**Overview of MDS 2023 Updates Toolkit-**

**Linking MDS Changes to Other Committees and Processes**

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**Overview and Leaders Instructions**

**Introduction**

The updates to the Centers for Medicare & Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0, directly relate to and even impact various processes and programs for identification of quality and for compliance. This section will address the importance of reviewing and revising as necessary, several processes and programs that will be directly impacted by the changes.

| **Section Title** | **Description** | **Instruction Recommendations** | **Interdisciplinary Member Involvement** |
| --- | --- | --- | --- |
| **Compliance and Ethics** | All facilities are required under CMS F895 to have a compliance and ethics program to:   * Reduce the prospect of criminal, civil and administrative violations * Promote quality of care * Provide an appropriate process for reporting suspected violations anonymously without the fear of retribute * Disciplinary standards outlining consequences for committing violations   Facilities will need to provide adequate resources, communicate standards and take appropriate steps to achieve compliance standards, along with consistent enforcement.  Processes necessary for the Compliance and Ethics Program that directly relate to the RAI process includes policies, systems, education, and policies addressing:   * Coding * Billing * Quality of Care * Quality Measures * Compliance Audits * Regulatory Compliance * SNF QRP compliance * SNF VBP * Care Compare outcomes * And more | It is recommended that facility leadership review the facility Compliance and Ethics program content, policies, and procedures and its alignment with the updated RAI/MDS processes and coding changes.  Update fracility orientation process to include MDS/RAI changes  Designate a targeted orientation process for MDS Coordinators  Education to the interdisciplinary team members involved with the oversight and completion of the RAI Process.  Determine and implement an ongoing education plan for the MDS Coordinator and IDT members  Revise and implement a MDS audit process to reflect the MDS 2023 changes and reimbursement changes for compliance. Based upon findings, determine action steps required for compliance and report findings to QAPI or Corp Compliance if indicated.  The compliance lead can direct compliance audit to determine facility opportunities for improvement and/or correction. | * *Governing Body* * *Leadership* * *MDS Coordinator* * *Interdisciplinary team members involved in the completion and/or the oversight of the RAI Process* |
| **Impact on Quality Assurance and Performance Improvement (QAPI)** | The facility QAPI program should take a “systematic, interdisciplinary, comprehensive, and data-driven approach to maintaining and improving safety and quality.”1  Facilities must have a QAPI Program in place that focuses on indicators of the outcomes of care and quality of life. | It is recommended that all healthcare personnel in all departments that are directly involved in the RAI process, understand the objectives of the QAPI program in relation to collecting resident assessment information, tracking, and coding on the MDS for quality of care, data, compliance, and how it relates to the survey process.  It is also recommended that there is a process to monitor compliance with procedures, documentation, and follow up with the RAI process. | *Leadership, MDS Coordinators, and the interdisciplinary team (IDT) members involved in the completion and/or the oversight of the RAI Process* |
| **Facility Assessment** | CMS indicates, “The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.”1  Data compiled from the MDS will need to be accurate in order to identify facility resource needs for quality outcomes. | It is recommended that all healthcare personnel in all departments that are directly involved in the RAI process, understand how data collected from the MDS is analyzed and used to determine:   * Unique resident population * Care needs * Resources necessary, and more.   Identify the updated data requirements based upon the MD 2023 changes and include the applicable data in the facility assessment. | *Facility Leadership, MDS Coordinators, IDT Leaders and all staff completing the MDS*  *Facility assessment team members* |
| **Office of Inspector General (OIG) Work Plan** | The United States Department of Health and Human Services, Office of Inspector General puts in place projects, audits and evaluations. The OIG indicates that they operate “by providing independent and objective oversight that promotes economy, efficiency, and effectiveness in the programs and operations of HHS.”2  In addition, the OIG works to investigate fraud, wase and abuse, facilitates compliance in the health care industry and works to exclude bad actors from participation in Federal health care programs. | It is recommended that all IDT members involved in the RAI process understand OIG oversight and the relation to the RAI process.  It is recommended that all employees that complete any section of the MDS are trained and understand the attestation statement  “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.”3 | *Facility Leadership, MDS Coordinators, IDT Leaders and all staff completing the MDS* |
| **Additional Development Request (ADR)** | The CMS indicates that “Medical reviews involve the collection and clinical review of medical records and related information to ensure that payment is made only for services that meet all Medicare coverage, coding, billing, and medical necessity requirements.”4  “An additional documentation request (ADR) is generated when documentation is necessary to support a Medicare claim. This request is for medical record documentation to support payment of an item(s) or service(s) reported on the claim to ensure compliance with Medicare's coverage, coding, payment and billing policies.”4  Facilities will then need to respond by the noted timeframe to the ADR by submitting all documentation that will support the services provided for the billing period listed in the ADR. | It is recommended that the facility develop a system/process for prompt identification and response to an ADR. Staff will need to understand: “If a contractor gives a provider or supplier notice and time to respond to an additional documentation request and the provider or supplier does not provide the additional documentation in a timely manner, the contractor has authority to deny the claim.” [86 FR 65660, Nov. 19, 2021] | *Facility Leadership, billing department, MDS/RAI Coordinator* |

**References and Resources**

1Centers for Medicare & Medicaid Services. State Operations Manual, Appendix PP, Guidance to Surveyors for Long Term Care Facilities: <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

2United States Department of Health and Human Services. Office of Inspector General. Work Plan: <https://oig.hhs.gov/reports-and-publications/workplan/index.asp>

3Centers for Medicare & Medicaid Services. Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual. Version 1.18.11, October 2023: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual>

4Centers for Medicare & Medicaid Services. Additional Documentation Request: <https://www.cms.gov/research-statistics-data-systems/medicare-fee-service-compliance-programs/medical-review-and-education/additional-documentation-request>