



cares

Career Advancement Resource & Educational Support

Oct 2023 Changes

MDS Regulation and
Documentation Changes

HOUSEKEEPING



- CMS has updated the Survey Entrance Conference Worksheet.
- Version 10.1.9.2 is rolling out.
- Continued Medi-Span Enhancements

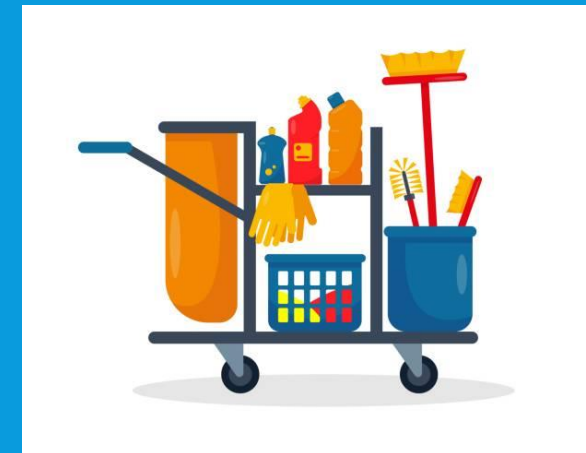


COMPLETE THE PRE-SETUP QUESTIONNAIRE



• Start thinking about Post-October Workflows

- Do your therapists document in ECS?
- When will you document Functional Abilities & Goals (GG)?
- Who will document Functional Abilities & Goals (GG)?
- Will your state require Optional State Assessments (OSA)?
- Will your state be changing how they reimburse you based on the October 1 changes?



MDS CODING EDUCATION RESOURCES

- The CMS Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Training website offers multiple resources to assist with coding the MDS, including:
 - Training Videos
 - Job Aid Handouts/Posters
 - Name Badge Hangers
 - Webinars
- These materials are available for Nurses, CNAs, and MDS Coordinators, and are Free.
- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training>
- (Link in Handout)

ITEM SPECIFIC DOCUMENTATION CHANGES

- See the handout for a full list of item specific documentation changes.
- We'll cover the most impactful changes here.



CNA DOCUMENTATION CHANGES

EACH FACILITY WILL BE RECEIVING SEVERAL NEW CNA DOCUMENTATION TOPICS.

- Self-Care
- Mobility
- Transfers
- Bathing
- ADLs (OSA Only)

CNA (AM)	Daily		Other		
STOP AND WATCH	Breakfast	Self Care	Bathing	Behavior	B & B Record
Off Unit/Off Site All Shift	Lunch	Mobility	Intake	Mood	Scheduled Toileting
	Snack	Transfers	Urine Output	Skin	15 Min Safety Checks
	Voiding	ADLs (OSA Only)	Weight	Positioning	30 Min Safety Checks
	Stool Output		Height	Property Inventory	60 Min Safety Checks

CNA BATHING DOCUMENTATION IS NOW IN ITS' OWN TOPIC.








Name(s) Turner, Jesse J Topic(s) CNA / AM Bathing V4 / All

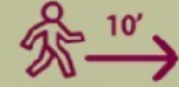

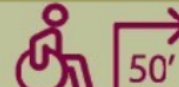
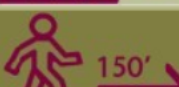
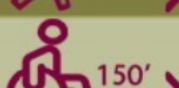
	LATE ENTRY									SAVE/EXIT
AM BATHING:	Independent	Setup or Clean-Up Assistance	Supervision or Touching Assist	Partial/Moderate	Substantial/Maximal	Dependent or 2 Assist	Resident Refused	Not Applicable	Not Attempted-Medical/Safety	Not Attempted - Environment
TUB/SHOWER TRANSFER:	Independent	Setup or Clean-Up Assistance	Supervision or Touching Assist	Partial/Moderate	Substantial/Maximal	Dependent or 2 Assist	Resident Refused	Not Applicable	Not Attempted-Medical/Safety	Not Attempted - Environment
BATH TYPE:	Bed Bath	Tub Bath	Shower	Other						
BATHING CARES:	Fingernail Care	Toenail Care	Lotion	Shampoo	Conditioner	Hair Dried	Shaved	Other		Definitions

This topic also includes the new MDS Item, "Tub/Shower Transfer."

NEW CNA TOPICS HAVE ENHANCED FEATURES:

- New GG item, "Personal Hygiene," is located in the Self-Care topic.

