


MDS 3.0 Changes

The Road to Successful Transition

For Leadership and Interdisciplinary Team Members



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Objectives

1. Recognize the MDS changes that will impact discharge planning.
2. Discuss strategies to accurately complete section GG.
3. Examine updates to high-risk medications and the impact on annual survey and certification.



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Final Rule 2023

Fiscal Year (FY) 2023 Skilled Nursing Facility Prospective Payment System Final Rule (CMS 1765-F)

- Updates to the Quality Reporting Program (QRP) for 2023 and future years
- Updates to the Value Based Purchasing Program (VBP) for 2023 and future years.
- Recalibration of the Patient Drive Payment Model Parity Adjustment
- Changes to PDPM ICD-10 Code Mapping
- QRP 2024 Influenza vaccines among HCP
- QRP October 1, 2023, include:
 - ✓ Transfer of health information measures
 - ✓ Standardized elements including race, ethnicity, preferred language, health literacy, social isolation



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Finalized for
October 1, 2024

Table 2: Finalized Measures for the SNF QRP, FY 2025

Data Source	Measure
National Healthcare Safety Network (NHSN)	COVID-19 Vaccination Coverage Among Healthcare Personnel
	Influenza Vaccination Coverage Among Healthcare Personnel
SNF Minimum Data Set (MDS)	Application of Percent of Residents Experiencing One or More Falls With Major Injury (Long Stay)
	Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function
	Change in Self-Care Score for Medical Rehabilitation Patients
	Change in Mobility Score for Medical Rehabilitation Patients
	Discharge Self-Care Score for Medical Rehabilitation Patients
	Discharge Mobility Score for Medical Rehabilitation Patients
	Drug regimen review conducted with follow-up for identified issues
	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
	Transfer of Health Information to Provider*
	Transfer of Health Information to Patient**
	Transfer of Health Information to Family***
Claims	Medicare Spending per Beneficiary (MSPB) for Post-acute Care SNF QRP
	Discharge to Community
	Federally Preventable 30-day Post-discharge Readmission Measure
	SNF Healthcare-associated Infections Requiring Hospitalization

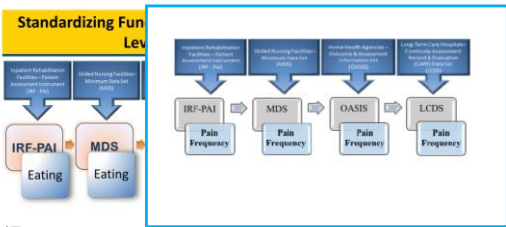


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SPADES



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What We Know or Anticipate

- Expanded choices on ethnicity and race
- Coding clarification on assessing language
- Transportation
- Expanded admission and discharge status



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What We Know or Anticipate

- Medication reconciliation
- Changes to the resident PHQ interview
- Special treatments and procedures.
- Discharge
- Transfer of health information
- Pain interview



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Section by Section Overview of Changes

MDS CHANGES



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Section A Race/Ethnicity

Guidance

"We want to make sure that all our residents get the best care possible, regardless of their ethnic background. We would like you to tell us your ethnic background so that we can review the treatment that all residents receive and make sure that everyone gets the highest quality of care"

When the resident is unable to respond and the response is determined via family, significant other, or legally authorized representative input or medical record documentation, check all boxes that apply, including X. Resident unable to respond

A1302. Ethnicity	
Are you of Hispanic, Latino/a, or Spanish origin?	
<input type="checkbox"/> Check all that apply	
<input type="checkbox"/>	A. Yes, 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 checked="" type="checkbox"/>	X. Resident unable to respond
<input type="checkbox"/>	Y. Resident declines to respond



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A1310. Race	
What is your race?	
<input type="checkbox"/> 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



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Steps for Assessment

- May ask a family member if resident is unable to respond.
- Use medical record only if resident and or family is not available
- Resident declines to respond
- DON'T CODE BASED ON OTHER RESOURCES

A. White
 B. Black or African American
 C. American Indian or Alaska Native
 D. Asian Indian
 E. Chinese
 F. Filipino
 G. Japanese
 H. Korean
 I. Vietnamese
 J. Other Asian
 K. Native Hawaiian
 L. Guamanian or Chamorro
 M. Samoan
 N. Other Pacific Islander
 O. Resident unable to respond
 P. Resident declines to respond
 Q. None of the above



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Steps to Implementation

- Determine the member of the IDT team complete the sections
- Provide training
- Audit at the time of completion for compliance.



