon resumption of Part A if the resident returns within the window.

ASSESSMENT TYPES AND DEFINITIONS

- Respite
  - Less than 14 days
- Entry tracking record and OBRA discharge

SUMMARY

- RAI User's Manual, Version 3.0

  dated October 2014
- Evidence/research-based protocols or tools for assessment and care planning
- Internet Access
  - CMS
  - Professional Organization/Associations websites
- Facility policy and procedures

SUMMARY

- **The resident!!!**
- Interdisciplinary team (IDT)
  - Resident family, significant others
  - Health Care Team members
    - Licensed and non-licensed
    - Physician, therapists, dietary, etc.
- Observation
- Record review

QUESTIONS

- How do you answer section C, D if the patient cannot communicate due to CVA? None of the choices are appropriate.
- When is the appropriate time to put GG into the MDS? Before or after ARD?
- What is the appropriate paperwork for Pharm review for N?

QUESTIONS

- GG- details with coding. Therapy is not understanding the differences with the choices of the what the patient can do.

- N- MD notification- What documentation do you need to code correctly. I see all kinds of pharm forms and that the pharmacist speaks with the MD.

QUESTIONS?!?!?

THANK YOU!

Contact Information

Heather Newton, MDS/RAI Education Coordinator

Heathera.newton@dhs.Wisconsin.gov

920-360-6102

Emily Virnig, MDS Automation Coordinator

Emily.virnig@wisconsin.gov

608.266.1718

MDS DHS WEBSITE

http://www.dhs.wisconsin.gov/

- Go to A-Z at the top of the page
- Go to M (minimum data set)

https://www.dhs.wisconsin.gov/regulations/nh/rai-mds.htm