



**Ready, Set, Go!!
MDS 3.0 For Everyone
A Facility Checklist and
Implementation Training**

June 17, 2010 Wichita Airport Hilton 2098 Airport Road	June 29, 2010 Topeka Holiday Inn Holidome 605 Fairlawn Rd
--	---

Trainings feature
Becky LaBarge RN RAC-MT

Kansas Health Care Association
Kansas Center for Assisted Living
117 SW 6th Ave, Suite 200
Topeka, KS 66603

Visit us at
www.khca.org

KHCA Presents

Ready, Set, Go - MDS 3.0 For Everyone A Facility Checklist and Implementation Training

Start a Conversation with the MDS Team:

Purpose:

A common sense approach to pulling existing skilled nursing facility systems into compliance with updated regulatory standards for successful implementation of MDS 3.0.

Objectives:

1. Identify Facility Program/System Changes Required to Implement MDS 3.0
2. Explore Operational Considerations for Successful Implementation of MDS 3.0
3. Review Staff Member Roles, Accountabilities and Training Requirements

Target Audience:

Inter-Disciplinary Team Members involved in RAI process including, but not limited to: Administrators, Directors of Nursing, RN Assessment Coordinators, MDS Nurses, SWs, Social Service Directors, Activity Directors, Therapy Directors, Registered Dietitians, Dietary Managers

Locations

June 17, 2010

Wichita

Airport Hilton
2098 Airport Road
316-945-5272

June 29, 2010

Topeka

Holiday Inn Holidome
605 SW Fairlawn
785-272-8040

Questions?

Contact Linda at 785-267-6003
lmowbray@khca.org.

Registration Fees

KHCA Members

\$85 per person or
3 for \$195

Non-Members

\$150 person or
3 for \$350

About the Speaker:

Becky LaBarge, RN, RAC-MT

Becky began her nursing career in the acute care setting moving into Nursing Informatics and finally to the long term care industry. Long Term Care nurse management positions include Nursing Supervisor, MDS Coordinator and, Regional and Corporate MDS Specialist. She currently serves as Director of Clinical Reimbursement for The Tintera Group. She is a Master Teacher for AANAC, educating long term care professionals at the facility, corporate, state and national levels on all aspects of the RAI process including MDS, RAPS, Care Planning, PPS and Case Mix Management, the Kansas City RAI Support Group, the Illinois Health Care Association and is an AANAC Master Teacher.

AGENDA - Please see insert for a complete list of the topics that will be covered. Due to the volume of material to be covered, this training will move quickly and encompass the entire day.

7:30 Registration

8:00 Welcome and Overview

10:00 Break

12:00 Lunch (On Your Own)

1:00 Training resumes

3:00 Break

5:00 Adjourn

Administrators - This course is approved for eight (8) continuing education clock hours for adult care home administrators in the core area of Administration by the Kansas Department of Health & Environment. Long-Term Sponsorship number: LTS-A0001.

Nurses - The Kansas Health Care Association is approved as a provider of continuing education by the Kansas State Board of Nursing. This offering is approved for eight (8) contact hours applicable for RN and LPN relicensure (KSBN LT0030-0338). Certificates will be mailed.

Ready: What is Changing and How Will Changes Affect Day to Day Operations?