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Interview Medicare 5-day NPE Discharge

Structured Interview

- Allow option of selection more than one "YES" designation
- May ask family
- May use medical record
- Resident may refuse

Transportation (from NACHO)
 Has transportation kept you from medical appointments, meetings, visits only if A0310B = 01 or A0310G = 1 and A0310H = 1
check all that apply
 A. Yes, it has kept me from medical appointments or from getting my medication
 B. Yes, it has kept me from non-medical meetings, appointments, work, or school
 C. No
 X. Resident unable to respond
 Y. Resident declines to respond



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Medication Reconciliation-Subsequent Provider

Stand alone Medicare Part A PPS discharge

- Remaining in the facility and with the same team of interdisciplinary professionals
- Code: 1. Yes-Current reconciled medication list provided to the subsequent provider

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge	
Complete only if A2121 = 1	
Indicate the route(s) of discharge to another provider. Of your facility provide the resident's current reconciled medication list to the subsequent provider.	
<input type="checkbox"/>	No - Current reconciled medication list not provided to the subsequent provider → Skip to A2122, Process Assessment Reference Site for Significant Change
<input checked="" type="checkbox"/>	Yes - Current reconciled medication list provided to the subsequent provider

5- day assessment
NPE item set



Medicare Provider Reimbursement Review Board



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Medication Reconciliation

- Resident information
- Medication information
- Allergies
- Rationale to hold medications
- Self-administration instructions
- Last dose
- Special instructions



Medicare Provider Reimbursement Review Board



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Medication List Transmission

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
<input type="checkbox"/>	A. Electronic Health Record
<input type="checkbox"/>	B. Health Information Exchange
<input type="checkbox"/>	C. Verbal (e.g., in-person, telephone, video conferencing)
<input type="checkbox"/>	D. Paper-based (e.g., fax, copies, printouts)
<input type="checkbox"/>	E. Other methods (e.g., texting, email, CDs)

Complete only if A2121 is Yes: Current reconciled medication list provided to subsequent provider



Medicare Provider Reimbursement Review Board



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Example of Transmission of Medication List

Oak Tree is discharging and sending a resident to a hospital by ambulance. The driver obtains a printout and brings the resident's medication list to the hospital. The facility follows up with a call to the subsequent provider and discusses the resident's medications

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
<input type="checkbox"/>	A. Electronic Health Record
<input type="checkbox"/>	B. Health Information Exchange
<input checked="" type="checkbox"/>	C. Verbal (e.g., in-person, telephone, video conferencing)
<input checked="" type="checkbox"/>	D. Paper-based (e.g., fax, copies, printouts)
<input type="checkbox"/>	E. Other methods (e.g., texting, email, CDs)



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Steps to Implementation

- Determine the member of the IDT team complete the sections
- Provide training on the transfer/discharge processes
- Develop policy and procedures
- Audit at the time of completion for compliance.



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Health Literacy



Section B		Hearing, Speech, and Vision	
B1300. Health Literacy			
Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1			
Enter Code	How often do you need to have someone help you when you read instructions, pamphlets or pharmacy?		
<input type="checkbox"/>	0. Never		
	1. Rarely		
	2. Sometimes		
	3. Often		
	4. Always		
	7. Resident declines to respond		
	8. Resident unable to respond		

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Section D

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

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	
0. No (enter 0 in column 2)	1. Yes (enter 0-3 in column 2)	0. Never or 1 day	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)
A. Little interest or pleasure in doing things		1. Symptom Presence	2. Symptom Frequency
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
B. Feeling down, depressed, or hopeless		<input type="checkbox"/>	<input type="checkbox"/>

Enter Scores in Boxes ↓

If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.

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Social Isolation



D0700. Social Isolation

How often do you feel lonely or isolated from those around you?

Enter Code

- Never
- Rarely
- Sometimes
- Often
- Always
- Resident declines to respond
- Resident unable to respond

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Let's Discuss

SECTION GG



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Section GG Functional Abilities and Goals

GG0108. Prior Functioning: Everyday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury. Complete only if AD3108 = 01.