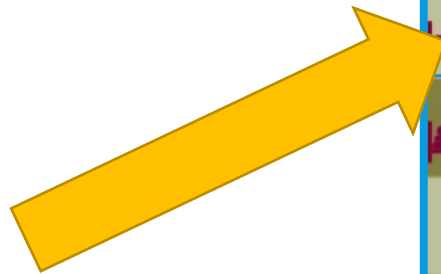
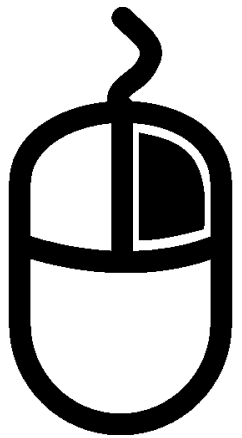
AM SELF CARE	LATE ENTRY							SAVE/EXIT
	Independent	Setup	Supervision or Touching	Partial/Moderate	Substantial/Maximal	Dependent or 2 Assist	Did Not Occur	EATING DEVICE
	Independent	Setup	Supervision or Touching	Partial/Moderate	Substantial/Maximal	Dependent or 2 Assist	Did Not Occur	DENTAL APPLIANCE
	Independent	Setup	Supervision or Touching	Partial/Moderate	Substantial/Maximal	Dependent or 2 Assist	Did Not Occur	TOILETING CARES
	Independent	Setup	Supervision or Touching	Partial/Moderate	Substantial/Maximal	Dependent or 2 Assist	Did Not Occur	UPPER BODY CARES
	Independent	Setup	Supervision or Touching	Partial/Moderate	Substantial/Maximal	Dependent or 2 Assist	Did Not Occur	LOWER BODY CARES
	Independent	Setup	Supervision or Touching	Partial/Moderate	Substantial/Maximal	Dependent or 2 Assist	Did Not Occur	FOOT CARES
	Independent	Setup	Supervision or Touching	Partial/Moderate	Substantial/Maximal	Dependent or 2 Assist	Did Not Occur	PERSONAL HYGIENE CARES
Definitions	Independent	Setup	Supervision/Touch	Partial/Mod	Max Assist	Dependent	Did Not Occur	

AM MOBILITY	LATE ENTRY							SAVE/EXIT
	Independent	Setup	Supervision or Touching	Partial/Moderate	Substantial/Maximal	Dependent or 2 Assist	Did Not Occur	MOBILITY DEVICE - 50'
	Independent	Setup	Supervision or Touching	Partial/Moderate	Substantial/Maximal	Dependent or 2 Assist	Did Not Occur	MOBILITY DEVICE - 150'
	Independent	Setup	Supervision or Touching	Partial/Moderate	Substantial/Maximal	Dependent or 2 Assist	Did Not Occur	
	Independent	Setup	Supervision or Touching	Partial/Moderate	Substantial/Maximal	Dependent or 2 Assist	Did Not Occur	
	Independent	Setup	Supervision or Touching	Partial/Moderate	Substantial/Maximal	Dependent or 2 Assist	Did Not Occur	RESIDENT DOES NOT WALK
Definitions	Independent	Setup	Supervision/Touch	Partial/Mod	Max Assist	Dependent	Did Not Occur	

MOBILITY DEVICES					
	Gait Belt	Walker	Wheelchair	Scooter	None
150'					
	Cane	Splint/Brace	Prosthesis	Geri Chair	Other

- The column on the right provides opportunity to document additional cares and appliances, such as glasses and/or TED stockings.



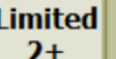

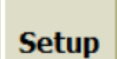
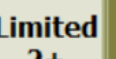
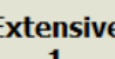

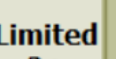
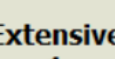

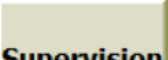
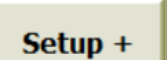
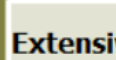

RIGHT-CLICKING ON A PICTURE PROVIDES A WRITTEN DESCRIPTION OF THAT FUNCTIONAL ABILITY.