- New Elements Included in MDS 3.0
 - Resident Voice - Interviews – asking the resident – listening!!!
 - Shorter than staff assessment (less time) and most residents can participate. Evidence Based!
 - BIMS - Brief Interview for Mental Status (C0200-C0500) – 7 questions
 - CAM – Confusion Assessment Method - Signs and Symptoms of Delirium (C1400) – 4 questions
 - PHQ-9 – Resident Mood Interview (D0200) – 9 questions for symptoms and frequency
 - Interview for Daily and Activity Preferences – (F0400 – F0500) - 8 questions each
 - Pain Assessment Interview (J0300-J0600) – 6 questions – incorporate the Numeric Rating Scale (00 – 10) or the Verbal Descriptor Scale
 - PASRR Information
 - New MDS Assessment Types
 - Discharge Assessment, Start of Therapy OMRA
 - Short Stay Medicare A Assessment
 - Tracking Dates: Medicare Stay, Date of Oldest Stage 2 Pressure Ulcer, Influenza Vaccine, Therapy Start and End Dates
 - Pressure Ulcer – Follows NPUAP guidelines (no reverse staging), measurements of Stage 3 / 4, Tissue Type, Present on Admit vs Facility Acquired, Risk Assessment
 - Is your Wound Program up to new requirements?
- Key Revisions from MDS 2.0 to MDS 3.0
 - New Numbering Convention for MDS Sections – A0100 – Z0500
 - ADLs – Changes not as dramatic as originally planned
 - Capture Nursing Home Staff Assistance ONLY
 - New Code for Activity Occurred 1 – 2 times
 - Change to ADL Index calculation
 - Hospital Look Back Period for Special Treatments and Procedures
 - Breaks out “While NOT a Resident” from “While a Resident”
 - Will impact Rehab + Extensive Service Categories such as IV Meds, Trachs, Vents,
 - Reimbursement Repercussions
 - Evaluate impact to bottom line
 - Falls – prior to admission, injury, major injury listed
 - Skin – no longer captures abrasions, skin tears, bruises
 - Includes Diabetic ulcers
 - Therapy Days/Minutes – breaks out Individual from Concurrent and Group
 - Reimbursement Repercussions for Some Providers
 - Check with your Vendor or In-House Therapy Provider to determine current utilization of concurrent and group therapy
 - Evaluate need for additional staff
 - Evaluate impact to bottom line
 - Medication – Insulin, Anticoagulant and Antibiotic incorporated
 - Timing and Scheduling
 - Due dates now drive from ARD to ARD
 - assessments due 10/1 must be done early
 - Time for the new assessments
 - Time for interviews
 - Documentation Support
 - Submissions – required in shorter timeframe (14 days vs 31)
 - Discharge Planning – Return to Community Focus
 - Local Agency Contacts
 - Money Follows the Person
 - Focus of new Care Area Trigger
- Care Area Assessments (CAA) vs Resident Assessment Protocols (RAPs)
 - Two new items: Pain and Return to Community
 - Process and Resources
- RUGS IV
 - From RUGs III - 53 levels to RUGS IV - 66 levels
 - Review of New Levels
 - Isolation as Extensive Service qualifier
 - Review of Changing Levels
 - PPS Case Management
 - Affects on Medicare Part A Reimbursement
 - Rehab Plus Extensive Service shifts
 - OMRAs – Start and End of Therapy
 - EOT – counts from last day therapy would “normally” be provided
 - Concurrent Therapy
 - Group Therapy
 - ADL Index
 - Market Basket – Watch for Final Rule in July 2010
 - Health Care Reform Questions???
 - Affects on State Case Mix Reimbursement
 - Section S
 - RUGs 34 Grouper vs Modified RUGs 34 Grouper

Set: Teaching and Training

- Interviews – Get Staff Ready
 - Interview Techniques – How is Interview Conducted?
 - Resources: CMS Videos
 - Practice Sessions
 - MDS 3.0 Manual
 - Interview Tools
 - Laminate Interviews and Responses
 - CMS Tools available on web-site and through state affiliates
 - Interview Setting
 - Quiet, Private Environment – where will you do this?
 - May need to designate areas in facility specific to this purpose
 - Resident Considerations – Hearing? Vision?
 - Interviews - Who will do each interview?
 - Review current accountabilities
 - Begin NOW!
 - Incorporate Interviews into current assessment process
 - Social Service Admission and Quarterly Assessments could incorporate the BIMS into current practice to help identify residents with cognitive needs
 - Document Findings in Social Service Notes referencing BIMS
 - Activity Department can incorporate Preference Interviews into current process
- Review Systems for evaluating: Cognition, Mood, Behaviors, Preferences, Pain, Falls, Wounds/Pressure Ulcers, etc
 - Incorporate MDS 3.0 Tools into each system
 - Incorporate Evidence Based Risk Assessments such as Braden Scale
 - Use resources outlined in Appendix C of MDS 3.0 Manual
- Discipline Specific Outline of Duties for Consideration
 - Administration
 - Software, Staffing, Reimbursement
 - Nursing Staff including Administrative, Charge Nurses, C.N.A.s, etc
 - Interviews – Pain, Staffing, Data Collection, Documentation
 - MDS
 - Coding Education, New Assessment Types, Scheduling, Staff Time Requirements, Submissions, Software, CAA process
 - Business Office
 - RUG III vs RUGs IV, OMRAs – Start and End of Therapy, HIPPS modifiers
 - Admissions
 - PASRR
 - Social Service
 - Interviews – CAM, BIMS, PHQ-9, Coding Education, PASRR
 - Activities
 - Interviews – Daily and Activity Preferences, Coding Education
 - Dietary – Coding Education
 - Therapy
 - Individual, Concurrent, Group, Coding Education, Short Stay Assessments, OMRAs for Start of Therapy and End of Therapy
 - Potential for \$ left on the table if start of therapy OMRAs not completed
- Survey
 - Integrate QIS components for ease of transition
 - QI/QM Effects
- Software
 - Working with Vendors
 - Testing
 - MDS Submission Changes
- Training Resources
 - CMS Website
 - Videos
 - Q & A
 - Manuals
 - State Affiliates
 - National Organizations
- Get Residents and Family Members Ready
 - Explain what is coming and why

Go: Successful Implementation on October 1, 2010 of MDS 3.0

- Preparation
- Teamwork
- Commitment to Regulatory Compliance
- Together We Can Finish the Race!!!

Tools Provided:

- Interviews and Responses
- MDS Schedule Requirements – OBRA and PPS
- RUG IV
- CAAs – Pain and Return to Community