Coding:

- Independent:** Resident completed all the activities by themselves, with or without an assistive device, with no assistance from a helper.
- Needed Some Help:** Resident needed partial assistance from another person to complete any activities.
- Dependent:** A helper completed all the activities for the resident.
- Unknown:**
- Not Applicable:**

Enter Codes in Boxes

A. Self-Care: Code the resident's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.

B. Indoor Mobility (Ambulation): Code the resident's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.

C. Stairs: Code the resident's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.

D. Functional Cognition: Code the resident's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

GG0110. Prior Device Use. Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury. Complete only if AD3108 = 01.

Check all that apply

A. Manual wheelchair

B. Motorized wheelchair and/or scooter

C. Mechanical lift

D. Walker

E. Orthotics/Prosthetics

F. None of the above



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Functional Limitations in ROM

- Provide training for individuals completing this assessment
- Identify limitations that interfere with daily functions or place the individual at risk for injury
- Item sets: 5-day-Comprehensive and Quarterly
- Do not look at limited ROM in isolation

GG0115. Functional Limitation in Range of Motion

Code for limitations that interfered with daily functions or placed individual at risk of falls in the last 7 days.

Coding:

- No Impairment**
- Impairment on one side**
- Impairment on both sides**

Enter Codes in Boxes

A. Upper extremity (shoulder, elbow, wrist, hand)

B. Lower extremity (hip, knee, ankle, foot)

GG0120. Mobility Devices

Check all that were normally used in the last 7 days:

A. Cane/crutch

B. Walker

C. Wheelchair (manual or electric)

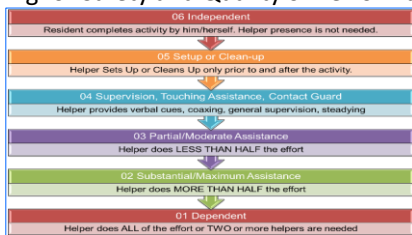
D. Toilet pedestal

F. None of the above were used



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Coding for Safety and Quality of Performance



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Activity Was Not Attempted Coding

<p>Code 07, Patient refused</p> <p>Patient refused to complete the activity.</p>	<p>Code 09, Not applicable</p> <p>Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury.</p>	<p>Code 10, Not attempted due to environmental limitations</p> <p>For example, lack of equipment, weather constraints.</p>	<p>Code 88, Not attempted due to medical condition or safety concerns</p> <p>Activity was not attempted due to medical condition or safety concerns.</p>
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GG 0130 Self-Care

1	2
Admission Performance	Discharge Goal
Enter Codes in Boxes	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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.

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 fitting with use of equipment.

C. Toileting hygiene: The ability to maintain personal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.

E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (includes washing of back and hair). Does not include transferring (out of tub/shower).

F. Upper body dressing: The ability to dress and undress above the waist, including fasteners, if applicable.

G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include fastener.

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.

I. Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (includes baths, showers, and oral hygiene).



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Coding Tips: GG0130 Self Care

- Assistance with tube feedings or parenteral nutrition is not considered when coding the item Eating.
- Require assistance to swallow safely, code based on the type and amount of assistance required for feeding and safe swallowing.
- If a resident swallows safely without assistance, exclude swallowing from consideration
- If the resident eats finger foods using their hands, then code upon the amount of assistance provided.



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Coding Tips: Oral Hygiene



If a resident does not perform oral hygiene during therapy, determine the resident's abilities based on performance on the nursing care unit.

For a resident who is edentulous, code based on the type and amount of assistance required from a helper to clean the resident's gums.



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Toileting Hygiene

Three tasks included in toileting hygiene

1. Performing perineal hygiene.
2. Managing clothing (including undergarments and incontinence products, such as incontinence briefs or pads) before and after voiding or having a bowel movement.
3. Adjusting clothing relevant to the individual resident



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Mobility: Sit to Stand

- If a standing lift is used and two helpers are needed to assist with the sit-to-stand lift, then code as 01, Dependent.
- A full-body mechanical lift is used to assist in transferring a resident for a chair/bed-to-chair transfer, code "activity not attempted"



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Chair/Bed to Chair Transfer

- Begins with sitting on the edge of bed and ends with resident sitting in a wheelchair.
- Include alternate sleeping furniture including a recliner.
- Transfers may include stand-pivot, squat-pivot, or a slide board
- When possible, the transfer should be assessed in an environmental situation in which taking more than a few steps would not be necessary to complete the transfer.



