



Updates to MDS 3.0
Version v1.18.11

MOMENTUM
**2023 ANNUAL
MEETING & EXPO**

Renaissance Schaumburg
Convention Center - Schaumburg, IL

Session Summary

- In the fall 2022, CMS released the draft version of the Minimum Data Set (MDS) version 1.18.11. The updated MDS will be used for both SNF PPS and OBRA assessments and are scheduled to be effective October 1, 2023. We will cover the significant changes and the impact for facilities.

Objectives

- Review the new and revised MDS items, such as patient demographic and social determinants of health items, that will be utilized for standardizing information from all post-acute care settings.
- Gain an understanding of the impact of the elimination of Section G function items and the use of Section GG for all OBRA assessments.
- Learn what changes may need to be made in the facility for proper completion of the MDS.

Timeline of MDS Update to v1.18.11

- 10/ 1/ 19 - Transition from RUGS to PDPM, implemented use of Section GG
- 12/20/ 19 – CMS posted draft version of MDS 3.0 v1.18.11
- 3/ 19/2020 – CMS pulled the draft of v1.18.11 to allow Skilled Nursing Facilities (SNFs) to respond to the COVID-19 Public Health Emergency
- 5/ 15/2020 – MDS 3.0 v1.17.2 announced for 10/ 1/20 to allow Medicaid agencies to collect and compare RUG-III/IV payments codes to PDPM codes
- 9/ 1/2022 – CMS posted draft MDS 3.0 v1.18.11 to be implemented 10/ 1/2023

Why A Change to the MDS?

- Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 requires the reporting of standardized patient assessment data related to quality measures and Standardized Patient Assessment Data Elements (SPADEs).
- IMPACT Act also requires assessment data to be standardized and interoperable to allow for the exchange of data among post-acute care providers and others.
- The intention is to standardize data among post-acute care to improve Medicare beneficiary outcomes through care coordination and enhanced discharge planning.
- There are six (6) new categories of SPADEs to be collected on admission/discharges beginning October 1, 2023.

Why A Change to the MDS?

- The ability to monitor Social Determinants of Health (SDOHs)
- SDOHs are nonmedical factors that influence health outcomes and risk factors
 - Social, environmental, and economic factors that can influence health status
- Stayed tune to hear more about SDOHs from CMS.

Summary of GendeNeutral Language

- Several sections include a change in the language to gender-neutral. These sections include:
 - GG0100 – Coding 3 – Independent
 - J2800 – Genitourinary Surgery



Differences in Item Sets

Section A

A1110. Language	
<div>Enter Code</div> <div><input type="text"/></div>	<p>A. What is your preferred language?</p> <div><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div>
	<p>B. Do you need or want an interpreter to communicate with a doctor or health care staff?</p> <p>0. No</p> <p>1. Yes</p> <p>9. Unable to determine</p>

Changed the order of the questions and no longer includes the “skip” to A1200

Section A

A1805. Entered From

- Enter Code
- | | |
|-----|--|
| 01. | Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) |
| 02. | Nursing Home (long-term care facility) |
| 03. | Skilled Nursing Facility (SNF, swing beds) |
| 04. | Short-Term General Hospital (acute hospital, IPPS) |
| 05. | Long-Term Care Hospital (LTCH) |
| 06. | Inpatient Rehabilitation Facility (IRF, free standing facility or unit) |
| 07. | Inpatient Psychiatric Facility (psychiatric hospital or unit) |
| 08. | Intermediate Care Facility (ID/DD facility) |
| 09. | Hospice (home/non-institutional) |
| 10. | Hospice (institutional facility) |
| 11. | Critical Access Hospital (CAH) |
| 12. | Home under care of organized home health service organization |
| 99. | Not listed |

A2105. Discharge Status

Complete only if A0310F = 10, 11, or 12

- Enter Code
- | | |
|-----|--|
| 01. | Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge |
| 02. | Nursing Home (long-term care facility) |
| 03. | Skilled Nursing Facility (SNF, swing beds) |
| 04. | Short-Term General Hospital (acute hospital, IPPS) |
| 05. | Long-Term Care Hospital (LTCH) |
| 06. | Inpatient Rehabilitation Facility (IRF, free standing facility or unit) |
| 07. | Inpatient Psychiatric Facility (psychiatric hospital or unit) |
| 08. | Intermediate Care Facility (ID/DD facility) |
| 09. | Hospice (home/non-institutional) |
| 10. | Hospice (institutional facility) |
| 11. | Critical Access Hospital (CAH) |
| 12. | Home under care of organized home health service organization |
| 13. | Deceased |
| 99. | Not listed → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge |

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A1800 and A2100 changed to A1805 and A2105, expanding the choices for admission and discharge sites.

