

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Effective Date: 10/01/10
Section: Nursing Facility	Section: 36.11 Pages: 3 Cross Reference: Case Mix Guidelines 36.12	
Subject: Resident Assessments Minimum Data Set (MDS)		

Statutory requirements of Section 1819(b)(3), 1819(e) (5), 1819(f)(6) (B), 1919(e)(5) and 1919(f)(6)(B) of the Social Security Act specify assessment requirements for Skilled Nursing Facilities (SNFs) for Medicare and Nursing Facilities (NFs) for Medicaid which provide nursing, medical and rehabilitative care to Medicare and/or Medicaid beneficiaries. These provisions require facilities to conduct comprehensive, accurate, standardized and reproducible assessments of each resident's functional capacity using a Resident Assessment Instrument (RAI) that has been specified by the State. In addition, all resident assessment instruments must include the minimum data set for core elements, common definitions and utilization guidelines specified by the Centers for Medicare and Medicaid Services (CMS). **These assessments must be completed on all residents regardless of source of payment.**

The State is responsible for specifying the RAI for use by facilities in the State and may use its own instrument, provided that it includes the minimum data set and has been approved by CMS. The providers are responsible for using the specific assessment instrument that has been specified by the State. The Minimum Data Set 3.0 (MDS 3.0) including section S, is the RAI specified by the State of Mississippi and approved by CMS. Questions regarding completion and/or submission of the MDS 3.0 should be made to: Case Mix Helpline at 601-359-5191.

Electronic submissions of all resident assessments and records are received by the Division of Medicaid via the QIES (Quality Improvement and Evaluation System) Assessment Submission and Processing (ASAP) system. Facility verification of data received by the Division of Medicaid is through interim case mix rosters. Case mix rosters are provided electronically to the facility two times prior to the close of each quarter. When the quarter close date falls on a holiday, Saturday or Sunday, the deadline for submission is the next business day, 5:00 p.m. (CST).

Final case mix roster reports are provided electronically one (1) to two (2) weeks after the close of each quarter.

Case mix roster reports are provided electronically according to the following schedule:

<u>First Quarter</u>	<u>January 1 – March 31</u>
March 15	1 st Quarter 1 st Interim Roster
April 15	1 st Quarter 2 nd Interim Roster
May 5	1 st Quarter Close Date
<u>Second Quarter</u>	<u>April 1 – June 30</u>
June 15	2 nd Quarter 1 st Interim Roster
July 15	2 nd Quarter 2 nd Interim Roster
August 5	2 nd Quarter Close Date
<u>Third Quarter</u>	<u>July 1 – September 30</u>
September 15	3 rd Quarter 1 st Interim Roster
October 15	3 rd Quarter 2 nd Interim Roster
November 5	3 rd Quarter Close Date
<u>Fourth Quarter</u>	<u>October 1 – December 31</u>
December 15	4 th Quarter 1 st Interim Roster
January 15	4 th Quarter 2 nd Interim Roster
February 5	4 th Quarter Close Date

Certifications

The Omnibus Budget Reconciliation Act of 1987 (OBRA 87) requires that each MDS 3.0 assessment must be conducted or coordinated by a registered professional nurse who signs and certifies completion of the assessment. The assessment can be conducted with the appropriate participation of other health professionals. Each individual who completes a portion of the assessment must sign and certify as to the accuracy of that portion of the assessment.

Reproduction and Maintenance of Assessments

The Federal regulatory requirement at 42 CFR 483.20(d) and current Medicaid policy requires that a copy of all MDS forms within the last fifteen (15) months, including the signatures of the facility staff, attesting to the accuracy and completion of the records must be maintained in the resident's clinical record. Both hand written and/or computer generated forms are equally acceptable. At the end of the fifteen (15) month period, resident assessment instrument information may be thinned from the clinical record and stored in the medical records department, provided that it is easily retrievable. Refer to the CMS RAI Manual for further requirements and instructions.

