

# *Administrator Alert*

*Policy updates & rule clarifications for Assisted Living,  
Residential Care & Nursing Facilities*

Office of Licensing & Quality – Oregon Department of Human Services

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10-3-2011

Dear Nursing Facility Administrator,

**Please share this Administrator Alert with your Director of Nursing, RN Care Manager(s) and all other facility staff responsible for completing and /or transmitting M.D.S. assessments.**

The Centers for Medicare and Medicaid Services has updated the MDS 3.0 User's Manual with revisions effective as of 10/1/11.

The primary focus of the updates are related to the SNF/PPS final rule RY 2012 and related Medicare PPS assessment processes. Additional changes reflect clarifications, coding tips, and added examples.

All manual revisions and "Track Changes" documents may be found at the following web address.

[https://www.cms.gov/NursingHomeQualityInits/45\\_NHQIMDS30TrainingMaterials.asp](https://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp)



For more information, contact the DHS Office of Licensing and Quality of Care, 1-800-232-3020. Visit the DHS Web site at [www.oregon.gov/DHS/](http://www.oregon.gov/DHS/)

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A partial overview of the MDS 3.0 Manual revisions are as follows:

Chapter 1- The explanation of regulatory requirements for the Resident Assessment Instrument (RAI) use has been revised.

Chapter 2- This entire Chapter has been revised including definitions, management tips, a description of a new PPS assessment type COT (Change of Therapy OMRA), new process for EOT (End of Therapy OMRA), and *a new Medicare PPS schedule*.

Chapter 3- Sections C, I, K, M and N contain definition changes, clarifications, coding tips and examples. Section O contains 2 new coding items related to end of therapy resumption.

Chapter 4- Information on the care planning process and key steps have been revised.

Chapter 6- There are *major* revisions to this chapter as outlined in Chapter 2 related to PPS assessments. Changes include: a new COT OMRA, group therapy minute allocation directives, required supervision of therapy students, and EOT resumption.



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## *Key points to be aware of:*

► CMS has new requirements for setting the ARD (Assessment Reference Date) on all MDS assessments.

You will find the definition change in Chapter 2- Page 8 of the User's Manual.

The language is as follows:

ARD refers to the last day of the observation (or "look back") period that the assessment covers for the resident. Since a day begins at 12:00 a.m. and ends at 11:59 p.m., the ARD must also cover this time period. ***The facility is required to set the ARD on the MDS form itself or in the facility software within the appropriate timeframe of the assessment type being completed. This concept of setting the ARD is used for all assessment types (OBRA & Medicare requires PPS) ....***

When a facility fails to formally set the ARD either on the MDS form itself or in the facility software (the only 2 official places an ARD can be set) within the required timeframe of the assessment type, the ARD may not be back dated, and the date on which the ARD was formally entered on the MDS form or software must be used.



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► The MDS Assessment schedule for Medicare PPS Assessments has been changed. The new schedule must be used for all PPS assessments where the ARD falls on or after 10/1/11.

Schedule Changes Effective 10/1/11				
Assessment Type	Reason (A0310B code)	ARD Window	ARD race Days	Applicable Medicare
5day	01	Days 1-5	6-8	1 through 14
14 day	02	Days 13-14	15-18	15 through 30
30 day	03	Days 27-29	30-33	31 through 60
60 day	04	Days 57-59	60-63	61 through 90
90 day	05	Days 87-89	90-93	91 though 100

All PPS assessment schedules except the 5-day assessment were changed in an effort to reduce duplicate information gathering.

► End of Therapy OMRA (EOT)

Effective 10/1/11, anytime a resident misses 3 or more consecutive calendar days of therapy services (PT, OT, and ST) *for any reason* an EOT OMRA must be completed. Refer to Chapter 2- Page 47 of the User's Manual.

► Data Set Item additions have been made:

A0310C has an added choice of (4) *Change of Therapy* assessment

00450 *Resumption of Therapy*

100450B *Date on which therapy regimen resumed*



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► The Medicare Part A Group therapy definition has been modified-  
*“the treatment of 4 residents, regardless of payer source, who are  
performing the same or similar activities, and are supervised by a therapist or  
assistant who is not supervising any other individuals.”*

Goal: To inform you of revisions made to the MDS 3.0 User’s Manual by CMS,  
and to provide the web address for you to access the needed information.

Please direct questions to Mary Borts, RAI Coordinator (503) 691-6587, or  
Mary.B.Borts@state.or.us