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Toilet Transfer

- Toilet transfer includes the resident's ability to get on and off a toilet (with or without a raised toilet seat) or bedside commode
- Code as 05, Setup or clean-up assistance, if the resident requires a helper to position/set up the bedside commode before and/or after the resident's bed-to-commode transfers (place at an accessible angle/location next to the bed) and the resident does not require helper assistance during Toilet transfers.



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Walking

- Do not count while in the parallel bars
- Activity does not have to occur during one session
- Can allow a resident to rest between activities
- Can complete activity at different times during the day or on different days may facilitate completion of the activity



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Additional Section Changes

MDS SECTION UPDATES



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Pain Interview

J0520: Pain Interference with Sleep

Ask resident: "Over the past 7 days, how much of the time has pain made it hard for you to sleep at night?"

1. Never or not at all
2. Slightly
3. Moderately
4. Quite a bit

- Read the question and response choices exactly as they are written.
- No predetermined definitions are offered to the resident. The resident's response should be based on their interpretation of frequency response options.
- If the resident's response does not lead to a clear answer, repeat the resident's response and then try to narrow the focus of the response.
- For example, if the resident responded to the question, "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" by saying, "I always have trouble sleeping," then the assessor might reply, "You always have trouble sleeping. Is it your pain that makes it hard for you to sleep?" The assessor can then narrow down responses with additional follow-up questions about the frequency



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J0520: Pain Interference with Therapy Activities

- This item should be coded based on the resident's interpretation of the provided response options for frequency. If the resident is unable to decide between two options, then the assessor should code for the option with the higher frequency.
- Rehabilitation therapies may include treatment supervised in person by a therapist or nurse or other staff or the resident carrying out a prescribed therapy program without staff members present.

J0520: Pain Interference with Therapy Activities

Ask resident: "Over the past 7 days, how often have you limited your participation in rehabilitation therapy activities?"

Does not apply if resident not received rehabilitation therapy in the past 7 days.

1. Never or not at all
2. Slightly
3. Moderately
4. Quite a bit



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J0530: Pain Interference with Day-Day Activities

- This item should be coded based on the resident's interpretation of the provided response options for frequency.
- If the resident is unable to decide between two options, then the assessor should code for the option with the higher frequency.

J0530: Pain Interference with Day-to-Day Activities

Q0530: How often do you have pain that interferes with your day-to-day activities, including walking?

(Energy restriction because of pain?)

1. Rarely or not at all
2. Occasionally
3. Frequently
4. Almost constantly
5. Unable to answer



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Next Steps – Implementation

- Review policy and procedures
- Designate an individual to complete the interview
- Secure tools or methods to interview residents in which English is a second language
- Review and update the cue cards
- Make sure that the plan of care is up to date.
- Always listen to the resident, this is an interview.
- Monitor sleep patterns for pain



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Section K

IMPACTS REIMBURSEMENT- PDPM (SLP)

Section K	Swallowing/Nutritional Status
K0100. Swallowing Disorder	
Signs and symptoms of possible swallowing disorder	
Check all that apply	
<input type="checkbox"/>	A. Loss of liquids/solids from mouth when eating or drinking
<input type="checkbox"/>	B. Holding food in mouth/cheeks or residual food in mouth after meals
<input type="checkbox"/>	C. Coughing or choking during meals or when swallowing medications
<input type="checkbox"/>	D. Complaints of difficulty or pain with swallowing
<input type="checkbox"/>	Z. None of the above



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Review the Medical Record

- Persistent sore throat
- Hoarseness
- Shortness of breath
- Chest pain or discomfort
- Trouble forming food and liquid into a soft ball (bolus) in the mouth
- A need for extra time to chew or move food or liquid in the mouth
- Trouble pushing food or liquid to the back of the mouth
- Reflux or heartburn sensations
- Vomiting



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Section K 0100 Steps for Assessment

- Ask the resident if they have had any difficulty swallowing during the 7-day look-back period.
- Observe the resident during meals or at other times when they are eating, drinking, or swallowing to determine whether any of the listed symptoms of possible swallowing disorder are exhibited.
- Interview staff members on all shifts who work with the resident and ask if any of the four listed symptoms were evident during the 7-day look-back period.
- Review the medical record, including nursing, physician, dietician, and speech language pathologist notes, and any available information on dental history or problems.
- Dental problems may include poor fitting dentures, dental caries, edentulous, mouth sores, tumors and/or pain with food consumption