AM TRANSFERS	LATE ENTRY							SAVE/EXIT
	Independent	Setup	Supervision or Touching	Partial/Moderate	Substantial/Maximal	Dependent or 2 Assist	Did Not Occur	BED MOBILITY DEVICES
								TRANSFER DEVICES
	Independent	Setup	Supervision or Touching	Partial/Moderate	Substantial/Maximal	Dependent or 2 Assist	Did Not Occur	
	Independent	Setup	Supervision or Touching	Partial/Moderate	Substantial/Maximal	Dependent or 2 Assist	Did Not Occur	
	Independent	Setup	Supervision or Touching	Partial/Moderate	Substantial/Maximal	Dependent or 2 Assist	Did Not Occur	
	Independent	Setup	Supervision or Touching	Partial/Moderate	Substantial/Maximal	Dependent or 2 Assist	Did Not Occur	

SIT TO LYING: The ability to move from sitting on side of bed to lying flat on the bed.

CNA ADL DOCUMENTATION TOPICS (OSA ONLY)

Name(s) 	Topic(s) 											SAVE/ EXIT	
 Exit Save Sign Clear More...	 AM ADLs	LATE ENTRY										BED MOBILITY	
	 Independent	 Setup	 Supervision	 Setup + Supervision	 Limited 1	 Limited 2+	 Extensive 1	 Extensive 2+	 Total Dep 1	 Total Dep 2+	 Did Not Occur		
	 Independent	 Setup	 Supervision	 Setup + Supervision	 Limited 1	 Limited 2+	 Extensive 1	 Extensive 2+	 Total Dep 1	 Total Dep 2+	 Did Not Occur		
	 Independent	 Setup	 Supervision	 Setup + Supervision	 Limited 1	 Limited 2+	 Extensive 1	 Extensive 2+	 Total Dep 1	 Total Dep 2+	 Did Not Occur		
	 Independent	 Setup	 Supervision	 Setup + Supervision	 Limited 1	 Limited 2+	 Extensive 1	 Extensive 2+	 Total Dep 1	 Total Dep 2+	 Did Not Occur		
Definitions		Independent	Setup	Supervision		Limited		Extensive		Total Dep		Did Not Occur	

CNA TOPICS ARE NOW LINKED TO MDS INPUTS.



03/15/2023 14:39:40	AM TRANSFERS SIT TO LYING	Independent
	AM TRANSFERS SIT TO STAND	Supervision or Touching Assist
	AM TRANSFERS TOILET TRANSFER	Setup or Clean-Up Assistance
	AM TRANSFERS SIT TO LYING	Dependent or 2 Assist
	BED MOBILITY DEVICES	trapeze used, Prosthetic worn,
03/16/2023 16:19:21	TRANSFER DEVICES	Cane used, mobility bars used, Prosthetic worn,
	AM TRANSFERS ROLL LEFT AND RIGHT	Independent
	AM TRANSFERS SIT TO LYING	Setup or Clean-Up Assistance
	AM TRANSFERS LYING TO SIT ON SIDE OF BED	Supervision or Touching Assist
	AM TRANSFERS SIT TO STAND	Partial/Moderate Assistance
	AM TRANSFERS CHAIR/BED TO CHAIR	Setup or Clean-Up Assistance
	AM TRANSFERS TOILET TRANSFER	Dependent or 2 Assist

Admission (Start of SNF PPS Stay)
 Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B
 Complete only if A0310B = 01.
 Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Do not use codes 07, 09, 88 to code end of SNF PPS stay (discharge) goals.

	1. Admission Performance	2. Discharge Goal	
GG0170A <input type="checkbox"/>	1 2 3 4 5 6 7 9 10 88 ○○○○○○○○○○	1 2 3 4 5 6 7 9 10 88 ○○○○○○○○○○	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.
GG0170B <input type="checkbox"/>	1 2 3 4 5 6 7 9 10 88 ○○○○○○○○○○	1 2 3 4 5 6 7 9 10 88 ○○○○○○○○○○	B. Sit to Lying The ability to move from sitting on side of bed to lying flat on the bed.
GG0170C <input type="checkbox"/>	1 2 3 4 5 6 7 9 10 88 ○○○○○○○○○○	1 2 3 4 5 6 7 9 10 88 ○○○○○○○○○○	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 with feet flat on the floor, and with no back support.
GG0170D <input type="checkbox"/>	1 2 3 4 5 6 7 9 10 88 ○○○○○○○○○○	1 2 3 4 5 6 7 9 10 88 ○○○○○○○○○○	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.
GG0170E <input type="checkbox"/>	1 2 3 4 5 6 7 9 10 88 ○○○○○○○○○○	1 2 3 4 5 6 7 9 10 88 ○○○○○○○○○○	E. Chair/Bed-to-Chair Transfer The ability to transfer to and from a bed to a chair (or wheelchair).
GG0170F <input type="checkbox"/>	1 2 3 4 5 6 7 9 10 88 ○○○○○○○○○○	1 2 3 4 5 6 7 9 10 88 ○○○○○○○○○○	F. Toilet Transfer The ability to get on and off a toilet or commode.
GG0170FF <input type="checkbox"/>	1 2 3 4 5 6 7 9 10 88 ○○○○○○○○○○	FF. Tub/Shower Transfer The ability to get in and out of a tub/shower.	