Section B

B0100. Comatose

Enter Code

Persistent vegetative state/no discernible consciousness

- 0. **No** → Continue to B0200, Hearing
- 1. **Yes** → Skip to GG0100, Prior Functioning: Everyday Activities

The change to this question is the Skip, which now goes to GG0100, Prior Functioning: Everyday Activities. Prior version was a Skip to G0100. Activities of Daily Living (ADL) Assistance.

Section D

- Replaces the previous sections D0200
- There is now a skip pattern if the resident doesn't have the first two symptoms with the PHQ interview. The interviewer will stop after then 2 questions if symptoms not present.
- V1.17.2 – The PDPM nursing component uses all 9 interview questions to calculate overall score for indicators of possible depression. Unclear how v1.18.11 will score for indicators of depression for PDPM.
- V0 100 is updated to reference PHQ-2 to 9©.

D0150. Resident Mood Interview (PHQ-2 to 9©)

Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the resident: "About how often have you been bothered by this?"
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
0. No (enter 0 in column 2)	0. Never or 1 day		
1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)		
9. No response (leave column 2 blank)	2. 7-11 days (half or more of the days)		
	3. 12-14 days (nearly every day)		
		↓ Enter Scores in Boxes ↓	
A. Little interest or pleasure in doing things		<input type="checkbox"/>	<input type="checkbox"/>
B. Feeling down, depressed, or hopeless		<input type="checkbox"/>	<input type="checkbox"/>
If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.			
C. Trouble falling or staying asleep, or sleeping too much		<input type="checkbox"/>	<input type="checkbox"/>
D. Feeling tired or having little energy		<input type="checkbox"/>	<input type="checkbox"/>
E. Poor appetite or overeating		<input type="checkbox"/>	<input type="checkbox"/>
F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down		<input type="checkbox"/>	<input type="checkbox"/>
G. Trouble concentrating on things, such as reading the newspaper or watching television		<input type="checkbox"/>	<input type="checkbox"/>
H. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual		<input type="checkbox"/>	<input type="checkbox"/>
I. Thoughts that you would be better off dead, or of hurting yourself in some way		<input type="checkbox"/>	<input type="checkbox"/>

D0160. Total Severity Score

Enter Score

Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 02 and 27.
Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items).

Section F

F0700. Should the Staff Assessment of Daily and Activity Preferences be Conducted?

Enter Code

- 0. **No** (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by resident or family/significant other) → Skip to and complete GG0100, Prior Functioning: Everyday Activities
- 1. **Yes** (because 3 or more items in Interview for Daily and Activity Preferences (F0400 and F0500) were not completed by resident or family/significant other) → Continue to F0800, Staff Assessment of Daily and Activity Preferences

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Updated to change “skip” from G0 100, Activities of Daily Living (ADL) Assistance to GG0 100, Prior Functioning: Everyday Activities.

Section GG

GG0115. Functional Limitation in Range of Motion		
Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days		
Coding: 0. No impairment 1. Impairment on one side 2. Impairment on both sides	↓ Enter Codes in Boxes	
	<input type="text"/>	A. Upper extremity (shoulder, elbow, wrist, hand)
	<input type="text"/>	B. Lower extremity (hip, knee, ankle, foot)

GG0 115 is currently G0400

GG0130. Self-Care (Assessment period is the first 3 days of the stay) Complete if A0310A = 01 or A0310B = 01. If A0310B = 01, the stay begins on A2400B and both columns are required. If A0310B = 99, the stay begins on A1600 and only column 1 is required.	
I. Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).	

GG0 130 is currently G0 110 and wording updated

Section GG

GG0170. Mobility (Assessment period is the first 3 days of the stay)
Complete if A0310A = 01 or A0310B = 01. If A0310B = 01, the stay begins on A2400B **and** both columns are required. If A0310B = 99, the stay begins on A1600 **and** only column 1 is required.

