RAI Spotlight

pennsylvania
DEPARTMENT OF HEALTH

Nursing Home Quality Initiative (NHQI) Spotlights and Announcements

Updates - December 23, 2024

NOW AVAILABLE: MDS 3.0 Quality Measures User's Manual v 17.0 and Accompanying Risk Adjustment Appendix File

The Minimum Data Set (MDS) 3.0 Quality Measures (QM) User's Manual v17.0 and accompanying Risk Adjustment Appendix File are now available. The MDS 3.0 QM User's Manual V17.0 will be effective beginning January 01, 2025 and contains detailed specifications for the MDS 3.0 QMs. A Notable Changes section in the document summarizes the major changes from MDS 3.0 QM User's Manual V16.0. The Risk Adjustment Appendix File is a reference to be used in conjunction with the MDS 3.0 Quality Measures User's Manual v17.0 and contains coefficient values used to calculate the risk-adjusted quality measures. There are no coefficient changes to the Risk Adjustment Appendix from v16.0 to v17.0 since specification updates did not significantly change the coefficient values.

The manual and risk adjustment file can be found in the Downloads section on the *NHQI Quality Measures* webpage.

Next Teleconference:

Top 5 Diagnoses Errors

Date: **April 10, 2025**
Time: **1:30 PM - 2:30 PM**
Topic: **Top 5 Diagnoses Errors**
Handouts: Presentation materials will be emailed to all participants prior to the start of the training.
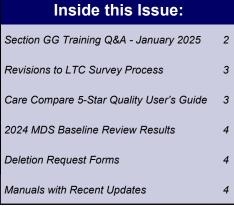
Registration Link:
https://mslc.webex.com/weblink/register/r51b2bd314f9de21062ac1c6276cb0356
Presenter: Lynn Snider, BSN, RN, RAC-CT
                Myers and Stauffer

A recording of this conference will be available following the presentation at: *https://nfrp.panfsubmit.com*

Questions:

- **RAI,** Manual including MDS coding? *qa-mds@pa.gov*

- **State Medicaid**, including Section S, OSA CMI reports and Field Office information? Myers and Stauffer Help-desk at (717) 541-5809 or *pahelpdesk@mslc.com*

- **CMS SNF QRP Public Reporting?** *SNFQRPPRquestions@cms.hhs.gov*

- **Medicare Part A** Billing and Eligibility Questions - Contact your MAC - Novitas at 1-877-235-8073

- **MDS Technical Issues** including Manual Assessment Correction/Deletion Request and Missing OBRA Assessment Reports (Contact the MDS Automation Coordinator, Ruth Anne Barnard at *rbarnard@pa.gov*)

Section GG Training Q&A
January 2025

Q. Relating to qualified clinician per the PA Practice Act - LPNs cannot do assessments, is this correct?

A. This is correct. When differentiating between the scope of practice of a Registered Nurse and that of a Practical Nurse in Title 49, Professional and Vocational Standards, Chapter 21-State Board of Nursing, the description of the LPN is to function as a member of the heath care team, participating in nursing care. Regarding assessment, the definition in the LPN scope of practice states that the appraisal of an individual by the LPN __contributes to__ an assessment by the professional nurse (RN). The RN scope of practice states that it is the responsibility of the Registered Nurse to assess human responses and plan, implement and evaluate nursing care for individuals or families for whom the nurse is responsible. The RN analyzes the health status of the individuals to determine nursing care needs; identifies goals and plans for nursing care; carries out and evaluates the effectiveness of the quality of nursing care provided.

[Reference: the state regulations from the State Board of Nursing at www.pacode.com]

Q. Relating to eating, if staff cut up their meal in front of them and open items BUT the resident then feeds themselves, what is coded?

A. The scenario you describe appears to meet Section GG coding of 05 – Setup or clean-up assistance – Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity, but not during the activity. For example, the resident requires assistance cutting up food or opening container or requires setup of hygiene item(s) or assistive device(s). (RAI Manual, page GG – 16).

Q. If there is a discrepancy between the documentation and the actual performance of the resident what is coded?

A. Per the RAI Manual page GG-21, "Documentation in the medical record is used to support assessment coding of Section GG. Data entered should be consistent with the clinical assessment documentation in the resident's medical record. This assessment can be conducted by appropriate healthcare personnel as defined by facility policy and in accordance with State and Federal regulations."

Q. If family is interviewed, where is that documented?

A. Per the RAI Manual, page GG-15, "Assess the resident's self-care performance based on direct observation, incorporating resident self-reports and reports from qualified clinicians, care staff, or family documented in the resident's medical record during the assessment period. CMS anticipates that an interdisciplinary team of qualified clinicians is involved in assessing the resident during the assessment period."

Q. If a resident is a total tube feed, where is this coded?

A. Feeding tubes are coded at K0520B.

Q. How would shower transfers be coded if the shower doesn't occur during the look-back period.

A. The appropriate "activity was not attempted" code (07 resident refused, 09 not applicable, 10 not attempted due to environmental limitations or 88 not attempted due to medical condition or safety concerns) would be entered specifying the reason why the activity was not attempted.