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Resident Centered Care Plan

- Interventions may include
- SLP
- Muscle re-education
- Positioning
- Food consistency modification
- Breathing techniques



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Section M: Pressure Ulcer/Injury

- Skin changes at the end of life (SCALE), also referred to as Kennedy Terminal Ulcers (KTUs) and skin failure, are not primarily caused by pressure and are not coded in Section M.
- If a resident has a pressure ulcer/injury that was documented on admission then closed that reopens at the same stage (i.e., not a higher stage), the ulcer/injury is coded as “present on admission”



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Section N - Medications

N0415 - High-Risk Drug Classes: Use and Indication		
	1. Is taking	2. Indication noted
1. Is taking Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days.		
2. Indication noted If Column 1 is checked, check if there is an indication noted for all medications in the drug class		
↓ 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. Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>
J. Hypoglycemic (including insulin)	<input type="checkbox"/>	<input type="checkbox"/>
Z. Name of the above		



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F 758 “ Indication”

- Anti-psychotic
- Anti-depressant
- Anti-anxiety
- Hypnotic
- Antihistamines
- Anti-cholinergic
- Central nervous system agents



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In May of 2021, the Office of Inspector General (OIG), published an issue brief (OEI-07-19-00490) titled "CMS Could Improve the Data It Uses to Monitor Antipsychotic Drugs in Nursing Homes." OIG noted that in 2018, more than one in five Medicare long-stay nursing home residents aged 65 or over received an antipsychotic drug. While these drugs can be effective in treating a range of conditions, they must be prescribed appropriately.

OIG further noted that 2018 Minimum Data Set (MDS) data showed that there were 98,227 residents aged 65 and older whom nursing homes reported as having schizophrenia. Approximately 30% of these residents had no record of a schizophrenia diagnosis in any of their 2017 and 2018 Medicare Part A, B or C claims. Further data analysis done by CMS and the SMRC also identified a potential area of vulnerability.

[01-066 Schizophrenia in SNFs Notification of Medical Review - Noridian - SMRC \(noridiansmrc.com\)](#)



www.noridiancms.com



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Diagnosis Codes

- F 20 Paranoid schizophrenia
- F20.2 Disorganized schizophrenia
- F20.2 Catatonic schizophrenia
- F20.3 Undifferentiated schizophrenia
- F20.5 Residual schizophrenia
- F20.9 Schizophrenia, unspecified



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Facilities may code treatments, programs and procedures that the resident performed themselves independently or after set-up by facility staff. Do not code services that were provided solely in conjunction with a surgical procedure or diagnostic procedure, such as IV medications or ventilators. Surgical procedures include routine pre- and post-operative procedures.

Section O Special Treatments, Procedures, and Programs			
(O010) Special Treatments, Procedures, and Programs - Continued			
Check all that describe treatment, procedure, and program for any resident			
	On Admission	At Admission	At Discharge
A. On Admission			
B. While in Residence			
C. At Discharge			
D. Discharge			
E. Medication			
F. Psychological diagnosis			
G. Wound care			
H. Treatment or procedure for active infectious disease (do not include venereal)			
I. Nutrition			
J. Physical			
K. Medical			
L. General (eg, PCC, unmet need)			
M. None of the above			



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Section O0110:Chemotherapy

O0110A2, IV
 Check if chemotherapy was administered intravenously.
 O0110A3, Oral
 Check if chemotherapy was administered orally (e.g., pills, capsules, or liquids the patient swallows). This sub-element also applies if the chemotherapy is administered through a feeding tube/PEG (i.e., enterally).
 O0110A10
 Other Check if chemotherapy was given in a way other than intravenously or orally (e.g., intramuscular, intraventricular/intrathecal, intraperitoneal, or topical routes).



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O011C1 Oxygen Therapy

- Code continuous or intermittent oxygen administered via mask, cannula, etc., delivered to a resident to relieve hypoxia in this item.
- Code oxygen used in Bi-level Positive Airway Pressure/Continuous Positive Airway Pressure (BiPAP/CPAP) here.
- Do not code hyperbaric oxygen for wound therapy in this item.
- This item may be coded if the resident places or removes their own oxygen mask, cannula.



