

# October 2020 MDS Changes

CMS announced that as of October 1, 2020, states have the capability to require nursing facilities to calculate PDPM HIPPS codes on stand-alone OBRA assessments. PDPM HIPPS codes are currently calculated only on PPS assessments in Z0100. With this change going into effect on 10/1/2020, facilities should begin to prepare now. Based on our understanding, the states who are moving forward with this feature are doing so for reporting purposes only so that they may eventually transition off a RUG based payment model.

## Implementation Plan

Task	Details	Done	Comments
Determine if your state is going to implement this new option as of 10/1/2020. If your state is not moving forward, you may stop at this task item. However, if your state is moving forward, continue to work through the implementation plan.	Reach out to your State Medicaid Agency. Ask them if as of 10/1/2020 they will require you to calculate PDPM HIPPS codes on all stand-alone OBRA assessments.		
Determine who at your facility will begin documentation of the PDPM questions (this includes: I0020, I0020B, GG0130 - Self Care, GG0170 - Mobility, J2100, and J2300-J5000 - if applicable).	Now that these questions are open also on stand-alone OBRA MDS assessments, several users at the facility may need to receive education/training regarding when and how to chart this information.		
Confirm that ECS has all updated language to chart GG, and J2100-J5000. If your facility has kept up to date with all Section GG changes made in 2018 and 2019, then you may mark this task item as done. If you are unsure whether your system is updated, follow the steps in the Details column.	Email <a href="mailto:clinical@american-data.com">clinical@american-data.com</a> and we will work with you to determine if your system has updated language or if updates are needed. We will have an option available to clients who would like to combine their Section GG and G charting for CNA users. <a href="#">Click here for more details.</a>		

<p>Update ECS to version 10.1.4.1 or 9.1.4.1. Now is a great time to also explore ECS10 if your facility has not already.</p>	<p>These versions are set to be released in early September. AD hosted clients will receive this version on September 22<sup>nd</sup>. To learn more about converting to ECS10, reach out to <a href="mailto:CARES@american-data.com">CARES@american-data.com</a>.</p>		
<p><i>Once updated:</i> Make all necessary setup changes in Site Settings. To access Site Settings, go to American Data - ECS &gt; Setup &gt; Settings &gt; Site. Then switch the Site name in the left-hand dropdown menu to your site.</p>	<ol style="list-style-type: none"> <li>1. On the MDS tab, place a checkmark in "Calculate PDPM for OBRA."</li> <li>2. On the PDPM tab, click into the OBRA section. Add in necessary ending words (e.g., Discharged, Non-billable bedhold, or Non-billable leave). Click onto OBRA Write-backs and ensure words are linked in here. If not, this will have to be completed manually (American Data clinical or financial department can assist with this).</li> </ol>		
<p><i>Once updated:</i> Add necessary easy buttons to relevant user group's access screens.</p>	<p>Navigate to the new OBRA PDPM HIPPS Code topic in the MDS or MDS 3.0 section. Scroll over to column HL and down to row BB. Notice there is a set of pre-linked easy buttons. Copy/Paste these onto all relevant screens.</p>		
<p><i>Once updated:</i> Check that all resident's do not have a Return to Provider code documented as their Primary or Admission Diagnosis code.</p>	<p>For non-Medicare residents, their Primary and Admission code can fall into the original PDPM ICD10 table or fall into the new ICD10 table provided by CMS (note: this new table has not yet been released by CMS).</p>		

## New Topics/Tasks with the ECS Update

The following items will be merged into your ECS database with the fall release:

- A topic into the MDS (or MDS 3.0) section titled “OBRA PDPM HIPPS Codes.” Anytime a user completes a stand-alone OBRA or an OBRA attached to a PPS MDS, the PDPM HIPPS will write-back into this topic.
- An MDS 3.0 Report task titled “State RUG vs. PDPM HIPPS Code.” This can be utilized to assist facilities and states in comparing what types of PDPM scores will be generated in relation to the RUG score.
- A Calendar task titled “OBRA PDPM HIPPS Codes.”
- Six Charge Master tasks.
  - OBRA PDPM Non-Case Mix Rate
  - OBRA PDPM NTA Component Rates
  - OBRA PDPM Nursing Component Rates
  - OBRA PDPM OT Component Rates
  - OBRA PDPM PT Component Rates
  - OBRA PDPM ST Component Rates

## Combining ADL Charting for CNA’s

American Data is offering an option to our clients to combine their ADL charting screens for CNA users. We have created three new topics in the CNA module to complete Section GG charting. These topics will automatically document into the existing Section G charting, meaning that no new reports would have to be built to track the ADL’s that you may be monitoring. In addition, Section G will still populate appropriately on the MDS based on the ‘rule of 3.’

We are estimating approximately 4-8 hours of billable remote time to complete this change in your facility. Our current billable rate is \$90/hour. If your facility is interested in switching over to this type of charting, please send an email to [clinical@american-data.com](mailto:clinical@american-data.com) and include the following information:

1. Whether or not your facility current charts the # of times in each of the ADL topics.
  - a. You should see the following words in the ADL topics if your facility does: 1, 2, 3 or more. If you see these in your ADL topics, then you do currently utilize # of time charting. If you do not see these, then your facility does not chart based on # of times, but rather charts separately for each occurrence.