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FF. Tub/shower transfer: The ability to get in and out of a tub/shower.

Currently recorded in G0120 - Bathing

Section GG

Section GG	Functional Abilities and Goals - Admission
GG0130. Self-Care (Assessment period is the first 3 days of the stay) Complete if A0310A = 01 or A0310B = 01. If A0310B = 01, the stay begins on A2400B and both columns are required. If A0310B = 99, the stay begins on A1600 and only column 1 is required.	

Section GG	Functional Abilities and Goals - Admission
GG0170. Mobility (Assessment period is the first 3 days of the stay) Complete if A0310A = 01 or A0310B = 01. If A0310B = 01, the stay begins on A2400B and both columns are required. If A0310B = 99, the stay begins on A1600 and only column 1 is required.	

Changes from “Start of SNF PPS Stay or State PDPM” to “Admission”.

Same sections for discharge indicate “Discharge” in v1.18.11 instead of “Discharge (End of SNF PPS Stay)”

Section J

J0410. Pain Frequency	
Enter Code <div></div>	Ask resident: <i>"How much of the time have you experienced pain or hurting over the last 5 days?"</i> <div><div>1. Rarely or not at all</div><div>2. Occasionally</div><div>3. Frequently</div><div>4. Almost constantly</div><div>9. Unable to answer</div></div>

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Updated from current J0400 and the answers are renumbered

Section K

V1.17.2

V1.18.11

K0510. Nutritional Approaches		
Check all of the following nutritional approaches that were performed during the last 7 days		
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank	1. While NOT a Resident	2. While a Resident
2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	↓ Check all that apply ↓	
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)		<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)		<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

K0520. Nutritional Approaches				
Check all of the following nutritional approaches that apply				
1. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B	1. On Admission	2. While Not a Resident	3. While a Resident	4. At Discharge
2. While Not a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> . Only check column 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 2 blank.	↓ Check all that apply ↓			
3. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>				
4. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C	↓	↓	↓	↓
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube (e.g., nasogastric or abdominal (PEG))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- New version is for a 3-day assessment period on admission and discharge. In addition, there is no longer a 7-day assessment period while not a resident.

Section N

N0415. High-Risk Drug Classes: Use and Indication		
1. Is taking Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days	1. Is taking	2. Indication noted
2. Indication noted If Column 1 is checked, check if there is an indication noted for all medications in the drug class	↓ Check all that apply ↓	
A. Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>
B. Antianxiety	<input type="checkbox"/>	<input type="checkbox"/>
C. Antidepressant	<input type="checkbox"/>	<input type="checkbox"/>
D. Hypnotic	<input type="checkbox"/>	<input type="checkbox"/>
E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)	<input type="checkbox"/>	<input type="checkbox"/>
F. Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>
G. Diuretic	<input type="checkbox"/>	<input type="checkbox"/>
H. Opioid	<input type="checkbox"/>	<input type="checkbox"/>
I. Antiplatelet	<input type="checkbox"/>	<input type="checkbox"/>
J. Hypoglycemic (including insulin)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	

- Replaces section N0410 – Medications Received.
- There are 2 new classes of drugs (Hypoglycemic and Antiplatelet)
- Added columns for indication and items to be coded as “is taking” or “indication noted”

Section O

- Section O0 110 replaces the current O0 100.
- Column changes to On Admission, While a Resident, and At Discharge
- No longer assessed for period While Not a Resident.
- Treatments expanded for further detail

00110. Special Treatments, Procedures, and Programs			
Check all of the following treatments, procedures, and programs that were performed			
	a. On Admission	b. While a Resident	c. At Discharge
	↓	Check all that apply ↓	↓
Cancer Treatments			
A1. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2. IV	<input type="checkbox"/>		<input type="checkbox"/>
A3. Oral	<input type="checkbox"/>		<input type="checkbox"/>
A10. Other	<input type="checkbox"/>		<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Treatments			
C1. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. Continuous	<input type="checkbox"/>		<input type="checkbox"/>
C3. Intermittent	<input type="checkbox"/>		<input type="checkbox"/>
C4. High-concentration	<input type="checkbox"/>		<input type="checkbox"/>
D1. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2. Scheduled	<input type="checkbox"/>		<input type="checkbox"/>
D3. As needed	<input type="checkbox"/>		<input type="checkbox"/>
E1. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F1. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G1. Non-invasive Mechanical Ventilator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G2. BiPAP	<input type="checkbox"/>		<input type="checkbox"/>
G3. CPAP	<input type="checkbox"/>		<input type="checkbox"/>
Other			
H1. IV Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>		<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>		<input type="checkbox"/>
H4. Anticoagulant	<input type="checkbox"/>		<input type="checkbox"/>
H10. Other	<input type="checkbox"/>		<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