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Section Q



Section Q Participation in Assessment and Goal Setting	
Q010: Participation in Assessment and Goal Setting	
Identify all active participants in the assessment process.	
<input type="checkbox"/> 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"/> F. None of the above	



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Section Q: Participation in Goal Setting

This progress allows individuals more choices when it comes to care options and available support options to meet care preferences and needs in the least restrictive setting possible.

Section Q Participation in Assessment and Goal Setting	
Q0110. Participation in Assessment and Goal Setting	
Identify all active participants in the assessment process	
1. 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"/>	F. None of the above



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A 2105 Discharge Status

A2105. Discharge Status	
Complete only if A0310F = 10, 11, or 12	
<input type="checkbox"/>	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
<input type="checkbox"/>	02 Nursing Home (long-term care facility)
<input type="checkbox"/>	03 Skilled Nursing Facility (SNF, swing beds)
<input type="checkbox"/>	04 Short-Term General Hospital (acute hospital, PPS)
<input type="checkbox"/>	05 Long-Term Care Hospital (LTC)
<input type="checkbox"/>	06 Inpatient Rehabilitation Facility (IRF, free standing facility or unit)
<input type="checkbox"/>	07 Inpatient Psychiatric Facility (psychiatric hospital or unit)
<input type="checkbox"/>	08 Intermediate Care Facility (ICF/CID facility)
<input type="checkbox"/>	09 Hospice (non-institutional)
<input type="checkbox"/>	10 Hospice (institutional facility)
<input type="checkbox"/>	11 Critical Access Hospital (CAH)
<input type="checkbox"/>	12 Home under care of organized home health service organization
<input type="checkbox"/>	13 Deceased
<input type="checkbox"/>	99 Not listed → Skip to A2123. Provision of Current Reconciled Medication List to Resident at Discharge



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Q0310A Active Discharge Planning

- **ACTIVE DISCHARGE PLANNING** An active discharge plan means a plan that is being currently implemented. In other words, the resident's care plan has current goals to make specific arrangements for discharge, staff are taking active steps to accomplish discharge, and there is a target discharge date for the near future.
- If there is not an active discharge plan, residents should be asked if they want to talk to someone about community living (Q0500B) and then referred to the LCA accordingly.
- Furthermore, referrals to the LCA are recommended as part of many residents' discharge plans.
- Such referrals are a helpful source of information for residents and facilities in informing the discharge planning process.



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Care Area Assessment- Care Plan

- 1. Assisting the resident in achieving their goals.
- 2. Individualized interventions that honor the resident's preferences.
- 3. Addressing ways to try to preserve and build upon resident strengths.
- 4. Preventing avoidable declines in functioning or functional levels or otherwise clarifying why another goal takes precedence (e.g., palliative approaches in end of life situation).
- 5. Managing risk factors to the extent possible or indicating the limits of such interventions.
- 6. Applying current standards of practice in the care planning process.
- 7. Evaluating treatment of measurable objectives, timetables and outcomes of care.



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Care Area Assessment- Care Plan

- 8. Respecting the resident's right to decline treatment.
- 9. Offering alternative treatments, as applicable
- 10. Using an interdisciplinary approach to care plan development to improve the resident's abilities. 11. Involving resident, resident's family and other resident representatives as appropriate.
- 12. Assessing and planning for care to meet the resident's goals, preferences, and medical, nursing, mental and psychosocial needs.
- 13. Involving direct care staff with the care planning process relating to the resident's preferences, needs, and expected outcomes



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Prepare – Plan – Implement

NEXT STEPS



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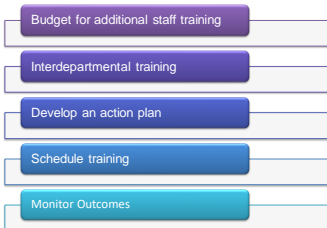
Preparation - Organizational Strategies

- Begin Now
- Review your current process
- Keep abreast of any changes to the EMR.
- Seamless transition from acute care to SNF.



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Plan and Implement - Transition Plan



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Remember...

- Accuracy of GG
- Multidisciplinary and Interdisciplinary Approach
- ICD-10 Coding



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Questions



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- Centers for Medicare and Medicaid Services. (2023) *Draft MDS 3.0 Item Sets v1.18.11. Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual | CMS*



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