DOCUMENTATION
CHANGES IN
NURSING,
THERAPY, AND
SOCIAL SERVICES

DEPARTMENT NOTES

Name(s) Turner, Jesse J Topic(s) Department Notes / Discharge Goal/ Care Conf. (

Discharge Goals/ Care Conf.	Participants		Discharge Plan	Return to Community	Only ask on C
^ Discharge Assessment	PARTICIPATION ASSESSMENT/GOAL:	RESIDENT'S OVERALL GOAL:	DC PLANNING IN PROGRESS	WANT TO TALK ABOUT LEAVING?	ASK ON ALL A
^ View Care Plan	Select all active participants	Discharge to the community	Is active discharge planning	"Do you want to talk to	
^ Print Pastoral Care Referral	Resident	Remain in this facility	already occurring for the	someone about the possibility	
	Family	D/C to another facility/inst	resident to return to	of leaving this facility and	
	Significant other	unknown or uncertain	the community?	returning to live and receive	
	Legal guardian		no	services in the community?"	N
	Other legally authorized rep.		yes	no	Y
	None of the above			yes	Information
				unknown or uncertain	

The “Department Notes” section of ECS will be getting a new topic which combines Discharge Goals and Care Conference notes.

Funct. Abilities/Goals Assess.	Self-Care	View CNA Self-Care Notes						
Complete for all residents	ASSESSMENT DATE:	EATING:	ORAL HYGIENE:	TOILETING HYGIENE:	SHOWER/BATHE	UPPER BODY DRESS	LOWER BODY DRESS	
	independent	independent	independent	independent	independent	independent	independent	
	setup	setup	setup	setup	setup	setup	setup	
	supervision/touching	supervision/touching	supervision/touching	supervision/touching	supervision/touching	supervision/touching	supervision/touching	
	partial/moderate	partial/moderate	partial/moderate	partial/moderate	partial/moderate	partial/moderate	partial/moderate	
	substantial/maximal	substantial/maximal	substantial/maximal	substantial/maximal	substantial/maximal	substantial/maximal	substantial/maximal	
	dependent	dependent	dependent	dependent	dependent	dependent	dependent	
	Did not occur due to:							
	refused	refused	refused	refused	refused	refused	refused	refused
	environment	environment	environment	environment	environment	environment	environment	environment
medical condition	medical condition	medical condition	medical condition	medical condition	medical condition	medical condition	medical condition	
not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	not applicable	