2. When you want the GG/G charting to be completed. There are two options here. Do you want the staff to chart GG/G every day, every shift (as most facilities currently complete section G charting)? Or do you want GG/G to be charted only when manually assigned?
3. Would you like the current Section G/GG buttons removed off the CNA screens?
4. Send us a list of 3-4 dates that you would prefer the change be made on. There is not a way to complete this change after hours and when the change is made, it will take effect immediately.
  - a. We will send training documents to the facility prior to the change date to help educate staff on the change that will take effect. You will want to be sure to educate them on the Section GG language however, as that is something that will be new to them.
5. Notification that you are approving of the billable time.

## PDPM Fact Sheets

If your facility has a low number of Medicare residents and therefore have not been exposed too much to how PDPM is calculated, we highly recommend visiting the CMS site for more details regarding PDPM. Their PDPM Fact Sheets are located here: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM#fact>.

# Combination G/GG Charting [CNA]

## What does it entail?

This new setup will include three new topics: AM ADLs, PM ADLs, and NOC ADLs. These topics will be linked on the existing access screens, assignment sheets, and incompleion reports. The CNAs will then have only one place to go for all ADL charting.

If you would like to see how this will look, you may schedule a day or two in the sandbox by emailing [clinical@american-data.com](mailto:clinical@american-data.com). We are scheduling these in four-hour sections of time (morning or afternoon). This is a time for your staff to explore the new screens and determine if you want to move forward with them and may be used for staff education prior to the day of go-live.

SAVE	START OVER	LATE ENTRY	EXIT	
<b>PM SELF CARE</b>	EATING	ORAL HYGIENE	SHOWER/BATHE	DRESSING
<b>PM TRANSFERS</b>	BED MOBILITY	SIT TO STAND	CHAIR/BED TO CHAIR	TOILET TRANSFER/HYGIENE
<b>PM MOBILITY</b>	WALK 10 FEET	TRAVEL 50 FT W/2 TURNS	WALK 150 FT	WHEEL 150 FEET
<b>OTHER ITEMS</b>	TRANSFER & MOBILITY DEVICES	APPLIANCES	ADDITIONAL CARES	

Example of the PM shift combined ADL charting screen

Oral Hygiene Performance	START OVER	GO BACK						
	Independent	Setup or Clean-Up Assistance	Supervision	Touching Assist of 1 Staff	Moderate Assist of 1 Staff	Maximal Assist of 1 Staff	Dependent or 2+ Assist	Did Not Occur
?	Independent(?)	Setup or Clean-up(?)	Supervision(?)	Touching Assist(?)	Moderate Assist(?)	Maximal Assist(?)	Dependent or 2+ (?)	

Oral hygiene charting options

## Charting Key

The below table shows the different options in GG that the end user will be able to select from in the new topic. These items correlate to the following charting options in Section G.

New GG Topic	G (Self-Performance)	G (Support Provided)
<b>Independent</b>	Independent	No setup or help
<b>Setup</b>	Supervision	Setup only
<b>Supervision</b>	Supervision	User chooses with setup or without setup
<b>Touching assistance</b>	Limited	1 assist
<b>Partial, less than half</b>	Extensive	1 assist
<b>Partial, more than half</b>	Extensive	1 assist
<b>Dependent or 2+</b>	User chooses from Limited, Extensive, Total Dependence +1 assist, or Total Dependence +2 assist	1 or 2 assist (dependent on what user selects)
<b>Refused</b>	Did Not Occur	Did Not Occur
<b>Not Applicable</b>	Did Not Occur	Did Not Occur
<b>N/A environment</b>	Did Not Occur	Did Not Occur
<b>N/A medical/safety</b>	Did Not Occur	Did Not Occur

## Training

We highly recommend that education is provided to the CNA users regarding the charting key in Section GG. This key is different than the one used in G, so it is important that CNAs are aware of these differences. This is because they will not be charting in G at all, but rather will be charting based on the key in section GG. The items that are charted in these new topics will automatically pull into the MDS to Section G to help with the rule of 3 and will also populate into Section GG view tasks.

A supplemental handout titled "CNA Training (ADLs)" will be provide to users for the ECS education surrounding these new screens.

We recommend that facilities implement this charting prior to 10/1/2020. This can be implemented prior to updating to the latest versions (10.1.4.1/9.1.4.1).

## Day of Go-Live

There is not a way for us to complete the setups in your database and then enable them later. The day and time the setups are completed is the same day that this module will then be considered "live." CNA users would not need to be out of the system during this transition, however they may notice their screens change mid-charting. If this occurs, they can log out and back in to see the updated screen.



We do anticipate anywhere from four to eight hours on the day of go-live. If your facility does not have a connection that is available to our staff, then we will need a fast support setup on a device that will not be disturbed during this time.

## Cost

This module will only cost the amount of time it takes to integrate it into your system. We anticipate this to be anywhere from four to eight hours. Our billable remote setup rate is \$90/hour.

## Next Steps

If you are interested in moving forward with these setups at your facility, please fill out the form here: <https://app.smartsheet.com/b/form/aa79152e08d542feb304efdb1c211b83>.

As this is an enhancement, it will only be available to those clients are in ECS10. If you are not at this version, but are interested in learning more, please reach out to the support staff and we would be happy to walk you through the next steps of getting converted to ECS10.