O0110 continued on next page

Section Q

Q0110. Participation in Assessment and Goal Setting Identify all active participants in the assessment process	
↓ Check all that apply	
<input type="checkbox"/>	A. Resident
<input type="checkbox"/>	B. Family
<input type="checkbox"/>	C. Significant other
<input type="checkbox"/>	D. Legal guardian
<input type="checkbox"/>	E. Other legally authorized representative
<input type="checkbox"/>	Z. None of the above
Q0310. Resident's Overall Goal Complete only if A0310E = 1	
Enter Code <input type="checkbox"/>	A. Resident's overall goal for discharge established during the assessment process 1. Discharge to the community 2. Remain in this facility 3. Discharge to another facility/institution 9. Unknown or uncertain
Enter Code <input type="checkbox"/>	B. Indicate information source for Q0310A 1. Resident 2. Family 3. Significant other 4. Legal guardian 5. Other legally authorized representative 9. None of the above

Changes from current Q0100 – Participation in Assessment and Q0300 – Resident's Overall Expectation.

Q0110 coding is also changed from v1.17.2

Section Q

Q0500. Return to Community	
Enter Code <input type="checkbox"/>	B. Ask the resident (or family or significant other or guardian or legally authorized representative only if resident is unable to understand or respond): "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?" 0. No 1. Yes 9. Unknown or uncertain
Enter Code <input type="checkbox"/>	C. Indicate information source for Q0500B 1. Resident 2. Family 3. Significant other 4. Legal guardian 5. Other legally authorized representative 9. None of the above

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Addition of section C

Section Q

Updated from current Q0550 and Q0600. Be aware of the differences in the answers.

Q0550. Resident's Preference to Avoid Being Asked Question Q0500B	
Enter Code <input type="checkbox"/>	A. Does resident (or family or significant other or guardian or legally authorized representative only if resident is unable to understand or respond) want to be asked about returning to the community on all assessments? (Rather than on comprehensive assessments alone) 0. No - then document in resident's clinical record and ask again only on the next comprehensive assessment 1. Yes 8. Information not available
Enter Code <input type="checkbox"/>	C. Indicate information source for Q0550A 1. Resident 2. Family 3. Significant other 4. Legal guardian 5. Other legally authorized representative 9. None of the above
Q0610. Referral	
Enter Code <input type="checkbox"/>	A. Has a referral been made to the Local Contact Agency (LCA)? 0. No 1. Yes
Q0620. Reason Referral to Local Contact Agency (LCA) Not Made Complete only if Q0610 = 0	
Enter Code <input type="checkbox"/>	Indicate reason why referral to LCA was not made 1. LCA unknown 2. Referral previously made 3. Referral not wanted 4. Discharge date 3 or fewer months away 5. Discharge date more than 3 months away



What Is New In Item Set

Section A

A1005. Ethnicity	
Are you of Hispanic, Latino/a, or Spanish origin?	
↓ Check all that apply	
<input type="checkbox"/>	A. No, not of Hispanic, Latino/a, or Spanish origin
<input type="checkbox"/>	B. Yes, Mexican, Mexican American, Chicano/a
<input type="checkbox"/>	C. Yes, Puerto Rican
<input type="checkbox"/>	D. Yes, Cuban
<input type="checkbox"/>	E. Yes, another Hispanic, Latino/a, or Spanish origin
<input type="checkbox"/>	X. Resident unable to respond
<input type="checkbox"/>	Y. Resident declines to respond
A1010. Race	
What is your race?	
↓ Check all that apply	
<input type="checkbox"/>	A. White
<input type="checkbox"/>	B. Black or African American
<input type="checkbox"/>	C. American Indian or Alaska Native
<input type="checkbox"/>	D. Asian Indian
<input type="checkbox"/>	E. Chinese
<input type="checkbox"/>	F. Filipino
<input type="checkbox"/>	G. Japanese
<input type="checkbox"/>	H. Korean
<input type="checkbox"/>	I. Vietnamese
<input type="checkbox"/>	J. Other Asian
<input type="checkbox"/>	K. Native Hawaiian
<input type="checkbox"/>	L. Guamanian or Chamorro
<input type="checkbox"/>	M. Samoan
<input type="checkbox"/>	N. Other Pacific Islander
<input type="checkbox"/>	X. Resident unable to respond
<input type="checkbox"/>	Y. Resident declines to respond
<input type="checkbox"/>	Z. None of the above