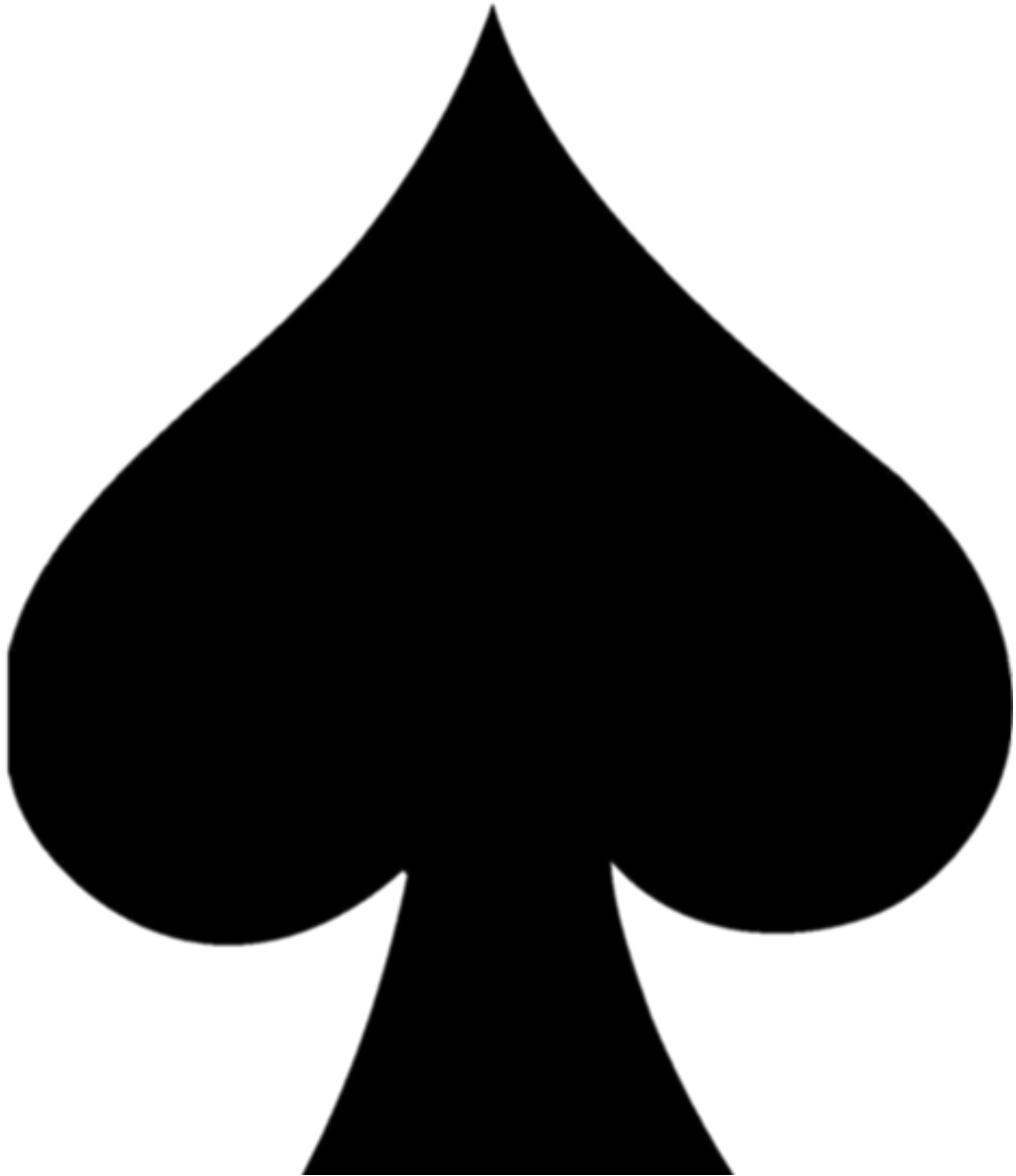
Source for the Functional Abilities & Goals is the MDS Assessment

NEW FUNCTIONAL ABILITIES AND GOALS TOPIC

NH ADMISSION NOTE

Prior Functioning							
SELF-CARE:	INDOOR MOBILITY (AMBULATION):	STAIRS:	FUNCTIONAL COGNITION:	USED PRIOR TO CURRENT ILLNESS:	UPPER EXTREMITY ROM LIMITATION	LOWER EXTREMITY ROM LIMITATION	MOBILITY DEVICES (PAST 7 DAYS)
Independent	Independent	Independent	Independent	Manual Wheelchair	No impairment	No impairment	Cane/crutch
Needed Some Help	Needed Some Help	Needed Some Help	Needed Some Help	Motorized wheelchair/scooter	Impairment on one side	Impairment on one side	Walker
Dependent	Dependent	Dependent	Dependent	Mechanical lift	Impairment on both sides	Impairment on both sides	Wheelchair (manual/electric)
Unknown	Unknown	Unknown	Unknown	Walker	Definition	Definition	Limb prosthesis
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Orthotics/Prosthetics			None of the above were used
Definition	Definition	Definition	Definition	None of the above			

- Prior Functioning
- Prior Device Use
- Limitations to ROM
- Mobility Devices



ECS AND SPADES

- Ethnicity
- Race
- Language
- Transportation
- Health Literacy
- Social Isolation

WHAT ARE THE NEXT STEPS?



- New topics will be included in the August update (10.2.1.0)
- Clinical support will coordinate with all Non-American Data hosted clients to manually update some items.
- Watch your Newsletters and email for update information.
- Complete your Pre-Setup Questionnaire!
- Additional training materials will be provided.



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Career Advancement Resource & Educational Support

THANKS FOR WATCHING

QUESTIONS?



cares@american-data.com

CALL 1-800-464-9942