Significant Revisions to Enhance Quality and Oversight of the LTC Survey Process

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-25-12-NH

REVISED: Revised Long-Term Care (LTC) Surveyor Guidance: Significant revisions to enhance quality and oversight of the LTC survey process

Memo Revision Information:
Revisions to: QSO-25-07-NH

Original release date: November 18, 2024

Memorandum Summary
Revised Surveyor Guidance: CMS is releasing the following revised guidance for nursing home surveyors:

- Admission, Transfer & Discharge, Chemical Restraints/Unnecessary Psychotropic Medication, Resident Assessment, Nursing Services, Payroll Based Journal, Quality of Life and Quality of Care, Administration, Quality Assurance Performance Improvement (QAPI), Infection Prevention and Control, and other areas.
- Clarifications and technical corrections have also been made throughout Appendix PP.

Associated Training and Resources:
- Training on this guidance will be available upon release of this memorandum for surveyors and providers.
- Advance copy of the Critical Element Pathways are attached to this memo.
- Advanced copy of Appendix PP is attached to this memo.
- Revised Survey Resources will be posted on March 24, 2025.

Effective Date: Surveyors will begin using this guidance to determine compliance with requirements on surveys beginning March 24, 2025. This allows ample time for surveyors and nursing home providers to be trained on this new information.

Added revised guidance and training for Nursing Services and Payroll Based Journal to the updates for Appendix PP and the Long-Term Care Survey Process and revised the effective date of implementation for all new guidance to March 24, 2025.

To access the full memo, *click here*!

Design for Care Compare Nursing Home Five-Star Quality Rating System: Technical Users' Guide January 2025

January 2025 Revisions
Effective with the January 2025 refresh, CMS will unfreeze four quality measures (QMs) that were frozen beginning with the April 2024 refresh. These measures were updated to accommodate recent changes to the Minimum Data Set (MDS). Please refer to the CMS Memorandum QSO-25-01-NH for more information about these updates. The impacts to these QMs are as follows:

- Percentage of Skilled Nursing Facility (SNF) Residents Who Are At or Above an Expected Ability to Care for Themselves and Move Around at Discharge will replace Percentage of Residents Who Made Improvements in Function (short-stay).
- Percentage of Residents Whose Need for Help with Activities of Daily Living Has Increased (long-stay) will be respecified.

- Percentage of Residents Whose Ability to Walk Independently Worsened (long-stay) will be respecified.
- Percentage of Residents with Pressure Ulcers will replace Percentage of High-Risk Residents with Pressure Ulcers (long-stay).

To address these changes in measure specifications, the scoring cut points for each of these four measures were recalculated to achieve an even distribution across scores. Also, to minimize the potential disruption associated with these changes, the QM rating cut points were adjusted to maintain the same overall distribution.

Design for Care Compare Nursing Home Five-Star Quality Rating System: Technical User's Guide - January 2025

Nursing Facility Field Operations
2024 MDS Baseline Review Results

Nursing Facility Field Operations completed a MDS Baseline Review for all MA-participating nursing facilities in 2024.

The review process includes randomly selecting twenty MDS assessments that appeared on the February 1, 2024 Picture Date CMI Report and reviewing the accuracy of the associated CMI Report with the nursing facility census for that Picture Date.

The resident's record is reviewed to assure that:

- The responses that appear on the MDS in the facility are the same as those that appear in the CMS MDS 3.0 Data Collection System,

- There is sufficient documentation in the resident's record to support the MDS response that was coded and transmitted.

Only the items used in the RUG classification system which were positive in the submitted assessment are reviewed. The statewide RUG element error rate this year was 4.76%, an increase from the 2023 error rate of 4.13%.

The table shows the top RUG items that were most frequently found to be unsupported by documentation. The RUG items come from the MDS Other State Assessment (OSA) and these items are used in the Case-Mix Medicaid payment system in Pennsylvania. Each item was reviewed at least 1,000 times and had an error rate of 10% or more. Documentation Guidelines can be found in Chapter 6 of the Resident Data Reporting Manual *(https://nfrp.panfsubmit.com/ or Resident Data Reporting Manual (Updated 10/01/2023))* outlining the information Nursing Facility Field Operations will expect to find to support each item response.

MDS Items	Descriptions	Times Reviewed	Times Unsupported	Error Percentage
O0500B	ROM (Active)	1298	170	15.07%
C1000	Decision Making - Staff	1223	149	13.87%
B0700	Makes Self Understood	3743	412	12.37%
M1200A	Pressure Reducing Device (Chair)	9352	1001	11.99%
O0700	Physician Orders	11341	1181	11.62%
O0600	Physician Examinations	10165	1051	11.53%
C0700	Short Term Memory - Staff	1120	114	11.33%

Deletion Request Forms

The following Assessment Deletion Request Forms will now be filled out and submitted electronically in iQIES:

- MDS 3.0 Manual Individual Correction/Deletion Request
- OASIS Assessment Deletion Request
- IRF Manual Deletion Request
- LTCH Manual Deletion Request

Providers will need to complete and submit the form for approval in iQIES. State Agency Assessment Coordinators or CMS staff will review and approve the deletion request in iQIES. Once the record is removed from the iQIES database, the status of request will be marked as complete. Please note this action permanently removes the assessment from the iQIES database and cannot be reversed.

If you have any questions or concerns, please contact the iQIES Service Center by email: *iqies@cms.hhs.gov* or by phone: (800) 339-9313. Or to create a new ticket online, track an existing ticket, or recover your HARP password account, please use the *CCSQ Support Central: Self-Service Portal*.

Manuals with Recent Updates:

iQIES User Roles Matrix Job Aid (Version 4.3, January 23, 2025)
https://qtso.cms.gov/system/files/qtso/iQIES%20User%20Roles%20Matrix%20Job%20Aid%20v4.3%20FINAL%2001.23.2025_508.pdf