A1250. Transportation (from NACHC®)	
Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?	
Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1	
↓ Check all that apply	
<input type="checkbox"/>	A. Yes, it has kept me from medical appointments or from getting my medications
<input type="checkbox"/>	B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
<input type="checkbox"/>	C. No
<input type="checkbox"/>	X. Resident unable to respond
<input type="checkbox"/>	Y. Resident declines to respond
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Sections added to monitor
social determinants of health

Section A

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge

Complete only if A0310H = 1

Enter Code

☐

At the time of discharge to another provider, did your facility provide the resident's current reconciled medication list to the subsequent provider?

0. **No** - Current reconciled medication list not provided to the subsequent provider → Skip to A2200, Previous Assessment Reference Date for Significant Correction

1. **Yes** - Current reconciled medication list provided to the subsequent provider

A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider

Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider.

Complete only if A2121 = 1

Check all that apply

↓

Route of Transmission

☐ A. Electronic Health Record

☐ B. Health Information Exchange

☐ C. Verbal (e.g., in-person, telephone, video conferencing)

☐ D. Paper-based (e.g., fax, copies, printouts)

☐ E. Other methods (e.g., texting, email, CDs)

A2123. Provision of Current Reconciled Medication List to Resident at Discharge

Complete only if A0310H = 1

Enter Code

☐

At the time of discharge, did your facility provide the resident's current reconciled medication list to the resident, family and/or caregiver?

0. **No** - Current reconciled medication list not provided to the resident, family and/or caregiver → Skip to A2200, Previous Assessment Reference Date for Significant Correction

1. **Yes** - Current reconciled medication list provided to the resident, family and/or caregiver

A2124. Route of Current Reconciled Medication List Transmission to Resident

Indicate the route(s) of transmission of the current reconciled medication list to the resident/family/caregiver.

Complete only if A2123 = 1

Check all that apply

↓

Route of Transmission

☐ A. Electronic Health Record (e.g., electronic access to patient portal)

☐ B. Health Information Exchange

☐ C. Verbal (e.g., in-person, telephone, video conferencing)

☐ D. Paper-based (e.g., fax, copies, printouts)

☐ E. Other methods (e.g., texting, email, CDs)

Data is utilized for two SNF QRP Transfer of Health Information Quality Measures.

Section B

- Section added to monitor social determinant of health
- Complete only if A0310B = 01 (5-day assessment) **or** A0310G = 1 and A0310H=1 (planned discharge and not a SNF Part A PPS Discharge Assessment)

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B1300. Health Literacy	
Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1	
Enter Code <input type="text"/>	How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? <ul style="list-style-type: none">0. Never1. Rarely2. Sometimes3. Often4. Always7. Resident declines to respond8. Resident unable to respond
The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.	

Section D

D0700. Social Isolation	
Enter Code <input type="text"/>	<p>How often do you feel lonely or isolated from those around you?</p> <ul style="list-style-type: none">0. Never1. Rarely2. Sometimes3. Often4. Always7. Resident declines to respond8. Resident unable to respond

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Added to monitor social determinant of health.

Section GG

GG0130. Self-Care (Assessment period is the ARD plus 2 previous calendar days) Complete only if A0310A = 02 - 06 and A0310B = 99 or A0310B = 08.	
Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.	
Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i> 06. Independent - Resident completes the activity by themselves with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity. If activity was not attempted, code reason: 07. Resident refused 09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns	
5. OBRA/Interim Performance	
Enter Codes In Boxes	
<input type="text"/>	A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.
<input type="text"/>	B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
<input type="text"/>	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
<input type="text"/>	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
<input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.
<input type="text"/>	I. Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).