Minimum Data Set 3.0 Assessment Schedule

TYPE OF ASSESSMENT	TIMING OF ASSESSMENT
Admission (Comprehensive)	Must be completed by the 14 th day of the resident's stay.
Annual (Comprehensive)	Must be completed within 366 days of the most recent comprehensive assessment
Significant Change in Status (Comprehensive)	Must be completed by the end of the 14 th calendar day following determination that a significant change has occurred.
Quarterly or Nursing Home PPS (NP) (Non-Comprehensive)	Set of MDS items, mandated by State (contains at least CMS established subset of MDS RUGs III items). The quarterly assessment reference date should not be less than eighty (80) days and not more than ninety (90) days from the previous assessment reference date.
Significant Correction to prior Comprehensive Assessment	Completed no later than 14 days following determination that a significant error in a prior full assessment has occurred.
Significant Correction to prior Quarterly Assessment (Non-Comprehensive)	Completed no later than 14 days following determination that a significant error in a prior Quarterly assessment has occurred.

Mississippi Division of Medicaid utilizes all assessment types in calculating the facility case mix average used for reimbursement, including Other Medicare Reasons for Assessment (OMRA). Some MDS 3.0 item sets do not contain all items necessary to calculate a RUGS III, 34 grouper payment classification. Use of these assessment combinations will result in a default classification (BC1).

Final Discharge Requirements

When the resident is discharged from the nursing home, return anticipated, but does not return to the facility within 15 days, the original discharge assessment must be modified from "return anticipated" to

“return not anticipated”.

Refer to the Resident Assessment Instrument Manual, most recent version, for specific instructions and completion of the full document.

Refer to Provider Policy Manual Section 36.12 for Case Mix guidelines policy.

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Section: Nursing Facility	Section: 36.11	
Subject: Resident Assessments Minimum Data Set (MDS)	Pages: 2-3 Cross Reference: Case Mix Guidelines 36.12	

Statutory requirements of Section 1819(b)(3), 1819(e) (5), 1819(f)(6) (B), 1919(e)(5) and 1919(f)(6)(B) of the Social Security Act specify assessment requirements for Skilled Nursing Facilities (SNFs) for Medicare and Nursing Facilities (NFs) for Medicaid which provide nursing, medical and rehabilitative care to Medicare and/or Medicaid beneficiaries. These provisions require facilities to conduct comprehensive, accurate, standardized and reproducible assessments of each resident's functional capacity using a Resident Assessment Instrument (RAI) that has been specified by the State. In addition, all resident assessment instruments must include the minimum data set for core elements, common definitions and utilization guidelines specified by the Centers for Medicare and Medicaid Services (CMS). **These assessments must be completed on all residents regardless of source of payment.**

The State is responsible for specifying the RAI for use by facilities in the State and may use its own instrument, provided that it includes the minimum data set and has been approved by CMS. The providers are responsible for using the specific assessment instrument that has been specified by the State. The Minimum Data Set ~~2.0~~ 3.0 (MDS ~~2.0~~ 3.0) including sections ~~S, T, and U~~ section S, is the RAI specified by the State of Mississippi and approved by CMS. Questions regarding completion and/or submission of the MDS ~~2.0~~ 3.0 should be made to: Case Mix ~~Hotline~~ Helpline, 601-359-5191 or ~~601-359-6750~~.