GG0170. Mobility (Assessment period is the ARD plus 2 previous calendar days) Complete only if A0310A = 02 - 06 and A0310B = 99 or A0310B = 08.	
Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.	
Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i> 06. Independent - Resident completes the activity by themselves with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity. If activity was not attempted, code reason: 07. Resident refused 09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns	
5. OBRA/Interim Performance	
Enter Codes In Boxes	
<input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed and with no back support.
<input type="text"/>	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/>	FF. Tub/shower transfer: The ability to get in and out of a tub/shower.
<input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If performance in the last 7 days is coded 07, 09, 10, or 88 → Skip to GG0170Q5, Does the resident use a wheelchair and/or scooter?
<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

Section J

- The pain interview section has been expanded, resulting in better responses.
- Section J0520 Pain Interference with Therapy Activities in a new interview item.

Pain Assessment Interview	
J0300. Pain Presence	
Enter Code <input type="checkbox"/>	Ask resident: <i>"Have you had pain or hurting at any time in the last 5 days?"</i> 0. No → Skip to J1100, Shortness of Breath 1. Yes → Continue to J0410, Pain Frequency 9. Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain
J0410. Pain Frequency	
Enter Code <input type="checkbox"/>	Ask resident: <i>"How much of the time have you experienced pain or hurting over the last 5 days?"</i> 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer
J0510. Pain Effect on Sleep	
Enter Code <input type="checkbox"/>	Ask resident: <i>"Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?"</i> 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer
J0520. Pain Interference with Therapy Activities	
Enter Code <input type="checkbox"/>	Ask resident: <i>"Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?"</i> 0. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer

J0530. Pain Interference with Day-to-Day Activities	
Enter Code <input type="checkbox"/>	Ask resident: <i>"Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"</i> 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer

Section Q

Q0620 only to be completed if Q0610 = 0.

Q0610. Referral	
Enter Code <input type="text"/>	A. Has a referral been made to the Local Contact Agency (LCA)? 0. No 1. Yes
Q0620. Reason Referral to Local Contact Agency (LCA) Not Made Complete only if Q0610 = 0	
Enter Code <input type="text"/>	Indicate reason why referral to LCA was not made 1. LCA unknown 2. Referral previously made 3. Referral not wanted 4. Discharge date 3 or fewer months away 5. Discharge date more than 3 months away



What Is No Longer Included in Item Set

Section A

- The following items in Section A have been removed from v1.18.11
 - A0300 – Optional State Assessment
 - A1100 – Language
 - A1800 – Entered From
 - A2100 – Discharge Status

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Section G

- All of Section G is gone
- We are still waiting on guidance for the following areas impacted by the removal of Section G
 - Late-loss ADLs are no longer documented – this will affect care plans
 - Care Area Triggers (CATs) – 17 of the 20 Care Areas use Section G as CATs
 - Quality Measures – Currently 1 short stay and 5 long stay quality measures use Section G ADLs
 - Claims-Cased Measures – Currently 2 short stay and 2 long stay measures that use Section G



How to Prepare for MDS 3.0 v1.18.11

How To Prepare for MDS Changes

- Make sure the Interdisciplinary Team (IDT) is aware of the changes coming on October 1, 2023
 - Obtain access to the updated MDS 3.0 RAI User's manual when it becomes available (April 2023 at the earliest)
 - Attend training throughout 2023 as they are available
 - Keep up with information released by CMS related to changes and timing
 - Consider MDS certification training if MDS coordinators are not already certified (www.aapacn.org). Current courses will not cover changes until May or June.

How To Prepare for MDS Changes

- MDS coordinator
 - Nursing
 - CNAs
- Dietitian
- Social Services
- Activities
- Therapy
- Other trained IDT members

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How To Prepare for MDS Changes

- Determine how care plans are going to be updated to incorporate the functional abilities found in Section GG
- Understand what is happening in your state related to Medicaid. How will the impact of the Section G elimination impact the Medicaid rate calculation?
- Determine any other processes that may need to change in the organization related to the admission or discharge process. For example, providing a reconciled medication list at discharge.

Indirect Impacts

- PDPM
 - Potential Medicare revenue changes
- QRP
- Quality Measures
- Survey
- Five Star Staffing

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Resources

- MDS 3.0 website
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual>
- MDS 3.0 v1.18.11 draft
 - <https://www.cms.gov/files/document/draft-mds30-nc-item-set-v11811-oct2023.pdf>

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