Electronic submissions of all resident assessments and records are ~~submitted to~~ received by the Division of Medicaid via the ~~MSDH Division of Health Facilities Licensure and Certification QIES (Quality Improvement and Evaluation System) Assessment Submission and Processing (ASAP) system.~~ The verification of data submitted to the Division of Medicaid is via interim rosters mailed to the facility two times prior to the close of each quarter. ~~The scheduled dates are as follows: Facility verification of data received by the Division of Medicaid is through interim case mix rosters. Case mix rosters are provided electronically to the facility two times prior to the close of each quarter. When the quarter close date falls on a holiday, Saturday or Sunday, the deadline for submission is the next business day, 5:00 p.m. (CST).~~

~~Finals are forwarded to Reimbursement Division for Mail Out with the Facility's Current Quarter Rates. Final case mix roster reports are provided electronically one (1) to two (2) weeks after the close of each quarter.~~

Case mix roster reports are provided electronically according to the following schedule:

<u>First Quarter</u>	<u>January 1 – March 31</u>
March 15	1 st Quarter 1 st Interim Roster mailed
April 15	1 st Quarter 2 nd Interim Roster mailed
May 5	1 st Quarter Final forwarded to Reimbursement <u>Close Date</u>
<u>Second Quarter</u>	<u>April 1 – June 30</u>
June 15	2 nd Quarter 1 st Interim Roster mailed
July 15	2 nd Quarter 2 nd Interim Roster mailed
August 5	2 nd Quarter Final forwarded to Reimbursement <u>Close Date</u>
<u>Third Quarter</u>	<u>July 1 – September 30</u>
September 15	3 rd Quarter 1 st Interim Roster mailed
October 15	3 rd Quarter 2 nd Interim Roster mailed
November 5	3 rd Quarter Final forwarded to Reimbursement <u>Close Date</u>

Fourth Quarter
December 15
January 15
February 5

October 1 – December 31
4th Quarter 1st Interim Roster mailed
4th Quarter 2nd Interim Roster mailed
4th Quarter Final forwarded to Reimbursement Close Date

Certifications

The Omnibus Budget Reconciliation Act of 1987 (OBRA 87) requires that each MDS ~~2.0~~ 3.0 assessment must be conducted or coordinated by a registered professional nurse who signs and certifies completion of the assessment. The assessment can be conducted with the appropriate participation of other health professionals. Each individual who completes a portion of the assessment must sign and certify as to the accuracy of that portion of the assessment.

Reproduction and Maintenance of Assessments

~~A hard copy of The Federal regulatory requirement at 42 CFR 483.20(d) and current Medicaid policy requires that a copy of all MDS forms within the last fifteen (15) months, including the signatures of the facility staff, attesting to the accuracy and completion of the records must be maintained in the resident's clinical record. Both hand written and/or a computer generated forms are equally acceptable. According to CMS policy and accepted Medicaid policy, it is required that facilities maintain fifteen (15) months of assessment data in the resident's active clinical record. At the end of the fifteen (15) month period, resident assessment instrument information may be thinned from the clinical record and stored in the medical records department, provided that it is easily retrievable. Refer to the CMS RAI Manual for further requirements and instructions.~~

Minimum Data Set 2.0- 3.0 Assessment Schedule

TYPE OF ASSESSMENT	TIMING OF ASSESSMENT
Admission (Initial Assessment Comprehensive)	Must be completed by the 14 th day of the resident's stay.
Annual Reassessment (Comprehensive)	Must be completed within 366 days of the most recent comprehensive assessment
Significant Change in Status Reassessment (Comprehensive)	Must be completed by the end of the 14 th calendar day following determination that a significant change has occurred.
Quarterly Assessment, Full Assessment or MPAF or Nursing Home PPS (NP) (Non-Comprehensive)	Set of MDS items, mandated by State (contains at least CMS established subset of MDS RUGs III items). Must be completed every ninety (90) days. The quarterly assessment reference date should not be less than eighty (80) days and not more than ninety (90) days from the previous assessment reference date.
Significant Correction of a Prior Full Assessment Significant Correction to prior Comprehensive Assessment	Completed no later than 14 days following determination that a significant error in a prior full assessment has occurred.
Significant Correction of a Prior Quarterly Assessment Significant Correction to prior Quarterly Assessment (Non-Comprehensive)	Completed no later than 14 days following determination that a significant error in a prior Quarterly assessment has occurred.

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